

Far Northern Regional Center



Purchase of Service Guidelines and Funding Policy

**Approved by Far Northern Regional Center Board of Directors on February 26, 2024 and
The Department of Developmental Services on _____.**

Far Northern Regional Center Purchase of Service Funding Policy

In 1969, the legislature passed The Lanterman Developmental Disabilities Services Act. The Lanterman Act consists of two main parts. The first part of the law acknowledges the State of California's responsibility towards persons with developmental disabilities - a responsibility to ensure they have access to services and supports that best meet their needs throughout their lifetime. The second part of the Lanterman Act created the regional center system to implement these goals. Regional centers were designed to be fixed points of contact in the community for clients and their families to receive information, advocacy, referral, and case management services. The regional center mandate places a strong emphasis on service coordination activities and includes:

1. Securing needed services and supports.
2. Advocacy for and protection of civil, legal, and service rights.
3. Identifying and building circles of supports within the community
4. Monitoring to assure optimum service quality.
5. Expanding the availability of needed services and supports.
6. Utilizing public and private community agencies and service providers to obtain needed services and supports for clients.
7. Providing direct treatment and therapeutic services only in emergencies.

Regional centers may also purchase services and supports for clients, which enable them to integrate into the mainstream of their community. Such purchase must be within the level of funding available in the annual California State Budget Act. Far Northern Regional Center (FNRC) developed this policy and the attendant purchase of service guidelines to reflect our responsibilities for purchasing services and supports in accordance with the Lanterman Act.

MISSION STATEMENT

Far Northern Regional Center will provide services and supports that allow persons with developmental disabilities to live productive and valued lives as welcomed members of their community.

FAR NORTHERN REGIONAL CENTER VISION STATEMENT

In order to achieve our mission, Far Northern Regional Center will take guidance from the following concepts:

- People with developmental disabilities participate in valued ways with their families, friends, neighbors and co-workers in all areas of community life.
- Families are supported in their role as the primary decision-makers on behalf of their minor children. Minor children live and grow within a natural or surrogate family, attend inclusive neighborhood schools, and play with non-disabled children of their own age.

Professionals join in partnership with families and support their cultural preferences, values and lifestyles.

- Adults with developmental disabilities choose their own homes, are involved in meaningful activities in integrated settings, and participate in their communities.
- The community receives education, training, and consultation to increase its understanding of persons with developmental disabilities and to facilitate equal community partnerships. Professionals build relationships within the community to assure knowledge of, respect, and dignity for persons with developmental disabilities.
- Staff is knowledgeable, available to persons with developmental disabilities and their families, and engaged in a continuous effort to assure high quality relationships.
- Persons with developmental disabilities and their families receive the services and supports necessary to make their own meaningful, educated choices.
- The community receives services that minimize the risk of developmental disabilities and lessen developmental delays of infants and young children.
- Services maximize the quality of life for people with developmental disabilities and their families while acknowledging and reinforcing their dignity.

INDIVIDUAL PROGRAM PLANS & INDIVIDUALIZED FAMILY SERVICE PLANS

All clients over the age of 36 months will participate in the development of an Individual Program Plan (IPP) in accordance with section 4646 of the California Welfare and Institutions Code. Families of clients from 0-36 months will participate in the development of an Individual Family Service Plan (IFSP) in accordance with section 95020 of the California Government Code. IPPs and IFSPs will be based on assessments performed in the client's natural environment whenever possible and will reflect awareness and sensitivity to the client's and family's lifestyle and cultural background. Each IPP/IFSP will be personalized to the individual's needs and will contain goals and objectives or outcome statements that allow measurement of progress and monitoring of service delivery.

All IPPs and IFSPs will contain a schedule of the type and amount of services and supports to be purchased by Far Northern Regional Center or obtained from generic agencies or other resources. Service providers identified in the IPP/IFSP may include, but are not limited to, vendors, contracted providers, generic service agencies, and natural supports.

CRITERIA FOR PURCHASE OF SERVICE

FNRC may purchase services and supports for clients and their families only under the following conditions:

1. The service or support is intended to address needs directly related to the person's developmental disability or associated with the risk of developmental disability.
 - a. All services funded by FNRC must address a need related to the client's developmental disability, Early Intervention eligibility criteria, or in provisional eligibility, the substantially handicapping condition(s).
 - i. Section 4688.22 of the Welfare and Institutions Code provides an exception. FNRC cannot require the need request for camping services,

social recreation activities, and non-medical therapies including, but not limited to specialized recreation, art, dance, and music be related to the qualifying developmental disability.

2. FNRC will not purchase experimental treatments, therapeutic services, or devices that have not been clinically determined or scientifically proven effective, safe, or for which risks and complications are unknown. Experimental treatments or therapeutic services include experimental medical or nutritional therapy when the use of the product for that purpose is not a general physician practice. (California Welfare and Institutions Code 4648(a)(17)).
3. The Interdisciplinary (ID) Team has determined that the service and supports will accomplish all or part of the person's IPP or IFSP.
 - a. All services and supports provided to a client must be included in the IPP or IFSP.
4. All possible sources of funding have been pursued.
 - a. FNRC is bound by Section 4659(a) of the Welfare and Institutions Code to access funding from governmental and private entities, including Medi-Cal, Medicare, Civilian Health and Medical Program for Uniform Services (CHAMPUS), school districts, Supplemental Security Income (SSI), Social Security, private insurance, and any other potential funding resource.
 - b. In addition, Section 4659(c) states that regional centers shall not purchase any service that would otherwise be available from Medi-Cal, Medicare, the Civilian Health and Medical Program for Uniform Services, In-Home Support Services, California Children's Services, private insurance, or a health care service plan when a client or a family meets the criteria of this coverage but chooses not to pursue that coverage.
 - i. Section 4688.22 of the Welfare and Institutions Code provides an exception. FNRC can not require a client or family member to exhaust services under the In Home Supportive Services (IHSS) program, exchange respite hours or any other service or support authorized by the regional center or pay a copayment or similar shared pay arrangements offset at arranging costs in order to fund camping services, social recreational activities, and non-medical therapies including, but not limited to specialized recreation, art, dance, and music.
 - c. Funds available to clients through legal settlements have been pursued and utilized.
 - i. Regional Center funds may not be used for services that the legal settlement was intended to cover.
5. FNRC may fund copayments, coinsurance, or deductibles for medical and dental services under the following conditions:
 - a. The client is covered by an insurance plan such as Medi-Cal, Medicare or private insurance.
 - b. The family or client has an annual gross income that does not exceed 400% of the federal poverty level.

- i. FNRC may fund copayments, coinsurance, or deductibles for dental services if the family income exceeds 400% of poverty if the following situations apply:
 - 1. If the dental services are necessary to successfully maintain the child at home or the adult in the least restrictive setting.
 - 2. If there is an extraordinary event that affects the ability of the parent, guardian, care provider or adult consumer to pay the copayment, coinsurance, or deductible.
 - 3. If there is a catastrophic loss that affects the ability of the parent, guardian, care provider or adult consumer to pay the copayment, coinsurance, or deductible. Catastrophic losses include (but are not limited to) natural disasters, accidents involving major injuries to a family member).
 - 4. Significant unreimbursed costs associated with the care of the client or another child who is also a regional center client.
- c. There is no other third party having liability for the cost of medical and dental services.
- d. If the client is served under an Individualized Family Service Plan (IFSP) pursuant to the California Early Intervention Services Act (Title 14, commencing with Section 95000 of the Government Code), FNRC may fund deductibles and copayments if the following conditions are met:
 - i. The client is covered either, whole or in part by the health care service plan or health insurance policy of the parent, guardian, or caregiver.
 - ii. There is no other third party having liability for the cost of the service or support as described in California Welfare and Institutions Code Section 4659(a) and Article 2.6, starting with section 4659.10.
- 6. Unpaid services and supports in natural community, home, work, and recreational settings have been considered (Welfare and Institutions Code Section 4688 (b)(5)).
- 7. The Interdisciplinary (ID) Team has determined that the selected service provider will best accomplish all or any part of the client's IPP.
- 8. Services purchased by FNRC will be cost effective.
 - a. Pursuant to Sections 4646, 4651, and 4685, of the Welfare and Institutions Code, services purchased by FNRC should produce positive results for the amount of money spent, be efficient, and be economical. Services should be provided as close to the client's home as possible to reduce transportation costs and hardships.

- When more than one provider is available offering similar services of similar quality, preference should be given to the one with the most economical rate.
- b. In determining cost-effectiveness, the total cost of the program or service including ancillary costs such as transportation (among others) must be considered.
 - c. Decisions regarding cost effectiveness will be made on an individual basis, taking into account the needs of the client.
9. FNRC funds will not be used to supplant the budget of any agency which has a legal responsibility to serve members of the general public and is receiving public funds for providing such services (Welfare and Institutions Code Section 4648 (a)(8)).
 10. The family's responsibility for providing similar services to the child without disabilities has been evaluated.
 - a. FNRC is subject to 4646.4(a)(4) and Section 54326 of Title 17, California Code of Regulations which state that regional centers must take into consideration the family's responsibility for providing similar services and supports for a minor child without disabilities in identifying the client's service and support needs as provided in the least restrictive and most appropriate setting. In this determination, regional centers shall take into account the client's need for extraordinary care, services, supports and supervision, and the need for timely access to this care.
 - b. Determinations of family responsibility will be made on an individual basis and will be reflected in the IPP.
 11. All services purchased by FNRC require prior authorization. Retroactive authorizations may be granted only in cases where the service was called for by an emergency, FNRC staff were not available, and FNRC was notified as soon as possible after the service was provided (Title 17 California Code of Regulations 54326 (a)(10)).
 12. FNRC will not continue to fund a service unless the ID team agrees that reasonable progress toward Individual Service Plan (ISP) objectives has been made (Welfare and Institutions Code Section 4648 (a)(7)); Title 17 California Code of Regulations Section 56716 (c)(2)).
 13. FNRC will only purchase goods and services from vendored or contracted providers (Welfare and Institutions Code Sections 4648(a)(3)(A)).
 14. FNRC will purchase services within the nine county region when appropriate and economically feasible.
 15. Services purchased for children will assist families that care for them at home when that is the preferred objective in the child's IPP.
 16. The Interdisciplinary (ID) Team has determined that the service and supports will accomplish all or part of the person's IPP or IFSP.
 - a. All services and supports provided to a client must be included in the IPP or IFSP.

