TRAINING FOR FACILITATORS IN SELF-DETERMINATION
January 10, 2019

AGENDA

OUR TRAINERS:
Chris Arroyo, Sofia Cervantes, and Julie Eby-McKenzie
Staff at the State Council on Developmental Disabilities,
Los Angeles Office

8:30 AM to 8:45 AM Registration

8:45 AM to 12 PM:
Overview of Self-Determination
Role of the Facilitator
Preparing to Represent Someone
Preparing for the IPP/Person-Centered Planning Meeting

12:00 PM to 12:45 PM Lunch (served downstairs)

12:45 PM to 1:15 PM: A Parent's Perspective and the Current Status of Self-Determination – Harvey Lapin, D.D.S.

1:15 to 1:45 PM: Perspective of a Facilitator, Pilot Participant, and Parent – Carol Takhar

1:45 to 4:30 PM
Preparing for the IPP/Person-Centered Planning Meeting (continued)
Developing Budgets
Matching Services to Individuals
Managing Conflict/Advocacy Strategies
The Business of Facilitation/Working with Your Clients
Mandated Reporting

4:30 PM Adjourn

OVERVIEW & STATUS OF SELF-DETERMINATION

CALIFORNIA SCDD State Council on Developmental Disabilities

STATE OF CALIFORNIA
Gavin Newsom,
Governor

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WHAT IS SELF-DETERMINATION?

Adults with disabilities or families of children with disabilities, with the support of family, friends, and professionals whom they trust, taking charge of their own futures by gaining control over the services, supports and resources that they need. You decide what services you'd like and who should provide them. Additionally, Self-Determination is voluntary.

How does it work?

- You are given an INDIVIDUALIZED BUDGET

The law says that individualized budgets must be determined fairly and that everyone must be treated the same way. The law also says that Self-Determination will be phased-in over three years. The amount of money spent on services for the previous 12 months will be the amount of money you get for your Individualized Budget. The budget will be good for one year and it can be adjusted for reasons such as a change in circumstances or unmet needs. A new Individual Program Planning (IPP) will be needed to reflect the change and document any budget adjustment.

- A person-centered plan is written with the help of a FACILITATOR

A Facilitator is someone you hire to help you. Hiring a facilitator is *optional*. You pay for the Facilitator out of your budget, but you can get a facilitator for free if you have a family member or friend willing to take on that task – but they have to be trained and qualified. Your Facilitator helps you find the services and support you need. Some of your supports will be free and come from your family, friends, and other people you know. Some of your services will be paid for out of your budget. Your Facilitator helps you find and hire the right people to support you and to decide how much they should be paid. The Facilitator makes sure everyone you hire is qualified and that you don't spend more money than you have in your budget.

- The money in your budget is sent to a FINANCIAL MANAGEMENT SERVICE (FMS)

YOU CHOOSE THE FMS. When your plan is finished and your services and supports are in place, the regional center sends the money in your budget to a Financial Management Service, or FMS. The money is given to the FMS to protect you from having to pay taxes and from being sued. The FMS takes care of paying taxes and insurance and makes sure the people working for you don't have criminal records. The FMS does not tell you how to spend your money. The FMS keeps your money safe and pays the people you hire. The FMS keeps track of how much you spend.

What can people do now?

- Self-Determination has been approved by the Department of Developmental Services (DDS) and participants have been chosen!

Although participants have been chosen, it is expected that some may leave the Self-Determination Program (SDP). To replace those that leave SDP, DDS will choose participants who have already completed a "pre-enrollment information meeting" about SDP. If you attend a training on SDP, be sure to check with the trainers if you or your child's name has been submitted to DDS to be eligible to replace those that left SDP.

In the meantime, you can learn more about the SDP by attending your regional center's local self-determination advisory committee. Check with them for when and where they meet.

Receive updates from www.dds.ca.gov/sdp/ and actively participate in the Self-Determination Advisory Committee meetings at your regional center.

Self-Determination (SD)
The Main Ideas

Your Life, Your Choices

Person-Centered Plan

Facilitator + Team

Financial Manager **(required)**

Budget = $ spent for last 12 months

CALIFORNIA SCDD
State Council on Developmental Disabilities

Self-Determination (SD)

What To Do Now

Ask RC for services you need now

Go to one of RC's SD information meetings

Sign up for information

www.dds.ca.gov/sdp/

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CALIFORNIA SCDD
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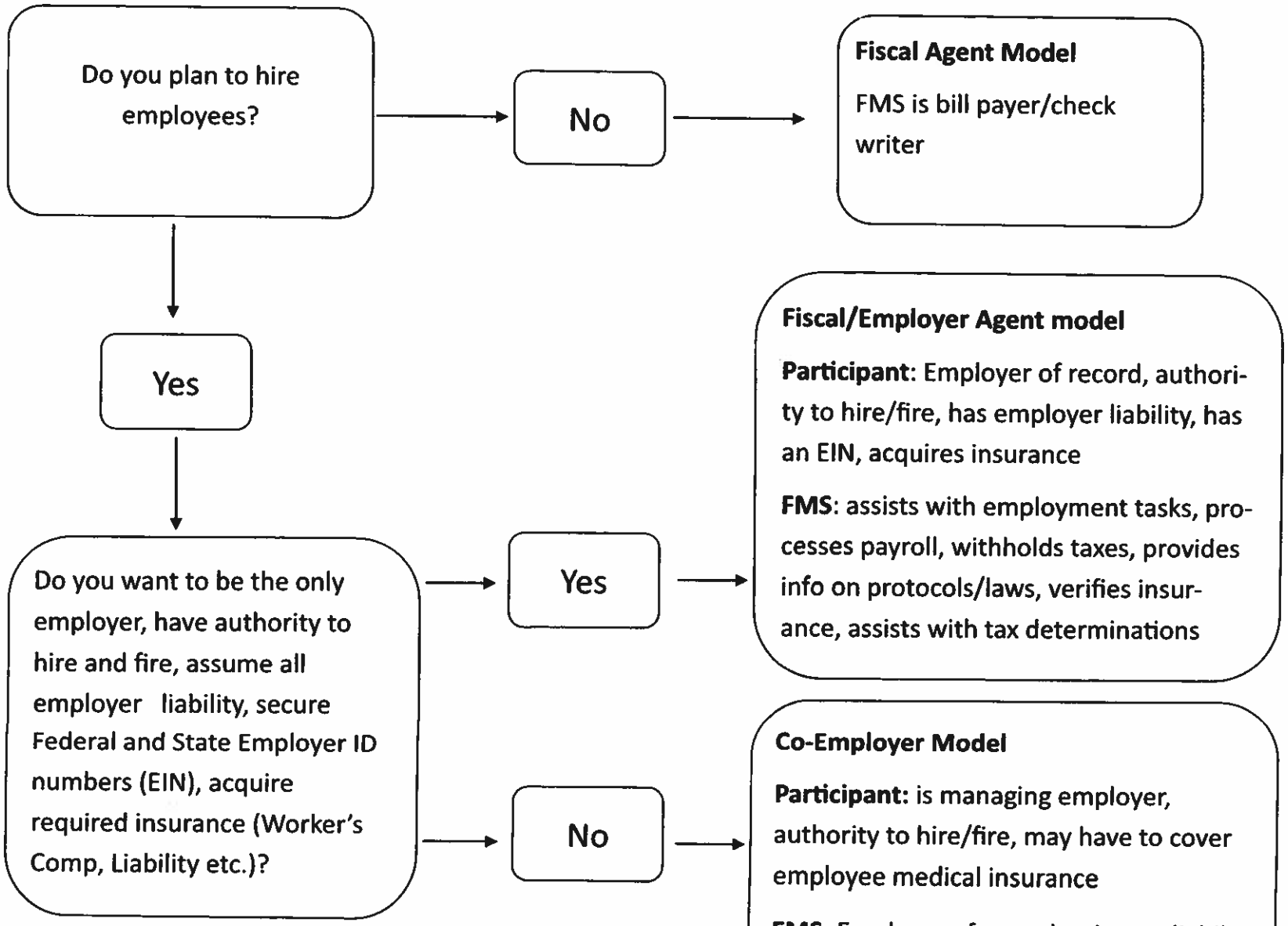
Navigating FMS Options



Adapted from Premier Health Care Services

Self-Determination Program
Maximum Financial Management Services (FMS) Rates

FMS Model	Number of Services	Max Rate Per Month
FMS as Bill Payer	1-3	$50
	4-6	$75
	7+	$100
Participant as Sole Employer	1-2	$110
	3-4	$125
	5+	$150
Participant & FMS as Co-Employers	1-2	$125
	3-4	$140
	5+	$165

Note: If the FMS provides payments through more than one of the models above for a partipcant, then the maximum rate for that particpant cannot exceed the highest cost model for the total number of services. For example, if a particpant is using five services, and the FMS is a "bill payer" for two services and a "co-employer" for three services, the maximum rate charged to the partipant cannot excced $165 per month. **In all cases, the participant and FMS can agree to rates lower than the maximum rates above.**

Self-Determination Program Services

- Acupuncture Services
- Behavioral Intervention Services
- Chiropractic Service
- Communication Support
- Community Integration Supports
- Community Living Supports
- Crisis Intervention and Support
- Dental Services
- Employment Supports
- Environmental Accessibility Adaptations
- Family Support Services
- Family/Consumer Training
- Financial Management Service
- Home Health Aide
- Homemaker
- Housing Access Supports
- Independent Facilitator
- Individual Training and Education
- Lenses and Frames
- Live-In Caregiver
- Massage Therapy
- Non-Medical Transportation
- Nutritional Consultation
- Occupational Therapy
- Optometric/Optician Services
- Participant-Directed Goods and Services
- Personal Emergency Response Systems (PERS)
- Physical Therapy
- Prevocational Supports
- Psychology Services
- Respite Services
- Skilled Nursing
- Specialized Medical Equipment and Supplies
- Speech, Hearing and Language Services
- Technology
- Training and Counseling Services for Unpaid Caregivers
- Transition/Set Up Expenses: Other Service
- Vehicle Modifications and Adaptations

Self-Determination Program Service Definitions

Acupuncture Services

Acupuncture services are covered to prevent, modify, or alleviate the perception of severe, persistent chronic pain resulting from a generally recognized medical condition. Acupuncture is defined in the Business and Professions Code, Section 4927 as "the stimulation of a certain point or points on or near the surface of the body by the insertion of needles to prevent or modify the perception of pain or to normalize physiological functions, including pain control, for the treatment of certain diseases or dysfunctions of the body and includes the techniques of electroacupuncture, cupping, and moxibustion." Acupuncture services (with or without electric stimulation of the needles) are limited to two services in any one calendar month, although additional services can be provided based upon medical necessity. All acupuncture services for children under age 21 are covered in the state plan pursuant to the EPSDT benefit. Acupuncture services in this waiver are only provided to individuals age 21 and over and only when the limits of services furnished under the approved state plan are exhausted.

Behavioral Intervention Services

Behavior intervention services include the use and development of intensive behavioral intervention programs to improve the participant's development and behavior tracking and analysis. The intervention programs are restricted to generally accepted, evidence-based, positive approaches. Depending on the participant's needs, behavioral intervention services may be provided in multiple settings, including the participant's home, workplace, etc. Behavioral intervention services are designed to assist individuals in acquiring, retaining and improving the self-help, socialization and adaptive skills necessary to reside successfully in home and community-based settings. Services may be provided to family members if they are for the benefit of the participant. Services for family members may include training and instruction about treatment regimens, including training on the use of medications, and risk management strategies to enable the family to support the participant.

The participation of parent(s) of minor children is critical to the success of a behavioral intervention plan. The person-centered planning team determines the extent of participation necessary to meet the individual's needs. "Participation" includes the following meanings: Completion of group instruction on the basics of behavior intervention; Implementation of intervention strategies, according to the intervention plan; If needed, collection of data on behavioral strategies and submission of that data to the provider for incorporation into progress reports; Participation in any needed clinical meetings; provision of suggested nominal behavior modification materials or community involvement if a reward system is used. If the absence of sufficient participation prevents successful implementation of the behavioral plan, other services will be provided to meet the individual's identified needs.

Self-Determination Program Service Definitions

This service in the HCBS Waiver is only provided to individuals age 21 and over. All medically necessary Behavioral Intervention Services for children under age 21 are covered in the state plan pursuant to the EPSDT benefit.

Chiropractic Service

Chiropractic services include the manual manipulation of the spine to prevent, modify, or alleviate the perception of severe, persistent chronic pain resulting from a generally recognized medical condition. A chiropractor may use all necessary mechanical, hygienic, and sanitary measures incident to the care of the body, including, air, cold, diet, exercise, heat, light, massage, physical culture, rest, ultrasound, water, and physical therapy techniques in the course of chiropractic manipulations and/or adjustments. All medically necessary Chiropractic services for children under age 21 are covered in the state plan pursuant to the EPSDT benefit. Chiropractic services in this waiver are only provided to individuals age 21 and over and only when the limits of services furnished under the approved state plan are exhausted.

Communication Support

Communication support services includes communication aides necessary to facilitate and assist persons with hearing, speech, or vision impairment, including individuals who do not speak English as their primary language and who have a limited ability to read, write, speak or understand English (Limited English Proficient or LEP skills). The purpose of this service is to assist individuals to effectively communicate with service providers, family, friends, co-workers, and the general public. The following are allowable communication aides, as specified in the participant's IPP:

1. Facilitators;
2. Interpreters and interpreter services;
3. Translators and translator services; and
4. Readers and reading services.

This service also includes supports for the participant to use computer technology to assist in communication. Such supports include training in the use of the technology, assessment of need for ongoing training and support, and identification of resources for the support. This service is limited to personnel providing assistance and does not include the purchase of equipment or supplies.

Communication support services include evaluation for, and training in the use of, communication aides, including for individuals with LEP skills, as specified in the participant's IPP.

Self-Determination Program Service Definitions

Community Integration Supports

This service is provided to participants tailored to their specific personal outcomes related to the acquisition, improvement and/or retention of skills and abilities to prepare and support the participant for community participation, interdependence, and independence.

This service supports the full access to engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving these services. In addition, this service assists the participant to learn the skills needed to participate in the community during integrated activities with individuals who are non-disabled.

The participant selects this service from among service options including non-disability specific settings. The service options are based on the participant's individualized needs and preferences.
The participant receives this service in settings that are integrated in and supports full access to the greater community, and allows for participant comfort, interdependence, independence, preferences, and use of any technology. The participant's choices are incorporated into the services and supports and his/her essential personal rights of privacy, dignity and respect, and freedom from coercion are protected. The service settings must allow the participant to control personal resources and his/her schedule and activities. In addition, the settings must allow the participant to receive breaks in the same manner as a non-disabled individual.

Community Integration Supports are provided in the manner specified by the planning team to assist participants with acquisition, retention, or improvement in self-help, socialization and adaptive skills through therapeutic and/or physical activities to achieve the participant's personally defined outcomes. These services and supports may take place in a wide variety of community-based settings that promote community integration. These settings may include those nonresidential settings identified in Appendix C-5, but only if the setting is determined to meet the HCB settings requirements, using the process described in Appendix C-5. Services may be provided on a regularly scheduled basis, for one or more days per week. These services are not provided in the participant's residence.

These services and supports enable the participant to attain or maintain his or her maximum functional level, interdependence, and independence, including the facilitation of connections to community events and activities. In addition, these services and supports may serve to reinforce skills or lessons taught in school, therapy, or other settings, enabling the participant to integrate into the community.
Services and supports to assist the participant to increase and improve self-help, socialization, community integration,

and adaptive skills, may include:
a. Socialization and community awareness.
b. Communication skills.
c. Visual, auditory and tactile awareness, and perception experiences.
d. Development of appropriate peer interactions and self-advocacy skills.
e. Art and recreation programs.
f. Continuing Education i.e., classes that help participants explore interests or improve academic skills or complete a high school equivalency (GED) diploma while in an inclusive setting
g. Senior and faith-based groups.
h. Peer mentoring.
i. Mobility services, i.e., the access and use of public transportation or other modes of transportation, including access to peer-to-peer ride sharing.
j. Friendship and relationship building

Community Living Supports

Community Living Supports are services that facilitate independence and promote community integration for participants, regardless of the community living arrangement. Services include support and assistance with socialization, personal skill development, community participation, recreation and leisure, and home and personal care, among others, as further described below. Payments for Community Living Supports do not include the cost for room and board.

Community Living Supports are provided to a participant in his/her home and community to achieve, improve, and/or maintain social and adaptive skills necessary to enable the participant to reside in the community and to participate as independently as possible. Services are provided in environments that support participant comfort, independence, preferences and the use of technology. The participant's choices are incorporated into the services and supports received. The participant has unrestricted access, and the participant's essential personal rights of privacy, dignity and respect, and freedom from coercion are protected.

The service settings are integrated in, and facilitate each participant's full access to the greater community, which includes opportunities for each participant to engage in community life, control personal resources, and receive services in the community.

Self-Determination Program Service Definitions

The specific services provided to each participant will vary based on the individual, the individual's preferences and the community setting chosen. The specific types and mix of supports that an individual receives as well as any special provider qualifications shall be specified in the Individual Program Plan.

The following items describe the types of possible Community Living Supports:

1. Support with socialization includes development or maintenance of self-awareness and self-control, social responsiveness, social amenities, interpersonal skills, and personal relationships.

2. Support with personal skill development includes activities designed to improve the participant's own ability to accomplish activities of daily living, including eating, bathing, dressing, personal hygiene, mobility, and other essential activities.

3. Support with community participation includes assistance that enables the individual to more fully participate in community activities. Assistance may include, but is not limited to, the acquisition, use, and care of canine or other animal companions specifically trained to provide personal assistance, or devices to facilitate immediate assistance when threats to health, safety, or well-being occur.

4. Support to facilitate participation in post-secondary education, religious, recreation or leisure activities.

5. Support with home and personal care includes services needed to maintain the home in a clean, sanitary and safe environment and provide essential care to the individual. Services include support with household activities, such as planning and preparing meals, money management (personal finances, planning, budgeting and decision making), and laundry. It also includes heavy household chores such as washing floors, windows and walls, securing loose rugs and tiles, moving heavy items or furniture in order to provide safe access and egress, as well as minor repairs such as those which could be completed by a handyman. Heavy household chores and services that can be provided by a handyman are only available when the individual or anyone else in the household is unable to do the service. Services will be provided only in cases where neither the individual, nor anyone else in the household, is capable of performing or financially providing for them, and where no other relative, caregiver, landlord, community/volunteer agency, or third party payer is capable of or responsible for their provision. In the case of rental property, the responsibility of the landlord, pursuant to the lease agreement, will be examined prior to any authorization of service. There will be no duplicate billing of homemaker or other similar personal care/assistance service.

6. Support includes the provision of medical and health care services that are integral to meeting the daily needs of the participant (e.g., routine administration of medications or tending to the needs of a participant who is ill or requires attention to medical needs on an ongoing basis.). Medical and health care services such as physician services that are not routinely provided to meet the daily needs of the participant are not provided.

7. Support and training for infant and childcare for participants who are, or will become parents.

Settings where Community Living Supports are provided must have all of the following qualities:

1. The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.
2. The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting.
3. Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.
4. Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.
5. Facilitates individual choice regarding services and supports, and who provides them.

In a provider-owned or controlled residential setting, in addition to the qualities specified above, the following additional conditions must be met:

• The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity.

1. Each individual has privacy in their sleeping or living unit:
• Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors.
• Individuals sharing units have a choice of roommates in that setting.
• Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.

2. Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.

3. Individuals are able to have visitors of their choosing at any time.

4. The setting is physically accessible to the individual.

5. The unit or dwelling may be shared by no more than four waiver participants.

6. Any modification of the additional conditions specified in items 1 through 4 above, must be supported by a specific assessed need and justified in the individual program plan (IPP). The following requirements must be documented in the (IPP):

- Identify a specific and individualized assessed need.
- Document the positive interventions and supports used prior to any modifications to the IPP.
- Document less intrusive methods of meeting the need that have been tried but did not work.
- Include a clear description of the condition that is directly proportionate to the specific assessed need.
- Include regular collection and review of data to measure the ongoing effectiveness of the modification.
- Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.
- Include the informed consent of the individual.
- Include an assurance that interventions and supports will cause no harm to the individual.

Additionally, provider owned or leased facilities where these services are furnished must be compliant with the Americans with Disabilities Act.

The method by which the costs of room and board are excluded from the payment for this service is specified in Appendix I-5.

Crisis Intervention and Support

Crisis Intervention and Support is a specialized service that provides short-term care and behavior intervention to provide relief and support of the caregiver and protection for the participant or others living with the participant. This service may

include the use and development of intensive behavioral intervention programs to improve the participant's development and behavior tracking and analysis. This service is restricted to generally accepted, evidence-based, positive approaches.

This service is designed to assist participants in acquiring, retaining and improving the self-help, socialization and adaptive skills necessary to reside successfully in home and community-based settings. The service may be provided to family members if they are for the benefit of the participant. The service for family members may include training and instruction about treatment regimens, including training on the use of medications, and risk management strategies to enable the family to support the participant. The participation of parent(s) of minor children is critical to the success of a behavioral intervention program.

The person-centered planning team determines the extent of participation necessary to meet the participant's needs. Crisis Intervention and Support includes mobile crisis intervention in the participant's home, and/or community or where crisis intervention services are needed. Mobile crisis intervention means immediate therapeutic intervention on a 24-hour emergency basis to a participant exhibiting acute personal, social, and/or behavioral problems. Mobile crisis intervention provides immediate and time-limited professional assistance to a participant who is experiencing personal, social or behavioral problems which, if not ameliorated, will escalate and require that the participant be moved to a setting where additional services are available.

As necessary, Crisis Intervention and Support is composed of the following participant-specific activities:
1. Assessment to determine the precipitating factors contributing to the crisis.
2. Development of an intervention plan in coordination with the planning team.
3. Consultation and staff training to the service provider as necessary to ensure successful implementation of the participant's specific intervention plan.
4. Collection of data on behavioral strategies and submission of that data to the caregiver or provider for incorporation into progress reports.
5. Participation in any needed clinical meetings.
6. Development and implementation of a transition plan to aid the participant in returning home if out-of-home crisis intervention was provided.
7. Ongoing technical assistance to the caregiver or provider in the implementation of the intervention plan developed for the participant.
8. Provision of recommendations to prevent or minimize future crisis situations in order to increase the likelihood of maintaining the participant in the community.

Self-Determination Program Service Definitions

Dental Services

Dental services are defined in Title 22, California Code of Regulations, Section 51059 as professional services performed or provided by dentists including diagnosis and treatment of malposed human teeth, of disease or defects of the alveolar process, gums, jaws and associated structures; the use of drugs, anesthetics and physical evaluation; consultations; home, office and institutional calls.

All medically necessary dental services for children under age 21 are covered in the state plan pursuant to the EPSDT benefit. Dental services in this waiver are only provided to individuals age 21 and over and only when the limits of dental services furnished under the approved state plan are exhausted. Dental services in the approved state plan are limited to $1800 annually or by the amount that is determined medically necessary.

Employment Supports

This service is provided to participants tailored to their specific personal outcomes related to the acquisition, improvement and/or retention of skills and abilities to prepare and support the participant for community participation, interdependence, independence, and/or community integrated work.
This service supports the full access of participants receiving services in the community to seek employment and work in competitive integrated settings.

The participant selects this service from among service options including non-disability specific settings. The service options are based on the participant's individualized needs and preferences. The participant receives this service in settings that are integrated in and support full access to the greater community, and allows for participant comfort, interdependence, independence, preferences, and use of any technology. The participant's choices are incorporated into the services and supports and his/her essential personal rights of privacy, dignity and respect, and freedom from coercion are protected. The service settings must allow the participant to control personal resources. In addition, the settings must allow the participant to receive breaks in the same manner as a nondisabled individual.

Employment supports are individually designed and provided in the manner specified by the planning team to assist participants to gain and retain employment, including self-employment, in community integrated work environments to achieve the participant's personally defined outcomes. The intended outcome of this service is sustained paid employment at or above minimum wage in an integrated setting in the general workforce, in a job that meets personal career goals. This service does not include payment for supervision training, support and adaptations typically available

to other workers without disabilities working in similar positions in the business. These services and supports also include activities related to job discovery, self-employment, and retirement.

The participant may receive any combination of Employment Supports, including:

a. Physical capacities development, i.e., health concerns.
b. Psychomotor skills development.
c. Interpersonal, communicative/social and adaptive skills development, e.g., responding appropriately to supervisors/coworkers.
d. Work habits development, e.g., attendance and punctuality, focusing on tasks.
e. Development of vocationally appropriate dress and grooming.
f. Productive skills development, i.e., the achievement of productivity standards and quality results.
g. Work-practices training, e.g., following directions, completing tasks.
h. Work-related skills development, e.g., problem solving, path planning to future employment opportunities.
i. Money management and income reporting skills.
j. Development and use of natural job supports.
k. Workforce integration techniques.
l. Community integration development/relationship building.
m. Safety skills and training.
n. Job discovery, job-seeking, and interviewing skills.
o. Self-advocacy training, participant counseling, peer vocational counseling, career counseling, and peer club participation.
p. Volunteerism to assist the person in identifying job or career interests.
q. Individualized assessment.
r. Job analysis, job development and placement that produce an appropriate job match for the participant and employer.
s. Direct supervision or training while the participant is engaged in integrated work.
t. Job coaching provided on or off the worksite.
u. Counseling with a participant/family and/or authorized representative to ensure support of the participant in job adjustment or planning for retirement.
v. Counseling on benefits planning to ensure a consumer understands the relationship between earned income and receiving public benefits such as SSI, SSA, Medi-Cal, and PASS Plans.
w. Consultation with employer's Human Relations staff.
x. Assessment of need for technology and facilitating acquisition of communication aides and technology.

y. Job customization, e.g., modifications to work materials, procedures, and protocols.
z. Self-employment and business development, i.e., identification of potential business opportunities, business plan development, identification of needed supports, ongoing assistance and support.

Transportation from the participant's residence to their place of employment is not a component of this service. The above described services and supports cannot be provided when available under a program funded under §110 of the Rehabilitation Act of 1973 (29 U.S.C. 730) or §602(16) and (17) of the Individuals with Disabilities Education Act (IDEA.)(20 U.S.C. 1401 (16 and 17)).

Environmental Accessibility Adaptations

Those physical adaptations to the participant's home, required by the individual's IPP, which are necessary to ensure the health, welfare and safety of the individual, or which enable the individual to function with greater independence in the home, and without which, the individual would be at risk for institutionalization. These services are allowed only when another entity (i.e. landlord) is not responsible for making the needed adaptation(s).
Such adaptations may include the installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or installation of specialized electric and plumbing systems which are necessary to accommodate the medical equipment and supplies which are necessary for the welfare of the individual. Provided that they are allowable, other environmental accessibility adaptations and repairs may be approved on a case-by-case basis as technology changes or as a participant's physical or environmental needs change.
Excluded are those adaptations or improvements to the home which are of general utility, and are not of direct medical or remedial benefit to the individual, such as carpeting, roof repair, central air conditioning, etc.. All services shall be provided in accordance with applicable State or local building codes.
• It may be necessary to make environmental modifications to an individual's home before he/she transitions from an institution to the community. Such modifications may be made while the person is institutionalized. Environmental modifications, included in the individual's plan of care, may be furnished up to 180 days prior to the individual's discharge from an institution. However, such modifications will not be considered complete until the date the individual leaves the institution and is enrolled in the waiver.

Family Support Services

Regularly provided care and supervision of children, for periods of less than 24 hours per day, while the parents/primary non-paid caregiver are out of the home. This service is provided in the recipient's own home or in an approved out of

home location to do all of the following:

1. Assist family members in maintaining the recipient at home;
2. Provide appropriate care and supervision to protect the recipient's safety in the absence of family members;
3. Relieve family members from the constantly demanding responsibility of caring for a recipient; and
4. Attend to the recipient's basic self-help needs and other activities of daily living, including interaction, socialization, and continuation of usual daily routines which would ordinarily be performed by family members.

Payment for family support services may only be made when the cost of the service exceeds the cost of providing services to a person of the same age without disabilities.

Family/Consumer Training

Family/consumer support and training services are provided, as needed, in conjunction with extended state plan services in this waiver. These services include training by licensed providers to maintain or enhance the long-term impact of treatment provided. This includes support or counseling for the consumer and/or family to ensure proper understanding of the treatment provided and what supports are needed in the recipient's home environment to enhance the treatments. These services will be provided to individuals age 21 and older.

Financial Management Services

This service assists the family or participant to: (a) manage and direct the disbursement of funds contained in the participant's individual budget, and ensure that the participant has the financial resources to implement his or her Individual Program Plan (IPP) throughout the year; (b) facilitate the employment of service providers by the family or participant, as either the participant's fiscal agent or co-employer, by performing such employer responsibilities including, but not limited to, processing payroll, withholding federal, state, and local tax and making tax payments to appropriate tax authorities; and, (c) performing fiscal accounting and making expenditure reports to the participant or family and others as required.

This service includes the following activities to assist the participant in their role as either the employer or co-employer:
1. Assisting the participant in verifying worker's eligibility for employment and provider qualifications
2. Ensuring service providers employed by the participant meet criminal background checks as required and as requested by the participant.

3. Collecting and processing timesheets of workers.
4. Processing payroll, withholding, filing and payment of applicable federal, state and local employment-related taxes and insurance.
5. Tracking, preparing and distributing reports (e.g., expenditure) to appropriate individual(s)/entities.
6. Maintaining all source documentation related to the authorized service(s) and expenditures.
7. Maintaining a separate accounting for each participant's participant-directed funds.
8. Providing the participant and the regional center service coordinator with a monthly individual budget statement that describes the amount of funds allocated by budget category, the amount spent in the previous 30-day period, and the amount of funding that remains available under the participant's individual budget.
9. Ensuring payments do not exceed the amounts outlined in the participant's individual budget.
10. Fulfilling other FMS responsibilities as mandated by local, state and federal laws and regulations.

Home Health Aide

Home health aide services defined in 42 CFR §440.70 are provided to individuals age 21 and over and only when the limits of home health aide services furnished under the approved State plan limits are exhausted. Home health aide services under the state plan are limited to the amount that is determined medically necessary. All medically necessary home health aide services for children under age 21 are covered in the state plan pursuant to the EPSDT benefit. The scope and nature of these services do not differ from home health aide services furnished under the State plan. Services are defined in the same manner as provided in the approved State plan. The provider qualifications specified in the State plan apply.

Homemaker

Services consisting of general household activities (meal preparation and routine household care) provided by an individual that has the requisite skills to perform homemaker duties specified in the participant's IPP when the individual regularly responsible for these activities is temporarily absent or unable to manage the home and care for him or herself or others in the home.

Housing Access Supports

Housing Access Services includes two components:
A) Individual Housing Transition Services. These services are:

Self-Determination Program Service Definitions

1. Conducting a tenant screening and housing assessment that identifies the participant's preferences and barriers related to successful tenancy. The assessment may include collecting information on potential housing transition barriers, and identification of housing retention barriers.
2. Developing an individualized housing support plan based upon the housing assessment that addresses identified barriers, includes short and long-term measurable goals for each issue, establishes the participant's approach to meeting the goal, and identifies when other providers or services, both reimbursed and not reimbursed by Medicaid, may be required to meet the goal.
3. Assisting the individual with the housing application process. Assisting with the housing search process.
4. Assisting the individual with identifying resources to cover set-up fees for utilities or service access, including telephone, electricity, heating and water, and services necessary for the individual's health and safety, consisting of pest eradication and one-time cleaning prior to occupancy.
5. Assisting the individual with coordinating resources to identify and address conditions in the living environment prior to move-in that may compromise the safety of the consumer.
6. Assisting the individual with details of the move including communicating with the landlord to negotiate a move-in date, reading and understanding the terms of the lease, scheduling set-up of utilities and services, and arranging the move of consumers' belongings.
7. Developing a housing support crisis plan that includes prevention and early intervention services when housing is jeopardized.

B) Individual Housing & Tenancy Sustaining Services - This service is made available to support individuals to maintain tenancy once housing is secured. The availability of ongoing housing-related services in addition to other long term services and supports promotes housing success, fosters community integration and inclusion, and develops natural support networks. These tenancy support services are:

1. Providing the individual with early identification and intervention for behaviors that may jeopardize housing, such as late rental payment and other lease violations.
2. Providing the individual with education and training on the role, rights and responsibilities of the tenant and landlord.
3. Coaching the individual on developing and maintaining key relationships with landlords/property managers with a goal of fostering successful tenancy.
4. Assisting the individual in resolving disputes with landlords and/or neighbors to reduce risk of eviction or other adverse action.
5. Providing the individual with advocacy and linkage with community resources to prevent eviction when housing is, or may potentially become jeopardized.
6. Assisting the individual with the housing recertification process.
7. Coordinating with the tenant to review, update and modify their housing support and crisis plan on a regular basis to

reflect current needs and address existing or recurring housing retention barriers.
8. Providing the individual with continuous training in being a good tenant and lease compliance, including ongoing support with activities related to household management.

Housing Access Services do not include payment for room and board.

Persons receiving Health Homes or California Community Transitions services will not receive this service unless additional Housing Access through the waiver is necessary to maintain the consumers' health, safety and wellbeing in the home and/or community.

Independent Facilitator

Independent Facilitator means a person, selected and directed by the participant, who is not otherwise providing services to the participant pursuant to his or her IPP. The service or function is intended to assist the participant to plan for and access services to implement needed services identified in the participant's IPP. The services may include, but are not limited to:
1. Participate in the person-centered planning process.
2. Identify immediate and long-term needs, preferences, goals and objectives of the participant for developing the IPP.
3. Make informed decisions about the individual budget.
4. Develop options to meet the identified immediate and long-term needs and access community services and supports specified in the IPP.
5. Advocate on behalf of the participant in the person-centered planning process and development of the IPP, obtaining identified services and supports.

The participant/family may hire, or contract with an IF, and shall specify in the IPP the activities which the IF will conduct. A participant may elect to use his or her regional center service coordinator to fulfill the functions of an IF, instead of contracting with, or using the service of an independent facilitator. This service does not duplicate services provided by the participant's service coordinator.

Individual Training and Education

Individual Training and Education Services includes training programs, workshops and conferences that assist the participant in acquiring and building skills related to his or her responsibility as an employer, relationship building, problem

solving and decision making. This service helps the participate acquire skills that facilitate the participant's self-advocacy skills, exercise the participant's human and civil rights, and exercise control and responsibility over their SDP services and supports.
This service includes enrollment fees, books and other resource/reference materials required for participation in the individual training and education, and transportation expenses, excluding airfare, that are necessary to enable participation in the individual training and education. This service does not include the cost of meals or overnight lodging. Individual Training and Education supports needs or goals identified in the participant's IPP.
This service is not provided when funding can be accessed through Public Education as required in IDEA (P.L. 105-17, the IDEA). Prior to accessing funding for this service, all other available and appropriate funding sources, including those offered by the Departments of Rehabilitation or Education must be explored and exhausted. These efforts must be documented in the participant's file.
This service does not duplicate the activities provided by the Independent Facilitator waiver service or Case Management. Neither case management nor the Independent Facilitator waiver service include the provision of training or the cost of enrollment fees. Furthermore, Independent Facilitator providers may not provide additional services to a participant. The Financial Management Services provider ensures compliance with this requirement.

Lenses and Frames

This service covers prescription lenses and frames for consumers over 21 as prescribed by a physician and only when the limits of prescription lenses and frames furnished under the approved state plan are exhausted. All medically necessary Prescription Lens/Frames for children under age 21 are covered in the state plan pursuant to the EPSDT benefit. Prescription Lens/Frames under the state plan are limited to beneficiaries under 21 years old and residents of a nursing home. The provider qualifications listed in the plan will apply, and are hereby incorporated into this waiver request by reference. Prescription lenses and frames will not supplant services available through the approved Medicaid State plan or the EPSDT benefit.

Live-In Caregiver

Live-in caregiver service provides the payment for the additional costs of rent and food that can be reasonably attributed to an unrelated live-in personal caregiver who resides in the same household as the participant. This payment is available only in the case of participants who receive personal care support and live in homes that they rent, lease, or own. A legal guardian may not furnish this service. The way the amount is paid is determined as specified in Appendix I-6. Payment is

not made when the participant lives in the caregiver's home or in a residence that is owned or leased by the provider of Medicaid services.

Massage Therapy

Massage Therapy is the scientific manipulation of the soft tissues of the body for the purpose of normalizing those tissues and consists of manual techniques that include applying fixed or movable pressure, holding, and/or causing movement of or to the body. Massage therapy would be provided to a participant as part of an effective continuum of care throughout the course of a medical condition.

Non-Medical Transportation

Service offered in order to enable individuals served to gain access to the Self-Determination Program waiver and community services, employment, activities and resources, and participate in community life as specified by their Individual Program Plan. This service is offered in addition to medical transportation required under 42 CFR 431.53 and transportation services under the State plan, defined in 42 CFR 440.170(a) (if applicable), and shall not replace them. Transportation services under the waiver shall be offered in accordance with the individual's plan of care and shall include transportation aides and such other assistance as is necessary to assure the safe transport of the recipient. Private, specialized transportation will be provided to those individuals who cannot safely access and utilize public transportation services (when available). Whenever possible, the use of natural supports, such as family, neighbors, friends, or community agencies which can provide this service without charge will be utilized. All SDP participants will work with a regional center service coordinator and a Financial Management Services provider. Some will choose to also work with an Independent Facilitator. The SDP participant, and one or all of these entities will determine when the use of natural supports, such as family, neighbors, and friends have been exhausted and paid services begin.

Nutritional Consultation

Nutritional consultation includes the provision of consultation and assistance in planning to meet the nutritional and special dietary needs of participants. These services are consultative in nature and do not include specific planning and shopping for, or preparation of meals for participants.

Self-Determination Program Service Definitions

Occupational Therapy

Occupational Therapy services are defined in Title 22, California Code of Regulations, Sections 51085, and 51309 as services designed to restore or improve a person's ability to undertake activities of daily living when those skills are impaired by developmental or psychosocial disabilities, physical illness or advanced age. Occupational therapy includes evaluation, treatment planning, treatment, instruction and consultative services.
All medically necessary occupational therapy services for children under age 21 are covered in the state plan pursuant to the EPSDT benefit. Occupational therapy in this waiver is only provided to individuals age 21 and over and only when the limits of occupational therapy services furnished under the approved state plan are exhausted. Occupational therapy services in the approved state plan are limited to a maximum of two services in any one calendar month or any combination of two services per month from the following services: audiology, acupuncture, chiropractic, psychology, podiatry, and speech therapy or the amount determined medically necessary.

Optometric/Optician Services

Optometric/Optician Services are defined in Title 22, California Code of Regulations, Sections 51093 and 51090, respectively. Optometric services means any services an optometrist may perform under the laws of this state. Dispensing optician means an individual or firm which fills prescriptions of physicians for prescription lenses and kindred products and fits and adjusts such lenses and spectacle frames. A dispensing optician is also authorized to act on the advice, direction and responsibility of a physician or optometrist in connection with the fitting of a contact lens or contact lenses.

All medically necessary Optometric/Optician services for children under age 21 are covered in the state plan pursuant to the EPSDT benefit. Optometric/Optician services in this waiver are only provided to individuals age 21 and over and only when the limits of Optometric/Optician services furnished under the approved state plan are exhausted.
Optometric/Optician Services under the state plan are limited to one eye exam every 24 months, however, this limit can be exceeded based on medical necessity. The provider qualifications listed in the plan will apply, and are hereby incorporated into this request by reference.

Participant-Directed Goods and Services

Participant-Directed Goods and Services consist of services, equipment or supplies not otherwise provided through the SDP Waiver or through the Medicaid State plan that address an identified need in the IPP (including accommodating,

improving and maintaining the participant's opportunities for full membership in the community) and meet the following requirements: the item or service would decrease the need for other Medicaid services; promote interdependence, and inclusion in the community; and increase the person's safety in the home environment; and the participant does not have the personal funds to purchase the item or service and the item or service is not available through another funding source. The participant-directed goods and services must be documented in the participant's Individual Program Plan and purchased from the participant's Individual Budget. Experimental or prohibited treatments are excluded.

Personal Emergency Response Systems (PERS)

PERS is a 24-hour emergency assistance service which enables the recipient to secure immediate assistance in the event of an emotional, physical, or environmental emergency. PERS are individually designed services to meet the needs and capabilities of the participant and includes training, installation, repair, maintenance, and response needs. The allowable service includes the following:

1. 24-hour answering/paging;
2. Beepers;
3. Med-alert bracelets;
4. Intercoms;
5. Life-lines;
6. Fire/safety devices, such as fire extinguishers and rope ladders;
7. Monitoring services;
8. Light fixture adaptations (blinking lights, etc.);
9. Telephone adaptive devices not available free of charge from the telephone company;
10. Other devices/services designed for emergency assistance.

PERS services are limited to those individuals who have no regular caregiver or companion for periods of time, and who would otherwise require a greater amount of routine supervision. By providing immediate access to assistance, PERS services prevent institutionalization of these individuals and allow them to remain in the community. All Items shall meet applicable standards of manufacture, design, and installation. Repairs to and maintenance of such equipment shall be performed by the manufacturer's authorized dealers where possible.

Self-Determination Program Service Definitions

Physical Therapy

Physical Therapy services are defined in Title 22, California Code of Regulations, Sections 51081, and 51309 as services of any bodily condition by the use of physical, chemical, and or other properties of heat, light, water, electricity or sound, and by massage and active, resistive or passive exercise. Physical therapy includes evaluation, treatment planning, treatment, instruction, consultative services, and application of topical medications.
All medically necessary physical therapy services for children under age 21 are covered in the state plan pursuant to the EPSDT benefit. Physical therapy in this waiver is only provided to individuals age 21 and over and only when the limits of physical therapy services furnished under the approved state plan are exhausted. Physical therapy services in the approved state plan are limited to six month treatments and may be renewed if determined medically necessary.

