

SELF- DETERMINATION PROGRAM ORIENTATION



WELCOME

Self-Determination Program Orientation

SELF-DETERMINATION PROGRAM ORIENTATION

AGENDA

AGENDA

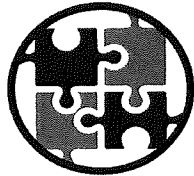
- 1) What is Self-Determination
- 2) Roles and Responsibilities
- 3) Planning
- 4) Paying for Services
- 5) Rights and Safety
- 6) Next Steps

WHAT IS SELF-DETERMINATION

SELF-DETERMINATION PROGRAM OVERVIEW



CHOICE, CONTROL
AND RESPONSIBILITY



SERVICES AND
SUPPORTS THAT
FIT YOUR LIFE



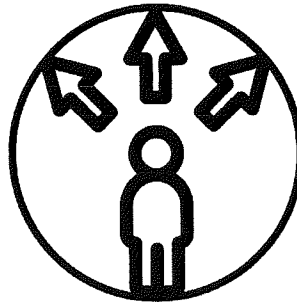
DECIDE HOW
YOUR BUDGET IS
SPENT



LOTS OF
SUPPORT



PERSON
CENTERED



WHAT IS SELF-DETERMINATION

SELF-DETERMINATION PROGRAM OVERVIEW

Traditional Services

- IPP via Person-centered planning
- Regional Center
- Vended providers
- Required use of generic resources

Self-Determination Program

- Person-centered planning
- IPP
- Regional Center
- Vended or non-vended providers
- Individual budget
- Independent Facilitator
- Financial Management Service
- Required use of generic resources

WHAT IS SELF-DETERMINATION HISTORY OF SELF-DETERMINATION

INTERNATIONAL

CIVIL RIGHTS
MOVEMENT

LANTERMAN
ACT

SELF-
DETERMINATION
PILOT PROJECT

SELF-
DETERMINATION
IN CA

WHAT IS SELF-DETERMINATION POINTS TO REMEMBER



Voluntary
program



Stay in the
program if
you move

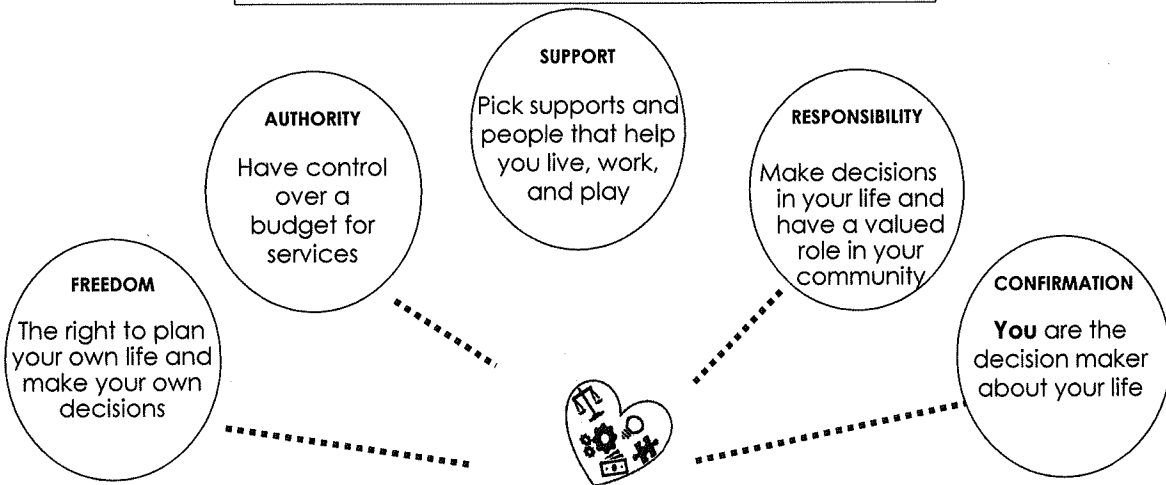


Must live in
the
community

WHAT IS SELF-DETERMINATION

5 PRINCIPLES OF SELF-DETERMINATION

*5 PRINCIPLES OF SELF-DETERMINATION

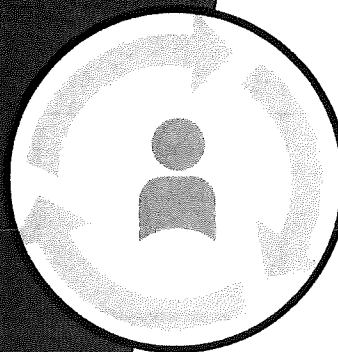


WHAT IS SELF-DETERMINATION

PERSON-CENTERED PLANNING

Person-Centered Planning is about **YOU!**

You decide what is important to you to feel fulfilled and happy.



You plan for what is important for you to be healthy, safe and comfortable in your community.

ROLES AND RESPONSIBILITIES OVERVIEW

ROLES AND RESPONSIBILITIES

- ✓ YOUR ROLE AND RESPONSIBILITY
- ✓ PEOPLE YOU CHOOSE FROM YOUR LIFE
- ✓ YOUR REGIONAL CENTER SERVICE COORDINATOR
- ✓ INDEPENDENT FACILITATOR
- ✓ SERVICE PROVIDERS
- ✓ FINANCIAL MANAGEMENT SERVICE (FMS)

ROLES AND RESPONSIBILITIES YOUR RESPONSIBILITY



- 1) Attend SDP orientation
- 2) Have IPP that is person-centered
- 3) Create a spending plan
- 4) Use a financial management service

Your Role and Responsibilities

ROLES AND RESPONSIBILITIES**FAMILY, FRIENDS & CIRCLE OF SUPPORT**

Who can you ask to support you?

- People you trust
- People who know you best
- People who can help
- Friends and family
- Teachers, therapists, coaches
- Your service coordinator
- Employer
- Independent Facilitator

Note: But remember whoever goes into your home or provides personal care must pass fingerprinting

ROLES AND RESPONSIBILITIES**CIRCLE OF SUPPORT****EXERCISE:**

- **Let's share who can be a circle of support for you**
- **If you had to pull together a team, who would you ask?**
- **Why?**

ROLES AND RESPONSIBILITIES

REGIONAL CENTER SERVICE COORDINATOR

Regional Center Role and Responsibility

Your regional center still plays an **important** role, by:

- Helping you develop your IPP
- Certifying the amount of your individual budget
- Helping you understand what services are eligible for funding

ROLES AND RESPONSIBILITIES

INDEPENDENT FACILITATOR

Independent Facilitator Role and Responsibility

Who is an independent facilitator?

A person who can **help you** implement your program

They **CAN** help you:

- Make informed decisions regarding your individual budget;
- Locate, access and coordinate the services and supports in your IPP;
- Identify your needs and finding options to meet those needs;
- By leading, participating in and/or advocating on your behalf during the person-centered planning process and when you develop your IPP

They **MUST**:

- Receive training
- NOT provide any other service to you

They **CAN**:

- Be paid from your spending plan, if hired
- Be a service coordinator
- Be family members

Note: A parent of a minor participant and a spouse of an

ROLES AND RESPONSIBILITIES

INDEPENDENT FACILITATOR

*Choosing the Right Independent Facilitator

Think about what **you** need...
What kind of person would **you** get along with?

WHAT DO YOU **NEED**?

- Do you need help accessing your community or neighborhood?
- Do you need different people to do different things?
- Do you need help with person-centered planning?
- Help with advocacy?
- Help in accessing public benefits?

WHAT DO YOU **WANT**?

- Someone who is very organized?
- Do you want someone who is calm and gentle?
- Do you want someone who really understands your family?
- Someone who understands your culture?

ROLES AND RESPONSIBILITIES

SERVICE PROVIDERS

*Roles and Choosing Service Providers

Think about what roles you **need** your provider to fill...
What kind of provider do **you** want?

WHAT DO YOU **NEED**?

- Someone who has a medical background?
- Some who knows your language?
- Someone who drives?
- Someone who can support in personal care?

WHAT DO YOU **WANT**?

- Someone who will **not** speak for you?
- Your privacy respected?
- Employees to **not** make personal phone calls or text while working for you?
- Someone who understands your culture?

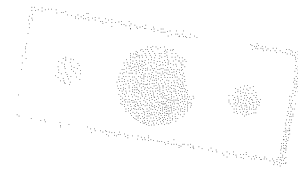
ROLES AND RESPONSIBILITIES

FINANCIAL MANAGEMENT SERVICE (FMS)

FMS Role and Responsibility

- You can **choose** your FMS
- A **required** service for the program
- Is **required** to be vendored
- You pay for the FMS out of your spending plan
- Checks background and qualifications
- Helps you manage your spending plan
- Gives you a monthly report about your spending plan

Who will help you **pay** for services and your employees?



ROLES AND RESPONSIBILITIES

FINANCIAL MANAGEMENT SERVICE (FMS)

*Choosing the Right FMS

Think about what you **need**...
AND what you **want**?

WHAT DO YOU **NEED**?

- Do you need help with employees?
- Do you need more help or reminders on making sure you keep within your spending plan?
- Do you just need them to pay the bills and send you statements?
- Do you need to buy goods and supplies?

WHAT DO YOU **WANT**?

- Full responsibility for your employees?
- Help with the business of having employees?
- Liability or no liability?

ROLES AND RESPONSIBILITIES

CHOOSING THE RIGHT PERSON FOR THE RIGHT ROLE

*Agreements with Your Providers



Expectations
of the job



Start date/end
date



Hours and days
of the job



Rate of pay



How you will
keep track of
when they work



Where the
service will
take place

ROLES AND RESPONSIBILITIES

REVIEW

ROLES AND RESPONSIBILITIES REVIEW

- ✓ YOUR role and responsibility
- ✓ People you choose from your life
- ✓ Your regional center service coordinator
- ✓ Independent facilitator
- ✓ Service providers
- ✓ Financial management service (FMS)

PLANNING OVERVIEW

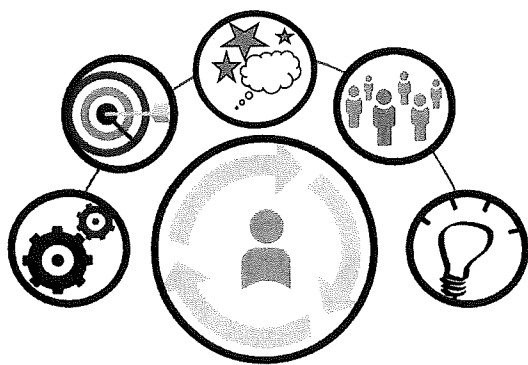
PLANNING

- ✓ PERSON-CENTERED PLANNING AND SELF-DETERMINATION
- ✓ INDIVIDUAL PROGRAM PLAN (IPP) AND SELF-DETERMINATION
- ✓ REQUIREMENTS OF PLANNING FOR SERVICES
 - ✓ GENERIC RESOURCES
 - ✓ THE FINAL RULE

R

PLANNING

PERSON-CENTERED PLANNING AND SELF-DETERMINATION



Keeping you at the center of planning, through the person-centered process **YOU** will:

R

1

Identify your hopes and dreams.

2

Identify what you like and what you're good at.

3

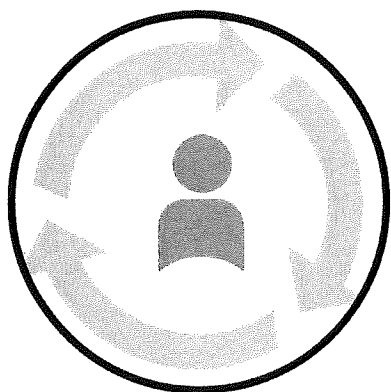
Identify and set meaningful goals for your life.

4

Choose who will provide services and supports to help you meet your goals.

PLANNING

PERSON-CENTERED PLANNING AND SELF-DETERMINATION



Where to begin?

