



Purchase of Service Guidelines

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Kern Regional Center Purchase of Service Guidelines

To ensure that purchase of services is consistent with the Lanterman Developmental Disabilities Services Act, and the client's Individual Program Plan (IPP), Kern Regional Center (KRC) shall follow the Guidelines and procedures indicated hereafter. KRC will ensure to the fullest extent possible the appropriate, equitable and effective use of funds for purchasing services for all clients and will strive to ensure the provision of quality services. Additionally, KRC shall advocate for clients so that generic agencies will not discriminate against KRC clients in the provision of services simply because KRC clients are developmentally disabled. KRC shall also fulfill its commitments to plan for and provide for unmet service needs. KRC will not deny services nor discriminate in the provision of service to eligible persons because of race, color, creed, national origin, citizenship, sex, age or condition of physical or intellectual disability.

It is the responsibility of all parents to support their sons and daughters emotionally and socially, regardless of their son/daughter's special needs. People with developmental special needs often require additional supports that many families do not have the resources to provide. The role of KRC is to assist families in fulfilling their basic responsibility and arranging for those additional supports to meet the needs of the developmentally disabled person. Additionally, the center will ensure that clients and families are empowered and recognized as decision- makers.

A. GENERAL GUIDELINES

In order to achieve the stated objectives of a client's Individual Program Plan (IPP) or Individual Family Service Plan (IFSP), KRC shall conduct a variety of activities (WIC 4648)¹. These activities may include purchasing services and supports (through vendorization or a contract) for a client from any individual or agency which the client and KRC agree will best accomplish all or any part of the client's IPP (WIC 4648(a)(3)).

KRC must identify and pursue all possible sources of funding for a client's receiving services including: (WIC 4659(a))

- Governmental or other entities or programs required to provide or pay the cost of providing services. (WIC 659(a)(1))
- Private entities to the maximum extent they are liable for the cost of services, aid, insurance, or medical, assistance to the client. (WIC 4659(a)(2))
- Parental support-KRC shall not use purchase of service funds to purchase services for a minor child without first taking into account, when identifying the minor child's service needs, the family's responsibility for providing similar services to a minor child without

disabilities. (WIC 4659(c) and California Code of Regulations (CCR), Title 17, Section. 54326(c)(l) Note that in such instances, the KRC must provide for exceptions, based on family need or hardship.

KRC funds shall not be used to supplant the budget of any agency what has a legal responsibility to serve all the members of the general public and is receiving public funds for providing those services. (WIC 4648(a)(8)) Further, services selected by the KRC must reflect the cost-effective use of public funds.

In implementing IPPs and IFSPs, KRC shall first consider services and supports in natural community, home, work, and recreational settings. Services and supports shall be flexible and individually tailored to the client and, where appropriate, his or her family. (WIC 4648(a)(2))

KRC's policy is to purchase only those services that relate to a client's developmental disability and only when all other resources have been exhausted.

KRC is obligated to find innovative and economical methods of achieving the objectives in client's IPPs and IFSPs. (WIC 4651) Community support may also be provided to assist clients to fully participate in community and civic life. This support may include programs, services, work opportunities, business, and activities available to persons without disabilities. This shall include any of the following: (WIC 4648(c))

- outreach and education programs and services within the community, (WIC 4648(a)(13)(A)), including assistance in identifying and building circles of support within the community (WIC 4648(c).
- supports to clients to enable them to more fully participate in the community (WIC 4648(a)(13)(B)).
- developing unpaid natural supports when possible (WIC 4648(a)(13)(C)).
- if facilitation requiring the services of an individual is specified in the IPP, the facilitator shall be of the client's choosing (WIC 4648(a)(12)).

B. CONSIDERATIONS FOR SELECTING PROVIDERS:

KRC shall consider all of the following when selecting a provider of client services and supports: (WIC 4648(c)(6))

- the client's choice of providers (WIC 4648(a)(6)(B))
- a provider's ability to deliver services and supports that can accomplish all or part of the client's IPP or IFSP (WIC 4648(a)(6)(A) and 4512(b))
- a provider's success in achieving the objectives in the IPP (WIC 4648(a)(6)(B))
- where appropriate, possession of a license permitting the provision of the services needed, or accreditation that assures the quality of the services, or professional

- certification (WIC 4648(a)(6)C)
- the cost of providing the services or supports of comparable quality by different providers, if available (WIC 4648(a)(6)(D))
- the eligibility of the client for the same, or similar, services and supports from any publicly funded agency that has a legal responsibility to serve all members of the general public (WIC 4648(a)(8) and 4659)
- the cost-effective use of public resources (WIC 4646(a))
- the desire of the client to receive necessary services and supports without having to move elsewhere (WIC 4689(a)(2))
- services and supports should be available to enable persons with developmental disabilities to approximate the pattern of everyday living available to nondisabled people of the same age. (WIC 4501)
- Agencies serving people with developmental disabilities shall produce evidence that their services have resulted in client or family empowerment and in more independent, productive, and normal lives for the persons served. (WIC 4501)
- No otherwise qualified person by reason of having a developmental disability shall be excluded from participation in, be denied the benefit of, or be subjected to discrimination under any program or activity, that receives public funds. (WIC 4502)

When an existing IPP is being updated, the following shall be determined before a service or support previously selected is renewed or continued: (WIC 4648(a)(7))

- the client is satisfied with the service or support, and
- the planning team agrees that the planned services and supports have been provided, and reasonable progress toward achievement of the planned objectives has been made.

C. **SELECTION OF SERVICE PROVIDERS**

[Code of Conduct]

1) **{Conflict of Interest}**

No KRC employee or officer of KRC shall participate in the selection of a service provider, award or administration of a contract if such employee or officer has a financial or other interest in the prospective service provider. Also included are:

- Any member of a KRC employee or officer's family;
- Any employee or officer of KRC partner(s);
- An organization which employs any of the above, or with which any of them have an arrangement concerning prospective employment.

2) **{Gifts}**

KRC employees or officers shall neither solicit nor accept gratuities, favors or anything of monetary value from current or prospective service providers.

3) {Discrimination}

No employee or officer of KRC shall, on the basis of race, religious creed, color, national origin, ancestry, physical handicap, medical condition, marital status, sex or age discriminate or permit discrimination against any person or group of persons in any manner prohibited by federal, state or local laws.

D. APPROVAL OF POS REQUESTS

The client, client's family, Conservator and/or Service Coordinator (SC) as a result of a planning team session may initiate requests for purchases. The SC completes a purchase request (KRC 39 or SANDIS POS field).

This information, along with any necessary documentation, is submitted to the program manager.

Services and supports, which meet the POS guidelines and require KRC funding, will receive approval at the IPP or IFSP meeting. The SC presents the POS request to KRC management for a technical/legal review. If a problem exists with a POS or if approval could not be granted at the IPP or IFSP meeting it will be discussed with KRC management and/or the Clinical Team. The SC will follow through with any additional information requests or proceed with reconvening the IPP or IFSP meeting within 15 days of the original meeting. If a requested KRC purchased service or support is denied a Notice of Intended Action and Fair Hearing information and forms must be sent out consistent with the Lanterman Act and Title 17.

Unless an emergency or medical necessity exists, service or support will not be started until the approval process has been completed and the SC has received confirmation.

POS requests will be reviewed weekly and the start date will be two weeks following the confirmation of approval. (Exception may be made based on extraordinary need).

E. TECHNICAL ASPECTS OF POS

1) {Vendorization}

All suppliers of client services and supports purchased by KRC must be "vendorized." Vendorization is the process whereby KRC and the Department of Developmental Services (DDS) certify that potential providers of services and supports to K.RC clients meet the standards contained in the California Administrative Code. For more

information on these standards, contact the KRC Community Services Unit.

2) {Rates}

The rates paid to providers of service are established by DDS. Rates are established in accordance with DDS regulations and policies. Many rates are set in accordance with State of California Schedule of Maximum Allowances and Medi Cal rates. It must be noted that DDS (not KRC) sets the rates. When providing a service, a vendor must accept the DDS rate paid by KRC as payment in full. KRC may contract for lower rates through individual negotiations with the vendor. [For some types of service where it may be impossible to predict the actual expense a "not to exceed" (NTE) figure should be used when preparing the purchase request.]

3) {Family Co-payments}

KRC shall take into account in identifying a minor child's service needs the family's responsibility for providing similar services to a child without disabilities. The family needs to be aware of this requirement in planning services and supports and should be strongly encouraged to meet their parental responsibilities. This obligation requires the family, with the assistance of the Service Coordinator, to look to family, community, and other unpaid natural supports before relying upon POS funding for addressing their child's needs. Families shall be asked for voluntary contributions toward the cost of services and supports that are similar to those provided to a child without disabilities. Whenever a child (below age 18) is placed out-of-home, DDS will assess a co-payment rate that the family is required to pay. The co-payment rate is set based upon a consideration of the family's financial situation by DDS and collected by them. The monies collected become a part of the Program Development Fund, which provides funding for the development of new programs for KRC clients.

4) {Generic/Private Resources}

By law, KRC is a funding source of last resort. Prior to requesting KRC funding for any purchase, the Service Coordinator must assure that funding is unavailable through generic agencies such as CCS, public schools, Medi-Cal, etc. The client record must reflect the attempt to obtain generic services/resources. A written denial and an appeal of the denial must be included in the documentation. (This information will be reviewed prior to approval of the purchase of service.) The Department of Rehabilitation, county mental health agencies, components of the criminal justice system and the Department of Human Services are some of the other "generic" agencies with whom KRC is involved. Under certain circumstances, soliciting funding support through private resources to meet client needs may be indicated. This may include evaluation of personal and family resources, e.g., private insurance policies, as well as voluntary nonprofit organizations such as Shriners, Easter Seal Society, United Cerebral Palsy, service clubs, etc. KRC may

preauthorize purchases of service for KRC payment after private insurance has been billed. However, KRC cannot provide funding that exceeds the established rate for the service.

F. REVIEW

All POS authorizations are approved for a time limited period. When the period of authorization is up, a purchase must be reviewed and evaluated by the client/family, Service Coordinator, and if necessary by the Director of Client Services or Clinical Team. Approval for "continuing" or "renewing" the purchase shall require that the service/support has contributed to the client's making satisfactory progress toward IPP objectives. In all cases, purchases must be reviewed at least annually. The review is usually completed at the time of the Annual Review.

G. PROCESS FOR AN EXECUTIVE DIRECTOR'S EXCEPTION FOR PURCHASE OF SERVICE

The Executive Director has full discretion to grant service purchases, which are exceptions to the board- adopted Purchase of Service Policies when individual circumstances so warrant.

General Purchase of Services Guidelines

In order to assure that all routine and non-emergency requests for services and supports are pre-authorized, POSs shall be submitted for review two weeks prior to the start date to provide sufficient time for administrative approval and accounting processing. For Early Start infant development programming and transportation, the POS should be completed 5 days prior to the start date.

Emergency POS usually consist of services and supports that protect life, health and safety of clients and/or others. These POS consist of acute medical/dental services, acute behavioral services, emergency placement/replacement, emergency respite and immediate court ordered services. Emergency POS are to be submitted to the appropriate management staff prior to services being rendered or within 10 days after the Services Coordinator becomes aware that the service has been implemented.

A retroactive POS should be limited to client emergencies and/or situations that are beyond the Service Coordinators control. KRC management will review each request on a client specific basis consistent with the clients IPP. On-going POS that do not roll should be reviewed as soon as possible. If the service provider does not provide KRC with a progress report prior to reauthorization a referral will be made to KRC Quality Assurance Department for follow-up with the vendor. In addition, the client/family will be notified of the provider delay in providing timely progress reports on the services and support provided. The client/family will be given the option to continue the services or to utilize an alternative provider of service if the need for the service continue to be part of the IPP/IFSP.

If a vendor starts or continues a service or provides services in addition to the POS without an authorization, KRC reserves the right based on the individual circumstance to deny payment for any period of time prior to the management approval of the service. If a current POS expires, without a rollover or a replacement POS, and the vendor has made reasonable efforts (to be verified with documentation) to resolve the issue, the vendor may continue services at the most recent authorization until receiving a notice in writing from KRC with the specified changes.

Nothing in this policy shall abridge a client or their authorized representative from all the protections of the Lanterman Fair Hearing process including a Notice of Intended Action if a service is denied, discontinued or decreased without the client/representatives agreement.

Categories of Purchases

The KRC Board of Directors has approved the following KRC purchase of services guidelines. The Board made these guidelines available and reviewed through a community meeting process before their adoption.

Living Arrangements

A. GENERAL LIVING ARRANGEMENTS POLICY

- 1) All people have the need for caring, supportive families. It is the responsibility of all parents to support their minor sons and daughters emotionally and socially, regardless of their son/daughter's special needs. People with developmental special needs often require additional supports that many families do not have the resources to provide. The role of KRC is to assist families in arranging for these additional supports to meet the needs of the developmentally disabled person.
- 2) KRC recognizes that when a client/family chooses a living arrangement other than his/her family home, several considerations are of critical importance:
 - the living arrangement should provide him/her with optimal comfort and safety;
 - the living arrangement should include quality care and supervision consistent with his/her need for it, or with appropriate services and supports when care and supervision are not needed
 - the living arrangement should be a typical home or apartment with few, if any, other clients residing there - unless the client chooses otherwise;
 - the living arrangement should include opportunities to grow, learn and socialize with non-disabled members of the community;
 - the living arrangement should offer reasonable access to his/her family and friends; and
 - if the client chooses a licensed home, the staff should demonstrate sensitivity to cultural differences by such accommodations as: (a) providing meals identified with the culture of the clients; (b) celebrating the cultural/religious holidays of the clients; and (c) providing opportunities for the clients to worship in the church/temple of their choice.

