CHILDREN'S BENEFITS ACCESS GUIDE

Disability Rights Legal Center

This project is funded in part by L.A. Care Health Plan and will benefit low-income and uninsured residents of Los Angeles County.
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This guide does not constitute legal advice.

CHILDREN'S BENEFITS ACCESS GUIDE

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CHILDREN'S BENEFITS ACCESS GUIDE
INTRODUCTION

Why is there a need for a Children's Benefits Access Guide?

Parents and caregivers of children with disabilities who are low-income navigate a complex system in order to obtain health care and related services for their children. The health care professionals who care for these children are also navigating complex systems. In order to best serve the needs of children with disabilities, parents and health care professionals need information about the benefits that are available and how to access them.

There are several governmental entities that provide services to children with disabilities – each entity functioning with its own eligibility thresholds and definitions. Children with disabilities who are low-income are often eligible for more than one program and it may be difficult to determine which governmental program is responsible for providing them with needed services.

Compounding the existing complexities, these governmental entities and their subcontractors are under increasing strain to meet their mandates as the California government has cut public programs in an attempt to address budgetary problems.

How did L.A. Care Health Plan respond to this need?

L.A. Care Health Plan ("L.A. Care"), responding to these particular challenges facing low-income families of children with disabilities and the system of care available to them, recognized that L.A. Care health care professionals and L.A. Care's pediatric members with disabilities needed a resource guide. L.A. Care funded the Disability Rights Legal Center's ("DRLC's") Children's Benefits Access Project to educate L.A. Care's pediatric members with disabilities, their families and other children in Los Angeles County who may be eligible for public programs, as well as the health care professionals providing services to these children, about the responsibilities of the various governmental entities that provide health care and related services.

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What are the goals of the DRLC's Children's Benefits Access Guide?

To accomplish its objective of educating families and providers, the DRLC's Children's Benefits Access Project has authored the **Children's Benefits Access Guide**. The Benefits Access Guide sets out the health care and related benefits available under Medi-Cal and other governmental programs to children with disabilities, and analyzes agency responsibility to coordinate, provide and pay for services for eligible children with disabilities.

To develop the Benefits Access Guide, the DRLC drew upon legislative authority, legal precedent, current developments in health policy and the state budget, interagency agreements, and interviews with stakeholders. This is an on-line tool to assist the professionals and staff that work with parents, guardians and families of children with disabilities at health plans, community clinics, regional centers, and other agencies with better information about available benefits and agency responsibility.

By creating this comprehensive guide, the Children's Benefits Access Project aims to improve coordination of services for children with disabilities who are Medi-Cal eligible and facilitate their access to a broader range of health care services. It also hopes to bring stakeholders together in discussion of how to improve health care for children with disabilities from low-income families. The Children's Benefits Access Project also will offer free on-site training on how to use the tool to maximize its usefulness in the community.

We hope you find this tool useful and welcome your feedback.

February 2011

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Disability Rights Legal Center

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As the nation's largest public health plan, L.A. Care Health Plan serves residents of Los Angeles County through a variety of programs including Medi-Cal, Healthy Families, L.A. Care's Healthy Kids, and L.A. Care Health Plan Medicare Advantage HMO SNP. Since 2001, L.A. Care's Community Health Investment Fund (CHIF) has provided more than $120 million in grants to strengthen the safety net, improve community and public health and expand health insurance coverage. To learn more, visit www.lacare.org.

We wish to acknowledge our longstanding and new colleagues, many of whom serve children with disabilities and their families daily as lawyers and advocates, health care providers and community clinic workers, regional center directors and employees, employees of governmental agencies, and as parent advocates, parents and guardians.

We would also like to acknowledge Loyola Law School Los Angeles, DRLC employees, Loyola Law School students and graduates, and other pro bono volunteers that contributed to this publication. We would also like to acknowledge Heather McGunigle's work on the IEHP Benefits Matrix; this publication built on her efforts and is indebted to them. A special thanks to Anabel Prudencio for her extraordinary efforts in formatting and copyediting the guide.

The primary author and project director of the Children's Benefit Access Guide is Audrey A. Kraus. Audrey has been involved with the DRLC for more than 10 years, as a volunteer attorney, staff attorney focusing on litigation, DRLC's first Pro Bono Director, and most recently, as the Director of the Children's Benefits Access Project. This would not have been possible without Audrey's significant commitment to and passion for the issues, the project, the work of the DLRC and our clients.

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The following is a list of people and entities who contributed to the guide whom we would like to acknowledge personally. (If there are any inaccuracies or omissions in name or affiliation, please do not hesitate to let us know.) This list is only a partial one as there are many more people that we spoke to and that answered questions than we can name here. While we are grateful for their support any and all inaccuracies are our own. In gratitude to:

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HOW TO USE THE CHILDREN'S BENEFITS ACCESS GUIDE

The Children's Benefits Access Guide aims to provide a resource and reference guide about health care and related benefits for people who work with children with disabilities and their families as well as parents or guardians of children with disabilities who live in Los Angeles County. The Benefits Access Guide serves as an introduction to Medi-Cal and other public programs that provide health care and related benefits to low-income children with disabilities, sets out specific health related services and helps identify responsible entities for specific benefits or services.

This document does not intend to be a substitute for legal advice and does not constitute legal advice.

In addition, the landscape in health care is dynamic, and programs are constantly changing, so what is current at the time of this writing is subject to change, and will change. One child may be eligible for services from a variety of agencies, and sometimes a child is eligible for the same services, (i.e. speech therapy), from multiple agencies. Following the publication and distribution of the Benefits Access Guide, the DRLC will convene working groups and meetings to assist agencies to use the guide and apply the guide to situations where there are overlapping responsibilities or gaps for services. Please contact Audrey.Kraus@LLS.edu if you are interested in participating in a working group.

The following is an introduction to some of the guide's features:

- ✓ The Table of Contents sets out all the chapters in the guide. There are also individual tables of contents for each chapter, other than the "matrix only" chapters. Readers can access material they are looking for through links in these individual tables.
- ✓ There are cross references among the chapters to help the reader find more information about the subject they are looking for. For example, there is a chapter titled **Introduction to Regional Centers and the Lanterman Act**, but information about "regional centers" and their functions appear in almost all the other chapters or matrixes in the guide.
- ✓ There is a list of acronyms and a glossary to help the reader access the guide.
- ✓ There are narrative chapters that provide information about public programs and systems that serve children with disabilities. The chapters contain telephone numbers and website links for further information.
- ✓ There are also matrix charts to provide information about benefits, coverage and agency responsibility.
- ✓ Working Groups will be convened for agencies to engage in discussions about the practical application of the guide.

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AUTHORITIES

- ✓ Both the narrative chapters and the matrixes are annotated with legal authority and other references. These legal authorities and other references are subject to change and have to be checked to make sure they are current at the time of use.

- ✓ Policy Letters and other agency materials such as website information that the guide references are not the law and do not have the same authority as statutes and regulations. By listing them as authorities, the DRLC is not taking a position on the legality of these policies but rather pointing to information about the agency and how it operates.

- ✓ Agencies often have internal or local variances to their policies, procedures and practices. To the extent possible, the DLRC highlighted these variances or gaps.

- ✓ This guide references **legal authorities** through legal citations**.** The primary function of the legal citation is to help the reader locate the source.[1] For example, a citation to the United States Code appears as follows: 20 U.S.C. §1414. The 20 refers to the title number and the 1414 is the section number.

- ✓ Other legal authorities in this guide appear as follows:

  - United State Codes cited by title and section as _____U.S.C. § _____
  - Code of Federal Regulations cited by title, part and section as _____ C.F.R.§_____ ._____
  - West's Annotated California Codes CAL. **Subject** Code § _____(West **year**)
  - California Code of Regulations by title and section as CAL. CODE REGS. tit. ____ § _____ (**year**)

- ✓ To find these legal authorities and references on-line, you can use www.lsnc.net

[1] The Bluebook A Uniform System of Citation, (19th Ed. 2010)

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AN INTRODUCTION TO MEDI-CAL & MEDI-CAL MANAGED CARE
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INTRODUCTION TO MEDI-CAL & MEDI-CAL MANAGED CARE

I. INTRODUCTION

A. What Is Medi-Cal?

Medi-Cal is California's Medical Assistance Program or Medicaid program, which is a public **health insurance program** for low-income people funded by the state and federal governments. Medi-Cal provides medically necessary health care services such as doctor's visits, hospital care, and long term care in a nursing facility to low-income individuals who fit into certain eligibility groups. Medi-Cal covers select groups of individuals including: children and youth under age 21, people who are over age 65, women who are pregnant, people with disabilities, and people with certain diseases. Children with disabilities who are low-income may be eligible for Medi-Cal.

B. How is Medi-Cal Administered?

- While the federal government establishes some general guidelines for the Medicaid program, each state administers its own program and establishes its own program requirements. California's Medicaid State Plan, based on federal requirements, sets out the scope of California's Medi-Cal program and serves as a contractual agreement between the state and the federal government. [1]

- California's Department of Health Care Services (DHCS) is the state agency responsible for administering Medi-Cal in accordance with the State Plan, state law and regulations.

- Local county welfare offices have responsibility for eligibility and enrollment.[2] For example, individuals living in Los Angeles may apply for Medi-Cal through Los Angeles' Department of Public Social Services (DPSS), which maintains local social services offices throughout Los Angeles County. (See Appendix A for a list of Medi-Cal offices serving Los Angeles County.)

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II. MEDI-CAL ELIGIBILITY

A. Who is Eligible?

Many low-income children under 21 can be eligible for Medi-Cal, including children with disabilities. Because there are so many possible eligibility categories, this section only highlights a few:

- If a child is receiving Supplemental Security Income SSI/SSP, California Work Opportunity and Responsibility to Kids CalWORKS (AFDC), or Foster Care or Adoption Assistance that child may be automatically eligible to receive Medi-Cal.

- An individual who left foster care on his or her eighteenth birthday may be eligible for Medi-Cal.

- If a child needs an institutional level of care, that child may be eligible to participate in a home and community based services waiver program. Under the waiver programs, eligible children can receive health care and other support services so that they can remain at home. To participate in a waiver program, a child must be eligible for full scope Medi-Cal. The child can be financially eligible for Medi-Cal either under the regular income and resource requirements or through **institutional deeming**. (See Long Term Support)

- Children and young adults under 21 who are not eligible for Medi-Cal as children with disabilities or in the above categories may be eligible for Medi-Cal through a number of other Medi-Cal programs including the Percentage Program, which looks at monthly income levels to determine Medi-Cal eligibility.

- **Note:** The Affordable Care Act calls for a "dramatic expansion of the Medicaid program" as part of its aim to create near universal access to affordable coverage.[3] People between the ages of 21 and 65 will have greater access to the program.

B. Does Family Income or Resources Impact Eligibility?

Generally speaking, Medi-Cal is a means tested program, which means that children with disabilities and their families will have to meet monthly income limits to be eligible for the program. This limit varies with family size and is usually linked to the federal poverty level. However, the limits on what income and assets a family may have in order that their child qualifies vary among the Medi-Cal programs.

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C. Do Families Have to Pay for Medi-Cal?

- Depending on family size, family income and family expenses related to the care of a child with a disability there may or may not be any costs to the family for Medi-Cal benefits.

- Some beneficiaries receive free Medi-Cal or Medi-Cal without a share of cost.

- However, some families with higher income levels will have to pay a "Share-of-Cost" (SOC). SOC is the monthly amount families are expected to pay for health care services based on their income before Medi-Cal will pay.[4]

D. Does Residency and Immigration Status Impact a Child's Medi-Cal Eligibility?

1. California residence is a requirement for Medi-Cal eligibility. This means that an applicant is living in California with the intent to remain indefinitely. [5]

2. Immigration status **does** impact the scope of Medi-Cal benefits received.

   - Immigrants who are legal permanent residents and other documented immigrants are entitled to "full scope Medi-Cal benefits", which include all Medi-Cal covered services, including doctor visits and hospital care. [6]
   - There is also a PRUCOL (Permanently Residing under the Color of Law) category for Medi-Cal beneficiaries who are undocumented but known to immigration and may receive full scope Medi-Cal benefits.
   - If eligible for Medi-Cal, undocumented immigrants may only receive "restricted Medi-Cal benefits". This means that Medi-Cal will only cover emergency services and certain pregnancy related services.[7]

   Parent's Note: Undocumented minors under the age of 21 may be able to access limited Medi-Cal services through the Med-Cal minor consent program, which does not take into account citizenship or immigration status for eligibility.
   (See III B below) (Also see CHDP and CHDP Gateway, EPSDT)

E. What Is Continuous Eligibility for Children (CEC)?

Continuous Eligibility for Children (CEC) establishes a one-year period of unchanging Medi-Cal eligibility for children under 19 with no share of cost. This means that once a child is eligible that child continues to be eligible until the child turns 19 or until the next year's redetermination of eligibility, whichever occurs first.[8] The child is protected from any changes to the family's financial eligibility that would adversely impact Medi-Cal eligibility.[9]

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III. BENEFITS AND SERVICES

A. What Benefits Does Medi-Cal Cover?

1. State programs, including Medi-Cal, must cover certain "mandatory services" under federal law in order to receive federal funds. These include:
   - inpatient/outpatient services,
   - nursing facility care for people 21 and older,
   - physician services,
   - laboratory and x-ray services,
   - pregnancy-related services, and
   - early and periodic screening, diagnosis, and treatment services for children up to 21 years (See EPSDT)[10]

2. The State also opts to cover certain **optional benefits** such as prescription drugs, targeted case management, and medical equipment. Optional benefits may be more vulnerable to cuts during budgetary difficulties. Effective July 2009, the state cut several optional benefits including: adult dental care, chiropractic treatment and podiatric services for adults. These cuts did not apply to Medi-Cal eligible individuals under age 21 who receive EPSDT benefits or to beneficiaries receiving long term care in a nursing facility.[11]

   Note: There has since been a district court decision holding that the state cannot suspend benefits without federal approval. DHCS' request for federal approval is pending and DHCS is reimbursing certain entities that provide these benefits to adult beneficiaries until the Center for Medicare and Medicaid services approves the changes.[2]

3. Medi-Cal is required by federal law to cover benefits **only** when they are **medically necessary.** Some benefits are subject to utilization controls. A benefit is **medically necessary** when it is reasonable and necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain.[12]

Parent's Note: EPSDT is a comprehensive benefit for Medi-Cal eligible children that includes screening services, diagnosis, and treatment. EPSDT benefits are provided under a broader medical necessity standard than for adult beneficiaries. Under EPSDT, children and youth under the age of 21 are entitled to receive all mandatory and optional benefits under Medi-Cal if medically necessary. (See EPSDT)

[2] See California Association of Rural Health Clinics, et al. v. David Maxwell-Jolly 2010 U.S. Dist. LEXIS 111788 (E.D.Cal. 2010)

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B. What are Minor Consent Services?

- Minor consent services are limited **confidential** services to children or youth under 21 years of age. A child or youth may apply for these services without contact with a parent.

- Provided services are related to pregnancy, family planning, sexual assault, treatment of sexually transmitted diseases, venereal disease, drug and alcohol abuse treatment, and outpatient mental health treatment and counseling.[13] Some benefits are only available to children who are twelve (12) and over. There is no SOC and only the child's income and resources are counted to determine eligibility. Citizenship and immigration status do not impact eligibility.[14]

To apply, minors need to fill out a Medi-Cal application. Applications can be accessed at:

http://dpss.lacounty.gov/dpss/health_care/pdf/application/Application.pdf.

To maintain confidentially, minors should visit their local Medi-Cal office to submit the application. [15]

(See Appendix A for a list of offices in Los Angeles County.)

C. What if A Beneficiary Has Other Coverage?

A beneficiary with other health care coverage, such as private insurance, is not entitled to receive health care benefits and services through Medi-Cal until the other coverage has been exhausted or denied for lack of coverage. Providers must bill other health care coverage prior to billing Medi-Cal.[16]

IV. SERVICE DELIVERY

A. How Does Medi-Cal Provide Services?

Medi-Cal beneficiaries can access Medi-Cal benefits in two ways: (1) Fee-For-Service Medi-Cal (traditional Medi-Cal), or (2) Medi-Cal Managed Care. Individuals that are covered under fee-for-service Medi-Cal may obtain Medi-Cal covered services from any provider that accepts Medi-Cal. These providers will then bill Medi-Cal for services they provided.

B. What Is Medi-Cal Managed Care?

- Medi-Cal Managed Care is a system in which a prepaid health plan contracts with DHCS to arrange for health care for Medi-Cal beneficiaries in return for a prepaid or periodic charge.[17] The health plan provides all Medi-Cal and EPSDT benefits subject to certain carve outs such as for California Children Services (CCS) and specialty mental health services. The plan assigns participants a primary care provider (PCP) who will help to coordinate and refer participants to services within the plan.

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- Los Angeles County uses the Two-Plan Model of managed care. In a two-plan model system, DHCS contracts with a "local initiative" (LI) plan and a "commercial plan" (CP) to provide Medi-Cal services. The two managed care plans in Los Angeles are Health Net (CP) and L.A. Care Health Plan (L.A. Care). Medi-Cal eligible participants may enroll in either plan.[18]

(See Appendix B for a flow chart depicting Los Angeles County's two-plan system.)

C. Can Children with Disabilities Choose Fee for Service or Medi-Cal Managed Care?

In Los Angeles County, individuals with disabilities who receive SSI/SSP, children in foster care, and children who receive adoption assistance, may choose to enroll in a Medi-Cal managed care plan but are not required to do so.

Parent's Note: Under the California Bridge to Reform Waiver, approved on November 2, 2010, certain persons with disabilities will be mandatorily enrolled in Medi-Cal managed care beginning June 2011 and phased in over a 12 month period.[19]

V. BENEFICIARY RIGHTS TO FILE COMPLAINTS OR REQUEST A FAIR HEARING

If a family disagrees with a Medi-Cal decision about their application, benefits, or services or they believe that discrimination took place, they have various options.

A. To File A Formal Complaint Individuals Should Call Or Write To:

California Department of Social Services
Public Inquiry and Response
P.O. Box 944243
Sacramento, CA 94244-2430
Phone: (800) 952-5253 or (800) 952-8349 – TDD[20]

http://www.dss.cahwnet.gov/cdssweb/PG22.htm

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B. To File A Discrimination Complaint Individuals Should Call Or Write To:

California Department of Social Services
Civil Rights Bureau (CRB)
744 P Street, M.S. 15-70
Sacramento, CA 95814
Phone: (916) 654-2098 or (800) 688-47486
E-mail address: crb@dss.ca.gov[21]

http://www.dss.cahwnet.gov/civilrights/PG583.htm

C. A Fair Hearing May Be Requested In One Of Two Ways:

1. If a Notice of Action was received, a hearing may be requested by completing the "Request for State Hearing" on the back of the Notice of Action and returning the completed request to:

   - The county welfare department at the address shown on the Notice of Action,
   - The California Department of Social Services, State Hearings Division, P.O. Box 944243, Mail Station 19-37, Sacramento, California 94244-2430, or
   - The State Hearings Division at fax number (916) 229-4110.

2. Also, a hearing may be requested by calling the California Department of Social Services, Public Inquiry and Response at (800) 952-5253 (Voice) or (800) 952-8349 (TDD).[22]

VI. Parental Follow Up and Enrollment Information

A. How Do Families Apply for Medi-Cal?

- Families may apply for Medi-Cal in person at the nearest DPSS Medi-Cal county office. (See Appendix A for a list of Medi-Cal offices serving Los Angeles County.) Families in Los Angeles may also fill out an application and mail it to:

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Northridge Regional Medi-Cal District #90
P.O. Box 10810
Canoga Park, CA 91309

- Applications can be accessed online at: http://dpss.lacounty.gov/dpss/health_care/pdf/application/Application.pdf
  The determination for eligibility may take several weeks.

B. What is Accelerated Enrollment?

- There is also an application process called "Accelerated Enrollment" for children who may be Medi-Cal eligible. This process enables a child to receive Medi-Cal benefits while his or her application is pending. To obtain accelerated enrollment families must submit a joint Medi-Cal/Healthy Families application to Sacramento at a location called the "Single Point of Entry." Families should **not** submit the child's application to the county.[23]

- Applications for accelerated enrollment can be accessed at: http://www.healthyfamilies.ca.gov/Downloads/Applications.aspx. You can also get this form by calling 1-800-747-1222. Calls to this number are free.

- **All applications are sent to**:

Healthy Families/Medi-Cal for Children and Pregnant Women,
P.O. Box 138005
Sacramento, CA 95813

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C. How do I Get Further Help?

- HCC may assist with application and eligibility questions.

Health Consumer Center of Los Angeles
13327 Van Nuys Blvd., Pacoima, CA 91331
1-800-896-3203

www.healthconsumer.org

- Legal representation: Each program has income and residency (zip code) requirements.

  If you have had your CalWORKs, Food Stamps, Medi-Cal, IHSS, or related benefits cut off or reduced, or you have been denied benefits, request a hearing immediately. Do not wait to get an appointment with LAFLA or NLS-LA.