PURCHASE OF SERVICE GUIDELINES

FNRC developed the attached Purchase of Service Guidelines to reflect the circumstances under which public funds may be utilized by the regional center to purchase services and/or supports. The guidelines address the most typical categories under which funds are expended, and they are not necessarily all-inclusive. Each category contains a definition, guidelines, amount purchased, and approval authority. The guidelines apply to all clients, regardless of status 1, 2, or U.

EXCEPTIONS

The Executive Director has full discretion to authorize purchases that are not consistent with the Funding Policy or POS guidelines when there are compelling individual circumstances.

CANCELLATION OF OUTSTANDING AUTHORIZATIONS

When a client relocates out of the FNRC catchment area, all authorizations are to be cancelled and payments are to be made only on new authorizations created in light of the move.

REVIEW OF PURCHASE OF SERVICE FUNDING POLICY AND GUIDELINES

Management staff will be responsible for periodically reviewing the Purchase of Service Funding Policy and Guidelines to determine if additions and/or revisions are needed to comply with current service needs or regulatory changes issued by the Department of Developmental Services. If revisions are indicated, the Executive Director will present the recommended changes to the Board of Directors for approval.

ADULT DAY PROGRAMS

Definition: Adult Day Programs are day service programs that provide non-medical care to clients with physical and/or cognitive impairments. Day Programs provide a variety of services such as personal care, protective supervision, and assistance with activities of daily living, recreation, pre-vocational training, and socialization. Services are provided according to an Individual Service Plan (ISP) that outlines activities and instruction tailored to the individual's goals and abilities. Day Programs fall under the following categories:

Activity Center (AC): is a community based day program that serves clients who are independent in most of their basic self-care needs. In addition, clients in these programs are able to make their needs known verbally or through adaptation and are able to interact with others. Activity Center programs focus on the development and maintenance of functional skills such as self-advocacy, community integration, socialization, and pre-vocational skills.

Adult Development Center (ADC): is a community based day program that serves clients who need assistance with some or most of their basic self-care needs. Individuals who attend Adult Development Centers generally need sustained support and direction in developing the ability to interact with others, to make their needs known, and to respond to directions. Adult Developmental Center programs focus on the development and maintenance of functional skills such as self-advocacy, community integration, socialization, and pre-vocational skills.

Behavior Management Program: is a community based day programs that serves clients with severe behavioral disorders and/or dual diagnoses who are unable to attend other day programs because of behavioral issues.

Community Integration Training Program: provides community integration training that includes, but is not limited to, assistance with acquisition, retention, or improvement in self-help, socialization and adaptive skills which take place in a non-residential setting, separate from the home or facility in which the consumer resides.

Mobile Day Program: is a community based day program that brings day program services to the client's home or the community. Mobile Day Programs provide day program services to client clients unable to attend a traditional day program due to behavioral, health, or other concerns.

Guidelines: Adults with developmental disabilities should be provided access to cost-effective community-based day programs appropriate to their needs and consistent with their preferences. Far Northern Regional Center (FNRC) typically purchases adult day program services under the following conditions:

1. Client is at least 18 years of age.

2. Public education services are no longer available or have been determined inappropriate (client has either a diploma or certificate of completion).
 - a. For clients under the age of 22, the request to exit public education must come from the client and/or their conservator.
3. Before making a referral to a day program, the Interdisciplinary (ID) Team must consider generic resources such as the Department of Rehabilitation, adult day health care, local mental health programs, and senior citizen programs.
4. Services must be provided in the home community, if possible.
 - a. The chosen program must allow for reasonable transportation services to get the client to and from his/her day program.
 - b. If a client/family chooses a program outside of his/her home community and a closer program exists which can meet their needs, FNRC will only fund transportation to the closest program that can meet the client's needs.
5. The staffing ratio of the selected program must be consistent with the needs of the client.
6. The program (including transportation costs) must reflect a cost-effective use of public resources.
7. The ID team has determined the number of days per week that the client will attend the program.
8. The program meets the standards for non-residential services specified in Title 17, California Code of Regulations.
9. Continued funding of a day program is based on the agreement that the program is making reasonable progress on the client's ISP objectives.

Amount Purchased: As determined by the ID team, but not to exceed five (5) days per week.

Approval Authority: Case Management Supervisor

ASSISTIVE COMMUNICATION DEVICES

Definition: An assistive communication device is any piece of equipment, product, or system that is used to increase, maintain, or improve functional communication capabilities of individuals with developmental disabilities. Assistive communication devices may be purchased commercially, modified or customized to individual needs.

Guidelines: Assistive communication devices may be purchased to maintain, increase, or improve an individual's ability to communicate. Far Northern Regional Center (FNRC) may purchase an assistive communication device under the following conditions:

1. The individual lacks basic, age appropriate communication skills essential to daily living.
2. The need for this service must directly relate to the diagnosis or criteria that qualified the individual for regional center services.
3. An assistive communication evaluation must be prescribed by the client's physician.
4. The need for the assistive communication device should be evaluated by a multi-disciplinary team consisting of a speech and language specialist, an occupational and/or physical therapist, and a technology specialist.
5. The evaluation should occur in natural environments whenever possible.
6. An assistive communication evaluation must include specific training objectives related to the device being recommended and include a schedule of periodic reassessments.
7. Assistive communication devices purchased by FNRC must be cost effective and appropriate to the client's natural environment.
8. Evaluations, equipment, and training for school-aged children shall be purchased only after it has been determined that the device is not necessary to provide the child a free, appropriate public education.
 - a. Assistive devices purchased for home use should be coordinated with assistive devices used in the school environment.
9. Evaluations will include a review of any existing communication system the client currently uses (including in the school environment).
10. Evaluations, equipment, and training for any client shall be purchased only after it has been determined that the device is not a benefit of any public or

private insurance plan, or generic resource. This information must be provided to FNRC in writing.

11. FNRC may require client/family to appeal denials from public or private insurance carriers prior to purchasing equipment, training or evaluations.
12. FNRC may require a client or family to apply for a generic resource, if appropriate.
13. Once equipment is purchased, it becomes the property of the client.
14. Once an assistive communication device is purchased by FNRC, the individuals' IPP must address how, where, and when training, utilization, and periodic reassessments will occur.

Amount Purchased: Evaluation – up to 10 hours
Equipment, repairs, and training – determined on an individual basis

Approval Authority: Evaluations –Case Review Committee
Equipment, repairs and training, up to \$1,000 – Associate Director of Client Services
Equipment and training over \$1,000 –Case Review Committee

AUDIOLOGY

Definition: Audiology is a branch of medicine that focuses on hearing, including the anatomy and function of the ear; impairment of hearing; and evaluation, education or re-education, and treatment of persons with hearing loss

Guidelines: Needed audiological services may be purchased by Far Northern Regional Center (FNRC). FNRC may purchase audiological services under the following conditions:

1. The treatment is not experimental in nature.
2. FNRC funding will not supplant the family's responsibility for providing similar services to those needed for a non-disabled child.
3. The service is not available through Medi-Cal, Medicare, private insurance, California Children's Services (CCS), or any other publicly funded resource.
4. FNRC may fund insurance deductibles or co-payments if the client's or their family's income meets the conditions specified in California Welfare and Institutions Code Section 4659.1.
 - a. If the client is served under an Individualized Family Service Plan (IFSP) pursuant to the California Early Intervention Services Act (Title 14, commencing with Section 95000 of the Government Code), FNRC may fund deductibles and copayments if the following conditions are met:
 - i. The client is covered either, whole or in part by the health care service plan or health insurance policy of the parent, guardian, or caregiver.
 - ii. There is no other third party having liability for the cost of the service or support as described in California Welfare and Institutions Code Section 4659(a) and Article 2.6, starting with section 4659.10
5. If private insurance pays part of the cost of audiological services, FNRC's payment will be limited to the difference between the rate Medi-Cal pays for the service and the amount paid by the insurance company.
6. FNRC funding is limited to the Schedule of Maximum Allowance (SMA) or current Medi-Cal rate.

Amount Purchased: As determined on an individual basis

Approval Authority: Services up to \$1,000.00 – Associate Director of Client Services
Services over \$1,000.00 – Case Review Committee

BEHAVIOR MANAGEMENT SERVICES

Definition: Behavior management services are services using Applied Behavior Analysis (ABA) techniques designed to increase adaptive behaviors and/or prevent, reduce, or eliminate maladaptive behaviors.