***Find Information**

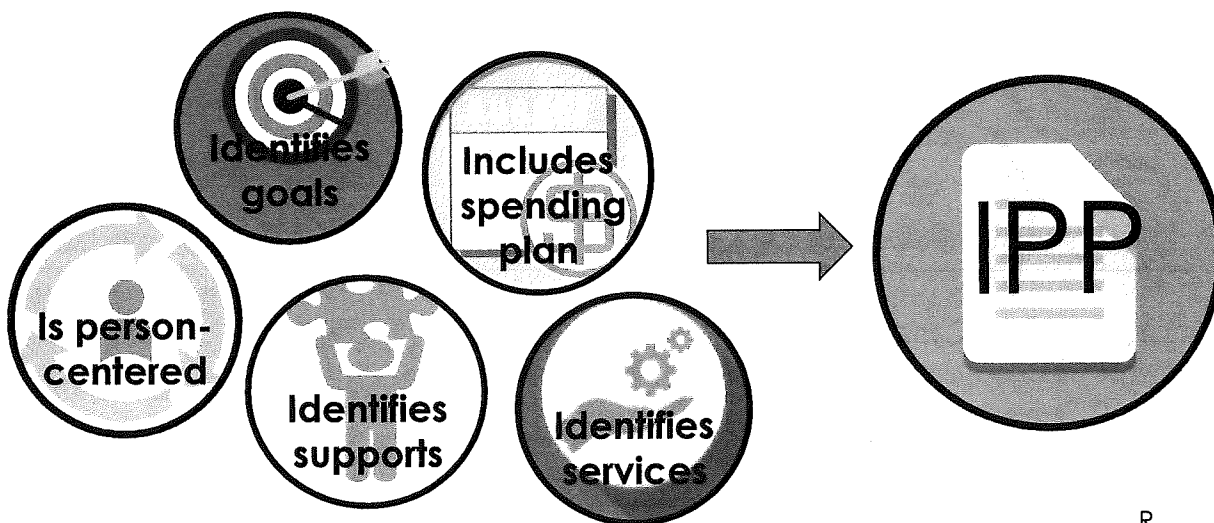
Get Support



R

PLANNING

INDIVIDUAL PROGRAM PLAN (IPP) AND SELF-DETERMINATION



R

PLANNING

REQUIREMENTS OF PLANNING FOR SERVICES

The services you pay for from your spending plan **MUST**:



Be an approved service



Providers must be qualified



Support choice and inclusion



Can be vendored & non-vendored

1

MUST try to get other sources to pay first
(called "Generic Resources")

2

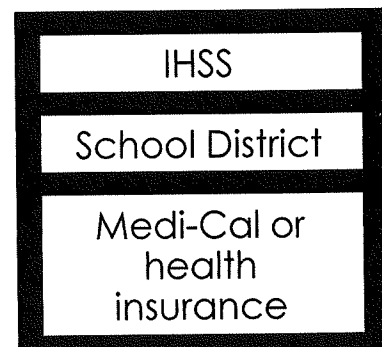
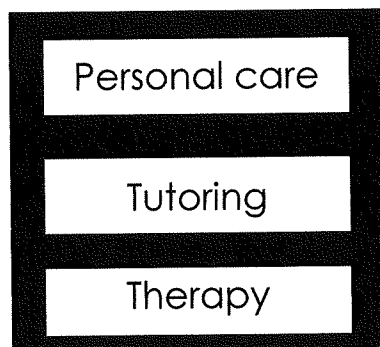
MUST be provided in places where you are included in the community
(called "Final Rule")

R

PLANNING

REQUIREMENTS OF PLANNING FOR SERVICES

Generic Resources



- **SAME** requirement as in the traditional regional center system.
- Helps you **save money** in your spending plan for other things.
- Talk with your team if a generic resource does not meet your needs.

R

PLANNING

REQUIREMENTS OF PLANNING FOR SERVICES

* Home & Community-Based Services & the Final Rule



You make your own choices



You live in neighborhoods of your choosing



You have the opportunity to work and volunteer



You are able to make friends with people with and without disabilities

The Self-Determination Program is designed so that **you** are **included** in **YOUR** community.

R

PLANNING

REQUIREMENTS OF PLANNING FOR SERVICES

Setting Assessment and Process



The provider will complete a self-assessment of the setting



The selected provider, the regional center and **YOU** will conduct an onsite assessment...



If the provider **passes** you can use this service



If the provider **does not pass**, you can work with them towards change. If not you can **NOT** have services in this setting.



The FMS verifies the **completion** of the assessment process

R

PAYING FOR SERVICES AND SUPPORTS

5 PRINCIPLES

- ✓ Freedom
- ✓ Authority
- ✓ Support
- ✓ Responsibility
- ✓ Confirmation

ROLES AND RESPONSIBILITIES

- ✓ You
- ✓ Family/Circle of Support
- ✓ Service Coordinator
- ✓ Financial Management Service
- ✓ Service Provider
- ✓ Independent Facilitator

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PAYING FOR SERVICES AND SUPPORTS

OVERVIEW

INDIVIDUAL BUDGET

DETERMINING AMOUNT
CHANGES
LAWS & REQUIREMENTS

SPENDING PLAN

DEVELOPING
DETERMINING AMOUNT
CHANGES
ACTIVITY

FINANCIAL MANAGEMENT SERVICE

3 MODELS
COST
REQUIREMENTS
ACTIVITY

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PAYING FOR SERVICES AND SUPPORTS
INDIVIDUAL BUDGET

Overview

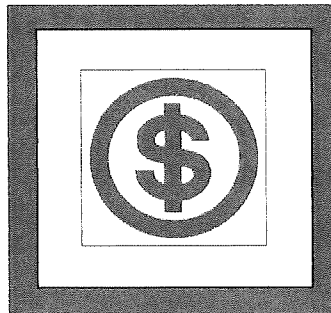
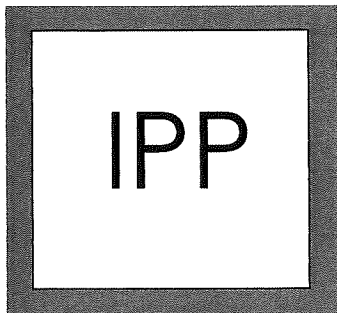
INDIVIDUAL BUDGET

- ✓ Determining your individual budget
- ✓ Changes to your individual budget

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PAYING FOR SERVICES AND SUPPORTS
INDIVIDUAL BUDGET

Determining Your Individual Budget



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PAYING FOR SERVICES AND SUPPORTS

INDIVIDUAL BUDGET

Determining Your Individual Budget Less Than 12 Months of Service?

AVERAGE COST
OF SERVICES
USED FOR
IDENTIFIED
NEEDS

THAT **WOULD**
HAVE BEEN USED
OVER
12
MONTHS

R

PAYING FOR SERVICES AND SUPPORTS

INDIVIDUAL BUDGET

When Your Individual Budget Can Change

UNMET NEED

Needed services in your
IPP were not used.

There were needs not
addressed in your IPP.

OR

CHANGE IN CIRCUMSTANCE

Life has changed, and
so have your needs.

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PAYING FOR SERVICES AND SUPPORTS
INDIVIDUAL BUDGET

Your Individual Budget Must:

- ✓ Include paying for your Financial Management Service
- ✓ Include paying for an independent facilitator (if hired).
- ✓ Be certified by your regional center.

R

PAYING FOR SERVICES AND SUPPORTS
SPENDING PLAN

Overview

SPENDING PLAN

- ✓ DEVELOPING YOUR SPENDING PLAN
- ✓ BUDGET CATEGORIES
- ✓ JASON AND SOFIA EXAMPLES
- ✓ ACTIVITY

PAYING FOR SERVICES AND SUPPORTS SPENDING PLAN

Developing Your Spending Plan

Services identified during **Person-Centered Planning** & documented on your **IPP**.



Support:

- Family & friends
- Service Coordinator
- Independent facilitator
- FMS



Determine:

Generic services.

What services will **not** come from your individual budget?



Determine:

- Who?
- How often?
- When?
- Length of time?
- Cost?



PAYING FOR SERVICES AND SUPPORTS SPENDING PLAN



Budget Categories

Generic Support	\$6,400
Community Support	\$4,000
Community Support Support	\$4,000
Individual Support	\$4,000
Community Support Support	\$4,000
Individual Support Support	\$4,000
Community Support Support	\$4,000
Individual Support Support	\$4,000
Community Support Support	\$4,000
Individual Support Support	\$4,000

The 3 Budget Categories:

Living Arrangement

Employment & Community Participation

Health & Safety

Spending Plan Changes:

Transferring up to 10 % between categories

Transferring more than 10% between categories

PAYING FOR SERVICES AND SUPPORTS
SPENDING PLAN

***Spending Plan**
ACTIVITY

- 1) Think about one of your goals.
- 2) Think about how a service could help you reach that goal.
- 3) How much might that service cost?
- 4) How often? Hour? Month? Year?
- 5) When will the service start and end?

PAYING FOR SERVICES AND SUPPORTS
FINANCIAL MANAGEMENT SERVICE

Overview

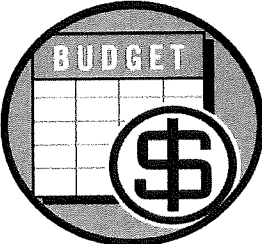
**FINANCIAL MANAGEMENT
SERVICE (FMS)**

- ✓ FMS OVERVIEW
- ✓ DETERMINING YOUR RELATIONSHIP WITH YOUR FMS
- ✓ 3 MODELS
- ✓ COST OF FMS
- ✓ JASON AND SOFIA EXAMPLES

P

PAYING FOR SERVICES AND SUPPORTS
FINANCIAL MANAGEMENT SERVICE

FINANCIAL MANAGEMENT SERVICE (FMS)



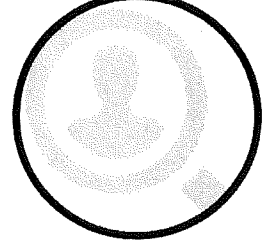
Support With
Spending
Plan



Uses Budget
to Pay for
Services



Provides You
Monthly
Summaries



Checks
Background and
Qualifications

PAYING FOR SERVICES AND SUPPORTS
FINANCIAL MANAGEMENT SERVICE

Relationship with Your FMS

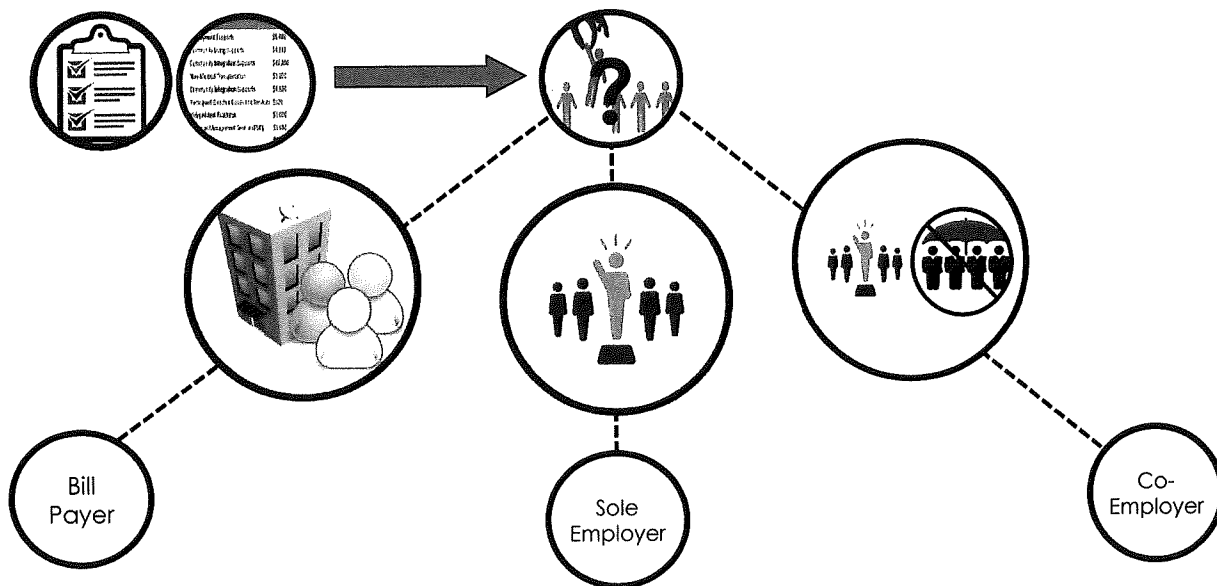
The FMS provides services and supports based on your specific needs.