Legal Aid Foundation of Los Angeles (LAFLA)
For Legal Help CALL (800) 399-4529
Government Benefits intake line at (213) 640-3901

www.lafla.org

Neighborhood Legal Services of Los Angeles County (NLS-LA)
Legal Assistance: 800-433-6251

http://www.nls-la.org/contact.php

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APPENDIX A
Medi-Cal Offices in Los Angeles County

Office Location	Address	Phone
Glendale	4680 San Fernando Rd. Glendale, CA 91204	(818) 546-6100
Pasadena	955 N. Lake Avenue Pasadena, CA 91104	(626) 791-6333
El Monte	3350 Aerojet Avenue El Monte, CA 91731	(626) 569-3100
Belvedere	5445 Whittier Boulevard Los Angeles, CA 90022	(323) 727-4542
Cudahy	8130 S. Atlantic Avenue Cudahy, CA 90201	(323) 560-5112
Southwest Special	1819 W. 120th Street Los Angeles, CA 90047	(323) 420-2833
Wilshire	2415 W. Sixth Street Los Angeles, CA 90057	(213) 738-4311
East Valley	14545 Lanark Street Panorama City, CA 91402	(818) 901-4120
Civic Center	813 E. Fourth Place Los Angeles, CA 90013	(213) 974-4301
Florence	1740 E. Gage Avenue Los Angeles, CA 90001	(323) 586-7218
Compton	211 E. Alondra Boulevard Compton, CA 90220	(310) 603-8411
South Central	10728 S. Central Los Angeles, CA 90059	(323) 563-4403
Lancaster	349-B East Avenue K-6 Lancaster, CA 93535	(661) 723-4021
Pomona	2040 W. Holt Avenue Pomona, CA 91768	(909) 865-5210

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APPENDIX A (Continued)
Medi-Cal Offices in Los Angeles County

Office Location	Address	Phone
Metro North	2601 Wilshire Boulevard Los Angeles, CA 90057	(213) 639-5455
Norwalk	12727 Norwalk Boulevard Norwalk, CA 90650	(562) 807-7840
Santa Clarita	27233 Camp Plenty Road Canyon Country, CA 91351	(661) 298-3406
Rancho Park	11110 W. Pico Boulevard Los Angeles, CA 90064	(310) 481-3115
Paramount	2961 Victoria Street Rancho Dominguez, CA 90221	(310) 603-5100
Lincoln Heights	4077 North Mission Road Los Angeles, CA 90032	(323) 342-8180
Metro Special	2707 S. Grand Avenue Los Angeles, CA 90007	(213) 744-5611
West Valley	21615 Plummer St. Chatsworth, CA 91311	(818) 718-5000

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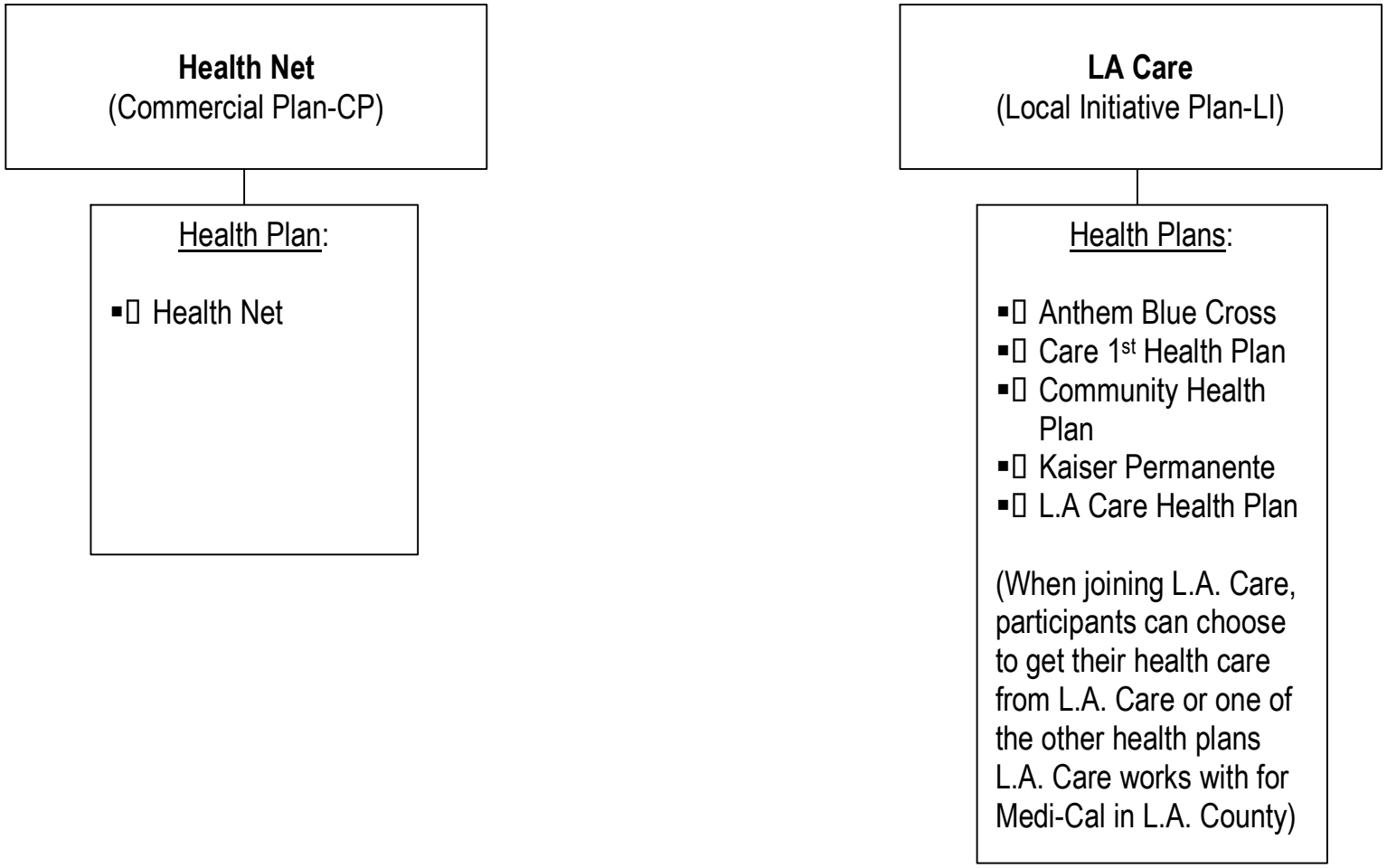
APPENDIX B
Los Angeles County Medi-Cal Managed Care Two Plan Model



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INTRODUCTION TO EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT (EPSDT)
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INTRODUCTION TO EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT (EPSDT)

I. WHAT IS EPSDT?

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services are Medi-Cal's comprehensive and preventive health benefit for individuals under the age of 21.

EPSDT:
(1) assesses the health care needs of children and youth through screening services,
(2) provides comprehensive diagnostic and treatment services that are medically necessary, and
(3) conducts outreach to inform people that services may be available to them.[24]

In California, the Department of Health Care Services (DHCS) is the state agency that administers Medi-Cal. In Los Angeles County, the Department of Public Social Services (DPSS) handles Medi-Cal enrollment and eligibility for residents. (See Medi-Cal)

A. Who is Eligible for EPSDT Services?

Children and youth under 21 who are eligible for full scope Medi-Cal are entitled to EPSDT benefits. Generally, this means that their families meet Medicaid income eligibility requirements or that they fall into another eligibility category such as foster youth. Children enrolled under a Home and Community Based Services waiver program may also be eligible for EPSDT services. (See Medi-Cal)

B. How Can a Child Access EPSDT Services?

A caregiver or parent does not have to apply separately for EPSDT as it is a Medi-Cal benefit. If a child is eligible for full-scope Medi-Cal, that child qualifies for EPSDT automatically. To obtain services for a child with a disability, ask your doctor, clinic, or health plan about EPSDT benefits.

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II. SCREENING COMPONENT OF EPSDT

A. What Screening Services does EPSDT Cover?

The EPSDT program requires screening services for children who are Medi-Cal eligible and under the age of 21. The screening services that are required include: a medical screen consisting of a comprehensive health and developmental history, comprehensive physical exam, appropriate immunizations, laboratory tests and health education, as well as vision, dental and hearing services.[25]

In California, EPSDT screening services are provided through the Child Health and Disability Prevention program and in compliance with California regulations CAL. CODE REGS. tit.17 § 6800ff.[26]

B. What is the Child Health and Disability Prevention Program?

The main purpose of the Child Health and Disability Prevention Program (CHDP) is to provide low-income children with community based access to complete health assessments so that health professionals can identify disability and illness and refer children for treatment as early as possible.[27] The CHDP program oversees EPSDT screening services for children who are Medi-Cal eligible. In addition, it serves low-income children who are not Medi-Cal eligible but do not have other ways to access preventive health care. The local CHDP program at the County of Los Angeles Department of Public Health also oversees the Health Care Program for Children in Foster Care (HCPCFC).

See www.dhcs.ca.gov/services/HCPCFC/Pages/ProgramOverview.aspx, http://publichealth.lacounty.gov/cms/chdp.htm

1. Who is Eligible for CHDP?

- CHDP serves children under age 21 who are eligible for full-scope Medi-Cal.[28]
- CHDP also provides screenings for children who are not Medi-Cal eligible:
  - Children who are under age 19, and whose family income is at or below 200 percent of the Federal Poverty Level.[29]
  - If funds are limited, the state only reimburses providers for services to children who meet CHDP age and income criteria.[30]

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Parent's Note: Children who are not eligible for full scope Medi-Cal because of immigration status or because the family has not met its Medi-Cal share of cost for the month of service may be eligible for CHDP services. There is no immigration status requirement to access CHDP services. (See Medi-Cal)

2. What Services does CHDP Provide?

CHDP services include health assessments, and referrals for treatment and diagnosis, provided to eligible children including Medi-Cal beneficiaries. When a Medi-Cal beneficiary first requests a health assessment, that person should receive offers of assistance with scheduling and transportation to the health assessment appointment.[31]

- What is a CHDP Health Assessment?

  A complete CHDP assessment includes all of the following:[32]

  - health and developmental history
  - unclothed physical examination
  - assessment of nutritional status
  - inspection of ears, nose, mouth, throat, teeth and gums
  - vision screening
  - hearing screening
  - immunizations
  - tuberculin testing and appropriate laboratory testing
  - testing for sickle cell trait and lead poisoning where appropriate
  - anticipatory health education and guidance
  - immunizations appropriate to age and health history

- Who Provides Services?

  To receive reimbursement, health assessment providers must be approved to bill DHCS/Medi-Cal.[33] The health provider who conducts the screening must provide the person with a copy of the results as well as an explanation of those results.[34]

- How Often do Children Receive Health Assessments?

  - After a child receives an initial health assessment, Medi-Cal beneficiaries must at the minimum receive **periodic health assessments,** which refer to subsequent medical screens at certain set time intervals.[35]

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- Additional or more frequent health assessments beyond this minimum are available and covered if medically necessary to determine the existence of certain physical or mental illnesses or conditions[36] and/or based on what the health provider thinks is appropriate.[37]
- Circumstances that indicate a need for a more frequent health assessment or Medically Necessary Interperiodic Health Assessment (MNIHA) include:
    - There is a need for a sports or camp physical examination
    - The individual is in foster care or out of home placement,
    - There is a need for a school or preschool entrance examination,
    - The presence or possibility of perinatal disorders,
    - There is evidence of significant developmental disability, or
    - The individual or the parent or legal guardian has a need for anticipatory education or guidance.[38]

(See Appendix A for a table of periodic health assessments.)

- Does CHDP Refer Children for Diagnosis and Treatment?

The CHDP screening can point to a child's needs for further testing or treatment. When a CHDP initial or periodic health assessment indicates a child's need for corrective treatment, the CHDP program is responsible for providing the child with a referral and follow up for diagnosis and treatment.

At the time of the health assessment, CHDP providers will:

- refer Medi-Cal eligible children three years and older for diagnosis or treatment by a dentist who participates in Medi-Cal.[39]
- refer children to appropriate providers for follow up diagnosis and treatment, including Medi-Cal providers for Medi-Cal beneficiaries.[40]
- refer children who are not Medi-Cal beneficiaries to providers willing to serve low-income families.[41]
- offer to assist Medi-Cal beneficiaries with scheduling appointments for services and transportation.[42]
- follow specific timeframes that govern how much time after an initial or periodic health assessment a child should receive follow up treatment.[43]

- Will a CHDP Health Assessment Satisfy the School Health Requirement?

Yes. Upon entering the first grade, all children living in California must provide a certificate or waiver that

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the child has received health screening and evaluation in the past eighteen (18) months to satisfy the school entry requirement.[44] A care provider or parent may present a certificate of health examination or a signed waiver stating that she does not want to or cannot obtain health services for the child.[45]

C. What is CHDP Gateway?

CHDP Gateway serves as the entry point for enrolling uninsured children in health care coverage through Medi-Cal or the Healthy Families program. It is an automated process that allows CHDP service providers to pre-enroll eligible children into the Medi-Cal program at the time of a scheduled CHDP health assessment. Children who are eligible for CHDP Gateway may receive temporary full-scope Medi-Cal coverage for up to two months (until the end of the second month after signing up).[46]

1. Who is Eligible?

Children who are:

- residents of California,
- younger than 19, and
- members of a family below 200% of the Federal Poverty Guidelines based on the number of persons in the family

may be eligible for CHDP Gateway.[47]

- Providers can also enroll infants who are younger than one (1) year of age directly into full scope Medi-Cal if they were born in California to mothers who had Medi-Cal coverage at the time of delivery.[48] These "deemed eligible" newborns are enrolled into Medi-Cal until their first birthday.
- Immigration status is not considered.[49]

Parent's Note: Children who are 19 or older and children who are already enrolled in Medi-Cal Managed Care or Healthy Families are not eligible to enroll in Medi-Cal through CHDP Gateway, but may still be eligible to receive CHDP health assessments.[50]

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2. How Does a Family Extend Temporary Coverage?

If the child's parent fills out and submits the Healthy Families/Medi-Cal Joint Application before the child's temporary eligibility expires, the child will have health care coverage until the program decides whether the child is eligible for Medi-Cal or Healthy Families.[51] Children who are found ineligible for Medi-Cal (or who choose not to apply for ongoing coverage) can receive temporary Medi-Cal through the CHDP Gateway again at their next scheduled CHDP visit.

For more information about CHDP Gateway, please link to
www.dhcs.ca.gov/services/chdp
www.lapublichealth.org/cms/docs/gatewayHealthcovrgeEnglish.pdf

III. DIAGNOSIS AND TREATMENT UNDER EPSDT

A. What is EPSDT's Definition of Medically Necessary?

- When a CHDP screen indicates that a child needs further testing, EPSDT provides diagnostic services and then all medically necessary treatment to correct or improve medical problems. Under EPSDT, all "**necessary health care, diagnostic services, treatment, and other measures…to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services, whether or not such services are covered under the State plan"** must be provided.[52]

- For example, after a child is screened for hearing loss, and the provider discovers a hearing impairment and prescribes treatment, EPSDT services will include medically necessary diagnosis and treatment for the hearing loss, including a hearing aid.[53] Treating physicians have the main responsibility for deciding what is medically necessary for their patients though the state may set its own limitations.[54]

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B. What is EPSDT's Scope of Coverage?

- In California, the EPSDT benefit includes Medi-Cal benefits under the state plan, and additional benefits called **EPSDT Supplemental Services**. Medicaid sets out both mandatory benefits and optional benefits that a state may choose to cover as part of its state plan.

- **EPSDT Supplemental Services** refer to optional benefits that Medi-Cal must provide beneficiaries under the age of 21 when medically necessary, even if California has not opted to cover them for adult beneficiaries under the state plan.[55] This means that children and youth under 21 can access services that may not be available to adults enrolled in Medi-Cal.

- Additionally, EPSDT provides certain Medi-Cal benefits to children under age 21 without limitations that are subject to limitations if provided to an adult Medi-Cal beneficiary. For example, if a child requires therapy several times a week for an extended time, EPSDT must cover the therapies if they are medically necessary,[56] even if California's state plan places a limit on how many times an adult could receive that therapy.[57]

- EPSDT Supplemental Services are covered subject to prior authorization. Providers can submit **Treatment Authorization Requests** (TARs) for evaluation as EPSDT benefits in order to obtain authorization for a service that a provider believes is medically necessary but would not typically be covered.

C. What are some Examples of EPSDT Supplemental Services?

Some examples of EPSDT supplemental services include:

- case management services,
- dental services,
- orthodontic services,
- hearing services, and
- pediatric day health care services.[58]
- Private duty nursing is an EPSDT Supplemental Service that can be very important to families and is authorized by Medi-Cal Case Management. (See Long Term Medical Support)

EPSDT supplemental services also include physical therapy, audiology and other services that are exempt from benefits limitations that would otherwise apply to adults under Medi-Cal.[59]

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D. What if a Child Belongs to a Medi-Cal Managed Care Plan?

Children who belong to a Medi-Cal managed care plan are entitled to the full scope of benefits that EPSDT and CHDP provide.

- The Medi-Cal managed care plan will arrange and pay for all EPSDT supplemental services, other than those that are "carved out" of the plan's obligations under its contract with the County such as benefits related to a CCS condition and mental health benefits under the County Mental Health Plan. The plan will refer its members to these programs and coordinate with them.

- Members of the plan typically access their CHDP benefits through their Medi-Cal managed care plan. The plan may contract and coordinate with clinics or school districts to provide CHDP benefits to its members.

E. Where Can I Get More Information about EPSDT or CHDP?

1. For Medi-Cal and EPSDT:

- Department of Public Social Services (local district offices)

  Website: http://dpss.lacounty.gov/new_portal/dpss_locations.cfm
- Medi-Cal (local offices):

  Website: http://dpss.lacounty.gov/dpss/maps/medi-cal_map.cfm
- Department of Health Care Services
  Los Angeles Medi-Cal Field Office
  General Information: (213) 897-0745
  Toll-free #: 1-866-644-6341
  Address:
  311 South Spring Street
  Los Angeles, CA 90013-1211

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2. For CHDP:

- LA County Department of Public Health
  Toll Free #: 1-800-993-2437 (1-800-993-CHDP)
  Fax Number: (626)-569-9350
  Email: CHDP@ph.lacounty.gov
  Address:
  9320 Telstar Ave., Suite #226
  El Monte, CA 91731

  For information about CHDP in Long Beach please call 1-562-570-7980.
  For information about CHDP in Pasadena, please call 1-626-744-6016.

  To find a CHDP Provider: Website: http://www.lapublichealth.org/cms/provider_finder.htm

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APPENDIX A

Minimum Frequency of Health Assessments for Medi-Cal Beneficiaries*

Eligible children should receive at least one health assessment during each age period according to the following schedule[60]:

Under 1 month old (1 month)
1 through 2 months old (2 months)
3 through 4 months old (2 months)
5 through 6 months old (2 months)
7 through 9 months old (3 months)
10 through 12 months old (3 months)
13 through 17 months old (5 months)
18 through 23 months old (6 months)
2 years old (1 year)
3 years old (1 year)
4 through 5 years old (2 years)
6 through 8 years old (3 years)
9 through 12 years old (4 years)
13 through 16 years old (4 years)
17 through 20 years old (no additional years)

How the Chart Works:

Eligible children receive a health assessment during each age period. The first age that the next assessment is due is the age at the previous assessment plus the amount of time indicated in parentheses. However, an assessment can be done at any time during the age range of any age period. The assessment is only overdue if the first day that the child enters the new age period the preceding assessment has not been done.[61]

*****Medi-Cal managed care plans are obligated to follow the periodicity guidelines for assessments put out by the AAP (American Academy of Pediatrics), which for certain ages require more frequent assessments than that required by the CHDP program.

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INTRODUCTION TO REGIONAL CENTERS:
SERVICES FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES
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INTRODUCTION TO REGIONAL CENTERS: SERVICES FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES

I. INTRODUCTION

A. What is the Lanterman Act?

- The Lanterman Developmental Disabilities Services Act, known as the Lanterman Act, is the California law that governs the rights of individuals with developmental disabilities.[62] The goals of the Lanterman Act include ensuring that individuals with developmental disabilities, of all ages and degree of disability, can access **services and supports**[63] they need and choose to integrate into mainstream life in their communities and to avoid being displaced from their homes and communities. [64]

- In addition, services and supports should be available to allow people with developmental disabilities to "approximate the pattern of everyday living available to people without disabilities of the same age."[65]

- Consumers of these services and supports and where appropriate their parents or guardians should be empowered to make choices in all life areas.[66] In this context, the word **consumer** refers to a person who has a disability that meets the definition of developmental disability set out in II.B. below.[67]

B. What Entities are Responsible for Providing Services and Supports?

- The California Department of Developmental Services (DDS) is the state agency responsible for making sure that individuals with developmental disabilities receive necessary services and supports.

- The DDS contracts with regional centers which are private, nonprofit entities that provide fixed places in the community that deliver services and supports as well as service coordination to people with developmental disabilities.[68] Regional centers diagnose eligibility and help find, access, coordinate and monitor services for individuals with developmental disabilities and their families in a specified geographical area. **Service Catchment Area** refers to the geographical area in which a regional center provides services.[69] There are seven (7) regional centers in Los Angeles County. (See Appendix A)

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II. ELIGIBILITY AND ACCESS TO SERVICES

A. Who is Eligible for Regional Center Services?

- Individuals with developmental disabilities or;
- Anyone who is at a high risk of giving birth to an infant with a developmental disability, (potential parents may qualify for intake and assessment services as well as preventive services);[70] and
- Infants and toddlers with developmental disabilities or developmental delays who are from birth to 36 months old may be eligible for early intervention services through the regional centers and/or local educational entities.[71] (See CA Early Start)
- Children under the age of three may also be considered for California's Prevention Program which provides monitoring and other services for children with a history that indicates a substantially greater risk for developmental disability than the general population, but that do not qualify for Early Start. (See CA Early Start)

Parent's Note: A child's immigration status does not impact eligibility for regional center services.[72]

B. What is a Developmental Disability?

The Lanterman Act defines a developmental disability as a disability:

- that begins before an individual reaches the age of 18,
- that continues or can be expected to continue indefinitely, and
- that is a substantial disability for that person. **Substantial disability** means that a consumer, as determined by the regional center (1) has a condition that results in major impairment of cognitive and/or social functioning (so as to necessitate planning and coordination of services); and (2) has significant limitations in functioning in three or more areas of major life activity.[73]

The term **developmental disabilities** includes: mental retardation, cerebral palsy, epilepsy, autism, and disabling conditions closely related to mental retardation or requiring similar treatment, but does not include conditions that are solely physically disabling.[74]

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C. How do Children Access Regional Center Services?