Guidelines: Behavior management services are purchased to assist families or residential providers to support individuals with behavioral problems in the least restrictive living arrangement. Far Northern Regional Center (FNRC) may purchase behavioral management services under the following conditions:

1. Behavioral management services for minors must be pursued through the individual's private insurance or managed Medi-Cal benefits.
2. Rule out medical factors as the cause or contributing factor to the behavioral problems.
3. The client demonstrates behaviors that pose a threat to the health or safety of the individual or to others, and/or the client's behaviors are jeopardizing the least restrictive living arrangement.
4. Behavioral management services require active and unpaid parent/care provider participation
5. FNRC will only purchase Applied Behavioral Analysis (ABA) services or intensive behavioral intervention services that reflect evidence-based practices, promote positive social behaviors and ameliorate behaviors that interfere with learning and social interactions.
6. The formal assessment from the behavioral management vendor must show that the client will benefit from behavioral services in the environment in which the service is to be provided.
7. The behavior services vendor must develop an Individual Service Plan (ISP) which specifically addresses the objectives to be met through behavioral management services and details the plans for meeting those objectives.
 - a. ISPs and any related behavior plan will be reviewed to ensure that the plan will not cause pain or trauma.
8. At a minimum, this service will be re-evaluated at six-month intervals, or less, to assess that the client is making reasonable progress.
9. Behavioral services cannot be used in lieu of respite or day care.
10. FNRC will not supplant the responsibility of the local public educational

agency, mental health agency, state adoptions, or any other publicly funded agency for providing behavioral management services in school or other educational environments.

Amount Purchased: Initial Assessment – up to 15 hours
Ongoing hours – based on assessment, not to exceed 40 hours per week.

Approval Authority: Associate Director of Client Services

CAMP

Definition: A facility or program that provides social recreation activities outside of the family home. Usually provided during the summer, a camp provides clients the opportunity to recreate, learn about nature and socialize away from home. Camps may be day or overnight camps.

Guidelines: Far Northern Regional Center (FNRC) may purchase vendored camping services under the following conditions:

1. The camp must be able to meet the physical, social, behavioral and recreational needs of the client.
 - a. Additional services and supports must be considered to ensure access to appropriate camping services.
2. A physician's order/approval may be requested for individuals with compromised health conditions.

Amount Purchased: Usual and Customary

Approval Authority: Case Management Supervisor

CLOTHING

Definition: Clothing consists of garments and wearing apparel essential to daily living.

Guidelines: Families are responsible for providing clothing for children, and most adults have access to Supplemental Security Income (SSI), wages, or other income to meet their clothing needs. Far Northern Regional Center (FNRC) may consider purchasing clothing in the following circumstances:

1. The developmental disability presents a unique cost for clothing above that for a non-disabled person of the same age.
2. The individual has experienced a significant change in weight and no longer has clothes that fit appropriately.
3. The individual has been placed in a licensed residential facility and has an inadequate supply of clothing.
4. FNRC may fund clothing for clients receiving employment supports and starting new employment where there are specific clothing requirements and the clothing is not provided by the employer.

Amount Purchased: As determined on an individual basis, but generally not to exceed \$300 per fiscal year for clients living in community care facilities and for employment assistance. For clients living in ICF/DD-H, ICF/DD-N, or Skilled Nursing Facilities (SNFs), the limit is \$400 per fiscal year.

Approval Authority: Case Management Supervisor.

COMMUNITY ACTIVITIES SUPPORT SERVICES (CASS)

Definition: Community Activities Support Services (CASS) provides support on a time-limited basis to assist clients with various activities. CASS is a non-instructional support service. CASS services may include transportation, moving assistance, assistance with paperwork, community integration, assistance locating housing, picking up medications and non-instructional grocery shopping and similar tasks.

Guidelines: Community Activities Support Services (CASS) may be purchased as a cost effective means for obtaining needed services under the following conditions:

1. The Interdisciplinary (ID) Team agrees that there is a need for this service.
2. The need for this service must directly relate to the diagnosis or criteria that qualified the individual for regional center services.
3. The service will meet specific, time-limited objectives in the Individual Program Plan (IPP).
4. The service is not available through an unpaid natural support, such as family or friends.
 - a. Agencies that provide transportation assistance (including, but not limited to California Children's Services or Shriner's) should be contacted before authorizing CASS for transportation.
 - b. Generic agencies and other natural supports must be considered.
5. The service is not available through In-Home Support Services (IHSS).
6. The service is designed to provide supportive assistance rather than client skill training.
7. The ID Team agrees the service is meeting the needs for which it is intended.
8. The service is a cost effective use of public resources.

Amount Purchased: As determined on an individual basis. Authorizations may be set up for one time only, weekly, or monthly.

Approval Authority: One time service, up to ten (10) hours – Case Management Supervisor
All other uses – Associate Director of Client Services

COMPREHENSIVE SUPPORT SERVICES

Definition: Comprehensive support services are programs for adult clients living with co-occurring psychiatric disorders and developmental disabilities. Type and intensity of services provided will be based on the needs of the individual being served. The primary goal of the program is to successfully integrate dually diagnosed individuals into their surrounding communities and increase their ability to live independently.

Guidelines: Far Northern Regional Center (FNRC) may purchase Comprehensive Support Services under the following conditions:

1. The client is at least 18 years old.
2. The client has a mental health diagnosis and a developmental disability.
3. The client's mental health status has the potential to result in homelessness.
4. The client requires support and/or instruction to maintain health and safety and to improve the quality of life.
5. The client must be willing to actively participate in the process of creating and ISP as well as follow through with the goals and objectives on the ISP.
6. The ISP objectives are measurable and designed to minimize dependency and to effect the most rapid normalization and community integration possible.
7. If the client is receiving ILS services, an IDT meeting will be held to develop a transition plan from ILS to Comprehensive Support Services (CSS). The transition from ILS to CSS will be no longer than 4 weeks. Concurrent and CSS services is considered a duplication of services.
8. CSS must reflect a cost-effective use of public funds.
9. Authorizations for Comprehensive Support Services will not exceed one year.
10. The Interdisciplinary (ID) team has agreed the consumer is making reasonable progress on measurable objectives.

Amount Purchased: To be determined by the ID team

Approval Authority: Associate Director of Client Services

CONSERVATORSHIP

Definition: Conservatorship is the legal appointment of a designated individual by a judge to protect and manage the financial affairs and/or the person's daily life due to physical and/or mental limitations.

Guidelines: The need for conservatorship services for adults with developmental disabilities should be determined on an individual basis. Far Northern Regional Center (FNRC) will only fund legal services to pursue a limited conservatorship provided by a regional center vendored private conservator or the California Department of Developmental Services. FNRC may fund the legal services to establish conservatorship services as well as ongoing costs in the following circumstances:

1. The needed legal services are not available through local mental health agencies, the public guardian or other public agencies.
2. There is an immediate, identifiable medical or protective need for conservatorship, which cannot be met through less restrictive means (i.e. Supported Decision Making, Power of Attorney, etc).
3. FNRC will not support including the powers of “prevention of sexual activity” or the “prevention of marriage” in a limited conservatorship except in extreme or unusual circumstances.

Amount Purchased: Usual customary legal fees charged for obtaining and/or maintaining conservatorship.

Approval Authority: Case Review Committee

DAY CARE

Definition: Supervision and care for disabled children and adults provided less than 24 hours per day by a person or organization such as an individual worker or vendored day care provider.

Guidelines: Day care may be purchased to assist working families with the care and supervision of their disabled family members and to enable them to remain living with their families. FNRC may fund day care under the following conditions:

1. Day care services are available only to clients who live with a family member.
 - a. Family member is an individual who:
 - i. Has a client residing with him or her
 - ii. Is responsible for the 24-hour care and supervision of the client
 - iii. Is not a licensed or certified residential care facility or foster family home receiving funds from any public agency or regional center for the care and supervision provided
2. Family member must be engaged in work, an educational program leading to work, or both.
3. Consideration must be given to natural supports and generic resources, including In Home Support Services (IHSS).
4. The family is responsible for the cost of day care charged for a child without disabilities.
5. Before the age of 13, FNRC may purchase day care services only when the costs for day care exceed the cost of a child without disabilities.
 - a. In such cases, FNRC will only pay the difference between the cost for a child *with* disabilities and the cost for a child *without* disabilities.
6. The day care service provider selected by the Interdisciplinary (ID) Team must be cost effective.
7. Day care may not be used to replace or supplant respite services.
8. FNRC will not fund day care services during school hours or when school is in session.

Amount Purchased: As determined on an individual basis.

Approval Authority: Associate Director of Client Services

DENTAL SERVICES

Definition: Dental services are the services prescribed and/or provided by licensed health care professionals designed to maintain or improve oral health.

Guidelines: FNRC may purchase dental services under the following conditions:

1. The treatment is not experimental in nature.
2. FNRC funding will not supplant the family's responsibility for providing similar services to those needed for a non-disabled child.
3. The service is not available through Medi-Cal, Medicare, private insurance, California Children's Services (CCS), or any other publicly funded resource.
4. FNRC may fund deductibles or co-payments if the client or their family's income meets the amounts specified by law.
5. FNRC funding is limited to the Schedule of Maximum Allowance (SMA) or Medi-Cal rates.
 - a. Exceptions may be made if FNRC can demonstrate the needed dental services cannot be obtained without exceeding the SMA rate.
6. If private insurance pays part of the cost of dental services, FNRC payment will be limited to the difference between the rate Medi-Cal pays for the service and the amount paid by the insurance company.

