

GOLDEN GATE REGIONAL CENTER

GUIDELINES FOR DEVELOPING INDIVIDUAL PROGRAM PLANS

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September 1985

Revised 5/92

Revised 1/99

Revised 9/01

Revised 8/04

Revised 8/06

Revised 2/08

APPENDIX 8-G

POS – Guidelines for Developing Individual Programs

The Lanterman Act established the concept of individual program planning for persons with developmental special needs. The document known as the Individual Program Plan (IPP) specifies and defines the services that the person is to receive and includes the commitment for funding by the regional center. The following guidelines have been prepared by an Interdisciplinary Team that includes parents, a psychologist, a pediatrician, social workers and administrative personnel from Golden Gate Regional Center (GGRC), a representative from Area Board V, a member of the Service Provider Advisory Committee and a member of a parent support group.

The purpose of these guidelines is to assist the Interdisciplinary Team (IDT) when developing IPP's. These guidelines are based upon clinical expertise and years of experience in working with people with developmental special needs. They are to enhance the IPP planning process, not restrict it. When determining what services should be funded by GGRC, the IDT must consider each person's specific needs, all relevant circumstances, and if the requested service is necessary to permit the individual to remain in the home.

The IDT considers each individual person's needs, so that exceptional circumstances may be taken into account in the IPP planning process.

(These guidelines are given with the presumption that state funding sources will be adequate to provide the IDT recommended services. If funding is limited by events unforeseen at this time, then these guidelines may be modified as allowed by state regulations.)

I. Residential Services

In reviewing the residential living option of an individual, the IDT should consider how this particular setting is enabling the person to lead a more independent and productive life. All objectives pertaining to living options should be directed towards that goal. The IDT will include a physician and/or a nurse when medical issues affect living options, and the IDT will include a psychologist when behavioral or mental health issues are integral to choice of living options.

Types of residential settings are:

- 1. Living in home of parents;**
- 2. State Development Centers;**

3. **Licensed community care facilities**, which are listed according to the level of care provided, per Title 17 regulations for Alternative Residential Model (ARM) services.
 - a) **ARM Level I:** Individuals should be in receipt of, or assisted by a social worker to apply for SSI/SSP benefits to meet the board and care costs of residency.
 - b) **ARM Level II:** These are residential facilities that have developed specific programs to assist individuals in developing skills that will enable them to live more independent and productive lives in the community. Each facility will have a specific program plan that has been approved by GGRC. The IDT must be familiar with the facility program plan in order to monitor the individual's progress.
 - c) **ARM Level III (Independent Living Skills, Self-Care):** In addition to Level II, these programs have additional staff to assist individuals in ILS and self-care.
 - d) **ARM Level III (Behavior Intervention Programs):** These programs, in addition to the Level II requirements, have additional staff to provide a behavioral intervention program to individuals.
 - e) **ARM Level IV (Behavior Intervention Programs):** In addition to Level II requirements, these programs have much higher staffing levels to provide the individual a more intensive behavior intervention program.
4. **Specialized Residential Programs (Non-community Care Licensed):** An Interdisciplinary Team, including appropriate clinical services members (physician and/or psychologist) must carefully review plans for proposed residence in these programs. The IDT members must first visit such a program and determine the type and appropriateness of the service provider to serve a specific individual. The IDT should seek consultation from GGRC's Living Options Specialist and Vendor Coordinator prior to completing a recommendation. Vendorization, including the establishment of a service category and rate of reimbursement, must be completed prior to residency. Requests for service shall be limited to a maximum of one year at a time.
5. **ICF/DD-H, ICF/DD-N, ICF/DD-CN (Intermediate Care Facility – Habilitation, Nursing, Continued Nursing):** Any request for residency within an ICF/DD-H/N/CN facility must meet the criteria established by section 51343 of the MediCal ICF/DD-H/N eligibility regulations. An Interdisciplinary Team (IDT) which includes appropriate clinical member (physician, nurse) must carefully review proposed residence in these facilities. The IDT shall seek consultation from GGRC's Resource Developer in charge of Health Care Facilities and a nurse prior to referral.