B. LIVING ARRANGEMENTS FOR CHILDREN BIRTH TO 18 YEARS OF AGE

1. KRC places a high priority on providing opportunities for children with developmental disabilities to live with their families by advocating for and developing a comprehensive pattern of services to assist families in caring for their children at home.
2. KRC shall develop and purchase appropriate out-of-home residential programs for developmentally disabled children who, for medical, behavioral, or emotional reasons, are unable to reside in their natural homes. (See Residential Guidelines)
 - Parents/guardians must take an active role in the choice of out-of-home residential placement.
 - Specific parental responsibilities and opportunities for continued parental interaction with the child will be included in a plan for out-of-home placement.
 - The out-of-home placement plan shall include a specific statement/plan regarding the feasibility and time line of returning the child to his/her home.
 - Parents/guardians of minors in out-of-home placement must provide financial

support for their children as required by the State of California.

- The preferred out-of-home living option for children is the foster home model with 2 or 3 nondisabled children. The preferred maximum number of children living in a single out-of-home placement setting is six or fewer.

3. When parents abandon their child or indicate and demonstrate their inability to maintain contact with their child, provide emotional support to the child, or respond to requests for permission for service, surgery, etc., KRC will explore other avenues to secure the emotional, social, and financial support for the child. This exploration will include seeking nuclear and extended family support for needed action which includes guardianship, family visits, adoption, etc. After documenting specific efforts to stimulate or maintain parental contact and the subsequent lack of such contact, KRC will refer the child to the Superior Court for dependency proceedings for the provision of an interested custodian.

C. LIVING ARRANGEMENT FOR ADULTS 18 YEARS OF AGE

1. KRC assists adult developmentally disabled persons and their families to determine the most appropriate alternative that will enhance their growth as an adult individual as follows:

- Remaining in the home with a specific plan to move the client from dependence on the parents to interdependence with them.
 - This plan will include a mutually agreed upon day/work program and social/recreational activities to provide the adult client with a "life of his/her own."
 - Education for both parents and client around the issues of adult responsibilities within a household.
 - Moving to appropriate out-of-home residential programs which encourage interaction between the parents and their adult sons and daughters. (See Residential Guidelines)
 - Assisting the client to move into a supported living arrangement when such a plan is the client's choice. (See Supportive and Independent Living Guidelines)
 - Supporting the assumption of independent living responsibilities for adults who are in the process or have acquired such skills.

2. KRC will provide information and advice on the responsibilities associated with the conservatorship of adults.

Independent Living Programs

KRC supports the goal of adults with developmental disabilities to live independently. Independent living skills training consists of individual programs that assist individuals to develop skills that will enable them to live independently or semi-independently. These programs must begin with an individual assessment, provide specific training in identified areas and provide time limited transition and monitoring services all in accordance with Title 17 regulations.

Independent living training is for adults. KRC believes that the public school system is responsible and has a legal mandate for addressing independent living skills in the individual education plan for persons eligible for special education services. Independent living skills training should not be confused with self-help skills training. Daily living activities such as grooming, bathing, teeth brushing, toileting, etc., are self-help skills.

Independent Living Skills Training includes residential programs that assist individuals to live independently. It also includes short-term in-home training designed to assist the client in transition to an independent living situation. Areas of instruction include, but are not limited to, cooking, cleaning, shopping, menu planning, meal preparation, money management, parenting, sexuality training, use of public transportation, homemaking skills, independent socialization and recreation, community resource awareness (e.g., police, fire, and other emergency help). The service may be provided in the client's family home, own home, instructional setting and, under certain circumstances, in a residential facility.

KRC may purchase independent living skills training only when the client is age 18 or over and the client:

- has the level of skill at the time of enrollment in the training which will enable him/her to complete the independent living skills training successfully within a reasonable period of time with progress being demonstrated at periodic reviews;
- has demonstrated an understanding of the goals and expectations of the program;
- has the motivation to participate in and the ability to complete the program;
- does not have exceptional needs that require continuous services and support which would preclude client placement in an unsupervised training program. (See Supported Living Guidelines).
- is expected to have all self-help skill;
- is not in the public school system; has the ability to maintain herself/himself in the community without jeopardizing health and safety. The client's IPP should identify specific needs and progress must be documented.

The following guidelines shall apply to the purchase of Independent Living Skills Training:

- If clients need to be assessed to determine the scope of service and the development of a plan to address the service needed, this assessment shall not exceed 20 hours.
- Individuals may receive training up to a maximum of twenty (20) hours per week. The amount is determined by the PLANNING TEAM and takes into consideration how many hours the client may be able to tolerate. The standard for this service is 24 months; however, the duration is to be determined by the PLANNING TEAM and may be extended beyond 24 months. Individuals currently living independently in the community or who are expected to live independently within six (6) months are also included in this category. Since people learn at different rates, they require individualized training plans. It should be noted that the twenty- (20) hour maximum per week is not intended to imply that all individuals should receive twenty (20) hours per week.
- PLANNING TEAM's are encouraged to authorize services which are tailored to meet the needs of the specific client. Hours and plans should be flexible and individualized.
- Individuals who have successfully moved to a semi-independent or independent living arrangement may receive follow-up services when it is needed to maintain the client's current skill level. Services may be authorized up to a maximum of eight (8) hours per week for the first month, and four (4) hours per week for the following five (5) months. After six (6) months, the duration and frequency of the service shall be reviewed by the PLANNING TEAM. The expectation is that the maintenance level will not exceed five (5) hours per month.
- Mobility training (including assessment) may be authorized up to a maximum of forty-five (45) hours per client. Under exceptional circumstances and when progress is well documented, additional hours may be authorized by a Planning Team.

Approved this 1st day of December, 1998

KRC Board of Director

Supportive Living Services

Supported living is a concept which facilitates a lifestyle for persons with disabilities wherein they are able to live in homes of their own choice by drawing upon supports that help overcome or compensate for disabilities which might otherwise have required a more restrictive living arrangement.

Supported living promotes individualized community living arrangements, which are typical of those in which persons without disabilities reside. Supported living has the following characteristics:

- Clients choose where and with whom to live in settings typical of non-disabled peers.
- Clients determine the routines, create the home atmosphere, make decisions about who will enter and who will live there, develop their own rituals and celebrations and have a feeling of ownership.
- A combination of natural supports (neighbors, families, friends, roommates, etc.), community supports (community services and organizations such as religious organizations and social clubs), "generic" supports (personal care assistance through In-Home Supportive Services, Supplemental Security Income, etc.), environmental adaptations (push button telephones, beepers, computers, switches, intercom systems, audio and video tape recorders, and other technology), other formal supports (professional services, skills training and other purchased services and supports) are provided to ensure that a client's support needs are met and personal preferences are respected.
- Services and supports focus on individual capabilities and strengths and are furnished where a client lives and within the context of his or her day-to-day activities.
- Supported living encourages independence and enables clients to experience the value of relationships within families, neighborhoods and communities.
- Housing and support services are not provided by the same organization so that the individual's home is not jeopardized by a change in his/her relationship to a supported living service provider. Emphasis is placed on the provision of residential supports and lifestyle preferences rather than the operation of a residential program.

KRC believes that if a client wants to live in his/her own home, it is up to the client, his/her family, his/her conservator, the KRC Service Coordinator and other members of his/her planning team to help him/her identify (through the person-centered planning process) what

he/she will need in the way of supports and services in order to accomplish this goal. It is possible that, during this process, the need for purchased supports will be identified. KRC may purchase such supports for a client only if all of the following criteria are met:

- the client is at least 18 years of age;
- the client and, where appropriate, his/her parent or conservator, have, with full knowledge of the inherent risks, chosen supported living as the appropriate and desired living option;
- the client will reside in a setting of his/her own choosing which he/she may own, rent, or lease.

The following items will be reviewed by the Planning Team when developing a supportive living plan:

- the client has, or is eligible to receive, the financial resources necessary to pay for rent/mortgage, utilities, food, clothing and all other typical daily living expenses
- the Executive Director or his designee may determine that the costs incurred by a client receiving Supported Living Services (SLS) in securing, occupying or maintaining a home rented, leased or owned by the client can be paid when:
 1. Payment of the costs would result in savings to the State with respect to the cost of meeting the client's overall services and support needs;
 2. The costs cannot be paid by other means, including available natural supports; and
 3. The costs are limited to: (a) rental or utility security deposits, (b) rental or lease payments, (c) household utility costs, (d) moving fees and (e) non-adaptive and/or non- assistive household furnishings, appliances, and home maintenance or repair costs. (CCR Title 17 Section 58611(b))
- There has been a 10-hour assessment, conducted by a KRC approved specialist who identifies the client's capabilities and strengths as well as those specific services and supports which are needed;
- Every feasible alternative source of service and support has been explored and utilized including natural supports, community supports and generic supports;
- Appropriate and available generic supports and resources have been accessed to the fullest extent feasible; and
 - (a) before SLS is provided to a client, the projected annual costs of the client's Supported Living Arrangement (SLA) as determined through the client's IPP process, shall not exceed the total annual cost of regional centers funded services and supports that would be provided if the client were served in an appropriate licensed residential

facility, as identified through the IPP process provided:

1. The total annual cost of services and supports shall include all KRC costs for residential placement (or costs incurred by the State for 24-hour long-term health care), community-based day program, transportation, and other services and supports; and
- 2.
3. The appropriate licensed facility for a client who is living in a licensed facility at the time of the cost comparison shall be that licensed facility

(b) notwithstanding:

1. when the client does not reside in a licensed facility the projected annual cost of client's SLA shall be deemed to have met the requirements of
2. (a) when the cost is within the range of annual costs of SLAs for other clients with comparable needs for regional center services and supports, who are currently receiving SLS from KRC

(c) notwithstanding:

(1) the projected annual cost of a client's SLA shall be deemed to have met the requirements of (a) when the client is one of a group of clients receiving, or projected to receive, SLS services from the same vendor, provided the aggregate cost to KRC of the SLAs of the grouped clients does not exceed the total cost to KRC that would have resulted had the costs for each of the grouped clients been determined individually in accordance with (1). (CCR Title 17, Section 58617)

Residential Services

KRC is supportive of individuals with developmental disabilities living in their own homes. Residential placement in the most inclusive environment will be considered when the individual's needs can no longer be met at home or when the family's wellbeing is jeopardized by the continued care of the person who has a disability. Residential placement can include a plan for later reunification with the family.

Residential services are those services that provide some type of housing other than the individual's natural home. This housing is usually designed for persons whose needs are similar in terms of age, independence and ability. This category of service includes placement in children or adult foster family care, community care facilities, intermediate care facilities for people with developmental disabilities or in skilled nursing facilities.

KRC may purchase residential services under one or more of the following circumstances:

- A family is unable to manage, e.g., behavioral or medical problems are so severe as to preclude care by typical parents.
- A client is an adult who is requesting to move from his or her present residence.
- Protective services are necessary, e.g., a parent or guardian has health or emotional problems so severe as to preclude proper care.

All residential placements must be made in accordance with KRC established procedures. Facilities must be in full compliance with State of California and KRC requirements pertaining to community residential care. Preference for placements will be given to small facilities in or near the individual's own community. Level of care requirements for the client are established by the KRC placement team. Whenever possible, clients will be given choices or options of residential alternatives.

Continuation of the service shall be contingent upon the agreement of the client and other parties with consideration given to client satisfaction and IPP outcomes.

Before having the client move to a more restrictive environment, crisis services must be sought in an effort to prevent disrupting a person's living arrangement. If crisis intervention has been unsuccessful, emergency housing in the person's home community must be sought. If dislocation cannot be avoided; the client's record must reflect that every effort is being made to

return the person to the living arrangement he or she chooses, with necessary supports, as soon as possible.

When KRC first becomes aware that a family is considering out-of-home placement for a child, KRC shall meet with the family to discuss the situation and the family's current needs, solicit from the family what supports would be necessary to maintain the child in the home, and utilize creative and innovative ways of meeting the family's needs and providing adequate supports to keep the family together, if possible.

If the client is a Ward or Dependent of the Court, funding for placement will remain the responsibility of the County Department of Human Services. KRC may purchase those program components provided by the residential facility, which is not the responsibility of the County.

For Program Support, see separate POS Guideline under Program Support.

Approved this 1st day of December, 1998

KRC Board of Directors

Residents of State Developmental Centers

Clients of KRC who reside in State Developmental Center receive their care, supervision and training from or through the auspices of the Developmental Center. As a rule, KRC does not purchase services for these clients.

KRC may purchase services for residents of State Developmental Centers only under the following circumstances:

- the resident is planning imminent (within 2 months) move from the State Developmental Center to a community-based living alternative; and
- purchase of the service is considered by the PLANNING TEAM to be critical to the success of the transition from State Developmental Center to the community; and
- the service is a "one-time-only" service as opposed to a service that is contemplated to continue beyond the month in which it is authorized.