Amount Purchased: As determined on an individual basis

Approval Authority: Services up to \$2,500 – Associate Director of Client Services or Medical Director
Services over \$2,500 – Case Review Committee

DIAGNOSTIC SERVICES

Definition: Diagnostic services are medical, psychological, and related services necessary to establish the diagnosis and/or substantially handicapping nature of a developmental disability.

Guidelines: Far Northern Regional Center (FNRC) may purchase diagnostic services for persons known to have or suspected of having a developmental disability under the following circumstances:

1. The service is necessary to confirm or rule out a diagnosis of intellectual disability, epilepsy, cerebral palsy, autism, or a condition similar to mental retardation.
2. The service is necessary to establish the substantially handicapping nature of the developmental disability.
3. The service cannot be billed to or provided by another public agency, such as (but not limited to) Medi-Cal, California Children's Services (CCS), or the Local Education Agency (LEA).
4. If families use private insurance, FNRC payment will be limited to the difference between the Schedule of Maximum Allowances (SMA) or Medi-Cal rate and the amount paid by the insurance company.

Amount Purchased: Varies

Approval Authority: Non-medical evaluations – Intake Specialist
Medical and psychological evaluations, up to \$1,000 – Medical Director or Associate Director of Client Services if the Medical Director is unavailable.
Medical and psychological evaluations, over to \$1,000 – Case Review Committee

EMERGENCY RENTAL ASSISTANCE

Definition: Emergency rental assistance refers to the funding of emergency rent for clients.

Guidelines: Far Northern Regional Center (FNRC) generally does not pay rent for clients because it is considered a basic living expense to be funded from SSI or SSA benefits. In unusual and dire circumstances, FNRC may fund rent on a short-term basis. FNRC will fund rent only under the following conditions:

1. The client is homeless and has a medical condition or other issues, which make homelessness a danger to health and safety.
2. The need for this service must directly relate to the diagnosis or criteria that qualified the individual for regional center services.
3. The client resides in Supported Living and experiences a temporary inability to fund rent due to the loss of a roommate or other similar situation.
4. FNRC will only fund housing that is within the average rental cost for the locality in which the client lives (average rents according to information from the local Housing Authority or similar agency).
5. Client agrees to receive Independent Living Skills (ILS) services.
6. If the client does not have SSI, he/she will need to apply or appeal, if denied.
7. Before FNRC funds rent (or at the next opportunity), the client must apply for Section 8 housing assistance.
8. Rental assistance should not exceed 30 days.
 - a. Interdisciplinary (ID) Team shall meet and develop a plan for the client to pay their own housing costs within 14 days.
9. Before FNRC funds rent, the ID Team shall develop a plan for the client to reimburse the regional center.

Amount Purchased: Varies, but should reflect a reasonable cost given the prevailing housing costs.

Approval Authority: FNRC Executive Director

ENVIRONMENTAL ACCESSIBILITY

Definition: Environmental accessibility for home modifications are physical modifications to a client's home to improve access and enable them to function with greater independence.

Guidelines: Generally, physical modifications to the home of a client are the responsibility of the client or their family. Far Northern Regional Center (FNRC) may fund home modifications when the following requirements are satisfied:

1. The client has a physical disability that limits their ability to freely access their home environment.
2. The need for this service must directly relate to the diagnosis or criteria that qualified the individual for regional center services.
3. All other sources of generic and private funding available to the client and/or his family must be exhausted, including but not limited to, local housing authorities, Medicare, Medi-Cal, and non-profit organizations. Written denials from potential generic and private funding sources may be required.
4. The service must be a cost-effective use of public funds. All materials procured will be basic and procurement will occur in the most economical manner that meets the requirements of the modification. The cost of upgrades used to accommodate other family members or to improve appearances shall be borne by the family.
5. A written assessment (Scope of Work) of the environmental accessibility to the home has been obtained from the FNRC designated Project Manager and at least three (3) written bids have been obtained from licensed contractors before funding is authorized by FNRC. All modifications must be provided by a licensed building contractor.
6. The client or family must own the home where the modifications are planned or present documentation from the owner agreeing to all modifications.
 - a. FNRC will not fund major modifications to rented or leased property.
 - b. The cost of any work or material used to repair damage to existing structures or needed to meet building code requirement is the responsibility of the client or family. FNRC will fund the minimal modifications necessary to ensure safety and accessibility.
 - c. FNRC will not fund modifications to a home for general utility purposes, including but not limited to carpeting, roof repair, and central air conditioning.

- d. FNRC will not fund modifications that increase the total square footage of the home.

Amount Purchased: Varies

Approval Authority: Case Review Committee

FAMILY HOME SERVICES

Definition: Family home services refer to a residential service model in which a client is matched with a specially trained family that provides room and board along with care and supervision.

Guidelines: Far Northern Regional Center (FNRC) may purchase family home services under the following criteria:

1. The client is over the age of 18.
2. The need for this service must directly relate to the diagnosis or criteria that qualified the individual for regional center services.
3. The client and/or conservator agree that a family home is the most appropriate residential choice option.
4. The client's needs have been assessed and the family home is able to provide the appropriate level of care and supervision.
 - a. The family home has the resources and training necessary to implement a specialized health care plan for the client, if necessary.
 - b. The family home has the resources and training necessary to implement a behavior plan appropriate to the client, if necessary.
5. The family home is within access of educational and/or vocational resources to meet the client's needs as identified in the Individual Program Plan (IPP).
6. The Interdisciplinary (ID) Team agrees the facility is making reasonable progress on the client's Individual Service Plan (ISP) objectives.

Amount Purchased: The amount purchased will be consistent with each family home agency's approved Tier Levels appropriate to each individual's needs.

Approval Authority: Level determinations – Case Review
Placement authorizations – Case Management Supervisor

HOME HEALTH CARE

Definition: Home health care is a form of health care service provided where a client lives. Clients can receive home health care services whether they live in their own homes, with or without family members, or in a supported living or residential care environment. The purpose of home health care is to promote, maintain, or restore a client's health and reduce the effects of disease or disability.

Guidelines: Far Northern Regional Center (FNRC) recognizes that the need for home health care is not unique to persons with developmental disabilities. At the same time, the presence of a developmental disability may present a special need for additional support such as home health care. FNRC may purchase home health care under the following conditions:

1. Any home health care services must be prescribed or authorized by a physician.
2. The need for this service must directly relate to the diagnosis or criteria that qualified the individual for regional center services.
3. FNRC will take into consideration the family's responsibility for providing similar services and supports to minor children without disabilities.
4. There is documentation stating the service is not available through Medi-Cal, Medicare, California Children's Service (CCS), or any other public or private insurance provider.
5. The service is a cost effective use of public resources.
6. The home health agency will provide a current plan of treatment no less than every six (6) months.

Amount Purchased: As determined on an individual basis

Approval Authority: RN Evaluation, up to two (2) hours – Associate Director of Client Services
Onset of Services, reauthorizations – Associate Director of Client Services

INCONTINENCE SUPPLIES

Definition: Incontinence supplies are disposable undergarments designed to provide protection against leakage due to bowel and/or bladder incontinence and related items such as pads, disposable pads, gloves, wipes, and cleansing agents.

Guidelines: Far Northern Regional Center (FNRC) may purchase incontinence supplies under the following conditions:

1. FNRC considers the purchase of incontinence supplies for children under the age of three a family responsibility.
 - a. FNRC may purchase incontinence supplies for children under three years of age when the family can demonstrate a financial need and when doing so will enable the child to remain in the family home.
2. The need for this service must directly relate to the diagnosis or criteria that qualified the individual for regional center services.
3. FNRC funding will not supplant the family's responsibility for providing similar services to those needed for a non-disabled child.
4. The incontinence supplies are essential to basic activities of daily living.
5. The client and family must agree to implement a toilet training program.
6. All outside sources of funding have been exhausted.
 - a. Outside sources include, but are not limited to California Children's Services, Medi-Cal, and private insurance.
 - b. Written denials from alternative funding sources may be requested.
7. FNRC will only fund generic incontinence supply products.
8. Requests to purchase specialized diapers due to allergies to latex or other ingredients present in commercial diapers require a complete diagnostic explanation from the client's physician.

Amount Purchased: Varies

Approval Authority: Case Management Supervisor

INDEPENDENT LIVING SERVICES

Definition: Independent Living Services (ILS) are programs that instruct adult clients in the functional skills necessary to secure and sustain an independent living situation in the community. ILS may also provide the necessary support to maintain independent living skills over time.

Guidelines: Far Northern Regional Center (FNRC) may purchase an Independent Living Program under the following conditions:

1. The client is at least 18 years of age.
2. The need for this service must directly relate to the diagnosis or criteria that qualified the individual for regional center services.
3. If the client is between 18 and 22 years of age, a certificate of completion or a high school diploma is required, unless the following conditions apply:
 - a. The ID team determines that the consumer's needs cannot be met in the educational system.
 - b. The client is participating in a paid internship or competitive integrated employment
4. For clients who live in residential care, ILS services will commence no more than 30 days before the planned move into an independent living setting.
5. The same or similar service is not available through another community agency.
6. A formal assessment indicated the client has a need for instruction, and specific measurable objectives have been developed to meet those needs.
7. The training objectives are measurable and focus on the acquisition and retention of functional skills.
8. ILS services must reflect a cost effective use of public funds. Cost effectiveness, includes the hourly rate plus any additional costs (transportation, etc).
9. ILS Services are designed to provide instruction. If a client needs assistance completing a task without instruction or has shown an inability to complete a necessary task, In-Home Supportive Services (IHSS) or Community Activities Support Services (CASS) must be considered.