How do you determine that relationship?



What is your relationship with your employees?





PAYING FOR SERVICES AND SUPPORTS

FINANCIAL MANAGEMENT SERVICE

Bill Payer



**FMS will
purchase items
from a
company for
you.**

PAYING FOR SERVICES AND SUPPORTS
FINANCIAL MANAGEMENT SERVICE

Sole Employer



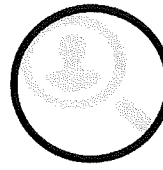
You **DO** want to be the employer of your workers.



Must obtain any necessary insurances related to employment.



FMS will pay the bills.



Checks Background and Qualifications



Assists you in following all applicable employment laws.

YOU

FMS

PAYING FOR SERVICES AND SUPPORTS
FINANCIAL MANAGEMENT SERVICE

Co-Employers



You want to **SHARE** being the employer of your workers.



Follows all applicable employment laws.



Handles necessary insurances related to employment.



SHARES being the employer.



Checks background and qualifications.



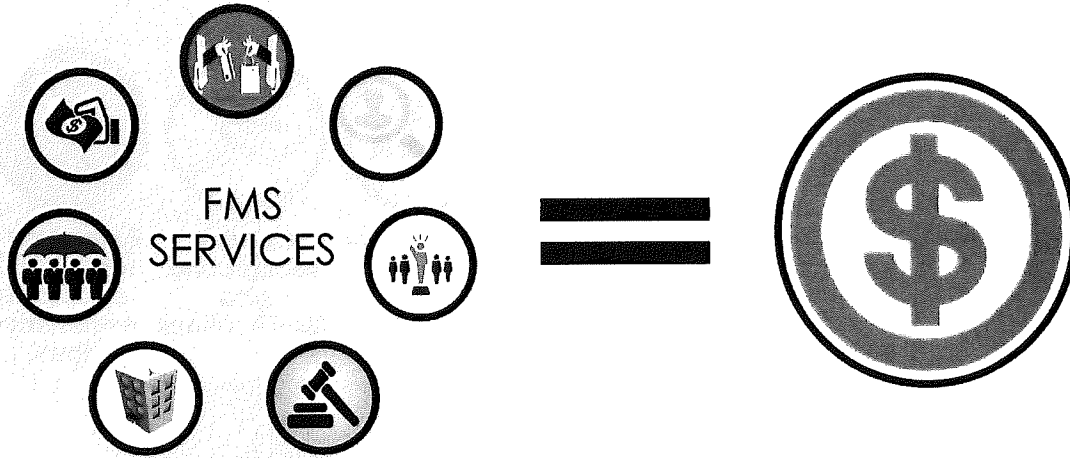
FMS will pay the bills.

YOU

FMS

PAYING FOR SERVICES AND SUPPORTS
FINANCIAL MANAGEMENT SERVICE

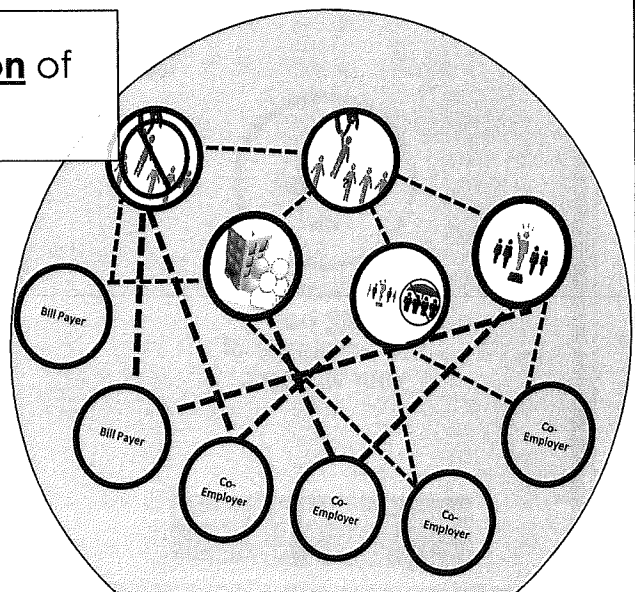
*FMS Cost



PAYING FOR SERVICES AND SUPPORTS
FINANCIAL MANAGEMENT SERVICE

You can have **ANY combination** of services from your FMS.

WAIT!
Which model
will I use?



EXAMPLES

We are going to use 2 examples to put into practice what we've learned:

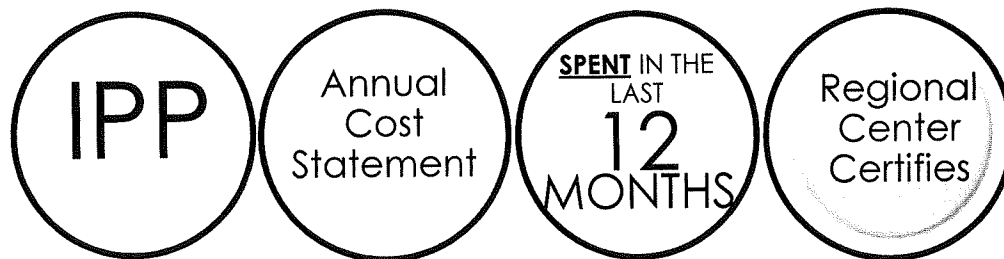
- Jason
- Sofia

(See handouts)



PAYING FOR SERVICES AND SUPPORTS INDIVIDUAL BUDGET

Jason

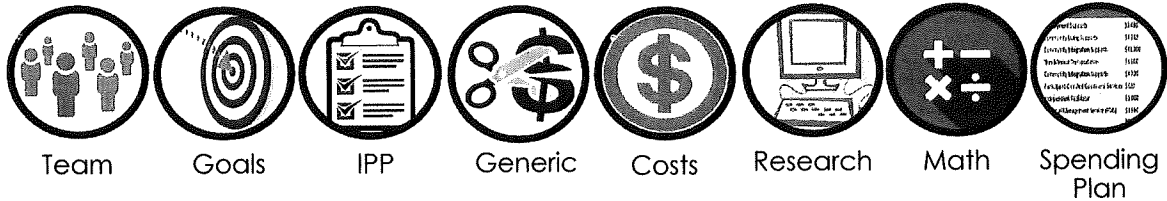


*INDIVIDUAL
BUDGET

= \$63,100

PAYING FOR SERVICES AND SUPPORTS SPENDING PLAN

Jason



INDIVIDUAL
BUDGET

= \$63,100

SPENDING
PLAN

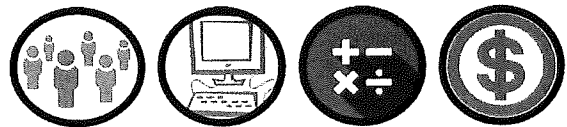
= \$49,404

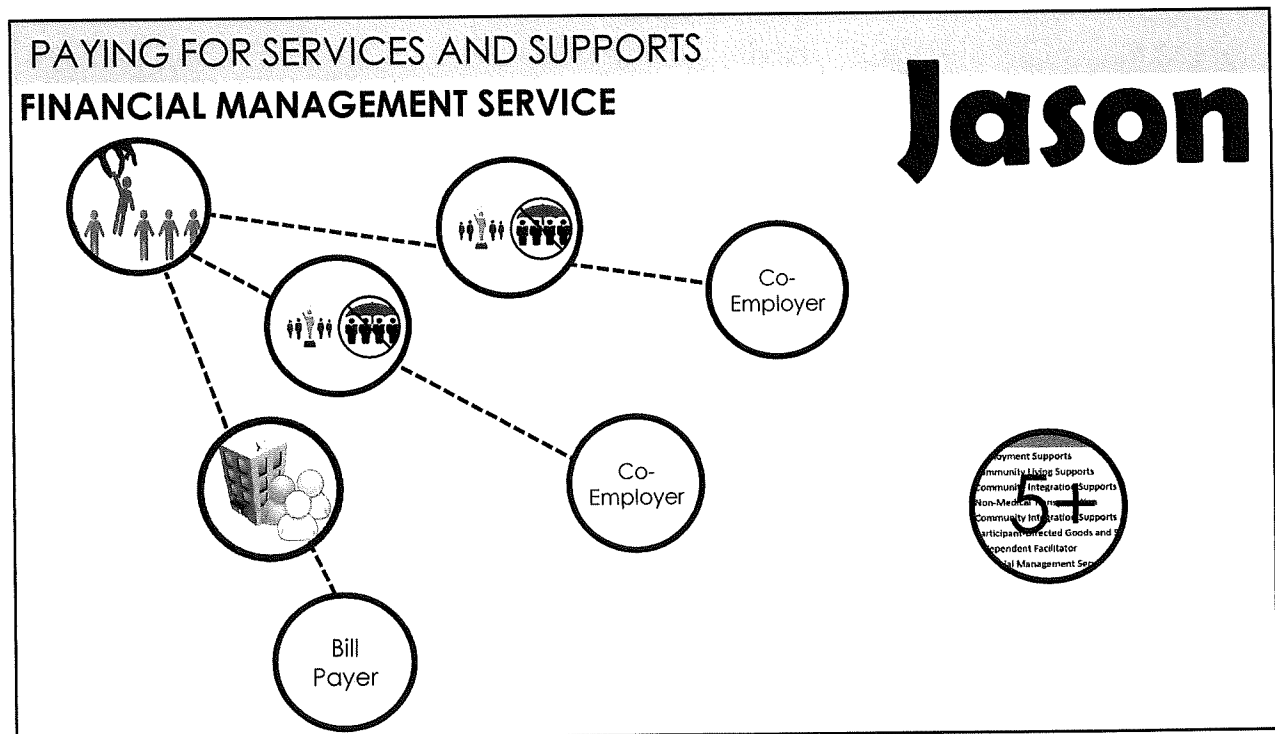
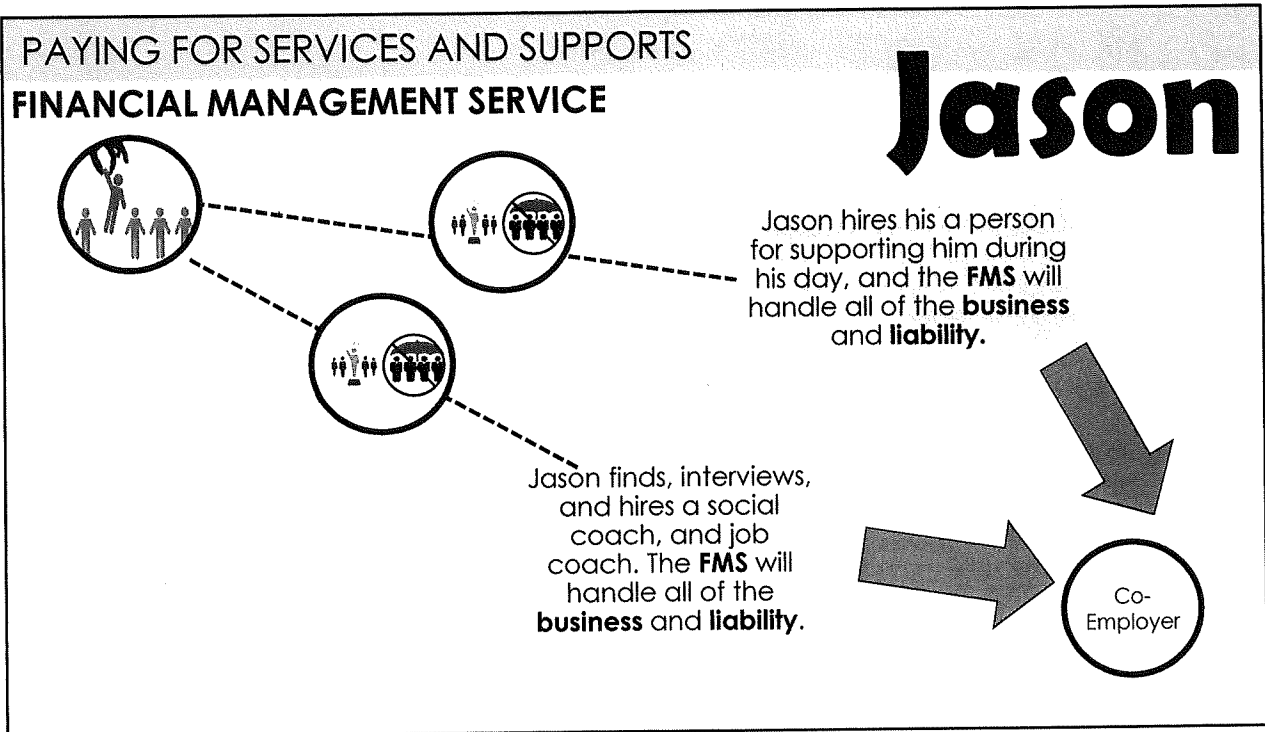
PAYING FOR SERVICES AND SUPPORTS SPENDING PLAN