Adult Day Programs

A. INTENT

KRC encourages adult clients to maximize their independence and to integrate within the community. There are various options available to achieve this objective including employment, use of generic services and the purchase of an adult day program service by KRC. It is the intent of KRC to achieve this objective through the most appropriate and cost effective method possible.

B. DEFINITION

Adult Day Programs are programs that offer a structured, comprehensive, community-based service for persons with developmental disabilities. Where appropriate, Adult Day Programs may provide training in skills leading to employment, interaction in meaningful community-based activities, social/recreational activities, independent living and/or behavior modification.

Adults with developmental disabilities who request a day program will be provided with service which maximize their potential and independence.

The following points must be considered in determining appropriateness of a day program.

- Adults (18 years or older) are to attend the program of choice which is the most appropriate, closest (to where they live), cost effective day program, as determined by the Planning Team.
- To what degree the client requires regular structured programming.
- Availability of alternative services for providing training and socialization experiences (e.g., public education, competitive employment, rehabilitation or habilitation funded programs).
- Determination that the program is able to develop appropriately the client's strength and capabilities.
- Level of staff assistance necessary.

A. GENERALLY FUNDED ADULT DAY PROGRAMS

1. Department of Rehabilitation (DOR) Funded Programs.

- Work Activity Programs (WAP): service adults who can work at 10% productivity or better, given the level of support provided by the facility. They must be able to attend the program at least 80% of the time. These programs are funded by Habilitation

Services, a division of the California Department of Rehabilitation. The Habilitation Services Program (HSP) is not time-limited, works only with KRC clients and the specialists are not case carriers but are responsible for monitoring work activity and supported employment programs serving HSP funded clients. HSP provides the extended service (follow along) for supported employment following Vocational Rehabilitation (VR) case closure or termination of VR funding for KRC clients. HSP also provides funding for KRC clients needing sheltered work activity program services that are not referred to or funded by Vocational Rehabilitation.

- Supported Employment Programs (SEP): provide paid work opportunities in business settings using individual and group placements. Training is combined with job placement for individuals with severe disabilities. The employment must be for at least 20 hours per week.

2. Medi-Cal Funded Programs:

- Adult Day Health Care Programs (DADHC): are organized day programs of therapeutic, social and health activities and services provided to persons 55 years or older or other adults with functional impairments, either physical or mental, for the purpose of restoring or maintaining optimal capacity for self-care. These centers target adults who are at the institutional level of care or at-risk of institutional placement. The State Department of Aging administers the program and the State Department of Health Services licenses the centers.

3. Department of Education Funded Programs:

- Individuals with Disabilities Education Act (IDEA) (formerly known as Public Law 94-142):
- school districts must provide each student with a disability with a free, appropriate education in the least restrictive environment possible. Children who have a disability that causes them to need specialized educational services to benefit from their education are entitled to receive special education and related services. Individuals between 19 and 21 years of age who are enrolled in or are eligible for a special education program prior to their 19th birthday and who have not completed their prescribed course of study (or who have not met prescribed proficiency standards) are eligible for special education.

4. KRC Funded Programs:

- Programming should focus on individual capabilities and strengths and be provided within the context of daily activities. Employment - competitive or supportive - should be the primary goal for KRC's adult clients.
- The following types of KRC funded Day Programs may be considered when appropriate:
- "Activity Center" means a community-based program that serves adults who

generally have acquired most basic self-care skills, have some ability to interact with others, are able to make their needs known, and respond to instructions. Activity center programs focus on the development and maintenance of the functional skills required for self-advocacy, community integration and employment. Staff to client ratio 1:6 or 1:8.

- "Adult Developmental Center" means a community-based day program that serves adults who are in the process of acquiring self-help skills. Individuals who attend adult development centers generally need sustained support and direction in developing the ability to interact with others, to make their needs known, and to respond to instructions. Adult development center programs focus on the development and maintenance of the functional skills required for self-advocacy, community integration, employment, and self-care. Staff to client ratio 1:3 or 1:4
- "Behavior Management Program" means a community-based day program that serves adults with severe behavior disorders and/or dual diagnosis who, because of their behavior problems, are not eligible for or acceptable in any other community-based day program. Staff to client ratio 1:3.
- "Independent Living Program" means a community-based day program that provides to adult clients the functional skills training necessary to secure a self-sustaining, independent living situation in the community and/or may provide the support necessary to maintain those skills. Independent living programs focus on functional skills training for adult clients who generally have acquired basic self-help skills and who, because of their physical disabilities, do not possess basic self-help skills, but who employ and supervise aides to assist them in meeting their personal needs.
- "Social Recreation Program" means a community-based day program, which provides community integration and self-advocacy training as they relate to recreation and leisure pursuits.

Five days per week is the maximum. However, lesser amounts can be utilized when appropriate (e.g., part-time participation or semi-retirement). Progress shall be reviewed annually.

Continuation of funding for the day program shall be based on the clinical appropriateness of the program considering the client's IPP, reasonable progress made toward the objectives and the continuing cost effectiveness of the program. The review and any recommendation for continuation of funding shall consider possible eligibility for other services (e.g., Habilitation Services) and the possibility of a client's moving into a generic or less restrictive program.

Alternative sources of funding (e.g., Habilitation Services, etc.) shall be sought where appropriate. Community expectations for workday activities for people without disabilities

need to be considered as broad, general guidelines in determining appropriateness of day activities for a KRC client.

Approved this 1st day of December, 1998
KRC Board of Directors

Behavior Intervention Services

Behavior intervention is the systematic use of applied behavioral analysis techniques to increase the frequency and strength of adaptive behaviors and prevent, reduce, or eliminate the occurrence of maladaptive behaviors.

Behavioral services empower families by teaching positive and proactive evidenced based strategies to increase positive social behavior for clients and families while ameliorating behaviors that interfere with learning and social interactions by making changes in the client's environment and teaching new skills. The behavioral specialist teaches families/caregivers to implement interventions strategies that are effective in natural everyday settings and are based on client cooperation.

Behavior intervention services are designed to assist individuals with developmental disabilities who experience behavior challenges, which pose a threat to:

- A client's right to health and safety for themselves and for those with whom they interact in their family and community.
- A client being able to reside in living arrangements that are typical of those for persons without developmental disabilities.
- A client being able to maintain capacity and opportunity for learning skills that facilitate the building of critical and durable relationships with other people within their families and their communities.

Behavior intervention services consist of five components

- 16 Hour group Parent training course
- Assessment of specific client behaviors;
- Development of an intervention plan to reduce these specific behaviors ²
Primary caretaker training regarding implementation of the plan; and
- Post-training assessment.

Behavior intervention services consist of training for parents or other caregivers to implement specific positive, nonaversive behavior intervention techniques. Therefore, in order to achieve success, the parent(s), caregiver and/or program staff must agree to assume responsibility in the implementation of the necessary techniques.

KRC may purchase behavior intervention services for a client only if all of the following criteria are met

- Parents/caregivers have completed 16 hours' group training course in behavioral intervention (exception can be granted for immediate intervention need)
- There is an assessment by a KRC approved specialist that indicates that the client would benefit from the support and that the family/caregiver is motivated and capable of carrying out the treatment plan. Assessment shall be completed in 10 hours or less.
- The parent/caregiver agrees to assume responsibility in implementation of the necessary techniques and to collect data on behavioral strategies and submission of that data to the provider for incorporation into progress reports.
- Parents/caregivers agree to participation in any needed clinical meetings.
- Parents of minor children agree to purchase of suggested behavior modification materials or community involvement if a reward system is used.
- The Behavioral Intervention can be provided in 24 hours or less per month. (Health and Safety exceptions for additional hours will be reviewed by the clinical team)
- The client is not eligible for behavior intervention service provided by private insurance or any appropriate generic resource.
- The behavioral intervention is not for purposes of providing respite, day care, or school services.

The effectiveness of the behavioral intervention will be evaluated no later than 6 months following the initial provision of services and every 6 months thereafter while the service is being provided.

The Interdisciplinary Team including the parents/caregiver must evaluate the effectiveness of the training in determining if additional services are warranted.

All services provided under this policy must emphasize the use of positive, nonaversive interventions and are in compliance with Title 17, Subchapter, Sections 50800-50823 concerning peer review of behavior management interventions that cause pain or trauma.

Continuation of KRC funding for behavioral intervention shall be based on the clinical appropriateness of the programming considering the client's IPP and the reasonable progress made toward achieving relevant objectives in the prior program period. The service may be discontinued if:

- Clients/family fail to meet parent skill training objectives.
- Health/medical conditions deteriorate precluding participation.
- Understanding of techniques reaches a level where continued participation is no longer warranted.

- Program has not met the goals and continuation not warranted.
- Vendor does not provide timely reports on client progress.

The focus in this guideline is to maintain placement (home or day program) of the client. In Level 4 community care facilities which have a behavior management programs or Intermediate care facilities the provision of behavioral intervention services is the responsibility of the facility. Resources for behavior modification such as the education system, private insurance, or County Mental Health, must be used or ruled out before KRC funding can be considered.

For clients attending public school special education the provision of behavioral intervention services at school are the responsibility of the school district (or SELPA), and such services are to be delivered in accordance with the CA. Educational Code requirements.

Approved this 1st day of February, 2011
KRC Board of Directors

Clothing

KRC may fund basic clothing allowances for clients only if neither family nor SSI nor any other resources are available.

Clothing consists of garments and apparel essential to daily living.

KRC may purchase clothing only under the following conditions:

- There must be no other source of supply or funding for clothing for the client. The client must not have the funds available and the need must be of an emergency or desperate nature.
- Up to \$200.00 per fiscal year may be authorized for individuals residing in health care facilities.
- A one-time purchase up to \$200 may be authorized for an individual who moves into a community care facility when they do not have access to the garments and/or apparel essential to daily living.
- A one-time purchase up to \$200.00 may be authorized for clients living independently when a change in their status occurs (e.g., loss of SSI, pregnancy, medical conditions necessitating special clothing, return to active case management from "the streets" or jail, etc.), has resulted in their not having access to the garments and/or apparel essential to daily living.
- Families of minor children are responsible for their child's clothing needs.

Conservatorship

KRC believes that the existence of a developmental disability should not be in and of itself sufficient reason for the establishment of a conservatorship. In those instances, where there is documented difficulty in obtaining or receiving services for an adult with developmental disabilities and it appears that failure to establish a conservatorship will present a serious risk to the health, well-being, or property of an adult client, K.RC supports the principle of establishment of a limited conservatorship. When a family expresses a need to retain decision-making authority over certain aspects of life for an adult member who has a developmental disability, KRC may support in principle the establishment of a limited conservatorship. When KRC supports in principle the establishment of a conservatorship, the KRC Client's Rights Advocate will provide technical assistance to the family.

The establishment of a conservatorship is considered a family responsibility and it is expected that the cost will be borne by the person(s) seeking conservatorship. In the event conservatorship is needed and no appropriate private individual or agency is available to institute conservatorship proceedings, immediate referral will be made to the Public Conservator's Office, or the Director of the Department of Developmental Services may be nominated to become the conservator. KRC will provide technical assistance to anyone who wishes to pursue conservatorship. Generally, KRC does not purchase legal services to establish a conservatorship.

In extreme circumstances when there are no other alternatives available, K.RC may fund for legal services to protect a client's rights and establish conservatorship.

Counseling Services

Time-limited counseling services may be necessary to relieve barriers to the client's continued development and/or ability to remain in the least restrictive setting. KRC shall not fund those services, which are the mandated responsibility of the County Mental Health Department or are available through other resources including private insurance.

Mental health services are interventions, which address emotions, social interactions, and/or behaviors that limit the client's ability to participate in activities of daily living, training programs and social/recreation experiences

When emotional, social, and/or behavioral needs are identified, the Planning Team will determine an appropriate resource/intervention to address the need. In most cases, the need is met by other resources, such as County Mental Health, Medi-Cal, or private insurance. In some instances, interventions may be provided in the residential facility, day program, or school. KRC may purchase the service when no other resources are available and the need for the service is documented.

The initial purchase will consist of an evaluation of up to three (3) hours that will include an assessment of the individual's psycho-social functioning and a recommended treatment plan, including objectives and target dates. An additional five sessions may be provided after PLANNING TEAM review.

Any continuing authorization after the evaluation and sessions will not exceed three (3) months of a time in duration and will be based on written progress reports that justify additional therapy. Continuation must be based on progress being demonstrated toward achieving IPP objectives. Sessions will be provided at 1 hour per week.

Inpatient services due to mental health needs will be evaluated to ascertain the responsibility of the individual, family, Medi-Cal, insurance or local mental health agency before KRC funding.

Crisis Intervention Services

KRC supports the provision of an array of crisis intervention services which will enable clients to maintain community living arrangements, relationships and other life experiences/activities of their choice. We recognize our responsibility to assist clients and/or their caregivers to anticipate and to prevent mental health crisis as a part of ongoing service provision.

Crisis intervention services are defined as follows:

Crisis intervention services are immediate, intensive, brief (time-limited) professional assistance/support to help a person return to a previous level of functioning or emotional state enabling him/her to maintain community living arrangements and other life activities of his/her choice without being at imminent risk of endangering him/herself or others.