6. **Supported Living Services (SLS) - (service code 896):** Supported Living Services(SLS) are those services provided by agencies or individuals that support adults' efforts to live in their own homes, participate in activities to the extent of their interests and capacities, and realize their maximum potential. Individuals reside in settings that are typical of those in which persons without disabilities reside. Support services, which may change, are provided based on individual needs for as long as needed. In supported living arrangements, the regional center funded services complement generic and natural supports such as In Home Support Services (IHSS), subsidized housing, and the involvement of family and friends.

Referral to supported living agencies is determined through the IPP process.

Eligibility for SLS:

An individual shall be eligible for SLS upon determination made through the IPP process that the individual:

- (a) is at least age 18 year of age (planning may begin prior to age 18);
- (b) has expressed directly or through the individual's personal advocate a preference for SLS among the options proposed during the IPP process;
and
- (c) is living in a home that is not the place of residence of a parent or conservator of the individual.

Individuals shall not be denied eligibility for SLS solely because of the nature and severity of their disabilities.

Assessment for SLS is obtained from the same provider who proposes to provide the ongoing SLS. In the case of parent coordinated SLS, families shall not be reimbursed for assessments.

The IDT must review the SLS assessment and the support plan to assure that:

- (a) the recommendations are appropriate to meet the goals of the IPP; and
- (b) all regulatory requirements that pertain to supported living arrangements must be met.

7. **Independent Living Program (service code 520):** Independent Living Skills (ILS) training is defined as a program that provides adults functional skills training necessary to secure a self-sustaining, independent living situation in the community and/or provide the support necessary to maintain those skills.

For individuals who do not have legal and financial control over their residence, the teaching of ILS may be addressed in the primary day program and/or in the home. This includes individuals who reside with their own family or those who reside in a CCF and choose independent living services when transitioning to a more independent setting. Some individuals may require additional training in independent living skills to enable them to move to, or maintain a more independent living arrangement. The individual must be at least 18 years of age.

Persons may receive up to 25 hours per month of ILS for the first 6 months, up to 20 hours per month of ILS for the next 12 months. Up to 15 hours ILS per month, which may be continued so long as there is validated benefit as determined by IDT review, and that the person is living a more independent and productive life as determined by the IDT.

II. Day Programs

A. Adults:

A daytime program for adults may include up to 5 days/week of programming, usually 4-6 hours per day.

1. Employment and Work Programs (paid by employer or Department of Vocational Rehabilitation): GGRC shall not purchase services that are legally mandated to be provided by the Department of Vocational Rehabilitation.
2. Activity Center, Adult Development Center and Social Recreation: These services are designed to assist adults to gain increased skills in daily living and/or provide prevocational training. The regional center can purchase, and program may be continued, if progress is demonstrated and the service is leading towards more independent and productive living for the individual in the community.
3. Behavioral Day Programs: These programs are for individuals who have behavioral issues, which prevent them from participating in less restrictive programming. These programs are designed to provide individualized behavioral intervention, specific to the behavioral issues that the individual demonstrates. The IDT, including the psychologist, shall review the issues prior to referral to a behavioral day program. A regional center psychologist also reviews the Individual Service Plan (ISP) to assure that the program meets standard behavioral guidelines and does not include use of any aversive techniques.
4. Special Day Programs: A unique program option offered by an individual organization which may be purchased as the individual's primary daytime program if all of the following applies:

- No other available day program is suitable to meet the special needs of the individual;
- These services are not designed to augment staffing in existing day programs;
- The Individual Program Plan identifies time-limited, measurable objectives for this service;
- There is validated progress and the program is leading towards a more independent and productive life for the individual in the community;
- The Individual Service Plan (ISP) must be reviewed and funded annually.

5. Adult Education Programs

These programs are provided by local community colleges and are not funded by GGRC.

B. Early Intervention Services

Early Intervention Services are described in Title 14, California Early Intervention Act.

Early intervention services for infants and toddlers with disabilities, or at risk, represent an investment of resources, in that these services reduce the ultimate costs to our society, by minimizing the need for special education and related services in later school years and by minimizing the likelihood of institutionalization. These services also maximize the ability of families to better provide for the special needs of their child(ren). Early intervention services for infants and toddlers with disabilities maximize the potential to be effective in the context of daily life and activities, including the potential to live independently, and exercise the full rights of citizenship.