Prevocational Supports

This service is provided to participants tailored to their specific personal outcomes related to the acquisition, improvement and/or retention of skills and abilities to support and prepare the participant for community participation, interdependence, independence, and/or community integrated work.

The participant selects this service from among service options including non-disability specific settings. The service options are based on the participant's individualized needs and preferences.
The participant receives this service in settings that are integrated in and support full access to the greater community, and allows for participant comfort, interdependence, independence, preferences, and use of any technology. The participant's choices are incorporated into the services and supports and his/her essential personal rights of privacy, dignity and respect, and freedom from coercion are protected. The service settings must allow the participant to control personal resources. In addition, the settings must allow the participant to receive breaks in the same manner as a non-disabled individual.

Prevocational supports are individually designed and provided in the manner specified by the planning team to assist participants to gain employment, including self-employment or volunteer work, in community integrated environments to achieve the participant's personally defined outcomes. These services and supports also include activities related to job discovery, self-employment, and retirement. The intended outcome of this service is to further habilitation goals that will lead to greater opportunities for competitive integrated employment and career advancement at or above minimum wage.

Self-Determination Program Service Definitions

The participant may receive any combination of Prevocational Supports, including:

- Physical capacities development, i.e., health concerns.
- Psychomotor skills development.
- Interpersonal, communicative/social and adaptive skills development, e.g., responding appropriately to supervisors/coworkers.
- Work habits development, e.g., attendance and punctuality, focusing on tasks.
- Development of vocationally appropriate dress and grooming.
- Productive skills development, i.e., the achievement of productivity standards and quality results.
- Work-practices training, e.g., following directions, completing tasks.
- Work-related skills development, e.g., problem solving, path planning to future employment opportunities.
- Money management and income reporting skills.
- Volunteerism to assist the person in identifying job or career interests.

Prevocational supports are designed to prepare individuals in non-job-task-specific strengths and skills that contribute towards obtaining a competitive and integrated employment, as opposed to vocational services whose sole purpose is to provide employment without habilitation goals geared towards skill building.

Transportation from the participant's residence is not a component of this service. The above described services and supports cannot be provided when available under a program funded under §110 of the Rehabilitation Act of 1973 (29 U.S.C. 730) or §602(16) and (17) of the Individuals with Disabilities Education Act (IDEA.)(20 U.S.C. 1401 (16 and 17)).

Psychology Services

Psychology Services are defined in Title 22, California Code of Regulations, Section 51099 as the services of a person trained in the assessment, treatment, prevention, and amelioration of emotional and mental health disorders.

All medically necessary psychology services for children under age 21 are covered in the state plan pursuant to the EPSDT benefit. Psychology services in this waiver are only provided to individuals age 21 and over and only when the limits of psychology services furnished under the approved state plan are exhausted. The approved state plan limits this service to the amount that is medically necessary.

Self-Determination Program Service Definitions

Respite Services

Respite Services are provided to participants who require intermittent temporary supervision. The services are provided on a short-term basis because of the absence or need for relief of those persons who normally care for and/or supervise them and are non-medical in nature, with the exception of colostomy, ileostomy, catheter maintenance, and gastrostomy.

Respite can be any of the following:
1. Services provided by the hour on an episodic basis because of the absence of or need for relief for those persons normally providing the care to individuals.

2. Services provided by the day/overnight on a short-term basis because of the absence of or need for relief for those persons normally providing the care to individuals.

3. Services that attend to the participant's basic self-help needs and other activities of daily living, including interaction, socialization, and continuation of usual daily routines that would ordinarily be performed by those persons who normally care for and/or supervise them.

Respite services may be purchased from qualified agencies or individuals. The participant may employ individual respite workers. In all cases, the IPP must specify the necessary training and skills that such workers or other providers must possess.

Respite Services may be provided in the following locations:
- Private residence.
- Residential facility approved by the State.
- Other community settings that are not a private residence, such as:
- Adult Family Home/Family Teaching Home
- Certified Family Homes for Children
- Adult Day Care Facility
- Camp
- Licensed Preschool

FFP will not be claimed for respite services provided beyond 30 consecutive days in a facility.

Respite Services cannot be provided by the primary care provider or his/her spouse under this definition. Respite providers are required to develop and implement a back-up plan for times when they are scheduled, but are unable to come and provide the services.

Respite Services do not duplicate services provided under the Individuals with Disabilities Education Act (IDEA) of 2004. These services may only be provided when the care and supervision needs of a consumer exceed that of a person of the same age without developmental disabilities and will not be claimed for the cost of room and board except when provided as part of respite care furnished in a facility approved by the State that is not a private residence.

Skilled Nursing

Services listed in the plan of care which are within the scope of the State's Nurse Practice Act and are provided by a registered professional nurse, or licensed practical or vocational nurse under the supervision of a registered nurse, licensed to practice in the State.

Skilled nursing is only provided to individuals age 21 and over. All medically necessary skilled nursing services for children under the age of 21 are covered in the state plan pursuant to EPSDT benefit. Skilled nursing services will not supplant services available through the approved Medicaid State plan under the home health benefit or the EPSDT benefit.

Specialized Medical Equipment and Supplies

Specialized medical equipment and supplies include: (a) devices, controls, or appliances, specified in the IPP, that enable participants to increase their ability to perform activities of daily living; (b) devices, controls, or appliances that enable the participant to perceive, control, or communicate with the environment in which they live; (c) items necessary for life support or to address physical conditions along with ancillary supplies and equipment necessary to the proper functioning of such items; (d) such other durable and non-durable medical equipment and supplies not available under the State plan that is necessary to address participant functional limitations; and, (e) necessary medical supplies not available under the State plan. The repair, maintenance, installation, and training in the care and use, of these items is also included. Items reimbursed with waiver funds are in addition to any medical equipment and supplies furnished under the State plan and exclude those items that are not of direct medical or remedial benefit to the participant. All items shall meet applicable standards of manufacture, design, and installation, and must meet Underwriter's Laboratory or Federal Communications

Commission codes, as applicable. Repairs to and maintenance of such equipment shall be performed by the manufacturer's authorized dealer where possible.

Speech, Hearing and Language Services

Speech, Hearing and Language services are defined in Title 22, California Code of Regulations, Sections 51096, 51098, and 51094.1 as speech pathology audiology services, and hearing aids, respectively. Speech pathology services means services for the purpose of identification, measurement and correction or modification of speech, voice or language disorders and conditions, and counseling related to such disorders and conditions. Audiological services means services for the measurement, appraisal, identification and counseling related to hearing and disorders of hearing; the modification of communicative disorders resulting from hearing loss affecting speech, language and auditory behavior; and the recommendation and evaluation of hearing aids. Hearing aid means any aid prescribed for the purpose of aiding or compensating for impaired human hearing loss.

All medically necessary speech, hearing and language services for children under age 21 are covered in the state plan pursuant to the EPSDT benefit. Speech, hearing and language services in this waiver are only provided to individuals age 21 and over and only when the limits of speech, hearing and language services furnished under the approved state plan are exhausted. Speech, hearing and language services in the approved state plan are limited to two services in any one calendar month or any combination of two services per month; Hearing aid benefits are subject to a $1,510 maximum cap per beneficiary per fiscal year or the amount determined medically necessary.

Technology

Technology is an item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to promote community integration, independence, and increase, maintain, or improve functional capabilities of participants. Allowable technology services, as specified in the participant's IPP include:
1. Evaluation of technology needs of a participant, including a functional evaluation of the impact of the provision of appropriate technology and appropriate services to the participant in the customary environment of the participant;
2. Purchasing, leasing, or otherwise providing for the acquisition of any technology device: cell phones (monthly bill, cell phone apps), iPads, tablets, and laptops. Service includes insurance and training on the use of any technology device.
3. Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing technology devices;

4. Training or technical assistance for the participant, or where appropriate, their family members, guardians, advocates, or authorized representatives of the participant; and
5. Training or technical assistance for professionals or other individuals who provide services to, employ, or are otherwise substantially involved in the major life functions of participant.
Technology may only be purchased under the SDP Waiver if it is not available through the state plan.

Training and Counseling Services for Unpaid Caregivers

Training and counseling services for individuals who provide unpaid support, training, companionship or supervision to participants. For purposes of this service, "individual" is defined as any person, family member, neighbor, friend, companion or co-worker who provides uncompensated care, training, guidance, companionship or support to a person served on the waiver. This service may not be provided to train paid caregivers. Training includes instruction about services and supports included in the IPP, use of equipment specified in the IPP, and updates as necessary to safely maintain the participant at home. Counseling must be aimed at assisting the unpaid caregiver in meeting the needs of the participant. All training for individuals who provide unpaid support to the participant must be included in the IPP. The service includes the cost of registration and training fees associated with formal instruction in areas relevant to participant needs identified in the IPP. The costs for travel, meals and overnight lodging to attend a training event or conference are not covered under this service definition. This service does not duplicate the services provided under the waiver service Family/Consumer Training.

Transition/Set Up Expenses: Other Services

Transition/Set Up Expenses are one-time, non-recurring set-up expenses to assist individuals who are transitioning from an institution to their own home in the community. These expenses fund some of the initial set-up costs that are associated with obtaining and securing an adequate living environment and address the individual's health and safety needs when he or she enters a new living environment. "Own home" is defined as any dwelling, including a house, apartment, condominium, trailer, or other lodging that is owned, leased, or rented by the individual. This service includes necessary furnishings, household items and services that an individual needs for successful transition to community living and may include:

- Security deposits that are required to obtain a lease on an apartment or home;
- Moving expenses;
- Health and safety assurances, such as pest eradication, allergen control or one-time cleaning prior to occupancy;

• Set up fees or non-refundable deposits for utilities (telephone, electricity, heating by gas);
• Essential furnishings to occupy and use a community domicile, such as a bed, table, chairs, window blinds, eating utensils, food preparation items, etc.
These services exclude:
• Items designed for diversionary/recreational/entertainment purposes, such as hobby supplies, television, cable TV access, or VCRs and DVDs.
• Room and board, monthly rental or mortgage expense, regular utility charges, household appliances, and food. Items purchased through this service are the property of the individual receiving the service and the individual takes the property with him/her in the event of a move to another residence. Some of these expenses may be incurred before the individual transitions from an institution to the community. In such cases, the Transition/Set Up expenses incurred while the person was institutionalized are not considered complete until the date the individual leaves the institution and is enrolled in the waiver. Transition/Set Up expenses included in the individual's plan of care may be furnished up to 180 days prior to the individual's discharge from an institution. However, such expenses will not be considered complete until the date the individual leaves the institution and is enrolled in the waiver.

Vehicle Modifications and Adaptations

Vehicle adaptations are devices, controls, or services which enable participants to increase their independence, enable them to integrate more fully into the community, and to ensure their health and safety. The repair, maintenance, installation, and training in the care and use of these items are included. Vehicle adaptations must be performed by the adaptive equipment manufacturer's authorized dealer. Repairs to and maintenance of such equipment shall be performed by the manufacturer's authorized dealer where possible.
Vehicle adaptations include, but are not limited to, the following:
1. Door handle replacements;
2. Door widening;
3. Lifting devices;
4. Wheelchair securing devices;
5. Adapted seat devices;
6. Adapted steering, acceleration, signaling, and braking devices; and
7. Handrails and grab bars

Adaptations to vehicles shall be included if, on an individual basis, the cost effectiveness of vehicle adaptations, relative to alternative transportation services, is established. Adaptations to vehicles are limited to vehicles owned by the recipient,

or the recipient's family and do not include the purchase of the vehicle itself. The recipient's family includes the recipient's biological parents, adoptive parents, stepparents, siblings, children, spouse, domestic partner (in those jurisdictions in which domestic partners are legally recognized), or a person who is a legal representative of the recipient. Vehicle adaptations will only be provided when they are documented in the individual plan of care and when there is a written assessment by a licensed Physical Therapist or a registered Occupational Therapist. The vehicle may be owned by the participant or a family member with whom he or she lives or has consistent and ongoing contact, who provides primary long-term support to the participant, and who is not a paid provider of such services.

SELF-DETERMINATION PROGRAM
DEPARTMENT LIST TOTALS BY REGIONAL CENTER

Regional Center	On the List at DDS	Spaces Allocated
ACRC	2238	175
CVRC	178	141
ELARC	216	114
FDLRC	222	74
FNRC	182	62
GGRC	92	74
HRC	188	98
IRC	333	244
KRC	57	103
NBRC	150	71
NLACRC	197	174
RCEB	128	155
RCOC	549	155
RCRC	26	55
SARC	95	126
SCLARC	153	107
SDRC	456	194
SGPRC	502	102
TCRC	200	114
VMRC	47	95
WRC	205	67
TOTAL	**6,414**	**2,500**

Updated 4/27/18

BUDGET

Development of the Individual Budget Under California's Self-Determination Program

After the Self-Determination Program (SDP) participant holds a person-centered plan, the IPP team determines the individual budget to ensure the budget assists the participant to achieve the outcomes set forth in his or her IPP and ensures his or her health and safety.

The IPP team determines the initial and any revised individual budget for the participant using the following method:

For a participant who is a current consumer of the regional center, his or her individual budget will be the total amount of the most recently available 12 months of purchase of service expenditures for the participant.

The IPP can make an adjustment to the individual budget if both of the following occur:

1. The IPP team determines that an adjustment to this amount is necessary due to a change in the participant's circumstances, needs, or resources that would result in an increase or decrease in purchase of service expenditures, OR the IPP team identifies prior needs or resources that were unaddressed in the IPP, which would have resulted in an increase or decrease in purchase of service expenditures.
2. The regional center certifies on the individual budget document that regional center expenditures for the individual budget, including any adjustment, would have occurred regardless of the individual's participation in the Self-Determination Program.

The individual budget shall not be increased to include the cost of the independent facilitator and financial management services. The cost of the independent facilitator and the financial management services must be paid out of the participant's individual budget.

For a participant who is either newly eligible for regional center services or who does not have 12 months of purchase service expenditures, his or her individual budget shall be calculated as follows:

1. The IPP team shall identify the services and supports needed by the participant and available resources.
2. The regional center will calculate the cost of providing the services and supports to be purchased by the regional center by using the average cost paid by the regional center for each service or support unless the regional center determines that the consumer has a unique need that requires a

higher or lower cost. The regional center will certify on the individual budget document that this amount would have been expended using regional center purchase of service funds regardless of the individual's participation in the Self-Determination Program.

The individual budget shall not be increased to include the cost of the independent facilitator and financial management services. The cost of the independent facilitator and the financial management services must be paid out of the participant's individual budget.

The amount of the individual budget will be available to the participant each year for the purchase of program services and supports. An individual budget should be calculated no more than once in a 12-month period, unless revised to reflect a change in circumstances, needs, or resources of the participant.

The individual budget is assigned uniform budget categories developed by DDS and distributed according to the timing of the anticipated expenditures in the IPP and in a manner that ensures that the participant has the financial resources to implement his or her IPP throughout the year.

Annually, participants may transfer up to 10% of the funds originally distributed to any budget category to another budget category or categories. Transfers greater than 10% of the original amount allocated to any budget category may be made upon the approval of the regional center or the participant's IPP team.

Each year when the IPP team convenes, the team should review whether there are any circumstances or needs that require a change to the annual individual budget. Based on that review, the IPP team will calculate a new individual budget.

The law also states that most restrictions put into place in 2009 for cost control measures do not apply to SDP participants, including:

- Camping services and associated travel expenses.
- Social recreation activities, I would delete the except part—I think currently folks can get social rec as part of a day program, so it isn't really a change here
- Educational services for children three to 17, inclusive, years of age.
- Nonmedical therapies, including, but not limited to, specialized recreation, art, dance, and music.
- Limitations on the number of hours of in-home respite services.

If a consumer disagrees with the individual budget amount determined at their IPP, they have the same due process rights that all consumers have.

Community Living Services
Individual Budget Draft Worksheet

CONFIDENTIAL INFORMATION
FOR INTERNAL USE ONLY

Name: _____ I.D. #: 0

Transportation

	Mileage Rate	# of Miles per Week	one-time Costs $	Weekly $	Monthly $	Annually $
Community/ Other fuel co:	$ -	0	$ -	$ -	$ -	$ -
FIA medical transportation reimbursement program, car pooling, sharing a ride, pay a friend to transport, etc. EXHAUST THESE OPTIONS FIRST						
Transportation				$ -		$ -
utilize Smart bus, Nankin Transport or other cost fixed modes of transportation						
			$ -			
					$ -	$ -
			$ -			
					$ -	$ -
			$ -		$ -	
			$ -		$ -	
Fuel Costs				$ -	$ -	$ -
calculate amount of miles REFER TO INDIVIDUAL BUDGET CHECKLIST TO DETERMINE RATE OF FUEL COSTS.						
Total Transportation Expenses						$ -

Guaranteeing the Promise of Freedom:

Creative Individual Budgeting

VOLUME I, 2nd EDITION, JUNE 2005

Center for Self-Determination

www.self-determination.com

Guaranteeing the Promise of Freedom: Creative Individual Budgeting

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- INTRODUCTION -

Guaranteeing the Promise of Freedom is a simple workbook organized to assist individuals with disabilities and those who respect and love these individuals. It sets in motion the realization of freedom. Finally.

We begin this workbook and concrete exercise with a reaffirmation of the principles of self-determination. We ask you to take a few moments and think deeply about the purpose of public funding. In our view this purpose is to assist individuals with disabilities achieve meaningful lives, rich in relationships and community, sharing with all citizens the opportunity to work and contribute as equal members of this society.

We challenge the notion of low expectations that characterize traditional human services. We ask you to rise above shallow notions of person-centered planning and recognize that with proper assistance all individuals can begin to craft at least a modest economic future and take their rightful place alongside all other hard working Americans. We need to stop substituting human services for real lives.

One of the foundations of self-determination rests on responsibility for the wise use of public dollars. Our notion of responsibility includes the exercise of those freedoms guaranteed to all citizens by the Constitution and the Bill of Rights. Self-Determination is at its heart about the restoration of full citizenship to all individuals with disabilities.

Tom Nerney, 2005
Center for Self-Determination

• DEFINING SELF-DETERMINATION •

Self-determination for citizens with disabilities is about freedom. **Freedom** to decide how one wants to live his or her life. It's also about organizing needed **support** with the person's support network—friends, family, those who care. Self-determination means having **authority** over resources and taking **responsibility** for decisions and action. True champions of self-determination honor the important leadership of persons with disabilities in changing our systems of support. **Confirmation** of the self-advocacy movement is a major principle of self-determination. We must not forget whose life is being lived.

Principles of Self-Determination

Freedom to decide how one wants to live his or her life.

Authority over a targeted amount of dollars.

Support to organize resources in ways that are life enhancing and meaningful to the individual.

Responsibility for the wise use of public dollars and recognition of the contribution individuals with disabilities can make in their communities.

Confirmation of the important role that self-advocates must play in a newly redesigned system.

The purpose of self-determination is to make it possible for individuals to craft personally meaningful lives in our communities. Principles of self-determination establish that individuals with disabilities are the planners and decision-makers in how they spend their days and in how they live their lives, with caring assistance available when needed. These decisions include financial responsibility for public funding and the generation of personal income with appropriate assistance.

Use these principles as your foundation for building self-determination. Let them be your guide.

The actual technical tools fundamental to the personal achievement of self-determination are:

- **successful individual budgets**
- **independent brokering**
- **independent fiscal management**

Sometimes we become confused about the purpose of self-determination: enabling individuals with disabilities to achieve a meaningful life deeply embedded in our communities. Some of the confusion arises from substituting the means to self-determination with the purpose. For example, hiring one's own support, controlling expenditures, are means (or tools). If these means do not result in the person *achieving a meaningful life*, then self-determination is in danger of becoming another program that does nothing to elevate the status of individuals with disabilities within our community. To guarantee the promise and avoid another superficial attempt at individual freedom for citizens with disabilities, we have to be clear. **Freedom. Support. Authority. Responsibility. Confirmation.**

• Notes

• PURPOSE OF PUBLIC FUNDING •

Public funding comes from tax dollars. The purpose of this funding is to assist citizens who need support. As taxpayers and people in need of support, it's important to understand what public dollars actually fund: congregate settings, clinically- based programs, segregated "home-like" environments, and rules and regulations that actually require poverty. Then examine what this all costs. Self-determination leads us to look closely at what dollars are purchasing in the name of human services. We need to ask ourselves, "What is this support for?" Looking beneath the surface, we find that money is often spent on promoting less than desirable lives.

The time has come to re-think public money.

Self-determination leads us to look at public funding as:

- **Investments in the lives of individuals with disabilities**
  Investments should mean achieving something, gaining something in return, and not just allocating money without expectations.
- **Assets to every individual with a disability**
  Assets are possessions to be used for identified purposes.
- **Individual budgets as a tool to emancipation**
  Individual budgets allow the promise of freedom and acceptance of responsibility.

• **Notes**

• A NEW VIEW OF QUALITY •

Along with re-thinking how human services spend money, let's take a close look at how we've come to define the quality of the lives that are publically funded.

What's important in life is not so hard to define. Ask anyone you know what is important to him or her. Answers usually boil down to a very few responses. They are love, family, friends and work. Community connections, spirituality, deep personal relationships and a degree of economic security hold great importance in our lives. These desires are universal.

. . . love, family, friends and work. Community connections, spirituality, deep personal relationships and a degree of economic security hold great importance in our lives.

For citizens with disabilities, what makes life important has been defined differently. We've come to judge quality based on artificial arrangements of human services. Yet, it's clear that people want lives – not programs. The time has come to view universal human aspirations as the norm for quality for everyone. This way we don't continue the segregation of people with disabilities paid for by public dollars.

• **Notes**

- INCOME GENERATION -

There are many reasons why individuals with disabilities don't work. Some think they can't. We know better. Some think that those who can obviously work should have a choice to work or not. We think this is insulting to people with disabilities. Data clearly reveal that the vast majority of individuals with disabilities want to work but find it difficult to find jobs or generate income. Virtually all of the economic incentives in the present system favor congregate non-work or below minimum wage sheltered work. In fact individuals with disabilities and prisoners are the only two groups not actually protected by the minimum wage law that protects every other hourly wage worker in America.

But the most common reason the majority of individuals with disabilities don't work has to do with the overly complicated benefit structure, especially for the Medicaid and Social Security income programs. Fear of loss of essential benefits and differing and complex rules for various federal and state programs create a nightmare of laws and regulations that few understand. Fewer still can navigate the benefit structure.

It is important for freedom to be meaningful that individuals have some discretionary income and, if possible long-term, contribute to the costs of support. For this reason the Creative Individual Budget Template includes only line items that relate to obtaining jobs creatively or beginning a very tiny business called a micro-enterprise. Individuals learn how to assist others to creatively obtain jobs. When individuals cannot do the labor associated with traditional jobs or lack the interest, then the possibility of creating micro-enterprises is fully explored.

The production of modest private income can be a realistic goal for any individual no matter how significant their disability. It may require re-structuring the jobs of direct support workers or require other changes to the system. However, it is possible to begin within the present system.

One of the primary implications of freedom is a renewed sense of economic freedom and economic justice.

Even for those with significant disabilities who have never contemplated being part of the world of business and commerce there can be a transition from a life with no expectations of an economic future to one where new possibilities emerge.

• Notes

- ASSUMPTIONS FOR PLANNING AND BUDGETING -

Currently, many people in our human service system lack the basic freedom associated with self-determination because their "budget" is tied and mingled with others within an agency budget. The individual never has control. Costs assumed necessary for everyone else in the culture are denied (or simply not assumed) for citizens with disabilities. Costs associated with relationships, romance, being connected to one's community, and fulfilling dreams are universal human aspirations. The individual whose budget is being developed (or someone who knows her/him very well) will relate information about present costs associated with typical services. All participants will understand how money currently gets spent and what it buys for the person.

There can not be quality in American society without freedom and equality.

At this point it is important to recognize the difference between an individual budget and an individual allocation. An individual allocation should be thought of as the amount of money available to use in the creation of an individual budget. That is, the "allocation" is the sum of money. The individual budget is a line by line expenditure pattern that represents the personal purchases that the individual with a disability will make in order to help create a meaningful life. This distinction seems obvious and a matter of common sense. Its importance lies in the fact that some federal and state agencies use the two terms interchangeably resulting in confusion (especially when meeting the requirements, e.g., of CMS under their Independence Plus Waivers) and bad compromises when individuals get an "allocation" called a budget and then never get to develop a personal budget while the funding source claims that the requirements for an individual budget were met.

The development of an individual personal budget is a first step towards real self-determination. Individual budgeting allows for free movement and free association by guaranteeing the promise of freedom made to all Americans at birth.

While developing an individual budget with individuals two new assumptions must be made;

1. **Every person with a disability will have his or her own place to live.**
2. **Every person with a disability will generate income.**

Additionally, each budget must

- **Be individually created and designed**
  The person with a disability together with a trusted allies create individual budgets. This support circle includes the creation of unique line items that reflect the distinct dreams and ambitions of the person with a disability. No one-size fits all here!
- **Assure authority over personnel**
  Any person who works for the individual with a disability is hired and can be fired as well. In fact all employees and consultants work for the person and that person's social support network. Even if another organization assumes some legal responsibility to become the employer of record, all personnel and consultants work for the person with a disability.
- **Be flexible**
  Within approved amounts, dollars can be reasonably moved from line item to line item as long as the essential supports are maintained. New line items may also be created as well as old ones erased.

• BUDGET TOOL & TEMPLATE •

This budget tool and template lay out the steps to concretely implement self-determination. It brings clarity to the reality of actually planning and budgeting for an individual.

As each individual is unique, so must be his or her personal budget.

Please use the creative individual budget template as a guide only and as an opportunity to be creative, thoughtful and to assure the promise of freedom. Look at money as an investment in the life of a person with a disability rather than a mechanism with which to pay for services. Use the principles of self-determination to show you the way to set up a budget and as a checkpoint for staying focused. The Creative Individual Budget Template is not meant to be used as a form to obtain reimbursement. However, each category and line item can be transferred to a budget reimbursement form. Use this template to assist in translating the plans and vision for the person and then as a guide for completing appropriate reimbursement forms.

Each section of the personal budget form is designed to address critical human needs. Use the blank lines for line items that you've learned are the unique needs of the individual. **The Creative Individual Budget Template is not meant to be exhaustive.** You must consider health and safety throughout.

Each budget must be individually created, designed to assure authority over personnel, and have flexibility to move money from one line item to another.

• Income Template

		Operations	Capital	One-time only
SSI				
SSDI				
Targeted Waiver Amount				
Vocational Rehabilitation				
Ticket-to-Work				
Special Education				
Private				
Work				
Micro-Enterprise				
Family/Friends				
Individual Development Account				
Other Assets				
TOTAL				

- INCOME KEY -

There are six individual line items for use of possible public dollars and six line items for use of possible private dollars that can become part of the individual budget. A renewed emphasis on income from work (job and/or micro-enterprise) is central to the development of an individual budget. These dollars are also the most unrestricted in terms of what you can purchase. This freedom becomes extremely important. Government dollars always come with some restrictions.

It is anticipated that government in the future will pay a lot more attention to contributions from family and friends, trust dollars and hopefully Individual Development Accounts (IDA). IDA's are simply savings accounts that are matched on a dollar for dollar (or better) basis and can be used for particular purposes such as home ownership and business development.

It is important to try and create some balance between public dollars such as Medicaid Waiver dollars and private income. Medicaid is likely to be the main source of public support for the future but state Medicaid budgets are already under severe strain. This is likely to worsen in the future.

SSI/SSDI are predictable sources of monthly income. State Vocational Rehabilitation resources are sometimes crucial in order to enter the world of business and commerce even if the funds are only granted on a one-time basis. In the long term, it is hoped that Ticket to Work dollars will also become available to individuals as cash, if the federal law is ever changed.

- **Notes**

- SECTION ONE -

- **Creative Individual Budget Template: A Place of One's Own**

		Investment Costs	Monthly Costs	x12	Annual Costs
Home	Rent/Mortgage				
	Utilities - Cable				
	Insurance				
Companionship					
Personal Assistance					
Emergency Back-up					
Wardrobe					
Grooming	Barber				
	Beauty Shop				
	Other				
Mealtimes					
Training					
Transportation					
TOTAL					

• A Place of One's Own Individual Budget Template Key

Home

As a rule of thumb, it is wise to consider size when brainstorming the kind of home a person might desire. The larger the better, especially for creating enhanced support packages for companions and others who might provide various types of support. Cost is also an issue but dollars saved on companionship approaches may offset additional costs for housing. (See also Companionship and Transportation.)

Companionship

While it is more labor intensive to seek out individuals who are willing to be in-home companions, the long term results may justify this approach. Even for individuals with disabilities who also need hourly paid staff, this approach offers some benefits that may provide less overall cost, more potential for relationships, and more stability in the person's life. Organizing unique compensation packages in return for live-in supports is key to making this successful. Just as with paid hourly staff, it is important to seek individuals who are willing to bring their own family and social network with them. Without spending another dollar, this offers a way to facilitate potential relationships and promote more natural activities.

Personal Assistance

Depending on the level of support needed, this is the place to budget hourly paid staff, taxes, worker compensation and benefits. Once an hourly rate is established there is an "overhead" dollar amount-typically ranging from 20 to 30% – that must be included here. Funding agencies and provider agencies are good sources of information on what this figure ought to be based on both the hourly rate set, the number of hours to be worked per week, and the type of benefits proposed.

Wardrobe, Grooming and Mealtimes

These categories are named to replace typical food and clothing line items. This will trigger discussion of the important social issues surrounding mealtimes for any individual and the importance of wardrobe and grooming for personal as well as social reasons. Although this may require increasing the amount from typical human services budgets, these issues go to the heart of reciprocal relationships, real work, and generating income. The additional funds may have to come from wages or earnings from the world of business and commerce.

Training

There may be two separate issues regarding training of companions and direct support workers. Some issues are generic, such as CPR or basic safety and disease prevention strategies. Others will be germane to the specific individuals being served and may include unique medical or behavioral issues. Under the rubric of self-determination, typical behavior programs may be eschewed in favor of more humane and personal approaches.

Transportation

Transportation is such a key component that it occurs in every section of the budget template. There may be a capital cost associated with buying or leasing a vehicle as well as ongoing monthly/annual payments. Insurance is always a category that needs to be addressed. This is especially true for individuals who do not drive but need to have a vehicle available with insurance for whomever will be driving. Solving the transportation problem for an individual at home may also solve it for the work or day/weekend needs. Conversely, solving the transportation problem for work may solve it for personal and social needs. Without controlling transportation, self-determination loses a lot of meaning.

- **Notes**

- **Creative Individual Budget Template: Community and Relationships**

		One-time Costs	Monthly Costs	x12	Annual Costs
General	Contributions				
	Gifts/Cards				
	Membership Dues				
	Transportation				
	Church				
	Synagogue				
	Mosque				
	Other				
Relationships	Family				
	Friendships				
	Transportation				
	Romance				
	Other				
Culture	Theater/Music				
	Museums				
	Other				
Recreation	Sporting events				
	Movies				
	Transportation				
	Video rentals				
	Other				
TOTAL					

See following Individual Budget Template Key

• Community and Relationships

All of these categories are self-explanatory. Individuals will have very unique categories depending on their interests and existing friendships and relationships. Budgeting for community membership and reciprocal relationships, including the costs associated with dating and romance (usually transportation and mealtime costs) are explicitly included. These costs go to the heart of what it means to truly be a community member. Typical human service budgets ignore these issues at great personal expense to the person with a disability. These issues go to the meaning of quality under self-determination and underscore the view that universal human aspirations need to be addressed for all individuals with disabilities.

• Notes

• Creative Individual Budget Template: Income Generation

		One-time Costs	Monthly Costs	x12	Annual Costs
Jobs	Employment Agency/Broker				
	Co-Worker Support				
	Employer Training				
	Subsidized Wages				
	Wardrobe				
	Transportation				
	Other				
Business Ownership	Business Plan Materials				
	Equipment				
	Accounting				
	Legal Expenses				
	Insurance				
	Vehicle Costs				
	Transportation				
	Other				
TOTAL					

See following Individual Budget Template Key

- **Income Generation**
  Individual Budget Template Key

This section is predicated on the belief that all individuals with disabilities can generate private income irrespective of the degree of disability they may have. In keeping with the need for innovation, cost effective ways of obtaining employment must be pursued. This is a complex undertaking but with great potential, especially for those with significant disabilities and those who may not be interested in traditional jobs.

Costs Associated with Jobs

- Employment Agency/Broker: this is a fee for the support of an individual or agency who will work to negotiate a desired job with a potential employer. This may include any of the categories below.
- Co-Worker support: paying the employer or co-worker directly.
- Employer Training: paying the employer the cost of learning the job
- Subsidized wages: where this is allowed, paying to subsidize one's own wages until the job is learned.
- Wardrobe, Transportation, Other: all other costs associated with getting to and holding the job.

Business Ownership

- These are central categories essential to the development of a micro-enterprise. Micro-enterprises range from very simple to fairly complex. Not all micro-enterprises require these categories, but it is wise to consider all of them when planning for this type of venture. It is also wise to pay particular attention to the changing role of direct support staff, new job descriptions, and the potential for both the support staff and the person with a disability to benefit financially from the business enterprise.

- **Creative Individual Budget Template: One-time Investment Costs**

		One-time Costs	Monthly Costs	x12	Annual Costs
Investments	Communication Technology				
	Mobility Technology				
	Other				
Capital Costs	Down payment on a home				
	Vehicle purchase/lease				
	Education				
	Home modifications				
	Business equipment				
	Other				
Other	Security Deposit				
	Other				
TOTAL					

See following Individual Budget Template Key

• One-Time Investment Costs Individual Budget Template Key

These categories are representative but do not comprise a complete list. Simple investments in technology can reach to the issue of productivity as well as quality. Some of these one-time costs may not be covered under state or Medicaid regulations or interpretations. State Vocational Rehabilitation agencies are frequently a good source of funding and support for many of these items.

• Notes

• SECTION FIVE •

• Creative Individual Budget Template: Additional Support

		One-time Costs	Monthly Costs	x12	Annual Costs
Management and Administration					
Fiscal Management Agency					
Other					
Independent Support Broker					
Long Term					
Short Term					

- **Additional Support Individual Budget Template Key**

  - **Management & Administration**
    Support plans and budgets require attention to both the development and ongoing administration of supports of various kinds. It is wise to earmark at least 10% of total authorized funds for administration and management of these supports. Always include emergency back-up in planning. This figure can frequently be negotiateddepending on the complexity of the planned support.
  - **Independent Support Broker**
    Typical case management and support coordination systems frequently do not have the personnel, the time, or the expertise to help an individual with a disability arrange the desired supports. For this reason a line item in addition to management and administration has been added to draw attention to the potential need to hire specific individuals to provide one or more of the arrangements or negotiations necessary for the successful implementation of the person's plan. These are usually small fees for specific tasks that need to be carried out, or even a fee for the extra coordination necessary to successful implementation. (For more information see Center for Self-Determination guidebook "Supporting the Promise of Freedom: The New Broker.")

- **Notes**

Housing
- ☐ Rent/Mortgage
- ☐ Application Fee
- ☐ Insurance
- ☐ Property Taxes
- ☐ Repair and Maintenance
- ☐ Renovation/ Modifications
- ☐ Security Deposit
- ☐ Other

Utilities
- ☐ Gas
- ☐ Electricity
- ☐ Cable
- ☐ Water/Sewage
- ☐ Garbage Pickup
- ☐ Other Utilities

Other Household Needs
- ☐ Household Supplies
- ☐ Household Furnishings
- ☐ Adaptive Equipment

Transportation
- ☐ Gas
- ☐ Insurance
- ☐ Lease Down Payment
- ☐ Lease Payments
- ☐ Auto Insurance
- ☐ Auto Maintenance
- ☐ License and Registration
- ☐ Public Transportation
- ☐ Other Transportation

Health and Medical
- ☐ Prescriptions
- ☐ Over the Counter Medication
- ☐ Dental Care
- ☐ Nursing Services
- ☐ Psychological Services
- ☐ Speech
- ☐ Dietician
- ☐ Psychiatrist
- ☐ Physical Therapy
- ☐ Occupational Therapy
- ☐ Support Coordination
- ☐ Other

Vocational/ Employment/ Education
- ☐ Vocational Costs
- ☐ Employment Agency/Broker
- ☐ Co-Worker Support
- ☐ Education and Training
- ☐ Transportation
- ☐ Wardrobe
- ☐ Other

Business Ownership
- ☐ Business Plan
- ☐ Materials
- ☐ Equipment
- ☐ Accounting
- ☐ Legal Expenses
- ☐ Insurance

Personal Expenses
- ☐ Mealtimes/Food
- ☐ Wardrobe
- ☐ Grooming
- ☐ Community Involvement
- ☐ Contributions
- ☐ Gifts/Cards
- ☐ Church/ Synagogue/ Mosque
- ☐ Activities (Cultural and Recreational)

- COMPLETE BUDGET SHEET -

- **Creative Individual Budget Template: A Place of One's Own**

Complete Budget Sheet	One-time Costs	Monthly Costs	x12	Annual Costs
Section One: A Place of One's Own				
Section Two: Community and Relationships				
Section Three: Income Generation				
Section Four: One-Time Investment Costs				
Section Five: Additional Support				
INCOME				
TOTAL				

- **Notes**

- ORDER FORM -

TITLE	PRICE	QTY.	TOTAL
Guaranteeing the Promise of Freedom: Creative Individual Budgeting	$10		
Crafting the Instruments of Freedom: Tools of Self-Determination	$10		
Supporting the Promise of Freedom: The New Broker	$10		
Safeguarding the Promise of Freedom: Independent Financial Management	$10		
Real Life Quality Standards	$10		
Complete set of five	$42.50		
TOTALS*			

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www.self-determination.com

ROLE OF FACILITATOR

Roles and Responsibilities of an Independent Facilitator In California's Self-Determination Program

A participant may choose to hire an Independent Facilitator to assist them with their participation in California's Self-Determination Program. As defined by the self-determination law, an Independent Facilitator means:

> *A person, selected and directed by the participant, who is not otherwise providing services to the participant pursuant to his or her IPP and is not employed by a person providing services to the participant.*

The independent facilitator may assist the participant in making informed decisions about the individual budget, and in locating, accessing, and coordinating services and supports consistent with the participant's IPP. He or she is available to assist in identifying immediate and long-term needs, developing options to meet those needs, leading, participating, or advocating on behalf of the participant in the person-centered planning process and development of the IPP, and obtaining identified services and supports.

The cost of the independent facilitator, if any, shall be paid by the participant out of his or her individual budget. An independent facilitator shall receive training in the principles of self-determination, the person-centered planning process, and the other responsibilities described in this paragraph at his or her own cost.

The Independent Facilitator can do some or all of the following:

- Provide guidance, resource information, and support
- Assist in defining support needs and life dreams
- Assist with locating and developing innovative resources
- Support with advocacy and advice
- Develop and coordinate Person-Centered Planning meetings including scheduling meeting, writing plan, and developing the individual budget
- Assist the participant with implementation of the plan including negotiating prices, developing and issuing contracts and agreements
- Assist to find supports to meet the changing needs of the participant
- Maintain regular face-to-face or telephone contact with participant, if desired by participant
- Assist the participant with mediating any issues
- Provide intervention in complex and high risk situations
- Maintain confidentiality and secures signed releases
- Ensure public funds are used appropriately
- Maintain a working relationship emphasizing quality, collaboration, and partnership
- Facilitate emergency intervention plans as needed

From material developed by Russell Rankin, Kern Regional Center Self Determination Pilot Project Liaison and language from California's 2013 self-determination law

Autism Society of Los Angeles, November 2014

State of California

WELFARE AND INSTITUTIONS CODE

Section 4685.8

4685.8. (a) The department shall implement a statewide Self-Determination Program. The Self-Determination Program shall be available in every regional center catchment area to provide participants and their families, within an individual budget, increased flexibility and choice, and greater control over decisions, resources, and needed and desired services and supports to implement their IPP. The statewide Self-Determination Program shall be phased in over three years, and during this phase-in period, shall serve up to 2,500 regional center consumers, inclusive of the remaining participants in the self-determination pilot projects authorized pursuant to Section 13 of Chapter 1043 of the Statutes of 1998, as amended, and Article 4 (commencing with Section 4669.2) of Chapter 5. Following the phase-in period, the program shall be available on a voluntary basis to all regional center consumers, including residents in developmental centers who are moving to the community, who are eligible for the Self-Determination Program. The program shall be available to individuals who reflect the disability, ethnic, and geographic diversity of the state. The Department of Finance may approve, upon a request from the department and no sooner than 30 days following notification to the Joint Legislative Budget Committee, an increase to the number of consumers served by the Self-Determination Program before the end of the three-year phase-in period.

(b) The department, in establishing the statewide program, shall do both of the following:

(1) For the first three years of the Self-Determination Program, determine, as part of the contracting process described in Sections 4620 and 4629, the number of participants each regional center shall serve in its Self-Determination Program. To ensure that the program is available on an equitable basis to participants in all regional center catchment areas, the number of Self-Determination Program participants in each regional center shall be based on the relative percentage of total consumers served by the regional centers minus any remaining participants in the self-determination pilot projects authorized pursuant to Section 13 of Chapter 1043 of the Statutes of 1998, as amended, and Article 4 (commencing with Section 4669.2) of Chapter 5 or another equitable basis.

(2) Ensure all of the following:

(A) Oversight of expenditure of self-determined funds and the achievement of participant outcomes over time.

(B) Increased participant control over which services and supports best meet his or her needs and the IPP objectives. A participant's unique support system may include the purchase of existing service offerings from service providers or local businesses,

hiring his or her own support workers, or negotiating unique service arrangements with local community resources.

(C) Comprehensive person-centered planning, including an individual budget and services that are outcome based.

(D) Consumer and family training to ensure understanding of the principles of self-determination, the planning process, and the management of budgets, services, and staff.