- Crisis intervention services may include but are not limited to:
- Mobile Crisis Response Team intervention for the purpose of providing immediate, on-site, assessment and emergency care (not to exceed 4 hours without administrative authorization).
- Temporary care in a community psychiatric hospital for the purpose of short-term stabilization (not to exceed 7 days).
- Temporary care in a licensed community residential setting for the purpose of short-term stabilization (not to exceed 30 days).
- Time-limited counseling or psychotherapy (8 sessions maximum) as a component of either outpatient or inpatient mental health psychiatric care. (See Counseling Services)

KRC may purchase crisis intervention services for a client only if the following criteria are met:

- An assessment is made by KRC approved personnel which indicates that the crisis intervention service is needed to return the client to his/her previous level of functioning or emotional state and that the intervention is likely to enable the client to maintain his/her community living arrangement.
- The client is not eligible for crisis intervention, or substantially similar service provided by Medi-Cal, private insurance, or any other third party payer.
- The crisis intervention service does not exceed the time limits specified above.

Approved this 1st day of December, 1998

KRC Board of Directors

Day Care/ Dependent Care (Service Code 851)

Day care services mean services that provide appropriate non-medical care and supervision, while parent is engaged in employment outside of the home and/or educational activities leading to employment, to ensure the consumer's safety in the absence of family members. Day care/Dependent care services will attend to the consumer's basic self-help needs and other activities of daily living including interaction, socialization and continuation of usual routines, which would ordinarily be performed by the family member. Day care services can be provided by a licensed family day care agency, a licensed childcare center, preschool, or FMS if eligible. Working parents face many challenges as they strive to balance competing priorities and responsibilities. One issue may be securing day care for children not yet old enough to attend school (0-5) and after school day care for school age children (6-17) who require supervision. Locating a program with trained and reliable caregivers, safe environments, stimulating activities, peer groups for social interactions, convenience for the home/work/home commute and availability is a goal for many families.

For parents of children with a developmental disability, the arranging for such care may pose additional challenges such as finding persons and community programs to accept their children and who are experienced with the specialized care, which is necessary. Families may also face a unique issue of securing supervision for an adolescent son/daughter (age 13-17) after a school program.

The cost of supervision over and above what a family would pay for a non-disabled child of a certain age may be funded by the Regional Center pursuant to Lanterman Developmental Disabilities Act, Section 4659, 4646.4 (a)(4) and 4685 (c) (6). Section 4685 (c) (6) states: "... the regional center may pay only the cost of day care services that exceeds the cost of providing day care service to a child without disabilities. The regional center may pay in excess of this amount when a family can demonstrate a financial need...." In reviewing requests to fund day care, the responsibility of the day care provider to meet the needs of the client under the ADA and other laws, the cost effectiveness of the proposed day care and the financial means of the parent(s).

KRC may assist with a portion of the cost of day care when the following criteria are met:

1. The parent of a single-parent household or both parents of a two-parent household are engaged in full time employment or vocational training and providing such support will enable the continuation of employment/training. (Documentation to verify employment and hours of employment must be provided annually for parents who are employed full time and semi-annually for parent(s) enrolled in vocational training or continuation of education that includes enrollment of classes and schedule along with proof of attendance.

2. The child's needs require specialized care which is in excess of that provided to a nondisabled children of the same age (such as medical equipment and care which require specialized training, behavior such as self-abuse, assault, aggression, significant assistance with self-help task, supervision when older than 13 years of age)
3. Such care is not available to the family through usual resources found in communities at usual cost (such as childcare centers, neighborhood school, churches, YMCA, etc. whose fees are customary for the area and service provided.) Documentation from generic resource indicating they are unable to serve the child is required annually.

For older children (ages 13-17), resources that may be available include generic financial support of Supplemental Security Income (SSI) and In-Home Supportive Services (IHSS) must be explored and pursued to address the need for supervision before dependent care services is requested from Kern Regional Center.

Families will be subjected for Family Cost Participation Program if they are utilizing KRC funded day care services.

Day/After-School Care Services

Working parents face many challenges as they strive to balance competing priorities and responsibilities. One issue may be securing day care for children not yet old enough to attend school and after-school care for school age children who require supervision. Locating a program with trained and reliable caregivers, safe environments, developmentally/behaviorally appropriate activities, a peer groups for socialization, convenience for the home/work/home commute and availability is a goal for many families.

Section 4646.4(a)(4) Consideration of the family's responsibility for providing similar services and supports for a minor child without disabilities in identifying the consumer's service and support needs as provided in the least restrictive and most appropriate setting. In this determination, regional centers shall take into account the consumer's need for extraordinary care, services, supports and supervision, and the need for timely access to this care.

For parents of children with a developmental disability, the arranging for such care may pose additional challenges such as finding persons and community programs to accept their children and who are experienced with the specialized care, which is necessary. Families may also face a unique issue of securing supervision for an adolescent son/daughter after a school/work program.

KRC may support families with the purchase of after school care or a portion of day care and paid care providers with after-school care when one or more of the following occur:

- The parent of a single-parent household or both parents of a two-parent household are engaged in full-time employment or vocational training and providing such support will enable the continuation of employment/training.
- The child's needs require specialized care which is in excess of that provided to nondisabled children of the same age, (such as medical equipment and care which require specialized training, behaviors such as self-abuse, assault, aggression, significant assistance with self-help tasks, supervision when older than 13 years of age).
- Such care is not available to the family/care provider through usual resources found in communities at usual cost (such as centers, schools, churches, YMCA, etc., whose fees are customary for the area and service provided).
- The cost of such extra and specialized care is reasonable.

Day care services to minors are subject to the family cost participation program requirements in Welfare and Institutions Code section 4620.2

For minors in out of home placement, child care services will not be available. The approval of after school services will be based on a consideration of the level of services provided by the home. Minors receiving specialized/intensive care services in out of home placement will not be approved for after school programming if it is a duplication of services.

When providing day/after-school care services, KRC will give preference to those service options in which the child is able to be included and participate in age appropriate activities with nondisabled peers.

In determining whether the child requires specialized day care, the PLANNING TEAM shall take into consideration the following factors and circumstances:

- Significant behavior challenges, including disruptive hyperactivity, self-abusive behavior, aggressive acting out behavior, assaultive behavior, and/or emotional difficulties;
- Significant medical or physical needs, including equipment requiring a specially trained care person, feeding needs that require extensive time and effort by care person, suctioning, tube
- feeding, uncontrolled seizures, or any other medical/physical need that requires extensive time and effort or special training;
- • A consumer, over the age of 3, who has significant self-care needs including lack of toilet training, inability to communicate basic needs, lack of self-help skills such as bathing, toileting, dressing, eating and lack of ability to ambulate.
- The parent /care provider has completed a 16 Hour group Parent training course.

Philosophically, KRC believes that after school care is a family responsibility. However, we also recognize the need of families to receive supports in addressing specialized requirements necessitated by the presence of some developmental disabilities. Each family/child's circumstances and needs for day/after-school care is unique and shall be assessed as such. Resources that may be available include generic financial support of Supplemental Security Income (SSI) and In-Home Supportive Services (IHSS) which are available to address the need for supervision. In addition, programs offered through public schools, employers and community agencies shall be explored with the family and utilized to the fullest extent possible.

Typically, KRC will fund only for specialized services or additional supervision required in after school or day care. The family will fund for the regular after school or day care program, as they would have to do with a child who did not have a disability. However, when a family can demonstrate extraordinary financial need (State of California Department of Education Guidelines), KRC may purchase a portion of the day/after school care that is greater than the portion related to the specialized care. Such exceptions must be approved by the Executive Director or designee.

After school, extended day, year and Saturday programs are designed for children and adults living at home who have a constant need for a structured setting beyond the primary day program to prevent deterioration in their behavior or who have significant self-help skill deficits. These services are purchased only when they are necessary to maintain the consumer in the family home.

The purchase of up to 3 hours per day or 69 hours per month of extended day services programming may be considered if either of the following criteria is met:

- The client has serious behavior problems requiring intervention beyond that expected of a regular after-school setting. Examples would include aggressive acting-out, assaultive or self-abusive behavior, property destruction or hyperactivity that presents a potential danger to the client or others;
- OR
- The client has significant self-help skill deficits for his/her age requiring skilled intervention beyond that expected of a regular after-school program. Examples would include adolescents or adults, who are unable to feed, toilet, ambulate independently, or communicate their needs;
- AND
- Such care is not available to the family through usual resources found in communities at the usual cost such as recreation centers, schools, churches and the YMCA.
- The hours of extended day may be increased on a case-by-case basis during the months when school or regular program hours are reduced. All authorized hours for these types of programs are to be coordinated with respite.

Approved this April 5, 2011

KRC Board of Directors

Dental Treatment for Adult Consumers: (Service Code 715)

Beginning July 1, 2009, Denti-Cal will fund dental care for consumers 21 years of age and older only if they reside in Skilled Nursing Facilities (SNFs) or Intermediate Care Facilities (ICFs) and if they have full scope Medi-Cal. Consumers in other living arrangements including those who reside in Community Care Facilities and the family home will no longer qualify for Denti-Cal services. Denti-Cal funds dental services for children and young adults younger than 21 years of age. Below are the guidelines Kern Regional Center will follow when evaluating requests to fund for dental care and services for adults 21 years of age and older or person under 21 years of age who do not have dental insurance or Denti-Cal.

The maximum rate of reimbursement for dental services shall be in accordance with the Schedule of Maximum Allowances (SMA): Dentistry. Title 17, California Code of Regulations, {Section 57332(b)(6)}. Accordingly, KRC will reimburse dental services at the same rates as Denti-Cal. KRC will not fund for dental procedures retroactively.

KRC will review all funding requests on an individual basis and will fund dental services when the individuals' health and safety is in immediate jeopardy and the service is related to the eligible disability. KRC will specifically follow the Funding guidelines of Denti-Cal, as described in the 2009 Denti-Cal Manual, Section 5, the "Manual of Criteria and Schedule of Maximum Allowances." KRC will fund for a maximum of \$2300, inclusive of dental anesthesia (when required) in any given KRC fiscal year (7/1- 6/30). Exceptions will be considered on a case by case basis.

KRC will fund for dental services that alleviate and or eliminate consumer pain and suffering, and/or prevent further progression of significant dental disease and infection.

KRC will not fund for dental services where the primary purpose is to:

1. Improve the individual's physical appearance (esthetic considerations)
2. Provide complete restoration of normal dental function
3. Restore the ability to eat hard (i.e. firm and chewy) foods
4. Bridge work
5. Gingivectomy unrelated to anti-convulsive medication or less than 9mm of gingival spacing from the gumline.

Higher levels of anesthesia (i.e., beyond things like local injection and the use of simple bodily relaxants, like nitrous oxide) may be necessary in order to allow for dental evaluations and treatment. When necessary, anesthesia for dental procedures may be provided by dentists who have the appropriate degree of advanced training. The highest level of sedation, i.e., general anesthesia, is often time provided by medical anesthesiologists. When a consumer has a health insurance plan, it is the generic resource to provide anesthesia in the hospital or surgical center setting. KRC will fund for anesthesia provided by a dental anesthesiologist only if there is documentation that funding of a medical anesthesiologist through the consumer's and/or their family's health plan is unavailable. As noted above, KRC will fund for a maximum of \$1500 in dental services during any given KRC fiscal year but will fund a maximum of \$2300 if the highest level of sedation is necessary and not funded elsewhere. This \$2300 maximum includes all costs associated with the required dental anesthesia (for example, use of an operating room).

The following factors will be taken into consideration when considering funding for a dental service:

1. The general prognosis for the consumer's dentition including;
 - a. Existing dental conditions and the level of preventive procedures currently performed by the consumer or caregiver.
 - b. Extent of caregiver participation in the maintenance of a consumer's oral health.
2. The prognosis for the specific procedure requested including long term durability and possible need for repeated procedures. Cost effectiveness ratios are a crucial consideration.
3. The medical risk versus the benefit for each procedure and the form of anesthesia that is required.
4. The cost-effectiveness of the procedure versus other treatment options. KRC will fund the least costly treatment or procedure that addresses the primary objective, i.e., improving or maintaining a consumer's immediate health and safety (CA Welfare & Institution Code 4648(a){6}(d).4
5. The lack of availability of a generic resource: There must be written documentation that there are no generic resources or natural supports available to provide the requested dental care. (CA Welfare & Institutions Code Section 4659(d)

Generic resources include but are not limited to:

- a. The consumer and/or their family's dental/medical insurance plan, if available. Many companies allow adult children over the age of 21 who have a disability to be

- enrolled in the family's dental insurance plan. KRC strongly encourages families to pursue this option whenever possible. Consumers with sufficient financial resources are expected to purchase a dental insurance plan. Sources of funding for dental plans include but are not limited to Personal and Incidental funds, income derived from work as well as contributions from parents and other family members or trust funds. A denial by the family dental plan is required prior to KRC funding dental care.
- b. Medicare Advantage plans (HMOs) for consumers who are eligible for both Medicare and Medi-Cal if dental benefits are offered. All consumers who are potentially eligible for Medicare must apply for Medicare services and are encouraged to enroll in plans that offer dental benefits. If the consumer is enrolled in a Medicare HMO plan that has dental benefits, a written denial by the Plan is required before KRC will consider funding a dental service.
 - c. Denti-Cal will continue to provide limited dental services for the relief of pain and infection, offering tooth removal or quadrant root planning for localized periodontal inflammation.
6. Consumer's place of residence must be documented:
- a. Intermediate Care Facilities (ICFs), ICFDDNs, ICFDDHs and California Developmental Centers: KRC defers to the generic resource (Denti-Cal) as dental services for consumers residing in these facilities will continue to be funded by Denti-Cal.
 - b. Community Care Facilities (CCFs), Family Homes, Adult Foster Homes, Independent or Supported Living and Room and Board facilities: KRC will fund for dental services providing there is conformity with these guidelines (as delineated above).