- Parents or guardians of children who may be eligible for regional center services may contact the local regional center by telephone, in-person visit or mail.[75] Subsequently, they set up an appointment for intake and assessment.
- Regional centers provide free diagnostic services and assessments to determine whether a child has a developmental disability and is eligible for regional center services.
- Once the regional center determines that a child is eligible, and has a developmental disability, it is obligated to develop an **Individual Program Plan (IPP)** within sixty (60) days of the completion of the assessment.[76]
- Early intervention services may be available for a child who is under the age of three (3) through an **Individualized Family Support Plan (IFSP).** (See CA Early Start). These infants and toddlers will also enter through intake at the regional center to determine eligibility for programs and services.
- The California Prevention Program may be available to infants and toddlers with a substantially greater risk for developmental disability than the general population but who are not eligible for Early Start. (See CA Early Start)

D. What is an Individual Program Plan?

- Regional centers are required to help each consumer obtain services and supports through an Individual Program Plan (IPP). The IPP is a document that lists all of the services and supports that the regional center will help the consumer receive. It also describes who will provide the service and which entity will fund it.
- Children and families will meet with an IPP team to develop a plan listing the child's goals and objectives and the necessary services to reach those goals. Each IPP is unique to the needs of the individual. For children, the IPP planning process includes a review of the strengths, preferences and needs of the child and family unit as a whole.[77]
- The regional center assigns a **service coordinator** who is responsible for implementing, overseeing and monitoring each IPP.[78] Service coordinators must assist consumers and their families in securing services and supports that "maximize opportunities and choices for living, working, learning and recreating in the community." [79]
- Service coordinators are obligated to secure the services and supports listed in the IPP (utilizing maximum cost effectiveness) either by purchasing them or by obtaining them from generic agencies or other sources.[80] (See IVA.) A **generic agency** is defined as any agency that has a legal responsibility to serve all members of the public and that receives public funds for providing services.

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- The IPP must be reviewed and adjusted at least once every three years although an annual review may be required if a consumer lives in an ICF-DD or a **state developmental center** (See Residential Placement, Appendix B) or if the consumer is a participant in the Home and Community Based Services waivers. (See Long Term Medical Support) The consumer, or the consumer's parent or guardian for a minor consumer, has the right to request an IPP meeting at any time to discuss changes as needed, and must receive a review within thirty (30) days of the request.[81]

III. SERVICES AND SUPPORTS

A. What Services do Regional Centers Provide?

The determination of which services and supports are necessary for each consumer is made through the IPP planning process. Here are some examples of the services and supports that the regional centers provide:

- Diagnosis and evaluation
- Early intervention services (See California's Early Start)
- Information and referral
- Counseling
- Individualized planning and service coordination
- Purchase of necessary services included in the individual program plan
- Adaptive Equipment and Supplies (See Assistive Technology)
- Parent Training
- Advocacy
- Emergency and Crisis Intervention
- Planning, placement, and monitoring for 24-hour out-of-home care
- Transportation (necessary to ensure delivery of services, See Transportation)
- Behavior Training
- Respite
- Assistance in finding and using community and other resources.[82]

For more information about services and supports, please link to the DDS website at: http://www.dds.ca.gov/RC/RCSvs.cfm/

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B. Are Children with Developmental Disabilities Entitled to Receive Services and Supports at Home?

- People with developmental disabilities have the right to receive treatment and services in the least restrictive environment.[83] If living at home is consistent with the goals of the IPP, the Lanterman Act "places a high priority on providing opportunities for children with developmental disabilities to live with their families."[84] The regional center is supposed to consider every possibility for providing supports to support a child living at home, if in the child's best interests, before it will consider out of home placement for a child with developmental disabilities.[85]
- If the parent(s) of any child receiving services and supports from a regional center believes that the regional center is not offering adequate assistance to allow the parent to care for the child at home, the parent may initiate a request for a fair hearing.[86]
- There may be circumstances where it is appropriate for the regional center to place a child in community living arrangements and then it will provide placement planning, purchase and follow-up services, with the approval of the child's parent or guardian.[87] (See Residential Placement) If the IPP calls for placement in out of home care, the regional center must make every effort to place the child in reasonably close proximity to the family home.[88]
- It is possible that a consumer of a regional center may also be served by another agency, such as the Department of Mental Health (DMH) or the Department of Children and Family Services (DCFS) that places the child outside of the home. (See Mental Health and Residential Placement)

C. Do Parents Pay for Regional Center Services?

- Generally, the Lanterman Act does not require that consumers pay for services, and most services and supports are available without cost. However, if the family of a consumer is not Medi-Cal eligible, it may be responsible to share in the cost of regional center services in certain situations.
- Under the **Parental Fee Program**, parents may pay a fee, within defined limits, for children under 18 who receive 24-hour out of home services based on ability to pay.[89] Families with income at or below the Federal Poverty Level do not have to pay these fees.
- www.dds.ca.gov/parentalfee/Home.cfm

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- Additionally, some parents of children up through age 17 may pay under the **Family Cost Participation Program** for day care and respite services specified in the IPP or IFSP.[90] Cost participation does not apply to parents of children who are eligible for Medi-Cal, and operates on a sliding scale based on annual gross income and number of people in the family home.
- www.dds.ca.gov/FCPP/Index.cfm

IV. RELATIONSHIP BETWEEN REGIONAL CENTERS AND OTHER ENTITIES

A. Do Regional Centers Fund Services Listed in the IPP/IFSP?

- Before regional centers can fund services, the regional center identifies and pursues all possible sources of funding for consumers receiving regional center services including: public programs or entities such as Medi-Cal and school districts, and private entities such as private insurance.[91]
- Regional centers cannot purchase any services that would be available to a consumer through entities such as Medi-Cal, In Home Supportive Services, California Children's Services or private insurance, when the consumer or the family would be eligible for services but they choose not to pursue them.[92]
- A regional center may not purchase medical or dental services for a consumer age three (3) or older unless the regional center obtains documentation of a Medi-Cal, private insurance or health care service plan denial and the regional center believes that the appeal has no merit. However, the regional center may be able to fund necessary services before one of the above coverage sources has started providing services, before the agency has started covering a specific service and before a denial, and while an administrative appeal is pending.[93]
- Regional center consumers with developmental disabilities who qualify for care in an intermediate care facility for people with developmental disabilities (ICF-DD)[94] but who live in a non-institutional setting, and are eligible for Medi-Cal, may be eligible for the Home and Community Based Services Waiver for the Developmentally Disabled. If a regional center consumer enrolls in the waiver, federal funding becomes available to the regional center through Medicaid that otherwise would not be available. (See Long Term Medical Support at Home)

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B. Do Regional Centers Coordinate Services with Other Entities?

- There is an operational agreement between the seven Los Angeles County regional centers and other county departments including the Department of Mental Health, the Probation Department, and the Department of Children and Family Services to coordinate services for individuals with developmental disabilities. (See Mental Health)
- The regional center and local educational entities, including school districts, coordinate to provide early intervention services to eligible children under age three (3) under Part C of the IDEA. (See CA Early Start) In addition, regional centers may participate in educational planning for a school age consumer who may have needs related to special education and related services.

C. How are Disputes Between Regional Centers and Other Public Agencies Resolved?

- If there is a dispute between a regional center and a generic agency about which entity is responsible for providing a service listed in a child's IPP or IFSP and the child is under 6 years old, the regional center may send the agency a written notification of the failure to provide the service and a request for dispute resolution.[95] Subsequently, the regional center and public agency are obligated to meet and there are additional steps if the parties continue to disagree.
- This dispute resolution process is limited to certain entities and situations. The term generic agency in this context does not cover certain entities such as: Medi-Cal specialty mental health plans, Medi-Cal managed care plans, or CCS.[96] It also does not apply in certain instances such as when the dispute has been decided or the consumer has requested mediation or due process under the Early Intervention Services Act.[97]

Parent's Note: This process does not modify the responsibility of the regional center to fund services and should not interfere with the consumer's right to receive services in the IPP or IFSP.

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V. PARENTAL/CONSUMER RIGHTS

A. When Does a Regional Center Provide a Parent or Consumer with Written Notice?

The regional center must use the IPP process to make changes to a consumer's IPP, and will meet with the consumer about any changes. If after the meeting the regional center still wants to make a change, and the consumer does not agree with the change, it must provide the consumer, parent or guardian or authorized representative with **adequate notice**.[98] The regional center must provide notice when the Regional Center decides any of the following:

- the consumer is not eligible or is no longer eligible for regional center services;
- to reduce, stop or change services in an IPP without the agreement of the consumer;
- to deny a consumer's request that a service be included in the IPP;
- to reduce, stop or change services due to lack of funds in the regional center budget;[99]
- Notice is also required when the consumer has indicated disagreement with the IPP when that person or a parent or guardian of a minor, or a conservator of an adult consumer signs the IPP.[100]

Parent's Note: If you are a parent or representative of a consumer whose services were changed without an IPP/IFSP meeting last year, no matter the reason for the changes, you can request a team meeting now if needed to appropriately address your child's needs, pursuant to an agreement between DDS and advocacy groups.

Adequate notice refers to written notice that includes the proposed action, reasons for it, information about effective date, and information about the fair hearing process.[101]

B. What Can Parents/Consumers Do if they Disagree with a Regional Center Decision?

1. Request a Fair Hearing

Consumers who disagree with any regional center decision or action, including about eligibility or appropriate services in the IPP, have the **right to a fair hearing** if requested within 30 days of the notification of the disputed decision or action. Consumers also have the opportunity to request a

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voluntary informal meeting or mutually agreed up voluntary mediation at this time. Consumers submit these requests on a hearing request form to the regional center director, and can receive help from the regional center with the form.[102] Consumers who submit the request within 10 days of the change or elimination of a service will continue to receive the service during the appeal process.[103] This is called aid paid pending.

For more information on the Fair Hearing Process contact the Disability Rights California at 1-800-390-7032 or www.disabilityrightsca.org.

There is more information about fair hearings on the DDS website at www.dds.ca.gov/complaints/complt_fh.cfm

2. File a "4731 Complaint"

If a consumer believes that a regional center, state developmental center or service provider has abused, violated or improperly held back a right to which the consumer is entitled, the consumer may choose to file a Section 4731 complaint.[104] A consumer or representative of a consumer with a complaint should contact the regional center director or state developmental center director who then has 20 working days to investigate and respond to the matter.[105] If the problem is not resolved at this point, the consumer may refer the complaint to DDS.

For more information on the 4731 Complaint Process contact DDS' Office of Human Rights and Advocacy Services at (916) 654-1888.

There is more information on the DDS website: www.dds.ca.gov/complaints/complt_cr.cfm

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VI. 2009 CALIFORNIA BUDGET CHANGES THAT IMPACT REGIONAL CENTERS

The State made significant cuts to regional center funding in the 2009/2010 budget. As a result:

- Regional centers can no longer purchase experimental treatments, therapeutic services, or devices that have not been clinically determined or scientifically proven to be effective or safe or that have unknown risks.[106] (Applies to IPPs and IFSPs.)
- Regional centers cannot fund services that may be available from other sources such as private insurance or governmental programs. If a consumer or family chooses not to apply or access available generic services, regional centers will not be able to pay for the service.[107] Regional centers should work with families to help them apply for available sources of coverage.[108]
- Regional centers are not allowed to buy medical or dental services for a consumer **age 3 or older** who has other health care coverage, unless the regional center has documentation of a Medi-Cal, private insurance or health care service plan's denial of a health care service, and does not believe that an appeal is merited. Regional centers may pay for services while the family is applying for them or while pursuing an appeal of a denial or until the other agency begins services.[109]
- Services identified in the IPP must be purchased from the least costly service provider that can meet the consumer's needs and that of the family without moving the consumer to more restrictive or less integrated supports.[110] This mandate applies to services and supports including transportation.
- Regional centers are temporarily suspending their funding of camping services, social recreation activities, educational services for children from age three (3) through seventeen (17) and non-medical therapies (specialized recreation, art, dance, and music).[111] There are limited exemptions in cases where the service is necessary to address the developmental disability or to keep the consumer at home and no alternative service is available to meet the needs of the consumer.
- There are specific provisions that impose detailed responsibilities on regional centers purchasing applied behavioral analysis (ABA) services or intensive behavioral intervention services, on vendors providing the services and on parents, particularly related to their participating in the intervention plan.[112]
- The regional centers must consider the use of group training for parents on behavioral intervention techniques instead of some, or all, of the in-house parent training component of the behavioral intervention services.[113]
- Regional centers can only purchase respite services when the care and supervision of the consumer exceed that of a person of the same age who does not have a developmental disability. Respite services are limited to no more than 21 days out of home respite in a year nor more than 90 hours of in-home respite in a three month period. There are limited exemptions. Regional centers cannot purchase day care services to replace

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respite services. Regional centers can only use In Home Supportive Services (IHSS) as a generic resource when it meets the specific respite need in the IPP or IFSP.[114] (See Long Term Support)

- When purchasing or providing a voucher for day care services for parents who are caring for children at home, the regional center may pay only the cost of the day care service that exceeds the cost of providing day care services to a child without disabilities. The regional center may pay in excess of this amount when a family can demonstrate a financial need and when doing so will enable the child to remain in the family home.[115]
- Regional centers may purchase or fund diapers for children three years of age or older (if not available to the family through another source, such as Medi-Cal). This service is only available to children who are under the age of three (3) with financial need and to allow the child to remain at home.[116] (See Long Term Support)

VII. PARENTAL FOLLOW UP

A. Which Regional Centers Serve Los Angeles County?

There are 7 Regional Centers serving Los Angeles County (See Appendix A for contact information)

- Eastern Los Angeles Regional Center
- Frank D. Lanterman Regional Center
- Harbor Regional Center
- North Los Angeles County Regional Center
- San Gabriel/Pomona Regional Center
- South Central Los Angeles Regional Center
- Westside Regional Center

B. Where Can I Get More Information?

To access the Lanterman Act, please see the DDS website at: http://www.dds.ca.gov/Statutes/docs/LantermanAct_2010.pdf

To look up regional center service areas by **zip code**, please visit: http://www.dds.ca.gov/RC/RCZIPLookup.cfm

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APPENDIX A
Regional Centers Serving Los Angeles County

❖ **Eastern Los Angeles Regional Center**
1000 South Fremont, Alhambra, CA 91802
(626) 299-4700 | www.elarc.org

Areas Served: *Alhambra, Boyle Heights, City Terrace, Commerce, East Los Angeles, El Sereno, Highland Park, La Habra Heights, La Mirada, Lincoln Heights, Montebello, Monterey Park, Pico Rivera, Rosemead, San Gabriel, San Marino, South Pasadena, Santa Fe Springs, Temple City, and Whittier*

❖ **Frank D. Lanterman Regional Center**
3303 Wilshire Boulevard, Suite 700
Los Angeles, CA 90010
(213) 383-1300 | www.lanterman.org

Areas Served: *Hollywood-Wilshire, Central Los Angeles, Glendale, Burbank, La Cañada-Flintridge, La Crescenta and Pasadena*

❖ **Harbor Regional Center**
21231 Hawthorne Boulevard, Torrance, CA 90503
(310) 540-1711 | www.harborrc.org

Areas Served: *Artesia, Avalon, Bellflower, Carson, Cerritos, Harbor City, Harbor Gateway, Hawaiian Gardens, Hermosa Beach, Lakewood, Lomita, Long Beach, Manhattan Beach, Norwalk, Palos Verdes, Rancho Palos Verdes, Rolling Hills, San Pedro, Signal Hill, Torrance, and Wilmington*

❖ **North Los Angeles County Regional Center**
15400 Sherman Way, Suite 170
Van Nuys, CA 91406
(818) 778-1900 | www.nlacrc.org

Areas Served: *San Fernando, Antelope, Santa Clarita, Conejo*

❖ **San Gabriel/Pomona Regional Center**
761 Corporate Center Drive Pomona, CA 91768
(909) 620-7722 | www.sgprc.org

Areas Served: *Altadena, Arcadia, Baldwin Park, Basset, Bradbury Charter Oak Covina, Claremont, Diamond Bar, Duarte Temple City, El Monte, Glendora, La Puente, La Verne, Pomona, Rowland Heights, Hacienda Heights, Industry, Irwindale, San Dimas, Sierra Madre, Valinda, Walnut, West Covina, and Whittier*

❖ **South Central Los Angeles Regional Center**
650 W. Adams Boulevard, Suite 200
Los Angeles, CA 90007
(213) 744-7000 | www.sclarc.org

Areas Served: *Compton, San Antonio, South Los Angeles, Southeast Los Angeles, and Southwest Los Angeles Health Districts*

❖ **Westside Regional Center**
5901 Green Valley Circle, Suite 320
Culver City, CA 90230
(310) 258-4000 | www.westsiderc.org

Areas Served: *Bel Air, Beverly Hills, Beverlywood, Century City, Culver City, El Segundo, Gardena, Hawthorne, Inglewood, Lawndale, Los Angeles, Malibu, Mar Vista, Marina del Rey, Pacific Palisades, Playa del Rey, Santa Monica, Venice, and Westwood*

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CALIFORNIA'S EARLY START PROGRAM
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CALIFORNIA'S EARLY START PROGRAM

I. INTRODUCTION

A. What is California's Early Start?

- Early Start is an interagency system that coordinates and provides services that promote the growth and development of children from birth to 36 months and supports their families during these critical early years. Infants and toddlers under three (3) years of age with a developmental delay, established risk condition or developmental disability, and their families, are eligible for and may benefit from early intervention services. These "specialized services and supports . . . increase the chances a child will develop to his or her full potential."[117]

- Under federal law, states receive funds to provide early intervention services to eligible infants and toddlers.[118] California meets its obligations to provide early intervention services under the California Early Intervention Services Act.[119]

B. Which Agencies Administer Early Start?

- In California, Early Start is administered by the CA Department of Developmental Services (DDS) in collaboration with the California Department of Education (CDE), and with the advice of the Interagency Coordinating Council on Early Intervention.[120] DDS is the lead agency to administer and coordinate the statewide system.[121]

- In Los Angeles County, **regional centers** and **local educational agencies** implement the system by collaborating with families to provide direct services to meet the needs of eligible infants and toddlers.[122] **Family resource centers** help families and children access Early Start services while providing parent to parent support, information, and referrals.[123]

  (See Regional Centers for information about regional center services for individuals with developmental disabilities, including for children age three and older.)

  For a directory of Parent to Parent Resource Centers in Los Angeles County, please see www.lapublichealth.org/cms/docs/PTPRO_Directory.pdf, and

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For more information about family resource center services,
http://www.dds.ca.gov/EarlyStart/docs/FRC_English.pdf
http://www.dds.ca.gov/EarlyStart/docs/FRC_Spanish.pdf

II. ELIGIBILITY

A. Who is Eligible for Early Start Services?

An infant or toddler is eligible for Early Start services if the child:

1. is under three (3) years of age
2. needs early intervention services that have been documented by assessment and evaluation by the regional center or local education agency,[124]

   and, either
3. has a developmental delay in at least one of the following developmental areas:
   - Cognitive
   - Physical: including fine and gross motor, vision and hearing,
   - Communication
   - Social or emotional
   - Adaptive[125]

   or
4. has an established risk condition. [126] This means that the child has a condition of known cause or a condition with established harmful developmental consequences that have a high probability of resulting in developmental delay, if the delay is not yet evident at diagnosis. An established risk condition may also refer to an infant or toddler with a solely **low incidence disability** such as a visual, hearing or severe orthopedic impairment or some combination of these impairments.[127]

- **Parent's Note:** Infants and toddlers at a high risk of having a developmental disability are no longer eligible for Early Start. Infants and toddlers who are not eligible for Early Start may be served by a new **prevention program** if they meet eligibility criteria.
- Additionally, a child's immigration status does not impact that child's ability to access Early Start services.

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B. What is a Significant Developmental Delay for Purposes of Early Start Eligibility?

Infants and toddlers with a developmental delay are those with a **significant difference** between their current level of functioning and the expected level of development for children of the same age.[128]

- For children aged 0-23 months, Early Start considers a delay significant when the child has a 33% delay in **one** developmental area.

- For children aged 24-36 months, Early Start considers a delay significant when the child has a 50% delay in **one** developmental area or 33% in **two** (or more) areas.[129]

C. What is the Prevention Program?

Children under the age of three (3), whose history predicts a substantially greater risk for developmental disability than that of the general population and are not eligible for services through California Early Start or under the Lanterman Act, can participate in the Prevention Program for at-risk babies. Families whose infants or toddlers are at-risk can receive the following prevention services at regional centers:

- Intake
- Assessment
- Case Management
- Developmental Monitoring and Guidance, and
- Referral to generic agencies.[130] **Generic agencies** refer to agencies with a legal responsibility to serve the public that receive public funds for providing services.

Parent's Note: It is important that parents or guardians of infants and toddlers who are potentially eligible for any regional center program, including the Prevention Program, contact their local regional center so the child can be properly assessed and monitored. Infants and toddlers who apply will enter through intake at the regional center to determine eligibility for programs and services.[131]

For more information about the prevention program, please link to the State of California, Department of Developmental Services' website, http://www.dds.ca.gov/PreventionProgram/Index.cfm

III. ACCESS TO SERVICES AND OTHER COVERAGE

A. How Does a Parent or Guardian Access Early Intervention Services for a Child?

- The local regional centers serve as the **single point of entry** for parents or guardians who have a concern about a child's development or who are seeking appropriate services for children under the

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age of three years old. Any individual, including a doctor, educator, parent, or care provider may refer a child under the age of 36 months to the regional center if the child exhibits developmental delays or disabilities or appear to be at risk for such delays.

- If a child is referred to the regional center, the regional center will assign a service coordinator[132] to the family who will arrange for the child to be evaluated to determine eligibility for Early Start. The service coordinator can also refer the child to the Prevention Program.