1. Early intervention services will be provided for an eligible child, from birth through two years of age.
2. An Individual Family Service Plan (IFSP) is developed by an IFSP Team composed of the parent(s), the GGRC service coordinator and/or the GGRC High Risk Infant Nurse, the person(s) who conducted the evaluations or assessment and other individuals as invited by the parent(s). This may include but is not limited to other family members and an advocate or person outside the family. Persons providing services to the child and family and GGRC Clinical staff will be included as appropriate. The IFSP will address the infant or toddler's developmental needs and the needs of the family related to the identification of necessary services to address these needs.

3. The IFSP will undergo periodic review, at a minimum of once every six months.

III. Transportation

It is the policy of GGRC to fund transportation services for consumers to primary program sites as identified in the IPP only if appropriate public resources are not available and the client has been assessed and found inappropriate for mobility training.

GGRC will use transportation services that are the least restrictive and most cost effective. Moreover, transportation services will be safe and appropriate in meeting the transportation needs of the individual. Transportation by taxi shall be purchased only when it is the most appropriate mode of transportation. Finally, GGRC will only transport individuals to the primary program site closest to their home that will meet the goals and objectives on their IPP.

A. Children:

1. Birth Through Age Two: Infants and toddlers under the age of three may receive support for transportation to a required early intervention service. A parent or primary care giver must accompany infants and toddlers when transported, unless otherwise agreed upon by the IFSP planning team.
2. School-age Children: Transportation of school-age children to education sites or to related education services is the responsibility of the school district that serves the child.

B. Adults:

Typically, the individual, a family member or service provider takes responsibility for transportation to medical, dental or therapy appointments, discretionary transportation for community excursions, shopping trips, recreational activities, after-school programs, camp or respite services, and to and from work when the individual is actively employed.

1. The Regional Center may fund transportation for medical or other essential appointments when these appointments are related to the developmental disability of the individual and the failure to keep the appointment would be detrimental to the individual's health or well being.

Mobility training shall be made available to all who may be able to successfully learn to use public transportation. This must be documented in the IPP prior to referral for door-to-door group van transportation. A mobility training evaluation by a qualified individual or agency will be considered in the individual's IPP.

2. Consumers who have successfully completed mobility training will be considered for the provision of vendored transportation only when changes in their situation warrant such support.

IV. Basic Health Care

For all Early Start services, regional centers shall be payer of last resort after all other public and private sources for payment have been reviewed to determine if a referral shall be made by the service coordinator and/or the parent. Referrals may include but not be limited to California Children's Services, Medi-Cal; or private insurance providers that may have responsibility for payment. This review shall not delay the provision of early intervention services specified in the IFSP. Early intervention services specified in the IFSP shall begin as soon as possible.

Use of private insurance for required early intervention services must be voluntary. Regional centers may cover deductibles or co-payment costs in order to access private insurance benefits.

A. Diagnostic and Ongoing Medical/Dental Care and Treatment

In most instances, diagnostic and ongoing medical services are paid by parents, private insurance or MediCal, or publicly funded health services. Essential diagnostic and/or ongoing medical/dental care related to the developmental disability may be purchased by GGRC only with written denial by MediCal, and/or California Children's Services and no private insurance and no other resource is available. All requests for payment for medical services must be reviewed by the IDT that includes a physician.

B. Medically Necessary Special Equipment and Prosthetic Devices

In most instances, a parent, private insurance, MediCal or California Children's Services usually purchases. If denied in writing by state agencies or private insurance, and there is no other resource available, GGRC may purchase with a recommendation by the ID Team that includes the GGRC physician.

C. Occupational Therapy and Physical Therapy

Occupational Therapy and/or Physical Therapy for children from birth through 2 is provided by California Children's Services (CCS) when there is a suspected diagnosis of cerebral palsy. Infant programs often include OT/PT as part of the program design. OT and/or PT can be provided when the IDT, including a GGRC physician, convenes to review all assessment data and recommends it. This process will in no way delay the initiation of services to the child.

Occupational Therapy and/or Physical Therapy for school age children is to be provided by public schools or California Children's Service (CCS).

