Purchase of Services – Summary of Changes October 2023

Below is a discussion of the changes to FNRC's POS Guidelines after they were originally submitted to DDS in 2019.

FNRC Requested and Approved Changes

Authorization Duration – We removed language in Independent Living Skills Instruction (ILS), Nutrition Services, Occupational & Physical Therapy, and Supported Employment about the length of authorization periods. The shorter periods in the old guidelines do not fit with current practices or the SANDIS IPP program we use. All other guidelines do not specify this period.

POS Funding Policy – We revised the Funding Policy to reflect changes about copayments and deductibles to comply with changes reflected in W&I Section 4659.1(a)(b)(c). That new section is #7 in the POS Funding Policy.

Behavior Management Services – Guideline #4 under this service called for parents to participate in an orientation before accessing behavioral management services. FNRC has not required this in years and the related laws no longer require this. We did keep part of it, requiring parents to be active participants in the service delivery of behavior management services.

Dental Services – The guidelines for this service had language when Medi-Cal decided not to fund dental services for adults resulting from the 2008-09 budget crisis. In addition, there was no language that allowed for the funding of deductibles or copayments, which was allowed under revisions to WIC 4659.1. We removed the language related to Medi-Cal not funding dental services and added language for the funding of deductibles and copayments.

Supported Employment – We removed #5, which stated funding for job development and the initial placement in supported employment group and individual placements is the responsibility of DOR. FNRC does not assume financial responsibility until after stabilization. This was removed because the Department of Rehabilitation (DOR) no longer uniformly funds supported employment groups. In addition, W&I 4851(r) states that regional centers can now fund group services.

FNRC also removed language about funding this via a daily or hourly rate. We do not go into this detail on other guidelines and to be consistent it was removed.

Vehicle Modification for Accessibility – Removed the guideline, which prohibited vehicle modifications on automobiles that required raising the floor or lowering a roof. There is only one manufacturer of full-size vans at this time. Because of this, most families have to choose a mini-van, which requires additional construction to support a lift.

DDS Requested Changes – Purchase of Service Funding Policy

Adult Day Programs -DDS asked FNRC to revise the definition for Community Integration Training Programs, a service category that can be used for day programs or social recreation programs, see below:

Community Integration Training Program: is a community based day program that includes community activities along with paid or volunteer work. These programs are often unique and support individuals to actively engage in their local communities in ways that honor individual choice.

Independent Living Skills Instruction

DDS thought our language stating that a diploma is required for individuals between 18 and 22 to have a diploma or certificate of completion from high school before we can provide Independent Living Skills. We revised the language to the following: 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.

Intensive Early Treatment for Autism.

DDS asked FNRC to revise the definition for this service to be in alignment with revisions to the Lanterman Act and Title 17. The new definition in the Guidelines is: Intensive Early Treatment for Autism, also known as intensive behavioral intervention, means any for of applied behavior analysis 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.

DDS also requested we review guideline #2, which had language about the child responding to treatment. In addition, guideline #7 was revised to the following:

 For each reauthorization, FNRC must be in receipt of a detailed written report that demonstrates clear evidence of meaningful progress and presents justification for further intervention. a. This service may not be discontinued until the treatment goals are reviewed and updated, and only if the updated goals and objectives do not require ABA or intensive behavioral intervention services.

POS Funding Policy – Deductibles and Copayments. DDS asked us to revise part of the POS Funding Policy to comply with current law, specifically WIC 4659.1.

This was an amendment requiring regional centers to fund any copayment, coinsurance, or deductible associated with a service or support provided by private insurance, regardless of income for Early start Consumers, effective 2019.

FNRC complied with this new request by adding a new section (d) to page 3, item 5 of the POS Funding Policy under Criteria for Purchase of Service.

- 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

Relationship to the Developmental Disability – DDS initially requested that we remove the current language, which required a relationship between the services we fund and the client's eligible diagnosis. We finally settled on: *The need for this service must directly relate to the diagnosis or criteria that qualified the individual for regional center services*.

Sex Offender/Victim Counseling

DDS asked FNRC to revise Guideline # 3 for this service. In this Guideline, we stated that counseling services that offer sliding-scale fees based on income are considered a community resource and we would not fund. DDS said this did not meet the intent of W&I 4512(b) and Title 34, Section 303.244 of Title 34 Code of Federal Regulations. In addition, our language about filing an appeal if denied was vague.

FNRC resolved this by removing the language about sliding scale fees. In addition, we clarified that FNRC may request a family file an administrative appear with *their insurance provider* if counseling services are denied.

DDS also wanted FNRC to specify whether we use a 3rd party vendor tool to determine the number of counseling hours. Since we do not use a tool to make this determination, I revised # 7 to: Each reauthorization will require *the provider's* assessment of the individual's need for Sex Offender/Victim counseling, progress, and a revised treatment plan.

Supported Employment – Competitive Integrated Employment

DDS asked FNRC to clarify whether FNRC will fund this service utilizing the supported employment program individual placement service code or a different service code. The language for the definition in this section was amended to include the following language: ... This model is funded through Supported Employment Individual Placement Service Codes (952) and Community Integration Training Programs (055).

Supported Employment - Group

DDS asked that we revise the definition in this section to comply with W& I Section 4851(j). Specifically, the ratios had changed and the guidelines need to reflect this. We changed the definition of Supported Employment Group to the followingjob 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.

Transportation – Work & Day Programs

The previous guidelines stated that we may fund mileage if the client lives beyond the limits of scheduled public transportation. DDS wanted to know if we use an in-house assessment tool to make this decision. In addition, they wanted to know how the transportation would be provided. I revised the language to: If a client lives in locations that are beyond the limits of schedule transportation, the client may request FNRC fund work transportation via mileage reimbursement for family or friends.