To refer a child to a local Regional Center: Call 1-800-515-BABY (2229) or go to California's Early Start Central Directory

To look up regional center service areas by **zip code**, please visit: http://www.dds.ca.gov/RC/RCZIPLookup.cfm

B. What is the Process for Developing an Individualized Family Service Plan?

- After the referral to the regional center, and the child's initial evaluation, the regional center (and/or local educational agency) meets with the family within 45 days to share the results of the child's evaluations and to determine eligibility. If the child is eligible for early intervention services, the team develops an initial Individualized Family Service Plan (IFSP).[133] Families have the opportunity to participate in all decisions about eligibility and services.[134]

- Regional centers and/or LEAs shall ensure that an **Individualized Family Service Plan (IFSP)** is developed and implemented for every infant and toddler that has been evaluated, assessed, and determined eligible for early intervention services.[135]

- The IFSP is a document that sets out all of the early intervention services necessary to meet an eligible child's unique needs. The IFSP addresses the child's developmental needs and the related needs of the family. The IFSP must also address other elements including: a statement of the child's present levels of development, a statement of the major outcomes expected to be achieved and the criteria used for monitoring progress.[136]

- For a child under three (3) years of age, the IFSP is used in place of any other applicable service plan, such as an individualized education program (IEP) or individual program plan (IPP).[137]

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- Parents are active participants in developing their child's IFSP at a team meeting. Each initial and annual IFSP meeting must include: a parent or surrogate, the child's service coordinator, the professional who conducted the assessments, and service providers as appropriate.[138] At the parent's request, other family members or advocates shall participate.[139] Team members may participate in person or by submitting a report.

- Annual reviews of the IFSP take place with a full team to document the child's progress. A periodic review takes place every six months or more frequently if a change to the IFSP is necessary or the parent requests a periodic review.[140]

C. Who Participates in the IFSP if a Parent is not Available?

The rights of a child who is eligible for early intervention services are protected even when the child is not living with parents or when the child's parent(s) cannot be located. Under certain circumstances, regional centers or school districts may assign an individual or surrogate to substitute for the parent to protect the child's educational rights, which would include the assessment of the child and the development and implementation of the child's IFSP. This surrogate would also represent the child's interest during annual evaluations and periodic reviews of the IFSP, and would protect any other right the child may have under Early Start.[141]

IV. BENEFITS AND SERVICES

A. What Services/Benefits are Available through the Early Start Program?

California Early Start provides a variety of early intervention services designed to meet a child's developmental needs and the child's family's needs related to improving that development.[142] A professional team assesses the child and forms a plan that incorporates services and benefits to meet the child's developmental needs. These services may include:

- Assistive technology
- Audiology
- Health Services
- Medical services (for diagnostic or evaluation only)
- Nursing services
- Nutrition services
- Occupational therapy
- Physical therapy
- Psychological services
- Family training
- Counseling, and home visits
- Service coordination
- Social work services

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- Special instruction
- Speech and language services
- Transportation
- Vision services[143]

Please link to Appendix D for a detailed description of services.

Parent's Note: Service coordinators have the primary responsibility for implementing the IFSP and for coordinating with other agencies and providers that are providing services to the family.[144] Their responsibilities also include: continuously seeking services and providers, participating in the development of the IFSP, and monitoring the child's progress toward achieving outcomes.[145] Service coordination may include medical case management provided by another agency such as CCS or Medi-Cal Managed Care.[146]

B. Where do Infants and Toddlers Receive Early Intervention Services?

If an infant or toddler is eligible to receive early intervention services through Early Start, the IFSP specifies the location that services will be delivered. The statement of location has to specify the natural environments in which services will take place, such as at home, community parks, neighbors' homes, libraries, child care, restaurants, places of worship, and grocery stores. It must also include a justification of the extent to which services will not be provided in natural environments.[147] **Natural environments** refer to settings that are typical for an eligible child's non-disabled peers, including home and community based settings.[148]

V. COORDINATION WITH OTHER ENTITIES

A. What if a Child has Other Health Care Coverage or is Eligible for Other Programs?

- Regional centers "provide, arrange, or purchase early intervention services" as required by the IFSP.[149] However, regional centers are payers of last resort for children who are eligible with a "developmental delay" or "established risk" after other available public sources of payment (such as CCS, Medi-Cal, and other public programs) have been reviewed to determine whether the service coordinator makes a referral.

This project is funded in part by L.A. Care Health Plan and will benefit low-income and uninsured residents of Los Angeles County.
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- Regional centers cannot purchase any services that would be available to a consumer through entities such as Medi-Cal, In Home Supportive Services, California Children's Services or private insurance, when the consumer or the family would be eligible for services but choose not to pursue them.[150] If the child is not eligible to receive those agency services, or funding for the program is unavailable, the required early intervention services shall be provided by the regional center or the LEA.[151]

- Due to recent changes in the law, as of 2009 families are now required to use their private insurance or health care service plan for medical services in the IFSP other than for evaluation and assessment.[152] These medical services include: therapeutic services such as occupational therapy (OT), physical therapy (PT) and speech therapy.

Parent's Note: Regional centers and LEAs must continue to make sure that early intervention services are provided as soon as possible.[153] If following the above payment requirements would cause delay, a regional center may be able to obtain authorization to pay for services immediately.

B. What if a Child who is Eligible for Early Start is a Member of L.A. Care?

- L.A. Care Health Plan promptly refers children who are members of the plan and who are identified as needing early intervention services to the regional center.

- L.A. Care will also provide or refer children for diagnostic testing, as necessary and as covered under the plan, to learn the cause of the developmental disability or delay.

- L.A. Care arranges for necessary interventions and treatment including but not limited to speech and language therapy and will refer the child for any needed EPSDT supplemental services.

- The regional center develops the IFSP and provides the PCP with opportunity for collaboration.[154]

- If a child appears to be eligible for both regional center services and CCS, L.A. Care makes its first referral to CCS if the CCS-eligible condition is the major concern. The plan may notify both entities simultaneously if both medical and early intervention services are needed.

- The regional center must use all generic and federally funded programs first to obtain necessary health care services for eligible consumers.

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C. How do Regional Centers and Local Educational Agencies Coordinate Responsibility?

Regional centers and local educational agencies (LEAs) are obligated to coordinate their responsibility and develop interagency agreements for providing Early Start services to children in California, including for child find, referrals for evaluation and assessment, IFSP development, and transition planning.[155] A **Local Education Agency**, or an LEA, means school districts, county offices of education, and the special education local plan areas (SELPAs), which provide or fund services and programs.

1. Responsibility for Providing Services

- DDS and the regional centers are responsible for providing early intervention services to all eligible infants and toddlers, <u>except</u> for children with <u>solely</u> a visual, hearing, or severe orthopedic impairment or any combination of those impairments.[156]
- The California Department of Education (CDE) and the LEAs are responsible for meeting the needs of infants and toddlers with <u>solely</u> a visual, hearing or severe orthopedic impairment, or any combination of those impairments, who are not otherwise eligible for regional center services and who meet certain requirements under the California Education Code.[157]
- The SELPAs coordinate early childhood special education programs, which include early intervention programs through the educational entities.[158]

2. Children who are Dually Eligible

- If a child is **dually eligible** to receive services from both a regional center and the LEA, the regional center provides required early intervention services beyond the mandated responsibilities of the LEAs and as required under federal law.[159] Either entity can serve as service coordinator for a dually eligible child.
- The LEA provides services to children with dual eligibility when they have intensive special education needs, under specific circumstances spelled out in the regulations, if the LEA is operating below its funded capacity.[160]
- This is a complicated area and may be controlled by interagency agreements between each of the regional centers and the corresponding LEA or SELPA. Typically, the LEA and the regional center coordinate joint IFSP meetings for dually eligible children.

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D. What Transition Planning is Available to a Child who is Turning Three Years Old?

A child's IFSP must include steps to ensure a smooth transition to other appropriate services when a child turns three (3) and that child is no longer eligible for Early Start. This transition planning must occur when a child is between 2 years and 6 months and 2 years and 9 months and must be implemented by the child's third birthday. The Early Start service coordinator is responsible for transition planning and helps the parent prepare for these changes in the preceding IFSP meeting and through a series of required steps.[161]

1. Transition to IEP

If a child may be eligible for special education under Part B of the IDEA, the service coordinator refers to a LEA in sufficient time so that it can assess the child and implement an **Individualized Education Program (IEP)** by the child's third birthday, with the parent's consent. (See Access To Health Care And Related Benefits At School for more information about special education and related services).

2. Transition to IPP

The regional center will work with the family to develop an **Individual Program Plan (IPP)** containing all of the necessary services for the child, if the child is eligible under the Lanterman Act.[162]

(See Regional Centers).

3. Community Resources

Finally, the service coordinator provides information about community resources that may help a child after three (3) years of age.

Please refer to Appendix C for detailed steps in the transition process.

For more information on transition refer to the California Department of Education's *Handbook on Transition from Early Childhood Special Education Programs,* available at, http://www.cde.ca.gov/sp/se/fp/documents/ectransitn.pdf and the Department of Developmental Services' chapter on Transition in the *Early Start Service Coordinator's Handbook*, available at, http://www.dds.ca.gov/EarlyStart/docs/ESServiceCoordTransition2005.pdf.

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VI. PARENTAL RIGHTS UNDER EARLY START

Parents have rights under the Early Start program. Under the Early Start program, the term **parent** can refer to: a parent, guardian, foster parent, a person acting in place of a parent such as a grandparent, person legally responsible, or a surrogate parent. [163] The following section does not list all parental rights, but highlights a few of them as follows:

A. Access to Records

Parents of a child eligible for Early Start have the right to inspect and review their child's Early Start related records.[164]

B. Consent

The service coordinator obtains written consent from a parent before an initial evaluation and assessment is conducted and before the initiation of an early intervention service.[165]

C. Notice

The regional center or LEA must give a parent prior written notice before it proposes or refuses to initiate or change the identification, evaluation and placement of the child or the providing of early intervention services.[166]

D. Due Process Request

If a parent disagrees with the regional center or LEA about the identification, evaluation, assessment, placement and/or provision of appropriate early intervention services, that parent may request a mediation conference and/or a due process hearing. While a parent pursues requests for mediation and/or a due process hearing, the child will continue to receive the early intervention services listed in the IFSP that the child has been receiving. [167] Parents should file a written request for mediation/due process with the:

Office of Administrative Hearings (OAH)
2349 Gateway Oaks Drive, Suite 200,
Sacramento, CA 95833
Tel. (916) 263-0654
Fax (916) 376-6318

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Further information on due process requests is available at www.dds.ca.gov/complaints/complt_esdueprocess.cfm

E. Compliance Complaint

A parent may also file a compliance complaint against a regional center, LEA or other service provider if the parent believes that the entity is violating the laws or regulations governing provision of early intervention services. Any person who files a complaint is entitled to assistance with it from the service coordinator, regional center and/or LEA. Complaints must be in writing and sent to the:

Department of Developmental Services, Office of Human Rights,
Attention: Early Start Complaint Unit,
1600 Ninth Street, Room 240, M.S. 2-15,
Sacramento, CA 95814,
Tel. (916) 654-1888, Fax (916) 651-8210.[168]

Further information on compliance complaints is available at www.dds.ca.gov/complaints/complt_ES.cfm

F. Parents' Follow Up

For a fuller discussion of parental rights please link to Parents' Rights: An Early Start Guide for Families (DDS) at www.dds.ca.gov/EarlyStart/docs/Parents_Rights_English.pdf

VII. RECENT BUDGET CUTS AND EARLY START

The California Legislature required that the DDS reduce its budget dramatically in 2009. As a result, the Early Start program changed and regional centers can no longer purchase the same kind and amounts of services that they did before. (See Regional Centers) Here are examples of the changes that have impacted the Early Start program:[169]

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A. Changes in Eligibility Criteria

- Infants and toddlers who are at high risk of having a developmental disability are no longer eligible for Early Start services. They and other children who are not eligible under Early Start or the Lanterman Act may be served under a new prevention program.[170] (See IIC.)
- The new law also increased the percentage level of developmental delay that a child over the age of 24 months must have in a certain developmental area to be eligible for Early Start.[171]

B. Using Neighborhood Preschools

Effective July 2009, regional centers must consider using local preschool programs in a child's IFSP with regional center support, instead of specialized infant development centers.[172] In addition, it must consider group training of parents for behavior intervention techniques in place of in-home training.

(See Regional Center)

C. Private Insurance Billed First

Families must use private insurance to cover medical services other than assessment and evaluations listed in the IFSP before regional centers can fund services.[173]

D. No Coverage for Non-Required Services

Regional centers do not fund any service that is considered a "non-required" service under federal law.[174] These services include: child care, diapers, dentistry, interpreters, translators, genetic counseling, music therapy, and respite services that are **not** related to the developmental delay or necessary to enable the family to participate in a required early intervention service.[175]

Please note that a regional center may purchase or provide vouchers for diapers for children who are not yet (3) three years of age when a family can demonstrate a financial need and when doing so will enable the child to remain in the family home.[176]

E. For Parent Follow up:

About the impact of budget cuts on the regional center link to www.dds.ca.gov/Budget/Home.cfm

About the Early Start Program, you can link to: DDS' Early Start website at www.dds.ca.gov/earlystart or call (800) 515-BABY.

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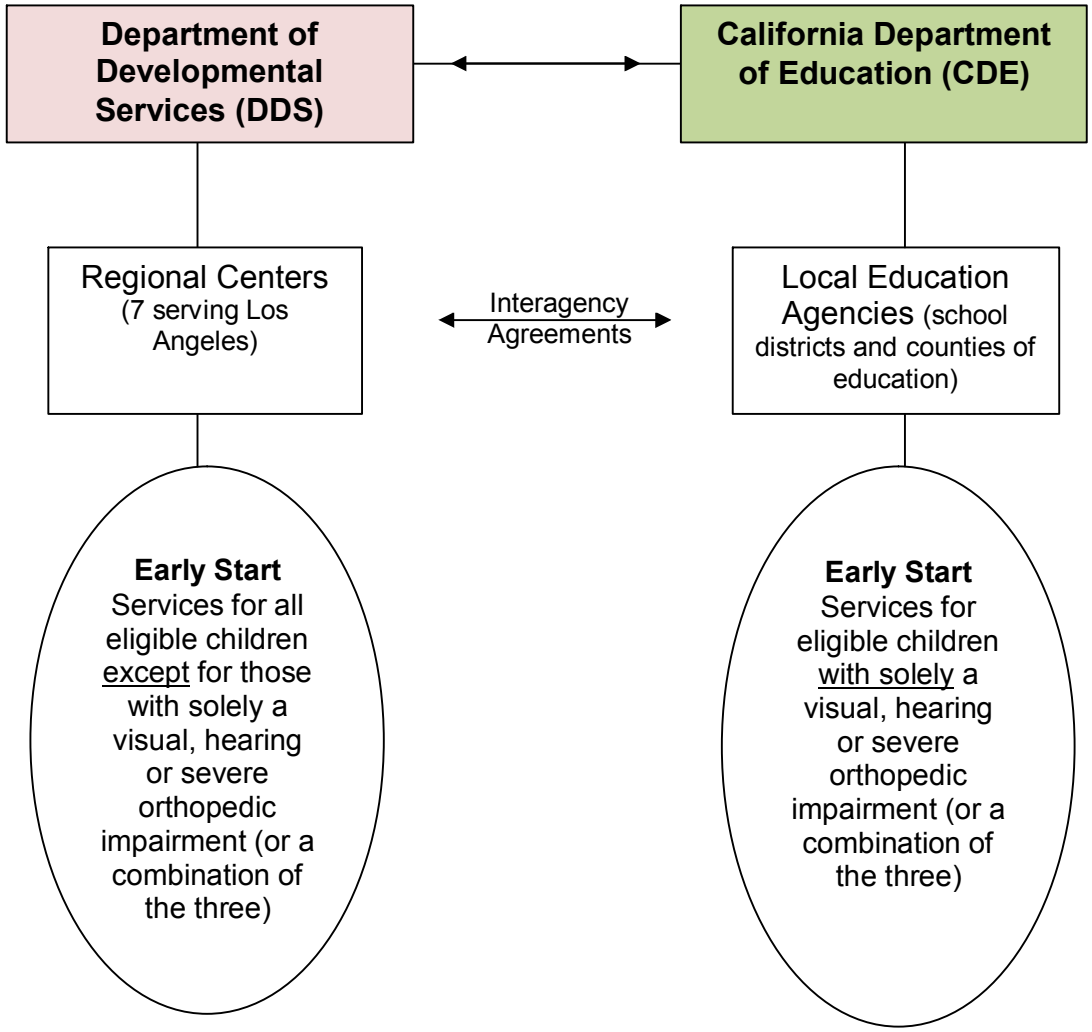
APPENDIX A

Flow Chart of the Administration of Early Start in Los Angeles County



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APPENDIX B

CONTACTS FOR EARLY START REFERRALS

REGIONAL CENTERS SERVING LOS ANGELES COUNTY:

- **East Los Angeles Regional Center**
  1000 South Fremont Alhambra, CA 91802
  (626) 299-4700 | www.elarc.org

- **Frank D. Lanterman Regional Center**
  3303 Wilshire Boulevard, Suite 700
  Los Angeles, CA 90010
  (213) 383-1300 | www.lanterman.org

- **Harbor Regional Center**
  21231 Hawthorne Boulevard, CA 90503-2930
  (310) 540-1711 | www.harborrc.org

- **North Los Angeles County Regional Center**
  15400 Sherman Way, Suite 170
  Van Nuys, CA 91406
  (818) 778-1900 | www.nlacrc.org

- **San Gabriel/Pomona Regional Center**
  761 Corporate Center Drive Pomona, CA 91768
  (909) 620-7722 | www.sgprc.org

- **South Central Los Angeles Regional Center**
  650 W. Adams Boulevard, Suite 200
  Los Angeles, CA 90007
  (213) 744-7000 | www.sclarc.org

- **Westside Regional Center**
  5901 Green Valley Circle, Suite 320
  Culver City, CA 90230
  (310) 258-4096 | www.westsiderc.org

SELPAS/LEAS SERVING LOS ANGELES COUNTY:

- **Antelope Valley SELPA:** (661) 274-4136
- **Downey-Montebello SELPA:** (562) 461-8702
- **Foothill SELPA:** (818) 246-5378
- **Long Beach Unified SELPA:** (562) 997-8644
- **Los Angeles County SELPA:** (562) 401-5737
- **Los Angeles Unified SELPA:** (213) 241-4713
- **Mid-Cities Service Area SELPA:** (562) 461-8795
- **Norwalk-La Mirada/ABC SELPA:** (562) 868-0431 x2086
- **Pasadena Unified SELPA:** (626) 795-6981
- **Pomona Unified SELPA** (909) 397-4800
- **Puente Hills SELPA:** (626) 964-7458
- **Southwest SELPA:** (310) 798-2731
- **Tri-City SELPA:** (310) 842-4220 x4310
- **West San Gabriel Valley SELPA:** (626) 943-9748
- **Whittier Area Cooperative SELPA:** (562) 945-6431

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APPENDIX C

THE TRANSITION PROCESS[3]

1.	Six months before a child turns three, the Early Start service coordinator must notify the parent of a child who may be eligible for special education and related services under Part B of the IDEA that transition planning will occur within the next three to six months.
2.	The service coordinator must then notify the LEA where the child resides that the LEA must attend an IFSP meeting before the child is two years nine months to discuss transition steps necessary for movement into special education.
3.	The IFSP meeting must be scheduled within 30 days of notification of the parent and LEA.
4.	For all toddlers with an IFSP, transition steps contained in the IFSP by 2 years nine months or younger include: • Discussions with and providing information to parents about: ❖ Transition to special education for a child who may be eligible. ❖ Steps to prepare the child for changes in service delivery. • Information about community resources such as Head Start, Child Development preschools, private & public preschool (for ineligible children). • A projected date for conducting a final review of the IFSP.
	• If a child may be eligible for special education, the steps to transition must be written into the IFSP including: ❖ Information sent to the LEA with parental consent, including evaluation and assessment information and copies of IFSPs. ❖ Identifying assessments needed to determine regional center and special education eligibility, with timelines. ❖ Steps to ensure that the LEA will receive a referral to complete assessments and implement an IEP by the child's 3rd birthday. ❖ Identifying the parties responsible for arranging an IEP, final IFSP meeting and IPP meeting (if necessary) by the time the toddler turns three to: review progress toward Early Start outcomes in IFSP, determine eligibility for special education and develop the IEP, and develop an IPP if the child is also eligible under the Lanterman Act.
5.	Child turns three and is no longer eligible for Early Start. If the child was found to be eligible for special education, the IEP will be implemented. If the child was determined eligible for regional center services, the IPP will go into effect. *Note*: *A regional center may continue to provide services even if the toddler(who is eligible for regional center services) turns three but only when the multidisciplinary team determines that a continuation of services are necessary and the LEA is temporarily unable to begin services because school is out of session.*

[3] *See* CAL. CODE REGS. tit. 17, § 52112 (2010).

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APPENDIX D

DESCRIPTION OF SERVICES PROVIDED UNDER EARLY START

Benefit/Service	Services Provided
Assistive Technology (AT)	These are devices that are used to increase, maintain or improve the functional capabilities of children with disabilities. Benefits may include services that assist a child in the selection, acquisition or use of AT.[177]
Audiology	Identifying children with auditory impairment and referral for medical and other services necessary for the habilitation or rehabilitation of children with auditory impairment.[178]
Family Training, Counseling and Home Visits	Services provided by social workers, psychologists and other personnel to help the child's family understand the special needs of their child.[179]
Health Services	Services necessary to enable a child to benefit from other early intervention services including catheterization, tracheotomy care, tube feeding, changing of dressings, consultation by physicians with other service providers concerning the special health care needs of the child that will need to be addressed in order to provide other early intervention services. Does NOT include surgery, devices necessary to treat a medical condition, or medical health services.[180]
Nursing Services	Assessing health status to provide nursing care, providing nursing care to prevent health problems, improve functioning, and the administration of medication or treatments prescribed.[181]
Nutrition Services	Conducting assessments in dietary intake, feeding skills, and food habits, developing plans to address the nutritional needs of a child, and making referrals to resources that may help carry out nutrition goals.[182]
Occupational Therapy	Services designed to improve the child's functional ability to perform tasks in home, school and community settings.[183]
Physical Therapy	Services designed to address the promotion of physical activity and movement.[184]
Psychological Services	Services include psychological counseling for children and parents.[185]
Social Work Services	Services include making home visits to evaluate a child's living conditions, providing counseling and identifying community resources to enable the child to benefit from early intervention services.[186]
Speech Language Pathology	Identifying children with communicative disorders and delays, referral for professional services necessary for the habilitation or rehabilitation of children with communicative disorders.[187]
Transportation	Cost of travel and related costs necessary to enable a child to receive early intervention services.[188] (See Transportation)
Vision Services	Assessment of visual functioning, referral for professional services necessary for the habilitation or rehabilitation of visual functioning disorders.[189]

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MENTAL HEALTH BENEFITS FOR CHILDREN

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MENTAL HEALTH SERVICES FOR CHILDREN WITH DEVELOPMENTAL DISABILITIES MATRIX

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MENTAL HEALTH BENEFITS FOR CHILDREN

I. INTRODUCTION

If a child you are caring for or serving is going through a crisis, struggling at school or with peers, has behavioral issues, or appears anxious or depressed; it is possible that the child needs mental health services or a mental health assessment. This chapter will explore mental health services that are available to:

- children with Medi-Cal coverage,
- students whose social and emotional status impacts their ability to learn,
- children with developmental disabilities, and
- children at risk for out-of-home placement.