Jason

*SPENDING PLAN

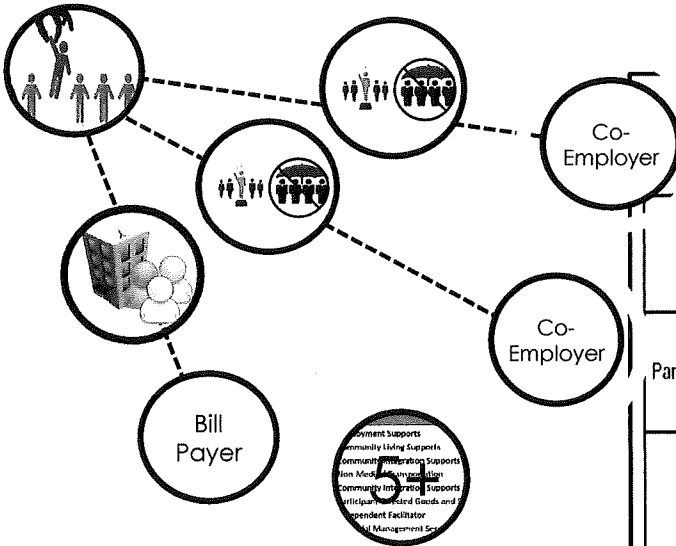
SERVICE	AMOUNT
Employment Supports	\$12,960
Community Living Supports	\$8,424
Community Integration Supports	\$17,280
Non-Medical Transportation	\$1,200
Community Integration Supports	\$2,880
Community Integration Supports	\$180
Independent Facilitator	\$4,500
Financial Management Service (FMS)	\$1,980
Total	\$49,404





PAYING FOR SERVICES AND SUPPORTS FINANCIAL MANAGEMENT SERVICE

Jason

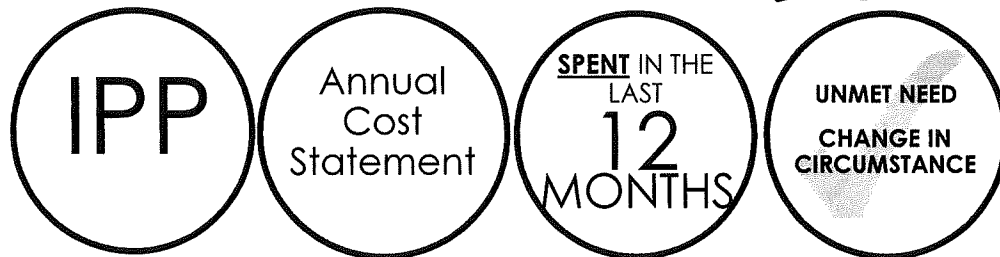


Self-Determination Program Maximum Financial Management Services (FMS) Rates

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

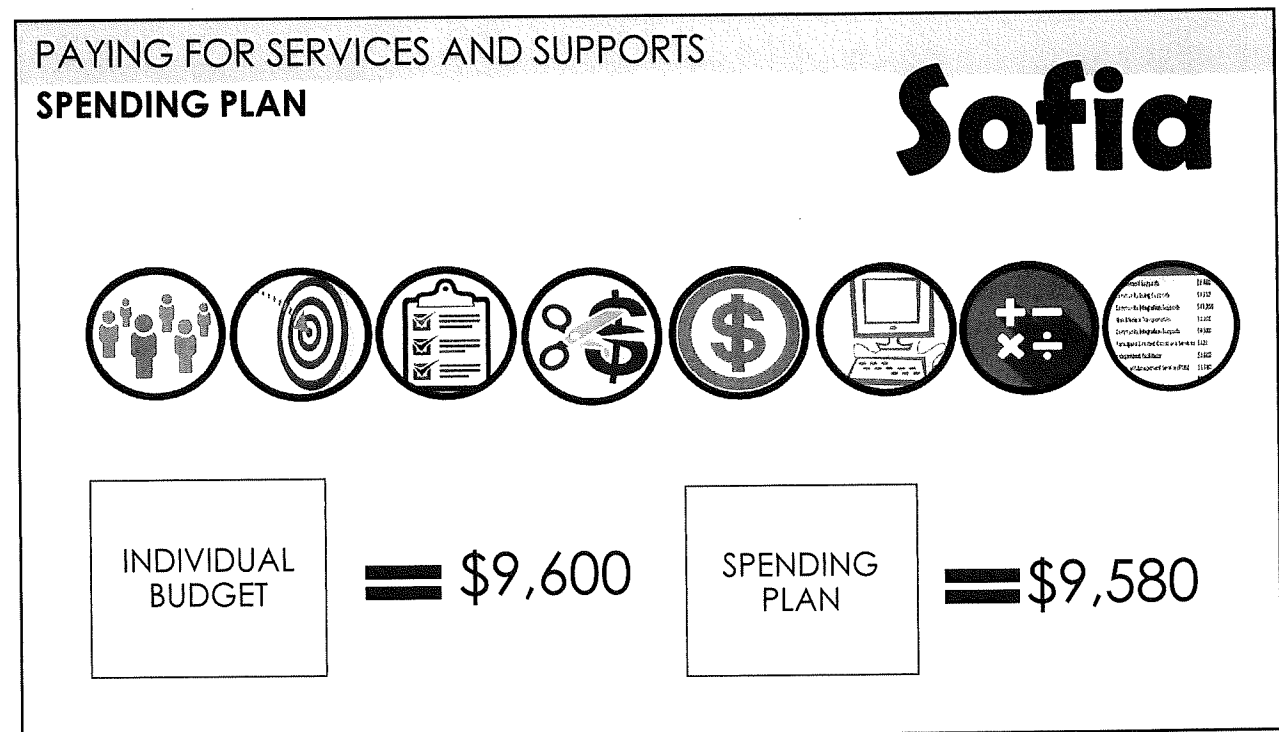
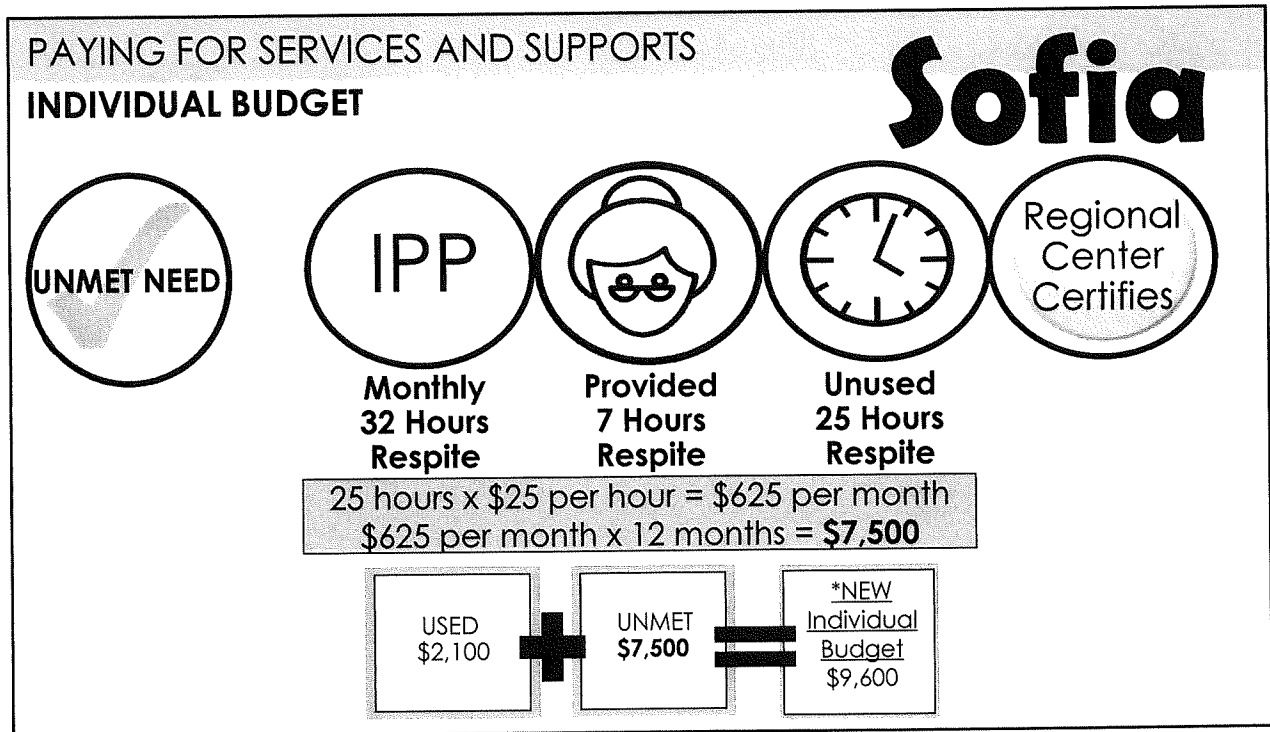
PAYING FOR SERVICES AND SUPPORTS INDIVIDUAL BUDGET