(E) Choice of independent facilitators who can assist with the person-centered planning process and choice of financial management services providers vendored by regional centers who can assist with payments and provide employee-related services.

(F) Innovation that will more effectively allow participants to achieve their goals.

(c) For purposes of this section, the following definitions apply:

(1) "Financial management services" means services or functions that assist the participant to manage and direct the distribution of funds contained in the individual budget, and ensure that the participant has the financial resources to implement his or her IPP throughout the year. These may include bill paying services and activities that facilitate the employment of service and support workers by the participant, including, but not limited to, fiscal accounting, tax withholding, compliance with relevant state and federal employment laws, assisting the participant in verifying provider qualifications, including criminal background checks, and expenditure reports. The financial management services provider shall meet the requirements of Sections 58884, 58886, and 58887 of Title 17 of the California Code of Regulations and other specific qualifications established by the department. The costs of financial management services shall be paid by the participant out of his or her individual budget, except for the cost of obtaining the criminal background check specified in subdivision (w).

(2) "Independent facilitator" means a person, selected and directed by the participant, who is not otherwise providing services to the participant pursuant to his or her IPP and is not employed by a person providing services to the participant. The independent facilitator may assist the participant in making informed decisions about the individual budget, and in locating, accessing, and coordinating services and supports consistent with the participant's IPP. He or she is available to assist in identifying immediate and long-term needs, developing options to meet those needs, leading, participating, or advocating on behalf of the participant in the person-centered planning process and development of the IPP, and obtaining identified services and supports. The cost of the independent facilitator, if any, shall be paid by the participant out of his or her individual budget. An independent facilitator shall receive training in the principles of self-determination, the person-centered planning process, and the other responsibilities described in this paragraph at his or her own cost.

(3) "Individual budget" means the amount of regional center purchase of service funding available to the participant for the purchase of services and supports necessary to implement the IPP. The individual budget shall be determined using a fair, equitable, and transparent methodology.

(4) "IPP" means individual program plan, as described in Section 4646.

(5) "Participant" means an individual, and when appropriate, his or her parents, legal guardian or conservator, or authorized representative, who has been deemed eligible for, and has voluntarily agreed to participate in, the Self-Determination Program.

(6) "Self-determination" means a voluntary delivery system consisting of a defined and comprehensive mix of services and supports, selected and directed by a participant through person-centered planning, in order to meet the objectives in his or her IPP. Self-determination services and supports are designed to assist the participant to achieve personally defined outcomes in community settings that promote inclusion. The Self-Determination Program shall only fund services and supports provided pursuant to this division that the federal Centers for Medicare and Medicaid Services determines are eligible for federal financial participation.

(d) Participation in the Self-Determination Program is fully voluntary. A participant may choose to participate in, and may choose to leave, the Self-Determination Program at any time. A regional center shall not require or prohibit participation in the Self-Determination Program as a condition of eligibility for, or the delivery of, services and supports otherwise available under this division. Participation in the Self-Determination Program shall be available to any regional center consumer who meets the following eligibility requirements:

(1) The participant has a developmental disability, as defined in Section 4512, and is receiving services pursuant to this division.

(2) The consumer does not live in a licensed long-term health care facility, as defined in paragraph (44) of subdivision (a) of Section 54302 of Title 17 of the California Code of Regulations. An individual, and when appropriate his or her parent, legal guardian or conservator, or authorized representative, who is not eligible to participate in the Self-Determination Program pursuant to this paragraph may request that the regional center provide person-centered planning services in order to make arrangements for transition to the Self-Determination Program, provided that he or she is reasonably expected to transition to the community within 90 days. In that case, the regional center shall initiate person-centered planning services within 60 days of that request.

(3) The participant agrees to all of the following terms and conditions:

(A) The participant shall receive an orientation to the Self-Determination Program prior to enrollment, which includes the principles of self-determination, the role of the independent facilitator and the financial management services provider, person-centered planning, and development of a budget.

(B) The participant shall utilize the services and supports available within the Self-Determination Program only when generic services and supports are not available.

(C) The participant shall only purchase services and supports necessary to implement his or her IPP and shall comply with any and all other terms and conditions for participation in the Self-Determination Program described in this section.

(D) The participant shall manage Self-Determination Program services and supports within his or her individual budget.

(E) The participant shall utilize the services of a financial management services provider of his or her own choosing and who is vendored by a regional center.

(F) The participant may utilize the services of an independent facilitator of his or her own choosing for the purpose of providing services and functions as described in paragraph (2) of subdivision (c). If the participant elects not to use an independent facilitator, he or she may use his or her regional center service coordinator to provide the services and functions described in paragraph (2) of subdivision (c).

(e) A participant who is not Medi-Cal eligible may participate in the Self-Determination Program and receive self-determination services and supports if all other program eligibility requirements are met and the services and supports are otherwise eligible for federal financial participation.

(f) An individual receiving services and supports under a self-determination pilot project authorized pursuant to Section 13 of Chapter 1043 of the Statutes of 1998, as amended, or pursuant to Article 4 (commencing with Section 4669.2) of Chapter 5, may elect to continue to receive self-determination services and supports pursuant to this section or the regional center shall provide for the participant's transition from the self-determination pilot program to other services and supports. This transition shall include the development of a new IPP that reflects the services and supports necessary to meet the individual's needs. The regional center shall ensure that there is no gap in services and supports during the transition period.

(g) The additional federal financial participation funds generated by the former participants of the self-determination pilot projects authorized pursuant to Section 13 of Chapter 1043 of the Statutes of 1998, as amended, or pursuant to Article 4 (commencing with Section 4669.2) of Chapter 5, shall be used to maximize the ability of Self-Determination Program participants to direct their own lives and to ensure the department and regional centers successfully implement the program as follows:

(1) First, to offset the cost to the department for the criminal background check conducted pursuant to subdivision (w) and other administrative costs incurred by the department in implementing the Self-Determination Program.

(2) With the remaining funds, the department, in consultation with stakeholders, including a statewide self-determination advisory workgroup, shall prioritize the use of the funds to meet the needs of participants and to implement the program, including costs associated with all of the following:

(A) Independent facilitators to assist with a participant's initial person-centered planning meeting.

(B) Development of the participant's initial individual budget.

(C) Joint training of consumers, family members, regional center staff, and members of the local volunteer advisory committee established pursuant to paragraph (1) of subdivision (x).

(D) Regional center operations for caseload ratio enhancement.

(E) To offset the costs to the regional centers in implementing the Self-Determination Program.

(h) If at any time during participation in the Self-Determination Program a regional center determines that a participant is no longer eligible to continue in, or a participant

voluntarily chooses to exit, the Self-Determination Program, the regional center shall provide for the participant's transition from the Self-Determination Program to other services and supports. This transition shall include the development of a new IPP that reflects the services and supports necessary to meet the individual's needs. The regional center shall ensure that there is no gap in services and supports during the transition period.

(i) An individual determined to be ineligible for or who voluntarily exits the Self-Determination Program shall be permitted to return to the Self-Determination Program upon meeting all applicable eligibility criteria and upon approval of the participant's planning team, as described in subdivision (j) of Section 4512. An individual who has voluntarily exited the Self-Determination Program shall not return to the program for at least 12 months. During the first three years of the program, the individual's right to return to the program is conditioned on his or her regional center not having reached the participant cap imposed by paragraph (1) of subdivision (b).

(j) An individual who participates in the Self-Determination Program may elect to continue to receive self-determination services and supports if he or she transfers to another regional center catchment area, provided that he or she remains eligible for the Self-Determination Program pursuant to subdivision (d). The balance of the participant's individual budget shall be reallocated to the regional center to which he or she transfers.

(k) The IPP team shall utilize the person-centered planning process to develop the IPP for a participant. The IPP shall detail the goals and objectives of the participant that are to be met through the purchase of participant-selected services and supports. The IPP team shall determine the individual budget to ensure the budget assists the participant to achieve the outcomes set forth in his or her IPP and ensures his or her health and safety. The completed individual budget shall be attached to the IPP.

(*l*) The participant shall implement his or her IPP, including choosing and purchasing the services and supports allowable under this section necessary to implement the plan. A participant is exempt from the cost control restrictions regarding the purchases of services and supports pursuant to Section 4648.5. A regional center shall not prohibit the purchase of any service or support that is otherwise allowable under this section.

(m) A participant shall have all the rights established in Sections 4646 to 4646.6, inclusive, and Chapter 7 (commencing with Section 4700).

(n) (1) Except as provided in paragraph (4), the IPP team shall determine the initial and any revised individual budget for the participant using the following methodology:

(A) (i) Except as specified in clause (ii), for a participant who is a current consumer of the regional center, his or her individual budget shall be the total amount of the most recently available 12 months of purchase of service expenditures for the participant.

(ii) An adjustment may be made to the amount specified in clause (i) if both of the following occur:

(I) The IPP team determines that an adjustment to this amount is necessary due to a change in the participant's circumstances, needs, or resources that would result in

an increase or decrease in purchase of service expenditures, or the IPP team identifies prior needs or resources that were unaddressed in the IPP, which would have resulted in an increase or decrease in purchase of service expenditures.

(II) The regional center certifies on the individual budget document that regional center expenditures for the individual budget, including any adjustment, would have occurred regardless of the individual's participation in the Self-Determination Program.

(iii) For purposes of clauses (i) and (ii), the amount of the individual budget shall not be increased to cover the cost of the independent facilitator or the financial management services.

(B) For a participant who is either newly eligible for regional center services or who does not have 12 months of purchase service expenditures, his or her individual budget shall be calculated as follows:

(i) The IPP team shall identify the services and supports needed by the participant and available resources, as required by Section 4646.

(ii) The regional center shall calculate the cost of providing the services and supports to be purchased by the regional center by using the average cost paid by the regional center for each service or support unless the regional center determines that the consumer has a unique need that requires a higher or lower cost. The regional center shall certify on the individual budget document that this amount would have been expended using regional center purchase of service funds regardless of the individual's participation in the Self-Determination Program.

(iii) For purposes of clauses (i) and (ii), the amount of the individual budget shall not be increased to cover the cost of the independent facilitator or the financial management services.

(2) The amount of the individual budget shall be available to the participant each year for the purchase of program services and supports. An individual budget shall be calculated no more than once in a 12-month period, unless revised to reflect a change in circumstances, needs, or resources of the participant using the process specified in clause (ii) of subparagraph (A) of paragraph (1).

(3) The individual budget shall be assigned to uniform budget categories developed by the department in consultation with stakeholders and distributed according to the timing of the anticipated expenditures in the IPP and in a manner that ensures that the participant has the financial resources to implement his or her IPP throughout the year.

(4) The department, in consultation with stakeholders, may develop alternative methodologies for individual budgets that are computed in a fair, transparent, and equitable manner and are based on consumer characteristics and needs, and that include a method for adjusting individual budgets to address a participant's change in circumstances or needs.

(o) Annually, participants may transfer up to 10 percent of the funds originally distributed to any budget category set forth in paragraph (3) of subdivision (n) to another budget category or categories. Transfers in excess of 10 percent of the original amount allocated to any budget category may be made upon the approval of the regional center or the participant's IPP team.

(p) Consistent with the implementation date of the IPP, the IPP team shall annually ascertain from the participant whether there are any circumstances or needs that require a change to the annual individual budget. Based on that review, the IPP team shall calculate a new individual budget consistent with the methodology identified in subdivision (n).

(q) (1) On or before December 31, 2014, the department shall apply for federal Medicaid funding for the Self-Determination Program by doing one or more of the following:

(A) Applying for a state plan amendment.

(B) Applying for an amendment to a current home- and community-based waiver for individuals with developmental disabilities.

(C) Applying for a new waiver.

(D) Seeking to maximize federal financial participation through other means.

(2) To the extent feasible, the state plan amendment, waiver, or other federal request described in paragraph (1) shall incorporate the eligibility requirements, benefits, and operational requirements set forth in this section. Except for the provisions of subdivisions (k), (m), (p), and this subdivision, the department may modify eligibility requirements, benefits, and operational requirements as needed to secure approval of federal funding.

(3) Contingent upon approval of federal funding, the Self-Determination Program shall be established.

(r) (1) The department, as it determines necessary, may adopt regulations to implement the procedures set forth in this section. Any regulations shall be adopted in accordance with the requirements of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code.

(2) Notwithstanding paragraph (1) and Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, and only to the extent that all necessary federal approvals are obtained, the department, without taking any further regulatory action, shall implement, interpret, or make specific this section by means of program directives or similar instructions until the time regulations are adopted. It is the intent of the Legislature that the department be allowed this temporary authority as necessary to implement program changes only until completion of the regulatory process.

(s) The department, in consultation with stakeholders, shall develop informational materials about the Self-Determination Program. The department shall ensure that regional centers are trained in the principles of self-determination, the mechanics of the Self-Determination Program, and the rights of consumers and families as candidates for, and participants in, the Self-Determination Program.

(t) Each regional center shall be responsible for implementing the Self-Determination Program as a term of its contract under Section 4629. As part of implementing the program, the regional center shall do both of the following:

(1) Contract with local consumer or family-run organizations and consult with the local volunteer advisory committee established pursuant to paragraph (1) of subdivision (x) to conduct outreach through local meetings or forums to consumers and their

families to provide information about the Self-Determination Program and to help ensure that the program is available to a diverse group of participants, with special outreach to underserved communities.

(2) Collaborate with the local consumer or family-run organizations identified in paragraph (1) to jointly conduct training about the Self-Determination Program. The regional center shall consult with the local volunteer advisory committee established pursuant to paragraph (1) of subdivision (x) in planning for the training, and the local volunteer advisory committee may designate members to represent the advisory committee at the training.

(u) The financial management services provider shall provide the participant and the regional center service coordinator with a monthly individual budget statement that describes the amount of funds allocated by budget category, the amount spent in the previous 30-day period, and the amount of funding that remains available under the participant's individual budget.

(v) Only the financial management services provider is required to apply for vendorization in accordance with Subchapter 2 (commencing with Section 54300) of Chapter 3 of Division 2 of Title 17 of the California Code of Regulations for the Self-Determination Program. All other service and support providers shall not be on the federal debarment list and shall have applicable state licenses, certifications, or other state required documentation, including documentation of any other qualifications required by the department, but are exempt from the vendorization requirements set forth in Title 17 of the California Code of Regulations when serving participants in the Self-Determination Program.

(w) To protect the health and safety of participants in the Self-Determination Program, the department shall require a criminal background check in accordance with all of the following:

(1) The department shall issue a program directive that identifies nonvendored providers of services and supports who shall obtain a criminal background check pursuant to this subdivision. At a minimum, these staff shall include both of the following:

(A) Individuals who provide direct personal care services to a participant.

(B) Other nonvendored providers of services and supports for whom a criminal background check is requested by a participant or the participant's financial management service.

(2) Subject to the procedures and requirements of this subdivision, the department shall administer criminal background checks consistent with the department's authority and the process described in Sections 4689.2 to 4689.6, inclusive.

(3) The department shall electronically submit to the Department of Justice fingerprint images and related information required by the Department of Justice of nonvendored providers of services and supports, as specified in paragraph (1), for purposes of obtaining information as to the existence and content of a record of state or federal convictions and state or federal arrests and also information as to the existence and content of a record of state or federal arrests for which the Department

of Justice establishes that the person is free on bail or on his or her recognizance pending trial or appeal.

(4) When received, the Department of Justice shall forward to the Federal Bureau of Investigation requests for federal summary criminal history information received pursuant to this section. The Department of Justice shall review the information returned from the Federal Bureau of Investigation and compile and disseminate a response to the department.

(5) The Department of Justice shall provide a state or federal response to the department pursuant to paragraph (1) of subdivision (p) of Section 11105 of the Penal Code.

(6) The department shall request from the Department of Justice subsequent notification service, as provided pursuant to Section 11105.2 of the Penal Code, for persons described in paragraph (1).

(7) The Department of Justice shall charge a fee sufficient to cover the cost of processing the request described in this subdivision.

(8) The fingerprints of any provider of services and supports who is required to obtain a criminal background check shall be submitted to the Department of Justice prior to employment. The costs of the fingerprints and the financial management service's administrative cost authorized by the department shall be paid by the services and supports provider or his or her employing agency. Any administrative costs incurred by the department pursuant to this subdivision shall be offset by the funds specified in subdivision (g).

(9) If the criminal record information report shows a criminal history, the department shall take the steps specified in Section 4689.2. The department may prohibit a provider of services and supports from becoming employed, or continuing to be employed, based on the criminal background check, as authorized in Section 4689.6. The provider of services and supports who has been denied employment shall have the rights set forth in Section 4689.6.

(10) The department may utilize a current department-issued criminal record clearance to enable a provider to serve more than one participant, as long as the criminal record clearance has been processed through the department and no subsequent arrest notifications have been received relative to the cleared applicant.

(11) Consistent with subdivision (h) of Section 4689.2, the participant or financial management service that denies or terminates employment based on written notification from the department shall not incur civil liability or unemployment insurance liability.

(x) To ensure the effective implementation of the Self-Determination Program and facilitate the sharing of best practices and training materials commencing with the implementation of the Self-Determination Program, local and statewide advisory committees shall be established as follows:

(1) Each regional center shall establish a local volunteer advisory committee to provide oversight of the Self-Determination Program. The regional center and the State Council on Developmental Disabilities shall each appoint one-half of the membership of the committee. The committee shall consist of the regional center clients' rights advocate, consumers, family members, and other advocates, and

community leaders. A majority of the committee shall be consumers and their family members. The committee shall reflect the multicultural diversity and geographic profile of the catchment area. The committee shall review the development and ongoing progress of the Self-Determination Program, including whether the program advances the principles of self-determination and is operating consistent with the requirements of this section, and may make ongoing recommendations for improvement to the regional center and the department.

(2) The State Council on Developmental Disabilities shall form a volunteer committee, to be known as the Statewide Self-Determination Advisory Committee, comprised of the chairs of the 21 local advisory committees or their designees. The council shall convene the Statewide Self-Determination Advisory Committee twice annually, or more frequently in the sole discretion of the council. The Statewide Self-Determination Advisory Committee shall meet by teleconference or other means established by the council to identify self-determination best practices, effective consumer and family training materials, implementation concerns, systemic issues, ways to enhance the program, and recommendations regarding the most effective method for participants to learn of individuals who are available to provide services and supports. The council shall synthesize information received from the Statewide Self-Determination Advisory Committee, local advisory committees, and other sources, share the information with consumers, families, regional centers, and the department, and make recommendations, as appropriate, to increase the program's effectiveness in furthering the principles of self-determination.

(y) Commencing January 10, 2017, the department shall annually provide the following information to the appropriate policy and fiscal committees of the Legislature:

(1) Number and characteristics of participants, by regional center, including the number of participants who entered the program upon movement from a developmental center.

(2) Types and amount of services and supports purchased under the Self-Determination Program, by regional center.

(3) Range and average of individual budgets, by regional center, including adjustments to the budget to address the adjustments permitted in clause (ii) of subparagraph (A) of paragraph (1) of subdivision (n).

(4) The number and outcome of appeals concerning individual budgets, by regional center.

(5) The number and outcome of fair hearing appeals, by regional center.

(6) The number of participants who voluntarily withdraw from the Self-Determination Program and a summary of the reasons why, by regional center.

(7) The number of participants who are subsequently determined to no longer be eligible for the Self-Determination Program and a summary of the reasons why, by regional center.

(z) (1) The State Council on Developmental Disabilities, in collaboration with the protection and advocacy agency identified in Section 4900 and the federally funded University Centers for Excellence in Developmental Disabilities Education, Research,

and Service, may work with regional centers to survey participants regarding participant satisfaction under the Self-Determination Program and, when data is available, the traditional service delivery system, including the proportion of participants who report that their choices and decisions are respected and supported and who report that they are able to recruit and hire qualified service providers, and to identify barriers to participation and recommendations for improvement.

(2) The council, in collaboration with the protection and advocacy agency identified in Section 4900 and the federally funded University Centers for Excellence in Developmental Disabilities Education, Research, and Service, shall issue a report to the Legislature, in compliance with Section 9795 of the Government Code, no later than three years following the approval of the federal funding on the status of the Self-Determination Program authorized by this section, and provide recommendations to enhance the effectiveness of the program. This review shall include the program's effectiveness in furthering the principles of self-determination, including all of the following:

(A) Freedom, which includes the ability of adults with developmental disabilities to exercise the same rights as all citizens to establish, with freely chosen supporters, family and friends, where they want to live, with whom they want to live, how their time will be occupied, and who supports them; and for families to have the freedom to receive unbiased assistance of their own choosing when developing a plan and to select all personnel and supports to further the life goals of a minor child.

(B) Authority, which includes the ability of a person with a disability, or family, to control a certain sum of dollars in order to purchase services and supports of their choosing.

(C) Support, which includes the ability to arrange resources and personnel, both formal and informal, that will assist a person with a disability to live a life in his or her community that is rich in community participation and contributions.

(D) Responsibility, which includes the ability of participants to take responsibility for decisions in their own lives and to be accountable for the use of public dollars, and to accept a valued role in their community through, for example, competitive employment, organizational affiliations, spiritual development, and general caring of others in their community.

(E) Confirmation, which includes confirmation of the critical role of participants and their families in making decisions in their own lives and designing and operating the system that they rely on.

(Amended by Stats. 2018, Ch. 50, Sec. 3. (SB 853) Effective June 27, 2018.)

ROLE OF FACILITATOR & STATUTE

Roles and Responsibilities of an Independent Facilitator In California's Self-Determination Program

A participant may choose to hire an Independent Facilitator to assist them with their participation in California's Self-Determination Program. As defined by the self-determination law, an Independent Facilitator means:

> *A person, selected and directed by the participant, who is not otherwise providing services to the participant pursuant to his or her IPP and is not employed by a person providing services to the participant.*

The independent facilitator may assist the participant in making informed decisions about the individual budget, and in locating, accessing, and coordinating services and supports consistent with the participant's IPP. He or she is available to assist in identifying immediate and long-term needs, developing options to meet those needs, leading, participating, or advocating on behalf of the participant in the person-centered planning process and development of the IPP, and obtaining identified services and supports.

The cost of the independent facilitator, if any, shall be paid by the participant out of his or her individual budget. An independent facilitator shall receive training in the principles of self-determination, the person-centered planning process, and the other responsibilities described in this paragraph at his or her own cost.

The Independent Facilitator can do some or all of the following:

- Provide guidance, resource information, and support
- Assist in defining support needs and life dreams
- Assist with locating and developing innovative resources
- Support with advocacy and advice
- Develop and coordinate Person-Centered Planning meetings including scheduling meeting, writing plan, and developing the individual budget
- Assist the participant with implementation of the plan including negotiating prices, developing and issuing contracts and agreements
- Assist to find supports to meet the changing needs of the participant
- Maintain regular face-to-face or telephone contact with participant, if desired by participant
- Assist the participant with mediating any issues
- Provide intervention in complex and high risk situations
- Maintain confidentiality and secures signed releases
- Ensure public funds are used appropriately
- Maintain a working relationship emphasizing quality, collaboration, and partnership
- Facilitate emergency intervention plans as needed

From material developed by Russell Rankin, Kern Regional Center Self Determination Pilot Project Liaison and language from California's 2013 self-determination law

Autism Society of Los Angeles, November 2014

State of California

WELFARE AND INSTITUTIONS CODE

Section 4685.8

4685.8. (a) The department shall implement a statewide Self-Determination Program. The Self-Determination Program shall be available in every regional center catchment area to provide participants and their families, within an individual budget, increased flexibility and choice, and greater control over decisions, resources, and needed and desired services and supports to implement their IPP. The statewide Self-Determination Program shall be phased in over three years, and during this phase-in period, shall serve up to 2,500 regional center consumers, inclusive of the remaining participants in the self-determination pilot projects authorized pursuant to Section 13 of Chapter 1043 of the Statutes of 1998, as amended, and Article 4 (commencing with Section 4669.2) of Chapter 5. Following the phase-in period, the program shall be available on a voluntary basis to all regional center consumers, including residents in developmental centers who are moving to the community, who are eligible for the Self-Determination Program. The program shall be available to individuals who reflect the disability, ethnic, and geographic diversity of the state. The Department of Finance may approve, upon a request from the department and no sooner than 30 days following notification to the Joint Legislative Budget Committee, an increase to the number of consumers served by the Self-Determination Program before the end of the three-year phase-in period.

(b) The department, in establishing the statewide program, shall do both of the following:

(1) For the first three years of the Self-Determination Program, determine, as part of the contracting process described in Sections 4620 and 4629, the number of participants each regional center shall serve in its Self-Determination Program. To ensure that the program is available on an equitable basis to participants in all regional center catchment areas, the number of Self-Determination Program participants in each regional center shall be based on the relative percentage of total consumers served by the regional centers minus any remaining participants in the self-determination pilot projects authorized pursuant to Section 13 of Chapter 1043 of the Statutes of 1998, as amended, and Article 4 (commencing with Section 4669.2) of Chapter 5 or another equitable basis.

(2) Ensure all of the following:

(A) Oversight of expenditure of self-determined funds and the achievement of participant outcomes over time.

(B) Increased participant control over which services and supports best meet his or her needs and the IPP objectives. A participant's unique support system may include the purchase of existing service offerings from service providers or local businesses,

hiring his or her own support workers, or negotiating unique service arrangements with local community resources.

(C) Comprehensive person-centered planning, including an individual budget and services that are outcome based.

(D) Consumer and family training to ensure understanding of the principles of self-determination, the planning process, and the management of budgets, services, and staff.

(E) Choice of independent facilitators who can assist with the person-centered planning process and choice of financial management services providers vendored by regional centers who can assist with payments and provide employee-related services.

(F) Innovation that will more effectively allow participants to achieve their goals.

(c) For purposes of this section, the following definitions apply:

(1) "Financial management services" means services or functions that assist the participant to manage and direct the distribution of funds contained in the individual budget, and ensure that the participant has the financial resources to implement his or her IPP throughout the year. These may include bill paying services and activities that facilitate the employment of service and support workers by the participant, including, but not limited to, fiscal accounting, tax withholding, compliance with relevant state and federal employment laws, assisting the participant in verifying provider qualifications, including criminal background checks, and expenditure reports. The financial management services provider shall meet the requirements of Sections 58884, 58886, and 58887 of Title 17 of the California Code of Regulations and other specific qualifications established by the department. The costs of financial management services shall be paid by the participant out of his or her individual budget, except for the cost of obtaining the criminal background check specified in subdivision (w).

(2) "Independent facilitator" means a person, selected and directed by the participant, who is not otherwise providing services to the participant pursuant to his or her IPP and is not employed by a person providing services to the participant. The independent facilitator may assist the participant in making informed decisions about the individual budget, and in locating, accessing, and coordinating services and supports consistent with the participant's IPP. He or she is available to assist in identifying immediate and long-term needs, developing options to meet those needs, leading, participating, or advocating on behalf of the participant in the person-centered planning process and development of the IPP, and obtaining identified services and supports. The cost of the independent facilitator, if any, shall be paid by the participant out of his or her individual budget. An independent facilitator shall receive training in the principles of self-determination, the person-centered planning process, and the other responsibilities described in this paragraph at his or her own cost.

(3) "Individual budget" means the amount of regional center purchase of service funding available to the participant for the purchase of services and supports necessary to implement the IPP. The individual budget shall be determined using a fair, equitable, and transparent methodology.

(4) "IPP" means individual program plan, as described in Section 4646.

(5) "Participant" means an individual, and when appropriate, his or her parents, legal guardian or conservator, or authorized representative, who has been deemed eligible for, and has voluntarily agreed to participate in, the Self-Determination Program.

(6) "Self-determination" means a voluntary delivery system consisting of a defined and comprehensive mix of services and supports, selected and directed by a participant through person-centered planning, in order to meet the objectives in his or her IPP. Self-determination services and supports are designed to assist the participant to achieve personally defined outcomes in community settings that promote inclusion. The Self-Determination Program shall only fund services and supports provided pursuant to this division that the federal Centers for Medicare and Medicaid Services determines are eligible for federal financial participation.

(d) Participation in the Self-Determination Program is fully voluntary. A participant may choose to participate in, and may choose to leave, the Self-Determination Program at any time. A regional center shall not require or prohibit participation in the Self-Determination Program as a condition of eligibility for, or the delivery of, services and supports otherwise available under this division. Participation in the Self-Determination Program shall be available to any regional center consumer who meets the following eligibility requirements:

(1) The participant has a developmental disability, as defined in Section 4512, and is receiving services pursuant to this division.

(2) The consumer does not live in a licensed long-term health care facility, as defined in paragraph (44) of subdivision (a) of Section 54302 of Title 17 of the California Code of Regulations. An individual, and when appropriate his or her parent, legal guardian or conservator, or authorized representative, who is not eligible to participate in the Self-Determination Program pursuant to this paragraph may request that the regional center provide person-centered planning services in order to make arrangements for transition to the Self-Determination Program, provided that he or she is reasonably expected to transition to the community within 90 days. In that case, the regional center shall initiate person-centered planning services within 60 days of that request.

(3) The participant agrees to all of the following terms and conditions:

(A) The participant shall receive an orientation to the Self-Determination Program prior to enrollment, which includes the principles of self-determination, the role of the independent facilitator and the financial management services provider, person-centered planning, and development of a budget.

(B) The participant shall utilize the services and supports available within the Self-Determination Program only when generic services and supports are not available.

(C) The participant shall only purchase services and supports necessary to implement his or her IPP and shall comply with any and all other terms and conditions for participation in the Self-Determination Program described in this section.

(D) The participant shall manage Self-Determination Program services and supports within his or her individual budget.

(E) The participant shall utilize the services of a financial management services provider of his or her own choosing and who is vendored by a regional center.

(F) The participant may utilize the services of an independent facilitator of his or her own choosing for the purpose of providing services and functions as described in paragraph (2) of subdivision (c). If the participant elects not to use an independent facilitator, he or she may use his or her regional center service coordinator to provide the services and functions described in paragraph (2) of subdivision (c).

(e) A participant who is not Medi-Cal eligible may participate in the Self-Determination Program and receive self-determination services and supports if all other program eligibility requirements are met and the services and supports are otherwise eligible for federal financial participation.

(f) An individual receiving services and supports under a self-determination pilot project authorized pursuant to Section 13 of Chapter 1043 of the Statutes of 1998, as amended, or pursuant to Article 4 (commencing with Section 4669.2) of Chapter 5, may elect to continue to receive self-determination services and supports pursuant to this section or the regional center shall provide for the participant's transition from the self-determination pilot program to other services and supports. This transition shall include the development of a new IPP that reflects the services and supports necessary to meet the individual's needs. The regional center shall ensure that there is no gap in services and supports during the transition period.

(g) The additional federal financial participation funds generated by the former participants of the self-determination pilot projects authorized pursuant to Section 13 of Chapter 1043 of the Statutes of 1998, as amended, or pursuant to Article 4 (commencing with Section 4669.2) of Chapter 5, shall be used to maximize the ability of Self-Determination Program participants to direct their own lives and to ensure the department and regional centers successfully implement the program as follows:

(1) First, to offset the cost to the department for the criminal background check conducted pursuant to subdivision (w) and other administrative costs incurred by the department in implementing the Self-Determination Program.

(2) With the remaining funds, the department, in consultation with stakeholders, including a statewide self-determination advisory workgroup, shall prioritize the use of the funds to meet the needs of participants and to implement the program, including costs associated with all of the following:

(A) Independent facilitators to assist with a participant's initial person-centered planning meeting.

(B) Development of the participant's initial individual budget.

(C) Joint training of consumers, family members, regional center staff, and members of the local volunteer advisory committee established pursuant to paragraph (1) of subdivision (x).

(D) Regional center operations for caseload ratio enhancement.

(E) To offset the costs to the regional centers in implementing the Self-Determination Program.

(h) If at any time during participation in the Self-Determination Program a regional center determines that a participant is no longer eligible to continue in, or a participant

voluntarily chooses to exit, the Self-Determination Program, the regional center shall provide for the participant's transition from the Self-Determination Program to other services and supports. This transition shall include the development of a new IPP that reflects the services and supports necessary to meet the individual's needs. The regional center shall ensure that there is no gap in services and supports during the transition period.

(i) An individual determined to be ineligible for or who voluntarily exits the Self-Determination Program shall be permitted to return to the Self-Determination Program upon meeting all applicable eligibility criteria and upon approval of the participant's planning team, as described in subdivision (j) of Section 4512. An individual who has voluntarily exited the Self-Determination Program shall not return to the program for at least 12 months. During the first three years of the program, the individual's right to return to the program is conditioned on his or her regional center not having reached the participant cap imposed by paragraph (1) of subdivision (b).

(j) An individual who participates in the Self-Determination Program may elect to continue to receive self-determination services and supports if he or she transfers to another regional center catchment area, provided that he or she remains eligible for the Self-Determination Program pursuant to subdivision (d). The balance of the participant's individual budget shall be reallocated to the regional center to which he or she transfers.

(k) The IPP team shall utilize the person-centered planning process to develop the IPP for a participant. The IPP shall detail the goals and objectives of the participant that are to be met through the purchase of participant-selected services and supports. The IPP team shall determine the individual budget to ensure the budget assists the participant to achieve the outcomes set forth in his or her IPP and ensures his or her health and safety. The completed individual budget shall be attached to the IPP.

(*l*) The participant shall implement his or her IPP, including choosing and purchasing the services and supports allowable under this section necessary to implement the plan. A participant is exempt from the cost control restrictions regarding the purchases of services and supports pursuant to Section 4648.5. A regional center shall not prohibit the purchase of any service or support that is otherwise allowable under this section.

(m) A participant shall have all the rights established in Sections 4646 to 4646.6, inclusive, and Chapter 7 (commencing with Section 4700).

(n) (1) Except as provided in paragraph (4), the IPP team shall determine the initial and any revised individual budget for the participant using the following methodology:

(A) (i) Except as specified in clause (ii), for a participant who is a current consumer of the regional center, his or her individual budget shall be the total amount of the most recently available 12 months of purchase of service expenditures for the participant.

(ii) An adjustment may be made to the amount specified in clause (i) if both of the following occur:

(I) The IPP team determines that an adjustment to this amount is necessary due to a change in the participant's circumstances, needs, or resources that would result in

an increase or decrease in purchase of service expenditures, or the IPP team identifies prior needs or resources that were unaddressed in the IPP, which would have resulted in an increase or decrease in purchase of service expenditures.

(II) The regional center certifies on the individual budget document that regional center expenditures for the individual budget, including any adjustment, would have occurred regardless of the individual's participation in the Self-Determination Program.

(iii) For purposes of clauses (i) and (ii), the amount of the individual budget shall not be increased to cover the cost of the independent facilitator or the financial management services.

(B) For a participant who is either newly eligible for regional center services or who does not have 12 months of purchase service expenditures, his or her individual budget shall be calculated as follows:

(i) The IPP team shall identify the services and supports needed by the participant and available resources, as required by Section 4646.

(ii) The regional center shall calculate the cost of providing the services and supports to be purchased by the regional center by using the average cost paid by the regional center for each service or support unless the regional center determines that the consumer has a unique need that requires a higher or lower cost. The regional center shall certify on the individual budget document that this amount would have been expended using regional center purchase of service funds regardless of the individual's participation in the Self-Determination Program.

(iii) For purposes of clauses (i) and (ii), the amount of the individual budget shall not be increased to cover the cost of the independent facilitator or the financial management services.

(2) The amount of the individual budget shall be available to the participant each year for the purchase of program services and supports. An individual budget shall be calculated no more than once in a 12-month period, unless revised to reflect a change in circumstances, needs, or resources of the participant using the process specified in clause (ii) of subparagraph (A) of paragraph (1).

(3) The individual budget shall be assigned to uniform budget categories developed by the department in consultation with stakeholders and distributed according to the timing of the anticipated expenditures in the IPP and in a manner that ensures that the participant has the financial resources to implement his or her IPP throughout the year.

(4) The department, in consultation with stakeholders, may develop alternative methodologies for individual budgets that are computed in a fair, transparent, and equitable manner and are based on consumer characteristics and needs, and that include a method for adjusting individual budgets to address a participant's change in circumstances or needs.

(o) Annually, participants may transfer up to 10 percent of the funds originally distributed to any budget category set forth in paragraph (3) of subdivision (n) to another budget category or categories. Transfers in excess of 10 percent of the original amount allocated to any budget category may be made upon the approval of the regional center or the participant's IPP team.

(p) Consistent with the implementation date of the IPP, the IPP team shall annually ascertain from the participant whether there are any circumstances or needs that require a change to the annual individual budget. Based on that review, the IPP team shall calculate a new individual budget consistent with the methodology identified in subdivision (n).

(q) (1) On or before December 31, 2014, the department shall apply for federal Medicaid funding for the Self-Determination Program by doing one or more of the following:

(A) Applying for a state plan amendment.

(B) Applying for an amendment to a current home- and community-based waiver for individuals with developmental disabilities.

(C) Applying for a new waiver.

(D) Seeking to maximize federal financial participation through other means.

(2) To the extent feasible, the state plan amendment, waiver, or other federal request described in paragraph (1) shall incorporate the eligibility requirements, benefits, and operational requirements set forth in this section. Except for the provisions of subdivisions (k), (m), (p), and this subdivision, the department may modify eligibility requirements, benefits, and operational requirements as needed to secure approval of federal funding.

(3) Contingent upon approval of federal funding, the Self-Determination Program shall be established.

(r) (1) The department, as it determines necessary, may adopt regulations to implement the procedures set forth in this section. Any regulations shall be adopted in accordance with the requirements of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code.

(2) Notwithstanding paragraph (1) and Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, and only to the extent that all necessary federal approvals are obtained, the department, without taking any further regulatory action, shall implement, interpret, or make specific this section by means of program directives or similar instructions until the time regulations are adopted. It is the intent of the Legislature that the department be allowed this temporary authority as necessary to implement program changes only until completion of the regulatory process.

(s) The department, in consultation with stakeholders, shall develop informational materials about the Self-Determination Program. The department shall ensure that regional centers are trained in the principles of self-determination, the mechanics of the Self-Determination Program, and the rights of consumers and families as candidates for, and participants in, the Self-Determination Program.

(t) Each regional center shall be responsible for implementing the Self-Determination Program as a term of its contract under Section 4629. As part of implementing the program, the regional center shall do both of the following:

(1) Contract with local consumer or family-run organizations and consult with the local volunteer advisory committee established pursuant to paragraph (1) of subdivision (x) to conduct outreach through local meetings or forums to consumers and their

families to provide information about the Self-Determination Program and to help ensure that the program is available to a diverse group of participants, with special outreach to underserved communities.

(2) Collaborate with the local consumer or family-run organizations identified in paragraph (1) to jointly conduct training about the Self-Determination Program. The regional center shall consult with the local volunteer advisory committee established pursuant to paragraph (1) of subdivision (x) in planning for the training, and the local volunteer advisory committee may designate members to represent the advisory committee at the training.

(u) The financial management services provider shall provide the participant and the regional center service coordinator with a monthly individual budget statement that describes the amount of funds allocated by budget category, the amount spent in the previous 30-day period, and the amount of funding that remains available under the participant's individual budget.

(v) Only the financial management services provider is required to apply for vendorization in accordance with Subchapter 2 (commencing with Section 54300) of Chapter 3 of Division 2 of Title 17 of the California Code of Regulations for the Self-Determination Program. All other service and support providers shall not be on the federal debarment list and shall have applicable state licenses, certifications, or other state required documentation, including documentation of any other qualifications required by the department, but are exempt from the vendorization requirements set forth in Title 17 of the California Code of Regulations when serving participants in the Self-Determination Program.

(w) To protect the health and safety of participants in the Self-Determination Program, the department shall require a criminal background check in accordance with all of the following:

(1) The department shall issue a program directive that identifies nonvendored providers of services and supports who shall obtain a criminal background check pursuant to this subdivision. At a minimum, these staff shall include both of the following:

(A) Individuals who provide direct personal care services to a participant.

(B) Other nonvendored providers of services and supports for whom a criminal background check is requested by a participant or the participant's financial management service.

(2) Subject to the procedures and requirements of this subdivision, the department shall administer criminal background checks consistent with the department's authority and the process described in Sections 4689.2 to 4689.6, inclusive.

(3) The department shall electronically submit to the Department of Justice fingerprint images and related information required by the Department of Justice of nonvendored providers of services and supports, as specified in paragraph (1), for purposes of obtaining information as to the existence and content of a record of state or federal convictions and state or federal arrests and also information as to the existence and content of a record of state or federal arrests for which the Department

of Justice establishes that the person is free on bail or on his or her recognizance pending trial or appeal.

(4) When received, the Department of Justice shall forward to the Federal Bureau of Investigation requests for federal summary criminal history information received pursuant to this section. The Department of Justice shall review the information returned from the Federal Bureau of Investigation and compile and disseminate a response to the department.

(5) The Department of Justice shall provide a state or federal response to the department pursuant to paragraph (1) of subdivision (p) of Section 11105 of the Penal Code.

(6) The department shall request from the Department of Justice subsequent notification service, as provided pursuant to Section 11105.2 of the Penal Code, for persons described in paragraph (1).

(7) The Department of Justice shall charge a fee sufficient to cover the cost of processing the request described in this subdivision.

(8) The fingerprints of any provider of services and supports who is required to obtain a criminal background check shall be submitted to the Department of Justice prior to employment. The costs of the fingerprints and the financial management service's administrative cost authorized by the department shall be paid by the services and supports provider or his or her employing agency. Any administrative costs incurred by the department pursuant to this subdivision shall be offset by the funds specified in subdivision (g).

(9) If the criminal record information report shows a criminal history, the department shall take the steps specified in Section 4689.2. The department may prohibit a provider of services and supports from becoming employed, or continuing to be employed, based on the criminal background check, as authorized in Section 4689.6. The provider of services and supports who has been denied employment shall have the rights set forth in Section 4689.6.