This chapter will focus on eligibility criteria and coverage of mental health services for these children through Medi-Cal, the Los Angeles County mental health program, public schools, and the regional centers.

II. MENTAL HEALTH BENEFITS FOR CHILDREN ELIGIBLE FOR MEDI-CAL

A. What Agency Provides Medi-Cal Beneficiaries with Mental Health Services?

- Medi-Cal beneficiaries access mental health services through a mental health managed system of care. The State Department of Mental Health is the state agency responsible for developing and implementing **mental health plans (MHPs).** MHPs provide medically necessary services to beneficiaries in California.

- The LA County Department of Mental Health (DMH) contracts with the state of California to serve as the MHP for Los Angeles County. All Medi-Cal eligible individuals, including children, are entitled to receive specialty mental health services through the County program**. Specialty mental health services** refer to services that a mental health specialist provides, while a general health care practitioner can provide general mental health care.[190]

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B. When is a Child Eligible for EPSDT Covered Mental Health Services?

Children under the age of 21, who are eligible for full scope Medi-Cal, are eligible to receive Early and Periodic Screening Diagnostic and Treatment (EPSDT) benefits. (See EPSDT) A child qualifies for EPSDT covered mental health services if the child:

- has a covered mental health diagnosis,[191]
- has a condition that would not be responsive to physical health care based treatment, and
- has a mental disability that meets the EPSDT definition of medical necessity.[192]

C. What is the EPSDT Definition of Medical Necessity?

- Under the EPSDT program, the state uses a broader definition of **medical necessity** than for adult beneficiaries under Medi-Cal to provide,
  "necessary health care, diagnostic services, [and] treatment…to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services, whether or not such services are covered under the State plan."[193]

- The EPSDT benefit provides comprehensive health care coverage, including access to mental health services, so that eligible children can access all the services that are available to Medi-Cal eligible adults, as well as additional EPSDT treatment and services based on their medical needs. (See EPSDT)

D. Which Mental Health Services does Medi-Cal/EPSDT Cover for Children?

Medi-Cal reimburses the MHP to provide a range of **specialty mental health services** to Medi-Cal beneficiaries, including children under 21 for whom EPSDT mental health services are available if they meet medically necessity criteria.
Specialty mental health services means:

- rehabilitative mental health services, including:
  - Mental health services,

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- Medication support services,
- Day treatment intensive,
- Day rehabilitation,
- Crisis intervention,
- Crisis stabilization,
- Crisis residential treatment, (See Benefits Matrix below)
- Psychiatric health facility services,

- Psychiatric inpatient hospital services,
- Targeted case management,
- Psychiatrist services,
- Psychologist services, and
- Psychiatric nursing and facility services.[194]

In addition, **Therapeutic Behavioral Services (TBS)** are available as an EPSDT Supplemental Specialty Mental Health Service. (See below at IG.)

- Medi-Cal covered specialty mental health services must be provided in the beneficiary's home community or as close as possible to the beneficiary's home community.[195]

E. What are "Rehabilitative Services" and the "Rehabilitation Option"?

Rehabilitative services include "remedial services directed at restoration to the highest possible functional level for persons with psychiatric disabilities and maximum reduction of symptoms of mental illness."[196]

California has the rehabilitation option in order to provide Medi-Cal beneficiaries with expanded types of and locations for therapeutic services offered to people with mental illness. Medi-Cal beneficiaries can access mental health services through a broader range of professionals and in expanded locations including their homes, at work, or other community-based sites.[197]

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F. What is Targeted Case Management?

California provides **Targeted Case Management (TCM)** to deliver case management services to certain targeted **at risk** populations, including children and youth under the age of 21. TCM services help individuals in these at risk groups access medical, social, educational and other necessary services. A TCM provider helps a child and the child's family to make connections to needed services, schedule appointments and follow up on progress, but does not provide the service itself.[198] If a child is eligible for TCM because of mental health needs, the services to be accessed through case management must be medically necessary for the beneficiary.[199]

G. What are Therapeutic Behavioral Services?

1. Therapeutic Behavioral Services Provides Support during Crisis or Transition

MHPs are responsible for providing EPSDT supplemental specialty mental health services called Therapeutic Behavioral Services (TBS.)[200] TBS is a mental health service for children and youth under 21,[201] who are eligible for full scope Medi-Cal and who need supportive services because they are going through a transition or life crisis and have severe emotional disabilities. The TBS staff person provides one-to-one behavioral interventions to help the child control behavior, communicate with the child's parent or caregiver, and function in the community.[202] TBS is not used alone, but in addition to other specialty mental health services.

2. Children are eligible for TBS to assist them with residential placement transitions:

- to prevent them from being placed in out of home care or into a higher level of residential care; or
- to address a change of behavior or symptoms as a child or youth transitions to a home, foster home or lower level of residential placement.[203]

3. To be eligible for services, children must meet one of these requirements.[204]

- They are currently placed in a facility with rate classification level 12 or above and/or a locked treatment facility for acute psychiatric services, or
- They are being considered for placement in these facilities, or
- They have undergone at least one emergency psychiatric hospitalization related to their current disability in the past 24 months, or
- They have received TBS before and need it again.

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H. What if a Child is Eligible for Mental Health Services and a Member of L.A. Care?

- Specialty mental health services are **carved out** of L.A. Care's responsibilities to Medi-Cal beneficiaries under its agreement with the County of Los Angeles. This means that L.A. Care provides physical health services to its members and mental health treatment is not part of the required or offered health care services to Medi-Cal beneficiaries other than, "mental health services that are within the scope of practice of the primary care physician."[205] DMH is responsible for providing outpatient and inpatient specialty mental health services to Medi-Cal beneficiaries, including members of L.A. Care. DMH is also responsible for arranging and paying for EPSDT supplemental specialty mental health services.

- Following a PCP's evaluation and if that person had a psychological condition that would **not** be responsive to physical health care or primary care mental health services the PCP would refer the person to DMH.

- DMH providers prescribe psychotropic medications for L.A. Care members and monitor their effects and side effects. L.A. Care will provide psychotropic medications that DMH providers prescribe, that are **not** carved out of the L.A. Care formulary. DMH will bill fee for service Medi-Cal for drugs identified as carved-out of L.A. Care's responsibility.[206]

I. What Other Programs Are Available Through The County For At-Risk Children?

1. What are California Wraparound Services?

- Wraparound is authorized as a county program, coordinated by three agencies: the Department of Children and Family Services (DCFS), DMH and the Department of Probation to provide children and families with expanded family-based services and programs as an alternative to group home care.[207] DCFS contracts with wraparound agencies to provide these services and supports to children who are under the jurisdiction of DCFS, the Department of Probation, or DMH.
- The goals of the program are to: (1) help children who are at imminent risk of out of home placement to remain at home and (2) help children who have been in and out of home placement return home.[208]

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2. Eligible Children are either:

- dependents or wards of juvenile court who are at risk for placement in a group home at rate classification level of 10 or higher; or
- a child with special education needs who would be placed in out–of-home care under AB3632 by an IEP team, but instead is referred to wraparound to try to maintain the child at home.

3. Is Wraparound Available to Children Eligible for EPSDT?

- In Los Angeles County, the program has expanded its target population to include children eligible for EPSDT through "Tier II wraparound." Children can access wraparound through Tier II if they have an open DCFS case, qualify for EPSDT, and have an urgent/intensive mental health need that causes impairment at school, home or in the community.[209]

4. What is the Full Service Partnership (FSP) for Children?

- The **Mental Health Services Act (MHSA)** promised to increase California DMH funding for county programs and expand client and family based services for people of all ages with mental illness, emphasizing a recovery based model. FSP is part of the LA County DMH plan to provide community services and supports under the MHSA.
- FSP programs include programs for children from ages 0 to 15 and 16-25 with a serious emotional disturbance,[210] who would benefit from in home care and services that address their needs wholly, as well as those of their families.
- FSP provides intensive mental health services, at home or in the community, 24 hours a day, seven days per week.[211] Children might be eligible for the full spectrum of services if they are at risk for removal from their homes, or were placed outside their homes and are now returning.
- FSP programs can also serve younger children who have a parent or caregiver with mental illness or a substance abuse problem.
- The Transition Age Youth (TAY) division provides services for youth age 16 to 25.

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For more information about FSP services for Transition Age Youth (TAY) please link to
http://dmh.lacounty.gov/DMHServices/TAY/TAY_Documents/TAY%20FSP%20BROCHURE%20%28English%29.pdf
http://dmh.lacounty.gov/DMHServices/TAY/TAY_Documents/TAY%20FSP%20BROCHURE%20%28Spanish%29.pdf

To find out more about FSP services, please link to:
http://dmh.lacounty.gov/DMHServices/Children/Full_Service_Parnership/FSP_Documents/CHILDRENS%20BROCHURE%20(English).pdf

http://dmh.lacounty.gov/DMHServices/Children/Full_Service_Parnership/FSP_Documents/CHILDRENS%20BROCHURE%20(Spanish).pdf

J. Where Can I Get More Information About Mental Health Services?

To refer someone to DMH for mental health information, referrals to service providers or crisis counseling, you can contact the Access Hotline, 7 days a week, 24 hours a day at (800) 854-7771.

To contact a service area navigator to get assistance accessing mental health and other supportive services, you can link to the Service Area Navigator Roster at
http://dmh.lacounty.gov/DMHServices/Countywide_Services/Service_Area_Navigators/SAN_Documents/Service%20Area%20Navigator%20Roster.pdf

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SELECTED MENTAL HEALTH SERVICES UNDER MEDI-CAL AND OTHER SERVICES

Benefit/Service	Services Provided	Entities Responsible	Coverage	Authority
Mental Health Services	Individual, group, or family therapies or interventions to reduce mental disability and improve or maintain functioning. May include assessment, plan development, therapy, rehabilitation, and collateral.	DMH	EPSDT medical necessity standard.	42 U.S.C. § 1396d(r)(5) (2006); CAL. CODE REGS. tit. 9, § 1810.227 (2010).
Assessment	Assessments are services that evaluate a beneficiary's mental, emotional or behavioral health, through testing, reviewing client history and diagnosis.	DMH	EPSDT medical necessity standard.	CAL. CODE REGS. tit. 9, § 1810.204 (2010).
Plan Development	Development of a plan for the client, approval of plans and monitoring of progress.	DMH	EPSDT medical necessity standard.	CAL. CODE REGS. tit. 9, § 1810.232 (2010). California Institute for Mental Health, EPSDT Chart Documentation Manual (2007).
Collateral	Counseling, training and consultation to a significant support person in a beneficiary's life to help them understand mental illness and help the beneficiary better access mental health services.	DMH	EPSDT medical necessity standard.	CAL. CODE REGS. tit. 9, § 1810.206 (2010).

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Benefit/Service	Services Provided	Entities Responsible	Coverage	Authority
Rehabilitative Services	Assistance in improving functional skills, daily living skills, social and leisure skills, occupational skills, and medication education.	DMH	EPSDT medical necessity standard.	CAL. CODE REGS. tit. 9, § 1810.243 (2010); CAL. WELF. & INST. CODE §§ 14021.4, 14684(e) (West 2010).
Medication Management	Services include: prescribing, administering, dispensing, and monitoring of psychiatric medications or biological evaluation for medication needs, clinical effectiveness, and obtaining informed consent.	DMH	EPSDT medical necessity standard.	CAL. CODE REGS. tit. 9, § 1810.225 (2010). (See L.A. Care coverage below)
Crisis Intervention/ Stabilization	A quick emergency response lasting less than 24 hours to a child's crisis or to the crisis of a support person if it is impacting the child. May include assessment, therapy or collateral. Crisis intervention and stabilization seem to differ related to provider and site requirements. Stabilization involves services provided on-site at a health care facility or provider site and crisis intervention can take place anywhere in the community.	DMH	EPSDT medical necessity standard.	CAL. CODE REGS. tit. 9, §§ 1810.209, 1810.210 (2010); CAL. CODE REGS. tit. 22, § 51341(b) (2010). DMH Letter No.:08-07 EPSDT Chart Documentation Manual (2007).

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Benefit/Service	Services Provided	Entities Responsible	Coverage	Authority
Crisis Residential Treatment Services	Therapeutic/rehabilitative service in structured residential program available 24 hours 7 days a week as an alternative to hospitalization for person experiencing acute psychiatric episode but who does not need nursing care.	DMH	EPSDT medical necessity standard.	42 U.S.C. § 1396(r)(5) (2006); CAL. CODE REGS. tit. 9, § 1810.208 (2010).
Day Rehabilitation	Structured program of therapy and programming to restore independence and functioning consistent with requirements for learning or development. Services available for at least 3 and less than 24 hours a day.	DMH	EPSDT medical necessity standard.	CAL. CODE REGS. tit. 9, § 1810.212 (2010).
Day Treatment Intensive	Structured program of therapy that provides an alternative to hospitalization or a more restrictive setting. Services available for at least 3 and less than 24 hours a day.	DMH	EPSDT medical necessity standard.	CAL. CODE REGS. tit. 9, § 1810.213 (2010).
Psychiatric Inpatient Hospital Services	Psychiatric Inpatient Hospital Services refers to acute, overnight psychiatric inpatient hospital services provided in a hospital.	DMH	EPSDT medical necessity standard.	CAL. CODE REGS. tit. 9, § 1810.237 (2010).
Psychiatric Health Facility Services	Overnight services in a hospital-like setting, affiliation with a local hospital or clinic for physical health care needs.	DMH	EPSDT medical necessity standard.	CAL. CODE REGS. tit. 9, § 1810.238 (2010).Guide to Medi-Cal Mental Health Services, County of Los Angeles. [212]

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Benefit/Service	Services Provided	Entities Responsible	Coverage	Authority
Targeted Case Management	Services may assist a beneficiary with accessing medical, educational, social, vocational, and rehabilitative services. May include communication, coordination and referral as well as monitoring progress, access to services, plan development and placement services.	DMH	EPSDT medical necessity standard applies to the services that case management is trying to access. TCM is different than medical case management under Medi-Cal which refers to short term case management for beneficiaries who are receiving discharge planning, home health care and related medical services.	42 U.S.C. § 1396(r)(5) (2006); CAL. CODE REGS. tit. 9, §§ 1810.249, 1830.210 (2010).
Therapeutic Behavior Services / One-to One-Aide	Services to address disruptive behavior at home, or in response to a crisis or significant transition by assigning a trained aide to a child for as many hours per day as needed.	DMH	• EPSDT supplemental specialty mental health services. • DMH is not obligated to provide TBS if other mental health services would meet the child's needs.	42 U.S.C. § 1396d(r)(5) (2006); CAL. CODE REGS. tit. 9, § 1810.215 (2010); Emily Q. v. Belshé, 208 F. Supp. 2d 1078 (2001).

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Benefit/Service	Services Provided	Entities Responsible	Coverage	Authority
Drug and Alcohol Counseling	Day Care Rehabilitative (intensive counseling), Prenatal care for youth who are pregnant or post-partum; outpatient drug-free counseling	State of California Alcohol and Drug Programs ("ADP"), DHCS	EPSDT medical necessity standard. Related to mental health services but carried out and administered by ADP through interagency agreement with DHCS.	CAL. HEALTH & SAFETY CODE §§ 11758.40, 11758.46, 11758.47, 11848 (West 2010); CAL. CODE REGS. tit. 22, §§ 51341.1, 51516.1 (2010).
Wraparound Services	Provides at-risk children and families with family-based services where necessary to prevent an out of home placement.	Los Angeles County DCFS	Can be covered as an EPSDT benefit	CAL. WELF. & INST. CODE § 18250(a) (West 2010). *See Katie A. Support Site,* http://dcfs.co.la.ca.us/katieA/index.html All County Information Notice No. 1-91-08.
L.A. Care Mental Health Services	L.A. Care provides physical health services to its members and "mental health services that are within the scope of practice of the primary care physician." (Specialty mental health services are **carved out** of L.A. Care's responsibilities to Medi-Cal beneficiaries).	L.A. Care		Memorandum of Understanding Between Los Angeles County Department of Mental Health and L.A. Care (2004).
L.A. Care Psychotropic Medications	L.A. Care will provide psychotropic medications that DMH providers prescribe (that are not carved out of the L.A. Care formula).			Los Angeles County Department of Mental Health-L.A. Care MOU Service Matrix.

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III. MENTAL HEALTH SERVICES FOR STUDENTS WITH SPECIAL EDUCATION NEEDS

Students with disabilities are entitled to appropriate mental health services when they need them to benefit from their education.[213] The **Individuals with Disabilities Education Act (IDEA**) entitles all eligible students with disabilities and mental health needs to a **Free and Appropriate Public Education (FAPE)** through an individualized education program (IEP) of special education and related services. If a child needs mental health services to benefit from the child's educational program, the school or school district is obligated to provide them as a related service. If the school cannot provide services that meet the child's needs, it refers the student to the county mental health program for assessment and services. (See Access to Health Care and Related Benefits at School)

A. What is AB3632?

Initially, schools were entirely responsible for providing mental health services for students in special education who needed them. Recognizing that student needs for mental health services were not being met, the California Assembly passed AB3632, an interagency law that requires local educational agencies to coordinate with the county mental health program to serve students with disabilities. Currently, counties and their mental health divisions are obligated to conduct mental health assessments and provide necessary mental-health services as specified in students' IEPs. [214]

Note: Governor Arnold Schwarzenegger suspended AB3632 by line item veto on October 8, 2010, eliminating state funding for county mental health services. Currently, the status of AB3632 and the effect of its suspension is uncertain and the subject of various lawsuits. The material in these pages describes AB3632 as it was prior to these developments.

B. What Happens When A Student Has A Suspected Mental Health Disability?

A school or school district, parent or IEP team can refer a student for appropriate social and emotional assessments or testing if any of them suspect that a child has a mental health disability.[215] After testing, an **Individualized Education Program (IEP)** team, including a parent or guardian, teacher and school officials meet to determine the students' eligibility for special education, and to recommend further assessments, instruction and supportive services. An IEP team must include mental health services such as therapy, counseling, and behavioral interventions in a student's IEP if the student needs them to benefit from the educational program.

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C. When Does A School Refer a Student to the County Mental Health Program?

The IEP team can refer the student to the county mental health program if the student meets certain requirements and if the school making the referral obtains parental consent.[216]

1. Student Has Exhibited Emotional or Behavioral Characteristics

The school refers the student after it documents that the student has exhibited "emotional or behavioral characteristics":

- that qualified educational staff have observed,
- that keep the student from benefiting from educational services,
- that are significant because they occur with frequency or intensity, and
- that cannot be resolved with short term counseling or described solely as a "social maladjustment" or "temporary adjustment problem."

- Additionally, the student's functioning, including cognitive functioning, must be at a sufficient level to allow the student to benefit from mental health services.[217]

2. The School Must Have Attempted or Considered Providing Services

The school only makes the AB3632 referral after it has attempted to provide mental health services to the student that either did not meet the child's educational needs or after the school has considered providing services but determined that they would be inadequate and inappropriate.[218] This referral process is not intended to address psychiatric emergencies.[219] The school must submit a referral package with extensive documentation to the county mental health program.

D. Which Mental Health Services are Available through the County Mental Health Program?

1. Assessment and Selection of Services

After the school refers the student to the county mental health program, it assesses the student's need for mental health services. Following the assessment, the IEP team meets to discuss the results. Under AB3632, covered mental health services include:

- mental health assessments,

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- IEP psychotherapy provided to the student individually or in a group,
- collateral services,
- medication monitoring,
- intensive day treatment,
- day rehabilitation, and
- case management.[220]

2. Placement in Least Restrictive Environment

Through the IEP process, the county mental health program works with the school to develop an appropriate placement that is acceptable to the child's parent, that meets the student's educational and mental health needs, and that is in the **least restrictive environment**.[221] Least restrictive environment means that to the maximum extent appropriate, students with disabilities have the right to receive educational and other services with children who do not have disabilities.

E. What if a Child Requires Residential Placement?

AB3632 requires that the counties and their mental health programs provide residential care based treatment if a student needs it to benefit from educational services and it is specified in the student's IEP.[222] If a child has been assessed for suspected disability, and the assessment determines that a child has a **serious emotional disturbance**, the IEP team expands to include a representative of the county mental health department.

The team considers:

- whether there are non-residential alternatives that would meet the needs of the student,
- whether residential care is necessary, and
- whether residential services are available that address the student's needs.

If the team decides that residential placement is necessary, the county mental health program is designated as lead case manager, though it can delegate that responsibility to the county welfare department. The IEP team identifies the residential facility for placement. In addition, the team reviews the case every six months to evaluate whether the student continues to need out-of-home placement.

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F. What if a Child Does not Receive an Entitled Service Through AB3632?