Sofia



SPENT IN THE LAST 12 MONTHS

= \$2,100

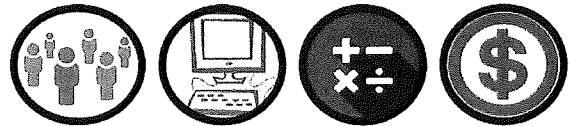


PAYING FOR SERVICES AND SUPPORTS SPENDING PLAN

Sofia

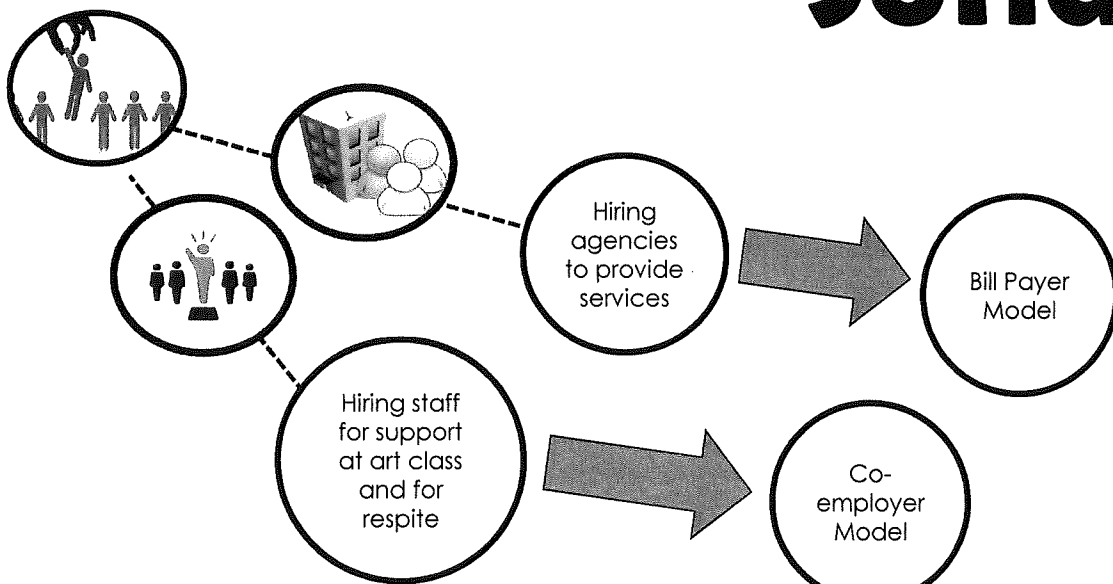
*SPENDING PLAN

SERVICE	AMOUNT
Community Integration Supports	\$800
Respite Services	\$2400
Community Integration Supports	\$1700
Independent Facilitator	\$3000
Financial Management Service (FMS)	\$1680
Total	\$9580



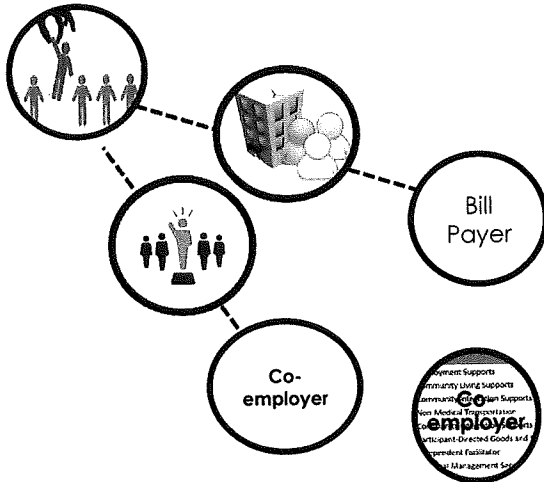
PAYING FOR SERVICES AND SUPPORTS FINANCIAL MANAGEMENT SERVICE

Sofia



PAYING FOR SERVICES AND SUPPORTS FINANCIAL MANAGEMENT SERVICE

Sofia



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

FMS Model	Number of Services	Max Rate Per Month
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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

YOUR RIGHTS AND SAFETY OVERVIEW RIGHTS

OVERVIEW YOUR RIGHTS AND SAFETY

- ✓ YOUR RIGHTS
- ✓ CRIMINAL BACKGROUND CHECKS
- ✓ RECOGNIZING AND REPORTING ABUSE

YOUR RIGHTS AND SAFETY RIGHTS

- IPP Process
- Fair Hearing
- Appeals

S A M E
R I G H T S

*More information on the SDP website

Your Rights

**In the SDP, you will have the same rights as you do now.
Which includes the right to:**

- the IPP process
- fair hearing
- Appeals

**Work with the members of your team to resolve
problems keeping the 5 principles, the person-centered
planning process and the rules you learned about today
in mind.**

YOUR RIGHTS AND SAFETY

BACKGROUND CHECKS

The FMS helps protect your safety in the Self-Determination Program



Required:

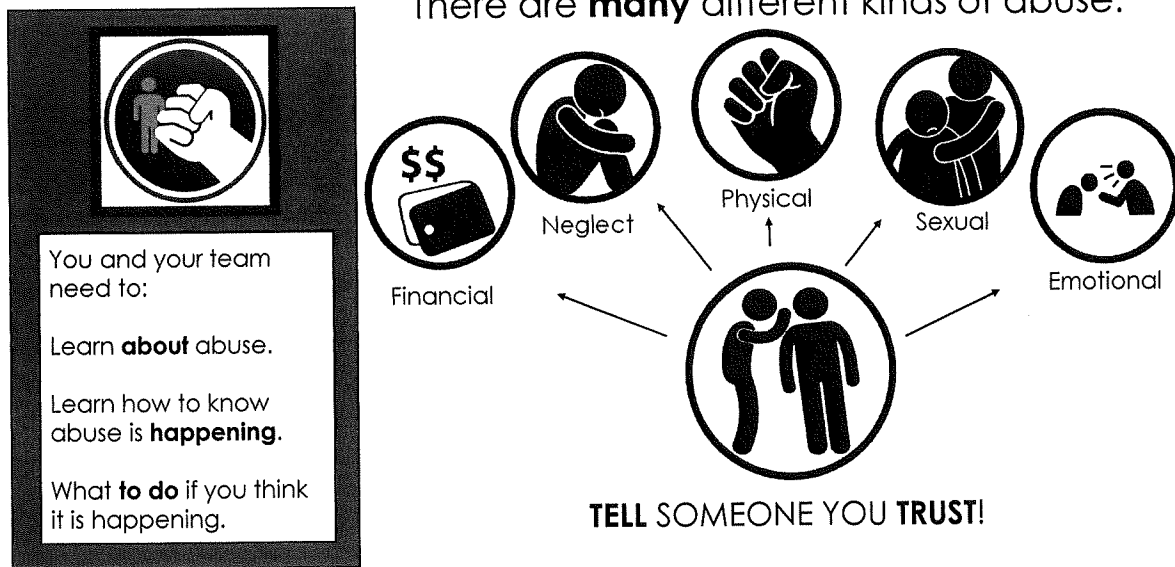
- Providers of direct personal care
- Any other provider that **YOU**, the consumer requests

Questions regarding background checks: sdpbackground@dds.ca.gov

YOUR RIGHTS AND SAFETY

RECOGNIZING ABUSE

There are **many** different kinds of abuse.



YOUR RIGHTS AND YOUR SAFETY

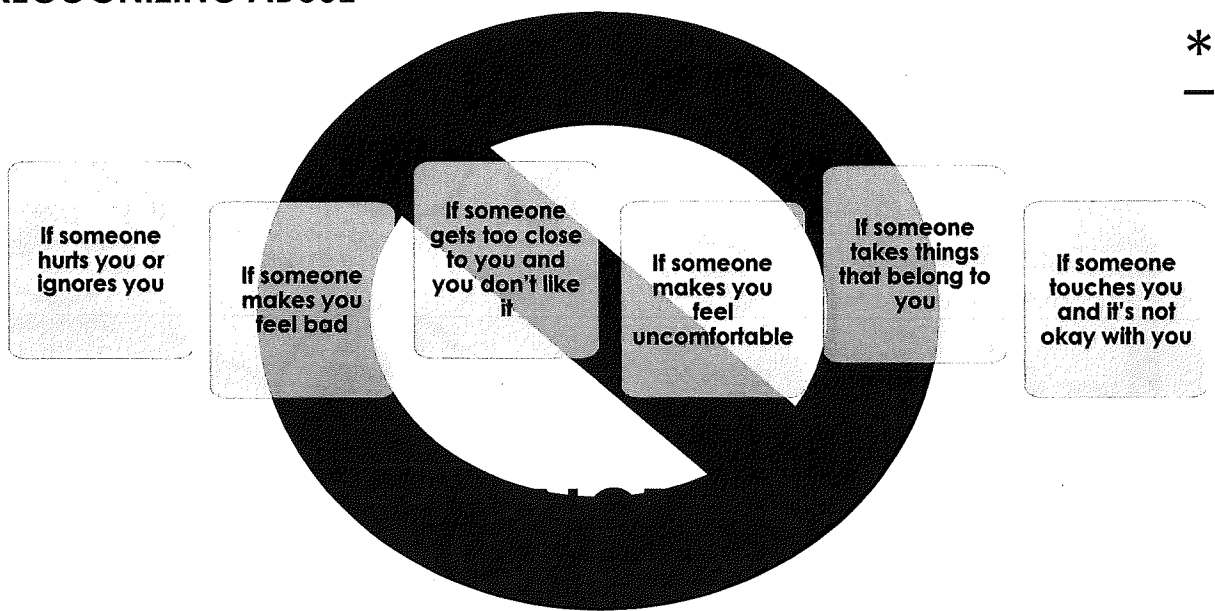
RECOGNIZING ABUSE

It is important to **understand** the possible signs and symptoms of abuse.

-  Feel or act very upset for a long time
-  Lose skills or confidence
-  Change behavior or mood
-  Seem frightened of certain people or situations
-  Become agitated or aggressive
-  Do not want to talk to you alone

YOUR RIGHTS AND YOUR SAFETY

RECOGNIZING ABUSE



YOUR RIGHTS AND YOUR SAFETY REPORTING ABUSE

Tell someone you trust:

- Family
- Friends
- People from your school
- People at work
- Your service coordinator
- Medical professionals

They will help:

- Make sure you are safe
- Report to the appropriate people
 - Adult protective services
 - Child protective services
 - Local law enforcement
 - Your regional center



WHO TO CALL TO REPORT ABUSE

To report child abuse call:

- Local Police or
- CPS Hotline: (800)540-4000

To report Adult Dependent Abuse call:

- APS Hotline: (888)202-4248
(M–F 8:30 to 5:00)
24 hour Hotline: (877) 477-3646
- Local Police



NEXT STEPS



NEXT STEPS

Let us know if you wish to continue in SDP

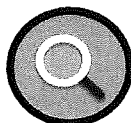
Identify your Independent Facilitator (IF)

**Have your IF attend required trainings
(See State Council website for offerings)**

**Call your Service Coordinator about options for Person
Centered Planning and FMS and to obtain your 12
month budget**

NEXT STEPS**SDP LOCAL ADVISORY GROUPS****Make connections with local support!**

Collaborative/networking meetings include: participants, families, independent facilitators, FMS, and service providers.



Monitors the development and ongoing progress of the program.

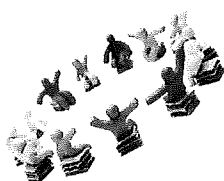


Can conduct outreach and provide training.



Offer recommendations for ongoing improvement.

**Meetings of our SD Local Advisory Committee take place:
Every second Tuesday of the month at 6 pm
San Gabriel/Pomona Regional Center**

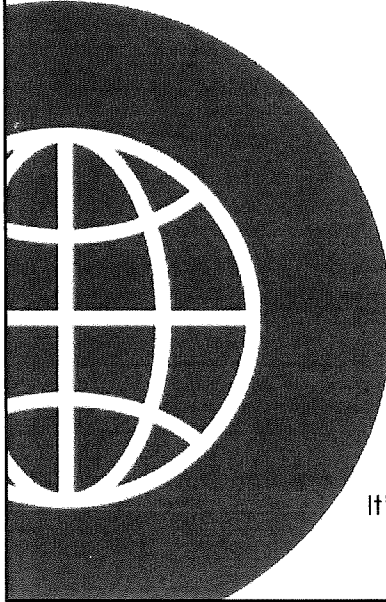
NEXT STEPS**MEET AND GREET**

**Second Tuesdays at 5pm
at**

San Gabriel/Pomona Regional Center

- **Meet other participants**
- **Ask questions of Regional Center staff and Advisory members**
- **Request presentations on common issues/topics of interest**

NEXT STEPS RESOURCES



Center for Self-Determination: self-determination.com

Updates on California's SDP: dds.ca.gov/SDP and *[enter RC site]*

It's My Choice: mn.gov/mnddc/extra/publications/Its-My-Choice.pdf

CLOSING THOUGHTS

5 PRINCIPLES

- ✓ Freedom
- ✓ Authority
- ✓ Support
- ✓ Responsibility
- ✓ Confirmation

ROLES AND RESPONSIBILITIES

- ✓ You
- ✓ Family/Circle of Support
- ✓ Service Coordinator
- ✓ Financial Management Service
- ✓ Service Provider
- ✓ Independent Facilitator

CLOSING THOUGHTS

CLOSING THOUGHT

What is Possible is up to

You!