(10) The department may utilize a current department-issued criminal record clearance to enable a provider to serve more than one participant, as long as the criminal record clearance has been processed through the department and no subsequent arrest notifications have been received relative to the cleared applicant.

(11) Consistent with subdivision (h) of Section 4689.2, the participant or financial management service that denies or terminates employment based on written notification from the department shall not incur civil liability or unemployment insurance liability.

(x) To ensure the effective implementation of the Self-Determination Program and facilitate the sharing of best practices and training materials commencing with the implementation of the Self-Determination Program, local and statewide advisory committees shall be established as follows:

(1) Each regional center shall establish a local volunteer advisory committee to provide oversight of the Self-Determination Program. The regional center and the State Council on Developmental Disabilities shall each appoint one-half of the membership of the committee. The committee shall consist of the regional center clients' rights advocate, consumers, family members, and other advocates, and

community leaders. A majority of the committee shall be consumers and their family members. The committee shall reflect the multicultural diversity and geographic profile of the catchment area. The committee shall review the development and ongoing progress of the Self-Determination Program, including whether the program advances the principles of self-determination and is operating consistent with the requirements of this section, and may make ongoing recommendations for improvement to the regional center and the department.

(2) The State Council on Developmental Disabilities shall form a volunteer committee, to be known as the Statewide Self-Determination Advisory Committee, comprised of the chairs of the 21 local advisory committees or their designees. The council shall convene the Statewide Self-Determination Advisory Committee twice annually, or more frequently in the sole discretion of the council. The Statewide Self-Determination Advisory Committee shall meet by teleconference or other means established by the council to identify self-determination best practices, effective consumer and family training materials, implementation concerns, systemic issues, ways to enhance the program, and recommendations regarding the most effective method for participants to learn of individuals who are available to provide services and supports. The council shall synthesize information received from the Statewide Self-Determination Advisory Committee, local advisory committees, and other sources, share the information with consumers, families, regional centers, and the department, and make recommendations, as appropriate, to increase the program's effectiveness in furthering the principles of self-determination.

(y) Commencing January 10, 2017, the department shall annually provide the following information to the appropriate policy and fiscal committees of the Legislature:

(1) Number and characteristics of participants, by regional center, including the number of participants who entered the program upon movement from a developmental center.

(2) Types and amount of services and supports purchased under the Self-Determination Program, by regional center.

(3) Range and average of individual budgets, by regional center, including adjustments to the budget to address the adjustments permitted in clause (ii) of subparagraph (A) of paragraph (1) of subdivision (n).

(4) The number and outcome of appeals concerning individual budgets, by regional center.

(5) The number and outcome of fair hearing appeals, by regional center.

(6) The number of participants who voluntarily withdraw from the Self-Determination Program and a summary of the reasons why, by regional center.

(7) The number of participants who are subsequently determined to no longer be eligible for the Self-Determination Program and a summary of the reasons why, by regional center.

(z) (1) The State Council on Developmental Disabilities, in collaboration with the protection and advocacy agency identified in Section 4900 and the federally funded University Centers for Excellence in Developmental Disabilities Education, Research,

and Service, may work with regional centers to survey participants regarding participant satisfaction under the Self-Determination Program and, when data is available, the traditional service delivery system, including the proportion of participants who report that their choices and decisions are respected and supported and who report that they are able to recruit and hire qualified service providers, and to identify barriers to participation and recommendations for improvement.

(2) The council, in collaboration with the protection and advocacy agency identified in Section 4900 and the federally funded University Centers for Excellence in Developmental Disabilities Education, Research, and Service, shall issue a report to the Legislature, in compliance with Section 9795 of the Government Code, no later than three years following the approval of the federal funding on the status of the Self-Determination Program authorized by this section, and provide recommendations to enhance the effectiveness of the program. This review shall include the program's effectiveness in furthering the principles of self-determination, including all of the following:

(A) Freedom, which includes the ability of adults with developmental disabilities to exercise the same rights as all citizens to establish, with freely chosen supporters, family and friends, where they want to live, with whom they want to live, how their time will be occupied, and who supports them; and for families to have the freedom to receive unbiased assistance of their own choosing when developing a plan and to select all personnel and supports to further the life goals of a minor child.

(B) Authority, which includes the ability of a person with a disability, or family, to control a certain sum of dollars in order to purchase services and supports of their choosing.

(C) Support, which includes the ability to arrange resources and personnel, both formal and informal, that will assist a person with a disability to live a life in his or her community that is rich in community participation and contributions.

(D) Responsibility, which includes the ability of participants to take responsibility for decisions in their own lives and to be accountable for the use of public dollars, and to accept a valued role in their community through, for example, competitive employment, organizational affiliations, spiritual development, and general caring of others in their community.

(E) Confirmation, which includes confirmation of the critical role of participants and their families in making decisions in their own lives and designing and operating the system that they rely on.

(Amended by Stats. 2018, Ch. 50, Sec. 3. (SB 853) Effective June 27, 2018.)

RELEASE OF INFORMATION FORMS

Authorization for Release of Information

Re: _____

DOB: _____

This is to inform you that I am authorizing ~INDIVIDUAL/AGENCY and his/her staff to provide access to and copies of all documents contained in my son/daughter's file to ~, Facilitator. ~INDIVIDUAL/AGENCY and his/her staff are also authorized to discuss my son's/daughter's services and case with ~NAME OF FACILITATOR'S COMPANY. ~NAME OF FACILITATOR'S COMPANY's staff are also authorized to provide information about my son/daughter and me to ~INDIVIDUAL/AGENCY and his/her staff.

This consent is valid for one year from the date signed unless I revoke it in it in writing prior to that date.

_____ _____

Signature Date

Autorización para Proveer Información

Re: ~

Fecha de nacimiento: ~

Este es para informarle a usted que yo estoy autorizando a ~INDIVIDUO/AGENCIA y sus empleados para proveer acceso y copias de todos documentos contenidos en el archivo de mi hija/o a ~, Facilitador. ~INDIVIDUO/AGENCIA están autorizando también para hablar de los servicios y el caso de mi hija/o con ~NOMBRE DE COMPANIA DE FACILITADOR. ~NOMBRE DE COMPANIA DE FACILITADOR están autorizando también para proveer información acerca mi hija/o y yo a ~INDIVIDUO/AGENCIA y sus empleados.

Este consentimiento es válido por un año de la fecha firmado al menos que yo lo remueva por escrito antes de esa fecha.

_____ _____

Firma Fecha

STATE COUNCIL ON DEVELOPMENTAL DISABILITIES

TRAINING FOR FACILITATORS IN SELF-DETERMINATION

ENTRENAMIENTO PARA FACILITADORES EN AUTO-DETERMINACIÓN

SCDD Los Angeles Office
411 N. Central Avenue,
Suite 620
Glendale, CA 91203
818/543-4631

Christofer Arroyo, Manager
Sofia Cervantes, Advocate
Julie Eby-McKenzie, Advocate

Friday, January 11, 2019
Co-Sponsored by Family Focus Resource Center

STATE COUNCIL ON DEVELOPMENTAL DISABILITIES

OVERVIEW OF SELF-DETERMINATION

RESUMEN DE AUTO-DETERMINACIÓN

SCDD Los Angeles Office
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Friday, January 11, 2019
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Acronyms Used
Acrónimos Usados

- **CMS** = Centers for Medicare and Medicaid Services
- **DDS** = CA Dept. of Developmental Services
- **FH** = Fair Hearings
- **FMS** = Financial Management Service

- **CMS** = Centros de Servicios de Medicare y Medicaid
- **DDS** = Departamento de Servicios del Desarrollo de California
- **FH** = Audiencia Justa
- **FMS** = Servicio de Administración Financiera

Acronyms Used
Acrónimos Usados

- **LEA** = Local Educational Agency
- **OPS** = Operations
- **PCP** = Person-Centered Planning
- **POS** = Purchase of Services
- **RC** = Regional Center

- **LEA** = Agencia Local Educacional
- **OPS** = Operaciones
- **PCP** = Plan Centrado en la Persona
- **POS** = Compra de Servicios
- **RC** = Centro Regional

Acronyms Used
Acrónimos Usados

- **SCDD** = State Council on Developmental Disabilities
- **SD** = Self-Determination
- **SDAC** = Self-Determination Advisory Committees
- **WIC** = Welfare & Institutions Code

- **SCDD** = Consejo Estatal de Discapacidades del Desarrollo
- **SD** = Auto-Determinación
- **SDAC** = Comité de Asesoría de Auto-Determinación
- **WIC** = Código de Bienestar e Instituciones

What We Will Cover
Lo que Cubriremos

- Self-Determination
  - What it is, how it works, roles, and related issues
- Role of the Self-Determination Advisory Committees, Statewide SDAC, DDS SD Workgroup
- Current and emerging issues

- Auto-Determinación
  - Que es, como trabaja, roles, y otros temas relacionados
- Role del Comité de Asesoría de Auto-Determinación (SDAC), el SDAC Estatal, el grupo de trabajo de DDS de Auto-Determinación
- Temas actuales y emergentes

What Is Self-Determination?
¿Que es Auto-Determinación?

- Paradigm shift
- Huge change in the law
- New option
  - Voluntary
- Typical RC services vs. SD services
- Handout
- http://www.dds.ca.gov/SDP/

- Cambio de paradigma
- Gran cambio en la ley
- Nueva opción
  - Voluntaria
- Servicios de RC servicios vs. SD servicios
- Un folleto
- http://www.dds.ca.gov/SDP/

Typical RC Services
Servicios Típicos de RC

Self-Determination Services
Servicios de Auto-Determinación

Principles of Self-Determination
Principios de Auto-Determinación

- Support
- Confirmation
- Authority
- Responsibility
- Freedom

- Confirmación
- Libertad
- Autoridad
- Responsabilidad
- Apoyo



Eligibility
Elegibilidad

- Have a RC case under the Lanterman Act
- Live at home or in community
  - Not eligible if you live in some kind of long term care facilities, unless you are in the process of moving into the community

- Tener un caso con el RC bajo la Ley Lanterman
- Vivir en casa o en la comunidad
  - No es elegible si vive en algún tipo de centro de cuidado de largo plazo, a menos que este en proceso para mudarse a la comunidad

Eligibility
Elegibilidad

- Be willing to receive training and comply with the program's rules

- Estar dispuesto a recibir entrenamiento para cumplir con las reglas del programa

The Budget
El Presupuesto

- The amount of the Individual Budget (IB) is based on how much was spent on the client over the last 12 months
  - Annual statement of POS
- La cantidad del Presupuesto Individual (IB) se basa en cuanto se uso en el cliente los pasados 12 meses
  - Declaración Anual de POS

The Budget
El Presupuesto

- May be adjusted for various reasons (to be covered in detail shortly)
- Puede ser ajustado por varias razones (pronto se cubrirá este tema en más detalle)

The Budget
El Presupuesto

- With the help of people your client trusts, develop a PCP and budget that reflects your client's vision in the different areas of their life and set goals
- Con la ayuda de las personas en las que su cliente confía, desarrolle un PCP y un presupuesto que refleje la visión de su cliente en las diferentes áreas de su vida y establezca metas.

The Budget
El Presupuesto

- Your client decides how it's spent; designate "chunks" of money for service categories — prioritize!
- Can move 10% from one category to another

- Su cliente decide como se usa; designe "cantidades" de dinero para las categorías de servicios— priorizar!
- Puede mover 10% de una categoría a otra

The Budget
El Presupuesto

- New to the system, no previous 12 month history
- Cannot purchase generic services…but why would you want to?
- Budget pays for facilitator
  - FMS?

- Nuevo en el sistema, sin historial de 12 meses anteriores
- No puede comprar servicios genéricos … pero ¿por qué querrías?
- El presupuesto paga por el facilitador
  - FMS?

The Budget
El Presupuesto

- Re-determined each year, going up or down depending on changing needs; advocacy strategies (DRC Handout)
  - The strategies feed back in to the planning process

- Re-determinado cada año, subiendo o bajando según las necesidades cambiantes; estrategias para abogar (folleto de la DRC)
  - Las estrategias retroalimentan el proceso de planificación

The Budget
El Presupuesto

- Changing circumstances
- Unaddressed or unmet needs
  - Underutilized needs

- Circunstancias cambiantes
- Necesidades no atendidas o insatisfechas
  - Necesidades subutilizadas

The Budget
El Presupuesto

- "The RC certifies on the individual budget document that RC expenditures for the individual budget, including any adjustment, would have occurred regardless of the individual's participation in the Self-Determination Program."

- "El RC certifica en el documento de presupuesto individual que los gastos de RC para el presupuesto individual, incluyendo cualquier ajuste, se hubieran producido independientemente de la participación del individuo en el Programa de Auto-determinación ".

The Budget
El Presupuesto

- Here is an example using Independent Living Services to show how you can get more bang for your buck with self-determination

- Aquí hay un ejemplo que utiliza los Servicios de Vida Independiente (ILS) para mostrar cómo puede obtener más por su dinero con la Auto-determinación.

Helping Participants Get More Bang for Their Buck
Ayudando a los Participantes a Recibir Mas Por su Dinero

- Traditional Services – ILS

According to the Department of Developmental Services (DDS), the rate for 1:1 Independent Living Services is currently **$31.62** per hour. Let's say the consumer uses 15 hours of ILS for the month totaling **$474.30**. The Regional Center pays the ILS Agency $474.30. The ILS Agency pays the direct support person **$10.00** per hour which means the support person was paid **$150.00** that month.

- Servicios Tradicionales– ILS

Según el Departamento de Servicios del Desarrollo (DDS), la tarifa para los Servicios de Vida Independiente (ILS) 1:1 es actualmente de **$31.62** por hora. Digamos que el consumidor usa 15 horas de ILS para el mes que totaliza **$474.30**. El Centro Regional le paga a la Agencia de ILS **$474.30**. La Agencia de ILS le paga a la persona de apoyo directo **$10.00** por hora, lo que significa que la persona de apoyo recibió el pago de **$150.00** ese mes.

Helping Participants Get More Bang for Their Buck
Ayudando a los Participantes a Recibir Mas Por su Dinero

Traditional Services – ILS | Servicios Tradicionales ILS

ILS Agency Gets:	$474.30	:La agencia de ILS Recibe
Staff Gets:	- $150.00	:El personal Recibe
	= $ 324.30	

So, what happened to the $324? It went to cover the ILS Agency's administrative costs, such as office rent, CEO salary, utilities, supplies, etc.

¿Así que, que paso con los $324? Se uso para cubrir los costos administrativos de la Agencia de ILS, como la renta, el salario del Ejecutivo, utilidades, suministros/materiales, etc.

Helping Participants Get More Bang for Their Buck
Ayudando a los Participantes a Recibir Mas Por su Dinero

- Self-determination – ILS

Because the participant does not have to pay the costs of maintaining an office, paying a CEO's salary, etc., she or he can use the entire **$474.30** for paying the support person.

- Auto-Determinación – ILS

Debido a que el participante no tiene que pagar los costos de mantener una oficina, pagar el salario de un ejecutivo, etc., él o ella puede usar los **$474.30** completos para pagar a la persona de apoyo.

Helping Participants Get More Bang for Their Buck SCDD
Ayudando a los Participantes a Recibir Mas Por su Dinero

- Self-determination – ILS (Cont.)

Let's say the participant wants to pay the support person **$15.00** per hour.

$15.00 X 15 hours = **$225.00**
$474.30 – $225.00 = **$249.30**

- Auto-Determinación – ILS (Cont.)

Digamos que el participante quiere pagar a la persona de apoyo **$15.00** por hora.

$15.00 X 15 hours = **$225.00**
$474.30 – $225.00 = **$249.30**

Helping Participants Get More Bang for Their Buck SCDD
Ayudando a los Participantes a Recibir Mas Por su Dinero

- Self-determination – ILS

Conclusion: the participant can pay the direct support person $15.00 per hour and still have **$249.30 left over**.

- Auto-Determinación – ILS (Cont.)

Conclusión: el participante puede pagar a la persona de apoyo directo $15.00 por hora y aún **le quedan $ 249.30.**

Helping Participants Get More Bang for Their Buck SCDD
Ayudando a los Participantes a Recibir Mas Por su Dinero

- Self-determination – ILS

So, what happens to the **$249.30**? It's up to the participant. But it could go to benefits, mileage, or other things that will help find and/or retain a skilled and dependable employee.

- Auto-Determinación – ILS (Cont.)

Entonces, ¿qué pasa con los **$249.30**? Depende del participante. Pero podría ir a beneficios, kilometraje u otras cosas que ayudarán a encontrar y / o retener a un empleado calificado y confiable.

The Process and the Players
El Proceso y Los Jugadores

- Person-Centered Planning (PCP)
- Your client, the person with a RC case
- RC
- Facilitator

- Planificación Centrada en la Persona (PCP)
- Tu cliente, la persona con un caso de RC
- RC
- Facilitador

The Process and the Players
El Proceso y Los Jugadores

- Fiscal manager – fiscal/employer agent or co-employer
- Criminal background checks, fingerprinting, etc. – paid by provider

- Administrador fiscal - agente fiscal / empleador o co-empleador
- Verificación de antecedentes penales, huellas dactilares, etc. – pagado por el proveedor

Timelines for Implementation
Plazos para la Implementacion

- The waiver was accepted by CMS June 5, 2018
  - Anyone may participate in the SD Program in June 2021
- Participants were selected by DDS on 10/1/18

- La renuncia fue aceptada por CMS el 5 de Junio del 2018
  - Cualquiera puede participar en el Programa de SD en Junio del 2021
- Los participantes fueron seleccionados por DDS en 10/1/18

Timelines for Implementation
Plazos para la Implementacion

- Orientation for participants: ???
- Soft roll out
  - 2500 participants during the three year phase-in period
  - How participants will be selected to replace those that decided to leave the program

- Orientación para participantes: ???
- Desplegué suave
  - 2500 participantes durante el período de incorporación de tres años
  - Cómo se seleccionará a los participantes para reemplazar a los que decidieron abandonar el programa

Is SD Right for Someone?
¿SD es Adecuado para Alguien?

- Ask these six questions:
  1. Does your client have a complicated life?
  2. Has your client had a lot of denials, fair hearings, and conflicts with RC?

- Haga estas seis preguntas:
  1. ¿Su cliente tiene una vida complicada?
  2. ¿Su cliente ha tenido muchas negaciones, audiencias imparciales y conflictos con RC?

Is SD Right for Someone?
¿SD es Adecuado para Alguien?

3. Has your client lost services due to changes in the Lanterman Act or budget cuts?
4. Does your client need or want unique services not typically available through RCs?

3. ¿Ha perdido su cliente servicios debido a cambios en la Ley Lanterman o recortes de presupuesto?
4. ¿Su cliente necesita o desea servicios únicos que normalmente no están disponibles a través de los RC?

Is SD Right for Someone?
¿SD es Adecuado para Alguien?

5. Does your client want to start a business, get good work training or get a good paying job?
6. Is your client ready to take on the responsibility, with or without help?

5. ¿Quiere su cliente iniciar un negocio, obtener una buena capacitación laboral o conseguir un trabajo con buen pago?
6. ¿Está su cliente listo para asumir la responsabilidad, con o sin ayuda?

A Historical Context
Un Contexto Histórico

- SD Pilot Programs
- How they worked compared to the current self-determination program
- Our experiences working with one RC
- Outcomes
  - http://tinyurl.com/juhvfzr

- Programas Pilotos de SD
- Cómo funcionaron en comparación con el programa de auto-determinación actual
- Nuestras experiencias trabajando con un RC
- Resultados
  - http://tinyurl.com/juhvfzr

Role of the SDAC
Role del SDAC

- Composition of the SDACs
- Objectives
  - To ensure the work is getting done, not to do the work

- Composición de los SDACs
- Objetivos
  - Para asegurar que el trabajo se está haciendo, no para hacer el trabajo

Role of the SDAC
Role del SDAC

- Statutory requirements [WIC §4685.8(x) and (x)(1)]
  - Provide oversight of the Self-Determination Program
- Requisitos Legales [WIC §4685.8(x) and (x)(1)]
  - Proveer supervisión del Programa de Auto-Determinación

Role of the SDAC
Role del SDAC

"The committee shall review the development and ongoing progress of the Self-Determination Program, including whether the program advances the principles of self-determination and is operating consistent with the requirements of this section, and may make ongoing recommendations for improvement to the regional center and the department."

- Open to the public

"El comité revisará el desarrollo y el progreso continuo del Programa de Auto-Determinación, incluyendo si el programa promueve los principios de autodeterminación y está funcionando de manera consistente con los requisitos de esta sección, y puede hacer recomendaciones continuas al centro regional y al departamento para mejoramientos."

- Abierto al público

Other Advisory Committees
Otros Comités de Asesoría

- SCDD's Statewide SDAC
  - Membership is the chair of each group or their designee
  - At least twice per year
- El SDAC Estatal de SCDD
  - La membresía es el presidente de cada grupo o su representante
  - Al menos dos veces al año.

Other Advisory Committees
Otros Comités de Asesoría

- "To identify self-determination best practices, effective consumer and family training materials, implementation concerns, systemic issues, ways to enhance the program, and

(Next page)

- "Para identificar las mejores prácticas de auto-determinación, los materiales efectivos de entrenamiento para el consumidor y la familia, los problemas de implementación, los problemas sistémicos, las formas de mejorar el programa y

(Siguiente página)

Other Advisory Committees
Otros Comités de Asesoría

- recommendations regarding the most effective method for participants to learn of individuals who are available to provide services and supports.

(Next page)

- recomendaciones sobre el método más efectivo para que los participantes aprendan de las personas que están disponibles para brindar servicios y apoyo.

(Siguiente página)

Other Advisory Committees
Otros Comités de Asesoría

The council shall synthesize information received from the Statewide Self-Determination Advisory Committee, local advisory committees, and other sources, shall share the information with consumers, families, regional centers, and

(Next page)

El consejo sintetizará la información recibida del Comité Asesor de Auto-Determinación Estatal, los comités consultivos locales y otras fuentes, compartirá la información con los consumidores, las familias, los centros regionales y

(Siguiente página)

Other Advisory Committees
Otros Comités de Asesoría

the department, and shall make recommendations, as appropriate, to increase the program's effectiveness in furthering the principles of self-determination"

- DDS' SD Workgroup

el departamento, y hará recomendaciones, según corresponda, para aumentar la eficacia del programa en la promoción de los principios de auto-determinación"

- Grupo de Trabajo de SD de DDS

STATE COUNCIL ON DEVELOPMENTAL DISABILITIES

QUESTIONS?
¿PREGUNTAS?

STATE COUNCIL ON DEVELOPMENTAL DISABILITIES

THE ROLE OF THE FACILITATOR IN SELF-DETERMINATION

EL ROL DEL FACILITADOR EN AUTO-DETERMINACIÓN

SCDD Los Angeles Office
411 N. Central Avenue,
Suite 620
Glendale, CA 91203
818/543-4631

Christofer Arroyo, Manager
Sofia Cervantes, Advocate
Julie Eby-McKenzie, Advocate

Friday, January 11, 2019
Co-Sponsored by Family Focus Resource Center

Role of the Facilitator
Rol del Facilitador

- Handout – **review the one pager**
- References in the law
  - WIC §4685.8(b)(2)(E)
  - WIC §4685.8(c)(2)
  - WIC §4685.8(d)(3)(A)
  - WIC §4685.8(d)(3)(F)
  - WIC §4685.8(n)(1)(A)(iii)
  - WIC §4685.8(n)(1)(B)(iii)

- Folleto – **revise la página**
- Referencias en la ley
  - WIC §4685.8(b)(2)(E)
  - WIC §4685.8(c)(2)
  - WIC §4685.8(d)(3)(A)
  - WIC §4685.8(d)(3)(F)
  - WIC §4685.8(n)(1)(A)(iii)
  - WIC §4685.8(n)(1)(B)(iii)

What Makes a Good Facilitator?*
¿Qué hace un buen facilitador ?*

- The facilitator can be described as a "skilled generalist" with strong personal qualities and a values system that recognizes the participant's inherent worth, uniqueness, and right to live the life they choose

*adapted from Brian Salisbury's materials on the role of service brokers/facilitators

- El facilitador puede ser descrito como un "generalista experto" con fuertes cualidades personales y un sistema de valores que reconoce el valor inherente del participante, la singularidad y el derecho a vivir la vida que elijan

* Adaptado de los materiales de Brian Salisbury sobre el papel de los intermediarios / facilitadores de servicios.

What Makes a Good Facilitator?*
¿Qué hace un buen facilitador ?*

- The facilitator must understand how the developmental disabilities service system works and have excellent professional and technical skills

*adapted from Brian Salisbury's materials on the role of service brokers/facilitators

- El facilitador debe comprender cómo funciona el sistema de servicio para discapacidades del desarrollo y tener excelentes habilidades profesionales y técnicas

*adapted from Brian Salisbury's materials on the role of service brokers/facilitators

Personal Qualities & Skills of a Good Facilitator
Cualidades Personales y Habilidades de un Buen Facilitador

- CREATIVITY
- A commitment to empowering people while safeguarding basic human rights
- An acceptance of the participant's right to make their own decisions without imposing personal or professional bias

- CREATIVIDAD
- Un compromiso para empoderar a las personas mientras se preservan los derechos humanos básicos.
- Una aceptación del derecho del participante a tomar sus propias decisiones sin imponer prejuicios personales o profesionales

Personal Qualities & Skills of a Good Facilitator
Cualidades Personales y Habilidades de un Buen Facilitador

- Self-directed and able to prioritize work tasks
- Calm under pressure
- Other attributes such as tact, diplomacy, initiative, sound judgment, empathy, patience, integrity, a sense of humor, tenacity, and trust

- Autodirigido y capaz de priorizar tareas de trabajo.
- Calma bajo presión
- Otros atributos como ser táctico/a, tener diplomacia, iniciativa, buen juicio, empatía, paciencia, integridad, sentido del humor, tenacidad y confianza

STATE COUNCIL ON DEVELOPMENTAL DISABILITIES

EVERYTHING ELSE
TODO LO DEMAS

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What We Will Cover
Lo que Cubriremos

- EFFECTIVE facilitation
- How to prepare to represent someone
- Preparing for the IPP/PCP meeting

- Facilitación EFECTIVA
- Cómo prepararse para representar a alguien
- Preparándose para la reunión de IPP / PCP

What We Will Cover
Lo que Cubriremos

- The steps to a successful IPP/PCP
- Matching services to individuals
- Managing conflict, being an effective advocate, and maintaining relationships

- Los pasos para un IPP / PCP exitoso
- Encontrando servicios particulares para los individuos
- Manejar conflictos, ser un defensor eficaz y mantener relaciones

Preparing to Represent Someone
Preparándose para Representar a Alguien

- Must be knowledgeable of laws, resources, etc.
- Become an expert
- Schmooze

- Debe tener conocimientos de leyes, recursos, etc.
- Conviértase en un experto
- Saber como "ganarse" a la gente

Preparing to Represent Someone
Preparándose para Representar a Alguien

- Letters of understanding
- Managing conflict
- Negotiating
- Contracts
- Learn how to read a RC file

- Cartas de entendimiento
- Manejar conflicto
- Negociando
- Contratos
- Aprender como leer un archivo de RC

Must Be Knowledgeable
Debe tener Mucho Conocimiento

- Laws
  - Lanterman Act (WIC)
    - Rights Under the Lanterman Act (RULA) http://tinyurl.com/gwnm5z9
    - "Typical" lives
- Leyes
  - La Ley Lanterman (WIC)
    - Derechos Bajo la Ley Lanterman (RULA) http://tinyurl.com/gwnm5z9
    - Vidas "Típicas"

Must Be Knowledgeable
Debe tener Mucho Conocimiento

- Home versus institution
- Maximize independence
- Least restrictive environment

- Hogar vs. institución
- Maximizar la independencia
- Ambiente menos restrictivo

Must Be Knowledgeable
Debe tener Mucho Conocimiento

- CMS Rules/ SD Waiver
  - What is allowable and not under the waivers
- Reglas de CMS/ Renuncia de SD
  - Lo que está permitido y no bajo la renuncia

Must Be Knowledgeable
Debe tener Mucho Conocimiento

- Other systems and what they are responsible for
  - Generic services [WIC §4685.8(d)(3)(B)]
- Otros sistemas y de qué son responsables
  - Servicios genéricos [WIC §4685.8(d)(3)(B)]

Must Be Knowledgeable
Debe tener Mucho Conocimiento

- Special education, SSI, IHSS, Medi-Cal, Health Care, Patient Protection and Affordable Care Act, HIPAA, ADA, housing, open meeting laws, long term services and supports, Olmstead, etc.
- Educación especial, SSI, IHSS, Medi-Cal, Cuidado de Salud, Ley de Protección al Paciente y Cuidado de Salud Asequible, HIPAA, ADA, alojamiento, leyes de reuniones abiertas, servicios y apoyos a largo plazo, Olmstead, etc.

Must Be Knowledgeable
Debe tener Mucho Conocimiento

- An understanding of the concept of the "circles of support" and its relevance to the participant's quality of life
- Un entendimiento del concepto de "círculos de apoyo" y su relevancia para la calidad de vida del participante

Must Be Knowledgeable
Debe tener Mucho Conocimiento

- Resources
  - Source materials
  - For assistance and referrals
- Issues impacting the community
- Yourself!
  - Know what you are and aren't good at
- Recursos
  - Materiales de origen
  - Para asistencia y referencias
- Problemas que impactan a la comunidad
- !Usted mismo!
  - Sepa en que es bueno y en que no

Must Be Knowledgeable
Debe tener Mucho Conocimiento

- Schmoozing
- Different models and their impact on case management, treatment plans, and an effective PCP
  - Medical-, social-, rights-based
- How to read a RC file
- Saber como "ganarse" a la gente
- Diferentes modelos y su impacto en la administración de casos, planes de tratamiento y un PCP efectivo
  - Medical-, social-, basado en los derechos
- Como leer un archivo de RC

Must Be Knowledgeable
Debe tener Mucho Conocimiento

- Letters of Understanding
  - Prove they were received
  - Methods to ensure receipt of letters
- Cartas de Entendimiento
  - Probar que fueron recibidas
  - Métodos para garantizar que se recibieron las cartas

Must Be Knowledgeable
Debe tener Mucho Conocimiento

- Fax with a special kind of confirmation page; registered mail; hand delivery, with a date/agency stamp
- Possible negative impact of certified / registered mail (http://tinyurl.com/znbm7xc)
- Mándelo por fax con una pagina de confirmación especial; correo registrado; entrega en mano, con fecha/sello de la agencia
- Posible impacto negativo de correo certificado/registrado (http://tinyurl.com/znbm7xc)

Become an Expert
Conviértete en un experto

- To understand evaluations and their recommendations
- To ask appropriate questions during the IPP meeting
- Comprender las evaluaciones y sus recomendaciones.
- Hacer las preguntas apropiadas durante la reunión del IPP.

Become an Expert
Conviértete en un experto

- To get what you need
- To prepare for fair hearings

- Para conseguir lo que necesita
- Para prepararse para audiencias justas – *fair hearings*

What's Person Centered Planning?
¿Que es la Planificación Centrada en la Persona?

- An ***approach*** to figuring out, planning for, and working toward your "preferred future"
  - Your preferred future is the stuff you want to do in the future
- Un **enfoque** para averiguar, planificar y trabajar hacia su "futuro preferido"
  - Su futuro preferido es lo que quiere hacer en el futuro

What's Person Centered Planning? (cont.)
¿Que es la Planificación Centrada en la Persona? (cont.)

- PCP is based on figuring these things out, it's not about a particular method or procedure
  - The methods or procedures should be ***tools*** to discover these things
- PCP se basa en darse cuenta de estas cosas, no es un procedimiento o método en particular
  - Los métodos o procedimientos deben de ser **herramientas** para descubrir estas cosas

Your Preferred Future
Tu Futuro Preferido

- It's about finding out certain things
- What does it describe?
  - Examples
- Do we talk about problems?

- Se trata de descubrir ciertas cosas
- ¿Que describe?
  - Ejemplos
- ¿Hablamos de problemas?

"The real disability is low expectations."
— Poppin Joe, Bottom Dollars

"La verdadera discapacidad son las bajas expectativas."
— Poppin Joe, Bottom Dollars

Your Preferred Future (continued)
Su Futuro Preferido (continua)

- Role of the planning team
- In summary, it should tell what you want to do on a daily basis, what your goals are, who you want to hang out with, and so on

- El papel/la función del equipo de planificación
- En resumen, debe describir lo que quieres hacer diariamente, cuales son tus metas, con quien quieres convivir, y más

Underlying Assumptions
Suposiciones Principales

- Different people communicate differently
  - Behavior is communicative!
    - What if someone doesn't talk?
  - Picture format, PECs, behavioral indicators

- Diferentes personas se comunican de manera diferente.
  - !El comportamiento es comunicativo!
    - ¿Que pasa si alguien no habla?
  - Formato de imagenes, PECs, indicadores de comportamiento.

Underlying Assumptions (Cont.)
Suposiciones Principales (Cont.)

- Presume competence & respect cultural values
  - People should be met where they are

- Presumir competencia y respetar los valores culturales
  - A las personas se les debe encontrar donde ellos están

Values & Principles of PCP & Self-Determination
Valores y Principios del PCP y la Auto-Determinación

PCP

- Self-advocates & families have a central role
- Empowerment
- Choice
- Diversity

PCP

- Los auto-defensores y las familias tienen un papel central
- Empoderamiento
- Elección
- Diversidad

Values & Principles of PCP & Self-Determination (Cont.)
Valores y Principios del PCP y la Auto-Determinación (Cont.)

PCP

- Circles of support, family support, natural supports
- Community Integration
- Teamwork
- Accountability

PCP

- Círculos de apoyo, apoyo familiar, apoyos naturales.
- Integración Comunitaria
- Trabajo en equipo
- Responsabilidad

Values & Principles of PCP & Self-Determination (Cont.)
Valores y Principios del PCP y la Auto-Determinación (Cont.)

Self-Determination

- Support
- Confirmation
- Authority
- Responsibility
- Freedom

Auto-Determinación

- Confirmación
- Libertad
- Autoridad
- Responsabilidad
- Apoyo

Why Use PCP?
¿Porque usar un PCP?

- "The IPP team shall utilize the person-centered planning process to develop the IPP for a participant." [WIC §4685.8(k)]
- CMS New Rules
  - https://youtu.be/BgSj6C8t0T0

- "El equipo debe utilizar un proceso de planificación centrada en la persona para desarrollar el IPP para el participante." [WIC §4685.8(k)]
- Las nuevas reglas de CMS
  - https://youtu.be/BgSj6C8t0T0

Why Use PCP? (Cont.)
¿Porque usar un PCP? (Cont.)

- "The report also found that good self-determination requires intensive person-centered planning, collaboration, and follow-along services and supports."
  - From SB 468, referring to "California's Self-Determination Pilot Projects for Individuals with Developmental Disabilities", May 17, 2002, http://tinyurl.com/yuhvfzr
- "El informe también encontró que una buena auto-determinación requiere una planificación intensiva centrada en la persona, colaboración, y seguimiento con los servicios y apoyos."
  - De la Ley SB 468, haciendo referencia a "Auto-determinación de los proyectos piloto de California para los individuos con discapacidades del desarrollo", Mayo 17, 2002, http://tinyurl.com/yuhvfzr

PCPs & IPP Meetings
Reuniones de PCPs y IPP

- What's the difference between PCPs and IPPs?
- PCPs, IPPs, & and IEPs ***now***
- The Power of a good PCP: **example**
- ¿Cual es la diferencia entre PCPs y IPPs?
- PCPs, IPPs, y IEPs ***ahora***
- El poder de un buen PCP: **ejemplo**

Compared to system-centered planning, person-centered planning is different in the following ways:
En comparación a la planificación centrada en el sistema, la planificación centrada en la persona es diferente de la siguientes maneras:

- The mood is more festive and less rushed
- Time is spent celebrating successes
- People use common words to describe what they know or observe
- El humor es más festivo y menos apresurado
- El tiempo se invierte en celebrando los éxitos
- Las personas usan palabras comunes para describir lo que saben o observan

Compared to system-centered planning, person-centered planning is different in the following ways:
En comparación a la planificación centrada en el sistema, la planificación centrada en la persona es diferente de la siguientes maneras:

- You are considered the best guide for identifying goals
- People who spend a lot of time with the you or people who care most about you are considered the best guides for next steps

- A usted se le considera el mejor guía para identificar metas
- Las personas que pasan mucho tiempo con usted o las personas que más se preocupan por usted se consideran los mejores guías para los próximos pasos

Compared to system-centered planning, person-centered planning is different in the following ways:
En comparación a la planificación centrada en el sistema, la planificación centrada en la persona es diferente de la siguientes maneras:

- The group together thinks about and creates a plan for the person to achieve a more meaningful life
- Professionals and the entire group link people to resources
- Papers, reports and documents are not a critical part of the process

- El grupo piensa y crea un plan para que la persona logre una vida más significativa.
- Profesionales y todo el grupo conectan a las personas con los recursos.
- Los papeles, informes y documentos no son una parte crítica del proceso

***Adapted from / Adaptado de*: College of Direct Support, Person-Centered Planning. Marije McBride, mcbri001@umn.edu, University of Minnesota, Institute on Community Integration (UCEDD)

The "Typical Way" vs. PCP Way of IPP Meetings

La "Manera Típica" vs. la Forma de Reuniones de IPP conforme al PCP

- They're longer meetings
- Role of service coordinator
- Listen, listen, listen
- Requesting new services
  - Maintain in own home, participate in the community, increase independence

- Son reuniones más largas
- Función del coordinador de servicios
- Escuchar, escuchar, escuchar
- Solicitando nuevos servicios
  - Permanecer en su propia casa, participan en la comunidad, aumentar la independencia

The "Typical Way" vs. PCP Way of IPP Meetings (Cont.)

La "Manera Típica" vs. la Forma de Reuniones de IPP conforme al PCP (Cont.)

- Supported decision-making
  - National Resource Center for Supported Decision-Making
    - http://supporteddecisionmaking.org/
- Tomando decisiones con apoyo
  - Centro Nacional de Recursos para Tomar Decisiones con Apoyo
    - http://supporteddecisionmaking.org/

The "Typical Way" vs. PCP Way of IPP Meetings (Cont.)

La "Manera Típica" vs. la Forma de Reuniones de IPP conforme al PCP (Cont.)

- Autistic Self-Advocacy Network's The Right to Make Choices: International Laws & Decision-Making by People with Disabilities
- http://tinyurl.com/hvzn8c8
- Red de Auto-Abogacía Autística - El Derecho de Tomar Decisiones: Leyes Internacionales y Decisiones Tomadas por Personas con Discapacidades http://tinyurl.com/hvzn8c8

IPP Meetings/PCPs
Reuniones de IPP/PCPs

- Your client's rights under SD
- There are different styles of holding a PCP meeting – check your handout
  - Personal Futures Planning
  - MAPS (Making Action Plans)
  - Essential Lifestyle Planning
  - Personal Passport
  - And even more!
- Los derechos de su cliente bajo SD
- Existen diferentes estilos para llevar a cabo una reunión de PCP: – consulte su folleto
  - Planificación de futuros personales
  - MAPAS (Haciendo Planes de Acción)
  - Planificación de Estilo de Vida Esencial
  - Pasaporte Personal
  - ¡Y aún más!

Prepare for the PCP Meeting
Prepárese para la Reunion de PCP

- Release of Information form
- Review the RC file
  - Client review, 3 business days (WIC §4728)

- Formulario de Consentimiento para Proveer Información
- Revise el archivo de RC
  -Revisión del cliente, 3 días hábiles (WIC §4728)

Prepare for the PCP Meeting
Prepárese para la Reunion de PCP

- Important documents to review
  - Annual statement of POS
  - POS authorizations, including pre-2009
  - IRs
  - Current and previous IPPs; pre-2009
  - Current and previous IEPs, if relevant
  - ISPs

- Documentos importantes para revisar
  - Declaración anual de POS
  - Autorizaciones de POS, incluyendo las de antes del 2009
  - IRs
  - IPPs actuales y anteriores; antes del 2009
  - IEPs actuales y anteriores, si son relevantes
  - ISPs

Prepare for the PCP Meeting
Prepárese para la Reunion de PCP

- Evaluations/Reports from other agencies
- Correspondence
- ID Notes
- CDER (http://tinyurl.com/zn5fvs5)

- Evaluaciones / Informes de otras agencias.
- Correspondencia
- Notas de ID
- CDER (http://tinyurl.com/zn5fvs5)

Prepare for the PCP Meeting
Prepárese para la Reunion de PCP

- Get copies of relevant documents from RC file. There are things you will need and things you can ignore.
- Obtenga copias de los documentos pertinentes del archivo del RC. Hay cosas que necesitará y cosas que podrá ignorar.

Prepare for the PCP Meeting
Prepárese para la Reunion de PCP

- Try to discern: likes, dislikes, preferences, clinical and diagnostic data, goals, scope of network/support, etc.
- Trate de discernir: gustos, disgustos, preferencias, datos clínicos y de diagnóstico, objetivos, nivel de redes de apoyo / soporte, etc.

Prepare for the PCP Meeting
Prepárese para la Reunion de PCP

- History from the chart, ideas about who the person is…now that you have it, set it aside, and start from scratch
- Historial del archivo, ideas sobre quién es la persona ... ahora que la tiene, déjela a un lado y comience de cero

Prepare for the PCP Meeting
Prepárese para la Reunion de PCP

- Interviews – client, family, friends, paid support staff, etc. – discern likes, dislikes, etc.
- Listen, listen, listen
  - Observe, observe, observe

- Entrevistas- cliente, familia, amigos, personal de apoyo pagado, etc. - discernir gustos, disgustos, etc.
- Escuchar, escuchar, escuchar
  - -Observar, observar, observar

Prepare for the PCP Meeting
Prepárese para la Reunion de PCP

- Where is there flexibility in your client's wants, goals, desires, etc.?
- Do you need to manage expectations?