10. The Interdisciplinary (ID) Team has agreed the client is making reasonable progress on measurable ILS objectives.

Amount Purchased: Initial Evaluations – up to 14 hours
Apartment/Housing Search – Up to 10 hours
Ongoing ILS services are authorized on an individual basis.

Approval Authority: Evaluations – Case Management Supervisor
Apartment/Housing Search – Case Management Supervisor
Ongoing services, up to 22 hours/month – Case Management Supervisor
Ongoing services, over 22 hours/month – Associate Director of Client Services

INFANT DEVELOPMENT SERVICES

Definition: Infant Development Services are services that provide instruction and activity programs for children under five years of age, and their families. Services are provided individually and in small, organized groups. Parents and/or primary care providers (such as day care providers) must participate in the program. These services are designed to encourage the development of the child to prepare them for entrance into local schools as appropriate.

Guidelines: Far Northern Regional Center (FNRC) may fund infant development services under the following conditions:

1. The child is under five years of age.
2. The child does not qualify for services from a publicly supported local school or, if qualified, is awaiting service because the local school program is inactive or there are no current vacancies.
3. The Individual Family Service Plan (IFSP) or Individual Program Plan (IPP) includes an objective or outcome, which can be met by an infant development program.
4. The Interdisciplinary (ID) Team agrees reasonable progress is being made toward the IFSP/IPP objective/outcome for which the program is responsible.
5. In keeping with the interagency agreement between the California Department of Developmental Services and the California Department of Education to implement California's Early Start Program, funding for an Infant Development Program will only be terminated due to the child reaching 36 months, and changes in the child's need for the program, or at the request of the parent.
6. Infant Development Services are not to be utilized in lieu of day care or respite.
7. Services are to be provided in the child's home or the most natural learning environment possible.

Amount Purchased: As determined by the ID team based on an assessment of the child's and family's needs

Approval Authority: Case Management Supervisor

INTENSIVE EARLY TREATMENT FOR AUTISM

Definition: Intensive Early Treatment for Autism also known as intensive behavioral intervention means any form of applied behavior analysis (ABA) that is comprehensive, designed to address all domains of functioning, and provided in multiple settings depending on the client's needs. Interventions are typically provided in a 1:1 ratio, but vendors may utilize a small group format as appropriate.

Guidelines: Far Northern Regional Center (FNRC) may purchase intensive early treatment for children with autism if all of the following criteria are met:

1. The child has a suspected diagnosis of Autism Spectrum Disorder (ASD), before the age of 36 months. After the age of 36 months, there must be a confirmed diagnosis of ASD.
2. The parent(s) are willing and able to support and participate in the treatment program.
3. The parent(s) are willing to be trained in the teaching approaches used.
4. The parent(s) will not be reimbursed for services they provide.
5. It is expected that as parents become trained in the teaching approaches used, they will assume an increased responsibility for the intervention plan.
6. A review and update of the current service plan goals and objectives is required no less than every six (6) months. This service will continue until all remaining unmet goals and objectives do not require ABA or intensive behavioral intervention.
7. The service is a cost-effective use of public resources.
8. The service curriculum is research based; peer reviewed, and has evidence of effectiveness.
9. All services provided under this guideline must emphasize the use of positive, non-aversive interventions and be in compliance with Title 17, Sections 50800 – 50823, concerning peer review of behavior management techniques that cause pain or trauma.

Amount Purchased: Initial Evaluation – Up to 12 hours
Ongoing Services - Up to 40 hours per week

Approval Authority: Initial evaluations and training – Associate Director of Client Services
On-going treatment – Associate Director of Client Services

MEDICAL EQUIPMENT & SUPPLIES

Definition: Medical equipment and supplies are durable and non-durable products essential to the health, maintenance, or well-being of persons with developmental disabilities. Included in the term are equipment or adaptations designed to maintain or increase independence and/or to facilitate living in the least restrictive environment.

Guidelines: FNRC may fund needed medical equipment and supplies, including adaptations, under the following conditions:

1. The cost-effectiveness of renting equipment versus purchase has been evaluated.
2. The need for this service must directly relate to the diagnosis or criteria that qualified the individual for regional center services.
3. The equipment and/or supplies are essential to basic activities of daily living.
 - a. Funding for equipment related to emergencies, the client's home location and access to emergency medical care will be taken into account.
4. The equipment and/or supplies are age appropriate.
5. The client's physician has prescribed the medical equipment and/or supplies.
 - a. When appropriate an evaluation by and Occupational Therapist (OT) or a Physical Therapist (PT) may be required.
6. The client and/or the family have agreed to utilize the equipment for its intended purpose and that utilization is reflected in an Individual Program Plan (IPP) objective.
7. All outside sources of funding have been exhausted.
 - a. Including, but not limited to California Children's Services (CCS), Department of Rehabilitation, Medi-Cal, and private insurance.
8. At least three estimates must be obtained to determine the most cost-effective provider.
 - a. To determine cost-effectiveness, the total cost of the equipment, assembly and delivery must be taken into account.
9. The equipment is research based; peer reviewed, and has evidence of empirical effectiveness.
10. FNRC may fund repairs related to equipment malfunction or errors.

Routine maintenance and repair to damaged equipment is the responsibility of the client and/or family.

11. All durable medical equipment purchased by FNRC will become the property of the client.

12. FNRC funding is limited to the Schedule of Maximum Allowance (SMA) or Medi-Cal rates.

Amount Purchased: As determined on an individual basis

Approval Authority: Up to \$1,000 – Medical Director or Associate Director of Client Services if the Medical Director is unavailable.
Over \$1,000 – Case Review Committee

MEDICAL SERVICES

Definition: Medical Services include the prevention, treatment, and management of illness and the preservation of physical well-being through the services offered by licensed medical and allied health professions. Services under this category include (but are not limited to) physicians, hospitals, clinics, and laboratories.

Guidelines: Far Northern Regional Center (FNRC) may purchase medical services in the following circumstances:

1. The treatment is research based; peer reviewed, and has evidence of empirical effectiveness.
2. The need for this service must directly relate to the diagnosis or criteria that qualified the individual for regional center services.
3. FNRC funding will not supplant the family's responsibility for providing similar services to those needed for a non-disabled child.
4. The service is not available through Medi-Cal, Medicare, private insurance, California Children's Services (CCS), or any other publicly funded resource.
5. FNRC funding is limited to the schedule of Maximum Allowance (SMA) or Medi-Cal rates.
6. If private insurance pays part of the cost of service, FNRC's payment will be limited to the difference between the Schedule of Maximum Allowances (SMA) and the amount paid by the insurance company.

Amount Purchased: As determined on an individual basis

Approval Authority: Services up to \$1,000 – Medical Director or Associate Director of Client Services if the Medical Director is unavailable.
Services over \$1,000 –Case Review Committee

MEDICARE PART D

Definition: Medicare Part D refers to the prescription drug plan, which covers Medicare recipients. When the program started, clients who were receiving both Medi-Cal and Medicare benefits lost drug coverage from Medi-Cal. As a result, these “dual eligible” clients are now required to pay for Over-The-Counter (OTC) medications along with small co-payments for prescription drugs. The Department of Developmental Services (DDS) authorized regional centers to provide assistance for clients to meet these new costs.

Guidelines: Far Northern Regional Center (FNRC) may purchase OTC medications and fund co-payments for Medicare Part D under the following conditions:

1. The client lost prescription drug coverage from Medi-Cal and is “dual eligible” (receives both Medi-Cal and Medicare).
2. FNRC will not fund non-medically related over-the-counter (OTC) products.
 - a. Non-medically related OTCs include items such as sunscreen, shampoo, hand cream, hair care products and other items without an express medical purpose.
 - b. FNRC may request additional documentation from the client’s primary care provider.
3. FNRC will only fund OTC products if they are prescribed in writing by the client’s physician.
4. FNRC does not fund Medicare Part D deductibles or Medicare premiums.

Amount Purchased: Varies

Approval Authority: Associate Director of Client Services

MOBILITY/DESTINATION TRAINING

Definition: Mobility training refers to the instruction of clients about their local public transportation system. This includes understanding the bus schedule; pick up times, drop-off times and any other task necessary for clients to become transportation independent. Destination training is a basic version of mobility training focusing on teaching a client how to get from one location to another.

Guidelines: Far Northern Regional Center (FNRC) may fund mobility/destination training under the following conditions:

1. The same or similar service is not available through a community agency.
2. The need for this service must directly relate to the diagnosis or criteria that qualified the individual for regional center services.
3. The use of public transportation is appropriate given the client's developmental disability.
4. Public transportation services must be available within a reasonable distance from the client's home and/or work/day program.
5. A formal assessment shows the client has a need for training, and specific objectives have been developed to meet those needs.
6. Mobility/destination training services must reflect a cost-effective use of public funds.

Amount Purchased: Varies

Approval Authority: Case Management Supervisor

NUTRITION SERVICES

Definition: Nutrition services are services provided to clients in order to improve and/or maintain an individual's health and nutritional status. Nutrition services may include an evaluation, follow-up, consultation and/or supplies.