Make a plan that fits your life and helps you meet your life goals!

With services from people you choose,
In the community where you live and in places you want to be!

CLOSING THOUGHTS

QUESTIONS

QUESTIONS?

San Gabriel/Pomona Regional Center:

www.sgprc.org

selfdetermination@sgprc.org

DDS Website: www.dds.ca.gov/sdp

DDS Email: sdp@dds.ca.gov

The 5 Principles of Self-Determination



Freedom

You plan your own life and make your own decisions, just like people without disabilities are able to do.

Authority

You decide how money is spent for your services and supports.

Support

You pick the people and supports that help you live, work and play in your community.

Responsibility

To make decisions in your life, to be accountable for using public money and to accept your valued role in the community.

Confirmation

You are the most important person when making plans for your life. You are the decision maker about your services.

Hiring Service Providers in the Self-Determination Program

Hiring Service Providers in the Self-Determination Program

It is important to find people to help you who understands your needs, knows your community, and with whom you are comfortable. You will need to interview and speak with people who you might hire to help you. Here are some ideas to help you with finding, interviewing and selecting people to help you meet your goals and achieve your dreams.

1. If you need it, ask for help from people you trust.
2. There are many ways to find people to help you, such as:
 - Ask people you trust for recommendations, like friends, your regional center service coordinator, people you know from self-advocacy or family support groups, therapists, teachers, and others
 - Put an ad online or in a local paper. Do not put your name, address, or phone number in the ad. It is best to receive applications by email.
 - Ask for a resume and 2-3 references.
 - Find an agency that can recommend workers and staff
3. Once you have found people who you might be interested in hiring, schedule an interview. Some people like to interview potential staff on the phone first and then schedule another interview in person. For in-person interviews:
 - Schedule the interview at a time and place where you feel comfortable.
 - For your safety, have another person you trust with you at the interview.
 - Think about what you want to know about the people you hire. Have your questions ready before the interview. See the attached pages for ideas for questions. You can use some or all of these questions and come up with more questions that ask about your particular needs. You shouldn't ask any of these questions if you don't care about the answers.
 - Take notes on their answers.
 - If you have more questions after the interview, call them and ask.
4. For people you want to hire, call their references (see attached possible questions for references). If possible, you might also ask people who are not on their reference list.
5. After you offer to hire someone, meet with them to sign the following:
 - Service Provider Agreement (also in this packet) that lists how much they will be paid and when they will work.
 - Please also provide them with the HCBS Final Rule form so that they understand you will make your own choices and be included in the community.
6. If they are providing personal care, they must get a background check. You can also ask any other people you hire to get a background check. (The background checks are specifically for the Self-Determination Program.)
7. Once their background check is approved and the regional center has signed the Community Inclusion form (for programs where there is question as to whether it meets the HCBS Final Rule), the person can begin working for you. Please note that the person may also need to complete paperwork as required by your FMS. Check with your FMS on that process.
8. Remember to ask your FMS for help to make sure you are abiding by all laws and paying all taxes.

Possible Questions for Independent Facilitators

1. How much do you know about California's Self-Determination Program?

You want to make sure they understand the principles of self-determination and how the program is different from the traditional regional center system. For example, the SDP participant is in charge of who gets hired and supervising staff and agencies. Bills go to an FMS. Services must provide community inclusion. Provider does not need to be a vendor or have a contract with the regional center.

2. What experience have you had as an Independent Facilitator?

3. Have you had any training to be an Independent Facilitator?

4. Have you ever facilitated a person-centered plan?

- How many?
- What is your style?
- How do you prepare?

5. How well do you know my community?

- Are you aware of activities in my area that I might be interested in?

6. How would you go about helping me to find services to help me meet my goals?

7. How will you help me figure out my budget?

8. Can you advocate for me at my IPP?

- At my IEP?
- To get benefits, such as SSI or IHSS?

9. Do you also help manage workers?

- How do you do that?
- How would you help me if I am unhappy with the job that one of my workers is doing?

10. How will you keep in touch with other members of my support team?

11. I have certain things that are really important to me, like _____. Are you willing to adapt your services to meet my specific needs and preferences?

12. Are you willing to negotiate a price based on my specific needs?

13. Given what you know about what I need, how much would you charge?

14. When are you available to start?

Possible Questions for Financial Management Service (FMS) Providers

- 1. How much do you know about California's Self-Determination Program?**
- 2. What experience have you had with being a Financial Management Service provider?**
- 3. Which models of FMS do you provide?**
Bill Payer, Sole Employer, Co-Employer
- 4. How will you communicate with me?**
- 5. If I have a question about developing my individual budget, can you help me?**
- 6. If you are a co-employer, what role will you play in the hiring of my workers?**
 - What if I want to hire someone that you don't like?
 - Would you ever ask me to fire one of my workers and for what reason?
- 7. How will you get the time sheets from my workers?**
- 8. If I am spending more than I should be in my spending plan, how will you tell me?**
- 9. How will you send me monthly reports on how I am spending my individual budget?**
- 10. What is your workers compensation rate?**
- 11. What languages do your staff speak?**
- 12. Do you have a CPA on staff?**
- 13. If I have questions, how will I get them answered?**

Possible Questions for General Service Providers

These are questions for providers who do not provide personal care or assistance in the home or community. Examples could be a speech therapist, gymnastics coach, computer teacher, or someone to help you make friends or have a relationship.

1. Tell me what you know about self-determination.

You want to make sure they understand how self-determination is different from the traditional regional center system. It is based on my person-centered plan. I am in charge of who gets hired and supervising staff and agencies. Services must provide community inclusion. Bills go to an FMS. Provider does not need to be a vendor or have a contract with the regional center.

2. What experience have you had providing this service?

3. What kind of qualifications do you have? (Licenses, credentials, certifications)

Some providers might need to provide proof of certification to the FMS.

4. Have you had experience providing this service in a person-centered way, meaning I get to direct how you provide me the service?

5. How would you learn more about me to work with me?

6. I have certain things that are really important to me, like _____. Are you willing to customize services to meet my specific needs and preferences?

7. How do you determine if people are happy with your services?

8. When and where are your services available?

9. How many hours of are you available per week?

10. When would you be able to start?

11. How would I make changes in my services or schedules if I need to?

12. Are you willing to attend team or circle meetings to share information with other people who support me?

13. How will you keep in touch with other members of my support team?

Possible Questions for Personal Care Workers, Personal Assistants, Aides

1. Tell me what you know about self-determination.

You want to make sure they understand how self-determination is different from the traditional regional center system. It is based on my person-centered plan. I am in charge of who gets hired and supervising staff and agencies. Bills go to an FMS. Services must provide community inclusion. Provider does not need to be a vendor or have a contract with the regional center.

2. What experience have you had providing this service?

3. What kind of certification or training have you done to help you provide services?

Some providers might need to provide proof of certification to the FMS.

4. Have you had experience providing this service in a person-centered way, meaning I get to direct how you provide me the service?

5. How would you learn more about me to work with me?

6. I have certain things that are really important to me, like _____. Are you willing to meet my specific needs and preferences?

7. Are you willing to attend team or circle meetings to share information with other people who support me?

8. What days and times are you available?

9. How many hours are you available per week?

10. When would you be able to start?

11. How would I make changes in my services or schedules if I need to?

12. Because you are providing personal care services for me, you will need to have a background check done at your own expense. Are you willing to do that?

13. The salary is \$____ per hour and the benefits you will receive are _____. Will this salary work for you? OR How much will you need to be paid?

Possible Questions for Agencies that Will Provide Staff

If you are thinking about hiring a company or agency who will provide you services and staff, you also may want to ask some of the following questions:

1. Tell me what you know about self-determination.

You want to make sure they understand how self-determination is different from the traditional regional center system. It is based on my person-centered plan. I am in charge of who gets hired and supervising staff and agencies. Services must provide community inclusion. Bills go to an FMS, not to the regional center. Provider does not need to be a vendor or have a contract with the regional center. No reports need to be provided to the regional center.

- 2. Have you had experience providing this service in a person-centered way, meaning I get to direct how you provide me the service?**
- 3. What kinds of qualifications does your agency have? (Licenses, credentials, certifications)**
- 4. How will I choose who will work with me?**
- 5. Will I be able to choose what I do each day and who I spend my time with?**
- 6. What kind of experience does your staff have?**
- 7. What kind of training does your agency give to the people that will work with me?**
- 8. How will you supervise the people that will work for me?**
- 9. How long do staff people usually work at your agency?**
- 10. How will you handle if I want to choose a different person to work with me?**
- 11. How will you keep in touch with other members of my support team?**
- 12. How will you check with me to make sure the services are working out for me?**
- 13. What would I do if I have a problem or complaint?**
- 14. Do you have any references you can provide?**

Questions You Cannot Ask During an Interview

California and federal laws tell us that there are questions that you are not allowed to ask during job interviews. We want to make sure you follow the law when you are conducting interviews.

1. You can't ask their age.
2. You can't ask whether they are married or have children.
3. You can't ask their gender.
4. You can't ask about their sexual orientation.
5. You can't ask about their race.
6. You can't ask about their religion.
7. You can't ask if they have a criminal record.
8. You can't ask what their previous salary was.

9. Possible Questions to Ask References for People You Want to Hire

References are the people your potential service provider gives you to provide important information on their experience. In general, references will provide very positive things to say about the person you may want to hire. It is important to ask questions that might give you a complete picture about the person you want to hire. You can use all or some of these questions or come up with other questions on your own. Some of these questions may relate to you or the prospective service provider. Be sure to tell the potential worker that you will be calling their references.

1. My name is _____. You have been put down as a reference for _____.
2. Is this a convenient time to talk?
3. This person has applied to be a _____ for me/my family member and I want to ask you some questions.
4. How do you know _____?
5. How long have you known _____?
6. What work did _____ do for you?
7. What did you think of how _____ did their job?
8. Were there areas where _____ could have improved?
9. How many hours per week did they work for you?
10. Why did _____ leave the position?
11. How did _____ react in stressful situations?
12. _____ will need to be person-centered and follow the directions of a person with a disability/family member. Do you think that will work for _____?
13. If there was a disagreement with _____, how did they handle it?
14. Do you have any concerns about _____?
15. If you were to give me advice on managing _____, what would you tell me?
16. Would you hire _____ again?

Self-Determination Program

Service Provider/Participant Agreement

TEMPLATE

Participant Name _____ UCI Number _____

Birthdate ____/____/____

Regional Center _____

Address _____ Phone _____

Service Provider Name or Company _____

Address _____

Phone _____

List agreed upon services: _____

Start date of this agreement _____

Days and times of agreed schedule _____

Hours of work per week _____

Rate of pay _____

The service provider and participant agree and acknowledge:

- To provide _____ (hours/days) advance notice to cancel/reschedule appointments.
- Service provider agrees to accommodate changes in schedule if possible. If this is a permanent change, a new agreement should be created.
- Service provider agrees to provide a report of progress or a brief summary of services provided, if requested. The report or summary should be provided to the participant weekly/monthly/quarterly/every year (circle all that apply).
- When working with an agency or vendor for services, the participant has the right to choose which worker will provide services to them.

- Participant has the right to change service providers at any time.

This agreement will remain in effect until it is cancelled by the participant or the service provider. All parties understand that the participant has voluntarily enrolled in the Self-Determination Program and may decide to leave the program at any time. If the participant exits the Self-Determination Program, this agreement will end. Any changes to this agreement must be made in writing.