- ¿Dónde hay flexibilidad en las cosas que quiere, metas, deseos, etc. de su cliente?
- ¿Necesitas manejar las expectativas?

Services in SD
Servicios en SD

- Generics
- Natural
- HCBS – INCLUSION
- RC Services

- Genéricos
- Natural
- HCBS - INCLUSIÓN
- Servicios de RC

Matching Services to Individuals
Encontrando Servicios Correspondientes para Individuos

- Must know what is available
- Vendor categories
- RC vendor lists
- CSCs
- Your client

- Debe saber qué esta disponible
- Categorías de proveedores
- Listas de proveedores de RC
- CSCs
- Su cliente

Matching Services to Individuals
Encontrando Servicios Correspondientes para Individuos

- Internet
- License verification at www.dca.ca.gov
- Employment
  - Why Work Is Better: http://tinyurl.com/hd9a58v
  - www.db101.org

- Internet
- Verificación de Licencia en www.dca.ca.gov
- Empleo
  - Por qué Trabajar es Mejor: http://tinyurl.com/hd9a58v
  - www.db101.org

Matching Services to Individuals
Encontrando Servicios Correspondientes para Individuos

- Finding and contracting with vendors and non-vendors (Sample)
  - Negotiating terms of services
  - Legal Zoom

- Búsqueda y contratación con proveedores y no-proveedores (Muestra)
  - -Negociación de condiciones de servicios
  - -Zoom Legal

Matching Services to Individuals
Encontrando Servicios Correspondientes para Individuos

- FMS
  - Provide contracts, PCPs, and budget to them
- When possible, offer client options from which they can select

- FMS
  - Proporcionarles contratos, PCPs y presupuesto
- Cuando sea posible, ofrezca opciones al cliente entre las cuales puede seleccionar

Managing Workers
Manejando a los Trabajadores

- Hiring and interview questions
- Best practices for termination
- Training and supervising workers

- Preguntas de contratación y entrevista
- Mejores prácticas para la terminación
- Entrenamiento y supervisión de trabajadores

Managing Workers
Manejando a los Trabajadores

- Managing difficulties
  - Logistics (scheduling, no shows, etc.)
  - Personality issues
  - Performance related issues
  - Professionalism

- Manejando dificultades
  - Logística (programación de horario, ausencias, etc.)
  - Problemas de personalidad
  - Problemas relacionados con el desempeño/ rendimiento
  - Profesionalismo

Manage Conflict, Develop & Maintain Relationships
Manejar el Conflicto, Desarrollar y Mantener Relaciones

- With whom may conflict arise?
  - Clients, family members, RCs, workers, contractors
- ¿Con quién puede surgir el conflicto?
  - Clientes, familiares, RCs, trabajadores, contratistas

Manage Conflict, Develop & Maintain Relationships
Manejar el Conflicto, Desarrollar y Mantener Relaciones

- Ask questions
  - Questions are collaborative, accusations and yelling are not. Questions:
    - make people want to help you
    - can change the mind of the listener and/or
    - prepare you for due process
- Haga Preguntas
  - Las preguntas son colaborativas, las acusaciones y los gritos no lo son. Preguntas:
    - hacer que la gente quiera ayudarle
    - puede cambiar la mente del oyente y / o
    - prepararle para el debido proceso – *due process*

Manage Conflict, Develop & Maintain Relationships
Manejar el Conflicto, Desarrollar y Mantener Relaciones

- Homework
  - Peter Falk/Columbo movies or Who's Line Is It Anyway, Questions Only
- Tarea
  - Películas de Peter Falk / Columbo o *Who's Line Is It Anyway*, Solo preguntas

Manage Conflict, Develop & Maintain Relationships
Manejar el Conflicto, Desarrollar y Mantener Relaciones

- Why manage conflict?
- Managing conflict
  - Informal – IPP meetings, phone calls with service coordinators or supervisors, troubleshooting, etc.

- ¿Por qué manejar el conflicto?
- Manejar conflicto
  - Informal - reuniones de IPP, llamadas telefónicas con coordinadores de servicios o supervisores, resolución de problemas, etc.

Manage Conflict, Develop & Maintain Relationships
Manejar el Conflicto, Desarrollar y Mantener Relaciones

- Formally – FHs, 4731, whistleblower complaints
  - In order to avoid FH, prepare for FH
  - DRC FH Packet – http://tinyurl.com/h3ba6gu
  - OAH website, reading cases

- Formalmente – *FHs*, 4731, quejas de denunciantes
  - Para evitar FH, prepararse para FH
  - Paquete de DRC de FH – http://tinyurl.com/h3ba6gu
  - Sitio web de la OAH, leyendo casos

Manage Conflict, Develop & Maintain Relationships
Manejar el Conflicto, Desarrollar y Mantener Relaciones

- Conflict resolution styles – "Getting to Yes: Negotiating Agreement Without Giving In"

- Estilos de resolución de conflictos: "Llegar a Sí: Negociar un Acuerdo Sin Ceder"

	Assertive – Yes	Assertive – No
Cooperative – Yes	Collaborative	Accommodating
Cooperative – No	Competitive	Avoiding

Manage Conflict, Develop & Maintain Relationships

Manejar el Conflicto, Desarrollar y Mantener Relaciones

	Assertive – Yes	Assertive – No
Cooperative – Yes	Collaborative	Accommodating
Cooperative – No	Competitive	Avoiding

	Asertividad - Sí	Asertividad - No
Cooperativo - Sí	Collaborativo	Servicial
Cooperativo - No	Competitivo	Evitando

Manage Conflict, Develop & Maintain Relationships

Manejar el Conflicto, Desarrollar y Mantener Relaciones

– Assertive/Cooperative Axes
- Competing (win at all costs), accommodating (taking the back seat), avoiding (run away), collaborating (make your point and ensure you're heard)

– Ejes Asertivo / Cooperativo
- Competitivo (gane a toda costa), Servicial (tomando el asiento de atrás), Evitando (huyendo), Colaborativo (exponga su opinión y asegúrese de que lo escuchen)

	Asertividad - Sí	Asertividad - No
Cooperativo - Sí	Collaborativo	Servicial
Cooperativo - No	Competitivo	Evitando

Manage Conflict, Develop & Maintain Relationships

Manejar el Conflicto, Desarrollar y Mantener Relaciones

- When you are midway between both axes, you will get a quick and dirty decision

- Cuando estés a medio camino entre ambos ejes, obtendrás una decisión rápida

	Assertive – Yes	Assertive – No
Cooperative – Yes	Collaborative	Accommodating
Cooperative – No	Competitive	Avoiding

Manage Conflict, Develop & Maintain Relationships
Manejar el Conflicto, Desarrollar y Mantener Relaciones

- Win-win negotiating – find a reason to get them to do what you need
- Building consensus

- Negociación de ganar-ganar – encuentre una razón para hacer que hagan lo que usted necesita
- Construyendo consenso

Manage Conflict, Develop & Maintain Relationships
Manejar el Conflicto, Desarrollar y Mantener Relaciones

- Collaborative problem solving (versus being oppositional)
  - Work with interests, not positions

- Resolución colaborativa de problemas (versus ser oposicional)
  - Trabajar con intereses, no posiciones

Manage Conflict, Develop & Maintain Relationships
Manejar el Conflicto, Desarrollar y Mantener Relaciones

- The role and components of communication – expressive verbal/nonverbal, receptive verbal/nonverbal, paraverbal message
  - Consistency of message
  - Professional communications

- La función y los componentes de la comunicación - expresiva verbal / no verbal, receptiva verbal / no verbal, mensaje paraverbal
  - Consistencia del mensaje
  - Comunicaciones profesionales

Manage Conflict, Develop & Maintain Relationships
Manejar el Conflicto, Desarrollar y Mantener Relaciones

- Joining strategies
  - Acknowledgements, phrasing (avoid the word "but"), humor
- Reframe the issue

- Estrategias para unir
  - Agradecimiento/ Reconocimiento, fraseo (evite la palabra "pero"), humor
- Replantear el problema

Manage Conflict, Develop & Maintain Relationships
Manejar el Conflicto, Desarrollar y Mantener Relaciones

- At a Health Club
  - Conflict when the disabled and non-disabled worlds collide
  - "Pounding on the table", "that's the law so you need to do it"
  - Alternative solutions
- No return calls

- En un Club de Salud
  - Conflicto cuando el mundo de discapacidad choca con el mundo de no-discapacidad
  - "Golpear en la mesa", "esa es la ley, así que tienes que hacerlo"
  - Soluciones alternativas
- No hay llamadas devueltas

STATE COUNCIL ON DEVELOPMENTAL DISABILITIES

THE BUSINESS OF FACILITATION

EL NEGOCIO DE LA FACILITACIÓN

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Christofer Arroyo, Manager
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Friday, January 11, 2019
Co-Sponsored by Family Focus Resource Center

What We Will Cover
Lo que Cubriremos

- The need for high quality services & obtaining clients
- How to prepare to represent someone
- How to work with your clients
- The business of facilitation

- La necesidad de servicios de alta calidad y obtención de clientes
- Cómo prepararse para representar a alguien
- Cómo trabajar con sus clientes
- El negocio de la facilitación

The Need for High Quality Services
La Necesidad de Servicios de Alta Calidad

- High stakes
  - Know your stuff
- If you are interested in being a facilitator – whether you are a self-advocate, parent, family member, or potential small business owner – these are steps every facilitator can and should use

- Altas estacas
  - Ten conocimiento de las cosas
- Si está interesado en ser un facilitador - ya seas un auto-defensor, padre, familiar o un potencial propietario de una pequeña empresa, estos son pasos que cada facilitador puede y debe usar

The Need for High Quality Services
La Necesidad de Servicios de Alta Calidad

- Repeat business
  - You do marketing in everything you do
  - Reputation is everything
  - Beyond reproach approach

- Repetir negociaciones
  - Usted hace márquetin en todo lo que hace
  - La reputación lo es todo
  - Más allá del enfoque de reproche

The Need for High Quality Services
La Necesidad de Servicios de Alta Calidad

- Cultivate networks and relationships
- Consult with colleagues when you need a second opinion
- Know **your** non-negotiables as a facilitator

- Cultivar redes y relaciones
- Consulte con colegas cuando necesite una segunda opinión
- Conozca **sus** áreas no negociables como facilitador

How Can Clients Find You?
¿Cómo pueden los clientes encontrarle?

- Get on referral lists
  - Are DDS, RCs, nonprofits, governmental organizations special education attorneys, disability rights attorneys, family resource centers, parent support groups, self-advocacy groups, self-determination advisory committees, etc. maintaining a list of facilitators?

- Póngase en las listas de referencia
  - ¿DDS, RC, organizaciones sin fines de lucro, abogados de educación especial de organizaciones gubernamentales, abogados de derechos de discapacidad, centros de recursos familiares, grupos de apoyo de padres, grupos de abogacía, comités asesores de autodeterminación, etc., mantienen una lista de facilitadores?

How Can Clients Find You?
¿Cómo pueden los clientes encontrarle?

- Regional centers may refer people to facilitators
- Conduct outreach
  - Self-advocacy groups
  - SDAC meetings – public input
  - Parent support groups

- Los centros regionales pueden referir personas a facilitadores
- Llevar a cabo actividades de promoción
  - Grupos de abogacía
  - Reuniones de SDAC - aportaciones públicas
  - Grupos de apoyo para padres

How Can Clients Find You?
¿Cómo pueden los clientes encontrarle?

- Events – RC, LEA, other systems and trainings
  - Pro bono presentations
- Write articles for newsletters or email groups

- Eventos – RC, LEA, otros sistemas y entrenamientos
  - Presentaciones pro bono
- Escribir artículos para boletines o grupos de correo electrónico

How Can Clients Find You?
¿Cómo pueden los clientes encontrarle?

- Social media!
- Advertising
- Tri-folds, flyers, and business cards

- ¡Medios de comunicación social!
- Publicidad
- Trípticos, volantes y tarjetas de presentación

Conflicts of Interest
Conflictos de Interés

- Ensure you have no conflicts of interest
- Be careful in serving on boards, commissions, committees, work groups, etc.
- Confer with others
- Don't overextend yourself

- Asegúrese de que no tenga conflictos de interés
- Tenga cuidado al servir en juntas, comisiones, comités, grupos de trabajo, etc.
- Consulte con otros
- No se extienda demasiado

Working with Your Clients
Trabajando con Sus Clientes

- Who do you work for?
  - Know how you're going to deal with people who have a different opinion than who you work for
- ¿Para quien Trabaja?
  - Sepa cómo va a tratar con las personas que tienen una opinión diferente a la persona para la que trabaja

Working with Your Clients
Trabajando con Sus Clientes

- Supporting informed decision making
  - Giving your opinion
- Be honest about what you will and won't do
  - With whom will you work with?
  - Clients will shop around
- Apoyar el tomar decisiones informadas
  - Dar su opinion
- Séa honesto sobre lo que hará y no hará
  - ¿Con quién trabajará?
  - Los clientes van a explorar (otros facilitadores)

Working with Your Clients
Trabajando con Sus Clientes

- Presume competence and respect cultural values
  - Meet people where they are
- Presumir la competencia y respetar los valores culturales
  - Encontrar a las personas donde ellos estén

Working with Your Clients
Trabajando con Sus Clientes

- Determine with your client the extent of your involvement at the IPP meeting
  - Are you primary and they're secondary? Are you secondary and your role is to back up your client?
- Determine con su cliente el alcance de su participación en la reunión de IPP
  - ¿Usted es primario y ellos son secundarios? ¿Usted es secundario y su función es respaldar a su cliente?

Working with Your Clients
Trabajando con Sus Clientes

  - You may wish to consider the impact, if any, your role will have on your fees
- Client communication styles
  - Nonverbal doesn't mean noncommunicative
  - Picture format, PECs, behavioral indicators
  - Quizá considere el impacto que tendrá su función en sus tarifas
- Estilos de comunicación del cliente
  - No verbal no significa no comunicativo
  - Formato de imágenes, PECs, indicadores de comportamiento

Working with Your Clients
Trabajando con Sus Clientes

- Discuss disagreements or concerns – don't save them for IPP meetings!
- When parents say negative things about their (adult or minor) child
- Hable de los desacuerdos o inquietudes - ¡no espere hasta las reuniones de IPP!
- Cuando los padres dicen cosas negativas sobre su hijo/a (adulto o menor)

Working with Your Clients
Trabajando con Sus Clientes

- Ghost writing versus direct representation
- Release form (Sample)
- Provide your policy on confidentiality (WIC §4514)

- Escritura "fantasma" versus representación directa
- Formulario de Consentimiento para Proveer Información (Ejemplo)
- Proporcione su política de confidencialidad (WIC §4514)

Expectations
Expectativas

- When you agree to assist your client, be sure to tell them the plan
- Learn your client's dream resolution and know their realistic resolution
- Manage any gap between the dream and realistic

- Cuando acepte ayudar a su cliente, asegúrese de informarle el plan
- Conozca la resolución ideal de su cliente y conozca su resolución realista
- Maneje cualquier diferencia entre lo ideal y lo realista

Expectations
Expectativas

- Beware of pessimism
- Recognize individuals' fears
  - Create and manage expectations, identify fears, communicate openly, attend to concerns, maintain client involvement, seek feedback to your performance, convey your style, explain acronyms

- Cuidado con el pesimismo
- Reconozca los temores del individuo
  - Desarrolle y administre expectativas, identifique temores, comuníquese abiertamente, atienda las inquietudes, mantenga la participación del cliente, busque comentarios sobre su desempeño, transmita su estilo, explique las siglas

The Business of Facilitation
El Negocio de la Facilitación

- Small Business Administration!!!
- Representation form (Sample)
  - Contracts with clients
  - May want a withdrawal from representation clause
  - Understand sections of agreements and which ones you need

- ¡¡¡Administración de Pequeños Negocios!!!
- Formulario de Representación (Ejemplo)
  - Contratos con clientes
  - Puede querer un retiro de la cláusula de representación
  - Comprenda las secciones de los acuerdos y cuáles necesita

The Business of Facilitation
El Negocio de la Facilitación

- For example: definitions, scope of work, no warranty/guarantee clauses, etc. Non-engagement letters
- If you don't take a case, explain why to the client

- Por ejemplo: definiciones, alcance del trabajo, sin garantía / clausulas de garantía, etc. Cartas sin compromisos
- Si no toma un caso, explíquele por qué al cliente

The Business of Facilitation
El Negocio de la Facilitación

- "Keeper" docs - your file for each client should include, but not be limited to:
  - Checklist of all necessary documents
  - Face sheet
  - Representation form
  - Release forms

- Mantener documentos: su archivo para cada cliente debe incluir, pero no limitarse a:
  - Lista de verificación de todos los documentos necesarios
  - Página de portada
  - Formulario de representación
  - Formularios de Consentimiento para Proveer Información

The Business of Facilitation
El Negocio de la Facilitación

- Previous IPPs, ISPs, POS reports and auths
- Evaluations that support an unmet need that would help develop your budget
  - Become more scarce as individuals age

- IPPs, ISPs anteriores, reportes de POS y autorizaciones
- Evaluaciones que apoyan una necesidad no satisfecha que ayudarían a desarrollar su presupuesto
  - Se vuelven más escasos a medida que los individuos envejecen

The Business of Facilitation
El Negocio de la Facilitación

- Reports
- Correspondence
- IRs, documents related to behavioral concerns, etc.

- Informes
- Correspondencia
- IRs, documentos relacionados con preocupaciónes de comportamiento, etc.

The Business of Facilitation
El Negocio de la Facilitación

- Create a policy pertaining to the retention of client files – and include it in your representation agreement

- Desarrollen una política relacionada con la retención de archivos de clientes e inclúyala en su acuerdo de representación

The Business of Facilitation
El Negocio de la Facilitación

- Have a methodology for organizing a client's file – digital, binders, two prong, folders, etc.
- Tenga una metodología para organizar el archivo de un cliente: digital, carpetas, etc.

The Business of Facilitation
El Negocio de la Facilitación

- Manage your workload
  - Take only the number of cases you can handle
- Maneje su carga de trabajo
  - Toma solo el número de casos que pueda manejar

The Business of Facilitation
El Negocio de la Facilitación

- May want a timesheet for your own use in order to review how much time you are spending on cases and in what activities
- Ensure clients can get in touch with you
- Quizá quiera mantener una hoja de tiempo para su propio uso con el fin de revisar cuánto tiempo está invirtiendo en casos y en qué actividades
- Asegúrese de que los clientes puedan ponerse en contacto con usted

The Business of Facilitation
El Negocio de la Facilitación

- Respond to your clients
- Whether paid or pro bono, you should be doing exactly the same amount of work and quality
- You may wish to consider liability insurance – discussions that DDS will issue regulations

- Responda a sus clientes
- Ya sea pagado o pro bono, debe hacer exactamente la misma cantidad de trabajo y calidad
- Es posible que desee considerar un seguro de responsabilidad civil - discusiones en las que el DDS emitirá reglamentos

Mandated Reporting
Reportes Bajo Mandato

- Adults: Welfare and Institutions Code §15630-15632 (Handout)
- Children: Penal Code §11164
- When reporting, ask about cross-reporting
- Same day reporting

- Adultos: Código de Bienestar e Instituciones §15630-15632 (Folleto)
- Menores: Código Penal §11164
- Al informar, pregunte acerca de informes cruzados
- Informes el mismo día

Fees
Tarifas

- No established rates — usual and customary
- At the end of the day, all you have to give someone is your time

- No hay tarifas establecidas – habitualmente y de costumbre
- Al final del día, todo lo que tiene para dar a alguien es su tiempo

Fees
Tarifas

- Can be retainer (generally not recommended because requires client trust accounts or fees - hourly, flat, or flat capped rates)
  - Flat – best for when the amount of time doesn't vary much on a case by case basis
- Puede ser retenido (generalmente no se recomienda porque requiere cuentas de fideicomiso del cliente o tarifas - tarifas por hora, planas o de límite fijo)
  - Plano - mejor para cuando la cantidad de tiempo no varía mucho en base de caso por caso

Fees
Tarifas

- Flat capped – like standard hourly basis, but there is a cap on what can be charged
- Hourly – when you are uncertain of the complexity of the case and how much time is needed to resolve it (bill monthly for fees earned)
- Con tapa plana - como en base de un horario estándar, pero hay un límite en lo que se puede cobrar
- Cada hora: cuando no esté seguro de la complejidad del caso y de cuánto tiempo se necesita para resolverlo (facturar mensualmente las tarifas ganadas)

Fees
Tarifas

- Consider your role
  - Facilitating the IPP meeting alone? Acting as an advocate? Troubleshooting problems?
- Talk to a tax advisor before starting a business
- Considere su funcion
  - ¿Facilitando la reunión del IPP solo? ¿Actuando como defensor? ¿Resolviendo problemas?
- Hable con un asesor fiscal antes de comenzar un negocio

Keep in Mind
Tenga en Cuenta

- Five principles of SD
- Your role is to facilitate cool, happy PCPs!
- It's a great job!

- Cinco principios de SD
- ¡Su función es facilitar PCPs geniales y felices!
- ¡Es un gran trabajo!

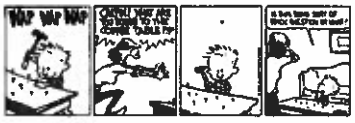
Keep in Mind
Tenga en Cuenta

- The facilitator is an extension of the self-advocate's voice, helping people become more fully included

- El facilitador es una extensión de la voz del auto-defensor, que ayuda a las personas a ser incluidas más plenamente

STATE COUNCIL ON DEVELOPMENTAL DISABILITIES

THE END / EL FIN



Please complete and submit your post-test.
Por favor complete y entregue su encuesta.

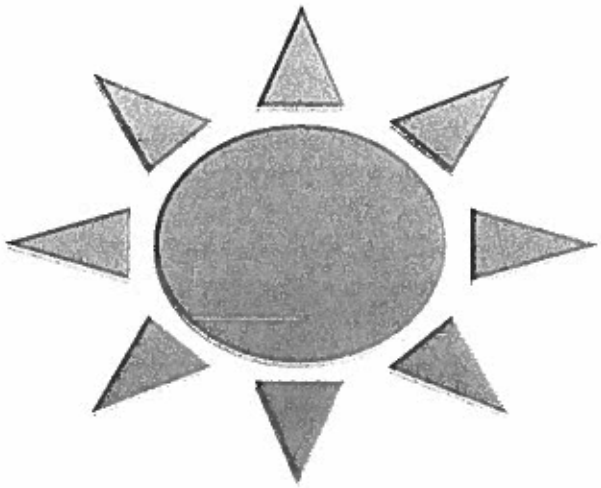
PERSON-CENTERED PLANNING

My Plan

Mi Plan

Name: _____ **Date:** _____

Nombre: _____ **Fecha:** _____



Prepared by Sherry Beamer, 818-521-5698

Reflection: What about Self-Determination is Important to Me?

Reflexión: ¿Que aspecto de la Auto-Determinación es importante para mí?

Freedom: What I need to control – to have and do the way I need it. ***Libertad:*** *Lo que necesito controlar – para tener y hacer lo que necesito.*
Authority: What must I make decisions about? ***Autoridad:*** *¿De que debo tomar decisiones?*
Responsibility: What must I do myself? What happens if I do not do what I commit to? ***Responsabilidad:*** *¿Que debo de hacer yo mismo? ¿Qué suceded si no hago lo que me comprometo?*
Support: The people listed below help me. The circled people are paid to help me. Do I need to direct the people who help me more? ***Apoyo****: las personas que aparecen a continuación me ayudan. A las personas circuladas se les paga para que me ayuden. ¿Debo dirigir a las personas que me ayudan más?*

What are my Hopes and Dreams?
¿Cuáles son mis esperanzas y sueños?

What do I want and need to be healthy and safe?

¿Que quiero y necesito para ser saludable y tener seguridad?

What do I want and need to feel like my home is my own?

¿Qué quiero y necesito para sentir que mi hogar es mío?

What do I want and need to be part of my community?

¿Qué quiero y necesito para ser parte de mi comunidad?

What do I want and need for good relationships?

¿Qué quiero y necesito para tener buenas relaciones?

How much money do I want to make?

¿Cuánto dinero quiero ganar?

How do I want to make money?

¿Cómo quiero ganar dinero?

What transportation works best for me?

¿Qué transporte funciona mejor para mí?

ACTION PLAN
PLAN DE ACCIÓN

1 I need this to happen / *Necesito que esto ocurra*:

_____

These people will help me / *Estas personas me ayudarán*:

_____

By this date: P*ara esta fecha:*

_____

2 I need this to happen / *Necesito que esto ocurra*:

_____

These people will help me / *Estas personas me ayudarán*:

_____

By this date: P*ara esta fecha:*

_____

3 I need this to happen / *Necesito que esto ocurra*:

_____

These people will help me / *Estas personas me ayudarán*:

_____

By this date: P*ara esta fecha:*

_____

4 I need this to happen / *Necesito que esto ocurra*:

_____

These people will help me / *Estas personas me ayudarán*:

_____

By this date: P*ara esta fecha:*

_____

EXAMPLE: BUDGET of ALLOWABLE EXPENSES

EJEMPLO: PRESUPUESTO de GASTOS PERMISIBLES

1 I need this item/service to make this happen - Necesito este articulo/servicio para que esto ocurra: _____

It will cost / Costara: $

_____

2 I need this item/service to make this happen - Necesito este articulo/servicio para que esto ocurra: _____

It will cost / Costara: $

_____

3 I need this item/service to make this happen - Necesito este articulo/servicio para que esto ocurra: _____

It will cost / Costara: $

_____

4 I need this item/service to make this happen - Necesito este articulo/servicio para que esto ocurra: _____

It will cost / Costara: $

_____

5 I need this item/service to make this happen - *Necesito este articulo/servicio para que esto ocurra*: _____

It will cost / *Costara*: $

_____

TOTAL / TOTAL:

$_____

EXTRAS TO HELP / *EXTRAS PARA AYUDAR*

What makes a day good for me? / *¿Que hace un día bueno para mí?*

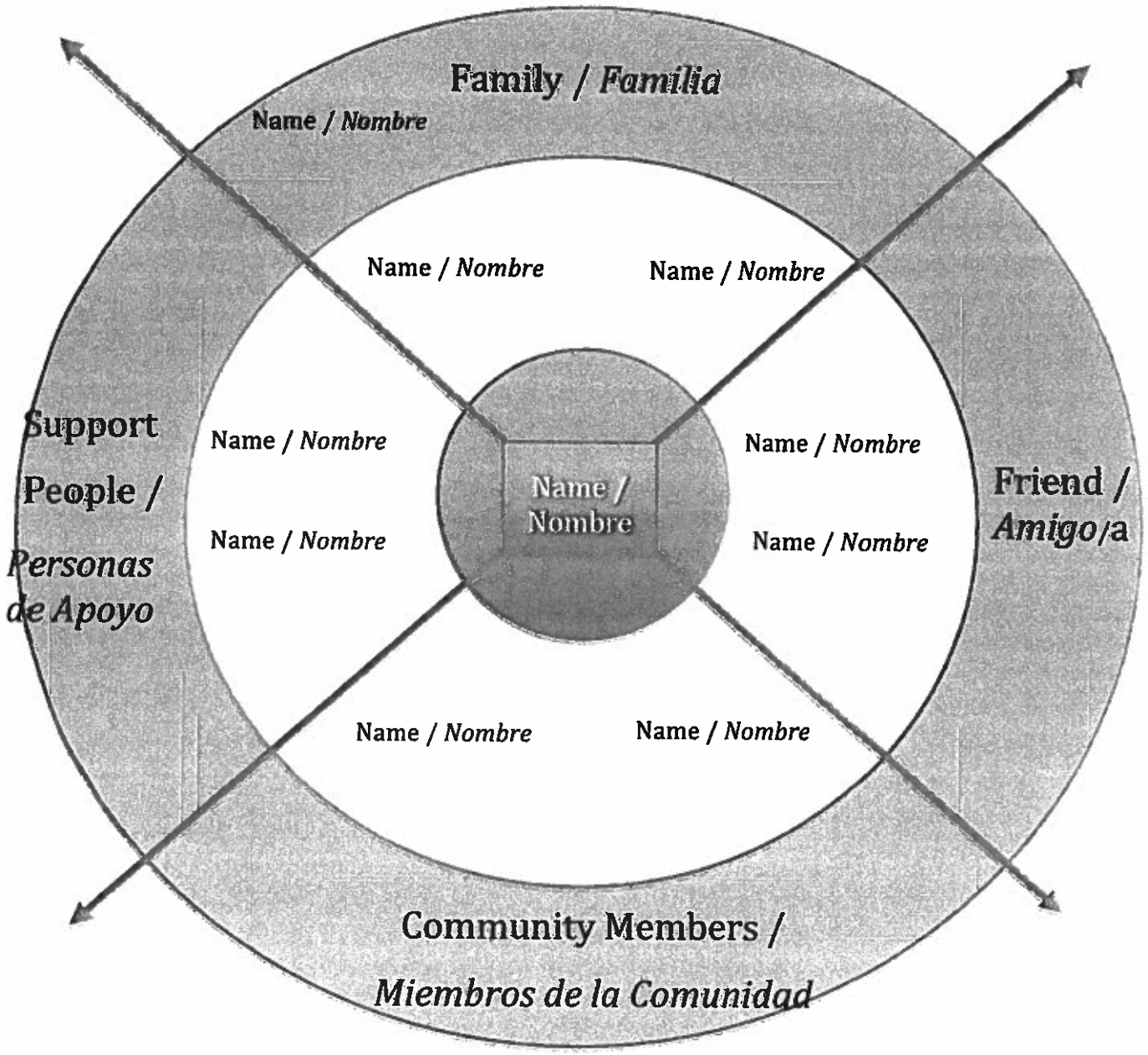
What makes a day bad for me? / *¿Que hace un día malo para mí?*

Important to me / *Importante para mí:*

Important to People who care about me (family, friends, co-workers):

Importante para Personas que me cuidan (familia, amigos, compañeros de trabajo):

Relationship Map – Mapa de Relaciones



Communication Information
Información de Comunicación

When this happens (or when this has just happened) *Cuando esto sucede (o cuando esto acaba de suceder)*	I do this *Yo hago esto*	It usually means *Por lo general, significa*	I want you to ___. *Yo quiero que tu ___.*

	What's Working Lo que Si esta funcionando	What's Not Working Lo que No esta funcionando
From The Person's Point of View / Desde el punto de Vista de la Persona		
From The Person's Family's Point of View / Desde el Punto de Vista de la Familia		

Daily Routines – Rutinas Diarias

Weekends

Fines de Semana

Weekdays

Fines de Semana

LOOK BACK, PLAN FORWARD

Person-Centered Planning Practice Guidelines

Person-centered planning is an individualized approach to planning that supports an individual to share his or her desires and goals, to consider different options for support, and to learn about the benefits and risks of each option. Although the process must be customized differently for each person, the following guidelines summarize universally accepted "operating principles" for person-centered planning:

1. The individual is the focus of the planning process and involved in decision making at every point in the process, including deciding how and where planning will take place. Decisions made in the planning process can be revisited whenever the person wants.

2. The individual decides who to invite to the planning team. Planning teams include those who are close to the person, as well as people who can help to bring about needed change for the person and access appropriate services.

3. Planning team members help to identify and foster natural supports. Natural supports include family, friends, community connections, and others in the person's social network. Development of natural supports is encouraged by inviting family members, friends, and allies to participate in planning meetings.

4. The planning team explores informal and formal support options to meet the expressed needs and desires of the individual. Informal supports—family, friends, neighbors, church groups, and local community organizations—are considered first. These natural supports are supplemented by formal services, including services such as personal care services, adult day services, residential services, home care services, nursing services, Meals on Wheels, and caregiver supports.

5. The individual has the opportunity to express his/her needs, desires, and preferences and to make choices. Appropriate accommodations should be made to support the individual's meaningful participation in planning meetings.

6. Some individuals may require assistance in making choices about their individual plans and their supports and services. In these cases, the individual still participates in the person-centered planning process and makes all decisions that are not legally delegated to a guardian or other substitute decision maker.

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WHAT IS PERSON CENTRED PLANNING?

We all think about, and plan our lives in different ways. Some people have very clear ideas about what they want and how to achieve it, others take opportunities as they arise. Some people dream and then see how they can match their dreams to reality.

Sometimes it is useful to plan in a structured way, and person centred planning provides a family of styles that can help do this. Person centred planning is not just about services, or disability, it is something that everyone can use to plan their lives.

Styles of person centred planning share common values and principles, and are used to answer two fundamental questions:

- Who are you, and who are we in your life?
- What can we do together to achieve a better life for you now, and in the future?

Person centred planning is not simply a collection of new techniques for individual planning to replace previous approaches. It is based on new ways of seeing and working with people with disabilities, fundamentally about sharing power and community inclusion.

"One of the most common misunderstandings of person centred planning is that is a short series of meetings whose purpose is to produce a static plan. This misunderstanding leads people to underestimate the time, effort, uncertainty, anxiety and surprise necessary to accurately support people's lives over time" John O'Brien and Herb Lovett.

The origins of person centred planning

Person centred planning may appear to be a relatively new, but its roots extend over twenty-five years, emerging from progressive changes in thinking about better ways to include people with disabilities in society.

In the wider community, person centred planning has been developed from philosophies underpinning:

- The social model of disability and the disability movement that demands a shift in the balance of power between disabled people and the services on which they rely.
- The inclusion movement that calls for a passionate commitment to diversity and for intentional community building.

Within services, person centred planning has been influenced and stimulated by:

- Normalisation and social role valorisation that insists on people with disabilities having a quality of life and position in society which is equal to and would be valued by non-disabled people.

From: Families Leading Planning UK, http://tinyurl.com/zt9trxd

- The accomplishment framework that focused services on five areas to improve peoples' quality of life within their community.
- Dissatisfaction with earlier planning approaches leading people to develop creative ways of fully including people with learning disabilities.
- Best practice in social work assessments which emphasised the assessor's expertise in negotiation and problem-solving and imaginatively designing solutions using available service and community resources

Person centred planning is not a fad from America. It has evolved from excellent practice and progressive thinking in communities and services.

The values underpinning person centred planning

Person centred planning is:	Person centred planning is not:
a powerful way to support positive change	a cure-all
a different way of working together	just coloured posters instead of paperwork
a better way to listen and respond to people	just a more sophisticated assessment
different for different people	a standard package
an invitation to personal commitment	a service routine
working towards inclusive communities	just a better way to put together service packages
for anyone who wants it	just for those who are 'ready'

Person centred planning is based on an explicit set of beliefs and values concerning people with disabilities, services and communities.

All means all

Person centred planning is rooted in the belief that people with disabilities are entitled to the same rights, opportunities and choices as other members of the community. Disability does not justify poor treatment, low standards, injustice or oppression. Person centred planning starts from an assumption of common decency: 'What is a decent way for our society and our services to treat someone of this person's age, gender and culture in terms of their living arrangements, security and autonomy?'.

Traditionally, services have gathered people with the highest support needs or the most challenging behaviour into large segregated facilities, while allowing those who require less support to live more independently in the community. Professionals have 'matched' people to different services along a continuum: the more support people are seen to require, the more strangers they have to

live with and the more differences there will be between their home life and the lives
of other people in their community

Person centred planning challenges the whole idea of batching people together on the basis that they are perceived as needing a similar type or level of assistance. It challenges the assumption that because someone needs a lot of help it is acceptable for them to have an impoverished or restricted life.

'All means all' means that it is morally unacceptable for people to be rejected by
community services or excluded from community participation on the basis of the level or type of support they need. This means that people who practise person centred planning place a high value on loyalty and sticking with people over time, even when they test to the limit our capacity to accept, believe in and include them.

Everyone is ready

The focus of professional effort in the lives of disabled people has traditionally been on the person's impairment. People are channelled into different services depending on the category of their impairment, for example, learning difficulty, sensory impairment or loss of mobility. This leads to a process of assessment which analyses and quantifies the impairment and its impact on the person's ability to undertake a range of tasks. This assessment results in a description of the person in terms of what she cannot do: her deficits.

Professionals then set goals for people to try and overcome these deficits We have tended to focus on what people cannot do, spending years trying to teach people to clean their teeth or tie their shoelaces, to become more 'independent'.

The most serious consequence of this is that people's participation in ordinary community life is then seen as dependent on their success in achieving these goals. People are only given opportunities when staff feel they are 'ready'. They have to earn the right to be part of their own community. People who expected services to help them to manage their own lives have instead become trapped in a world where others make judgements about their future.

Person centred planning starts from the other end. It asks 'How do you want to live your life? What would make sense for you?' before looking at 'How could we work with you to make this possible, given your particular situation and the things
you need help with?'.

It challenges the traditional notion of 'independence' in two ways. Firstly, it sees independence in terms of choice and control rather than physical capacity to carry out particular tasks.

"Real independence is nothing to do with cooking, cleaning and dressing oneself. If you ask me what is my experience of

being independent, I would not automatically think about self help skills but of being able to use my imagination to
create fantasy, of enjoying music and drama, of relishing sensual pleasures and absorbing the natural life around me.".
John Corbett.

Person centred planning is not the same as...

Person centred planning is not synonymous with "needs led" or "client centred" or "holistic" assessment or care planning. These start with the individual but are not necessarily person centred. The definition of "needs" used in care management, for example, is a "system construct". Needs are defined as those things for which the person is deemed eligible according to interpretation of policy and the resources of the local social services department. Person centred planning goes beyond this definition of needs, considers people's aspirations, is not limited by entitlement to services and is not necessarily dependent upon professional involvement. Person centred planning is concerned with the whole of someone's life, not just their need for services.

Jean and her daughter Lucy prepared for Lucy's transition review by doing an Essential Lifestyle Plan. Great effort went into producing a really detailed picture of what matters for Lucy. Jean left the meeting feeling crushed and physically sick. Though several people at the meeting were really enthusiastic about the plan and said how helpful it was for them as professionals to think about their contributions to Lucy's future, the social worker was apologetic. She said " I'm sorry we don't recognise ELP. We don't have the resources to implement it. We can only meet needs not wants" The social worker was confusing assessment for council services and broader life planning. Jean and Lucy did not expect social services to deliver everything in the plan. They wanted the professionals to listen to what was important to Lucy and her family and work out what they could do to contribute towards achieving these things. They also wanted help with problem solving other sources of support and resources.

What can person centred planning be useful for?

- Help people to work out what they want in their lives
- Clarify the supports needed for people to pursue their aspirations
- Help to shape the contributions made from a range of service agencies to ensure these are effective in helping people meet their goals
- Bring together people who have a part to play in supporting people for joint problem solving
- Energise and motivate people based upon better understanding of and commitment to a person

- Show service agencies how they can adjust their activities at both operational and strategic levels in order to better support people to achieve their goals

It is equally possible to be "client centred" or "holistic" without being person centred. The key issues here are about who decides what is important in planning and the power balance within it. Professionals can undertake planning which is centred on an individual but where the focus is exclusively upon professional concerns and judgements.

"Information gained from technical assessments can be helpful, but only in the context of a knowledgeable account of a person's history and desired future", John O'Brien and Herb Lovett.

Key features of person centred planning

Person centred planning has 5 key features:

1. The person is at the centre

Person centred planning is rooted in the principles of shared power and self-determination. Built into the process of person centred planning are a number of specific features designed to shift the locus of power and control towards the person. Simple practical examples of this are that as far as possible the person is consulted throughout the planning process; the person chooses who to involve in the process and the person chooses the setting and timing of meetings.

2. Family members and friends are partners in planning

Person centred planning puts people in the context of their family and their community. It is therefore not just the person themselves that we seek to share power with, but family, friends and other people from the community who the person has invited to become involved. Person centred planning starts from the assumption that families want to make a positive contribution and have the best interests of the person at heart, even if they understand those best interests differently from other people.

3. The plan reflects what is important to the person (now or for the future), their capacities, and what support they require

In using person centred planning we seek to develop a better, shared understanding of the person and their situation. The planning process can be powerful - people's views change, new possibilities emerge, alliances are created, support is recruited, and energy is gathered and focused. The resulting person centred plan will describe the balance between what is important to the person, their aspirations and the supports that they require.

4. The plan helps build the person's place in the community and helps the community to welcome them. It is not just about services, and reflects what is possible, not just what is available.

The focus of person centred planning is getting a shared commitment to action, and that these actions have a bias towards inclusion. In this context services are only part of what people want and need; and planning what services you need comes after planning what sort of a life you want.

5. The plan results in ongoing listening, learning, and further action. Putting the plan into action helps the person to achieve what they want out of life.

Person centred planning is not a one off event. It assumes that people have futures; that their aspirations will change and grow with their experiences, and therefore the pattern of supports and services that are agreed now will not work forever. Person centred planning is a promise to people based on learning through shared action, about finding creative solutions rather than fitting people into boxes and about problem solving and working together over time to create change in the persons life, in the community and in organisations. To fulfil this promise we need to reflect on successes and failures, try new things and learn from them and negotiate and resolve conflict together.

Different styles for different purposes

There are several different styles of person centred planning that can help people to achieve different purposes. Each style is based on the same principles of person centred planning: all start with who the person is and end with specific actions to be taken. They differ in the way in which information is gathered and whether emphasis is on the detail of day to day life, or on dreaming and longer term plans for the future. The common planning styles in use in the UK include Essential Lifestyle Planning, PATH and Maps, and Personal Futures Planning. It is crucial not to divert energy into pointless debates about which is the best planning style. People should consider rather which style might be best used in which circumstances. Styles can be used to complement one another.

The purpose of a person centred plan is to achieve one or more of the following:

1) To develop a 'picture' of the person's desired future and describe the actions needed to move in that direction (PATH and MAPs are useful for this purpose)

2) To look at where the person is now, how they would like their life to change and mobilise and engage people to help the person to become a part of their community (Personal Futures Planning is useful for this purpose)

3) To learn and provide a single place to record, on an on-going basis:

- What has been learned about what is important to the person and what is important for the person
- What others are expected to know and/or do to help the person get what is important to them and what is important for them
- The balance between what is important to the person and what is important for the person where there is a conflict between them
- What needs to stay the same and what needs to change and who will do what (by when) in acting on these (Essential Lifestyle Planning is useful for this purpose)

Each planning style combines a number of elements: a series of questions for getting to understand the person and her situation; a particular process for engaging people, bringing their contributions together and making decisions; and a distinctive role for the facilitator(s).