Guidelines: Nutrition services may be purchased by Far Northern Regional Center (FNRC) under the following conditions:

1. The need for the nutrition service is associated with, or results from a qualifying developmental disability or the service is to prevent a developmental disability.
2. FNRC funding will not supplant the family's responsibility for providing similar services to those needed for a non-disabled child.
3. Nutrition services must be prescribed by a physician and provided by a licensed nutritionist.
4. All alternative sources of funding (such as, but not limited to Medi-Cal, Genetically Handicapped Persons Program (GHPP), Medicare, California Children's Service (CCS) and private insurance) for nutrition services and supplies have been exhausted.
5. Licensed residential providers are generally expected to provide for the nutrition needs for their residents as part of their basic services.
6. Clients who receive enteral (tube) feeding should be referred to a nutrition consultant for review and monitoring.
7. Nutrition supplements should not be purchased as a replacement for meals for clients with oral motor skills sufficient to consume an adequate dietary intake by mouth unless they are medically indicated and approved by a nutrition consultant.
8. When nutrition supplies are prescribed for caloric supplementation, documentation of nutritional deficiency is required by a physician or nutritionist.
9. Nutrition services should reflect a cost-effective use of public resources.

Amount Purchased: As determined on an individual basis

Approval Authority: Associate Director of Client Services

OCCUPATIONAL & PHYSICAL THERAPY

Definition: **Occupational therapy** - is a service provided by a professional under medical supervision who is registered by the American Occupational Therapy Association. Occupational therapy uses productive or creative physical activity in the treatment or rehabilitation of individuals with permanent or short-term physical disabilities.

Physical therapy - is a service provided by a professional under medical supervision licensed by the Physical Therapy Examining Committee of the Medical Board of California and who, under medical supervision, treats individuals to relieve pain, develop or restore motor function, and maintain performance by using a variety of physical means.

Guidelines: Far Northern Regional Center (FNRC) may purchase physical and/or occupational therapy under the following conditions:

1. The service is not available through alternative resources such as, but not limited to, the public schools, California Children's Services (CCS), private insurance, Medi-Cal and/or Medicare.
2. The need for this service must directly relate to the diagnosis or criteria that qualified the individual for regional center services.
3. A physician has prescribed physical or occupational therapy services.
4. The service is essential to maintaining or improving an individual's functioning skills.
5. A formal evaluation has addressed specific, time-limited treatment objectives.
6. The client and/or family member or care provider has agreed to follow through with the treatment objectives.
7. FNRC funding is limited to the Schedule of Maximum Allowance (SMA) or Medi-Cal rates.
 - a. For children under 36 months in Early Start, the rate may exceed SMA rates if the provider is vendored under specialized therapeutic service codes.

Amount Purchased: As determined on an individual basis

Approval Authority: Case Management Supervisor, Early Intervention – Clients under 36 months of age
Associate Director of Client Services – Clients over 36 months of age

PSYCHIATRIC SERVICES

Definition: The medical specialty concerned with the prevention, diagnosis, and treatment of mental illness.

Guidelines: Mental illness can present special challenges to persons who have a developmental disability. Generally, Far Northern Regional Center (FNRC) does not purchase psychiatric services due to the availability of community resources. In some cases FNRC may purchase psychiatric services under the following conditions:

1. FNRC funding will not supplant the family's responsibility for providing similar services to those needed for a non-disabled child.
2. The service is not available through county mental health agencies, Medi-Cal, Medicare, private insurance, California Children's Services (CCS), or any other publicly funded resource.
3. The client engages in behaviors that pose a health and/or safety threat to themselves or others, and/or the client's mental health is jeopardizing his/her current living arrangement.
4. FNRC funding will not be used to meet Medi-Cal liabilities or private insurance deductibles.
5. FNRC funding is limited to the Schedule of Maximum Allowance (SMA) or Medi-Cal rates.
6. Psychiatric services require parental/care provider participation, if appropriate.

Amount Purchased: As determined appropriate on an individual basis

Approval Authority: Associate Director of Client Services

RESIDENTIAL CARE

Definition: Residential care is 24-hour non-medical care and supervision provided in a licensed community care facility. There are several types of residential care:

ARFPSHN - Adult Residential Facility for Persons with Specific Health Care Needs means any adult residential facility that provides 24 hour health care and intensive support services in a homelike setting that is licensed to serve up to five adults with developmental disabilities.

Residential Stabilization Services (SC113) refers to the use of a licensed residential facility that provides services to individuals with developmental disabilities who require 24-hour care and supervision and whose needs cannot be appropriately met by the assortment of available community living options. Residential stabilization services may include assessment, medical and psychiatric treatment, behavior intervention, and transition planning to a less restrictive setting.

Community Care Facility (CCF) – Is a residential care facility licensed by community care licensing to provide room, board, and instruction to clients who lack the skills to live independently. CCFs provide a varying level of care from level 2 to 4I. Clients in level 2 facilities require minimal supervision and instruction. In contrast, level 4I facilities, clients exhibit severe behavioral problems and/or self-care deficits. Specialized Service may be provided to individuals that require intensive support due to behavioral or self-care needs.

Intermediate Care Facilities (ICF) - An intermediate care facility for the developmentally disabled is a residential program that has as its primary purpose the provision of health and/or rehabilitation services to individuals with mental retardation or related conditions receiving care and services under Medi-Cal. Each individual residing in an ICF must require and receive active treatment. ICF facilities include ICF-DDN (Intermediate Care Facility – Developmentally Disabled, Nursing), which focuses on medically compromised clients and ICF-DDH (Intermediate Care Facility – Developmentally Disabled, Habilitative) for clients who require significant assistance with activities of daily living.

Residential Care Facility for the Elderly (RCFE) – Similar to CCFs, residential care facilities for the elderly are licensed residential programs designed to serve clients over the age of 55. In most cases, services at RCFE's are billed at the Usual and Customary Rate (U&C), which is based upon the costs the facility would charge a non-FNRC client.

Guidelines: When an individual's needs can no longer be met at home or when home is no longer the preference of the individual and/or family, FNRC may purchase residential care under the following conditions:

1. Placement should be in the least restrictive setting possible.

2. The need for this service must directly relate to the diagnosis or criteria that qualified the individual for regional center services.
3. The client and/or conservator are in agreement with the need for out of home placement.
4. Preference should be given to small facilities located in or near the client's home community.
5. The client and/or authorized representative will be offered choices among appropriate, available facilities.
6. The client's needs have been assessed and the facility has been determined to offer an appropriate level of care.
 - a. The facility has the resources and training necessary to implement a specialized health care plan for the client, if necessary.
 - b. The facility has the resources, and training necessary to implement a behavior plan appropriate to the client, if necessary.
7. The facility is located near educational and/or vocational resources to meet the client's needs as identified in the Individual Program Plan (IPP).
8. The Interdisciplinary (ID) Team agrees the facility is making reasonable progress on the IPP objectives for which the facility is responsible.
9. Services will be terminated under the following conditions:
 - a. Residential provider has complied with Title 17 and Title 22 and given written three (3), seven (7), or 30 day notice.
 - b. In case of an immediate danger, (defined in Title 17) services can be immediately terminated by the FNRC.
 - c. The client and his or her designee can terminate the services at any time.

Amount Purchased: The amount purchased will be consistent with the facility's approved Service Level and as determined appropriate to each individual's needs.

Approval Authority: Level Determinations – Case Review Committee
Placement Authorizations – Case Management Supervisor

RESIDENTIAL STABILIZATION SERVICES

Definition: Residential stabilization services refers to the use of a licensed residential facility which provides services to individuals with developmental disabilities who require 24 hour care and supervision and whose needs cannot be appropriately met by the assortment of available community living options. Residential stabilization services may include assessment, medical and psychiatric treatment, behavior intervention, and transition planning to a less restrictive setting.

Guidelines: Individuals whose needs cannot be met within the selection of other available community living options may be able to access a licensed-specialized residential facility. In many cases, this type of service supports individuals who are otherwise at risk of placement in a developmental center or hospitalization for psychiatric services.

1. The client's living situation is threatened by behavioral, psychiatric, and/or medical problems that may be addressed through residential stabilization services at a licensed specialized residential facility.
2. The facility is located near educational and/or vocational resources to meet the client's needs as identified in the Individual Program Plan (IPP).
3. The client's needs have been assessed and the facility has been determined to provide an appropriate level of care.
4. To the extent feasible, the client and/or authorized representative will be offered choices among appropriate, available facilities.
5. The Interdisciplinary (ID) Team agrees the client is making reasonable progress on IPP objectives for which the facility is responsible.
6. Before a client leaves a licensed residential stabilization program, the ID Team must develop a detailed plan for transition to the client's preferred residential environment.
7. Services will be terminated under the following conditions:
 - a. Residential provider has complied with Title 17 and Title 22 and given three (3), seven (7), or thirty (30) day notice.
 - b. In case of an immediate danger, (defined in T17) services can be immediately terminated by FNRC.
 - c. The consumer and his or her designee can terminate the services at any time.

Amount Purchased: Varies, per contract

Approval Authority: Case Review Committee

RESPITE SERVICES

Definition: Respite is intermittent or regularly scheduled temporary care and supervision designed to:

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

In-Home respite services are delivered in the client's natural environment and provided through a respite agency or an employer of record agency (which handles payroll and related paperwork).

Out-of-Home respite is provided in a licensed residential care facility vendored with Far Northern Regional Center or provided in a vendored camp in lieu of a licensed residential care facility.