Durable Medical Equipment

Durable equipment includes those mechanical, assistive or adaptive devices, which are designed to sustain life or to facilitate mobility, communication, community accesses or environmental control in order to promote increased independence. Durable equipment includes, but is not limited to, wheelchairs, apnea monitors and communication devices.

Some needs for durable equipment may be met through California Children's Services, Medi-Cal, private insurance or other source of funding available to the public.

KRC may purchase durable equipment for adult or minor clients only if all of the following criteria are met:

- There has been an assessment by a KRC approved specialist, which indicates that the specific equipment to be purchased would enable the client to live a more independent and productive life in the community.
- The need for the specific equipment is associated with, or has resulted from, a developmental disability.
- The equipment to be purchased has been denied by, or the client is not eligible for, California Children's Services, Medi-Cal, EPDST, private insurance or any other third party payer.

KRC will not purchase equipment for academic enhancement for school age clients.

As a rule, KRC does not purchase equipment that is intended to become a permanent fixture and does not provide funds for construction, modification or alteration of real or personal property to accommodate equipment. However, such purchases may be considered, in individual circumstances, as an exception to this policy.

The cost effectiveness of rental versus purchase will be determined on each request for equipment.

Equipment purchased by KRC will remain the property of the KRC (State of California) rather than of the individual or family.

Approved this 1st day of December, 1998
KRC Board of Directors

Early Detection and Genetic Services

KRC is committed to reducing the incidence, prevalence, mortality, and morbidity associated with mental retardation and related developmental disabilities through education, applied research, advocacy efforts, and support of families, friends and the community. KRC believes that every newborn and every child needs to be provided the opportunity to grow and develop in a nurturing environment free of abuse and/or neglect, free of preventable disease, and as safe as possible from injury.

It is the policy of KRC to encourage families to pursue all available information regarding causes and prevention of developmental disabilities. This may include referral to existing sources, collaboration with health education agencies and agency-sponsored training.

It is the policy of KRC that funds may be used for genetic screening and counseling when necessary for determining eligibility or for high-risk parents.

Early detection and genetic services involve measures intended to avert the occurrence, reduce the impact or ameliorate the effects of a developmental disability.

Early detection and genetic services include genetic, prenatal diagnostic and treatment services, childbirth education and preparation training for persons with developmental disabilities, services to high risk infants, and public information and education activities.

1. Genetic and prenatal diagnostic services are designed to diagnose and possibly prevent a developmental disability. Services include diagnostic studies necessary to evaluate the individual's risk of parenting a child with a developmental disability.

The purchase of specific genetic or prenatal diagnostic studies may be made only under the following circumstances:

- The specific genetic/diagnostic service is not covered under the individual's medical-health insurance or through Medi-Cal, California Children's Services or any other public funding source; and
 - The KRC Interdisciplinary Team, according to established criteria, determines the individual to be at risk of parenting a child with a developmental disability.
2. Childbirth education and preparation training during the perinatal period is designed to prepare a person with a developmental disability for pregnancy and childbirth.

A client may be considered for the purchase of such services under the following

circumstances:

- The specific service to be purchased is not available through any publicly funded source; and
- Appropriate support systems are not available.

3. Treatment services are for individuals with a treatable condition known to cause mental retardation, such as PKU and other metabolic diseases as clinically indicated.

The purchase of such services is appropriate only under the following circumstances:

- The specific treatment service is not covered under the client's medical/health insurance or through Medi-Cal, California Children's Services or any other public funding source; and
- It is recommended by the client's physician and reviewed and approved by the KRC physician.

4. Services to high-risk infants. (See Early Intervention Services.)

5. Public information and education activities in the area of prevention are designed to alert and inform the public about the preventable causes of developmental disability.

Approved this 1st day of December, 1998

KRC Board of Directors

Early Intervention Services

The State of California has recognized that every person has the right to treatment designed to prevent and ameliorate life-altering disabilities. KRC's philosophy is that infants who are at risk of becoming developmentally delayed (disabled) have the right to participate in early intervention programs geared toward preventing and/or minimizing the effects of developmental delay (disability). These intervention programs will provide a support system for the parents/primary care provider and help to foster a healthy family environment by building and reinforcing parental competency and confidence, educating the parents to have realistic expectations for their children and helping parents acquire skills to facilitate their child's continued development.

KRC further acknowledges the rights of parents of high-risk infants to have access to and participate in an early intervention program which would provide concrete methods and techniques for addressing the unique needs of the developmentally delayed infant.

KRC affirms its belief in the expeditious provision of early intervention services. KRC recognizes that prompt provision of early intervention services can enhance the benefits of a child may derive from such services and ameliorate the feelings of helplessness, inadequacy and stress experienced by families after the birth of a developmentally delayed child.

Early intervention services are designed specifically for infants, toddlers and preschool children to improve the child's functioning in one or more areas of delayed development and/or to assist the parents to understand, accept and work with their child's disability. The services may begin as early as appropriate after birth and may continue until the child is eligible for a public school program. Such programs may be made available to infants and toddlers who have a developmental disability as well as those under the age of three (3) who are at high risk of having such a disability.

Some infants/toddlers with or at risk for a developmental disability thrive in a nurturing home environment and may not require a KRC purchased program. Others may need only the programming offered through the Medical Treatment Unit of California Children's Services.

Early intervention services may be provided in the family's home, caregiver's home or at a program site. Such services may include developmental monitoring and consultation, occupational and physical therapy, infant development and preschool programs.

An infant or toddler may be considered for the purchase of an in-home early intervention service only if all of the following criteria are met:

- The infant/toddler has or is at high risk of developing a developmental disability, and
- An assessment/consultation has indicated that in-home early intervention services may reduce the risk or lessen the effects of a developmental disability; and
- The child is not eligible for an early intervention service funded through EPDST, the public schools or any other generic resource; and
- KRC may use private insurance as a generic service only if there is no cost to the family as a result of its use. Cost includes deductibles, co-pays, or a reduction in the lifetime benefit cap. KRC may pay the cost of accessing private insurance (e.g. deductible or co-pay amounts). [34CFR 303.520(b)(3)(I)]
- The parent/primary caregiver participates in the in-home early intervention service; and
- The frequency of such intervention is consistent with that recommended by the Interdisciplinary Team but not more than three times per week.

A toddler or preschooler may be considered for the purchase of a site-based or preschool program only if all of the following criteria are met:

- The toddler/preschooler has or is at high risk of developing a developmental disability; and
- An assessment/consultation has indicated that a site-based early intervention or preschool program may reduce the risk or lessen the effects of a developmental disability; and
- The child is not eligible for a site-based or preschool program funded by the public schools or any other generic resource; and
- The frequency of such intervention is consistent with that recommended by the Interdisciplinary Team but not more than three times per week if the child is less than 30 months of age nor more than five times per week if the child is over 30 months of age, and
- Regular attendance must be observed in order for the purchase to continue (if the child's attendance falls below 70% for three consecutive months, funding continuation will be reviewed and consideration given to an in-home or reduced program).

The specific program recommended for the child will be determined by a variety of factors reviewed by the Interdisciplinary Team including the child's medical involvement, the home environment and proximity of the program to the child's home or availability of public transit. (If purchase of transportation services is considered, see Transportation).

Wherever possible, the least restrictive program provided in the most integrated setting is preferred for a preschool child.

Approved this 1st day of December, 1998

KRC Board of Directors

Educational Services

{Preschool Services}

KRC supports the provision of preschool programs for children for whom no program is available through the public school or other resources and who are at high risk of sustaining a developmental disability if such programs are not provided.

Education is the responsibility of the parent for preschool aged children and the school system for the school age child. However, some infants and preschool aged clients may not be eligible for mandated education programs or Headstart, or the parent may not be able to provide needed stimulation.

KRC funding is only to be made when there is absolutely no other resource available as established in meetings with the local educational district.

Educational services are programs to provide infants and children with skills to meet their developmental needs and begin functioning in a school setting including social, communication, listening, and cognitive skills.

KRC may purchase education when there is a review by the Multidisciplinary Team (MDT) which includes a recommendation from an education consultant. The MDT determines when an education program is appropriate and necessary to meet the needs of the client and when that program cannot be obtained through other community services.

The MDT shall include the following in their review: age and needs of the client, client or family situation which necessitates KRC purchase of an educational/stimulation program, documentation of non-availability of a publicly funded developmental/education program, education programs offered in the district of residence including cost, hours of programming, and program focus. The parents shall be required to initiate a referral to the public school for a program for their child. KRC may purchase the service when no other resources are available and the need for the service is clearly documented.

KRC does not fund for transportation to preschool programs for children in the 3-5-year age range.

Continuation of funding depends on IPP with satisfactory progress being shown toward

objectives.

It is not the intent of this policy to supplant the responsibility of the public schools.

{Infants and Toddlers}

KRC collaborates with Local Education Agencies (LEA) and numerous other community agencies in the Kern Early Start Program. Infant Development Programming is provided to infants and toddlers ages zero through two through the Kern Early Start Program. Most KRC clients in this age range receive such services through an education-funded program. KRC does joint venture with LEA's in providing these programs. KRC also contracts to support certain aspects of these programs. When there is no LEA program available, KRC funds for infant development program services.

KRC supports the provision of infant development services in order to assist parents in the bonding process with their infants with a disability, to provide early intervention services to stimulate the development of the infant, to provide training in parenting an infant or toddler with a disability and to offer support groups to these parents. Direct parent participation is strongly encouraged in these programs. These services are available to infants and toddlers ages 0 through 2 who have an identified developmental delay, a condition known to lead to a developmental delay or are at risk of having a developmental delay.

Approved this 1st day of December, 1998

KRC Board of Directors

Emergency Services

KRC recognizes that client-related emergencies, which may require immediate response, can occur at any time.

The purpose of this emergency services category is to avoid the delays inherent in the standard requirement of authorizing service in advance of the provision of services. When this emergency procedure is used, the service can be initiated immediately upon oral request.

An emergency is defined as an unanticipated situation which, without immediate intervention of a KRC purchase of service would present an imminent danger with measurable long-term consequences to the physical or psychological health or safety of our client.

Emergency services are those which are required immediately to protect the life, health and safety of clients and others.

- a. Medical Services:
 - Acute medical and dental
 - Authorization to provide treatment
 - Transportation to medical services
- b. Behavioral Services:
 - Services required to maintain a client in the community by preventing physical damage to the client, to others and to property. These may include the crisis response team or individual program support. (040)
- c. Placement or Replacement:
 - If there is not another source of food and shelter, or if a family or behavior crisis exists, emergency placement or replacement may be authorized.
- d. Respite:
 - If there is no other source of shelter, or if the usual caretaker suddenly becomes ill or incapacitated, respite care may be authorized until other arrangements for care can be made.
- e. Court-ordered Services:
 - If such a situation occurs during normal working hours, an emergency oral authorization request should be made to the Chief of Case Management or Designee.

Upon approval, the Service Coordinator can make oral arrangements with the vendor to provide the emergency service before the receipt of a written authorization.

In order to justify the provision of a purchased service prior to written authorization, the following information must be recorded in a Title 19 note and accompany the "standard" request for purchase authorization which will be completed later:

- Current date and time.
- Name of approving person.
- Name of vendor.
- Nature of Service.
- Date of service implementation.
- Rationale for emergency.

The above information will suffice as temporary approval. However, the service must be requested in the standard manner within the next ten- (10) working days. All Purchase of Services Standards apply to emergency services and appropriate documentation must accompany the "standard" request.

During hours when the KRC office is closed, oral authorization to the vendor for such emergency services can be made by the service coordinator on emergency response with approval of the management back-up person if needed.

The first day the office is open after the oral authorization, the service coordinator will complete the emergency procedures as indicated.

Only services necessary to respond to the emergency may be authorized under this standard. Authorization for the purchase must proceed through the normal review processes as quickly as possible after the emergency. At that time, the requirements of the appropriate Purchase of Service Standard(s) shall be applied.

The POS standard is intended to address only truly "emergency" situations.

Family/Consumer Education

Providing education and information to families/clients relevant to developmental disabilities can be of assistance in helping maintain community living arrangements. While many of the informational and educational offerings will be free presentations to which people are invited at KRC it is occasionally desirable for family members/clients to attend special workshops outside of this area.

Family/client educational services are those services, which allow the family to acquire information that will help them provide better service for their member who has a developmental disability. These services are limited to conferences and workshops within the State of California. Such conferences or workshops must be sponsored by organizations, which are recognized within the area of developmental services.

For purchases of family/client education services, the following criteria must be met.

- The proposed conference or workshop must have a direct relationship to the client's developmental disability.
- KRC Service Coordinator must assist the family in seeking other sources of support before KRC funding.
- The conference or workshop must be within the State of California. If the conference or workshop is offered at multiple sites within California, the site closest to the Kern County area shall be selected.
- Typically, KRC shall only fund for a limited number of families to attend any conference.