PATH and MAPs focus strongly on a desirable future or dream and what it would take to move closer to that. In Essential Lifestyle Planning and Personal Futures Planning facilitators gather information under more specific headings. Particular sections - such as the section in Essential Lifestyle Planning on how the person communicates and the section in Personal Futures Planning on local community resources - ensure that someone gathers together what is known and records this information so that everyone can use it.

People may need to focus on different areas of their lives at different times, and therefore use one planning style at one time and another at another time. We need to learn what is important to people on a day to day basis and about the future they desire. Sometimes it is important to learn about the day to day issues first, and then move on the learning about a desirable future. In other situations we need to hear about peoples dreams, and later learn about what it is important on a day to day basis.

In considering what style to use facilitators need to consider the context and resources available to the person. Whether the person has a team to support her, or lots of friends and neighbours who want to get involved or a circle of support can influence the decision about which planning style to use. If the person has a team who do not know her very well, then starting with a planning style which invests a lot of time in really getting to know the person, for example Essential Lifestyle Planning, could be a useful place to begin. If the person has family and friends or a circle who know and love her, then starting with dreams through PATH or Maps is useful.

There are dangers in focussing too much on the process of planning to the detriment of the desired outcomes. In exploring the uses of person centred planning we must be really careful to keep our eyes on the prize of people getting better lives.

This does not mean that how planning is done is unimportant, but that it will vary in different circumstances. Long before anyone developed person

centred planning some people were getting better lives when people listened to them closely and cared about them enough to act on what they heard, solving sometimes very difficult problems on the way. Person centred planning approaches are simply (sometimes very powerful) aids to doing this. Some people will benefit greatly using the methods of some of the well-developed styles of person centred planning. Other people might plan or start to plan in less structured, "on the move" ways like Mike and Graham

Mike had spent many years in various institutions. He has autism and a bi polar disorder. He eventually was discharged at the age of 40 into a group home with 3 people from the institution randomly chosen to " get on with each other ". He hated the home he lived in and the people he lived with. Several violent incidents at the home made him anxious and worried and he was eventually moved to another group home to share a double bedroom with another tenant and two other tenants in the home. He again had nothing in common with the other 3 men. When I met him he was confined to his room, indeed his bed, and refusing to participate in any outside activity. He was depressed and unwilling to engage in any planning about his future.
At the time a property became available to the charity that I work for as a short life property on lease from the Local Council. It needed a lot of work doing to it and, as it was only a short-term lease, we had much debate about whether we should take on the lease.

Mike agreed one day to come for a walk with my colleague and me to see this house. We had no intentions of Mike moving to the home but thought it would be good to get him away for the day from the place he was living. Mike went to the house with us, sat in a room with no television, bed, carpet and with a large hole in the wall and roof, and said he would like to stay there forever. That is how unhappy he was with his previous accommodation and life. His previous tenancy was at a place where he shared with people he did not like and which was run on quite an institutional basis with regular, stipulated meal times, bed times and personal support times. The place was attractively furnished and well maintained but it was not a home to Mike.

This was the first step of his person centred plan because Mike wanted to persuade us that the best course of action was for him to stay at this house with no facilities whatsoever. By listening to his stilted words charged with emotion and frustration we realised we had to help him do something in his own way and not impose our standards and expectations of appropriate housing on him. We compromised on another room, found a bed and some bedding and asked the full time resident caretaker, looking after the security of the property while it was being renovated, to "keep his eye on Mike".

Just to make sure we still had some "control factor in this" we agreed with Mike that he needed to go home to "his real home" when work was taking place and to get support from the staff at the home (he never went back once). We also insisted this was a temporary measure (that was seven years ago!).

Graham is a man in his early forties who lives in a small village. He has lived there all his life with his dad. Every weekday morning he is picked up by the

social work bus which takes him to a day centre in the local town. Graham knows everyone in the village. He goes to the local pub every Friday and shops in the post office almost every day. Recently his father was diagnosed as having terminal cancer.

It looked like Graham would have to leave the village and provision would have to be found for him elsewhere. Graham's social worker began looking at the options available in the local town.
At the day centre they knew that Graham would be devastated to lose both his father and his community at the same time. One of the support workers, Fergus, decided to see if anything else could be done. He travelled to the village one day and began knocking on doors. He explained to Graham's neighbours that he would have to move out into supported housing when his father died. Nobody wanted that to happen. Graham and Fergus called a meeting to which about twenty people came. Between them they sorted out how they could support Graham to stay living in his own home when the time came.

Two months ago Graham's father died. Graham feels the loss deeply but he has insisted on remaining in the house when he has always lived. He still attends the day centre and someone from his support circle meets him off the bus everyday and goes home with him to cook a meal. No one thought he would manage to sleep on his own but he does. There are fourteen people from the village in Graham's circle of support. Between them they are determined to ensure that he does not have to move away.

Where is the evidence?

In public services, we are increasingly and rightly looking for evidence to justify expensive activities and interventions. Some have questioned the application of person centred planning approaches on these grounds. Obviously evidence of effectiveness is important and the Department of Health has recently commissioned a major study to be undertaken in the near future. Having said this, the key issue is not "should we undertake person centred planning?" but rather to establish how to make person centred planning most effective. This is because a key purpose of person centred planning is to find out what is important to people and to act on this knowledge. If we do not do this we must ask ourselves serious ethical questions about our activities as professionals, staff and managers.

In one local authority area recently a presentation was made to the Social Services Committee. The presentation was by a group of managers and staff from the Learning Disability Section of the SSD who had been introducing person centred planning for some of the people who use the service. The elected members were suitably impressed by the presentation but one asked a question along the lines of:"Let me get this clear, you are introducing an approach that finds out what is important to people so that we can make sure that services are responsive to them? You mean to say we don't do that for everyone already!". The surprise of the elected member reflects the views of many advocacy organisations and family groups who feel strongly that we

need to get much better at hearing and responding to people's concerns. We don't need evidence to know that we should do this.

Summary

- In it's fundamentals, person centred planning is a way of helping people to work out what they want, what support they require and then helping them to work out how to get it. It is about life not just services
- Person centred planning has its roots in changing philosophies about people with learning disabilities and in better practice in supporting people
- Person centred planning is not synonymous with "needs led", "client" or "patient centred" planning or "holistic" assessment
- There are five main features of person centred planning. These can be used to test "person centredness"
- Different styles can be useful for different purposes and in different circumstances
- Though there are some well developed styles, it is vital not to undermine person centred work simply because it does not come under the name of these styles. Remember the goal is better lives
- Equally, approaches that are fundamentally not person centred must not be re-labelled or tinkered with and presented as person centred
- We need evidence about how to do good person centred planning, not about whether we should do it. This is fundamentally an ethical issue
- Person centred planning should not be denied to any groups of people Helen Sanderson and Martin Routledge. With extracts from People, Plans and Possibilities by Helen Sanderson, Pete Ritchie, Jo Kennedy and Gill Goodwin. If you want to read more you can order People, Plans and Possibilities from Inclusion Distribution

WELCOME TO THE NATIONAL RESOURCE CENTER FOR SUPPORTED DECISION-MAKING

Here, you'll find information about the **Right to Make Choices** – the right we **all** have to make our own decisions and direct our own lives.

How would you feel if you had no say in where you live? Or where you work? Or who you spend time with? Or what you can buy and spend money on? That's what can happen to older adults and people with disabilities when someone else has the power to make decisions for them, like when they're put in a guardianship.

We believe that **everyone** has the Right to Make Choices. Supported Decision-Making is a way people can make their own decisions and stay in charge of their lives, while receiving any help they need to do so.

Supported Decision-Making: How We All Make Choices

Supported Decision-Making is just a fancy way of describing how we all make choices. We **all** need help making decisions, every single day. Think about it: when the doctor says you have a "somatic injury" or a "brachial obstruction," or something else that sounds like a foreign language, what do you do? When you don't know the difference between "itemized" and "standard" deductions, how can you file your tax return? When the mechanic says your car has a "blown head gasket," how do you know whether to pay for repairs?

You probably ask a friend or family member what to do or if they know someone who can help you cut through the jargon so you can understand what's going on and what you need to do. It's just common sense, right? When you don't know enough to make a good decision, you find people who can help you. It could be going to your brother the accountant with tax questions or talking to your friend the nurse when you need medical information.

When you do that, you're using Supported Decision-Making. You're getting the help you need and want so you can make the decisions you have to make.

How Do Older Adults And People With Disabilities Make Decisions?

The same way! Older adults and people with disabilities have the same rights as everyone else, can work and live and love like everyone else. So, of course they use Supported Decision-Making like everyone else.

Some people may need different types of help or more help than you. But that doesn't mean they can't make their own decisions. It just means they make their decisions using the help they need and want. Just like you.

It also means that in almost all cases, people who use Supported Decision-Making do not need someone to make decisions **for** them or **instead of** them. As Jenny Hatch, who won the right to use Supported Decision-Making instead of being put in a permanent guardianship said, "I don't need a guardian. I just need a little help!"

How Does Supported Decision-Making Work?

So, how can you use Supported Decision-Making? The most important thing to do is understand that we all have the Right to Make Choices. And, even if a person has a lot of trouble making decisions, it doesn't always mean he or she needs a guardian. Once you make that commitment:

- Think about the type of decisions you or the person you support need help making, and the type of help needed.
- Talk to people who can help and discuss what type of help is needed and when.
- Then, when the person needs to make a decision and needs help to understand it, the person and supporter get together so the person can get the help and make the decision.
- You may want to, but don't have to, create a written plan saying the people who will provide support, when they will provide it, and how. And you may want to share that plan with others.
- So, if you want your sister to support you in making medical decisions, you'd write up a plan between you and your sister saying she'll help you do that and how. Then you could share that plan with your doctor, so the doctor knows that your sister is a part of your health care "team."

We Can Help!

The National Resource Center for Supported Decision-Making can help you find information on Supported Decision-Making, connect you with people and organizations that may be able to help you, and answer your questions.

Look around: you'll find videos and stories of people who use Supported Decision-Making in their lives. Use the education and training material to help you learn about Supported Decision-Making and decide if it's right for you, your family, or someone you support. Follow the links to laws and policies and organizations in your state. And join Supported Decision-Making Interactive!, where you'll be able to connect with people facing situations like you and ask questions of national experts.

Once again, welcome to the National Resource Center for Supported Decision-Making. Remember: EVERYONE has the Right to Make Choices and EVERYONE needs a little help.

Brainstorming Guide:

How Are We Already Using Supported Decision-Making?

Supported Decision-Making can sound like a new, foreign idea. But most families, people with disabilities, and advocates are already using supported decision-making, even if they don't call it that. In fact, most people *without* disabilities are also already using supported decision-making!

Supported decision-making means helping a person understand, make, and communicate her own decisions. This will look different for everyone.

This tool can help people brainstorm ways that they are already using supported decision-making, and think about new ways supported decision-making could help the person with a disability learn to make her own safe, informed choices.

How to use this tool:

- Go through each area of the individual's life. Brainstorm whether you work together to make choices in this area. You might not yet be using supported decision-making in all of these fields. If you think of supports you could start using, write these down too.

    - *If you are considering conservatorship:* supported decision-making can sometimes be formalized into arrangements that prevent the need for conservatorship. For example, the person with a disability could sign a form to let you access her medical records so you can make health decisions together.

    - *If you are planning for the future:* this tool can help you think about ways to learn and practice decision-making. Learning to make good choices is a skill, and people can learn to make better, safer, and more informed choices with practice and support.

    - *If a lawyer, doctor, school official, banker, or anyone else is worried that the person with a disability cannot make her own decisions:* this tool can help you explain to the person the ways in which the decisions of a person with a disability are informed and safe.

How does the person with a disability manage his money?

- If no one ever talks about money with the person with a disability and they do whatever they want, that's not supported decision-making.
- If someone takes all of the person's money and gives him no choices about how it's spent, that's not supported decision-making either.
- Anything else – opening a joint bank account, making a budget together, having an SSI rep payee and then discussing how to spend money – is supported decision-making.

How we work together to help the person with a disability member manage his/her money:

_____

_____

*Additional supports that we might want to start using (examples include: appointing a representative payee, opening a joint bank account, making and implementing a budget together, taking a money management course):*_____

_____

How does the person with a disability make healthcare decisions?

- If he makes his own decisions without talking to anyone else, that's not supported decision-making.
- If someone else makes all of the person's medical choices for him without discussing his preferences and opinions, that's not supported decision-making, either.
- Anything else – attending medical appointments together, explaining healthcare choices in plain language, sharing access to medical records – is supported decision-making.

How we work together to help the person with a disability make healthcare choices:

_____

_____

*Additional supports that we might want to start using (examples include executing a HIPAA authorization to share medical records, attending medical appointments with a supporter, providing complicated health information in simplified plain language):*_____

_____

How does the person with a disability decide where she lives and who she lives with?

- If she makes her own choices without consulting any friends, family, or other resources, that's not supported decision-making.
- If someone else makes all living choices for the person with a disability without talking to her or considering what she prefers, that's not supported decision-making.
- Anything else – visiting possible homes together, making lists of pros and cons, setting up "trial runs" visiting different homes, meeting possible roommates, discussing support staff needs – is supported decision-making.

How we work together to help the person with a disability make choices about where he/she lives:

_____

_____

Additional supports that we might want to start using (examples include working with Regional Center staff to find housing options, discussing priorities in housing): _____

_____

How does the person with a disability decide what to do during the days?

- If she does whatever she feels like and no one ever discusses her work, activities, or social life with her, that's not supported decision-making.
- If someone else decides what she should do and who she should see and forces her to do it regardless of what she wants, that's not supported decision-making.
- Anything else – helping the person find a job based on her interests, responding to her preferences about what she does every day, teaching her to take transit to get where she wants to be, talking about safety, consent, and choice in relationships, helping her think about different options and decide which is the best fit for her – is supported decision-making.

How we work together to help the person with a disability decide how to spend his/her time:

_____

_____

Additional supports that we might want to start using (examples include help finding and applying for jobs, help learning to take public transportation, setting up "trial runs" or internships in workplaces):

_____

_____

MATCHING INDIVIDUALS TO SERVICES
(Generic and Non-generic)

Finding Community Resources in Los Angeles County

Once you have a great Person-Centered Plan and a solid budget, the next challenge is finding the resources identified in the plan to meet the needs of the consumer you are working with. It is impossible to create a list of all the options available. Your success will depend on your creativity, your research skills, and networking. Here are a few tools to help guide you.

Existing Regional Center Vendors:

First, it may be helpful to have a list of all of the *existing* vendors for the seven Los Angeles County regional centers. (Note: As existing vendors learn more about Self-Determination, some may realize that it is in their best interests to be more flexible and creative in their services or hours, in order to maintain or attract more business.) The following lists of existing vendors are required to be posted on each regional center's website, but they may not be completely up to date:

Eastern Los Angeles Regional Center:
http://www.elarc.org/home/showdocument?id=3646

Harbor Regional Center:
http://www.harborrc.org/files/uploads/Service_Provider_List_15.pdf

Lanterman Regional Center:
http://lanterman.ca.networkofcare.org/dd/services/advanced-search.aspx?k=respite&r=5##

North Los Angeles County Regional Center:
http://www.nlacrc.org/index.aspx?page=61

San Gabriel Pomona Regional Center:
http://38.106.4.145/home/showdocument?id=260

South Central Los Angeles Regional Center:
http://sclarc.org/pdf/transparency6.pdf

Westside Regional Center:
http://www.westsiderc.org/wp-content/uploads/2014/06/Vendor-List.pdf

General Resource Lists:
211 L.A. County www.211lacounty.org
211 is an easy-to-remember phone number that can refer the caller to over 18,000 health and human service programs throughout Los Angeles County 24 hours a day, 7 days a week.

Area Agency on Aging – Senior Information and Assistance
800-510-2020 http://css.lacounty.gov/
Helps link seniors, disabled adults and their caregivers to needed services throughout L.A. County.

Bandaging the Budget – resource guide for free or low-cost services in Los Angeles County. Includes sections on Audiologists, Food Banks, Optometrists, Podiatrists, Psychologists, Speech Therapists, and Transportation.
http://www.scdd.ca.gov/res/docs/pdf/AB10/Bandaging%20the%20budget%20booklet.pdf

Youth Transition Toolkit – A guide for young people with disabilities transitioning to adulthood. Includes California resources for education, independent living, employment, finances, healthcare, social-recreation, and other links.
http://tknlyouth.sdsu.edu/index.html

Public Resources:
In-Home Support Services (IHSS)
888-944-4477
IHSS provides personal care, domestic assistance, minor medical services, and/or protective supervision so that eligible people with disabilities can live in their own home.

Personal Assistance Services Council (PASC)
877-565-4477 www.pascla.org
PASC is the employer of record for IHHS providers, operates a Registry of providers, and provides trainings to people who receive IHSS and to providers on many topics.

Medi-Cal: 1-877-597-4777, Health Net: 800-675-6110, or L.A. Care Health Plan: 888-839-9909
Medi-Cal is the state funded health insurance for people on low incomes. Three possible plans listed above.

Social Security
800-772-1213 www.ssa.gov
Information about Social Security, Supplemental Security Income (SSI), and other programs.

Disability Benefits 101
https://ca.db101.org/
Plain language information on all the different public and private disability benefit programs in California. Helps explain the connection between work and benefits.

Advocacy:
Bet Tzedek
323-939-0506 www.bettzedek.org
Provides free legal assistance about benefits, conservatorships, and more.

Disability Rights California
213-213-8000
www.disabilityrightsca.org
A public interest law firm that helps people with developmental disabilities or with mental illness to get legal assistance with benefits, education, access to services in the community, and other issues. Also houses the Office of Clients Rights Advocacy which provides legal assistance at each regional center.

State Council on Developmental Disabilities, Los Angeles office
818-543-4631
www.scdd.ca.gov
Implements the state plan designed to improve the system of services and supports for people with developmental disabilities through trainings, capacity building, advocacy, and systemic change.

Dental:
Los Angeles Dental Society
213-380-7669
www.ladental.com
Has a dentist-finder on the website.

Employment:
APSE – Association of People Supporting Employment First (of Southern California)
http://www.apse.org/chapter/california/
Organization that facilitates full inclusion of people with disabilities in the workplace and community. Website has many useful resources and links.

Internships and Micro-Enterprise Resources
http://tknlyouth.sdsu.edu/internships.html

Department of Rehabilitation
http://www.dor.ca.gov/DOR-Locations/code/county.asp?county=Los-Angeles
This link identifies the 7 offices in the L.A. area. Assists people with disabilities to find jobs

CAMEO – California Association for Micro Enterprise Opportunity
http://www.microbiz.org/

Equipment:
Convalescent Aid Society
626-793-1696 www.convalescentaidsociety.org
Provides free loan of medical equipment such as wheelchairs, walkers, and hospital beds for people in Pasadena, Glendale, Burbank, San Gabriel Valley, and parts of Los Angeles.

Housing
Housing Resources Guide:
http://www.scdd.ca.gov/res/docs/pdf/Publications/Housing%20Guide.pdf

Housing Rights Center:
800-477-5977
http://www.housingrightscenter.org/default.asp?id=6
Has offices in Los Angeles, Pasadena, and Van Nuys. Also has rental listings.

Fair Housing Foundation
800-446-3247
http://www.fairhousingfoundation.com
Serves Long Beach and parts of South L.A. (Downey, Paramount, Compton, Lynwood, etc.)

Social-Recreation: Local parks, pools, and YMCA's are a good place to start. Here are more suggestions for some regional center areas from their websites:
Eastern Los Angeles Regional Center:
http://www.elarc.org/resources-publications/social-recreational
Harbor Regional Center's area:
http://www.harborrc.org/files/uploads/Social_Recreation_Opportunities_doc_-_4-28.pdf
Lanterman Regional Center's area:
http://lanterman.org/index.php/news/ongoing-social-recreational-opportunities#.VaL2kvlViko
Westside Regional Center's area:
http://www.westsiderc.org/resources/kids/social-recreational-activities/

Technology:
Computers:
Contact companies like Apple, Dell, HP, etc. for any possible free or reduced cost programs for people with disabilities. Also, some charities may offer free computers to selected individuals.

Social Security Administration (see Public Resources)
Disabled adults may be able to obtain a computer through SSA's "Impairment Related Work Expenses". Individuals must be able to show that they can obtain some form of income through the use of the computer.

EmpowerTech
310 338-1597 www.empowertech.org
Assessments and training on assistive technology that meets each individual's needs.

Phones:
California Lifeline - Provides discounted basic telephone (landline) or cell phone services to eligible California households on limited incomes.
https://www.californialifeline.com/en

Therapists – Below are some of the more commonly used types of therapists with websites that can help you find them in your area and confirm their certification.

Behavior Therapists

Behavior Analyst Certification Board: www.bacb.com

DIR Floortime Therapists

Interdisciplinary Council on Development and Learning: http://www.icdl.com/DIR

Physical Therapists

Physical Therapy Board of California: http://www.ptbc.ca.gov/index.shtml

Psychologists, etc.

California Board of Psychology: http://www.psychology.ca.gov/

Los Angeles County Department of Mental Health: 800-854-7771 Free or low cost mental health service referrals.

Speech Therapists

California Speech and Language Pathology Board: http://www.speechandhearing.ca.gov/

California Department of Consumer Affairs:

http://www.dca.ca.gov/about_dca/entities.shtml The California Boards listed above can also be accessed through this website.

Transportation:

Access Services

800-827-0829 www.accessla.org

Curb-to-curb shared-ride ADA paratransit service for eligible riders in Los Angeles County. Eligibility is based or whether or not you get to and from a bus, whether you can get on or off a bus, and if you understand which bus to get on and when to get off. Door to door services available in some situations. Fare is now $2.75 one way for rides under 20 miles. A proposed new fare structure is currently being considered.

MTA

www.metro.net

Has an origin-to-destination bus trip planner on the website for most of L.A. County.

Learn about Volunteer Driver Programs at:

http://accessla.org/other_mobility_resources/volunteer_driver_program.html

Other

Independent Living Centers- Assists people with physical disabilities with housing, attendant registries, benefits, and other resources. Several in Los Angeles County: http://www.rehab.cahwnet.gov/ILS/ILC-Los-Angeles.aspx

Remember that self-determination lets you think outside the box! Above is a starter list of resources, but don't get too tied to lists. Here is your chance to be creative!

- It might be helpful to think about jobs in a different way. What unique skills does the person have that could be turned into her own business (micro-enterprise)? Can a job be broken down into parts? A willing employer might be agreeable to "carve" a job suited to your client's strengths.
- Ask a neighbor, friend, church-member or other acquaintance if you can pay them a small amount to drive your client on errands. Some people would be happy to accept a couple of dollars which is less than and more convenient than some other transportation options.
- Seek out natural supports – the barber, the store clerk, a friend's friend. They may know someone who might want to be a paid room-mate, a personal care attendant, a supported living instructor, a companion for outings, etc.
- Use google, amazon, e-bay, craigslist, uber, facebook and endless other websites, apps, and social network sites to shop ideas and prices for goods and services.
- Use word of mouth referrals from friends, family, support groups, etc.

The freedom to find services that are a true match for you or the people for whom you are the Facilitator, is the hallmark of Self-Determination. It may take plenty of trial and error, but the efforts are worth the payoff of dignified lives, and giving each person quality choices to meet their unique needs. Good luck!

CALIFORNIA SCDD

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CALIFORNIA SCDD State Council on Developmental Disabilities

STATE OF CALIFORNIA
Gavin Newsom,
Governor

Los Angeles Office • www.scdd.ca.gov • julie.eby-mckenzie@scdd.ca.gov • 411 N. Central Avenue, Suite 620
Glendale, CA 91203

818/543-4631 Voice
818/543-4635 FAX

HOUSING RESOURCES

UPDATE: JULY 2018

Please feel free to contact us if any information is found to be missing or incorrect

FEDERAL RESOURCES

HUD: Housing Choice Vouchers (Section 8 housing) information:

General information about Section 8
http://portal.hud.gov/hudportal/HUD?src=/program_offices/public_indian_housing/programs/hcv/about/fact_sheet

List of public housing agencies by zip code:
http://portal.hud.gov/hudportal/HUD?src=/program_offices/public_indian_housing/pha/contacts/ca_zip

Low Income Housing authority: http://lowincome.org

Fair Housing Advocate: http://fairhousing.com/fair-housing-101

STATE RESOURCES

Housing California, Residents United Project: https://www.housingca.org/run

Tenants Together: http://tenantstogether.org/

COUNTY/CITY RESOURCES

A Community of Friends: http://www.acof.org
Housing resources for people with disabilities

Housing Rights Center http://www.housingrightscenter.org
Supports and promotes fair housing through education, advocacy and litigation throughout LA County

LA Housing and Community Investment Department: http://lahd.lacity.org
Resource for renters and homeowners in the city of Los Angeles

LA City Housing Authority: http://www.hacla.org/apply-public-housing/

LA County Dept. of Consumer and Business Affairs: Information for renters including the process of renting, renters' rights and so forth. http://dcba.lacounty.gov/consumer-protection/

LA County Housing Resource Center: http://www.socialserve.com/la_county/Resources.html?ch=LAC

LA County Housing Resources: http://housing.lacounty.gov/

LA Family Housing: http://www.lafh.org/what-we-do

Neighborhood Housing Services: http://www.nhslacounty.org/

Rental assistance organization listings: http://www.needhelppayingbills.com/html/los_

angeles_rental_assistance.html

HOUSING SEARCH TOOLS

CA Housing and Community Development, Affordable Housing Listings:
http://www.hcd.ca.gov/about/contact/affordable-housing-rental-directory/index.shtml

Housing Rights Center, Rental Listings
http://www.housingrightscenter.org/doc.asp?id=8

Rental listings at LA County Housing Authority:
https://www.socialserve.com/tenant/CA/index.html?ch=LAC

HUD: Affordable Apartment Search tool:
http://www.hud.gov/apps/section8/step2.cfm?state=CA%2CCalifornia

Low Income Housing search: http://www.lowincomehousing.us/CA.html

Housing and Community Investment and Development, Special needs populations:
https://hcidla.lacity.org/special-needs-populations

List of low income apartments in LA County: http://www.lowincome-apartments.com/California/CA-los-angeles.htm

LEGAL HELP

Bazelon Center for Mental Health Law: www.bazelon.org
202-467-5730

Bet Tzedek: The House of Justice: www.bettzedek.org
323-939-0506

California Department of Fair Employment and Housing: www.dfeh.ca.gov
800-884-1684

The Fair Housing Council of the San Fernando Valley: www.fhcsfv.com
800-287-4617

Fair Housing Foundation: www.fairhousingfoundation.com
800-446-3247

Housing Rights Center: http://www.hrc-la.org/

Inland Fair Housing and Mediation Board: www.ifhmb.com
800-321-0911

LawHelp California: www.lawhelpcalifornia.org

Neighborhood Legal Services of LA County, legal assistance including eviction defense:
http://www.nlsla.org/

Public Counsel, Eviction Defense Services: http://www.publiccounsel.org/pages/?id=0078

Western Center on Law and Poverty: https://wclp.org/our-work/our-focus-areas/housing/

LOW INCOME HOME MODIFICATION ASSISTANCE

HandyWorker Program, Los Angeles Housing Department: https://hcidla.lacity.org/low-income-sr
866-557-7368

Rebuilding Together Southern California Council: www.rebuildingtogether.org
714-657-8174

SAMPLE BUSINESS FORM

SELF DETERMINATION PROJECT: SERVICE BROKER AGREEMENT FORM

Date: _____

Consumer: _____ UCI# _____

Authorized Representative: _____ Telephone: _____

Service Broker: _____ SSN: _____

Address: _____ Telephone _____

Service Broker agrees to perform the following duties:

- Assist in developing and maintaining a circle of support for the consumer and family
- Assist the consumer in planning his/her life and future based on choice and variety
- Coordinate services by finding providers and resources to meet the changing needs and choices of the consumer and family
- Assist in planning and managing the allotted budget, including setting up and maintaining the most cost effective use of the available funding
- Assist the consumer in locating, developing and utilizing natural and generic resources
- Advertise, recruit and assist in pre-screening all potential service providers
- Assist in developing and coordinating the consumer's person centered planning meetings and individual budget
- Maintain a working relationship, emphasizing quality, collaboration and partnership between consumer, family, ELARC and Fiscal Intermediary
- Negotiate prices and finalize contracts/agreements with service providers with copies of such agreements submitted to ELARC and to the Fiscal Intermediary
- Monitor effectiveness and quality of services the providers agreed to in their contract
- Act as advocate for the consumer regarding any issues that arise as a result of implementing the consumer's IPP
- Maintain at least monthly phone contact and quarterly visits with the consumer
- Mediates issues between the consumer, providers, regional center and/or Fiscal Intermediary
- Maintain a case record for each consumers detailing the services being utilized
- Complete required documentation and submit to ELARC for review
- Provide monthly updates to ELARC service coordinator advising of any important issues regarding a change in the plan, including health status and provider issues

By signing below:

- **we agree to the above responsibilities of the service broker**
- **we understand that other responsibilities may be added by mutual agreement of all parties**
- **we understand that should the broker fail to respond to messages, correspondence, and/or keep appointments on three (3) consecutive occasions, this is considered job abandonment and releases both parties from this agreement.**

Consumer: _____ Date:
(Print Name)

Authorized Representative: _____ Date:
(Print Name)

Service Broker: _____ Date:
(Print Name)

Representative: _____ Date:
(Print Name)

SAMPLE CONTRACTS WITH VENDORS

Prototype

PURCHASE OF SERVICES AGREEMENT

This agreement should be used as a model for designing a locally sanctioned agreement to be used between the individual using arrangements that support self-determination (or his/her chosen legal representative[4]) and a provider agency from which they choose to purchase services. This agreement can be modified and used when the agency is providing all or some supports coordination to the individual. A modification of this agreement format may also be used to contract with an independent licensed/certified professional, or an entity that provides other goods or services. The format does not allow for the sort of arrangements necessary to define an employer-employee relationship, and should not be used as such.

The provisions of this agreement:

- Describe the duties required of the service provider;
- Detail the service provider's compensation and benefits;
- Outline the rules and regulations affecting the provision of services;
- Explain the importance of the Self-Determination Provider Agreement.

[4] A person may choose to use a power of attorney to authorize a family member or trusted friend to handle matters for him or her; some persons may have a legal guardian whose responsibility to act in place of the person in certain matters.

PROTOTYPE

PURCHASE OF SERVICES AGREEMENT

Notes in bold, italics and brackets are places where specific information must be inserted. To make the agreement clearer for the person, his or her name and the service provider's name should be used throughout the document.

This agreement is made on ***[Insert date]*** between ***[Insert name of person]*** ("person") and ***[Insert name of service provider]*** ("service provider"). a provider of [Insert type of services] to describe the services or supports the person is purchasing from the service provider and how the service provider will be compensated for providing such services.

This contract shall remain in effect until it is terminated or modified. Any party can initiate a termination or modification by providing 15 days written notice to the other party. The other party shall respond to any such notice within seven (7) working days by accepting the modification or termination or proposing an alternative modification.

The parties acknowledge and agree that this contract is conditioned on the person's use of arrangements that support self-determination administered by the PIHP/CMHSP. If the person ends participation in arrangements that support self-determination. this contract may be terminated.

1. During the term of this Agreement. the service provider shall provide support to the person by performing the following duties **[Insert detailed description of duties]**.
    - ***There can be different types of services, different rates by service or shift, and it could outline which employee of the provider agency will provide which services, or cover which shift.***
    - ***This will be different in each situation. The individual, with support from their allies[5] and supports coordinator, should determine what services they want to purchase and how they should be delivered. This should be determined prior to approaching providers so the individual can shop around. The provider should not determine this. The provider can always turn down the contract if it does not feel comfortable with what the individual wants to purchase.***
    - ***Keep in mind, as with all contracts, the terms of the contract result from negotiation between the parties to the contract.***

[5] An individual's allies include chosen: family members. friends. paid staff. other professionals. and community members. etc.

- ***If all supports coordination and/or personal agent functions are to be provided by the agency, those should be specifically outlined. This will be very important if some of the supports coordination and/or the functions of a personal agent will be provided by another party, for example the PIHP/CMHSP).***

2. The person agrees to authorize his or her fiscal intermediary to pay the service provider for the provision of the services described on a **[insert appropriate period such as weekly or monthly]**. Payment will be made only when authorized by the person. If the service provider has a question about payment. it must contact the person to clarify the issue. If more information is necessary. the service provider may contact the fiscal intermediary directly to process payment under this agreement and to understand requirements of arrangements that support self-determination. If further clarification is still needed. then the service provider may contact the PIHP/CMHSP for information.

3. **[If the service provider is providing direct care staff, insert the following provisions:** The service provider is an independent contractor of the person. **The service provider shall provide staff to perform the services or supports described above in a manner consistent with this agreement. The service provider is the sole employer of the staff members and shall fulfill all federal and state employment obligations including, but not limited to:**
   - **maintaining worker's compensation insurance;**
   - **complying with minimum wage standards and overtime regulations; withholding and payment of employment taxes; complying with occupational health and safety standards;**
   - **and all other reasonable employer responsibilities.**

   The service provider has the legal responsibility to recruit, screen, hire, manage and supervise the staff in accordance with all applicable federal and state laws. The provider shall, make every effort to meet the person's preferences when employing and scheduling its employees. This includes involving the person in the employee selection and assuring re-assignment of employees when they are not acceptable to the person. The person will have the maximum amount of control over staff as allowed by law.]

4. The parties agree and specifically acknowledge that the services may be performed in the person's home. The service provider agrees that its staff will abide by all of the person's rules and PIHP/CMHSP regulations and the service provider acknowledges receipts of the following rules and regulations:
   a. **[person should insert can rules he or she may have (such as rules regarding phone usage or smoking in his or her home)].**
   b. **[The PIHP/CMHSP shall insert its policies and/or procedures for people using arrangements that support self-determination or other policies that the employee needs to understand and follow].**
   c. **[Insert reporting and documentation requirements for verifying hours worked].**

5. If the person has a complaint regarding the provision of services under this contract. it should inform the service provider and the service provider shall respond to the complaint within seven days. If the complaint cannot be resolved directly by the parties. the person shall inform his or her supports coordinator.

6. If a dispute arises concerning an invoice or the authorization of payment on an invoice. the following procedure should be followed: **[Insert Applicable Dispute Resolution Procedure].**

7. **[Optional Provision: The service provider shall immediately notify [insert the name and contact information of the contact person chosen by the person [for example, it may be an ally] if the person experiences a medical emergency or illness. The service provider will also notify [insert name of contact person] before taking the person to the physician, except in case of an emergency.]**

8. The service provider agrees to complete illness and incident reports when necessary as required or requested by the PIHP/CMHSP or the person.

9. The service provider understands and acknowledges that this contract is with the person only and that the PIHP/CMHSP. which authorizes the supports provided. and the fiscal intermediary. which is the financial administrator of the funds used to fund the services or support. are not parties to this contract.

10. The service provider agrees not to sue the fiscal intermediary for its role as the financial administrator of the person's individual budget and not sue the PIHP/CMHSP in its role in administering arrangements that support self-determination.

11. The service provider agrees to assist the participant in filing Recipient Right complaints upon request. The service provider also understands that it has a responsibility to report rights violations of which it is aware or any potential abusive or neglectful situations it observes. The service provider understands that it may be requested to cooperate with a recipient rights investigation

and/or assist the individual with exercising his or her rights. The parties agree to comply with all Recipient Rights protections and other rights in applicable state and federal law.

12. The service provider agrees to the following compensation for the services performed: **$[insert hourly wage]** an hour. The payment shall be paid within fourteen (14) business days of receipt of authorization at the following address **[insert service provider address]**.

13. The service provider agrees to execute a Self-Determination Provider Agreement with the PIHP/CMHSP and acknowledges that this agreement does not alter the fact that the PIHP/CMHSP is only the administrator of arrangements that support self-determination. and that this contract for services or supports is solely with the person. The service provider acknowledges that payment for services is contingent on completing this agreement.

14. This agreement represents the entire understanding and contract between the parties. and supersedes any and all prior agreements. whether written or oral that may exist between the parties. Any modification to this agreement must be made in writing.

Service Provider's Signature **Date**

Person Signature[6] **Date**

[6] Some individuals may have a guardian or a chosen legal representative. If the person has a guardian or a chosen legal representative. a place should be inserted for that person to sign and the appropriate documentation verifying that person's authority should be attached to that agreement.

Prototype

EMPLOYMENT AGREEMENT

This agreement should be used as a prototype for developing an agreement between an individual using mental health specialty services (or his or her chosen legal representative[2]) who is a person using arrangements that support self-determination and a person directly employed by the person to provide services or supports. It outlines and describes the duties and responsibilities of the parties to the contract.

The provisions of this agreement:

- Describe the nature of arrangements that support self-determination. the nature of the employment relationship. and the structure of service authorization and payment mechanisms;
- Describe the duties required of the employee;
- Detail the employee's compensation and benefits;
- Outline the rules and regulations affecting the employee's employment;
- Explain the importance of the Self-Determination Provider Agreement;
- Outline the requirements that the employee must meet.

[2] A person may choose to use a power of attorney to authorize a family member or trusted friend to handle matters for him or her; some persons may have a legal guardian whose responsibility to act in place of the person in certain matters.

PROTOTYPE

EMPLOYMENT AGREEMENT

Notes in bold, italics and brackets are places where specific information must be inserted. To make the agreement clearer for the person, his or her name and the employee's name should be used throughout the document.

This agreement is made on ***[Insert date]*** between ***[Insert name of person directly employing the worker]*** ("employer") and ***[Insert name of employee]*** ("employee") to describe the supports that the employee will provide to the employer and the terms and conditions of employment.

ARTICLE I

EMPLOYEE RESPONSIBILITIES

I. ***[Insert name of employee]*** (employee) am aware and agree that my employment is conditioned on my employer's use of arrangements that support self-determination administered by the PIHP/CMHSP. If my employer stops using arrangements that support self-determination. my employment may end. I agree to the following terms of employment:

1. During the term of this Agreement. I shall provide support to my employer by performing the duties outlined in this agreement and any attachments to it.

2. I agree to assist my employer in maintaining the documentation and records required by my employer or the PIHP/CMHSP. I agree to complete all necessary paperwork to secure mandatory payroll deductions from my pay. All records I may have or assist in maintaining are the property of my employer. I will keep these records confidential. release them only with the consent of my employer. and return them to my employer if my employment ends. In addition. I will complete illness and incident reports when necessary as required or requested by the PIHP/CMHSP or my employer.

3. **[Optional Provision: I shall immediately notify *(Insert the name and contact information of the contact person chosen by the employer (for example, it may be an ally)* if my employer experiences a medical emergency or illness. I will also notify (*insert name of contact person*) before taking my employer to the physician, except in case of an emergency.]**

4. I agree to abide by all of my employer's rules and PIHP/CMHSP regulations (described below) regarding my employment duties to the employer and I acknowledge receipt of the following rules and regulations

   a. Attachment A to this Agreement. which outlines the supports that I will provide to my employer.
   b. ***[Employer should insert rules he or she may have (such as rules regarding phone usage or smoking in his or her home)].***
   c. ***[The PIHP/CMHSP shall insert its policies and/or procedures for use of arrangements that support self-determination or other policies that the employee needs to understand and follow].***
   d. ***[Insert reporting and documentation requirements for verifying hours worked].***

5. I understand that this is an employment at will relationship. which can be terminated by me or by my employer at any time. However. my employer cannot terminate my employment on the basis of my race. religion. sex. disability or other protected status under federal or Michigan law. In addition. I agree to give [insert number of days] days written notice to my employer if I terminate my employment.

6. I understand and acknowledge that my employer is my sole employer and that I am not an employee of the PIHP/CMHSP. which authorizes the supports I provide. or the fiscal intermediary. which is the financial administrator of funds used to pay me.

7. I agree to assist my employer in filing Recipient Right complaints upon request. I also understand that I have a responsibility to report rights violations of which I am aware or any potential abusive or neglectful situations I observe. I understand that I may be requested to cooperate with a recipient rights investigation and/or assist my employer with exercising his or her rights.

8. I agree to not to sue the fiscal intermediary for its role as the financial administrator of my employer's individual budget and the PIHP/CMHSP for its role in administering arrangements that support self-determination.

9. **I agree to execute a Self-Determination Provider Agreement with the PIHP/CMHSP and acknowledge that this agreement does not alter the fact that the PIHP/CMHSP is only the administrator of the funds used through arrangements that support self-determination, and that my employer is *[insert name of employer]*. I understand that my employment is contingent on completing this agreement.**

ARTICLE II

EMPLOYER RESPONSIBILITIES

I. ***[insert name of Employer]*** ("Employer") agree to the following:

1. I will provide my fiscal intermediary with the necessary documentation to assure timely compensation of my employee.

2. I will compensate my employee in the following manner: $ ***[insert hours wage]*** an hour. ***[insert specific information about any benefits the employee shall receive and describe benefits that will be excluded.]*** Payroll will be handled by my fiscal intermediary ***[insert name of fiscal intermediary],*** which will withhold all necessary tax. unemployment and other withholdings from the employee's paychecks.

3. I will assure my employee receives appropriate training.

4. I will evaluate the performance of my employee and provide appropriate feedback to assure that I am receiving quality supports.

5. **I will assure that my employee executes a Self-Determination Provider Agreement with the PIHP/CMHSP.**

_____

Employee Signature **Date**

_____

Employer Signature[3] **Date**

[3] Some individuals may have a guardian or a chosen legal representative. If the employer has a guardian or a chosen legal representative. a place should be inserted for that person to sign and the appropriate documentation verifying that person's authority should be attached to that agreement.