Guidelines: FNRC may purchase respite services under the following conditions:

1. The care and supervision needs of the client exceed that of a person without developmental disabilities of the same age.
2. The client resides with a family member, guardian, or conservator.
3. FNRC funds will not be used to purchase respite services for a minor child without taking into account the family's responsibility for providing similar services to a minor child without disabilities.
4. Respite services must reflect a cost effective use of public funds. To determine cost effectiveness, the total cost of respite and transportation must be included.
5. Respite alternatives such as day programs, public schools, and In-Home Supportive Services (IHSS) have been pursued and utilized to the extent possible.
6. The Interdisciplinary (ID) Team has considered the cost-effectiveness of

the various respite options.

7. The ID team agrees that the provision of respite services will assist the family in maintaining the client at home.
8. Individuals with medical conditions requiring specialized care must receive care from an appropriately licensed medical professional.
 - a. The level of care provided to an individual client with a medical condition should be prescribed by the attending physician or determined through a nursing assessment.
9. The Individual Program Plan (IPP) will specify the amount and type of respite (in-home, out-of-home, or a combination of both) to be provided, with actual utilization to be determined by the family, conservator, or guardian.
10. All of the previous guidelines apply to any parent who is also a regional center client.

Amount Purchased: In-Home respite - 90 hours per quarter is the initial authorized amount. The family may request additional In-Home respite by contacting their service coordinator as long as the total support hours and sleep time (IHSS, school/day program, day care, respite, etc.) does not exceed 744 hours in a month.

Out-of-Home respite – 21 days per fiscal year is the initial authorized amount. The family may request additional Out-of-Home respite by contacting their service coordinator, not to exceed 21 consecutive days, or 21 days in one calendar month to comply with Social Security Administration regulations.

Approval Authority: Case Management Supervisor – Up to 90 hours per quarter and up to 21 days Out-of-Home respite consecutively or in one calendar month.

Associate Director of Client Services – Any request over 90 hours per quarter of In-Home respite or any request over 21 days.

SEX OFFENDER/VICTIM COUNSELING

Definition: Sex Offender/Victim Counseling is a process provided by a licensed practitioner meant to assist client who are considered a potential perpetrator or victim of sexual abuse. This program is designed to replace maladaptive sexual behaviors with positive and socially acceptable approaches to sexuality.

Guidelines: Although Far Northern Regional Center (FNRC) generally does not fund counseling services due to the availability of private and community resources, there are no local resources that works with sexual issues and persons with developmental disabilities. FNRC may fund Sex Offender/Victim counseling under the following conditions:

1. FNRC will not assume the family's responsibility for funding Sex Offender/Victim counseling services for a minor client that is similar to what is needed for a child without disabilities.
2. The requested Sex Offender/Victim counseling service is not available through the local mental health agency, non-profit counseling agencies, or other free or low-cost community counseling resources such as victim witness programs.
 - a. FNRC may request the filing of an administrative appeal with the generic resource if counseling services are denied.
3. Sex Offender/Victim Counseling services cannot be billed to Medicare, Medi-Cal and/or private insurance.
 - a. A written denial from insurance, Medi-Cal or Medicare is required.
 - b. FNRC may request the filing of an administrative appeal with the insurance provider if counseling services are denied.
4. All Sex Offender/Victim counseling services will be provided on an outpatient basis.
5. The initial service purchased will be the provider's assessment of the individual's need for Sex Offender/Victim counseling and recommendations for further treatment including objectives, plans, and target dates.
6. Each reauthorization will require the provider's assessment of the individual's need for Sex Offender/Victim counseling, progress, and a revised treatment plan.
7. Authorizations will be set up for periods not to exceed twelve (12) months and will not be renewed without the Interdisciplinary (ID) Team's concurrence that satisfactory progress is being made.

Amount Purchased: AABEL Assessment – up to 12 hours
Sex Offender/Victim Counseling Evaluation – up to 3 hours
Ongoing Sex Offender/Victim Counseling Individual – up to 5 hours per month
Ongoing Sex Offender/Victim Counseling Group – up to 10 hours per month
Case Management – up to 1 hour per month

Approval Authority: Initial assessments –Associate Director of Client Services
Ongoing counseling – Associate Director of Client Services

SOCIAL RECREATION SERVICES

Definition: Social Recreation Services provides a group social environment designed for clients to learn and practice appropriate social skills.

Guidelines: Far Northern Regional Center (FNRC) may purchase social recreation services under the following criteria:

1. Natural supports and/or generic services have been considered.
 - a. In Home Supportive Services (IHSS) is exempt in this section. FNRC does not require families to exhaust IHSS hours before funding Social Recreation Services.
2. The service focuses on assisting the client to utilize the resources of their local community to meet their needs for social interaction.
3. The need for the service is reflected in the client's Individual Program Plan (IPP).

Amount Purchased: As determined on an individual basis

Approval Authority: Up to three (3) sessions every six (6) months
or under 22 hours per month - Case Management Supervisor

Over three (3) sessions every six (6) months
or over 22 hours per months - Associate Director of Client Services.

SPECIALIZED RECREATION SERVICES

Definition: Specialized recreation services are services that provide unique forms of activities designed to increase physical activity, promote socialization, and to provide recreational opportunities. Specialized recreation services may include services such as health club memberships, equestrian therapy, ballet, karate, swimming, music lessons or therapy, art, and gymnastics.

Guidelines: Far Northern Regional Center (FNRC) may fund specialized recreation services under the following conditions:

1. The need for the service is identified in the Individual Program Plan (IPP).
2. Generic and/or public resources have been considered.
 - a. In Home Supportive Services (IHSS) is exempt in this section. FNRC does not require families to exhaust IHSS hours before funding Specialized Recreation Therapy.
3. For this service to be reauthorized, the client must show a consistent pattern of attendance or participation.

Amount Purchased: Usual and Customary

Approval Authority: Associate Director of Client Services

SPEECH AND LANGUAGE SERVICES

Definition: Speech and Language Services are diagnostic, preventative, and corrective services provided by professionals qualified to address speech and language disorders.

Guidelines: Far Northern Regional Center (FNRC) may purchase speech and language services under the following conditions:

1. The client and/or family express motivation to utilize the recommended speech and language services and to follow through with any treatment recommendations to be implemented at home.
2. The need for this service must directly relate to the diagnosis or criteria that qualified the individual for regional center services.
3. Speech and language services are needed for basic communication.
4. For school-aged children, speech and language services are the responsibility of the Local Educational Agency (LEA).
 - a. FNRC may require families to pursue administrative appeals through the school district before speech and language services are funded.
5. The service is not available through Medi-Cal, California Children's Services (CCS), or private insurance.
 - a. FNRC shall be the payer of last resort after all other public sources for payment have been reviewed to determine if a referral shall be made by the SC and/or the parent. This review shall not delay the provision of Early Intervention services specified in the IFSP. Early Intervention services specified on the IFSP shall begin as soon as possible.
6. Preference should be given to Medi-Cal providers in order to access that funding to the best extent possible.
7. The service will be reviewed every six (6) months.
8. The Interdisciplinary (ID) Team agrees the service is resulting in reasonable progress.

Amount Purchased: As determined on an individual basis, generally not to exceed once per week.

Approval Authority: Case Management Supervisor for children under 36 months of age
Associate Director of Client Services for children over 36 months of age

SUPPORTED EMPLOYMENT

Definition: Supported employment refers to the development, training and ongoing support of clients engaged in employment facilitated through the Department of Rehabilitation (DOR). Far Northern Regional Center (FNRC) and DOR collaborate to assist clients to gain employment in a variety of environments. There are three different types of supported employment:

Work Activity Program (WAP) – Work activity programs are the “entry” level of supported employment. WAP programs employ clients under a “sub-minimum wage” authorization from the Department of Labor. Jobs typically provided by WAP vendors focus on light manufacturing or assembly work and are commonly paid under a “piece rate” instead of an hourly wage. In FNRC’s catchment area, most WAP programs are sheltered workshops, which employ a large number of clients under one roof. FNRC funds WAP programs from the point of the initial referral.

Supported Employment Group – Also called an enclave, supported employment group services are group work sites with a job coach to client ratio of not less than 1:3 nor more than 1:8 where services to a minimum of three clients are funded by FNRC or DOR. In supported employment group positions, clients do not typically work with the general population.

Supported Employment Individual Placement – Individual placement is when a client is working in a competitive job in the community. Clients receive individualized job coaching to help them find, learn, and maintain their job.

Guidelines: FNRC may fund supported employment under the following conditions:

1. The client is at least 18 years of age.
2. The need for this service must directly relate to the diagnosis or criteria that qualified the individual for regional center services.
3. Public education services are no longer available or have been determined inappropriate (client has either a diploma or certificate of completion).
4. For clients under the age of 22, the request to exit public education must come from the client and/or their conservator.
 - a. FNRC may require documentation of the exit from public education.
5. The client has expressed a desire to work and there is a vocational objective in the client’s Individual Program Plan (IPP).
6. FNRC may fund all types of Supported Employment Services if funding is

not available through the Department of Rehabilitation (DOR) or other generic resources.

7. WAP services and supported employment group are authorized on an annual basis.
8. Per DOR regulations, all clients entering a supported employment position must obtain a current physical and TB test before they begin working.

Amount Purchased: Supported employment individual placement job coaching hours are authorized on an individual basis.

Pre-employment Training, up to 30 hours flat – Case Management Supervisor.