Occupational Therapy and/or Physical Therapy for adults in most cases is provided by MediCal or Medicare. The ID Team, which includes the GGRC physician, may recommend an Occupational Therapy and/or Physical Therapy evaluation to address specific time-limited goals. If the ID Team recommends and if there is no generic resource available, the regional center may purchase these services for a time-limited period.

D. Speech and Language Services

Speech and Language skill promotion for most children from birth through 2 years is incorporated as an integral part of Infant Development programming. If additional Speech and Language Service is recommended in the IFSP, it is provided either by MediCal, or private insurance when the parents agree to use this resource. GGRC may purchase if these services are denied by MediCal, or private insurance is not an option.

Speech and Language services for school age children will be provided by the schools.

Speech and Language Services for adults are provided by MediCal.

E. Diapers

1. For children who are 3 years and older, diapers may be funded if the following applies:
 - Generic sources for diaper purchase are not available (e.g. MediCal, which provides diapers for those over the age of 3, can be obtained through Institutional Deeming).
2. Adults will receive diapers/incontinence supplies through MediCal/Medicare. Diapers/incontinence supplies may be purchased by GGRC for adults upon the recommendation of the planning team (IDT).

V. Crisis Intervention

A crisis situation is one where there is an observable, physical manifestation of emotional, psychiatric or behavioral disturbance(s) that without intervention would result in harm to self, harm to others, serious property destruction or severe neighborhood disruption. Mobile Crisis Team services are available to provide acute crisis behavioral intervention to stabilize an acute crisis situation. The team will assess the situation and assist the Interdisciplinary Team in developing a plan for ongoing behavioral intervention that may include a residential crisis facility. Acute crisis team services are delivered at a 2:1 staffing ratio, unless after initial evaluation by the crisis team, it is determined that a 1:1 ratio can be utilized safely and effectively.

The Mobile Crisis Team may provide follow-up services as determined by the IDT. Follow-up services are indicated to ensure behavior stabilization following an acute crisis. These services may be provided at a 1:1 staffing ratio.

VI. Children/Family Support Services

A. Child Day Care/After School Care

1. Child day-care is defined as care and supervision for children aged 12 and under, when no parent is available due to employment outside the home or attendance at a vocational training/educational program outside the home. GGRC may assist families with day care as outlined in the Lanterman Developmental Disabilities Act, Sections 4685©(6): “Regional Centers may pay only the cost of day care services that exceed the cost of providing day care to a child without disabilities. The Regional Center may pay in excess of the amount when a family can demonstrate a financial need and when doing so will enable the child to remain in the family home”. Costs for the provision of care beyond that typically provided for a child without disabilities may include, for example, additional staff with training in behavioral management techniques or specialized medical interventions.

The ID Team will determine that such supervision is necessary and the number of hours needed based on the parent’s work, school/training schedule. Hours will include parent’s travel time to and from work, school/training. Parent will provide documentation of work, school/training schedule to the ID Team at the time of the request for service.

All resources appropriate for care and supervision during the parent’s work or training hours must be explored by the IDT and integrated into the school/child care plan to the maximum extent possible

2. **Adolescent/Adult Supervision.**

Individuals aged 13 and older who are attending school or day program may need supervision after school/day program while their parents are working. This is based on the severity of the disability.

The ID Team will determine that such supervision is necessary and the number of hours needed based on the parent’s work, school/training schedule. Hours will include parent’s travel time to and from work, school/training. Parent will provide documentation of work, school/training schedule to the ID Team at the time of the request for service.

All generic resources, such as IHSS (In Home Support Services), appropriate for care and supervision during the parent's work or school/training hours must be explored by the IDT and integrated into the care plan to the maximum extent possible

B. Respite (Includes in-home and out of home respite)

Respite care is defined as: The provision of temporary care to persons with developmental special needs for short periods of time. It is designed to relieve families of the constant responsibility of caring for their developmentally disabled family members. Differentiation must be made between "baby sitting" and the need for respite as the result of developmental special needs. (If respite services require an R.N. or L.V.N. the team physician or nurse must review the case and document the need for this service.)