Employment Agreement (Sample)

THIS AGREEMENT made as of the _____day of_____, 20__ , between [name of employer] a corporation incorporated under the laws of the Province of Ontario, and having its principal place of business at _____(the "Employer"); and [name of employee], of the City of _____in the Province of Ontario (the "Employee").

WHEREAS the Employer desires to obtain the benefit of the services of the Employee, and the Employee desires to render such services on the terms and conditions set forth.

IN CONSIDERATION of the promises and other good and valuable consideration (the sufficiency and receipt of which are hereby acknowledged) the parties agree as follows:

1. Employment

The Employee agrees that he will at all times faithfully, industriously, and to the best of his skill, ability, experience and talents, perform all of the duties required of his position. In carrying out these duties and responsibilities, the Employee shall comply with all Employer policies, procedures, rules and regulations, both written and oral, as are announced by the Employer from time to time. It is also understood and agreed to by the Employee that his assignment, duties and responsibilities and reporting arrangements may be changed by the Employer in its sole discretion without causing termination of this agreement.

2. Position Title

As a _____, the Employee is required to perform the following duties and undertake the following responsibilities in a professional manner.

(a)-.
(b) -
(c) -
(d) -
(e) Other duties as may arise from time to time and as may be assigned to the employee.

3. Compensation

(a) As full compensation for all services provided the employee shall be paid at the rate of ____. Such payments shall be subject to such normal statutory deductions by the Employer.
(b) *(may wish to include bonus calculations or omit in order to exercise discretion).*
(c) The salary mentioned in paragraph (1)(a) shall be review on an annual basis.
(d) All reasonable expenses arising out of employment shall be reimbursed assuming same have been authorized prior to being incurred and with the provision of appropriate receipts.

4. Vacation

The Employee shall be entitled to vacations in the amount of ____ weeks per annum.

5. Benefits

The Employer shall at its expense provide the Employee with the Health Plan that is currently in place or as may be in place from time to time.

6. Probation Period

It is understood and agreed that the first ninety days of employment shall constitute a probationary period during which period the Employer may, in its absolute discretion, terminate the Employee's employment, for any reason without notice or cause.

7. Performance Reviews

The Employee will be provided with a written performance appraisal at least once per year and said appraisal will be reviewed at which time all aspects of the assessment can be fully discussed.

8. Termination

(a) The Employee may at any time terminate this agreement and his employment by giving not less than two weeks written notice to the Employer.

(b) The Employer may terminate this Agreement and the Employee's employment at any time, without notice or payment in lieu of notice, for sufficient cause.

(c) The Employer may terminate the employment of the Employee at any time without the requirement to show sufficient cause pursuant to (b) above, provided the Employer pays to the Employee an amount as required by the Employment Standards Act 2000 or other such legislation as may be in effect at the time of termination. This payment shall constitute the employees entire entitlement arising from said termination.

(d) The employee agrees to return any property of _____ at the time of termination.

9. Non- Competition

(1) It is further acknowledged and agreed that following termination of the employee's employment with _____ for any reason the employee shall not hire or attempt to hire any current employees of _____.

(2) It is further acknowledged and agreed that following termination of the employee's employment with _____ for any reason the employee shall not solicit business from current clients or clients who have retained _____ in the 6 month period immediately preceding the employee's termination.

10. Laws

This agreement shall be governed by the laws of the Province of Ontario.

11. Independent Legal Advice

The Employee acknowledges that the Employer has provided the Employee with a reasonable opportunity to obtain independent legal advice with respect to this agreement, and that either:

(a) The Employee has had such independent legal advice prior to executing this agreement, or;

(b) The Employee has willingly chosen not to obtain such advice and to execute this agreement without having obtained such advice.

12. Entire Agreement

This agreement contains the entire agreement between the parties, superseding in all respects any and all prior oral or written agreements or understandings pertaining to the employment of the Employee by the Employer and shall be amended or modified only by written instrument signed by both of the parties hereto.

13. Severability

The parties hereto agree that in the event any article or part thereof of this agreement is held to be unenforceable or invalid then said article or part shall be struck and all remaining provision shall remain in full force and effect.

IN WITNESS WHEREOF the Employer has caused this agreement to be executed by its duly authorized officers and the Employee has set his hand as of the date first above written.

SIGNED, SEALED AND DELIVERED in the presence of:

_____

[Name of employee]

_____

[Signature of Employee]

_____

[Name of Employer Rep]

_____

[Signature of Employer Rep]
[Title]

CONTRACT FOR PROFESSIONAL OR TECHNICAL SERVICES

This contract is entered into as of this _____ day of _____ 2007, by and between the [redacted], with its principal office located at [redacted] (hereinafter referred to as the Agency) and _____, with the business address located at _____, (hereinafter referred to as Contractor).

WITNESSETH THAT:

I. STATEMENT OF WORK

The contractor shall, in a satisfactory and proper manner as determined by the Agency, perform the work as set forth in Exhibit "A" Statement of Work, consisting of 1 page attached to this Contract as fully set forth herein.

II. PERIOD

The Contractor shall commence performance of this Contract as of the date of the execution and for as long as the Termination of Contract, Clause VI, does not apply to the termination date, if any, specified in Exhibit "B".

III. COMPENSATION

The Contractor shall be compensated for services performed under this Contract by no more than the amounts set forth in Exhibit "B", Contract Budget, consisting of 1 page, attached hereto, and by this reference is hereby made a part of this Contract as if fully set forth herein, and for the purposes set forth in Exhibit "A", Statement of Work.

IV. REPORTING

The Contractor shall provide the Agency with "Support Broker Monthly Billing" forms as specified in Exhibit "A" and shall include an "invoice for Professional or Technical Services" with as much detail as required by the Agency. The Contractor shall also provide the Agency with the monthly "Provider of Care Claim" form. This form shall be attached to the "Support Broker Monthly Billing" when submitted to the Agency for remittance.

Support Broker Monthly Billing and Provider of Care Claim forms must be submitted to the Agency no later than three (3) months from the month the actual service was provided. Any Support Broker Monthly Billing and/or Provider of Care Claim forms submitted beyond the three (3) month time period will not be recognized. Thus, the service broker would forfeit any payment which otherwise may have been owed to them.

V. PAYMENTS

Subject to receipt of funds from the funding source, the Agency will make payment to the Contractor under the terms of this Contract after receipt of the proper invoice as described in Section IV above. Fulfillment of the [redacted] contingent upon the submission of the performance [redacted] described above, which are acceptable to the Agency and to the funding source. The time schedule of payment is as follows: Provider of Care Claim forms are issued towards the end of each month. After services for the month have been rendered, complete the form and attach it with the Support Broker Monthly Billing form and return it to the Agency by the third (3rd) working day of the following month. Out payment dates are around the eleventh (11th) and twenty-first (21st) of each month following the month of service. The Agency reserves a delay of up to three (3) days for any unforeseeable and/or time consuming problems.

VI. TERMINATION OF CONTRACT

If, though any cause, the Contractor shall fail to fulfill in a timely and proper manner the obligations under this Contract, or if the Contractor shall violate any of the covenants, agreements and/or contracts, or stipulation of this Contract, or if the grants from the funding sources under which this Contract is made is terminated by the funding source, or if the Agency herein is the delegate agency of a funding source grantee, and the Contract by which such delegation is made is terminated, the Agency shall thereupon have the right to terminate this Contract by giving written notice to the Contractor of such termination and specifying the effective date thereof. If the Contractor is unable or unwilling to comply with such additional conditions as may be lawfully imposed by the funding sources on the grants or Contracts under which the Agency is performing the programs to which these professional services are being rendered, the Contractor shall have the right to terminate the Contract by giving written notice to the Agency signifying the effective date thereof. The Contractor or the Agency shall have the right to terminate this Contract for any other reason, by giving a minimum of two weeks written notice signifying the effective date thereof. In the event of termination, all property and finished or unfinished documents, date studies, and reports purchased or prepared by the Contractor under the Contract shall, at the option of the Agency, become its property and the Contractor shall be entitled to compensation for any unreimbursed expenses necessarily incurred in satisfactorily performance of the Contractor. This Contract can also be terminated by either party or as specified in the Provider Payment and Service Agreement.

VII. RECORDS

The Contractor agrees to maintain and preserve until three (3) years after the termination

of the agreement between the [redacted] for the fiscal year and to permit the State or any of its duly authorized representatives to have access to and [redacted] pertinent books, documents, paper, and records of the Contractor related to this Contract.

Any working notes, assessments, evaluations or reports of any kind in which the support broker obtains while working for a consumer in the self-determination project are property of the Agency and must be submitted to the Agency if and when requested.

VIII. CHANGES

The Agency may, from time to time, request changes in the scope of the services of the Contractor to be performed hereunder. Such changes, including [redacted] increase or decrease in the amount of the Contractor's compensation, which are mutually agreed upon by and [redacted] the Agency and the Contractor, must be incorporated in written amendments to this Contract.

IN WITNESS WHEREOF, the Agency and the Contractor have executed this Contract as of the date first written above.

_____

, Contractor — Date

SSN:
Address:
Telephone:

_____

[redacted], Executive Director — Date

REVIEWED AND APPROVED BY:

_____

[redacted], Chief of Administration — Date

EXHIBIT "A"

STATEMENT OF WORK

The attached described Contractor's duties have been determined by the Contractor based upon the broker role as described in the [redacted] Self-Determination Project Implementation Plan and related training materials. Service brokers must complete the initial orientation and training program offered by [redacted] prior to signature of this contract.

The service broker, if utilized by the consumer, has an integral link within the consumer's circle of support. The broker is in an advisory role designed not to make decisions for the consumer, but rather provide information so the consumer can make his/her own decisions. Once the consumer's individual budget has been determined the broker will coordinate services by finding providers and resources based upon the needs and choices of the consumer. The broker is also responsible, but not limited to the following: advertising, recruiting and pre-screening potential service providers; negotiating prices and coordinating/submitting budgets to the fiscal intermediary and [redacted] service coordinators; monitoring the quality of services; coordinating person centered meetings; maintaining a minimum telephone contacts and home quarterly meetings with the consumer; act as an advocate; provide monthly updates to the [redacted] service coordinator; maintain a case record for each consumer; and provide the required documentation to the [redacted] service coordinator.

The Contractor's duties shall include only those activities, as described in Attachment 1, "Service Broker Agreement" form in its completed and signed state. The form must be checked off as to specific duties then signed by both the consumer and the Service Broker prior to implementation under this contract.

A potential for conflict of interest must be reported by the broker prior to signature of this contract and the "Service Broker Agreement" form. Potential conflict of interest may include, but is not limited to:

- $ employment by an agency vendored by a regional center
- $ employment by a generic agency (i.e.: school, clinic) which serves regional center consumers
- $ a personal relationship with the participant

[redacted]

[redacted]

EXHIBIT "B"

CONTRACT BUDGET

I. The Contractor shall be compensated for services performed as described in Exhibit "A" at a rate of $25.00 per hour. Depending upon the discretion of the consumer at the time of negotiation a slightly higher or lower rate could be negotiated. The Contractor may work with no more than four (4) consumers at any time and may bill up to a maximum of five (5) hours of service per week per individual consumer during the time period July 1, 2002 through June 30, 2008. The need for additional hours must be discussed and approved by the Agency and the consumer prior to being provided.

II. The Contractor shall deliver the Support Broker Monthly Billing and Provider of Care Claim forms mentioned in Section IV no later than the third (3rd) working day of the month following the month of service.

MANDATED REPORTING LAWS & PROCEDURES

WELFARE AND INSTITUTIONS CODE - WIC

ARTICLE 3. Mandatory and Nonmandatory Reports of Abuse [15630 - 15632]

(Heading of Article 3 renumbered from Article 4 by Stats. 1994, Ch. 594, Sec. 5.)

15630.

(a) Any person who has assumed full or intermittent responsibility for the care or custody of an elder or dependent adult, whether or not he or she receives compensation, including administrators, supervisors, and any licensed staff of a public or private facility that provides care or services for elder or dependent adults, or any elder or dependent adult care custodian, health practitioner, clergy member, or employee of a county adult protective services agency or a local law enforcement agency, is a mandated reporter.

(b) (1) Any mandated reporter who, in his or her professional capacity, or within the scope of his or her employment, has observed or has knowledge of an incident that reasonably appears to be physical abuse, as defined in Section 15610.63, abandonment, abduction, isolation, financial abuse, or neglect, or is told by an elder or dependent adult that he or she has experienced behavior, including an act or omission, constituting physical abuse, as defined in Section 15610.63, abandonment, abduction, isolation, financial abuse, or neglect, or reasonably suspects that abuse, shall report the known or suspected instance of abuse by telephone or through a confidential Internet reporting tool, as authorized by Section 15658, immediately or as soon as practicably possible. If reported by telephone, a written report shall be sent, or an Internet report shall be made through the confidential Internet reporting tool established in Section 15658, within two working days.

(A) If the suspected or alleged abuse is physical abuse, as defined in Section 15610.63, and the abuse occurred in a long-term care facility, except a state mental health hospital or a state developmental center, the following shall occur:

(i) If the suspected abuse results in serious bodily injury, a telephone report shall be made to the local law enforcement agency immediately, but also no later than within two hours of the mandated reporter observing, obtaining knowledge of, or suspecting the physical abuse, and a written report shall be made to the local ombudsman, the corresponding licensing agency, and the local law enforcement agency within two hours of the mandated reporter observing, obtaining knowledge of, or suspecting the physical abuse.

(ii) If the suspected abuse does not result in serious bodily injury, a telephone report shall be made to the local law enforcement agency within 24 hours of the mandated reporter observing, obtaining knowledge of, or suspecting the physical abuse, and a written report shall be made to the local ombudsman, the corresponding licensing agency, and the local law enforcement agency within 24 hours of the mandated reporter observing, obtaining knowledge of, or suspecting the physical abuse.

(iii) When the suspected abuse is allegedly caused by a resident with a physician's diagnosis of dementia, and there is no serious bodily injury, as reasonably determined by the mandated reporter, drawing upon his or her training or experience, the reporter

shall report to the local ombudsman or law enforcement agency by telephone, immediately or as soon as practicably possible, and by written report, within 24 hours.
(iv) When applicable, reports made pursuant to clauses (i) and (ii) shall be deemed to satisfy the reporting requirements of the federal Elder Justice Act of 2009, as set out in Subtitle H of the federal Patient Protection and Affordable Care Act (Public Law 111-148), Section 1418.91 of the Health and Safety Code, and Section 72541 of Title 22 of California Code of Regulations. When a local law enforcement agency receives an initial report of suspected abuse in a long-term care facility pursuant to this subparagraph, the local law enforcement agency may coordinate efforts with the local ombudsman to provide the most immediate and appropriate response warranted to investigate the mandated report. The local ombudsman and local law enforcement agencies may collaborate to develop protocols to implement this subparagraph.
(B) Notwithstanding the rulemaking provisions of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, or any other law, the department may implement subparagraph (A), in whole or in part, by means of all-county letters, provider bulletins, or other similar instructions without taking regulatory action.
(C) If the suspected or alleged abuse is abuse other than physical abuse, and the abuse occurred in a long-term care facility, except a state mental health hospital or a state developmental center, a telephone report and a written report shall be made to the local ombudsman or the local law enforcement agency.
(D) With regard to abuse reported pursuant to subparagraph (C), the local ombudsman and the local law enforcement agency shall, as soon as practicable, except in the case of an emergency or pursuant to a report required to be made pursuant to clause (v), in which case these actions shall be taken immediately, do all of the following:
(i) Report to the State Department of Public Health any case of known or suspected abuse occurring in a long-term health care facility, as defined in subdivision (a) of Section 1418 of the Health and Safety Code.
(ii) Report to the State Department of Social Services any case of known or suspected abuse occurring in a residential care facility for the elderly, as defined in Section 1569.2 of the Health and Safety Code, or in an adult day program, as defined in paragraph (2) of subdivision (a) of Section 1502 of the Health and Safety Code.
(iii) Report to the State Department of Public Health and the California Department of Aging any case of known or suspected abuse occurring in an adult day health care center, as defined in subdivision (b) of Section 1570.7 of the Health and Safety Code.
(iv) Report to the Bureau of Medi-Cal Fraud and Elder Abuse any case of known or suspected criminal activity.
(v) Report all cases of known or suspected physical abuse and financial abuse to the local district attorney's office in the county where the abuse occurred.
(E) (i) If the suspected or alleged abuse or neglect occurred in a state mental hospital or a state developmental center, and the suspected or alleged abuse or neglect resulted in any of the following incidents, a report shall be made immediately, but no later than within two hours of the mandated reporter observing, obtaining knowledge of, or suspecting abuse, to designated investigators of the State Department of State

Hospitals or the State Department of Developmental Services, and also to the local law enforcement agency:
(I) A death.
(II) A sexual assault, as defined in Section 15610.63.
(III) An assault with a deadly weapon, as described in Section 245 of the Penal Code, by a nonresident of the state mental hospital or state developmental center.
(IV) An assault with force likely to produce great bodily injury, as described in Section 245 of the Penal Code.
(V) An injury to the genitals when the cause of the injury is undetermined.
(VI) A broken bone when the cause of the break is undetermined.
(ii) All other reports of suspected or alleged abuse or neglect that occurred in a state mental hospital or a state developmental center shall be made immediately, but no later than within two hours of the mandated reporter observing, obtaining knowledge of, or suspecting abuse, to designated investigators of the State Department of State Hospitals or the State Department of Developmental Services, or to the local law enforcement agency.
(iii) When a local law enforcement agency receives an initial report of suspected or alleged abuse or neglect in a state mental hospital or a state developmental center pursuant to clause (i), the local law enforcement agency shall coordinate efforts with the designated investigators of the State Department of State Hospitals or the State Department of Developmental Services to provide the most immediate and appropriate response warranted to investigate the mandated report. The designated investigators of the State Department of State Hospitals or the State Department of Developmental Services and local law enforcement agencies may collaborate to develop protocols to implement this clause.
(iv) Except in an emergency, the local law enforcement agency shall, as soon as practicable, report any case of known or suspected criminal activity to the Bureau of Medi-Cal Fraud and Elder Abuse.
(v) Notwithstanding any other law, a mandated reporter who is required to report pursuant to Section 4427.5 shall not be required to report under clause (i).
(F) If the abuse has occurred in any place other than a long-term care facility, a state mental hospital, or a state developmental center, the report shall be made to the adult protective services agency or the local law enforcement agency.
(2) (A) A mandated reporter who is a clergy member who acquires knowledge or reasonable suspicion of elder or dependent adult abuse during a penitential communication is not subject to paragraph (1). For purposes of this subdivision, "penitential communication" means a communication that is intended to be in confidence, including, but not limited to, a sacramental confession made to a clergy member who, in the course of the discipline or practice of his or her church, denomination, or organization is authorized or accustomed to hear those communications and under the discipline tenets, customs, or practices of his or her church, denomination, or organization, has a duty to keep those communications secret.

(B) This subdivision shall not be construed to modify or limit a clergy member's duty to report known or suspected elder and dependent adult abuse if he or she is acting in the capacity of a care custodian, health practitioner, or employee of an adult protective services agency.
(C) Notwithstanding any other provision in this section, a clergy member who is not regularly employed on either a full-time or part-time basis in a long-term care facility or does not have care or custody of an elder or dependent adult shall not be responsible for reporting abuse or neglect that is not reasonably observable or discernible to a reasonably prudent person having no specialized training or experience in elder or dependent care.
(3) (A) A mandated reporter who is a physician and surgeon, a registered nurse, or a psychotherapist, as defined in Section 1010 of the Evidence Code, shall not be required to report, pursuant to paragraph (1), an incident if all of the following conditions exist:
(i) The mandated reporter has been told by an elder or dependent adult that he or she has experienced behavior constituting physical abuse, as defined in Section 15610.63, abandonment, abduction, isolation, financial abuse, or neglect.
(ii) The mandated reporter is not aware of any independent evidence that corroborates the statement that the abuse has occurred.
(iii) The elder or dependent adult has been diagnosed with a mental illness or dementia, or is the subject of a court-ordered conservatorship because of a mental illness or dementia.
(iv) In the exercise of clinical judgment, the physician and surgeon, the registered nurse, or the psychotherapist, as defined in Section 1010 of the Evidence Code, reasonably believes that the abuse did not occur.
(B) This paragraph shall not be construed to impose upon mandated reporters a duty to investigate a known or suspected incident of abuse and shall not be construed to lessen or restrict any existing duty of mandated reporters.
(4) (A) In a long-term care facility, a mandated reporter shall not be required to report as a suspected incident of abuse, as defined in Section 15610.07, an incident if all of the following conditions exist:
(i) The mandated reporter is aware that there is a proper plan of care.
(ii) The mandated reporter is aware that the plan of care was properly provided or executed.
(iii) A physical, mental, or medical injury occurred as a result of care provided pursuant to clause (i) or (ii).
(iv) The mandated reporter reasonably believes that the injury was not the result of abuse.
(B) This paragraph shall not be construed to require a mandated reporter to seek, nor to preclude a mandated reporter from seeking, information regarding a known or suspected incident of abuse prior to reporting. This paragraph shall apply only to those categories of mandated reporters that the State Department of Public Health determines, upon approval by the Bureau of Medi-Cal Fraud and Elder Abuse and the state long-term care ombudsman, have access to plans of care and have the training

and experience necessary to determine whether the conditions specified in this section have been met.
(c) (1) Any mandated reporter who has knowledge, or reasonably suspects, that types of elder or dependent adult abuse for which reports are not mandated have been inflicted upon an elder or dependent adult, or that his or her emotional well-being is endangered in any other way, may report the known or suspected instance of abuse.
(2) If the suspected or alleged abuse occurred in a long-term care facility other than a state mental health hospital or a state developmental center, the report may be made to the long-term care ombudsman program. Except in an emergency, the local ombudsman shall report any case of known or suspected abuse to the State Department of Public Health and any case of known or suspected criminal activity to the Bureau of Medi-Cal Fraud and Elder Abuse, as soon as is practicable.
(3) If the suspected or alleged abuse occurred in a state mental health hospital or a state developmental center, the report may be made to the designated investigator of the State Department of State Hospitals or the State Department of Developmental Services or to a local law enforcement agency. Except in an emergency, the local law enforcement agency shall report any case of known or suspected criminal activity to the Bureau of Medi-Cal Fraud and Elder Abuse, as soon as is practicable.
(4) If the suspected or alleged abuse occurred in a place other than a place described in paragraph (2) or (3), the report may be made to the county adult protective services agency.
(5) If the conduct involves criminal activity not covered in subdivision (b), it may be immediately reported to the appropriate law enforcement agency.
(d) If two or more mandated reporters are present and jointly have knowledge or reasonably suspect that types of abuse of an elder or a dependent adult for which a report is or is not mandated have occurred, and there is agreement among them, the telephone report or Internet report, as authorized by Section 15658, may be made by a member of the team selected by mutual agreement, and a single report may be made and signed by the selected member of the reporting team. Any member who has knowledge that the member designated to report has failed to do so shall thereafter make the report.
(e) A telephone report or Internet report, as authorized by Section 15658, of a known or suspected instance of elder or dependent adult abuse shall include, if known, the name of the person making the report, the name and age of the elder or dependent adult, the present location of the elder or dependent adult, the names and addresses of family members or any other adult responsible for the elder's or dependent adult's care, the nature and extent of the elder's or dependent adult's condition, the date of the incident, and any other information, including information that led that person to suspect elder or dependent adult abuse, as requested by the agency receiving the report.
(f) The reporting duties under this section are individual, and no supervisor or administrator shall impede or inhibit the reporting duties, and no person making the report shall be subject to any sanction for making the report. However, internal procedures to facilitate reporting, ensure confidentiality, and apprise supervisors and

administrators of reports may be established, provided they are not inconsistent with this chapter.
(g) (1) Whenever this section requires a county adult protective services agency to report to a law enforcement agency, the law enforcement agency shall, immediately upon request, provide a copy of its investigative report concerning the reported matter to that county adult protective services agency.
(2) Whenever this section requires a law enforcement agency to report to a county adult protective services agency, the county adult protective services agency shall, immediately upon request, provide to that law enforcement agency a copy of its investigative report concerning the reported matter.
(3) The requirement to disclose investigative reports pursuant to this subdivision shall not include the disclosure of social services records or case files that are confidential, nor shall this subdivision be construed to allow disclosure of any reports or records if the disclosure would be prohibited by any other provision of state or federal law.
(h) Failure to report, or impeding or inhibiting a report of, physical abuse, as defined in Section 15610.63, abandonment, abduction, isolation, financial abuse, or neglect of an elder or dependent adult, in violation of this section, is a misdemeanor, punishable by not more than six months in the county jail, by a fine of not more than one thousand dollars ($1,000), or by both that fine and imprisonment. Any mandated reporter who willfully fails to report, or impedes or inhibits a report of, physical abuse, as defined in Section 15610.63, abandonment, abduction, isolation, financial abuse, or neglect of an elder or dependent adult, in violation of this section, if that abuse results in death or great bodily injury, shall be punished by not more than one year in a county jail, by a fine of not more than five thousand dollars ($5,000), or by both that fine and imprisonment. If a mandated reporter intentionally conceals his or her failure to report an incident known by the mandated reporter to be abuse or severe neglect under this section, the failure to report is a continuing offense until a law enforcement agency specified in paragraph (1) of subdivision (b) of Section 15630 discovers the offense.
(i) For purposes of this section, "dependent adult" shall have the same meaning as in Section 15610.23.
(Amended by Stats. 2013, Ch. 673, Sec. 3. (AB 602) Effective January 1, 2014.)

15630.1.

(a) As used in this section, "mandated reporter of suspected financial abuse of an elder or dependent adult" means all officers and employees of financial institutions.
(b) As used in this section, the term "financial institution" means any of the following:
(1) A depository institution, as defined in Section 3(c) of the Federal Deposit Insurance Act (12 U.S.C. Sec. 1813(c)).
(2) An institution-affiliated party, as defined in Section 3(u) of the Federal Deposit Insurance Act (12 U.S.C. Sec. 1813(u)).
(3) A federal credit union or state credit union, as defined in Section 101 of the Federal Credit Union Act (12 U.S.C. Sec. 1752), including, but not limited to, an institution-affiliated party of a credit union, as defined in Section 206(r) of the Federal Credit Union Act (12 U.S.C. Sec. 1786(r)).

(c) As used in this section, "financial abuse" has the same meaning as in Section 15610.30.
(d) (1) Any mandated reporter of suspected financial abuse of an elder or dependent adult who has direct contact with the elder or dependent adult or who reviews or approves the elder or dependent adult's financial documents, records, or transactions, in connection with providing financial services with respect to an elder or dependent adult, and who, within the scope of his or her employment or professional practice, has observed or has knowledge of an incident, that is directly related to the transaction or matter that is within that scope of employment or professional practice, that reasonably appears to be financial abuse, or who reasonably suspects that abuse, based solely on the information before him or her at the time of reviewing or approving the document, record, or transaction in the case of mandated reporters who do not have direct contact with the elder or dependent adult, shall report the known or suspected instance of financial abuse by telephone or through a confidential Internet reporting tool, as authorized pursuant to Section 15658, immediately, or as soon as practicably possible. If reported by telephone, a written report shall be sent, or an Internet report shall be made through the confidential Internet reporting tool established in Section 15658, within two working days to the local adult protective services agency or the local law enforcement agency.
(2) When two or more mandated reporters jointly have knowledge or reasonably suspect that financial abuse of an elder or a dependent adult for which the report is mandated has occurred, and when there is an agreement among them, the telephone report or Internet report, as authorized by Section 15658, may be made by a member of the reporting team who is selected by mutual agreement. A single report may be made and signed by the selected member of the reporting team. Any member of the team who has knowledge that the member designated to report has failed to do so shall thereafter make that report.
(3) If the mandated reporter knows that the elder or dependent adult resides in a long-term care facility, as defined in Section 15610.47, the report shall be made to the local ombudsman or local law enforcement agency.
(e) An allegation by the elder or dependent adult, or any other person, that financial abuse has occurred is not sufficient to trigger the reporting requirement under this section if both of the following conditions are met:
(1) The mandated reporter of suspected financial abuse of an elder or dependent adult is aware of no other corroborating or independent evidence of the alleged financial abuse of an elder or dependent adult. The mandated reporter of suspected financial abuse of an elder or dependent adult is not required to investigate any accusations.
(2) In the exercise of his or her professional judgment, the mandated reporter of suspected financial abuse of an elder or dependent adult reasonably believes that financial abuse of an elder or dependent adult did not occur.
(f) Failure to report financial abuse under this section shall be subject to a civil penalty not exceeding one thousand dollars ($1,000) or if the failure to report is willful, a civil penalty not exceeding five thousand dollars ($5,000), which shall be paid by the

financial institution that is the employer of the mandated reporter to the party bringing the action. Subdivision (h) of Section 15630 shall not apply to violations of this section.
(g) (1) The civil penalty provided for in subdivision (f) shall be recovered only in a civil action brought against the financial institution by the Attorney General, district attorney, or county counsel. No action shall be brought under this section by any person other than the Attorney General, district attorney, or county counsel. Multiple actions for the civil penalty may not be brought for the same violation.
(2) Nothing in the Financial Elder Abuse Reporting Act of 2005 shall be construed to limit, expand, or otherwise modify any civil liability or remedy that may exist under this or any other law.
(h) As used in this section, "suspected financial abuse of an elder or dependent adult" occurs when a person who is required to report under subdivision (a) observes or has knowledge of behavior or unusual circumstances or transactions, or a pattern of behavior or unusual circumstances or transactions, that would lead an individual with like training or experience, based on the same facts, to form a reasonable belief that an elder or dependent adult is the victim of financial abuse as defined in Section 15610.30.
(i) Reports of suspected financial abuse of an elder or dependent adult made by an employee or officer of a financial institution pursuant to this section are covered under subdivision (b) of Section 47 of the Civil Code.
(j) (1) A mandated reporter of suspected financial abuse of an elder or dependent adult is authorized to not honor a power of attorney described in Division 4.5 (commencing with Section 4000) of the Probate Code as to an attorney-in-fact, if the mandated reporter of suspected financial abuse of an elder or dependent adult makes a report to an adult protective services agency or a local law enforcement agency of any state that the principal may be subject to financial abuse, as described in this chapter or as defined in similar laws of another state, by that attorney-in-fact or person acting for or with that attorney-in-fact.
(2) If a mandated reporter of suspected financial abuse of an elder or dependent adult does not honor a power of attorney as to an attorney-in-fact pursuant to paragraph (1), the power of attorney shall remain enforceable as to every other attorney-in-fact also designated in the power of attorney about whom a report has not been made.
(3) For purposes of this subdivision, the terms "principal" and "attorney-in-fact" shall have the same meanings as those terms are used in Division 4.5 (commencing with Section 4000) of the Probate Code.
(Amended by Stats. 2017, Ch. 408, Sec. 1. (AB 611) Effective January 1, 2018.)

15631.

(a) Any person who is not a mandated reporter under Section 15630, who knows, or reasonably suspects, that an elder or a dependent adult has been the victim of abuse may report that abuse to a long-term care ombudsman program or local law enforcement agency, or both the long-term care ombudsman program and local law enforcement agency when the abuse is alleged to have occurred in a long-term care facility.

(b) Any person who is not a mandated reporter under Section 15630, who knows, or reasonably suspects, that an elder or a dependent adult has been the victim of abuse in any place other than a long-term care facility may report the abuse to the county adult protective services agency or local law enforcement agency.
(Amended by Stats. 2012, Ch. 659, Sec. 3. (AB 40) Effective January 1, 2013.)

15632.

(a) In any court proceeding or administrative hearing, neither the physician-patient privilege nor the psychotherapist-patient privilege applies to the specific information reported pursuant to this chapter.
(b) Nothing in this chapter shall be interpreted as requiring an attorney to violate his or her oath and duties pursuant to Section 6067 or subdivision (e) of Section 6068 of the Business and Professions Code, and Article 3 (commencing with Section 950) of Chapter 4 of Division 8 of the Evidence Code.
(Repealed and added by Stats. 1994, Ch. 594, Sec. 11. Effective January 1, 1995.)

PENAL CODE - PEN
ARTICLE 2.5. Child Abuse and Neglect Reporting Act [11164 - 11174.3]
(Heading of Article 2.5 amended by Stats. 1987, Ch. 1444, Sec. 1.)

11166.
(a) Except as provided in subdivision (d), and in Section 11166.05, a mandated reporter shall make a report to an agency specified in Section 11165.9 whenever the mandated reporter, in his or her professional capacity or within the scope of his or her employment, has knowledge of or observes a child whom the mandated reporter knows or reasonably suspects has been the victim of child abuse or neglect. The mandated reporter shall make an initial report by telephone to the agency immediately or as soon as is practicably possible, and shall prepare and send, fax, or electronically transmit a written followup report within 36 hours of receiving the information concerning the incident. The mandated reporter may include with the report any nonprivileged documentary evidence the mandated reporter possesses relating to the incident.
(1) For purposes of this article, "reasonable suspicion" means that it is objectively reasonable for a person to entertain a suspicion, based upon facts that could cause a reasonable person in a like position, drawing, when appropriate, on his or her training and experience, to suspect child abuse or neglect. "Reasonable suspicion" does not require certainty that child abuse or neglect has occurred nor does it require a specific medical indication of child abuse or neglect; any "reasonable suspicion" is sufficient. For purposes of this article, the pregnancy of a minor does not, in and of itself, constitute a basis for a reasonable suspicion of sexual abuse.
(2) The agency shall be notified and a report shall be prepared and sent, faxed, or electronically transmitted even if the child has expired, regardless of whether or not the possible abuse was a factor contributing to the death, and even if suspected child abuse was discovered during an autopsy.
(3) A report made by a mandated reporter pursuant to this section shall be known as a mandated report.
(b) If, after reasonable efforts, a mandated reporter is unable to submit an initial report by telephone, he or she shall immediately or as soon as is practicably possible, by fax or electronic transmission, make a one-time automated written report on the form prescribed by the Department of Justice, and shall also be available to respond to a telephone followup call by the agency with which he or she filed the report. A mandated reporter who files a one-time automated written report because he or she was unable to submit an initial report by telephone is not required to submit a written followup report.
(1) The one-time automated written report form prescribed by the Department of Justice shall be clearly identifiable so that it is not mistaken for a standard written followup report. In addition, the automated one-time report shall contain a section that allows the mandated reporter to state the reason the initial telephone call was not able to be completed. The reason for the submission of the one-time automated written report in lieu of the procedure prescribed in subdivision (a) shall be captured in the

Child Welfare Services/Case Management System (CWS/CMS). The department shall work with stakeholders to modify reporting forms and the CWS/CMS as is necessary to accommodate the changes enacted by these provisions.
(2) This subdivision shall not become operative until the CWS/CMS is updated to capture the information prescribed in this subdivision.
(3) This subdivision shall become inoperative three years after this subdivision becomes operative or on January 1, 2009, whichever occurs first.
(4) On the inoperative date of these provisions, a report shall be submitted to the counties and the Legislature by the State Department of Social Services that reflects the data collected from automated one-time reports indicating the reasons stated as to why the automated one-time report was filed in lieu of the initial telephone report.
(5) Nothing in this section shall supersede the requirement that a mandated reporter first attempt to make a report via telephone, or that agencies specified in Section 11165.9 accept reports from mandated reporters and other persons as required.
(c) A mandated reporter who fails to report an incident of known or reasonably suspected child abuse or neglect as required by this section is guilty of a misdemeanor punishable by up to six months confinement in a county jail or by a fine of one thousand dollars ($1,000) or by both that imprisonment and fine. If a mandated reporter intentionally conceals his or her failure to report an incident known by the mandated reporter to be abuse or severe neglect under this section, the failure to report is a continuing offense until an agency specified in Section 11165.9 discovers the offense.
(d) (1) A clergy member who acquires knowledge or a reasonable suspicion of child abuse or neglect during a penitential communication is not subject to subdivision (a). For the purposes of this subdivision, "penitential communication" means a communication, intended to be in confidence, including, but not limited to, a sacramental confession, made to a clergy member who, in the course of the discipline or practice of his or her church, denomination, or organization, is authorized or accustomed to hear those communications, and under the discipline, tenets, customs, or practices of his or her church, denomination, or organization, has a duty to keep those communications secret.
(2) Nothing in this subdivision shall be construed to modify or limit a clergy member's duty to report known or suspected child abuse or neglect when the clergy member is acting in some other capacity that would otherwise make the clergy member a mandated reporter.
(3) (A) On or before January 1, 2004, a clergy member or any custodian of records for the clergy member may report to an agency specified in Section 11165.9 that the clergy member or any custodian of records for the clergy member, prior to January 1, 1997, in his or her professional capacity or within the scope of his or her employment, other than during a penitential communication, acquired knowledge or had a reasonable suspicion that a child had been the victim of sexual abuse and that the clergy member or any custodian of records for the clergy member did not previously report the abuse to an agency specified in Section 11165.9. The provisions of Section 11172 shall apply to all reports made pursuant to this paragraph.

(B) This paragraph shall apply even if the victim of the known or suspected abuse has reached the age of majority by the time the required report is made.
(C) The local law enforcement agency shall have jurisdiction to investigate any report of child abuse made pursuant to this paragraph even if the report is made after the victim has reached the age of majority.
(e) (1) A commercial film, photographic print, or image processor who has knowledge of or observes, within the scope of his or her professional capacity or employment, any film, photograph, videotape, negative, slide, or any representation of information, data, or an image, including, but not limited to, any film, filmstrip, photograph, negative, slide, photocopy, videotape, video laser disc, computer hardware, computer software, computer floppy disk, data storage medium, CD-ROM, computer-generated equipment, or computer-generated image depicting a child under 16 years of age engaged in an act of sexual conduct, shall, immediately or as soon as practicably possible, telephonically report the instance of suspected abuse to the law enforcement agency located in the county in which the images are seen. Within 36 hours of receiving the information concerning the incident, the reporter shall prepare and send, fax, or electronically transmit a written followup report of the incident with a copy of the image or material attached.
(2) A commercial computer technician who has knowledge of or observes, within the scope of his or her professional capacity or employment, any representation of information, data, or an image, including, but not limited to, any computer hardware, computer software, computer file, computer floppy disk, data storage medium, CD-ROM, computer-generated equipment, or computer-generated image that is retrievable in perceivable form and that is intentionally saved, transmitted, or organized on an electronic medium, depicting a child under 16 years of age engaged in an act of sexual conduct, shall immediately, or as soon as practicably possible, telephonically report the instance of suspected abuse to the law enforcement agency located in the county in which the images or materials are seen. As soon as practicably possible after receiving the information concerning the incident, the reporter shall prepare and send, fax, or electronically transmit a written followup report of the incident with a brief description of the images or materials.
(3) For purposes of this article, "commercial computer technician" includes an employee designated by an employer to receive reports pursuant to an established reporting process authorized by subparagraph (B) of paragraph (43) of subdivision (a) of Section 11165.7.
(4) As used in this subdivision, "electronic medium" includes, but is not limited to, a recording, CD-ROM, magnetic disk memory, magnetic tape memory, CD, DVD, thumbdrive, or any other computer hardware or media.
(5) As used in this subdivision, "sexual conduct" means any of the following:
(A) Sexual intercourse, including genital-genital, oral-genital, anal-genital, or oral-anal, whether between persons of the same or opposite sex or between humans and animals.
(B) Penetration of the vagina or rectum by any object.
(C) Masturbation for the purpose of sexual stimulation of the viewer.

(D) Sadomasochistic abuse for the purpose of sexual stimulation of the viewer.
(E) Exhibition of the genitals, pubic, or rectal areas of a person for the purpose of sexual stimulation of the viewer.
(f) Any mandated reporter who knows or reasonably suspects that the home or institution in which a child resides is unsuitable for the child because of abuse or neglect of the child shall bring the condition to the attention of the agency to which, and at the same time as, he or she makes a report of the abuse or neglect pursuant to subdivision (a).
(g) Any other person who has knowledge of or observes a child whom he or she knows or reasonably suspects has been a victim of child abuse or neglect may report the known or suspected instance of child abuse or neglect to an agency specified in Section 11165.9. For purposes of this section, "any other person" includes a mandated reporter who acts in his or her private capacity and not in his or her professional capacity or within the scope of his or her employment.
(h) When two or more persons, who are required to report, jointly have knowledge of a known or suspected instance of child abuse or neglect, and when there is agreement among them, the telephone report may be made by a member of the team selected by mutual agreement and a single report may be made and signed by the selected member of the reporting team. Any member who has knowledge that the member designated to report has failed to do so shall thereafter make the report.
(i) (1) The reporting duties under this section are individual, and no supervisor or administrator may impede or inhibit the reporting duties, and no person making a report shall be subject to any sanction for making the report. However, internal procedures to facilitate reporting and apprise supervisors and administrators of reports may be established provided that they are not inconsistent with this article. An internal policy shall not direct an employee to allow his or her supervisor to file or process a mandated report under any circumstances.
(2) The internal procedures shall not require any employee required to make reports pursuant to this article to disclose his or her identity to the employer.
(3) Reporting the information regarding a case of possible child abuse or neglect to an employer, supervisor, school principal, school counselor, coworker, or other person shall not be a substitute for making a mandated report to an agency specified in Section 11165.9.
(j) (1) A county probation or welfare department shall immediately, or as soon as practicably possible, report by telephone, fax, or electronic transmission to the law enforcement agency having jurisdiction over the case, to the agency given the responsibility for investigation of cases under Section 300 of the Welfare and Institutions Code, and to the district attorney's office every known or suspected instance of child abuse or neglect, as defined in Section 11165.6, except acts or omissions coming within subdivision (b) of Section 11165.2, or reports made pursuant to Section 11165.13 based on risk to a child that relates solely to the inability of the parent to provide the child with regular care due to the parent's substance abuse, which shall be reported only to the county welfare or probation department. A county probation or welfare department also shall send, fax, or electronically transmit a written

report thereof within 36 hours of receiving the information concerning the incident to any agency to which it makes a telephone report under this subdivision.
(2) A county probation or welfare department shall immediately, and in no case in more than 24 hours, report to the law enforcement agency having jurisdiction over the case after receiving information that a child or youth who is receiving child welfare services has been identified as the victim of commercial sexual exploitation, as defined in subdivision (d) of Section 11165.1.
(3) When a child or youth who is receiving child welfare services and who is reasonably believed to be the victim of, or is at risk of being the victim of, commercial sexual exploitation, as defined in Section 11165.1, is missing or has been abducted, the county probation or welfare department shall immediately, or in no case later than 24 hours from receipt of the information, report the incident to the appropriate law enforcement authority for entry into the National Crime Information Center database of the Federal Bureau of Investigation and to the National Center for Missing and Exploited Children.
(k) A law enforcement agency shall immediately, or as soon as practicably possible, report by telephone, fax, or electronic transmission to the agency given responsibility for investigation of cases under Section 300 of the Welfare and Institutions Code and to the district attorney's office every known or suspected instance of child abuse or neglect reported to it, except acts or omissions coming within subdivision (b) of Section 11165.2, which shall be reported only to the county welfare or probation department. A law enforcement agency shall report to the county welfare or probation department every known or suspected instance of child abuse or neglect reported to it which is alleged to have occurred as a result of the action of a person responsible for the child's welfare, or as the result of the failure of a person responsible for the child's welfare to adequately protect the minor from abuse when the person responsible for the child's welfare knew or reasonably should have known that the minor was in danger of abuse. A law enforcement agency also shall send, fax, or electronically transmit a written report thereof within 36 hours of receiving the information concerning the incident to any agency to which it makes a telephone report under this subdivision.
(Amended by Stats. 2016, Ch. 850, Sec. 5. (AB 1001) Effective January 1, 2017.)