KRC funding shall only be for conference registration fees, lodging, meals and transportation reimbursement for attending the conference. KRC funding shall be for a maximum of \$250 per year per family/client.

Individual/Family Service Planning

Individual/family service planning is an interactive process in which a partnership is created among the client, family, service providers and community to support and enable the client to achieve their vision for the future. In this process:

- The participation of the client to the fullest extent possible is essential and, where appropriate, his/her parent(s), legal guardian/conservator/advocate or designated representative, KRC service coordinator, and other significant persons as identified by the client (friends, family members, service providers);
- The client's strengths, abilities, and vision for the future are captured and utilized as the basis for planning for the future;
- Clients are encouraged to express their individual needs, preferences and choice of goals, plans and service options and shall have input into the plan;
- The strengths, needs and preferences of the whole family (especially for minors) are acknowledged;
- Parents of minors and conservators for adults are valued as competent decision-makers and full partners in the planning process;
- A client's natural system of support is identified and included among those resources selected to meet chosen goals; and
- Necessary services/supports are identified.

The person/family-centered process utilized by the service coordinator is reflected in a written Individual/Family Service Plan (IFSP), in which:

- needs are identified through information gathering, assessments, and interactions conducted with sensitivity and awareness to the lifestyle and culture of each individual/family.
- a statement of goals provides a vision for the future;
- specific objectives or outcomes desired are established;
- the services and/or supports required to achieve the desired outcomes are specified, including natural supports, generic services and KRC purchase of services;
- a review and re-evaluation to determine whether desired outcomes have been met.

Service options and supports, which are identified for the client in the plan, shall foster:

- personal competencies and control of his/her life;
- active participation in the community
- relationships with non-disabled peers;
- natural environments for health, education and habilitation;
- protection of rights;

- effective use of public resources.

The initial IFSP for each client shall be developed as follows:

- within 45 days of application for services if the client is a newborn to up to three (3) years of age OR
- within 120 days of application for services and within 60 days of determination of eligibility if the client is three (3) years of age and older.

Each IFSP will be reassessed and modified as needed, in response to client's achievement or changing needs, but not less often than:

- once every six (6) months for newborns through three (3) years of age;
- once every year for clients over three (3) years.
- when the client, or where appropriate, the parent, legal guardian/conservator or designated representative requests a review of the plan, the counselor shall conduct a review within 30 days of the request.

All IFSP's shall be accordance with the provisions of the Welfare and Institutions Code and the contract between KRC and the Department of Developmental Services

In-Home Nursing Care

Medically fragile and technology dependent children and adults with a developmental disability often have intensive physical care and medical needs that require nursing care. The severity of their condition often means that they must have constant monitoring and frequent treatment or interventions in order to maintain life. Hospitalization or specialized residential placement are at times required for these children or adults unless the family can manage the needed care for their family member at home.

When such an individual is residing with parents or relatives, in-home nursing care may be necessary to maintain the living arrangement. In-home nursing care is not the same as respite but is a service designed to meet the needs of the client, i.e. to protect the medical well-being of an individual and prevent the need for hospitalization. Respite, on the other hand, even if provided by an LVN or RN, provides relief to the parent through the intermittent provision of care and supervision which relieves parents or family of the stress of caring for children with a developmental disability. (See Service Policy Respite Care.)

In-home nursing services include periodic home visits by a licensed nurse and nursing care for regularly scheduled shifts of four (4) or more hours per day. Shorter periods may be arranged with agreement of the provider of services, KRC and the family.

Periodic nursing visits are for the purpose of monitoring and evaluating an individual's overall medical condition in order to identify potential medical emergencies and the need for changes in care and treatment and/or to provide training to the primary care giver in the techniques required to provide care.

Shift nursing care is for providing a direct care nurse to supplement the care given by the parent or relative who has been trained to administer nursing care and treatment for his/her child. Family resources differ in how and how much they can provide for constant nursing care. Families may need assistance on a daily basis, a weekly basis or several days a week.

Before any decision to provide nursing services, the KRC shall obtain a comprehensive nursing assessment, which will address the following questions and areas:

- Client's current medical status and documented needs for in-home nursing care.
- Required level of nursing care.
- Medical/nursing problems.
- Required medications and treatment.
- Equipment and supplies needed at home.

- Adequacy and safety of the physical environment of the home,
- Client's physician and medical treatment plan.

The Interdisciplinary Team (ID) then shall determine if:

1. The individual's needs are most appropriately met in the home environment.
2. The plan is recommended by the individual's personal physician.
3. The physical environment of the home is adequate to the type of care and equipment needed.
4. The family members are supportive of the plan, can emotionally, and physically cope with the client remaining in the home and with the presence of nursing personal. Other resources for the provision of in-home nursing care are available to the family such as Medi-Cal, EDSPT, private insurance, California Children's Services or In- Home Supportive Services.

If the ID Team believes that factors 1 through 4 above have been met, a plan for the in-home nursing care can be established. When other resources are not available to the family and the ID Team has recommended in-home nursing care, KRC may provide for in-home nursing care in the following ways:

- Up to one nursing visit per week if the need is for periodic nursing monitoring and training.
- Up to a maximum of 16 hours per day of shift nursing care.

When the identified need is for supplemental nursing care on a shift basis, and when there are no other funding source services of an LVN or an RN shall be secured through a nursing agency.

If there is another funding source for in-home nursing care, KRC may purchase the difference between the hours provided by the other source and the number of hours identified in the plan which cannot exceed a total of 16 hours per day. K.RC believes that families wishing to maintain their son or daughter in the home should continue to be responsible for a daily portion of the child's care.

KRC may offer vouchers to family members to allow the families and clients to procure their own qualified nursing services.

KRC will not authorize payment to the family should they choose to employ someone with qualifications other than those recommended by KRC staff and the primary care physician.

All plans for in-home nursing care shall be reviewed at least semi-annually. Nursing

assessments shall be obtained and used by the ID Team in making recommendations for continued nursing services.

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KRC Board of Directors

Intensive Behavioral Intervention Services for Children with Autism

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

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

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

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

1. A diagnosis of autism is suspected or has been confirmed by KRC;
2. The child is under the age of 96 months;
3. The child's needs cannot be met through less intensive services
4. Parents and/or primary caregivers have completed group instruction on the basics of behavior intervention;
5. Parents and/or primary caregivers are willing and able to actively implement

intervention strategies, collect and submit data on behavior strategies, and participate in all clinical meetings throughout the duration of the program;

6. KRC and the child's parents or legal guardian have made reasonable efforts to identify and use all private and publicly available (generic) services to meet the child's needs as identified on the IFSP/IPP; and

7. The outcomes and goals do not duplicate those being addressed by the Individualized Education Program (IEP) through the school district for those children over 36 months of age.

In accordance with CA Welfare & Institutions Code, Division 4.5, Chapter 6, Article 4, Section 4686.2(c)(d)(1)(2) and Section 4659(c) the total number of recommended hours cannot exceed 40 per week across all settings and are contingent upon the IFSP/IPP determination of availability of generic programming (school district) as well as any additional services the consumer is receiving.

All services provided under this policy must emphasize the use of positive, nonaversive interventions and be in compliance with Title 17, Sections 50800-50823 concerning peer review of behavior management interventions that cause pain or trauma.

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

A limited number of hours may be authorized monthly for staff supervision, clinic attendance and parent training. A request for these hours will be included in the service provider initial and on-going reports and will be reviewed and authorized by KRC Autism Consultation Committee. No hours will be authorized for report writing or attending IFSP/IPP or IEP meetings. All hours for direct and indirect services must be used in the month authorized.

Review of progress is conducted by the IFSP/IPP planning team, in consultation with KRC specialists, to assure that satisfactory progress is achieved. Progress will be reviewed every six months throughout the duration of the program. Intensive behavior services are not authorized beyond a maximum of three years. The IFSP/IPP planning team will review the child's needs prior to the completion of the program and consider any other transitional services that may be appropriate for the child. For children served together with the public school system, KRC requires that the exchange of records between agencies be authorized to

monitor progress of intensive behavior intervention services across settings.

KRC will consider the following criteria to evaluate whether intensive behavior services should be concluded:

1. The child has met the goals and objectives identified in the assessment plan and subsequent review of progress;
2. The child demonstrates very little or no progress on the program goals and objectives;
3. A period of progress has been followed by a leveling off or plateau phase extending more than three months, and the IFSP/IPP planning team in consultation with the Autism Consultation Committee, conclude that the maximum benefits of this service have been reached; and
4. There is documentation of a lack of parent or primary caregiver participation in implementing the program.

Medical Services

Medical services (including genetic studies and psychiatric treatment) are those services provided on an individual basis in order to improve or maintain a client's health status.

A client who is not eligible for Medi-Cal or California Children's Services coverage and who has no access to private insurance who requires surgery, hospitalization or other complex treatment will be referred to a medical facility with other funding mechanisms such as county facilities. Individuals using county facilities will be expected to participate in the ability to pay process.

Medical services that may be purchased by KRC include those services prescribed by and provided by a qualified professional. These services may include medications, assessments for particular therapies, and nursing care.

General health care needs for KRC clients are similar to the needs of people in the community who are not developmentally disabled. Ordinarily, parents of minors are expected to provide for all medical and dental care services for their children.

KRC may purchase medical services for either minor or adult clients if the following criteria are met:

1. The needed treatment is directly associated with, or has resulted from, a developmental disability:
 - Conditions Which Are a Developmental Disability. These conditions include mental retardation, cerebral palsy, epilepsy, autism and other handicapping conditions closely related to mental retardation or requiring treatment similar to that required for mentally retarded individuals, but do not include conditions that are solely physical or psychiatric in nature or solely learning disabilities.
 - Medical Conditions related to the Developmental Disability: These are conditions, which arise as a direct result of the developmental disability. They frequently require multidisciplinary term involvement and medical/nursing monitoring of their health status. Examples of these include conditions, which necessitate such things as tube feeding, tracheotomy, ventilator support, intravenous lines and apnea monitors.
2. The client has been denied or is not eligible for Medi-Cal, California Children's Services, EPSDT, private insurance or another third party payer coverage.
3. The generic resource does not provide for or has denied the needed services. In addition, KRC may purchase:
 - Evaluations to determine a diagnosis of a developmental disability.
 - Evaluations to establish etiology (origin) of a developmental disability.

The KRC will purchase only those services that are generally recognized as safe, effective, and which are intended to maximize the client's potential. The KRC will not authorize funds for any medical procedure, service or medication that is considered experimental.

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KRC Board of Directors

Non-Durable Equipment and Supplies

Nondurable equipment and supplies include those expendable products, which are designed to assist an individual to maintain optimal health and to promote maximum adaptive functioning. Nondurable equipment includes, but is not limited to, medication, eyeglasses, hearing aids, orthopedic shoes, and equipment repairs and diapers.

Some needs for nondurable equipment may be met through California Children's Services, Medi-Cal, private insurance or other source of funding available to the public.

KRC may purchase nondurable equipment for adult or minor clients only if all of the following criteria are met:

1. There has been an assessment by a KRC specialist based on a review of a professional recommendation which indicates that the specific equipment to be purchased would enable the client to live a more independent and productive life in the community.
2. The need for the specific equipment is associated with or has resulted from a developmental disability.
3. The equipment to be purchased has been denied by, or the client is not eligible for, California Children's Services, Medi-Cal, private insurance or any other third party payer.
4. The purchase of formula or nutritional supplements must be for a client who is three years of age or older, unless the family can demonstrate a financial need and there is indication that any of these purchases are necessary to enable the client to remain in the family home.
5. The purchase of disposable diapers or a diaper service for KRC clients may be authorized only when the following conditions have been met:
 - Client has attained the age of 4 years (under 4 years of age requires MDT approval).
 - Purchase of diapers or a diaper service shall be coordinated with Medi-Cal and private insurance benefits.
 - If there are no Medi-Cal and/or private insurance benefits, written denial for all clients eligible for Medi-Cal and/or private insurance (or other documentation that the client is not eligible for Medi-Cal or private insurance benefits) must be supplied with the purchase request
 - Diaper materials provided shall be consistent with Medi-Cal standards. Pull-up training pants may be purchased for up to 6 months if the client is in a training program.
 - When it is cost effective to do so, families may be given the option of receiving a

voucher for purchasing diapers.

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KRC Board of Directors

Parenting Skills Training

KRC is committed to the provision of services, which enable clients to lead the most independent and productive lives. For some clients this may include parenting and raising a family.

A child being raised by a developmentally disabled parent maybe at increased risk for developmental delay due to the parent's cognitive and/or physical limitations. A combination of the following factors is most predictive of success: the parents' experience of having good role models themselves; a support system of friends and relatives; motivation to meet the needs of their child; the ability to generalize the skills learned; and access to appropriate social/legal services for themselves and their child. Therefore, KRC may provide parenting skills training for their clients, when appropriate.

Definitions:

Parenting skill training provides direct instruction in childcare, discipline, stimulation, and appropriate behavior expectations. It includes the clarification and the development of community support systems as well as instruction in accessing these supports. It may include independent living skills, which affect the health and safety of a child, e.g., budgeting, cooking, meal planning, etc. Services may be initiated during a client's pregnancy.