1. Birth through Five

- Most infants/toddlers/pre-schoolers can be cared for by normal babysitting available to parents of non-handicapped children. Up to 80 hours of respite per year is allowable.
- Children with severe or profound mental retardation would be allowed up to 160 hours per year.
- For those with severe physical and medical needs or children with severe behavioral issues are allowed up to 240 hours per year.

2. Six through Eleven

- Children this age are usually in school six hours per day.
- Children with mild or moderate mental retardation may receive 80 hours per year.
- Children with severe or profound mental retardation and children with severe physical and medical problems are allowed 240 hours per year.
- Children with severe behavioral problems present more management and supervision problems and are allowed 480 hours per year.

3. Twelve through Twenty-one

- Individuals who are mildly to moderately retarded and are without significant behavior problems are allowed up to 160 hours per year.
- Individuals who are severely or profoundly retarded are allowed 240 hours per year.
- Individuals with severe physical or medical needs are allowed up to 320 hours per year.

- Individuals with very severe behavioral problems are allowed up to 480 hours per year.
- Individuals with medical needs that require physical assist for most daily living skills or who have a developmental level below thirty are eligible for 480 hours.

4. Twenty-two and Over

- Individuals who need supervision but have no, or minimal medical, physical or behavioral problems are allowed 160 hours per year.
- Individuals who are severely or profoundly retarded or with moderate medical needs are allowed up to 320 hours per year.
- Individuals with serious physical, medical or behavioral problems are allowed 480 hours per year.

VII. Individual Programming

Individual Staffing – 1:1

In order to carry out the objectives of the IPP, individualized programming/staffing is available for individuals who, because of extreme medical or behavioral issues, require additional staffing in excess of that typically available within the basic program structure. Individualized programming/staffing involves the use of one identified staff person assigned to one individual to carry out an approved plan of medical, behavioral or other interventions.

All 1:1 programs are person specific, time limited, and require a special vendorization, using a negotiated daily or hourly rate for the service. Further, all 1:1 programming must be regularly monitored by the IDT to determine if continued use is necessary and is producing outcomes consistent with the IPP. Prior to its recommendation for this service, the IDT must explore all available alternatives to the use and/or funding of this service.

The following arrangements can be used, when the IDT believes the consumer will benefit from the services offered, but he or she presents exceptional needs that cannot be managed by the program within their accepted staffing ratio:

- A child (12 and under) may receive 1:1 services to enable him/her to access day care and social recreation programs in generic settings. Programs where there is a parent co-pay requirement may be funded with the ID Team recommendation.
- Individualized adult day program services are provided in lieu of the established day program (see II. A. 4.).

- For residential options, 1:1 services may be used to supplement the existing staffing patterns.

VIII. Training Services for More Independent and Productive Lives

Training may include a wide variety of specialized services listed below. In many cases, the maximum numbers of hours to achieve objectives are indicated in the guidelines. The Social Worker will assemble an Interdisciplinary Team for planning to address the individual's needs.

A. Augmented Communication:

Augmented communication training for school age children is provided by public schools.

Training for adults to remediate special communication problems is typically provided in day programs and residential settings. Augmentive communication training for adults may be provided by MediCal if medical need criteria are satisfied. Services to remediate special communication problems may be purchased by the regional center for a time-limited period:

- when no generic resource is available and,
- an evaluation specifies the need and value of such therapy, and
- if approved by the Interdisciplinary Team.
- Continuation of services is contingent upon the demonstration of measurable benefits as determined by the IDT.

B. Emotional/Behavioral Skills Development:

These skills are typically developed in day programs and residential settings. However, special behavior management programs to provide parent training, and training and consultation with programs and residential facilities for specific individuals, may be purchased by the regional center under the following conditions:

- The team psychologist has reviewed the completed assessment and agrees that the recommended program is time limited and designed to correct inappropriate behaviors using appropriate behavioral techniques.
- Ongoing behavior management services will be limited to a maximum treatment program of 36 hours over a 6-month period.

Treatment of emotional/psychiatric disorders is the responsibility of Community Mental Health Services as a generic resource as defined by the Lanterman Act.

C. Socialization/Recreation

These skills are usually developed in school, residential and day settings.