Participant Date_____

Service Provider/Company representative Date_____

Legal guardian/conservator (if applicable) Date_____

Received by: Regional Center ☐ Date_____

Received by: FMS ☐ Date_____

Person-Centered Planning Resources

Publications and Online Resources

- "It's My Choice" by Bill Allen, published by Department of Health and Human Services, Administration on Intellectual and Developmental Disabilities, Minnesota – a workbook with tools for person-centered planning
- Person-Centered Planning: Pathways to Your Future – A toolkit for anyone interested in Person-Centered Planning, Sonoran University Center for Excellence in Disabilities, Department of Family & Community Medicine, University of Arizona – an overview of the person-centered planning process with tips for those in an individual's circle of support
- Person Centered Planning Education by Cornell University Employment and Disability Institute – courses with readings, activities, resources, and quizzes
- Person Centered Planning from PACER's National Parent Center on Transition and Employment – a brief summary of the planning process with additional links and resources

Videos

- Sally Burton-Hoyle's presentation at the California Self-Determination Conference in 2014 – why person-centered planning is critical for Self-Determination, witness a person-centered plan, and other videos
- Sally Burton-Hoyle presentation for the Michigan Alliance for Families – a webinar that focuses on person-centered planning
- Video on Person-Centered Planning with Beth Mount – a visually creative take on person-centered planning
- Larry's Story, His Person-Centered Plan – the story of an individual, in his own words, who has changed his life through person-centered planning
- 5 Key Principles of Person-Centered Planning: An Easy Read Guide – a plain language guide to the principles of person-centered planning
- Video on Person-Centered Planning produced by parents with adult children – Ed Holen and Sue Elliott introduce several planning tools and an interview with a parent and her daughter who discuss how planning tools are important to them

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,

Self-Determination Program Service Definitions

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.

Self-Determination Program Service Definitions

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.

Self-Determination Program Service Definitions

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

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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.

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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

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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.

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- 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

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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.

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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:

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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

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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

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solving and decision making. This service helps the participant 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

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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.

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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,

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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.

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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.

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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.

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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.

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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

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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;

Self-Determination Program Service Definitions

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;

Self-Determination Program Service Definitions

- 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,

Self-Determination Program Service Definitions

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.

Home & Community Based Services (HCBS) Final Rule What Does It Mean for Me?

SAN GABRIEL/POMONA
REGIONAL CENTER

FOR CLIENTS:

In January 2014, the Centers for Medicare and Medicaid Services (CMS) announced some changes to their rules. CMS is the federal agency that must approve of the Medicaid waiver program that provides Home and Community Based Services (HCBS) to people with intellectual disabilities in California. CMS pays for about 50% of the cost of services provided in these waiver programs. To keep receiving these federal funds, California has to follow their rules. All HCBS services must meet the requirements in the settings rule. **Changes must begin to be made now to be in full compliance by March 2019.**

HCBS Final Rule Applies to:

- Residential and non-residential settings, including licensed homes
- Day programs
- Employment options, and
- Other independent living situations

HCBS Final Rule Does Not Include:

- Nursing homes
- Hospitals
- Institutions for mental diseases (IMD)
- Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)

What is the Goal of the HCBS Final Rule?

- To have full access to participate in your community.
- To make sure you or your family member have the opportunity to work.
- To ensure that your preferences are honored and your rights are protected.

How Will Your Services Change?

If you are currently working at a sheltered workshop, also known as a Work Activity Program, your services may look different. We want to make sure you have the choice to work in your community, where you can earn the same wages as other community members.

If you currently live in a residential facility

Changes may include:

- Choice of roommates.
- Privacy in your room, including a lock on your door.
- Control of your schedule and activities.
- Visitors of your choosing, at any time.
- Freedom to furnish and decorate your room.
- A lease or other legal agreement, protecting you from eviction.

Person-Centered Planning (PCP) and the Final Rule

The CMS Final Rule establishes guidelines for the PCP. These guidelines include:

- PCP process must be directed by you and may include:
 - A representative you have chosen
 - Others chosen by you, who can contribute to the process.
- Provides necessary information and support to you, to ensure that you direct the process.
- Integrates your preferences
- Reflects cultural considerations
- Includes strategies for solving disagreements/ conflict
- Provides method to request updates

FOR PROVIDERS

How will your service as a provider change?

If you are a service provider who provides site-based services in a facility (building) that you own and operate, we have to make sure these services do not isolate individuals from the community where they live. The new rule says that day services paid for by Medicaid must provide opportunities to participate in the community at large. You may need to modify where and how your service is delivered. Policies, and program designs may need to be changed and training to your staff may be necessary to assure their understanding of the new expectations.

Qualities that Settings must have to be in Compliance

Settings must have all of the following qualities based on the needs of individuals as indicated in the Person Centered Plans (PCP):

- The setting is integrated and supports full access of individuals to the greater community, including: opportunities to seek employment and work in competitive integrated settings; engage in community life; and control personal resources.
- The setting is selected by the individual from among setting options including non-disability specific settings and an option is provided for a private unit in a residential setting. Setting options are documented in the PCP and are based on the individual's needs and preferences. For residential settings, options are selected from available resources.
- Ensures an individual's right of privacy, dignity and respect, and freedom from coercion and restraint.
- Optimizes individual autonomy, and independence in making life choices.
- Facilitates individual choice regarding services and supports.

How Do These Rules Affect Provider-Owned or Operated Licensed Residential Settings?

The rules do not prohibit provider-owned or operated settings, such as licensed residential facilities or group homes. However, in addition to meeting the general requirements of the rules regarding community based settings, these residential settings must meet the following additional conditions:

- A lease or other legally enforceable agreement to protect from eviction
- Privacy in their unit including entrances lockable by the individual (staff may have keys as needed)
- Choice of roommates
- Freedom to furnish and decorate their unit
- Control of their schedule and activities
- Access to food at any time
- Physical accessibility for the individual
- Visitors at any time

If any of these requirements are limited, the reasons must be documented in the PCP, be based on a specific and individualized need, include the informed consent of the individual, and have an established time limit for the modification, including a periodic review.

How to Get Involved and Stay Updated?

Visit the Department of Health Care Services website for California's transition plan:

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

<http://www.dds.ca.gov/HCBS/>

<http://www.medicaid.gov/Medicaid-Chip-program-information/by-topics/long-term-services-and-supports/home-and-community-based-services/home-and-community-based-services.html>

<http://www.hcbsadvocacy.org>

Activity: Figuring Out Your Spending Plan

1. Think of one your goals. What service might you use to help you reach that goal?
2. Can another source pay for those services instead of your self-determination budget?
3. If you want to use your budget to pay for it, think about how much money that service might cost.
 - How often will you have this service? How many hours per week? How many weeks per year?
 - When will the service start? When will the service end?
 - Is it a one-time fee? Monthly fee? What about taxes and insurances?
 - Do some math to figure out how much will go on your spending plan for the year.

PCP/IPP Goal	Service	How often?	Start Date/End Date	Per hour or Fee?	Total Amount
Example: Find a job near my house	Job Coach (Or in SDP) "Employment Supports"	3 days a week for 3 hours each day	<u>Starting:</u> First Monday in July (after I graduate from school) <u>Ending:</u> Next April (to review at next IPP)	\$18 per hour for payment to job coach ***** Add 18% to hourly rate for taxes and insurances	1) 3 hours a day X 3 days a week = <u>9 hours/week</u> 2) July through April = 10 months 3) 10 months X 4 weeks a month = <u>40 weeks</u> 4) 9 hours a week X 40 weeks = 360 hours 5) \$18 an hour X 18% (\$3.24) = \$21.24/hour 6) 360 hours X \$21.24 per hour = \$7,646.40 \$7,646.40 will be on the <u>spending plan</u> for: "Employment Supports"

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 participant, then the maximum rate for that participant cannot exceed the highest cost model for the total number of services. For example, if a participant 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 participant cannot exceed \$165 per month. **In all cases, the participant and FMS can agree to rates lower than the maximum rates above.**

Meet Jason & Sofia

About Jason:

- Jason is 26 years old;
- Jason lives at home with his mom but wants to have his own apartment someday;
- Jason has a 24-year old sister who does not live in California;
- Jason goes to a day program on weekdays where he loves to work in the garden;
- Jason loves music and singing;
- Jason does not have a lot of friends and stays home a lot on weekends;
- Jason has autism and some health issues. He is pre-diabetic.
- People in Jason's life:
 - Mom, Sister, Cousin and Aunt
 - Neighbor
 - Service Coordinator
 - A close friend
 - Pastor
 - Former teacher
 - Doctor

About Sofia:

- Sofia is 10-years old;
- Sofia lives with her parents (who speak Spanish), two brothers, and grandma in a 2nd floor apartment;
- Sofia is in 5th grade at a school that is far from her home;
- Sofia is very friendly and has a lot of friends at school but she doesn't get to see them outside of school;
- Sofia loves designing pictures on her computer, reading, being in a pool, watching videos on YouTube, and playing with her dog;
- Sofia has cerebral palsy and uses a manual wheelchair.
- People in Sofia's life:
 - Mom, Dad, two brothers and grandma
 - Aunt is her respite provider
 - Pastor
 - Therapist
 - Teacher
 - Service Coordinator

Jason's Planning

Jason's Overall Goals

1. Jason wants to find a job
2. Jason wants to move into his own apartment
3. Jason wants to make new friends
4. Jason wants to pursue his love of music
5. Jason wants to be healthier

1. Jason wants to find a job

What? Jason loves to work in the garden

Who? Jason's neighbor knows that the local nursery is hiring for gardening help; Jason's Independent Facilitator can help him talk to them about a job.

Support? Jason will need more training and a person to help him learn gardening.

Timeline? Jason, along with his Independent Facilitator, will contact the nursery in the next two weeks; Jason's Independent Facilitator or himself will contact people who want to support him at work.

Things to consider: Employer needs to have more information about working with an Independent Facilitator.

2. Jason wants to move into his own apartment

What? Jason wants his own place with one roommate close to his mom's house.

Who? Jason's sister knows of someone who might be looking for a roommate; Jason's mom has extra furniture and kitchen supplies.

Support? Jason will need someone to teach him how to cook and do laundry before he moves out; Jason will hire someone to help him find an apartment and do some research about living on his own; Jason will hire someone to support him in the apartment.

Timeline? Get the living skills over next year; Moves out in a year, Jason's Independent Facilitator will contact the possible roommates; Jason's facilitator will help him find someone to help him with an apartment and someone to teach him skills in the next month.

Things to consider: Mom still wants Jason to live at home.

3. Jason wants to make new friends

What? Jason wants friends who share his interests in video games, hiking, and traveling.

Who? Jason's close friend said that he can introduce him to other friends; Jason's cousin knows someone who belongs to a hiking club; Jason's facilitator knows of a group that plans inclusive travel adventures.

Support? Jason will need transportation and support to access the community when planning future activities with new friends.

Timeline? Jason's friend and cousin will get back to him within the month, the facilitator will send travel group's website.

Things to consider: Money to travel.

4. Jason wants to pursue his love of music

What? Jason loves to sing and loves music.

Who? Jason's sister suggests he join the church choir. Jason's friend says that he knows a great guitar teacher.

Support? Jason will need transportation to and from church as well as support while at church. Jason needs a guitar.

Timeline? Jason's sister will speak to the pastor next Sunday. Jason's friend will give him the name of the guitar teacher today.

Things to consider: Jason needs support to stay calm at church.

5. Jason wants to be healthier

What? Jason wants to lose weight and avoid being diabetic; he needs a dietician and exercise. Jason wants to learn how to cook to make things taste good to him.

Who? Jason's Independent Facilitator will research available dieticians who works with people with autism. Jason's former teacher has a friend who teaches cooking. Jason's aunt knows a good gym.

Support? Jason needs a new doctor, support while at the gym and cooking class, transportation and support to and from the gym.

Timeline? All will get information to Jason in the next week.

Things to consider: Need to search for new doctor.