When a child does not receive a mental health service through the county mental health program or an occupational or physical therapy service at school through CCS, the parent or local educational agency submits a written notification of the failure to provide the service to the Superintendent of Public Instruction or the Secretary of Health and Human Services.[223] The LEA and the other agency are required to meet within 15 days and send a letter regarding the resolution of the matter to all affected parties. There are further steps available if their meeting does not resolve the matter.

A student should not go without a service specified in an IEP even when there is a dispute between agencies about who provides it. If a non-educational agency fails to provide a service, the LEA is responsible. The parent also has the right to request a due process hearing if a child is not receiving a service specified in the IEP.

(See Access to Health Care and Related Benefits at School)

G. What Mental Health Services are Available for Younger Children in School?

The Early Mental Health Initiative is a California program that provides matching grants to local educational agencies to serve children in kindergarten through 3rd grade who are experiencing mild to moderate school adjustment difficulty and would benefit from additional support. The program targets children from low-income families, children in out of home placement or children who are otherwise at risk. Students receiving services through AB3632 would typically have needs that exceed the scope of this program, though special education students without intensive mental health needs can participate.[224]

For information, please contact DMHEMHI@dmh.ca.gov or

(916) 651-3740

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MENTAL HEALTH SERVICES FOR STUDENTS WITH SPECIAL EDUCATION NEEDS

Benefit/Service	Services Provided	Entities Responsible	Interagency Coordination	Authority
Initial Referral to School or District for Assessment of Social and Emotional Status	The parent or school refers the student for testing in all areas of "suspected disability," including social and emotional status, and the school assesses and convenes an IEP team meeting, with parental consent, before the student is placed in special education instruction.	LEA	• The LEA provides the initial mental health assessment. If the LEA thinks a student will need mental health services, it asks for LA County DMH's participation in the IEP. • The LEA is also obligated to assess the educational needs of a student referred by LA County DMH and must develop a proposed assessment plan within 15 days of receiving the referral.	CAL. GOV'T CODE § 7576(a)-(b) (West 2010); CAL. EDUC. CODE § 56320(f) (West 2010). Interagency Agreement between LAUSD SELPA and LA County DMH.
Related Services under the IEP	Psychological services, social work services, counseling and guidance services, including rehabilitation counseling, parent counseling and training, or behavioral intervention described in the IEP.	LEA/SELPA		20 U.S.C. § 1401(26) (2006); CAL. EDUC. CODE §§ 56363(b), 56520 (West 2010); C.F.R. tit. 34, § 300.34 (2010). Interagency Agreement between LAUSD SELPA and LA County DMH.

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Benefit/Service	Services Provided	Entities Responsible	Interagency Coordination	Authority
Referral to County Mental Health Program	After the school has assessed the student and provided services or considered services and decided they were inadequate, an IEP team may refer the student to a County Mental Health Program with a parent's consent.	IEP team	If a student's IEP calls for a functional behavioral assessment and behavior intervention plan, the LEA provides documentation upon referral to the county MHP.	CAL. GOV'T CODE § 7576(a)-(b) (West 2010). Interagency Agreement between LAUSD SELPA and LA County DMH.
Assessment by County Mental Health Program	LA County DMH performs the assessment, following a school's referral, submits results and attends the IEP within 60 days.	DMH	LA County DMH is responsible for the costs of assessment even if it is prior to approval of the IEP.	CAL. GOV'T CODE §§ 7576(b), 7576(h) (West 2010). Interagency Agreement between LAUSD SELPA and LA County DMH.
IEP Meetings	LEA must convene a team meeting held within 60 days of receipt of parental consent for LA County DMH assessment. • LEA or SELPA must convene an IEP within 30 days of a request from the county for students with an existing IEP.	LEA	LA County DMH attends the IEP led by the IEP team or provides written input; there may be specifications regarding the student's need for transportation to mental health services or continuing mental health services during vacations.	Interagency Agreement between LAUSD SELPA and LA County DMH.

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Benefit/Service	Services Provided	Entities Responsible	Interagency Coordination	Authority
Mental Health Services for Students	Assessments, therapy, collateral, day treatment programs and case management.	LA County DMH	Responsible for providing mental health services identified in the IEP following a referral to the agency and an assessment.	CAL. GOV'T CODE §7576(a) (West 2010); CAL. EDUC. CODE § 56363 (West 2010); CAL. CODE REGS. tit. 2, §60020(i) (2010). State Interagency Cooperative Agreement between CDE and LA County DMH.
IEP Meeting for Residential Placement Option	If an assessment determines that a student has a "serious emotional disturbance" and residential placement is being considered, a representative of LA County's DMH attends the IEP.	LA County DMH and LEA/SELPA/IEP team	IEP team is expanded to include the MHP and discusses the student's need for residential care, its availability and any non-residential alternatives.	CAL. GOV'T CODE § 7572.5 (West 2010).

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Benefit/Service	Services Provided	Entities Responsible	Interagency Coordination	Authority
Residential Placement	If non-residential alternatives do not meet the student's needs, the IEP team may decide that the student will attend a 24 hour residential therapeutic program.	LA County DMH and LEA/SELPA and IEP team	• The local mental health program is financially responsible for mental health services within the IEP including residential and therapeutic services. It serves as lead case manager when a child has been placed outside the home under AB3632. • The LEA is financially responsible for transportation of a student to and from mental health services and the residential placement and pays for special education, instruction and related services. • The LEA convenes IEPs every six months to make sure that residential placement is still appropriate.	CAL. GOV'T CODE § 7572.5 (West 2010). CAL. CODE REGS. TIT. 2, § 60200 (C)-(D)(2010).
Mental Health Services in Residential Placement Outside County of Origin		MHP in county of origin	• The MHP in the county of origin has financial and programmatic responsibility for providing mental health services. • Host county is responsible to make provider network available and provide county of origin with list of appropriate providers. • County of origin shall negotiate with host counties to obtain access to limited resources such as intensive day treatment and day rehabilitation.	CAL. GOV'T CODE § 7676(g) (West 2010); CAL. CODE REGS. tit. 2, § 60200(c)(2010).

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Benefit/Service	Services Provided	Entities Responsible	Interagency Coordination	Authority
Payment Responsibilities for Mental Health Services for Children with IEPs	Responsible for providing and paying for mental health services for children with IEPs through interagency referral.	LA County DMH	The county mental health program is responsible to provide and pay for services. If it fails to pay, the LEA responsible for the child's IEP provides or pays for services and then seeks reimbursement.	C.F.R. tit. 34, §300.154(a) (2010). State Interagency Cooperative Agreement between CDE and LA County DMH; Interagency Agreement between LAUSD SELPA and LA County DMH.
Funding Transfer for Mental Health Services	Mental health services for children with IEPs through interagency referral.	LA County Office of Education	If the LEA is funded to provide services under AB3632, it transfers the funds to community mental health entities that provide the services.	CAL. GOV'T CODE § 7576.5 (West 2010). MOU between LA County DMH and the LA County Office of Education for Children's Mental Health Services.

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Benefit/Service	Services Provided	Entities Responsible	Interagency Coordination	Authority
Behavioral Interventions for Children with Special Needs	The school provides an assessment and behavior intervention plan when a student has serious behavioral problems or a behavioral emergency that impacts ability to learn.	LEA		CAL. EDUC. CODE §§ 56520, 56523, 56525 (West 2010); CAL. CODE REGS. tit. 5, §§ 3001, 3052 (2010).

IV. MENTAL HEALTH BENEFITS FOR CHILDREN WITH DEVELOPMENTAL DISABILITIES

Children and adults who have a developmental disability and a mental health condition or mental disability may be referred to as having a **"dual diagnosis."**[225] Regional centers and county mental health departments are required to coordinate services in order to serve people with a dual diagnosis who may need services and supports from both systems.[226] Mental health services are among the services and supports that may be listed in an IPP.[227]

(See Regional Center)

Parent's Note: If a child with a developmental disability, who is a regional center consumer, needs mental health services, the regional center is obligated to help that child access them. However, the child and the child's parent or guardian may face unique challenges in trying to access mental health services when a child has a dual diagnosis.

A. Is the Regional Center Responsible for Providing Mental Health Services to Consumers who are Dually Diagnosed?

Before the regional center can fund services, such as mental health services listed in an IPP, it must pursue funding through other sources including the county mental health plan and Medi-Cal.[228] If a child with a developmental disability is Medi-Cal eligible, that child may be eligible for EPSDT mental health services

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through the county mental health plan. A regional center may only be obligated to provide mental health services if there is a delay securing mental health services for the consumer under Medi-Cal. Generally, a regional center will not provide direct treatment and therapeutic services, but will use appropriate service providers in the community to purchase services, except in an emergency.[229]

B. What if A Child Needs Emergency Mental Health Services?

A regional center may provide emergency and crisis intervention services directly, including mental health services and behavior modification services, if they are needed to keep a child with a developmental disability in a chosen living arrangement. The Lanterman Act places a priority on providing supports to avoid disruption to the child's living arrangement. If a child is temporarily placed out of the child's home, all efforts are made to return the child to her living arrangement as soon as possible.

C. What If a Child is Admitted to an In-Patient Facility?

If a child with a developmental disability is admitted to a mental health inpatient facility, the regional center and local mental health agency collaborate on planning for that person, including formulating a discharge plan that spells out treatment needs and agency responsibility.[230]

D. How Can I Obtain Appropriate Services for a Dually Diagnosed Child?

- In Los Angeles County, there is a Memorandum of Understanding between the Los Angeles County Regional Centers and the Los Angeles County Department of Mental Health to implement a coordinated system of services to meet the needs of people who are served by both systems. Through this agreement, the LACDMH and regional centers develop a plan for crisis intervention, conference about the necessity for psychiatric treatment in individual cases and about conflict resolution.
- Even though the county mental health system is obligated to provide services for people with multiple disabilities, it is possible that a mental health service provider will turn away a person with a dual diagnosis. One of the reasons a provider may try to turn regional center consumers away is because certain developmental disabilities are excluded from mental health coverage under Medi-Cal.[231] County mental health programs must provide services to treat a person with a covered diagnosis, even if the person also has an excluded diagnosis.[232]

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- The other issue that a parent or case manager may face when seeking mental health services for a child with a developmental disability is that specialized services and supports for people with dual diagnoses may be difficult to find. If mental health services are in a child's IPP, the regional center is obligated to work with the parent and other entities and providers to develop these resources.
- Additionally, an individual coming from the mental health system into the regional center system may also face questions regarding eligibility for regional center services because of complications with a dual diagnosis.

MENTAL HEALTH SERVICES FOR CHILDREN WITH DEVELOPMENTAL DISABILITIES

Benefit/Service	Services Provided	Entities Responsible	Care Coordination	Authority/Reference
Interagency Service for Consumers with Dual Diagnosis: Developmental and Mental Disability	Collaborative services to increase communication between regional centers and county mental health agencies to ensure continuity of services, timely resolution of conflicts, and coordinated plan for crisis intervention.	Regional Center / LA County DMH	The LA County regional centers and Department of Mental Health collaborate to make sure that individuals with a dual diagnosis get appropriately served.	CAL. WELF. & INST. CODE § 4696.1(a)-(b) (West 2010).
Mental Health Services	Specialty Mental Health Services (See Mental Health Services Under Medi-Cal)	LA County DMH	A regional center may fund services while a consumer is trying to secure mental health services from Medi-Cal and the County mental health program if they are not yet in place.	*See* CAL. WELF. & INST. CODE §4659 (West 2010).

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Benefit/Service	Services Provided	Entities Responsible	Care Coordination	Authority
Crisis Intervention	Mental health Services, crisis intervention, and behavior modification to maintain people in their homes.	LA County DMH/Regional Center	Agreed upon interagency plan including after-hours emergency response, interagency notification and follow up.	CAL. WELF. & INST. CODE §§ 4648(a)(10), 4696.1 (West 2010).
Crisis Intervention if a child must be placed outside the home	If crisis intervention does not succeed in keeping a child at home, emergency housing is provided and all efforts are made to return the child to her home.	Regional Center		CAL. WELF. & INST. CODE § 4648 (a) (10) (West 2010).
Early Intervention Mental Health Services for children up to age 3 years old, who are eligible for Early Start	Counseling, social work, and psychological services	Regional Center	Under Early Start, regional centers are the payer of last resort after pursuing other sources of funding.	CAL. CODE REGS. tit. 17, §§ 52000(b) (12), 52109 (2010).

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Benefit/Service	Services Provided	Entities Responsible	Care Coordination	Authority
Inpatient Care and Discharge	Planning, case conferences, discharge and follow up placement following discharge from facility.	LA County DMH/Regional Center	• Mutual planning and case conferences between regional center and county mental health held after a consumer's admission into an inpatient mental health facility. • DMH is responsible for inpatient care and must promptly notify the regional center if a consumer is admitted to an inpatient facility. If placement is delayed, the MHP pays for four (4) administrative days. • If the regional center is further delayed in finding appropriate placement, and if the facility obtains authorization, the regional center will pay administrative costs of a continued stay.	CAL. WELF. & INST. CODE § 4696.1(a)-(b) (West 2010). Addendum to MOU between select Regional Centers in LA County and LA County DMH.

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CALIFORNIA CHILDREN'S SERVICES

I. INTRODUCTION

A. What is the California Children's Services Program?

California Children's Services (CCS) is a state program that coordinates and pays for specialty medical care for children under the age of 21, with certain chronic, catastrophic, congenital, or disabling medical conditions. CCS only covers diagnostic services, treatment, and other benefits that it determines are **medically necessary** for the CCS-eligible medical condition.[233] CCS is **not** a health insurance program because it does not meet or pay for **all** of a child's health care needs, just medical care related to the CCS-eligible medical condition.

- **Parent's Note:** In addition to the general CCS program, CCS runs a Medical Therapy Program (MTP) that provides therapies through Medical Therapy Units (MTUs) located at selected school sites.
  (See below at IVB.)

B. Which Agencies Administer the CCS Program?

California Children's Services (CCS) is a state program administered as a partnership between California's Department of Health Care Services (DHCS) and county entities.[234] The Los Angeles County Department of Public Health operates the program for L.A. County. (See Appendix A for a flow chart of L.A. County administration of CCS).

II. ELIGIBILITY AND APPLICATION PROCESS

A. Who is Eligible for CCS?

To qualify for CCS, a child must meet the following age, residential, medical, and financial requirements:

1. The child is under the age of 21.
2. The child permanently resides in California. Note that a child's immigration status does not impact eligibility for CCS.
3. The child is **medically eligible**. (See IIC for examples of CCS-eligible medical conditions)

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- If a child's medical eligibility is uncertain, but based on the child's records the CCS program has a strong suspicion of a qualifying condition, the CCS program may authorize free diagnostic or testing services to determine medical eligibility, without the family having to meet financial eligibility requirements, unless the family has health coverage through commercial insurance or another primary funding source.[235]

Parent's Note: It is important that families and other referral sources provide the appropriate medical information to the CCS office as promptly as possible to help expedite CCS' decision about the child's medical eligibility.

4. The child is **financially eligible** under one of the following categories**:**
   - The child has full scope Medi-Cal with no share of cost or
   - The child has Healthy Families or
   - The child's family's adjusted gross income is $40,000 or less or
   - The child's family's adjusted gross income is more than $40,000 but out of pocket medical care for medically necessary care for the child's CCS-eligible medical condition is expected to be more than 20% of the family's yearly adjusted gross income without CCS coverage.[236]
   - If the child was adopted with a known CCS-eligible medical condition at the time of adoption the child can access CCS services even if the adoptive parent(s) earn more than $40,000.

B. Do Fees Apply?

There are fees to participate in CCS that apply in limited circumstances to some program applicants. Some families may pay a $20 annual assessment fee and an enrollment fee on a sliding scale based on family size and income for general CCS program services. Families may request a reduction or waiver of fees because of financial hardship.[237] These fees will not apply if the child has full scope Medi-Cal with no share of cost, Healthy Families, or if the child is only receiving CCS diagnostic services or CCS Medical Therapy Program (MTP) services.[238]

C. What are CCS-eligible Medical Conditions?

- CCS covers certain chronic, catastrophic, congenital, or disabling medical conditions referred to as **CCS-eligible medical conditions**. CCS carefully reviews medical information, and may be able to pay for diagnostic or testing services to determine whether a child has a CCS-eligible medical condition. Some of the categories of conditions that CCS may cover and some examples are: malignant neoplasms (cancer), chronic diseases of the respiratory system (such as cystic fibrosis), a few severe infectious diseases (such as HIV

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infection), sensorineural hearing loss (See Services for Deaf Children) and a number of other traumatic and disabling injuries.[239] There are certain criteria that determine if a particular child's medical condition is eligible. See CAL. CODE REGS. tit. 22, §§ 41515.2-41518.9 for a full list of conditions.

- CCS does not cover a child whose application is based solely on mental retardation or a mental disorder.[240] However, CCS may cover a child with a developmental or mental health disability if the child also has a physical condition that CCS covers. In that situation, CCS would provide medically necessary care for the CCS-eligible medical condition only. CCS would refer to or coordinate with the local regional center, school district or other agencies for care related to the child's developmental disability or developmental delay.

D. What is the Referral and Application Process for CCS?

The steps to services[241] are:

1. A physician, parent, or other person notes the child's possible CCS-eligible medical condition.
2. A referral is made to CCS. A physician, parent, teacher or any other adult can refer a child to CCS.[242] There are situations in which CCS can pay for bills back to the date of the referral.
3. A parent or guardian submits an application to CCS. Even though the parent or guardian may not have to complete an application if the child already has full scope Medi-Cal, it is recommended.
4. CCS checks child's eligibility for age, residency, medical and financial requirements.[243]

Parent's Note: CCS may also require applicants to CCS to apply for Medi-Cal or Healthy Families if they may be eligible.[244]

III. AUTHORIZATIONS and OTHER COVERAGE

A. How does CCS Authorize Needed Services?

- CCS services typically require authorization, with the exception of emergency services, before a doctor, therapist, or other provider provides services. The authorization is the agreement that CCS will pay for services that are medically necessary. However, medically necessary care for the CCS-eligible medical condition will not be withheld for lack of prior authorization as long as there is timely notification to CCS. For example, authorization for services provided when the administering agency's offices are closed maybe issued

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retroactively provided that the physician, hospital or other provider provides prompt notification to CCS the first day that the agency is open.[245]

- First, CCS confirms that the child receiving services is medically eligible and then other steps follow:
  1. The provider must be approved by the program. The CCS program only pays for doctors approved by the state CCS program, referred to as CCS paneled providers. CCS must also approve facilities and other providers, subject to exception related to emergency trauma.
  2. The services authorized must be medically necessary to treat the child's CCS-eligible medical condition.[246]
  3. Additionally, CCS will check whether there are primary payers responsible, such as commercial (private) insurance (See Below at IIIB.)

Parent's Note: CCS works with CCS paneled providers to approve services such as doctor visits and equipment related to the child's eligible medical condition. A paneled CCS provider sends a prescription of the needed care to CCS, and CCS reviews the request. If CCS finds the requested care medically necessary to treat the CCS-eligible medical condition, it authorizes the service or equipment or medication.

B. What if a Child is Eligible for other Public Programs or has Private Insurance?

- CCS is a "payer of last resort', which means that even with an authorization in place, all other possible payers, such as a **commercial insurance plan**, pay first before CCS reimbursement can occur. Providers are obligated to submit claims to primary payers first and CCS requires an EOB before it will pay. CCS can only pay for services that are medically necessary.

- If a child has **commercial HMO insurance coverage**, CCS will only pay for authorized CCS services that the HMO excludes. CCS requires an exclusion letter before it will pay for services.

- If a child is eligible for Medi-Cal and CCS, CCS will authorize and arrange for care for that child related to the CCS medically eligible condition using the appropriate funding source.[247]

- Medically necessary care for a Medi-Cal beneficiary unrelated to the CCS-eligible medical condition is still covered by Medi-Cal.

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C. What if a Child Belongs to L.A. Care Health Plan or Another Medi-Cal Managed Care Plan?

Generally, if a child belongs to a Medi-Cal managed care plan, CCS covered services are "carved out." This means that the Medi-Cal managed care plan does not cover CCS authorized services related to the child's CCS condition, but will cover medically necessary care that CCS does not authorize or that is unrelated to the CCS-eligible condition.[248] CCS, not the managed care plan, has the responsibility for making medical necessity determinations related to the CCS-eligible medical condition.[249]

IV. SERVICES and BENEFITS

A. What Services does CCS Authorize through its Case Management?

- Diagnostics (testing, x-rays, and medical examinations, etc.)
- Medical treatment related to the CCS-eligible condition including:
  - Doctor office visits
  - Hospital Stays
  - Emergency room visits
  - Rehabilitation Services
  - Surgery
  - Laboratory tests
  - X-rays
  - In-Home nursing and home health care services
  - Medications
  - Durable medical equipment
  - Medical supplies
  - Medical Therapy Program (with separate eligibility)
- Short term mental health benefits related to the CCS condition
- Access to Special Care Centers
- Maintenance and transportation (subject to the regulations)[250] (See Transportation)

See Benefits Matrix: CCS below.

B. What is the Medical Therapy Program?

1. What Services are offered?

- The Medical Therapy Program (MTP) is a program within CCS that provides **medically necessary** physical and/or occupational therapy services to children with certain or specified eligible conditions.[251]

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Like in the general CCS program, anyone, a parent, teacher, nurse, or doctor can refer a child to the MTP. Once the CCS program determines that a child is eligible for MTP, CCS refers the child to a Medical Therapy Unit (MTU) for a therapy evaluation. MTP services are provided in MTUs that are located in public schools. [252]

- Some MTP eligible children may also attend a Medical Therapy Conference (MTC) at the MTU. The MTC is an inter-disciplinary team meeting, including the parent, where the child's care related to the MTP condition is planned. This includes assessing the child's need for occupational therapy, physical therapy and recommendations for specialized equipment.[253]

- MTP staff coordinates with local schools regarding the provision of therapies to students. Los Angeles County has approximately 23 MTUs listed on the DHCS web site.[254]

2. Who is Eligible for the Medical Therapy Program?

- Not all children who are eligible for the CCS general program will qualify for therapy through the MTP. There are separate eligibility criteria that allow a child to be eligible for MTP. Children with eligible disabling conditions, generally chronic neuromuscular or musculoskeletal disorders, are eligible to participate when they require medically necessary therapy. CCS applicants who are under three years of age can be eligible with two or more neurological findings as set out in the regulations. For a fuller explanation of MTP eligibility see CAL. CODE REGS. tit. 22, § 41517.55.