Fees for recreational activities or lessons that parents/guardians would normally pay for their children who do not have disabilities will be taken into consideration by the planning team. Decisions for such activities and/or lessons will be made jointly by the planning team (IDT). All generic resources and public funding from other sources have to be ruled out before GGRC funding can be considered.

In order to maximize the opportunities for consumer's participation in generic socialization/recreational activities GGRC may:

- 1) Provide technical assistance and training, including access rights under the Americans with Disabilities Act, to community programs that provide those services.
- 2) Develop and facilitate the use of innovative methods of contracting with community members to provide support in natural environments.
- 3) Develop and facilitate the use of volunteers and natural supports to enhance community participation.

IX. Miscellaneous

A. Interpreter Services

These services are provided for meetings required by the regional center when the individual's primary language is not spoken by the social worker.

B. Payment for Conferences

1. Under age 3

Regional center may fund a family member to attend conferences when the IFSP team has determined that the following applies:

- The conference is presented by qualified personnel.
- The conference will assist the family in understanding special needs of the child and enhancing the child's development.
- The conference must be within the state of California.
- Only one family member at a time will be considered for funding.

Transportation costs, tolls and parking fees will be funded to enable the family to access the conference. The IFSP planning team will determine the most cost effective mode of transportation. Regional Center will not fund the cost of lodging or meals for conference attendees.

2. Adults

Funding for conferences will be determined by the ID Team based upon the nature of the conference relative to the individual's needs. All generic resources must be exhausted prior to regional center funding.

Conferences must:

- assist the individual to meet goals of IPP;
- be located within a 100-mile radius of GGRC's catchment area.

C. **Intensive Behavioral Discrete Trial Training**

Discrete trial training is one of the many modalities the school system uses to educate children with autism who are over the age of three. As an educational program, these services are the responsibility of the schools. GGRC will provide discrete trial training for children in the regional center Early Start program if the interdisciplinary team (IDT) recommends it. Whenever possible, discrete trial training for Early Start children will be in cooperation with the local school district.

If the IDT recommends and if there are no generic resources available, the regional center may purchase these services for children aged 3 and older.

D. **Physical Therapy in Water ("Aqua-therapy")**

The individual's health insurance plan, California Childrens Services and/or the public school system customarily provide Physical Therapy (PT) and these providers must be accessed prior to GGRC involvement.

It is only provided to those individuals over the age of three who are non-ambulatory and after a substantial period of standard OT/PT has been given. The therapy is provided in water by a licensed and/or certified professional, has to include a treatment plan with measurable goals and objectives, must be short term, time-limited, must be recommended by the ID team to include a GGRC physician, and must be an adjunct to standard therapy. Requests can be approved for up to six months at a time. The IDT, including the GGRC physician, must determine, from reliable data that, as a result of this therapy, the individual has made measurable progress towards meeting the treatment goals before the service is renewed.

Individuals with an uncontrolled seizure disorder are not eligible for this type of intervention.

E. Music Therapy

For school age children, music therapy can be provided by the schools as a “related” service under IDEA.

For non-school age individuals, the regional center may fund music therapy on an individual basis when the following criteria are met:

- The individual must be primarily non-verbal and have serious social relatedness problems consistent with a diagnosis of severe or profound mental retardation or autism.
- Baseline data must be presented to establish a current level of functioning.
- Clear goals must be established by the ID Team following a review of the individual’s response to an adequate trial of more standard programming to address these specific needs. Prior to the therapy starting, the IDT review must determine measurable objectives/outcomes, which will be used by the ID Team to evaluate the effectiveness of the therapy to meet the goals. (The goal is not to teach someone to play a musical instrument.) Outcomes should be measurable by objective criteria after baselines are established.
- Therapists must be certified music therapists.
- Initial funding will be for a maximum of a six-month period, with review by the IDT at the end of this period. Continuing funding will be determined by the IDT and be dependent on documentation of progress. Funding will be to a maximum of one hour per week.
- Therapists are expected to teach/train caregivers to enable them to continue elements of the therapy between sessions.
- The IDT will review the consumer’s program at 6-month intervals and will consider a fading plan at each review. Music therapy will not be funded indefinitely and will be terminated in the absence of reasonable progress towards the goals and objectives.