Jason's Individual Budget

Last 12 Months of what was spent on regional center services: \$63,100
(Day Program, Personal Assistant hours, Independent Living Skills training)

Figuring out Jason's Spending Plan

Service	Who Supports?
GOAL: Jason wants to find a job	
Gardening coach	SDP
Gardening tools	Dept of Rehabilitation
GOAL: Jason wants to move into his own place	
Coaching on home skills	SDP
Staff for locating apartment, researching living on his own	SDP
Staff for home	IHSS
Transportation /Access Services/Mobility	SDP
Training	
GOAL: Jason wants to make new friends	
Social coach and connector	SDP
GOAL: Jason wants to pursue his interest in music	
Guitar lessons	Mother
Transportation to church	Mother/Access/Mobility
	Training
Staff for support while at church activities	SDP
GOAL: Jason wants to become healthier	
Dietician	Health Insurance
Gym membership	SDP
Staff for support to use the gym	SDP
Plus - Independent Facilitator and FMS	SDP

Jason's Spending Plan

SERVICE	AMOUNT
Employment Supports 40 hours/month for a person to help at the job site for 12 months at \$27/hour (including taxes & benefits)	\$12,960
Community Living Supports 6 hours/week of home skills coaching for 12 months at \$27/hour (including taxes)	\$8,424
Community Integration Supports 60/hours per month of staff support towards apartment, gym and during transportation to these activities for 12 months @ \$24/hour (including taxes & benefits)	\$17,280
Non-Medical Transportation ACCESS Services/Mobility Training @ \$100/month	\$1,200
Community Integration Supports 12 hours/month of social coaching for 12 months at \$20/hour including taxes	\$2,880
Community Integration Supports \$15/month to pay for Planet Fitness gym membership for 12 months	\$180
Independent Facilitator Facilitate PCP, Finding services – 15 hours a month at \$25 an hour for 12 months	\$4,500
Financial Management Services (FMS) Co-Employer Model @ \$165/month for 12 months	\$1,980
TOTAL	\$49,404

Sofia's Planning

Sofia's Overall Goals

1. Sofia wants to be more independent and comfortable at home
2. Sofia wants to hang out with her friends from school
3. Sofia want to go to a middle school with good supports
4. Sofia wants to learn to be an artist or graphic designer

1. Sofia wants to be more independent and comfortable at home

What? Sofia's family needs a first floor apartment to avoid an elevator. Sofia wants an electric wheelchair but currently has a "loaner" wheelchair. Sofia's parents would still like a break from continual care.

Who? Sofia's Independent Facilitator knows of some apartments that are available and can help Sofia apply for SSI, Medi-Cal, and refer to CCS.

Support? Ongoing assistance with applications for public benefits. CCS will be accessed for the wheelchair.

Timeline? Public benefits help in the next month. Facilitator to look for staff for respite.

Things to consider: Parents are unfamiliar with how to access services.

2. Sofia wants to hang out with friends from school and go to summer camp.

What? Sofia wants to hang out with her friends after school or on the weekends. She also wants to be active in the summer and make new friends.

Who? Sofia's teacher can assist with school resources for social groups. Sofia's facilitator will research summer camps.

Support? Transportation and support staff. Independent Facilitator will assist with Access application and with costs for camp.

Timeline? Names provided in next two weeks.

Things to consider: Parents are not comfortable with non-family members caring for Sofia.

3. Sofia wants to go to middle school with good supports

What? Sofia wants to go to a middle school where she can make friends. Sofia wants independence at school but will need some support.

Who? Her facilitator can help advocate at the IEP for appropriate services and supports.

Support? Sofia needs support for transfers and hygiene care.

Timeline? IEP to be scheduled in 30 days.

Things to consider: Parents would like assistance at school for advocacy.

4. Sofia wants to be an artist or graphic designer

What? Sofia wants to take an art class and learn graphic design on a computer. Sofia needs a special computer and mouse.

Who? Sofia's teacher knows of an art class at the community center. Sofia's brother can teach Sofia how to use a graphic design program.

Support? Needs support during the art class.

Timeline? Class name provided in next week. Brother can teach her during the summer.

Things to consider: Worried about being accepted as part of the art class.

Sofia's Individual Budget

Amount spent in last 12 months: \$2,100

(Respite – 7 hours/month used)

Sofia and her family talk with the team about a change in her individual budget.

Sofia's Unmet Need:

Sofia's previous IPP reflects that 32 hours of respite was needed per month. Sofia's family did not use all the hours because her aunt, who is her provider, was not available. Her aunt was helping to care for another family member and could not provide the respite to Sofia that was needed. Sofia and her family still need 32 hours per month so the team discusses this as an unmet need. They decide that the hours of respite that weren't able to be used each month were an unmet need.

Adjusting the Individual Budget:

Regional center determines an additional \$7,500 would have been spent on Sofia's services had all of her needed respite been provided.

Regional center certifies the adjusted individual budget of \$9,600.

Figuring out Sofia's Spending Plan

Service	Who Supports?
GOAL: Sofia wants to be more independent and comfortable at home	
Electric wheelchair	CCS/Medi-Cal
GOAL: Sofia wants to hang out with friends & go to camp	
Staff support year around while with friends	School Resources
Summer Camp	SDP
GOAL: Parents would like a break from continual care	
Respite worker	SDP
GOAL: Sofia want to go to middle school with good supports	
School aide	School district
Speech & Physical Therapy	School district
Communication device	School district
Advocacy at IEP (by Independent Facilitator)	SDP
GOAL: Sofia wants to learn to be an artist or graphic designer	
Accessible Computer	Grant
Art class	SDP
Staff support while at art class	SDP
Plus - Independent Facilitator and FMS	SDP

Sofia's Spending Plan

SERVICE	AMOUNT
Community Integration Supports Staff support during art class for 2 hours/week, 20 weeks/year @ \$20/hour (including taxes)	\$800
Respite Services Respite worker – 10 hours/month, 12 months @ \$20 hour (including taxes)	\$2,400
Community Integration Supports Art class (\$200) Summer Camp (\$1500)	\$1,700
Independent Facilitator Person-Centered Planning, Access to IPP, IEP, & Public Benefits Agencies - 10 hours a month x \$25 an hour x 12 months (\$3000)	\$3,000
Financial Management Services (FMS) Co-employer Model \$140 per month x 12 months	\$1,680
TOTAL	\$ 9,580

If you have witnessed, have been told about or have reasonable suspicion that a child, dependent adult or elder is being abused or has been abused or neglected in their own home, in the community or in a residential care facility, you must

REPORT IT IMMEDIATELY!

As a mandated reporter, you must immediately report situations such as:

- **Emergency** - An emergency is a life-threatening situation in which the neglect or abuse is likely to cause death, disability or great physical pain or injury or the person is abandoned. Call a Law Enforcement Agency for Immediate Help: "911".
- **Non-Emergency** - The neglect or abuse is not life-threatening, but needs to be investigated and stopped.
- **Abuse in Residential Care Home** - Call the Ombudsman to report it. The Ombudsman will come to the facility and investigate what happened. Call the Community Care Licensing Complaint Hotline. The police must be contacted for physical abuse.
- **Abuse in the Community** - For Children: Call the Child Protection Hotline (CPH) or law enforcement. For Dependent Adults/Elder: Call the Adult Protective Services Mandated Reporter Hotline. A social worker will investigate. Law enforcement may also be called.

FOR REPORTING:

Elder/Adult Protective Services (APS)

Mandated Reporter Hotline: **(888) 202-4248**

M-F = 8:30 am – 5:00 pm

After hours - 24 hour Hotline: **(877) 477-3646**

To complete the APS written report and submit electronically, please go to LA County Department of Social Services (CDSS) Website.

<http://www.cdss.ca.gov/Adult-Protective-Services>

Click on - **"Report Suspected Dependent Adult/
Elder Abuse, (SOC 341)"**
or Translation: Spanish (pdf)

**California Department of Social Services
Community Care Licensing Division
1 844- LET-US-NO (538-8766)**

E-mail: LetUsNo@dss.ca.gov

Child Protection Services Hotline (CPS)

Los Angeles County Department of
Children and Family Services (DCFS)

(800) 540-4000

<http://dcfs.lacounty.gov>

**Long Term Care OMBUDSMAN
(800) 334-WISE (9473)**

Ombudsman Office: Montebello

Covers: Claremont, Covina, West Covina,
Glendora, and Pomona.

(323) 721-1343 Fax: (323) 721-1885

www.aging.ca.gov

Ombudsman Office: Pasadena

(626) 793-3510 Fax: (626) 793-3530

Ombudsman Office: Los Angeles

Covers: El Monte **(213) 617-8957**

FOR MORE INFORMATION:

There are resources in your community who can provide advice, protection, more information, representation and referral for questions of clients' rights.

Pam Ray

Clients' Rights Counselor

San Gabriel/Pomona Regional Center

75 Rancho Camino Drive, Pomona, CA 91766-4728

(909) 868-7511 or (909) 620-7722 Ext. 7511

**State Council on Developmental Disabilities
(SCDD): L.A. County**

(818) 543-4631

Fax: (818) 543-4635

losangeles@scdd.ca.gov

Aimee Delgado, Clients' Rights Advocate (CRA)

Aimee.Delgado@disabilityrightsca.org

Disability Rights California, Inc.

(800) 776-5746

www.disabilityrightsca.org

www.disabilityrightsca.org/espanol

Office of Clients' Rights Advocacy (OCRA)

750 N. Diamond Bar Blvd., #214
Diamond Bar, CA 91765

(866) 833-6712

(909) 595-4755 - Fax: (909) 595-4855

SAN GABRIEL/POMONA REGIONAL CENTER

GUIDELINES FOR DOCUMENTATION OF INCIDENTS

1. **WHO** was involved with the incident? Client (*use initials only*), staff, and witnesses (*Clients and/or staff*) of the incident. Were law enforcement agencies, licensing, and/or protective services involved and/or notified? If so, *who and phone numbers*.
2. **WHAT** happened during the entire incident? Describe what action was taken by the provider; if interventions were utilized, what were they? If the client was injured, to what extent was the injury and what treatment was provided to the client.
3. **WHEN** did the incident occur? (Specify time, date and duration of incident)
4. **WHERE** did the incident occur? Specific place in the facility, such as bedroom, living room, or specific location in the community where the incident took place.
5. **WHY** did incident occur? If intervention were utilized, why did staff choose to intervene the way they did? (*Describe why less restrictive methods of intervention failed*) If client became aggressive, why? (*What was the antecedent or trigger?*)
6. **HOW** was the incident resolved? Describe what immediate follow-up was done and what measures will be taken for prevent future incidents of this nature from occurring.

DDS Resources

Main Page: <https://www.dds.ca.gov/SDP/Index.cfm>

Frequently Asked Questions: <https://www.dds.ca.gov/SDP/faq.cfm>

Implementation Updates: <https://www.dds.ca.gov/SDP/SDPUpdates.cfm>

SDP Waiver Application: <https://www.dds.ca.gov/SDP/docs/sdpWaiverApplication06072108.pdf>

List of Service Definitions: <https://www.dds.ca.gov/SDP/docs/serviceDefinitions.pdf>

Program Directives: <https://www.dds.ca.gov/SDP/programDirectives.cfm>

Training and Other Materials: <https://www.dds.ca.gov/SDP/SDPMaterials.cfm>

Questions? Email sdp@dds.ca.gov

Other Resources

CA Self-Determination Program Statute:

http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=WIC§ionNum=4685.8.#content_anchor

Collaboration to Promote Self-Determination: <http://thecpsd.org/>

National Gateway to Self-Determination: <http://www.ngsd.org/>

Center for Self-Determination: <http://self-determination.com/>

It's My Choice: <http://mn.gov/mnddc/extra/publications/Its-My-Choice.pdf>

SELF- DETERMINATION PROGRAM ORIENTATION