- http://www.lapublichealth.org/cms/docs/MTP%20ELIG%20Criteria.pdf

- There is no financial eligibility requirement to participate in the MTP, so an eligible child may receive MTP services even if the child's family is not financially eligible for the general CCS program.[255] However, there is a financial eligibility requirement for CCS coverage of specialized equipment, surgery and any other services that require authorization under the CCS general program. (See Assistive Technology)

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IV. FAMILY/CLIENT COMMUNICATION

A. What if a Family Disagrees with a CCS Decision?

- CCS issues a notice of action (NOA) in certain situations including:
  - when it denies a service that has been appropriately requested,
  - when it denies or discontinues a client's eligibility for the program or
  - when it discontinues a service or benefit that had been authorized.[256]
- However, a notice of action is not required in certain circumstances including if the reduction, termination, or other modification of current services or benefits is ordered by the CCS physician who is providing medical supervision of the client.[257]
- If a parent or guardian disagrees with a CCS agency decision, that person can appeal the decision by writing to the local CCS office, except when the service under dispute has been ordered or terminated by the CCS physician with responsibility for medical supervision of the client.[258] (If the family or client disagrees with the doctor they can request a review by an expert physician whose decision will be final.)
- The family or client's appeal to the local office is the first level of appeal.
- If the CCS client or applicant is not satisfied with the decision at the first level of appeal, the client has a right to a CCS fair hearing. The request for a fair hearing is submitted within 14 days of the decision at the first level of appeal and is submitted to DHCS.[4]
- If there is a dispute about the level of therapy provided through MTP, there is an expert review process available.

B. How Do I Contact the CCS Office in LA County?

- The nurse case manager is the family's contact person in the CCS system. You can find out who the nurse case manager is by calling the CCS program telephone number below. The family may leave a message and receive a response by telephone or set up an in-person appointment. If the family's telephone call is urgent, then the family should call the same number and ask for a supervisor or the Nurse Response Unit.

Tel. # (800) 288-4584 For MTP Services please call 626-569-648
Fax # (808) 924-1154

[4] CAL. CODE REGS. tit. 22, § 42180 (2010).

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E-mail: ccs@ph.lacounty.gov
Address: 9320 Telstar Ave., Suite #226, El Monte, CA 91731

For a CCS brochure link to www.dhcs.ca.gov/formsandpubs/publications/documents/cms/pub4.pdf

CALIFORNIA CHILDREN'S SERVICES

Benefit/Service	Services Provided	Entities Responsible	Coordination with Other Entities	Authority/Reference
Diagnostic Services	Services to determine CCS medical eligibility that include: review of applicant's medical history, results of physician's examination, laboratory results and/or other tests or examinations that support diagnosis of the eligible conditions.	CCS		CAL. HEALTH & SAFETY CODE § 123860 (West 2010); CAL. CODE REGS. tit. 22, § 41515.1 (2010).
Medical Case Management	Every CCS participant is assigned a nurse case manager. Case management includes deciding the child's medical needs and facilitating access to necessary medical treatment and services through referrals to qualified specialists, coordinating care and referring to other programs.	CCS	• If a child is dually eligible for CCS and Medi-Cal, Medi-Cal refers CCS-eligible clients to CCS for case management and authorization for treatment related to the CCS-eligible medical condition. • If a child is dually eligible and the child is also enrolled in L.A. Care Health Plan, CCS provides case management related to the CCS medically eligible condition.	CAL. CODE REGS. tit. 22, § 51013 (2010). PUBLIC HEALTH PROGRAMS AND SERVICES MEMORANDUM OF UNDERSTANDING WITH LOCAL INITIATIVE HEALTH AUTHORITY FOR LOS ANGELES COUNTY (L.A. CARE) AND THE COUNTY (3/9/1999)

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Benefit/Service	Services Provided	Entities Responsible	Coordination with Other Entities	Authority/Reference
Medical Treatment	CCS authorizes a variety of services when ***medically necessary*** to treat a child's CCS-eligible condition including: medicines, equipment, medical supplies, hospital stays, emergency room visits, surgery, and laboratory examinations.	CCS	• If a child has private commercial insurance, CCS will require billing to the private plan first and may pay for some services not covered by the private plan. • CCS will only cover services **excluded** by a commercial HMO. • If a child is dually covered by Medi-Cal and CCS, CCS authorizes services to treat the CCS condition using Medi-Cal funds. • If a child is dually covered by CCS and a Medi-Cal managed care plan, generally CCS is "carved out" of the plan's responsibilities. CCS is responsible for services related to the CCS-eligible condition, and the Medi-Cal managed care plan is responsible for health care unrelated to the CCS condition.	CAL. WELF. & INST. CODE § 14094.3 (West 2010). CCS Numbered Letter 06-0394. *California Children's Services*, DEPARTMENT OF HEALTH CARE SERVICES, http://www.dhcs.ca.gov/services/CCS ; *California Children's Services*, DISABILITY RIGHTS CALIFORNIA, No. 5060.01, http://www.disabilityrightsca.org/pubs/506001.pdf.
Medical Treatment/ Nursing Services	Private Duty Nursing Services (Shift Nursing) Skilled nursing services provided on a shift basis for individuals who need continuous care. Must be medically necessary and prescribed by a CCS approved physician.	Medi-Cal Medical Case Management	• For children who are eligible for CCS and Medi-Cal, requests for shift nursing beyond 90 days go to Medi-Cal Medical Case Management for approval. • CCS authorizes shift nursing for Medi-Cal managed care or recipients who are CCS only.	CCS Numbered Letter 05-0207. *EPSDT, Managed Care and the CCS Carve Out*, DISABILITY RIGHTS CALIFORNIA, NO. 521801. (See Long Term Support)

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Benefit/Service	Services Provided	Entities Responsible	Coordination with Other Entities	Authority/Reference
Home Health Services for children who are eligible for CCS	Intermittent home health services, prescribed by a doctor in accordance with a written treatment plan that indicates the need for one or more of the following services: skilled nursing services, physical therapy, occupational therapy, speech therapy, medical social services, home health aide, utilization of medical supplies, and respiratory care therapy.	CCS	CCS authorizes intermittent home health services through a home health agency (HHA) for CCS-eligible children when medically necessary to treat the CCS-eligible medical condition and when not appropriate in non-home settings.	CCS Numbered Letter 07-0506.
Assistive Technology (AT), Medical Equipment and Supplies	CCS provides **medically necessary** devices and durable medical equipment required to treat the child's eligible medical condition including: durable medical equipment, medical supplies, medical appliances and electronic communication devices. Authorized for purposes of improving mobility and self care including communication, only when limited by the CCS-eligible medical condition.	CCS/ LEA	• The Local Education Agency (LEA) is responsible for devices that are predominantly for school use. • Commercial HMOs typically exclude coverage for this equipment which would then allow CCS coverage.	CCS Numbered Letter 09-0703. (See Assistive Technology)

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Benefit/Service	Services Provided	Entities Responsible	Coordination with Other Entities	Authority/Reference
Medical Therapy Program	"Medically necessary occupational therapy or physical therapy services" are those services directed at achieving or preventing further loss of functional skills, or reducing the incidence and severity of physical disability.	CCS	Through the MTP, CCS provides medically necessary physical and/ or occupational therapy to children with specifically defined eligible medical conditions through MTUs in coordination with educational agencies.	CAL. GOV'T CODE § 7575 (West 2010), CAL. CODE REGS. tit. 22, §§ 41450, 41517.5 (2010), CAL. CODE REGS. tit. 2, §60300 (2010).
Medical Therapy Program (Continued)	Coordination of Therapy services with Educational Agencies	CCS and LEA	Educational agencies and CCS develop a local interagency agreement to facilitate provision of medically necessary OT/PT.	CAL. CODE REGS. tit. 2, §§ 60310, 60320 (2010).
Medical Therapy Program (Continued)	Assessment and Referral	CCS and LEA	• When a student is referred to the SELPA for assessment of fine and gross motor or physical skills, either the SELPA or CCS assesses the student depending on the student's medical background.	*See* Local Interagency Agreement between LAUSD SELPA and LA County CCS (2/1/2007) and other Local Interagency Agreements between various LA SELPAs and LA County CCS.

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Benefit/Service	Services Provided	Entities Responsible	Coordination with Other Entities	Authority/Reference
Medical Therapy Program (Continued)	Therapeutic services in the school setting	CCS	• CCS is the primary agency to provide medically necessary services if the same services have been identified by both CCS and the local educational agency. CCS is responsible for providing medically necessary OT/PT services pursuant to medical diagnosis when listed in a student's IEP.	CAL. GOV'T CODE § 7575(a) (1) (West 2010).
		LEA	• If CCS cannot meet a child's OT or PT needs which are both medically necessary and a related service in the IEP, the LEA assumes responsibility to provide or pay for those services. Later, the LEA may claim reimbursement from CCS.	34 C.F.R. § 300.154(b) (2) (2010).
		LEA	• The LEA is responsible for therapy services when CCS determines that the therapy is **not** medically necessary, but the IEP team believes that therapy is necessary in order to assist a child to benefit from education.	CAL. GOV'T CODE § 7575(a) (2) (West 2010).
Medical Therapy Program	Transportation	LEA	• LEA provides transportation to the MTU when included in the IEP as a related service. CCS is not responsible for these transportation costs.	*See e.g.* Local Interagency Agreement between LAUSD SELPA and LA County CCS (2/1/2007)

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Benefit/Service	Services Provided	Entities Responsible	Coordination with Other Entities	Authority/Reference
Mental Health Benefits	CCS will provide limited mental health benefits through its social work unit for emotional difficulties related to a CCS condition.	CCS	• CCS refers the child to the Department of Mental Health for long term treatment or for primary mental health conditions.	*Children's Medical Services Frequently Asked Questions*, COUNTY OF LOS ANGELES PUBLIC HEALTH, http://www.publichealth.lacounty.gov/phcommon/public/faqs/faqdisplist.cfm?ou=ph&prog=fhp&unit=cms/. (See Mental Health)
Special Care Centers (SCC)	CCS may require that children with certain medical conditions receive care from an interdisciplinary team of multiple specialists through Special Care Centers in order to receive comprehensive, coordinated health care along with the development of a family plan.	CCS	• When a child turns 21 and is no longer eligible for CCS, he/she may be able to participate in the Genetically Handicapped Persons Program (GHPP) which provides access to Special Care Centers for certain GHPP eligible conditions.	CAL. HEALTH & SAFETY CODE § 125130 (West 2010); www.dhcs.ca.gov/services/ghpp/Pages/default.aspx

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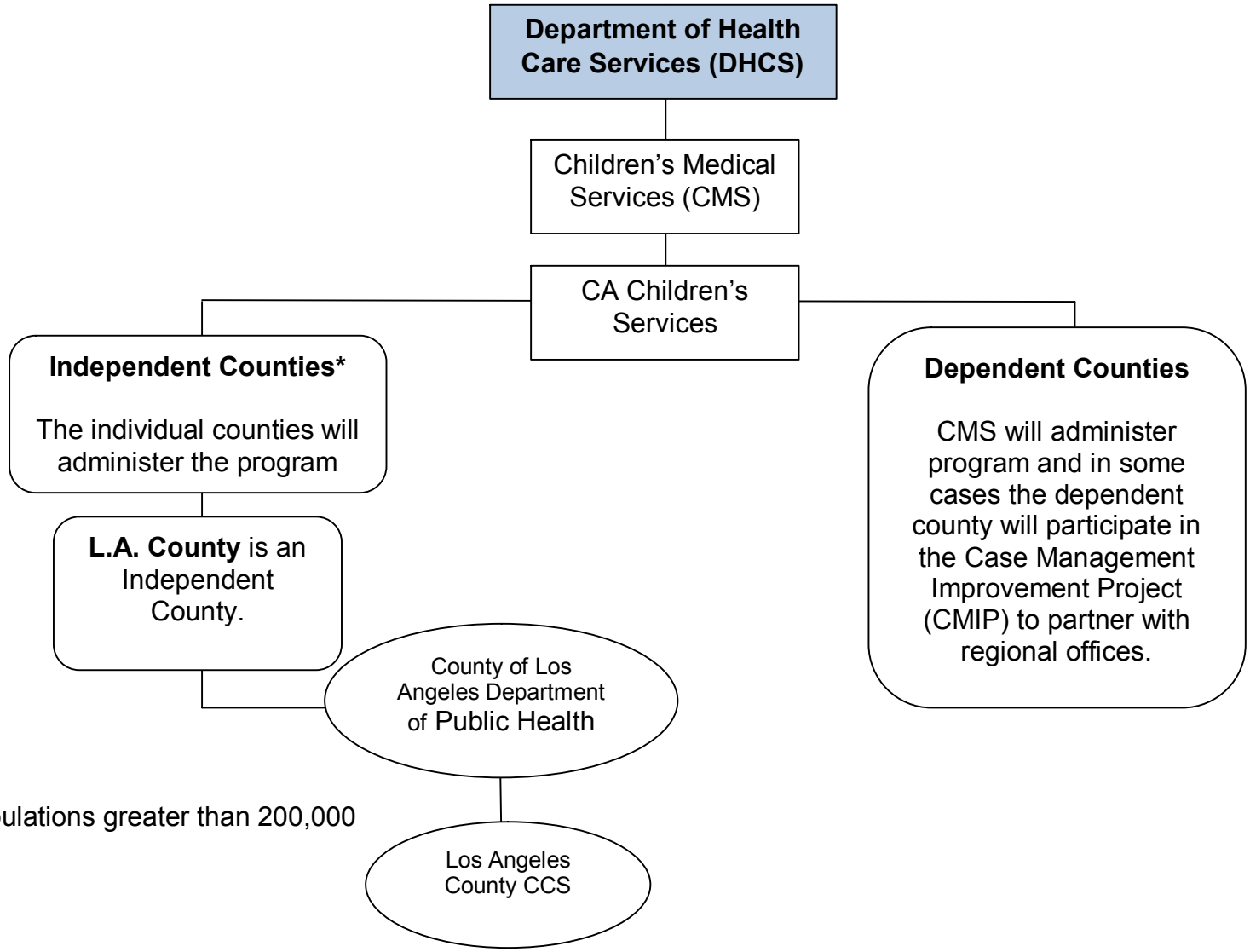
APPENDIX A

FLOW CHART OF THE ADMINISTRATION OF CCS IN LOS ANGELES COUNTY



*Counties with populations greater than 200,000

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LONG TERM MEDICAL SUPPORT AT HOME

INTRODUCTION

The Supreme Court has held that under the Americans with Disabilities Act, states are prohibited from placing or keeping people with disabilities in institutions when an institutional placement is not needed, because isolating them in that way is a form of disability discrimination.[259] Increasingly, people with disabilities who are Medi-Cal eligible and need long-term medical support may access services at home or in community based settings, rather than in long term care facilities. This chapter will explore medical and related services that are available to children and youth with disabilities in California and that support their ability to live at home and avoid placement in facilities. These services include:

I. Medi-Cal (EPSDT) benefits
II. California's Home and Community Based Services Waivers
III. In Home Supportive Services
IV. Regional Center Services

I. NURSING SERVICES AND IN-HOME SUPPORTS UNDER MEDI-CAL/EPSDT

A. Which EPSDT Services Support Children and Youth at Home?

EPSDT provides home and community based services, including private duty nursing and pediatric day health care services for individuals under the age of twenty-one (21).[260] EPSDT services are mandated benefits for Medi-Cal beneficiaries under the age of 21 who have full scope Medi-Cal. Under EPSDT, states must provide any health care service or benefit that a state could choose to provide under its Medicaid program if necessary to "correct or ameliorate a defect or a physical or mental illness." Benefits that are only available to beneficiaries under the age of 21 are EPSDT Supplemental Services. (See EPSDT)[261]

1. Is Private Duty or Shift Nursing Available?
   Private duty nursing services (also referred to as hourly or shift nursing) may be available to children and youth under the age of 21 as an EPSDT Supplemental Service if medically necessary. Private duty nursing services refer to skilled nursing services provided on a shift basis for patients who require individual and continuous nursing care, and that are provided:
   - by a registered nurse or a licensed vocational nurse, (the nurse must follow a doctor's care or plan of treatment or care)

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- to the patient in a residence or community based site such as:
  - The patient's home.
  - Outside of the patient's home, as necessitated by normal life activities.[262]

(See below at IB. for authorization requirements)

Parent's Note: Beneficiaries who receive EPSDT private duty nursing may face a significant challenge as they reach the age of 21 as these services are not available to adult Medi-Cal beneficiaries under the state plan. A child or youth will benefit from help planning for the transition to adulthood, possibly by applying for a slot under one of the state's Home and Community Based Services waivers that provide shift nursing.

2. What are Pediatric Day Health Care Services (PDHC)?
   - PDHC provides a therapeutic day program in a licensed facility for children under 21 years of age who live at home and are **medically fragile**. Children who are medically fragile have acute or chronic health problems that require therapeutic intervention and skilled nursing care during all or part of the day.[263] Medically fragile conditions may include HIV disease or a severe lung disease requiring oxygen.
   - Licensed pediatric day health care facilities provide PDHC services.[264] The facility provides therapeutic interventions as follows: physical, occupational, speech and/or medical nutritional therapies provided in compliance with a plan of treatment for the individual.[265] Pediatric day health care does not provide the family of a medically fragile child with respite care or inpatient long-term care.[266]

B. When does Medi-Cal Authorize Services?

Medi-Cal authorizes private duty nursing services and Pediatric Day Health Care (PDHC) facility services:

1. if the services meet Medi-Cal or EPSDT's definition of medical necessity,
2. are subject to prior authorization and cost effectiveness. (To be cost effective to the Medi-Cal program, home and community based services must cost less than providing like care in a licensed health facility.) **and**
3. after providers submit a request for nursing services or a Treatment Authorization Request (TAR), medical information and assessments that document the need for services, and a plan of treatment signed by a doctor.[267]

For more information about EPSDT Private Duty Nursing and Pediatric Day Health Care please contact the Medical Case Management Field Office at 213-620-2115.

www.dhcs.ca.gov/services/pages/contactmcm.aspx

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NURSING AND OTHER LONG TERM HEALTH CARE SERVICES

Benefit/Service	Services Provided	Entities Responsible	Coverage Requirements and Interaction Among Entities	Authority
Private Duty Nursing	EPSDT private duty nursing supports individuals under the age of 21 in their homes. This service is subject to prior approval and EPSDT medical necessity criteria.	Medi-Cal/EPSDT/Medi-Cal Medical Case Management	• After age 21, a beneficiary may be able to access shift nursing services through the Home and Community Based Services waivers. (See HCBS Matrix below). • If a member of L.A. Care Health Plan, the plan is responsible for providing, paying for and arranging EPSDT supplementary nursing services.	CAL. WELF. & INST. CODE § 14105.13 (West 2010). L.A. Care Health Plan Provider Manual (2008).[268]
Private Duty Nursing For Children with CCS-eligible Medical Conditions	Private duty nursing, (also referred to as hourly or shift nursing) is available as a CCS benefit for CCS-eligible medical conditions.	CCS/Medi-Cal Medical Case Management	• Requests for shift nursing beyond 90 days for children who are eligible for CCS got to Medi-Cal Case Management for approval. • CCS authorizes shift nursing services when a child who needs private duty nursing related to a CCS-eligible medical condition belongs to a Medi-Cal managed care health plan.	CAL. WELF. & INST. CODE § 14094.3(b) (West 2010). CCS Numbered Letter 05-0207, DEPARTMENT OF HEALTH CARE SERVICES.[269] *EPSDT, Managed Care and the CCS Carve Out*, DISABILITY RIGHTS CALIFORNIA, No. 521801.[270]

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Benefit/Service	Services Provided	Entities Responsible	Coverage Requirements and Interaction Among Entities	Authority
IHSS Overlap with EPSDT Nursing and Other Home Services	If a child receives private duty nursing as an EPSDT supplemental service, services may include bathing or range of motion exercises that have also been authorized by IHSS.	LA County DPSS (IHSS)/Medi-Cal Case Management	• If both EPSDT and IHSS have authorized the same services, a recipient can choose whether to receive the service from the IHSS or EPSDT provider, but cannot choose both programs. • If the recipient chooses the EPSDT provider, it may mean that IHSS hours become available for IHSS unmet needs.	All County Letter No. 02-43, DEPARTMENT OF SOCIAL SERVICES.[271]
Nursing Services, Regional Centers	Coordinates, purchases or provides nursing services for regional center consumers	DDS	Regional centers cannot purchase services otherwise available to the consumer through Medi-Cal, IHSS, CCS or private insurance.	CAL. WELF. & INST. CODE § 4659(c) (West 2010).
Nursing Services, Early Intervention	Provides, arranges or purchases nursing services for children ages 0-3 in Early Intervention Program as required by IFSP.	Regional Center	Regional centers are the payer of last resort after all other sources of payment have been reviewed for possible payment responsibility and referral.	CAL. CODE REGS. tit. 17, § 52109(b) (2010).
Home Health Aide	When child needs life supporting medical services in school and travelling between home and school.	Medi-Cal	This is a coordinated service between the local educational agency and DHCS for students with IEPs or IFSPs.	CAL. GOV'T CODE § 7575(e) (West 2010); CAL. CODE REGS. tit. 2, § 60400 (2010).