Respite Care

Respite is the provision of intermittent or regularly scheduled temporary non-medical care and supervision to clients on an in-home and/or out-of-home basis. Respite may be provided in the client's own home or in a licensed facility. Respite is one of an array of support services that:

- Assists the family members to enable an individual with a developmental disability to stay at home;
- Provides appropriate care and supervision to protect that person's safety in the absence of a family member(s);
- Relieves family members from the constantly demanding responsibility of providing care;
- Attends to basic self-help needs and other activities of daily living that would ordinarily be performed by the family member;
- Meets emergency needs.

Respite is not intended to provide for all supervised care or unmet needs of the client/family; it is a supplement to the family's responsibility for care. Respite services can only be purchased when the care and/or supervision needs of a child or adult with a developmental disability exceed that of an individual of the same chronological age without a developmental disability. In-Home Respite Services are provided in the client's home. Out-of-Home Respite Services are provided in licensed settings. Respite is not daycare and is not to be used while parents are working or are engaged in educational activities leading to work.

Family members may select a vendored Kern Regional Center respite agency, a vendored Financial Management Service (FMS) or Employer of Record (EOR) service to provide respite. With an FMS/EOR, the family selects an individual who is at least 18 years of age, and who possesses the skill, training, or education necessary to provide the respite. The FMS/EOR is responsible to pay the selected individual and abide by all labor laws.

For purposes of this policy, "family member" means an individual who:

- Has a client residing with him/her;
- Is responsible for the 24 hour care and supervision of the client;
- Is NOT a licensed or certified residential care facility or foster family home receiving funds from any public agency or regional center for the care and supervision provided.

Notwithstanding this provision, a relative who receives foster care funds shall not be precluded from receiving respite.

Respite care to minors is subject to Family Cost Participation Program requirements per W&I Code Section 4783.

An individual with medical needs may require a trained health professional (LVN or RN) for specialized care and supervision. Use of an LVN or RN to provide respite service is not to be confused with the need for in-home nursing service [W & I Code 4686(a)].

Prior to Regional Center funding the following must be taken into consideration:

- Natural Supports: W & I Code 4512, 4648(a)(2); (non-paid) personal association and relationships typically developed in the community that enhance the quality of life for people, including but not limited to, family, friendships reflecting the diversity of the neighborhood/community; associations with fellow students or employees in regular classroom & workplaces; and association developed through participation in clubs/activities.
- Generic Resources: W & I Code 4659(a) and (c); 4648(a)(8); 4640.7 and 4644; services or supports provided by an agency that has a legal responsibility to serve all members of the general public and is receiving public funds for providing those services. The regional center will only consider services such as In Home Supportive Services a generic resource when the approved services meet the respite need as identified in the consumer's individual program plan or individualized family service plan.
- KRC may provide interim respite pending IHSS approval/denial.

When determining the need for respite, Kern Regional Center will use a comprehensive respite needs assessment process. A respite authorization will be issued as agreed upon by the client/family and Kern Regional Center. Unused authorized hours can be rolled or banked monthly throughout the fiscal year.

Kern Regional Center may grant an exception if it is demonstrated that the intensity of the client's care and supervision needs are such that additional respite is necessary to maintain the individual in the family home, or there is an extraordinary event that impacts the family member's ability to meet the care and supervision needs of the client. All exceptions including the request for a temporary increase in hours above what is currently authorized will require a review by a Kern Regional Center Interdisciplinary Team. The criteria for exceptions may include any threat to client health and safety or a catastrophic life changing event. (May include the risk of a client being displaced). This review process will involve a case consultation with the assigned Service Coordinator and a Kern Regional Center Interdisciplinary Team. Once the exception is granted the Service Coordinator will contact the client/family and schedule a meeting to discuss and amend the Individual Program Plan. If necessary, the Executive Director or the designee upon consultation may grant an exception.

A reassessment of a family's respite need should be conducted whenever significant changes

occur in the client's skills or functioning level, family dynamics, or as alternative respite resources are identified, at the time of Annual Review/IPP meeting or at the request of the client/family.

Social Skills Training (Service Code 028)

Social Skills Training (SST) is a behavior service that promotes the development of interpersonal and communication skills necessary for successful interactions within home, community and peer group settings. The objective of this service is to teach critical elements that comprise social skills as a whole. Some of these elements include but are not limited to, eye contact, listening, sharing, turn taking, greetings, interpreting facial expressions, making friends, initiating and maintaining conversation, self-advocacy and otherwise developing cooperative and meaningful social interactions with others. Developing these important skills in turn, may maximize an individual's potential across environments and increase the likelihood of successful integration within their community. Learning occurs via direct teaching of integrated social/play activities and the social communication skills needed to be successful in social interaction. SST is a short-term (6 months), evidence-based service with focused and time-limited teaching objectives that typically occur in small groups (2-6 clients). Group members should be similar in age, diagnoses, and goals. Given the group setting, the following criteria increases the likelihood of success: strong motivation for social interaction, low average to high cognitive ability, absence of behavior excesses that interfere with group learning and well developed communication (vocal or otherwise). Groups use direct instruction, role-playing, rehearsal and other evidence-based practices to promote social learning.

Parent participation is required for social skills training programs to be successful. Parent participation may include attending parent consultation sessions, completing homework assignments, team meetings, community based instruction, and the generalization and maintenance of skills.

SST programs:

- are supported by evidence based (peer-reviewed) research
- are conducted by qualified professionals
- provide outcomes that are defined, measured and used to ensure effective time-limited programming
- have clear entry criteria including, but not limited to, consumer age, diagnosis and level of functioning
- must include parent training in order to ensure maintenance and generalization of skills, as well as facilitation of social skills development over time

Child Groups (Up to 12 years old):

Treatment for this age range typically targets the social/play milestones that foster

immediate independence in the child's natural social setting. Evidence based practices for this age range include antecedent based interventions, differential reinforcement, naturalistic interventions, parent implemented interventions, peer mediated instruction, PECS, pivotal response training, self-management, social narratives, task analysis, video modeling, and visual supports.

Teen Groups (13-17 years old):

The focus of social skills training for this age range is to target the social skills necessary for the individual to function as independently as possible in the natural social environment. Goals targeted should include skills that are functional and include an emphasis on skill generalization across settings. Evidence based practices for this age range include antecedent based interventions, differential reinforcement, naturalistic interventions, parent implemented interventions, peer mediated instruction, PECS, pivotal response training, self-management, social narratives, task analysis, video modeling, visual supports and role-play of social scenarios.

Transition Age Groups (18-22 years old):

The focus of social skills training for this age range is to target the social skills necessary for the individual to function as independently as possible in the natural social environment. Goals targeted should include skills that are functional and include an emphasis on preparation for social interaction in the least restrictive adult setting. Evidence based practices for this age range include prompting, community based instruction, self-management, and role-play of social scenarios.

Age ranges serve as guideline, but may vary depending on individual consumer needs. Upon completion of a consumer's participation in a Child or Teen group, the Planning Team may consider assessment of the need for Social Skills Training in an older age grouping.

Requirements for agencies seeking vendorization:

- Vendors providing Social Skills Training may work as a group practice utilizing staff that qualify as an Adaptive Skills Trainer (Title 17, §54342(a)(3)) or as a Bachelor's Level Social Skills Trainer.
- Adaptive Skills Trainer shall possess, at minimum, a Master's Degree in education, psychology, counseling, nursing, social work, applied behavior analysis, behavioral medicine, speech and language, or rehabilitation. The vendor must have, at minimum, one (1) years' experience in the design and implementation of social skills training plans and/or group instruction.
- Has successfully completed one or more graduate level courses related to teaching

skills to persons with developmental disabilities.

- Bachelor's Level Social Skills Trainers shall possess a Bachelor's degree in education, psychology, counseling, nursing, social work, applied behavior analysis, behavioral medicine, speech and language, or rehabilitation. This level of Social Skills Trainer must have at minimum one (1) years' experience in a group-learning environment and training specific to social interaction.
- If the vendor will function as a Group Practice (Title 17 Section 54319), staff shall meet the qualifications of a Behavior Management Technician (BMT). A BMT shall possess a high school diploma or the equivalent, complete 30 hours of competency-based training designed by a Certified Behavior Analyst within six (6) months from the date of hire, and have six (6) months experience working with persons with developmental disabilities; **or** possess an Associate's Degree in either a human, social, or educational services discipline, or a degree or certification related to behavior management from an accredited community college or educational institution, and has six (6) months experience working with persons with developmental disabilities
- The vendor shall use a Board Certified Behavior Analyst (BCBA) to develop the competency-based training and oversee the development of social skills plans. The BCBA may be used in a consultant capacity. If the vendor will function as a Group Practice (Title 17 Section 54319) which utilizes trained BMT level staff (that do not meet Title 17 requirements for Service Code 605), supervision must be offered at a minimum of one (1) group session per month. The supervision hours provided shall not be billed as separate hours of service as they are included in the rate for direct service. In addition to the supervision provided, the Social Skills Trainer will review and cosign all update reports completed by the BMT staff. The BCBA will be responsible for conducting the assessment, drafting the assessment report, and developing the plans for group instruction.
- The vendor shall indicate in their reporting what level of staff is conducting the intervention.
- Can meet all of the requirements set forth by KRC within the vendorization process outlined in Title 17 of the California Code of Regulations; including, but not limited to:
 - Vendor Criteria Committee Interview
 - Vendor Orientation
 - Program Design
 - SIR Training
 - Accounting Training

Expectations for SST programs:

- The vendor shall follow all applicable regulations.
- The program utilizes evidence based practices and is based on a written curriculum that specifies the skills to be taught and the outcomes to be achieved*
- Is administered by qualified professionals, with approved levels of oversight
- Develop and address observable and measurable objectives in the consumer's IPP
- Provides measurable improvement in social skills using a curriculum based assessment or a standardized measure of progress *
- The vendor shall follow the standards noted in WIC Section 4686.2 regarding the provision of applied behavior analysis (ABA) services to include, but not limited to, the following:
 - The vendor shall develop an intervention plan that shall include the service type, number of hours, and parent participation needed to achieve the consumer's goals and objectives, as set forth in the consumer's IPP or IFSP. The intervention plan shall also set forth the frequency at which the consumer's progress shall be evaluated and reported.
- The intervention shall provide measurable improvement in identified IPP objectives. These improvements will be documented in quarterly update reports that follow the report writing requirements previously adopted by KRC and attached to these Service Standards.
- Requires active parent participation and training

*Approach, curriculum, and assessment tools must meet requirements set forth by the National Standards Project, National Professional Development Center on ASD, and be reviewed by KRC clinical team.

Amount of Service:

- **Assessment** - The initial assessment for a SST program is limited to a maximum of 8 hours but in some cases can be completed in less than 8 hours.
- **Determination of Hours** - The initial amount of Social Skills Training will be a minimum of one (1) session per week for 60-90 minutes for six (6) months, depending on the approved program design and curriculum. The program may be extended an additional six (6) months if reasonable progress is demonstrated and the client continues to have significant social impairments. Requests for extensions must be accompanied by a progress report from the provider. The progress report must contain objective measures of skill acquisition and demonstrate measurable progress towards IFSP/IPP goals.
- **Non-billable Time** - KRC will not reimburse vendors for the time spent preparing

reports or conducting internal staff meetings regarding consumers that occur outside of the presence of the consumer and/or their parents/guardians. Billable time is solely face-to-face consumer time.

- The vendor shall follow the requirements of Title 17 as they relate to billing for services rendered, specifically, but not limited to, the following:
 - § 54302 (a)(27) “Direct Services” means hands-on training provided by the vendor in accordance with the requirements of the consumer's Individual Program Plan and the provisions of Section 56720 (Consumer IPP Documentation) of these regulations
 - § 57210 (a)(3) “Direct Service Hours” means the number of hours during which direct services are provided to consumers by direct care staff to meet the objectives of the program design pursuant to Section 56712 or 56762...
 - § 54302 (a)(72) “Unit of Service” means the increment of service provided to consumers which is used to charge and invoice the regional center for services provided. The increment of service is specified as hours, days, transportation mileage or any other increment of service agreed to by the Department, regional center and the vendor
 - § 54326 (a)(10) Bill only for services which are actually provided to consumers and which have been authorized by the receiving regional center...
 - § 54326 (a)(11) Not bill for consumer absences for nonresidential services...