Approval Authority: Case Management Supervisor

SUPPORT SERVICE (1:1)

Definition: Support Services refers to the addition of staff to a day program, residential facility or other vendored program. Support services are designed to provide additional staff on a time-limited basis to assist clients with increased service needs.

Guidelines: Clients need to receive the necessary services and supports required for them to live in the least restrictive environment, or participate in the least restrictive day program. In order to accomplish this, Far Northern Regional Center (FNRC) may purchase Support Services under the following conditions:

1. Alternatives such as the public schools, In-Home Support Services (IHSS), and other generic and/or community resources have been pursued and are not available or not appropriate.
2. The need for this service must directly relate to the diagnosis or criteria that qualified the individual for regional center services.
3. Provision of support services will enable the client to remain in the least restrictive environment possible.
4. Alternative programs or facilities with a higher level of staffing or support have been considered and are either not available or not appropriate.
5. The service is a cost-effective use of public resources.
6. The need for ongoing support services is evaluated every three (3) months by the vendor completing the request for intensive support staffing ratio (FNRC form #039), an Individual Service Plan (ISP), and a progress review.

Amount Purchased: As determined appropriate on an individual basis

Approval Authority: Associate Director of Client Services

SUPPORTED LIVING SERVICES

Definition: Supported Living Services (SLS) are services and supports, which enable clients to live in their own homes, participate in community activities to the extent appropriate to each client's interests and capacity, and realize their individualized potential to live lives that are integrated, productive, and normal.

Guidelines: Adults with developmental disabilities should be afforded access to cost-effective SLS appropriate to their needs and interests. Far Northern Regional Center (FNRC) may purchase SLS services under the following conditions:

1. The client is at least 18 years of age.
2. The need for this service must directly relate to the diagnosis or criteria that qualified the individual for regional center services.
3. The client has expressed directly or through the client's personal advocate, as appropriate, a preference for SLS among the residential options proposed during the Individual Program Plan (IPP) process.
4. Client is financially able to support him or herself in an independent setting and/or is willing to have a roommate.
5. Per Welfare and Institutions Section 4689, clients sharing the same domicile will be supported by the same SLS vendor.
6. Rent, mortgage, lease payments and household expenses shall be the responsibility of the individual and any roommate who resides with that person.
7. Appropriate and available generic supports and resources have been accessed to the fullest extent feasible.
8. Clients shall not be denied eligibility for SLS solely because of the nature and severity of their disabilities.
9. If a client has not already applied for In-Home Support Services (IHSS), per Welfare and Institutions, Section 4689 an application for IHSS must be made within five (5) days of moving into his or her home under SLS.
10. The client needs more services and supports than are generally available through an Independent Living Program (ILP) provider.
11. Prior to referral, the case will be reviewed for relevant concerns and issues to facilitate referral.

12. The client is living in a home that is not the place of residence of a parent or conservator of the client or owned by the SLS vendor.
13. Rates are based on client need and are calculated individually according to a cost effective rate methodology.

Amount Purchased: As determined on an individual basis.

Approval Authority: Evaluations and on-going services – Associate Director of Client Services

TRANSLATION/ INTERPRETING SERVICES

Definition: Translation/interpreting services are services designed to provide verbal and non-verbal translation for clients and family members who do not speak English or who utilize sign language for communication.

Guidelines: Far Northern Regional Center (FNRC) may purchase translation services under the following conditions:

1. Translation/interpretive services are essential to accessing important services and supports for the client.
2. FNRC funding will not assume the family's responsibility for providing similar services to those needed for a non-disabled child.
3. All generic sources of translation or interpretive assistance or funding have been exhausted.
4. Translation or interpretive services are not the responsibility of a publicly funded agency that is required to provide written and oral language assistance for clients and family to access services.

Amount Purchased: As determined on an individual basis

Approval Authority: Case Management Supervisor

TRANSPORTATION - GENERAL

Definition: Transportation – General refers to transportation services not covered under any other guideline. Transportation services are used to assist clients and their families to obtain needed supplies and services.

Guidelines: Most transportation needs should be funded by the client and/or their families by using their personal income (including public benefits). Far Northern Regional Center (FNRC) may fund transportation under the following criteria:

1. The need for the service is not part of the client's community based day program.
2. The need for this service must directly relate to the diagnosis or criteria that qualified the individual for regional center services.
3. FNRC will not fund transportation for minor children (under age 18) unless the family provides sufficient written documentation to FNRC demonstrating their inability to provide transportation to needed services.
4. The client and/or their family have demonstrated an inability to fund their own transportation.
5. The method of transportation is the least restrictive possible option and reflects a cost effective use of public funds.
6. Public transportation is to be utilized whenever possible.
 - a. Mobility or destination training may be purchased to assist clients with learning how to use public transportation (see guidelines for mobility/destination training).

Amount Purchased: As determined on an individual basis

Approval Authority: Case Management Supervisor - Adults

Exceptions for Minors – Associate Director of Client Services

TRANSPORTATION – MEDICAL

Definition: Transportation –Medical refers to the use of public or private modes of travel to enable clients to obtain needed medical services unavailable in their home community.

Guidelines: In most cases, clients, families, and licensed residential providers are responsible for providing transportation to medical and dental appointments. Far Northern Regional Center (FNRC) may purchase transportation services for clients under the following conditions:

1. The need for the service is identified in the Individual Program Plan (IPP) or Individualized Family Service Plan (IFSP).
2. FNRC will not fund transportation for minor children (under age 18) unless the family provides sufficient written documentation to FNRC demonstrating their inability to provide transportation to needed services.
3. Funding or providing medical transportation is not the responsibility of any public agency that receives public funds for providing medical transportation.
4. The need for medical transportation is directly related to the client's qualifying developmental disability, qualifying conditions, or provided as part of the diagnostic process necessary to establish a qualifying developmental disability.
5. The needed medical transportation is beyond a 60 radius of the client's home. Transportation to medical services within a 60 radius is considered a family or individual responsibility.
6. The method of transportation being used is economical, normalizing and cost-effective.
7. Public transportation is to be used whenever possible.
8. FNRC shall fund the least expensive mode of transportation that meets the client's needs as set forth in the client's IPP or IFSP.
9. FNRC will not fund medical transportation for minor children (under age 18) unless the family provides sufficient written documentation to FNRC demonstrating their inability to provide transportation to needed medical services.
10. FNRC will require written documentation from the out of area medical provider confirming that the appointment occurred.

Amount Purchased: Varies, may include lodging, mileage, per-diem or medical transporter.

Approval Authority: Lodging, Mileage & Per Diem Reimbursement – Case Management Supervisor

Medical Transporter – Associate Director of Client Services

Residential/SLS Provider (beyond 60 miles) – Case Management Supervisor

Exceptions for Minors – Associate Director of Client Services

TRANSPORTATION – WORK & DAY PROGRAM

Definition: Transportation- Work & Day Program refers to the use of public or private modes of travel to assist clients with transportation to work or a day program.

Guidelines: Far Northern Regional Center (FNRC) may purchase transportation to work or a day program for clients when the following conditions are met or apply:

1. The need for the service is identified in the Individual Program Plan (IPP).
2. The need for this service must directly relate to the diagnosis or criteria that qualified the individual for regional center services.
3. Funding or providing transportation is not the responsibility of any public agency that receives public funds for providing transportation.
4. Public transportation is to be used whenever possible.
5. Transportation for day programs will not exceed five (5) days per week.
6. The method of transportation being used is economical, normalizing and cost effective.
7. FNRC shall fund the least expensive mode of transportation that meets the client's needs as set forth in the client's IPP.
8. FNRC shall not fund door-to-door transportation for clients with the physical and cognitive ability to utilize public transportation.
 - a. FNRC may fund transportation to work or a day program on a temporary basis while the client receives training and instruction about accessing public transportation.
9. FNRC will only fund work or a day program transportation to the vendor or location closest to the client's home that is able to meet his/her needs.
10. If a client lives in locations that are beyond the limits of schedule transportation (or when the distance to access public transportation makes access difficult or impossible), the client may request FNRC fund work transportation via mileage reimbursement.

Amount Purchased: Varies

Approval Authority: Case Management Supervisor

VEHICLE MODIFICATION FOR ACCESSIBILITY

Definition: A van lift is a manual or automatic access ramp or lift added to an existing vehicle, or included in the cost of a new vehicle to enable automatic transfer of a client and their mobility device into and out of a vehicle.

Guidelines: Far Northern Regional Center (FNRC) may purchase a van lift under the following conditions:

1. Generic resources such as paratransit and other viable transportation alternatives must be explored.
2. The need for this service must directly relate to the diagnosis or criteria that qualified the individual for regional center services.
3. The need for the lift is identified in the Individual Program Plan (IPP).
4. An evaluation by an Occupational Therapist (OT) or Physical Therapist (PT) may be requested and conducted to determine the most cost-effective and appropriate alternatives.
5. FNRC funds will only be used to fund the cost of the accessibility equipment and related labor.
6. All alternative sources of funding, including but not limited to the Department of Rehabilitation, Medi-Cal and Medicare have been exhausted.
7. The vehicle in which the lift is to be installed must be in good mechanical and physical condition. If there are concerns about the reliability of a vehicle, FNRC may request a diagnostic evaluation from a qualified professional.
8. The vehicle and the installed lift must be insured.
9. At least two estimates must be obtained to determine the most cost-effective provider when available.
 - a. To determine cost-effectiveness, the total cost of the equipment, assembly and delivery must be taken into account.

Amount Purchased: Usual and Customary

Approval Authority: Case Review Committee