The IPP Strategy Guide

How to get what you want and need from the Regional Center through the Individual Program Planning Process

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Disclaimer

The information in this guide, in whole or in part, is not legal advice nor is it intended to be taken as such. Please consult an attorney if you are seeking such advice. If you need a referral to an attorney, please contact SCDD LA County Office for a listing of attorneys who specialize in regional center cases in Los Angeles County.

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A. Introduction

In the 1960s, under pressure from parents, California legislators decided that the State of California would take responsibility for providing needed services to people with developmental disabilities. They enacted a series of laws that are now referred to as the Lanterman Act to describe how this responsibility would be dispensed. The Act contains provisions for every state agency involved, describes what rights people with developmental disabilities have and how this law is to be put into practice. For the person who receives services, the key document described in the Act is the Individual Program Plan, or IPP. [1]

This handbook does not describe the logistics for developing the IPP. That has been well covered in other publications, most notably in "Rights Under the Lanterman Act," produced by Disability Rights California.[2] Instead, we will discuss strategies for how to get what you need and want from the Regional Center through the IPP process.

Please note that we will use "you" as the person who is receiving services. If you are a parent, it is understood that you are acting on behalf of your child and you will need to

[1] http://www.dds.ca.gov/Statutes/LawsRegs_Home.cfm - link to the Lanterman Act

[2] Rights Under the Lanterman Act may be found at www.disabilityrightsca.org

interpret what is written here through that lens. We will use two shorter terms throughout this handbook. They are:

1. Act = Lanterman Act
2. RC = Regional Center

The following ideas will crop up throughout this handbook in various ways but we have started with them so that you have them planted in your mind before we begin. By the end, you should have a good idea of what is meant by each one of these.

1. The IPP is about you
2. The purpose of receiving services is so that you can live the life you want
3. Services and supports come from having a disability-related need
4. Always be the reasonable one in the room

B. <u>The Program Planning Process</u>

1. Prepare and use a good tool

In a good IPP meeting, you will talk in great detail about what you want from your life and what you need to get there. The team will consider your long term hopes and dreams as well as short term goals. There are some very good tools available to help you organize your thoughts. One tool you might consider

using is published by the Department of Developmental Services (DDS), the "Individual Program Plan Resource Manual." [3] If you are able to work through it before your meeting, you should. Ask a trusted friend or family member to go through it with you. If not, ask your service coordinator to use it during your IPP meeting so you can be sure to cover everything. To do this well, it will take several hours. If you can't finish, ask for a second meeting time. The RC has to hold the second meeting within 15 days.

Another important step in preparation is to notify the RC that you plan to record the meeting. You must give them 24-hour's notice that you will do so.[4] In addition you should plan on taking notes during the meeting. If you need someone to take notes for you, ask a friend or ally to come with you to be a note-taker.

2. Establish a need

Services are driven by needs and deficits. It is one of the hard truths about receiving services – you have to focus on your challenges and the ways your disability impacts you. While some portion of the IPP meeting will look at your strengths and skills, these are not what will bring services to your doorstep. You will have to take a deep breath, remember that

[3] http://www.dds.ca.gov/RC/IPPManual.cfm - Link to IPP manual from DDS. You can also request a hard copy from your RC or DDS.

[4] Recordings can be very useful if you have to go to hearing to resolve a dispute.

you are not defined by your limitations, and then talk about everything that is hard for you and where you need help.

Establishing needs can happen in a few ways.

Informal methods:

- Review of previous IPP: The meeting usually starts by going back over your previous IPP. Use this review to discuss any ways that your circumstances and needs have changed. Please note, if you have a change of circumstances between your usual IPP meeting dates, you can request an IPP meeting and it must be held within 30 days of your request. You do not have to wait for your next scheduled IPP meeting.
- Discussing what you want: First and foremost the RC must ask you what you want and need. This is an important step in the IPP meeting. Once you have told the team what you want, then there must be a discussion about what you will need to achieve those things. It is important to be specific about your wants or they will just fill in the blanks with generic phrases like, "Janice wants to stay healthy."

  Example: During a discussion about your health you tell the team that what you really want is to control your weight through exercise and changing your eating habits. Once this is established then the IPP

team is able to discuss what you need to achieve those goals and figure out what is available to you to meet them.

- Record review: RC may review your records, including ones from outside sources such as schools and doctors (with your permission), and from RC funded vendors. It is important for you to request those records on a regular basis (consider requesting them annually) so that you know what the RC is documenting about your case.
- Informal evaluations: Sometimes a needs assessment must be completed in order to decide the amount and intensity of certain services to be provided.

  Example: If you want to live on your own with supports, the two types of services used by RCs are Independent Living Services and Supported Living Services. The RC will contract with a vendor that offers these services to conduct an assessment of your needs and the type and amount of support that will allow you to live in your own home. Based on this evaluation, the vendor makes a proposal to the RC of how much it will cost to provide the service to you.

- Team reviews: Sometimes the RC will tell you that a certain decision must be made by a team of professionals at the RC. This team might include a doctor, a psychologist, a social worker or others who can make

recommendations about your case. While they are permitted to discuss aspects of your case and make recommendations based on their expertise, decisions must be made in the IPP meeting with the IPP team. Ask for a member of that team who can make decisions to come to your IPP. You can also request to meet with some or all of the team to understand what they are considering.

Formal evaluations or assessments:

- These are used if you have a need for various types of therapy such as behavioral therapy, speech and language therapy, occupational therapy, physical therapy and so forth. A licensed practitioner will have to conduct a thorough evaluation to determine the extent of your need and the amount of services that are recommended.
- It is very important to note that such formal therapeutic interventions are most often covered by health insurance and/or school districts, if you are still in school. The RC usually only funds for these types of therapies for children under the age of 3 or if you do not have health insurance that covers the needed service. However, the RC can help you identify the need and assist you in obtaining the service from your health care provider or school district.

RC's role in helping you access services from other entities like this will be covered in Section B.4.

3. Get the right services to meet your needs

During your IPP meeting, once your needs have been identified, you will discuss how to get those needs met. There are various ways this can happen. You must understand that the RC is not obligated to fund all of them. What the RC must do is to help you find ways of getting your needs met.

- Generic Resources: These are resources that are required to provide certain services to anyone who qualifies for them. RCs are not permitted to pay for services that some other organization or agency is obligated to pay for. We will discuss this in more detail later on.
- Natural supports: You may have people who are a part of your life – family, friends, church, clubs, employers etc. who are able to pitch in and help you meet certain of your needs.

  Examples:

  - *Do you need a way to get to Sunday services? The RC may ask you to see if there is someone at your church that can pick you up.*
  - *Do you have trouble remembering when your lunch break at work is finished? The RC may see if your*

employer can assign a coworker to remind you when lunch is finished.

Certainly, the obligation to provide natural support is greatest for families of minors. There is an expectation that families will use the same resources they use for their typically developing children to support their child with a disability. If you pay for all of your children to take tennis lessons, then you would be expected to pay for tennis lessons for your child who has a disability, unless his lesson needs are somehow unique due to the disability.

- Vendored services: These are the services paid for from RC funds. They are considered services of "last resort" because RC is acknowledging that no generic or informal alternative is available. They are usually specialized services designed specifically for people with developmental disabilities. When there is no generic resource or natural support available to meet your identified need, and that need is related to your disability then the RC is obligated to pay someone to meet that need.

As you go through the process of deciding on services, make sure you stand firm on what your needs are but stay flexible on how those needs are met. You are more likely to get what you need if you take this approach.

4. Your need + RC priorities

The Act sets out some priorities for RCs in terms of service provision. RCs must take into account your preferences and wishes. However, within that they have certain priorities:

- Safety: what services do you need to keep you safe?
- Community access: what services will assist you to get out and about, get to know other community members, and participate in your local community?
- Remaining at home: what services will allow you to stay in your preferred living situation? For children, there is a high priority to provide services that keep them living with their own families.

If you understand these priorities, you can work at defining your needs and requests for services in a way that will address them.

5. Generic resources and RC obligations

As discussed above, the Lanterman Act is clear that RCs cannot purchase services that another resource is responsible for providing.[5] Here are some examples:

- *School districts are responsible for all of the services that a child with a disability needs that are educationally related*

[5] WIC Section 4648(a)(8)

- *Health insurers are responsible for medical and many therapeutic interventions*
- *Counties are responsible for low-income housing through Section 8*
- *Cities and counties provide recreation classes for its residents*

However, just because a RC may not be able to pay for a service that someone else is responsible for, there are ways that RCs can help you.

1. **Help getting the service:** RCs are responsible for assisting you when you need it to access these services. If you need help to sign up for Medi-Cal, access Dept. of Mental Health services or get a Section 8 voucher, the RC has an obligation to assist you. The bottom line is this: if you have a need and you don't know how to get that need met, your service coordinator is responsible for helping you get it.
2. **You need more:** If you need more than what that generic resource is responsible to provide, and the need you have is related to your disability, the RC can and should fund it. Here are a couple of examples:
    a. *Your child with Down Syndrome is on Medi-Cal and receives dental coverage as a part of that. Because of her disability, she panics and refuses to undergo*

dental treatment. Medi-Cal will not pay for anesthesia for routine dental treatment and gives you a denial letter to that effect. The RC now must pay for the anesthesia portion of the dental treatment.

b. *Your 10 year old child has significant behavioral challenges as a result of autism. The school provides good behavioral support and ABA therapy that address his need in school. However, you cannot take your child out on the weekends because of frequent meltdowns. The RC can and should provide behavioral support above and beyond what the school provides because:*
    i. *It is not educationally related*
    ii. *It is related to your child's disability*
    iii. *He needs it in order to access the community like typically developing kids do*
    iv. *It is a safety issue*

c. *You are an adult who lives on your own and needs full time support to help you with your personal care, housekeeping etc. You receive some service hours from In Home Support Services but you need more hours than they will pay for. RC must fund for additional hours of support to meet your needs.*

3. **There is a gap:** If there is a delay in the start of services by the generic resource and it is an important service for you

to receive right away, RCs may fund the service during that gap. You will need to demonstrate that the delay in services will do you harm.

Example: Jon has just gotten a job. He can't use regular public transportation and he has applied for Access services which he will need to get to work. Access will take a few weeks to process but he will lose his job if he can't start right away. RC is obligated to fill in the gap by funding transportation until he is able to use Access.

6. Find out what types of services the RC funds

We are often asked the question: "What types of services do RC's offer anyway? They won't tell us!" There are two answers to this question.

Firstly, one of the best kept secrets of RCs is that they are required to have every vendor they use listed on their website (except for family vendors who provide services for their own family member). If you go to the vendor list published on the RC's website, it should include the name and contact information as well as information on the type of services offered by those vendors. Some RCs even allow you to do a search by the type of service you are looking for. Also, at the end of this booklet in Appendices A and B you will see the types of services that RCs fund.

So how do you use this information?

a. Reviewing the vendor list or the list in this handbook may help you see other service options.
b. Just because a RC has a certain type of service listed on their website does not mean that you are eligible to get that service. Remember:
    i. You must establish a need for that service
    ii. The need has to be related to your disability
    iii. There must be no other entity (generic resource) that is responsible for meeting that need
c. If you want to learn about a specific service type or vendor, you can use the contact information to find out more.
d. If you are unhappy with your vendor, you can check the RC website to see who else offers the service you need. Be aware, however, that a RC is not obligated to offer you the vendor of your choice. They are required to choose a vendor that can meet your specific needs for the least amount of money.

The second answer to the question of what services RCs provide is this:

They can provide virtually any service if there is an established need.[6]

If you have a unique need and the RC has no existing vendor or service to meet that need, they are obligated to find a way to get your need met.

7. Prepare to Negotiate

Almost all conversations about services and supports will be a negotiation. Sometimes you might get everything you want and need. More often you will get some of what you want and need. As you get ready for your IPP meeting, think about what you want ideally and then consider what you are willing to settle for. Start by asking yourself this question: "In the best of all worlds, what services and supports would I receive from the RC?" The follow up question is this: "If I can't get exactly what I want, what can I settle for?" And finally: "Of all the things I want and need, what are the most important to me?"

The value in doing this is two-fold. First, if you have thought through the answers to these questions, you are better prepared to deal with the differences of opinion that will surely arise in an IPP meeting.

For example, if you were to say that your family needs 40 hours of respite per month and the RC offers something

[6] WIC Section 4648(e)

less, you will have already decided if their offer is good enough or if you will need to fight it.

Second, it will help you prioritize your service needs. You will know going into the meeting what you can compromise on and what you need to stand firm on. This helps you stay more in control of the process and less likely to fight over things that are less important and hurt your chances of getting the things that are more important.

A key part of having a successful negotiation is by being the most reasonable person in the room. Remember that services are offered based on disability-related needs. The amount of services is based on the intensity of the need. Be sure your requests for services make sense based on your demonstrated need. Another part of this is to check any strong feelings you have at the door and to negotiate calmly and respectfully. If you become frustrated or angry during the meeting, give yourself a "time out" to regain your composure.

8. Completing the IPP

Hopefully by the end of your IPP planning meeting you will have identified all of the following:

- Your hopes, plans and goals
- All of your needs
- All of the ways in which your needs are going to be met

- Who will be responsible for each part of your plan and when each item will be accomplished
- What the RC is responsible to help you with and what they will pay for

The regional center will ask you to sign a page that indicates that you participated in the IPP meeting. *Read this carefully!* Sometimes the page will also say that you agree with the IPP. If it does, make sure to cross that statement out and write in that your signature only means that you attended and participated. As you will see in Section C below, you will want time to review the IPP before agreeing with it.

After the meeting, we recommend that you write a letter to your service coordinator summarizing the important points from the IPP meeting. This is especially important if you have had to work out areas of disagreement.

C. The IPP Document

The final result is the IPP document itself. When you receive it, be sure to read it carefully. Make sure that everything you agreed to in the meeting is in there. This is especially important because this document is a contract. If something is in there that the RC has agreed to do, they are obligated to do it. Likewise, if it is not written in the IPP, they do not have an obligation.

There are some specific things you should look for in the IPP. It should describe:

- All of the important information discussed at the meeting
- The specifics of what the RC will do for you including how they will help you access generic services
- Timelines and responsibilities, i.e. who will do what and by when
- The services you will receive including the amount of service, such as 5 hours a week or ½ hour per day, and the range of dates when you will receive the services (start and stop)
- Goals that are specific, measurable, attainable, relevant and time-limited (these are called SMART goals)

If you find errors in the IPP document, be sure to notify the RC in writing as soon as possible. Errors are sometimes honest mistakes that are easily corrected. Other times the RC will omit, change or add information and will refuse to change the IPP. In that case you will have to decide what course of action to take. You can decide it isn't important, continue to try to persuade the RC to make the change, or file for a hearing.

You indicate your agreement with all or some of the IPP by signing it. You can agree with all of the IPP, agree with parts and disagree with parts, or disagree with the whole thing. If

you disagree with any or all of it, make sure to write out what you agree to and what you disagree with. To resolve the areas you disagree with, you will likely have to file for an administrative hearing.[7]

D. Reasons that RCs use to deny services and how to get around them

1. Purchase of Services (POS) policies

Sometimes the RC will deny your requested service because your circumstances do not meet their Purchase of Services (POS) standards.[8] What do they mean by this?

The Lanterman Act requires RCs to have policies that define the scope of services they offer, including the conditions that must be met in order for a person to obtain that service. These policies are approved by each regional center's board and then by the Dept. of Developmental Services. These policies are the guidelines for service decisions and they vary from RC to RC, sometimes quite dramatically. One RC might approve autism therapy only up to the age of 5 and the next one might not put an age limit on it.

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[7] For information on resolving disputes, go to www.disabilityrightsca.org and look for the handbook, "Rights Under the Lanterman Act." Chapter 12 discusses the process for administrative hearings and complaints.

[8] Every RC must have their POS policies posted on their website

The Exception Clause:[9] While it is important to know your regional center's POS policy for the service you are requesting, what they often don't tell you is that every policy has an *exception clause*. In other words, if you can establish a need for a service, and your circumstances put you outside of the POS guidelines for that service, the RC can make an exception with the approval of its executive director.

Here is how one regional center writes their exception:

> *Exceptions to the Purchase of Service Policy shall be reviewed and approved by the Executive Director of [this] Regional Center.*

And another regional center:

> *Exceptions to the Purchase of Service guidelines, to the types of services or to the specific standards for each type of service may be made when considering individual needs. Any such exception shall be reviewed by the regional center executive director or designee.*

The bottom line is that there is an exception to every rule *if you can establish a disability-related need.* While you should be able to obtain an exception to a RC POS policy by requesting it, if you have a need for that service, more often

[9] WIC Section 4620.3(f)

than not you will have to go through a fair hearing to win an exception.

2. Services that the Lanterman Act won't allow funding for

The Lanterman Act has several specific exclusions for funding. In 2009, the Act was changed to eliminate funding for social recreational services, non-medical therapies and camping. Here are some ways around these exclusions:[10]

- Instead of requesting social recreational services, you may be able to define the service as social skills training which is not excluded.
- The Act states that non-medical therapies may be funded if they are the primary way of ameliorating the disability. What this means is that the non-medical therapy helps you overcome one or more of the challenges you have because of your disability.

  Example: if you have a child with cerebral palsy who has very poor core strength and you have discovered that he has made significant improvement in this area by riding horses, you may be able to get funding for

[10] WIC Section 4648.5(c) An exemption may be granted on an individual basis in extraordinary circumstances to permit purchase of a service identified in subdivision (a) when the regional center determines that the service is a primary or critical means for ameliorating the physical, cognitive, or psychosocial effects of the consumer's developmental disability, or the service is necessary to enable the consumer to remain in his or her home and no alternative service is available to meet the consumer's needs

"equestrian therapy" as the primary means for addressing this specific need related to his disability.

- For camping, it is highly unlikely that a RC will fund camp for your child as a purely social recreation service. One possible strategy is to first address your child's social skills' deficits in the IPP and then define the camp experience as social skills training You may have better luck getting RC to fund the extra support your child might need while at camp. For example, you may want to send your daughter to Girl Scout camp. She needs assistance beyond what "typically developing" children need. While you would be responsible for the regular camp fees, you might be able to get the RC to fund an aide to go with her since the need is related to her disability.

3. Least costly service

The Act tells the RCs that they have to purchase services from the least costly provider that can meet your need.[11] There are a few things you should know about this.

1. The Act says that you don't have to go to a provider that is far away from your home even if it is cheaper.
2. If the RC wants to change your service provider because another one is cheaper and you don't want to change,

[11] WIC Section 4648(a)(6)(D)

show them how changing would be bad for you. Some ways a change could have a negative impact on you:

a. You will lose friends that you have already made

b. It will cause instability in your life

c. Your goals are specifically tied to the vendor you are with

d. Your current vendor is uniquely able to meet your needs in a way that another vendor can't

3. If you want a certain provider, show how that provider is the best one to meet your needs.
4. If you think a more expensive provider will solve a problem more quickly than a cheaper one, make the argument that the RC will save money in the long run.

4. RC says they don't have vendors that provide that service

Your IPP must reflect <u>your unique circumstances and needs</u>. Sometimes this will require a type of service not typically offered by a RC. If that need is related to your disability and no other entity is required to provide that service, the RC is obligated to meet it.

Below are two policy statements of two Los Angeles area RCs about this:

This policy statement shall be considered together with the specific purchase of service standards adopted by the Regional Center for each type of service. ***The types of***

services addressed in these standards are not all inclusive. Individual circumstances related to a developmental disability may warrant additional services not specifically stated.

This policy statement shall be applied along with the specific standards for each category of service. The services in this policy are not all inclusive. ***Unusual circumstances related to a developmental disability may warrant additional services not listed.***

Every RC must have something similar in place as its policy. They cannot limit what they offer based on what they already have. RCs have methods they can use to find a way to meet your need. They may approach one of their vendors who provide similar services, they may use a vendor from a different RC that offers the service, or they can make a request for proposals to provide that service. However they choose to proceed, it is their responsibility to figure it out.[12]

E. Think Strategically

1. Focus on your needs in order to get services

Throughout this handbook we have discussed the tie between establishing needs and securing services. This should be foremost in your thinking in all of your dealings with the RC.

[12] WIC Section 4648(e)

a. The RC understands better than you that needs lead to services. If their goal is to limit the services that you receive, they will try to do this by minimizing your need. If the RC tries to ignore your need, be prepared to offer proof of the need. Depending on what you want to demonstrate, you may use outside assessments, notes from service providers who work with you, statements from others who know you well and so forth.

b. Even if the RC won't acknowledge that you have a need, make a written request for the service that will meet your need. Include information about the need you have in your written request. If the RC continues to deny the service, they must provide you with a written Notice of Action describing why they are denying your request. If you choose to file for a hearing, you will have 30 days to do so after you receive the RC's Notice of Action.

c. If the RC is trying to reduce or eliminate a service because they say that the need has lessened or is no longer present, just as described above, you will need to provide proof of the on-going need in order to continue the service. They must send you a Notice of Action at least 30 days prior to reducing or eliminating the service. Within 10 days of receiving

the RC's Notice of Action, file for a fair hearing in order to continue the service. This is called "aid paid pending." You will keep receiving the service until the case is resolved.

2. Ask for a decision-maker to be present

Sometimes in an IPP meeting you may request a service and your coordinator will tell you that she cannot make a decision about that service. It is your right to have someone at your meeting who can make decisions during the meeting. You can stop the meeting and ask to meet again with a "decision-maker" present. The RC must have the follow-up meeting within 15 days unless you agree to a longer timeframe. Generally speaking, a regional manager will come to the meeting to make decisions on behalf of a RC.[13]

3. Get and put things into writing

There is an old phrase: "If it ain't written down, it didn't happen!" Getting important things written down is necessary so that you have a record you can refer back to or take to a hearing if needed.

- If a RC says it will do something or has made a decision about you, ask for it in writing.

[13] WIC Section 4646(f)

- If you have a conversation with someone at the RC and they give you important information or have agreed to something, follow up the conversation in writing.
- If you are requesting something, making a complaint, or asking an important question, do it in writing.

When it comes to your IPP meeting, make the request for the meeting in writing. After the meeting, it's a good idea to summarize the parts of the meeting that you felt were especially important and want to be sure make it into the IPP document.

There are some very important guidelines about written communication:

1. No matter how mad or frustrated you are, be respectful in your writing. This is in keeping with our key idea that you must always be the "reasonable party."
2. Make sure you can prove that someone at the RC received your letter.[14]
3. If you are writing a letter that summarizes a conversation, always end your letter with the following statement (or something similar):

[14] There are a few ways of proving that a document was received. Hand-deliver it and ask for a receipt. Fax it from a machine that gives you a reduced-sized copy of your top page as part of its delivery report (usually available at places like Office Depot and Office Max). Mail it with a return receipt.

"If anything in this letter is incorrect, please contact me within a reasonable period of time."

This does two things. First, it opens the door for further communication if there is a disagreement about the content of your conversation. Second, if the RC does not correct your memory of the conversation, if you ever have to go to a fair hearing it is likely to be assumed that your recollection of the conversation is correct.

4. Get your records

Request your regional center records on a regular basis (annually is usually a good time frame). You have a right to all of your records.[15] In particular, it is important to insure that the request includes the service coordinator's chart notes or entries. These are the written notes made by the SC which document his/her conversations with you, with other RC staff and with outside vendors. They can be a valuable tool for exposing the inner workings of the RC. The RC can charge you the cost of copying but no more than that. They must produce these records within three working days. If the cost of copying is a hardship for you, you can request them for free.

Once you receive the records, it can be useful to read through them to see what the RC is documenting about your case.

[15] WIC Section 4726

Sometimes it will shed light on their reasoning if you have a disagreement with them. They may help you in persuading them to change their minds or in knowing how to present a case to a judge if you end up going to a fair hearing.

5. Set yourself up for a successful fair hearing

We have discussed various strategies for making your case to a RC in order to get the services that you need and the RC's obligations to meet your needs. The reality is that you and the RC will not always see eye to eye on your needs and their obligations. The provision for dealing with these disagreements as described in the Act is an administrative hearing, called a fair hearing. It is helpful to think of all you do as steps towards a possible hearing.

While this handbook is not about how to conduct a fair hearing, there are some things you can and should do to be ready for one if it comes to that.[16] Many of these we have already covered:

- Get copies of your records
- Make sure that anything important is written down
- Make sure your IPP meeting is thorough and covers everything important

[16] For information on resolving disputes, go to www.disabilityrightsca.org and look for the handbook, "Rights Under the Lanterman Act." Chapter 12 discusses the process for administrative hearings and complaints.

There are other things you should do as well:

- **Record your IPP meeting**. You must tell the RC at least 24 hours in advance that you will do this. If you end up at a fair hearing, you may need to refer back to the recording or get it transcribed and enter it as a piece of evidence.
- **Organize your documents.** Keep everything related to your RC case and organize it all by date keeping the most current documents at the front. You may want to purchase a file box and file folders for this purpose. Keeping it organized as you go will help you prepare if you need to go to a fair hearing.
- **Print important emails.** If you have had an important email conversation with the RC, be sure to print it out and put it into your documents file.
- **Always be the reasonable party**. If an outsider were to listen in on your conversations, read your letters, see what you are requesting in light of your demonstrated needs, that person should conclude that you have been reasonable and respectful. Regardless of how you feel about the RC or their actions, your actions, words and responses must be calm and reasonable. This does not mean that you must give in or let the RC believe that you are okay with their offers (if you aren't). You can even tell them that you are frustrated and angry, just don't allow

your feelings to lead you into an aggressive or confrontational mode.

There are at least two advantages to taking this approach. In your negotiations with the RC, if you use persuasion and reason to support your requests, you are more likely to get closer to what you want both in the near and distant future. Additionally, if and when you go before a judge and present your evidence in a fair hearing, your case will be much stronger if the judge can see that you have conducted yourself in a respectful manner and that you have made reasonable requests.

F. A Few Other Things Most People Don't Know about RCs

1. Variations in services provided by different RCs

One of the important aspects of the Lanterman Act is that it leaves a great deal of wiggle room when it comes to determining a person's needs and offering services. This gray area is routinely exploited by regional centers to limit services and keep costs under control. The result is that you will have one regional center happily providing extra speech therapy for your child in addition to what the school gives him, but the next regional center refusing to.

Much of this discrepancy is based on each regional center's Purchase of Services Policies discussed earlier. However, the

RC's leadership and corporate culture also figure widely into these decisions. Some RC executive directors have a greater focus on providing services to people despite the cost while others are more focused on their agency's economic bottom line.

If you transfer from one RC to another, the new RC must continue the services that are identified in your current IPP. However, they can, and probably will call for a new IPP meeting to reevaluate your needs and ultimately change your services.

2. Things you can find out on a regional center website

Over the years the state legislature has modified the Act to require that the RCs post important information on their websites. This is referred to as "transparency." As of now this includes the following types of information:

- As indicated earlier, a list of every vendor for that RC, except for individuals vendored to care for their own family members – these are often divided up by the service(s) offered by that vendor
- Purchase of services discrepancy data – This describes how much money was authorized and spent on the individuals served by the regional center. It is broken out in several ways including by age, ethnicity, language, and

disability. With this information you can compare, for example, how much money was spent on people who speak English vs people who speak Spanish. If you are part of a group that gets comparatively less funding than another group, you might use this information during your IPP meeting to get more services.

- All policies including the Purchase of Services and exception policies
- Audits and performance reports

Be aware that some RCs make this information difficult to find and/or move it around on their website periodically. If you have trouble finding this information, call the RC and ask them where to find it on their website.

G. Summary

Always remember that the planning process must revolve around you and what you want and need. RCs are obligated either to help you find a way to get your needs met or to pay for services to meet your needs. In the best of circumstances, you and the RC can successfully negotiate this through the IPP process. Now that you understand various strategies you can use to help you in your negotiation, you should expect better outcomes for your life.

Appendix A – Commonly Funded Adult Services

Adaptations/accessibility

- Housing accessibility such as ramps, bars, lifts, adapted showers etc.
- Vehicle modifications

Adult day programs

- Adult day health center
- Adult development center
- Day training activity center
- Behavioral support day program
- Alternative day program
- In-home day program

Arts

- Creative arts programs (usually considered as an adult day program)

Behavioral support

- Behavior analyst
- Behavior support program

Crisis services

- Crisis prevention and intervention
- On-call crisis team

Education

- Tutoring
- Personal support to attend college, vocational school or other educational venue (must be no longer eligible for special education)

Employment

- Supported employment
- Self-employment
- Group employment - enclaves
- Workshops

Equipment

- Communication aides
- Mobility devices
- Durable medical equipment
- Other equipment needed to live in least restrictive environment

Family support

- In-home respite (max 90 hours/quarter)
- Out of home respite (max 21 hours/year)
- Support groups
- Counseling

Independent living - adults

- Supported living services – person needs moderate to intensive support in their own home

- Independent living services – person needs minimal to moderate support in their own home; may be used in transition to own home out of family home
- Homemaker services – general household activities
- Chore services – heavy household chores or minor repair work
- Emergency monitoring (LifeLine or similar)

Medical (if not covered by insurance)

- Acute care hospital
- Audiology
- Dietary services
- Physicians/surgeons
- Dental
- Residential services (medical)
- Skilled nursing facility
- Home health services
- Radiologic/Lab
- Nursing: RN, LVN, CNA
- Orthoptic – specialized eye care
- Orthotic/Prosthetic
- Pharmaceuticals
- Miscellaneous medical support and services

Mental health services

- Counseling
- Mental health therapy – psychologist, psychiatrist, LMFT, MSW etc.
- Crisis prevention/intervention
- On-call crisis team

Professional services

- Attorney/legal services
- Financial management/HR
- Funeral
- Interpreter/translator
- Interdisciplinary assessments

Residential options

- Family home services (like foster care for adults)
- Skilled nursing
- Licensed homes (3 – 6 residents); various types depending on needs of residents including medical support, full accessibility, behavioral support, visual or auditory impairments, low sensory, geriatric etc.
- Large licensed facilities

Very limited use:

- State developmental centers

- Out of state specialized residences

Supplies

- Diapers or Depends
- Other expendable supplies needed due to disability

Medical Therapies – very limited

- Occupational Therapy
- Physical Therapy
- Speech therapy

Training

- Adaptive skills training
- Driver training
- Mobility training
- Money management/budgeting
- Community integration training
- Social skills training

Transportation

- Vendored transportation services
- Transportation aide
- Mobility training (learning how to use public transportation)

Appendix B – Commonly Funded Children's Services – Ages 3 and Up

Adaptations/accessibility

- Housing accessibility such as ramps, bars, lifts, adapted showers etc.
- Vehicle modifications such as lifts, ramps

Behavioral support

- Behavioral therapy such as ABA, Floortime, etc.
- Behavior analyst

Crisis services

- Crisis prevention and intervention
- On-call crisis team

Day care– expenses beyond regular daycare costs

- Aides in regular day care
- Specialized day care
- Extended day care

Education (usually schools are required to cover)

- Educational psychologists
- Tutoring

Equipment

- Communication aides
- Mobility devices
- Durable medical equipment
- Other equipment needed to live in least restrictive environment

Family support

- In-home respite (max 90 hours/quarter)
- Out of home respite (max 21 hours/year)
- Parent training in various therapies such as ABA
- Parenting support/training
- Support groups
- Counseling

Medical (not covered by insurance)

- Acute care hospital
- Audiology
- Dietary services
- Physicians/surgeons
- Dental
- Residential services (medical)
- Skilled nursing facility
- Home health services
- Radiologic/Lab
- Nursing: RN, LVN, CNA
- Orthoptic – specialized eye care

- Orthotic/Prosthetic
- Pharmaceuticals
- Miscellaneous medical support and services

Mental health services

- Counseling
- Mental health therapy – psychologist, psychiatrist, LMFT, MSW etc.
- Crisis prevention/intervention
- On-call crisis team

Professional services –if need is established as part of caring for child

- Attorney/legal services
- Financial management/HR
- Funeral
- Interpreter/translator
- Interdisciplinary assessments

Residential options

- Group homes

Supplies

- Diapers or Depends (older children, teens)
- Other expendable supplies needed due to disability

Therapies

- Behavioral therapies such as ABA, Floortime etc.
- Occupational Therapy
- Physical Therapy
- Speech therapy
- Other medical therapies
- Recreational therapy (limited)
- Music/art therapy (limited)

Training – (if not covered by school)

- Adaptive skills training
- Social skills training
- Mobility training (teens)
- Money management/budgeting (teens)
- Community integration training (teens)

Notes

PCP Methods
Métodos PCP

- There are different styles of holding a PCP meeting
  - Personal Futures Planning
  - MAPS (Making Action Plans)
  - Essential Lifestyle Planning
  - Personal Passport
  - And even more!
- Existen varios estilos diferentes de llevar a cabo una reunión PCP
  - Planificación de Futuros Personales
  - MAPS (Creación de Planes de Acción)
  - Planificación esencial del estilo de vida
  - Pasaporte personal
  - ¡Y muchos más!

PCPs
PCPs

- Personal Futures Planning
  - Identifies "capacities" with help of people who care about you, including family, friends, and community members
  - Works to "discover a vision of a desirable future" and make an action plan
- Planificación de Futuros Personales
  - Identifica las capacidades con ayuda de la persona que cuida de ti, incluyendo a la familia, amigos y miembros de la comunidad.
  - Trabaja para "descubrir una visión del futuro deseado "y hacer un plan de acción.

PCPs (continued 1)
PCPs (continua 1)

- Personal Futures Planning
  - Builds stronger and more effective support by making small, positive changes
  - Calls on all participants to work creatively together over time as equals

  http://tinyurl.com/jxe7s4l
- Planificación de Futuros Personales
  - Construye un apoyo mas fuerte y efectivo al hacer cambios pequeños y positivos.
  - Pide a todos los participantes que trabajen creativamente juntos a lo largo del tiempo, como iguales

  http://tinyurl.com/jxe7s4l

PCPs (continued 2)
PCPs (continua 2)

- MAPS (Making Action Plans)
  - Focuses on a your gifts, strengths, and talents over "disabilities"
- MAPS (Creación de Planes de Acción)
  - Se centra en sus dones, fortalezas y talentos, en lugar de las "discapacidades"

PCPs (continued 3)
PCPs (continua 3)

- MAPS (Making Action Plans)
  - Asks key questions including: What is the dream? What is the nightmare? Who are you? What are your gifts, strengths, and talents? What do you need now?
- MAPS (Creación de Planes de Acción)
  - Hace preguntas claves, entre ellas: ¿Cuál es tu sueño? ¿Qué es tu pesadilla? ¿Quién eres tú? ¿Cuáles son tus dones, fortalezas y talentos? ¿Qué es lo que necesitas ahora?

PCPs (continued 4)
PCPs (continua 4)

- MAPS (Making Action Plans)
  - An action plan is developed spelling out who will do what and when

  http://tinyurl.com/gr87s7x
- MAPS (Creación de Planes de Acción)
  - Se desarrolla un plan de acción explicando quién hará qué y cuándo.

  http://tinyurl.com/gr87s7x

PCPs (continued 5)
PCPs (continua 5)

- Essential Lifestyle Planning
  - A guided process for learning how you want to live and developing a plan to make it happen
  - Discover what is important to you in everyday life
- Planificación esencial del estilo de vida
  - Un proceso guiado para aprender cómo quieres vivir y desarrollar un plan para que esto suceda.
  - Descubre lo que es importante para ti en la vida cotidiana.

PCPs (continued 6)
PCPs (continua 6)

- Essential Lifestyle Planning
  - Identify what support you require and any issues of health or safety
- Planificación esencial del estilo de vida
  - Identifica qué apoyo necesitas y cualquier problema de salud o seguridad.

PCPs (continued 7)
PCPs (continua 7)

- Essential Lifestyle Planning
  - Describes what you have learned in a way that is easily understood by those who will help you to get what is important you

  http://tinyurl.com/z95uvlb
- Planificación esencial del estilo de vida
  - Describe lo que has aprendido de una manera que será mas fácil de entender para aquellos que te ayudarán a obtener lo que es importante para ti.

  http://tinyurl.com/z95uvlb

PCPs (continued 8)
PCPs (continua 8)

- Personal Passport
  - Start by focusing on the people who are important to you and help you
  - List your hopes and dreams for the future
- Pasaporte Personal
  - Comienza por centrarte en las personas que son importantes para ti y que te ayudarán.
  - Haz una lista de tus esperanzas y sueños para el futuro.

PCPs (continued 9)
PCPs (continua 9)

- Personal Passport
  - Make a list of things you like to do and what you need to live the life you want
  - List the things that get in your way
- Pasaporte Personal
  - Haz una lista de cosas que te gustan hacer y lo que necesitas para vivir la vida que deseas
  - Haz una lista de las cosas que se interponen en tu camino

PCPs (continued 10)
PCPs (continua 10)

- Personal Passport
  - List the kind of supports you will need to achieve your hopes and dreams

  http://tinyurl.com/hvpsraj
- Pasaporte Personal
  - Haz una lista del tipo de apoyos que necesitarás para lograr tus esperanzas y sueños.

  http://tinyurl.com/hvpsraj

DISABILITY VOICES UNITED

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The Story of California's Self-Determination Law

In 2012, six ordinary people met and did an extraordinary thing. While at a restaurant across from the Burbank Airport, they took a napkin and sketched out a plan to pass a law for self-determination to ensure freedom, authority and choice to individuals with developmental disabilities." The six people included Judy Mark and Connie Lapin, parents and co-chairs of Government Relations of the Autism Society of Los Angeles; Michal Clark, parent and then executive director of a regional center that was part of the self-determination pilot project; Marnie Clark, self advocate; Harvey Lapin, parent and longtime disability activist; and Catherine Blakemore, Executive Director of Disability Rights California.

The six agreed the developmental services system was broken and change was needed. They were aware that the federal government, through its funding of community Medicaid services, was moving the states towards service models that allowed consumers more choice and control. Although California had a successful self-determination pilot program that began in 1998, attempts to pass legislation to expand this program had not been achieved.

The initial six formed "The Dream Team" but was soon joined by Allen Erenbaum, parent and attorney, April Lopez, parent and member of the State Council on Developmental Disabilities, and Mark Polit, parent. There was clear agreement that the program would be voluntary, statewide, include diverse, underserved communities, and be open to all individuals with developmental disabilities served by regional centers. The team mobilized and went to work.

It was apparent that to succeed, a bipartisan effort was needed. In December 2012, Harvey Lapin called Senator Bill Emmerson, a colleague in the dental profession, and asked him to have a conversation. Harvey and Connie met the Senator in his local district office, where he readily agreed the plan was a significant bipartisan issue and happily agreed to author the bill. Many wonderful legislators enthusiastically united over the effort and agreed to be co-authors, including Senator Jim Beall and Assemblymembers Bob Blumenfield, Wesley Chesbro and Holly Mitchell. The authors introduced Senate Bill 468.

Because others underestimated the sheer will of the self-advocates and family members supporting the bill, no opposition arose as the bill moved through the Senate. SB 468 passed easily in the Senate Human Services Committee and unanimously on the Senate floor. But as the bill moved onto the Assembly, those interested in keeping the status quo made their concerns known. Despite an organized group raising questions about the bill in the Assembly Human Services Committee – no group ever officially came out in opposition – the bill passed without a single "no" vote.

The bill was then sent to the Appropriations Committee and put on "suspense," as expected. At this point, those wanting the status quo attempted some behind-the-scenes maneuvering and tried to make the case for a $6 million cost for the bill. But the authors and sponsors had compelling evidence – backed up by the Department of Developmental Services – that the Self-Determination Program would bring in almost $3 million dollars a year in additional federal funds stemming from the match from the pilot participants.

The bill passed out of the Appropriations Committee and passed unanimously again on the floor. It was reported that the Governor's Office received more calls to sign Senate Bill 468 than any other health-related bill. Governor Jerry Brown signed this groundbreaking legislation into law October 9, 2013. (Chapter 683, statutes of 2013, Welfare and Institution Code section 4685.8 in the Lanterman Act.)