Key Considerations for KRC Purchasing SST services:

1. Differentiate between Social Skills Training and Social Recreation. The Lanterman Act requires that parents cover the costs of social leisure and recreation activities (as opposed to Social Skills Training) and related equipment for their children with disabilities as they would for children without disabilities
2. If making a referral for any consumer, parents/guardians must utilize what is available through their insurance provider to cover this service. A written denial from the insurance provider is required prior to KRC funding of the service.
3. Parents shall complete Behavioral Parent Training (16 Hour Parent Training).
4. An awareness of and sensitivity to the life style and cultural background of the child and family as it may relate to a behavioral approach
5. The family understands the impact, potential outcomes and risks of the intervention

6. Ability of the program to promote the child's integration into the school and community
7. Social Skills Training cannot serve as respite, daycare, school or emergency/crisis services
8. The selected service provider is qualified to address the need(s) and is available to provide the service
9. For children over age 3 years, the Service Coordinator must be aware of educational resources and the offer of Free and Appropriate Public Education (FAPE) which must be accessed prior to regional center funding. Should a family choose to decline the offer of FAPE the regional center is not allowed to supplant educational hours.
10. There is adequate support surrounding the consumer to ensure participation, maintenance, and generalization of skills. An important element of these programs is providing parents with the skills necessary to promote ongoing teaching and reinforcement of effective social skills
 - a. Parents/guardians have the willingness and ability to fully participate in the program
 - b. Parents/guardians understand they are responsible for transportation to Social Skills Training programs
11. Social Skills Training is provided in a group format. Consider consumer's current skill level prior to referring to social skills training, including prerequisite skills for learning in a group environment. Specifically, the following criteria increases the likelihood of success: strong motivation for social interaction, low average to high cognitive ability, absence of behavior excesses that interfere with group learning and well developed communication (vocal or otherwise)
12. Social Skills Training goals do not duplicate goals within any other type of service (for example Early Autism Treatment) funded by KRC and/or the School district. The intent of Social Skills Training is to supplement rather than supplant the learning opportunities presented by schools, parents and other natural supports. Total programming hours shall not exceed forty (40) hours per week.
13. Proposed interventions must conform to all local, state and federal statutes in addition to the policies and codes of ethical conduct of relevant professional organizations

14. Participation in typical community activities and organizations such as Boy Scouts, Girl Scouts, Boy and Girls Club, YMCA and YWCA, sports and hobby groups is encouraged. The Service Coordinator shall consider these options prior to the purchase of Social Skills Training.

15. Participation in less integrated activities such as Special Olympics, bowling teams, dances and parties offered by Parks and Recreation and by developmental service organizations is also encouraged. The Service Coordinator shall consider these options prior to the purchase of Social Skills Training.

Technical Support

All services provided by KRC vendors must comply with approved standards of care and treatment and be within the scope of the approved program design and intended parameters of the service code. Any issues or questions arising related to these standards, or deviations from the intended use of the service shall be referred to the Community Services and Supports Department for a Quality Assurance review and technical assistance.

Termination of Service

Upon completion or termination of Social Skills Training services the Service Coordinator shall cancel any open POS.

Termination of Social Skills Training will occur when:

1. Services under this procedure are terminated upon either completion of special or regular education or as determined by age (18-22)
2. The objectives identified by the provider in the assessment report are met
3. There is documented evidence that reasonable progress is not occurring
4. The course has ended as outlined in the provider's program design
5. The parent /guardian's knowledge of Social Skills Training has improved such that program participation is no longer warranted. The parent's/guardian's knowledge can be measured by:
 - a. the consumer's progress and demonstration of acquired skills; or
 - b. meeting the training competency criteria developed by the service provider
6. The consumer and/or parent is unable to follow the service provider's attendance policy

7. The parent or adult consumer wishes to terminate the service
8. There is inconsistent follow through by family member/care provider
9. The health or medical condition of a consumer deteriorates to a level that precludes program participation
10. Consumer reaches upper age limit of provider's program design

Socialization, Leisure and Recreation Skills

Socialization, leisure and recreation services are those services and supports designed to enhance the development of appropriate socialization skills for children who may have social skill challenges that limit age-appropriate socialization opportunities or adults who may have difficulty developing friendships. Such services may include activities that involve sports, hobbies, music appreciation, arts, leisure, education, service club participation and the development of other leisure time skills.

Social skills are those abilities and behaviors needed to initiate, plan, explore and participate in meaningful, age-appropriate social relationships and activities.

Social skills challenges may include but are not limited to: excessive shyness or passivity; limited responses to social approaches by others; inappropriate social interactions (e.g., teasing/bullying); excessive friendly advances toward others; socially unacceptable mannerisms, difficulty in developing friendships, and other behaviors (easily frustrated, resistive) that might interfere with appropriate social interaction with peers and others.

KRC recognizes that socialization, leisure and recreation activities are valuable and will support efforts to remove barriers and to facilitate our clients' full participation, along with other citizens, in a broad range of such community opportunities. In doing so we will pursue the goal of services to persons with developmental disabilities in the most inclusive setting and the maximum possible participation in typical socialization, leisure, and recreational settings in the community. In communities where such opportunities are not available to persons with developmental disabilities, KRC will encourage publicly and privately funded socialization, leisure, and recreational programs to adapt their services in order to accommodate our clients.

KRC also recognizes, however, that some individuals with developmental disabilities are precluded from participation in typical social activities by virtue of their behavior, physical condition or level of skill. Such children and adults often require sports that are absent from many typical social/recreation programs. Accordingly, KRC will purchase socialization, leisure and recreation services or supports under the following circumstances:

- When an Interdisciplinary Team has determined that the client has a social skill (challenge(s), as defined above, and such challenge(s) has been documented in the client's record; and
- An opportunity has been identified to achieve an improvement in the client's social, recreational and leisure life in the community or to develop friendships; and
- No socialization, leisure or recreational opportunity is otherwise available to the client. In making this determination, KRC, the client and the family must first make reasonable efforts to identify and use typical community socialization, leisure or recreation programs to meet the client's needs. Such reasonable efforts must include consideration of the provision of supports (natural or purchased) which will enable the client to participate in a typical social/recreational program. KRC will not purchase a segregated socialization program when there is a generic service which is willing (either with or without supports) to include the client in its activities; and

- The need for the purchased service is documented in the client's Individual Program Plan which also includes specific desired outcomes and plans to develop social skills or friendships with the overall goal of including the client in social/recreation activities with nondisabled peers; and
- The purchase of segregated socialization programming is for a reasonable time-limited period (the client's progress in achieving specific outcomes must be reviewed at intervals not to exceed six months and there must be evidence that progress is being made in order to continue the service; it is expected that the client will be included in typical community recreational programs, with supports if necessary, following the purchase of segregated socialization programming); and
- In determining the frequency/duration of socialization, leisure or recreation skill development for a child with a developmental disability, care is taken not to unduly interfere with the time that families spend together in social activities during weekends and vacations; and
- Social, leisure and recreation programs are not designed to be used as a childcare service for working parents (see Guidelines on Childcare), or as an ongoing source of recreation and the purchase of these services for such purposes will not be authorized; and
- Social/recreational activities should not interfere with or occur during educational programming and or adult day programming; and
- KRC believes that participation by clients in a socialization, leisure or recreation program may also meet a family's need for respite. Accordingly, KRC will review the purchase of both respite and social, leisure and recreation services and make individual adjustments accordingly.
- Clients who live in community care and health care residential homes are entitled to receive social, leisure and recreation services as part of such residential programming as a rule these services may not be purchased for clients who reside in such licensed homes. Campership not to exceed two consecutive weeks annually will be allowed.
- Clients may choose to attend up to a two- week campership per year as a socialization, leisure and recreational activity. For minor children, families will be asked to assume parental responsibilities. KRC's participation in providing for a camp purchase will be viewed as meeting respite, socialization, leisure or recreational objectives. Individual adjustment in purchased services will be reviewed accordingly.
- KRC may purchase supported community integration programming at a 1:1 staff to client ratio based on individual needs and per the Individual Program Plan.
- When these circumstances are not met and the planning team determines an exception is warranted, an interdisciplinary team review will take place. The interdisciplinary team should include at minimum three members including the client/representative, Service Coordinator, and a KRC manager and may also include a Client Services Assistant Director/Director, and other consultants depending on need. The exception shall be granted on an individual basis per the Individual Program Plan.

Staffing Support

From time to time, KRC clients require staffing support more than that provided to maintain their current placement in a residential or day program. This increased staffing is beyond the staffing required by Title 17 regulations. The intent of the increased staff support is to help stabilize the situation and prevent the client from having to move to a more restrictive placement. It is expected that the additional staff support shall be effective in preserving the current placement.

KRC may purchase this additional program support only when:

- the additional staff is more than the amount required by regulation;
- the client's planning team determines that the additional services are consistent with the IPP;
- without the additional staff support, the client is at risk of losing the placement and being moved to a more restrictive setting.

It is anticipated that the increased staff support will most often involve providing 1:1 support for an individual client. Requests for KRC funding for program supports are expected to be initiated by the Service Coordinator (perhaps prompted by a vendor request). The request for such services must include:

- level of staff and hourly rate
- maximum hours to be provided on a daily basis
- projected ending date
- justification for the program support - both in general and for the specifics of the request.

Requests for program support services are to be for no longer than three (3) months. The program support is to be reviewed by the Service Coordinator after the first 30 days and at least quarterly thereafter to determine if:

- the additional staff is still needed;
- the level of staff is still needed;
- the additional staff is still needed for the number of hours currently authorized;
- continued use of additional staff in the current setting is more appropriate than moving the individual to a more restrictive setting;
- the service is producing outcomes consistent with the IPP;
- the service is cost effective.

In making a determination as to the appropriateness of this 1:1 program support, the impact of the additional staff on the client's integration into the community and interaction with peers shall be taken into account.

Approved this 1st day of December, 1998

KRC Board of Directors

Therapy Services

Therapy services include occupational, sensory-motor, physical, speech, music, nutritional, psychotherapeutic services and other therapies that are provided by a licensed therapist and are required to prevent deterioration of a specific dysfunction or to improve the functional level of a client.

In most cases, the need for therapy is met by public school programs, California Children's Services, Medi-Cal, private insurance or other resources. For children of school age, services related to education are the responsibility of the school district and we will assist families to secure them through the IEP process. These may include psychological or psychiatric services, physical, occupational, and speech therapy.

Purchased therapies must always relate to a specific desired outcome which has been set forth in the client's Individual Program Plan/Individual Family Service Plan. Funding is discontinued when the outcome has been achieved or when the KRC specialist has determined that in his/her professional judgment, the client will not likely achieve the desired outcome. All therapy services are to be reviewed semi-annually and must be time limited

KRC may purchase therapy services for a client only if the following criteria are met:

- The client requires therapy to prevent a specific deterioration in his or her condition, or to assist the client to achieve a specific desired outcome set forth in his/her IPP/IFSP; and
- An independent* assessment (by a professional with a specialty in the therapy service, and/or the appropriate KRC specialist), has been completed and indicates that the therapy will assist the client to achieve a specific desired outcome. (NOTE: These criteria does not apply to OT/PT services provided for children under the age of three who are eligible for service pursuant to Part H of IDEA); and
- The client has been denied or is not eligible for Medi-Cal, California Children's Services, private insurance or another third-party payer coverage; and
- When the client is of public-school age, the desired outcome is not related to cognitive development (in which case, the therapy should be provided by the public school).

*An independent assessment is one that is conducted by a clinician/therapist who does not provide the direct therapy. Exception will be made if no independent specialist is available.

Approved this 1st day of December, 1998

KRC Board of Directors

Transportation

Transportation of a minor child to day care, preschool, social activities, and doctor visits is generally considered the responsibility of the family. For children with developmental disabilities in special education, transportation is provided through the school district.

KRC may provide for transportation for infants and toddlers to attend a center-based program when the service is considered necessary by the ID team and transportation to that service by the family is determined to be unavailable for such reasons as working parents, public transportation unavailable, or the nature of the client's disability. When such a center-based program is determined to be critical for an infant and transportation by the family is unavailable, KRC may purchase such transportation. A parent, relative, or other designated adult is encouraged to accompany the infant.

Optimally, adults with a developmental disability are able to obtain transportation by using public transportation, receiving assistance from family and friends or driving themselves. Wherever feasible, KRC expects adults with a developmental disability to use public buses and the specialized transportation provided by some communities, i.e., GET Dial-A-Ride, Rural Transit. KRC will assist with the purchase of bus passes when needed. When bus ridership is low (under 25 rides per month), KRC may consider providing single ride passes as an alternative to purchasing a monthly bus pass.

All adult clients will be assessed as to their ability to use public transportation independently, with a group and/or a travel companion. The KRC will make travel training and/or travel companion available to those adults who may be able to successfully use public transportation. If the ID team determines that an adult is capable of independent travel or with a travel companion and that public transportation is accessible, KRC will not purchase a transportation service.

If it is determined that the client is not capable of traveling independently, in a group and/or with a travel companion or where a reasonable mode of transportation is not available to enable an adult client to attend an educational, or training program, KRC will purchase transportation.

It is the expectation that clients who are working either competitively or in supported employment will get to their job site independently or through the resources of the supported employment program, if available. KRC will fund for special transportation for these clients only if other sources are unavailable.

When it is determined that KRC will provide for transportation, door-to-door service may not be available. When it is not, the KRC will make other arrangements (e.g., from a designated pick-up point in the neighborhood).

KRC wishes to encourage parents to develop alternatives to special transportation to day programs and will endeavor to support families in this effort.

Clients who have been successfully mobility trained will be considered for the provision of vendored transportation only when changes in their situations warrant such support.

KRC may purchase transportation for client's out-of-town medical appointments or admission/discharge from an acute hospital only when no community medical resource is available and the medical appointment/hospitalization is related to an eligible condition. Families of minor children are encouraged to provide transportation to medical appointments as a parent responsibility.

Transportation to social/recreational activities is the responsibility of the client, parent and/or care provider, unless the program is being purchased by KRC and the client is unable to independently use transportation. Parents are responsible for transporting minor children to social/recreational activities.

When purchasing transportation services, KRC shall review and use the most cost-effective service that safely meets the client/family needs. This can be met by assisting clients/families with specific assistance for specific travel related to the client's eligible condition. KRC does not typically purchase, lease repair or assist with payments for the cost of a client/ family vehicle.

Approved this 1st day of December, 1998

KRC Board of Directors