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Benefit/Service	Services Provided	Entities Responsible	Coverage Requirements and Interaction Among Entities	Authority
Home Health Services	Skilled nursing services (part time or intermittent), home health aide services, medical social services, in-home medical care services, medical supplies and equipment, and physical occupational, or speech therapies.	Medi-Cal	These services differ from shift nursing typically provided to children as an EPSDT benefit when they require continuous skilled nursing care.	42 U.S.C. §§ 1396d (a) (7), 1396(r)(5) (2006). *See generally* CAL. CODE REGS. tit. 22, § 51337 (2010).
Pediatric Day Health Care EPSDT Services	Day program services for fewer than 24 hours a day for individuals who live with their parent, foster parent or legal guardian and are medically fragile and require both skilled nursing care and a therapeutic intervention. These services are provided by a pediatric day health facility.	Medi-Cal (As of the time of this writing there are no PDHC services offered in L.A. County)	• Children who receive these services may also require services through CCS, Medi-Cal or Medi-Cal managed care. • The facility assists the parent to access medically necessary services outside the scope of PDHC. • Hours under the PDHC program may be substituted for a portion of authorized in-home nursing care services.	*See generally* CAL. WELF. & INST. CODE § 14132.10 (West 2010); CAL. CODE REGS. tit. 22 §§ 51184, 51340, 51340.1 (2010). Medi-Cal In Home Operations Informational Packet[272]

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Benefit/Service	Services Provided	Entities Responsible	Coverage Requirements and Interaction Among Entities	Authority
Mental Health Services	There are mental health services and interventions including TBS that support children with disabilities so they can remain at home.	DMH		(See Mental Health)
Incontinence Medical Supplies ("IMS")	Includes disposable diapers and briefs.	Medi-Cal	• Medi-Cal provides diapers for children over the age of 5 for use for chronic pathologic conditions causing incontinence and subject to certain limits. • Benefits may be available to children under 5 as an EPSDT benefit if it meets medical necessity. • CCS recipients may receive these benefits subject to detailed coverage requirements including that: recipients are case managed by CCS for services other than IMS, are receiving other services for the CCS eligible medical condition causing incontinence, and for children over 3 the CCS condition is the primary cause of chronic incontinence. • Regional center is a payer of last resort but may fund diapers for consumers over age 3. It may fund diapers for consumers under the age of 3 if the family can show a financial need, and the service is needed to keep the consumer living in the family home.	*See* CAL. CODE REGS. tit. 22 § 51526(c) (2010). Allied Health Provider Manual, Incontinence Medical Supplies: An Overview www.files.medi-cal.ca.gov/pubsdoco/manuals_menu.asp CCS Numbered Letter: 08-0703 www.dhcs.ca.gov/services/ccs/documents/ccsnl080703.pdf CAL. WELF. & INST. CODE §4685 (West 2010). (See Regional Center)

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II. MEDI-CAL HOME AND COMMUNITY-BASED SERVICES WAIVERS

Home and Community Based Services waivers (HCBS waivers) allow states, including California, to allow exceptions to certain Medicaid program rules in order to provide enhanced medical assistance and support to Medi-Cal beneficiaries who would otherwise require institutional care. The HCBS waivers can provide services to meet the needs of a particular group of Medi-Cal beneficiaries, such as people with developmental disabilities or individuals with AIDS, and are offered in a home or community setting.[273] HCBS services may include: case management, private duty nursing, therapies and medical equipment. The waiver programs generally add or expand services that are available under the state plan. Typically, Medi-Cal beneficiaries will access state plan Medi-Cal or EPSDT services first before they will access waiver services.[274]

A. Who can Enroll in the HCBS Waivers?

To receive HCBS services beneficiaries must:

1. Meet the criteria for the waiver and services must be medically necessary
2. Have full scope Medi-Cal
3. Meet cost neutrality, in other words, the services offered under the waiver must not cost more than the alternative institutional level of care for the individual
4. Have an available slot. In California, certain waiver programs have a limited number of slots available for eligible participants. If there are no slots available, eligible applicants remain on waiting lists.

B. What is Institutional Deeming?

To participate in a Medi-Cal waiver program, individuals must be eligible for full scope Medi-Cal. Institutional deeming allows children with disabilities who are under 18 and need an institution-level of care to access Medi-Cal if they are otherwise financially ineligible because their **parental income** exceeds Medi-Cal's limits. Medi-Cal will count the income and resources of the applying child, not the family, to determine Medi-Cal eligibility, evaluating eligibility ''as if '' the child was living in a medical facility. If a child qualifies for a Medi-Cal waiver through institutional deeming, the child gains access to all Medi-Cal services, including IHSS and diapers-- not just waiver services.

- **Parent's Note:** Institutional deeming is very important because it can help establish Medi-Cal eligibility for otherwise financially ineligible families. With Medi-Cal eligibility, families will be able to access critical Medi-Cal covered services like In Home Supportive Services. (See Below)

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C. What is the Home and Community Based Services Waiver for the Developmentally Disabled?

Regional center consumers with developmental disabilities who qualify for care in an intermediate care facility for people with developmental disabilities (ICF-DD)[275], and are eligible for Medi-Cal, may be eligible for the HCBS-DD waiver. The purpose of the waiver is to fund home and community based services for consumers with developmental disabilities who would otherwise need care in an ICF-DD facility. If a regional center consumer enrolls in the waiver, federal funding becomes available to the regional center through Medicaid that otherwise would not be available.

Parent's Note: Eligibility for a waiver does not impact which services a particular consumer receives from the regional center. A consumer should receive all IPP services regardless of whether that consumer is enrolled in the waiver. However, a regional center consumer will benefit from enrollment in the waiver if a child qualifies through "institutional deeming" and so is able to access Medi-Cal services that the family would not have been eligible for otherwise. The regional center will refer the consumer to the county social services office to evaluate Medi-Cal eligibility.

1. What Entity Administers the DD Waiver?

- The Department of Health Care Services (DHCS) oversees the waiver program and its financial components.
- The Department of Developmental Services (DDS) operates the waiver under DHCS supervision. It oversees implementation of the waiver through the regional centers.
- Regional centers coordinate, provide or purchase services for waiver participants.[276]

2. Who is Eligible for the DD Waiver?

An individual is eligible for the DD Waiver if that person:

- Is eligible for full scope Medi-Cal
- Has a diagnosis of developmental disability under the Lanterman Act
- Is a regional center consumer
- Meets the level of care for an ICF/DD facility.[277]
- Consumers must use one billable service a year to remain on the waiver. This is important to be aware of as some consumers who lose their waiver eligibility risk losing their Medi-Cal eligibility.

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Parent's Note: Children who are regional center consumers but need higher levels of care than an ICF/DD may be able to participate in the nursing facility waiver (See Matrix below).

3. What Services are Available under the DD Waiver?

- For a list of services available under the DD waiver, please contact your regional center or link to http://www.dhcs.ca.gov/services/ltc/pages/dd.aspx#informationandresources.
- For more information about HCBS waivers, please link to:

  www.dhcs.ca.gov/services/medi-cal/pages/medicalwaivers.aspx

D. Which HCBS Waivers Does California Offer?

The following matrix provides information about certain Home and Community Based Waivers in California

1. The AIDS Medi-Cal Waiver Program (MCWP)
2. The HCBS Waiver for the Developmentally Disabled (DD Waiver)
3. The Nursing Facility/Acute Hospital waiver (NF/AH Waiver)

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SELECTED CALIFORNIA HOME AND COMMUNITY BASED SERVICES WAIVERS

Benefit/Service	Services Provided	Entities Responsible	Interaction with Other Entities	Resources
AIDS Medi-Cal Waiver Program **Provides home based services to eligible individuals with HIV/AIDS who would otherwise need care in a nursing facility or hospital.**	Private duty nursing, home delivered meals, case management and other services.	DHCS and CA Department of Public Health's Office of AIDS	• Dual enrollment in Medi-Cal managed care and waiver • Waiver services carved out of plan • No dual enrollment between MCWP and other Medi-Cal waiver programs or targeted case management	*AIDS Medi-Cal Waiver Program Fact Sheet*, CALIFORNIA DEPARTMENT OF PUBLIC HEALTH.[278] L.A. Care Provider Manual.[279]
DD Waiver **Home and community based services for regional center consumers with developmental disabilities who qualify for care in an ICF/DD**	Services listed in the IPP including: habilitation, respite care, skilled nursing and specialized medical equipment.	DHCS, DDS and the regional centers	• Waiver enrollee must disenroll from L.A. Care. • When an L.A. Care member is on a waiting list for a waiver slot, L.A. Care provides medically necessary services. • Note that there is no waiting list for the DD waiver as of the date of publication.	*Home and Community Based Services for the Developmentally Disabled*, DEPARTMENT OF HEALTH CARE SERVICES.[280]
Nursing Facility/Acute Hospital Waiver **Home and community based services for individuals who would otherwise require nursing facility care at an intermediate care facility, sub-acute facility or acute hospital.**	Private duty nursing, home health aide services, habilitation services and respite care	DHCS In Home Operations	Beneficiaries generally access EPSDT/Medi-Cal services before they access waiver services.	*Home and Community Based Services for the Developmentally Disabled*, DEPARTMENT OF HEALTH CARE SERVICES.[281]

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III. IN HOME SUPPORTIVE SERVICES

California established In-Home Supportive Services (IHSS) as part of its Medi-Cal program to assist low-income elderly and disabled persons with the tasks of daily living. IHSS pays for services to assist with tasks of daily living when individuals cannot perform these tasks themselves and would not be able to safely remain in their homes without them.[282] Beneficiaries employ care providers, many of whom are family members, to assist them with one or more of their daily activities, such as eating, bathing, toileting or taking medication.

A. Can Children with Disabilities be Eligible for IHSS?

Yes, IHSS are available to children with disabilities who are low-income, living at home and meet eligibility criteria.

1. A child is eligible for IHSS:

- if the child receives or is eligible to receive SSI/SSP or Medi-Cal,
- if the child is disabled under Social Security eligibility criteria
- if the child needs supportive services to avoid placement in a facility
- if the child is a U.S. citizen or a lawful resident of the State of California.[283]
- There are additional eligibility requirements relating to personal property or resources. (Please link to www.cdss.ca.gov/cdssweb/PG135.htm)

2. Additional ways to be eligible for services:

- If a child's family's income is above the SSI/SSP limits, that child may still be eligible to access benefits under the program with a **"share of cost."** The child's family may be required to pay for a portion of their child's IHSS benefits before the program will pay.
- A child may become eligible for IHSS by participating in one of California's Home and Community Based Services Waivers and gaining access to zero share of cost Medi-Cal through institutional deeming. (See Above at IIB.)

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Parent's Note: There is no age restriction or minimum to qualify for this program. However, protective supervision (see below) may only be available based on the functional limitations of the child relative to non-disabled children who are the same age. [284]

B. What Services can a Child with Disabilities Receive under IHSS?

Children may receive:

- personal care services,
- related services or services related to domestic services,
- paramedical services,
- accompaniment when needed during travel to health-related appointments
- protective supervision
- respite care is available to relieve parents who are providing care without compensation. [285]

Parent's Note: Domestic services is a category of IHSS services that is only available to adults, however children can receive services "related to domestic services."

For a comprehensive list of available services, please see CAL. WELF. & INST. CODE § 12300ff at

www.leginfo.ca.gov/calaw.html.

C. What is Protective Supervision?

IHSS will pay providers or parents for **protective supervision** if the child with a disability has a 24 hour need for supervision and can only remain safely in their home if it is provided. This service is available when a child with disabilities needs supervision in order to avoid injuries or accidents because of limited judgment or cognitive ability. As part of the assessment process, the county social worker that assesses the child determines whether the child needs more supervision based on the child's mental impairment or mental illness than a child the same age that is not impaired.[286]

D. Will IHSS Pay a Parent to Provide IHSS Services?

1. The IHSS program will pay a parent to provide services to a disabled child if:

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- the child would otherwise be at risk for out of home placement
- the parent has to leave full time employment or is prevented from obtaining full time employment because of the need to provide IHSS
- there is no other suitable provider and if the parent does not provide services the child may be inappropriately placed outside the home or receive inadequate care.[287]

Parent's Note: The income that the parent provider receives is Medi-Cal exempt, meaning it will not impact a family's eligibility for Medi-Cal.[288]

2. The IHSS program will pay a provider other than the parent to provide services to a disabled child under 18 who is living at home when the parent must be absent because of:

- work,
- education training for vocational purposes,
- inability to perform care services or
- absence because of ongoing health related treatment.[289]
- There are additional rules for two parent households.
- If a recipient is on the DD Waiver, a non-parent provider may provide services even if the parent is at home.[290]

3. How Do I Apply for IHSS Services (for a Child)?

To apply for IHSS, you complete an application and send it to the local IHSS office or you call the local office. After the initial call, a social worker will come out to your home to determine the child's eligibility and need for services. If the county office authorizes services, it awards certain services and an assigned number of hours per month for each applicant. Generally speaking, children who are eligible for IHSS can receive a maximum of 283 hours a month of paid services if they are considered severely impaired. However, the number of hours available varies with the individual needs of the child, the child's level of impairment and whether the parent is the provider. If you disagree with the number of hours you must file an appeal in 90 days.

In Los Angeles County, you can find more information about IHSS through http://dpss.lacounty.gov/dpss/ihss/default.cfm

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The toll free number for IHSS application is: 1-888-944-IHSS (4477) or 1-213-744-4477

4. What Legislative Developments Impact the IHSS Program?

- Reduction in Authorized Service Hours
  As part of the 2010/2011 state budget recently signed into law by former Governor Schwarzenegger, each recipient of IHSS will sustain a 3.6% cut in authorized service hours effective 2/1/2011. All IHSS recipients will have appeal rights related to the number of hours that were previously authorized.

- Elimination of Buy-In for People with Share of Cost:
  As of July 1, 2009 and October 1, 2009, the state of California stopped providing people who were applying for or getting Medi-Cal and IHSS services with a payment or buy-in, in order to reduce their share of cost. The share of cost is the amount the beneficiaries had to spend on medical expenses before they could get IHSS services. Before this change, people who were eligible for Medi-Cal and IHSS had a lower share of cost than people who only receive Medi-Cal, and could keep more of their own income.

- Attempted Cuts Based on Functional Index:
  When the state cut regional center funding in 2009/2010, it also attempted to cut IHSS to certain people based on their "functional index." The federal court blocked these cuts which were supposed to happen on November 1, 2009, and a decision in this matter is still pending.

- Anti-Fraud Provisions:
  Beginning in 2010 and 2011, the counties will implement changes to IHSS designed to prevent fraud and ensure that only eligible IHSS recipients receive services. These changes require: new notices to providers, finger printing and criminal background check requirements for providers, and fingerprints from recipients and providers on timesheets submitted to the county.

  Currently there are certain disqualifying convictions that will preclude individuals from working as IHSS providers.[5] Some of the convictions on the list may be subject to waiver at the beneficiary's request. The providers may also be able to request an exception.

[5] All County Letter No.:10-15

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IHSS

Benefit/Service	Services Provided	Entities Responsible	Interaction with other Entities	Authority
IHSS	Provides supportive services such as personal care services, protective supervision, accompaniment to medical appointments, paramedical services, and respite to assist with activities of daily living and allow individuals to remain safely in their homes.	CA Department of Public Social Services, Los Angeles County DPSS	• If a beneficiary has unmet needs and receives IHSS, that person may also be able to access waiver personal care services under the HCBS NF/AH waiver (see above). • Regional centers cannot purchase any services that would be available under IHSS when a consumer meets eligibility criteria but does not apply.	CAL. WELF. & INST. CODE §§ 4659(c), 14132.97 (West 2010). Department of Health Services, Numbered Letter 03-24, All-County Letter No. 03-24. (See Below at IVB.)

IV. SERVICES TO SUPPORT CHILDREN WITH DEVELOPMENTAL DISABILITIES AT HOME

The Lanterman Act places a high priority on "providing children with developmental disabilities with the opportunities to live at home with their families."[291] Accordingly, the Department of Developmental Services and the regional centers are charged with providing expansive services and supports that will allow parents and care providers to take care of children with developmental disabilities at home. The regional center works with families to consider every possible way to assist them in caring for children at home if in the best interest of the child.[292] The regional center purchases or provides services to keep the family together and avoid placing children in out of home facilities.

A. Is Respite Care Available to Families of Children with Developmental Disabilities?

1. What is Respite Care?

Respite care provides families with support needed to continue to care for children with developmental disabilities at home. Regional centers fund this benefit to ensure the safety of the

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child when a parent or care provider is absent, and so provides a needed break from the demands of a child's care.

2. What are Limits on the Benefit?

- A regional center may only purchase respite services when the care and supervision needs of a consumer exceed that of an individual of the same age without developmental disabilities.[293]

- The respite benefit provided by the regional centers was recently impacted by state budget cuts that limited out-of-home respite care to no more than 21 days in a year nor more than 90 hours of in-home respite in a quarter except:
  - when the family can demonstrate that the intensity of the consumer's need for care and supervision is such that additional hours are required
  - or when there is an extraordinary event that impacts the family member's ability to meet the care and supervision needs of the consumer.[294]

B. How Does the Regional Center Coordinate Coverage with the IHSS Program?

Regional centers are required to use generic services to meet a consumer's needs under the IPP before the regional center can fund those same services.[295] This applies to IHSS. The regional center cannot fund services that are available to a consumer through the county's IHSS program but that the consumer chooses not to apply for. The regional center can pay for supportive services between the time a consumer applies for IHSS and the time that they are approved, at a rate that is no higher than the IHSS hourly rate.

Parent's Note: Respite care does not typically provide services that are equivalent to In Home Supportive Services. Respite care should be incorporated into a consumer's IPP separately from an IHSS award of services, including protective supervision. Regional centers purchase respite services based on the needs of their consumers and consider IHSS a generic resource only when those services meet the respite need as identified in the IPP.[296]

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LONG TERM SUPPORTS SPECIFIC TO CHILDREN WITH DEVELOPMENTAL DISABILITIES

Benefit/Service	Services Provided	Entities Responsible	Coverage and Interaction among Entities	Authority
Day Care	Regional center purchases or provides day care to provide care or supervision while parents are working or receiving education related to work or both.	DDS/ regional centers	A regional center cannot purchase day care to replace respite care.	CAL. WELF. & INST. CODE § 4686.5(a)(4) (West 2010).
Respite Services	Respite services provide caregivers with a break from taking care of a consumer.	DDS/ Regional centers	Regional centers purchase respite services as needed per the IPP, and consider IHSS as a generic resource only when the approved in home services meet the respite need as identified in the IPP or IFSP.	CAL. WELF. & INST. CODE §§ 4500, 4686.5 (West 2010).

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ACCESS TO HEALTH CARE AND RELATED BENEFITS AT SCHOOL
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ACCESS TO HEALTH CARE AND RELATED BENEFITS AT SCHOOL

This chapter will examine various health care and related services that a child with a disability may access at school or related to the child's education, including:

I. Special education and related services for students with disabilities, and
II. Preventive health care administered in a school setting.

I. INTRODUCTION TO SPECIAL EDUCATION AND RELATED SERVICES

A child who has health problems or disabilities, struggles in school academically or with peer relationships, or has behavioral or mental health problems that interfere with school may benefit from an evaluation to determine eligibility for special education and related services. This section introduces basic concepts and vocabulary related to special education and related services, (including health related services) assessment and eligibility, and educational rights for students and parents or guardians.

A. Special Education: Law, Vocabulary and Eligibility

a. What is the Individuals with Disabilities Education Act (IDEA)?

- The Individuals with Disabilities Education Act (IDEA) is the federal law that governs **special education** and **related services** for eligible students with disabilities. States provide special education and related services to eligible students with disabilities in compliance with the IDEA in return for federal funding. The IDEA was reauthorized in 2004 and is also referred to as the Individuals with Disabilities Education Improvement Act (IDEA 2004) or simply the IDEA.

- The purpose of the IDEA is "to ensure that all children with disabilities have available to them a free appropriate public education that emphasizes special education and related services designed to meet their unique needs and prepare them for further education, employment, and independent living." [297]

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b. Who is Eligible for Special Education?

Students age 3 to 22 can be eligible for special education if they meet the IDEA's definition of a child with a disability. Under the IDEA, a child with a disability means a child with:

- mental retardation,
- hearing impairments, (including deafness)
- speech or language impairments,
- visual impairments, (including blindness)
- serious emotional disturbance,
- orthopedic impairments,
- autism,
- traumatic brain injury,
- multiple disabilities,
- other health impairments, or
- specific learning disabilities.[298]

Under California law, a child with a disability is referred to as an individual with exceptional needs.[299] To be eligible for special education and related services, an individual with exceptional needs must, as a result of one of the above impairments, require instruction and services that cannot be provided through a modification of the regular educational program.[300]

Parent's Note: If a child is under three (3), that child may be eligible for early intervention services through the regional center. (See Early Start).

c. Does California Law Apply to Special Education?

- Yes, for the most part California law parallels the IDEA and sets out the state's requirements for the delivery of special education and related services and is found in the California Education Code at CAL. EDUC. CODE § 56000ff. and the California Code of Regulations at CAL. CODE REGS. tit. 5, § 3000ff.
- California must provide special education and related services consistent with the IDEA's requirements, but may provide broader educational rights for students with disabilities than federal law provides.

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d. What is Special Education?

- California law defines special education as:
  "[S]pecially designed instruction, at no cost to the parent, to meet the unique needs of individuals with exceptional needs, including instruction conducted in the classroom, in the home, in hospitals and institutions, and other settings, and instruction in physical education. [301]

- Specially designed instruction refers to adapting the content, methodology or delivery of instruction to meet the unique needs of a student with a disability in school and to ensure access to the general curriculum.[302]

e. What Are Related Services?

- "Related services" also referred to as "designated instruction and services," refer to a range of developmental, corrective, and other supportive services that a student requires to benefit from special education.[303] Related services can include audiological services, counseling and guidance services, parent counseling, instruction in home and hospital, vision services, physical and occupational therapy, and other services that assist a student with a disability to meet the goals of that student's educational program. (For a more complete list of related services (See Appendix C.)

- One of the related services that may be available to a student with disabilities is health and nursing services, including "school nurse services designed to enable an individual with exceptional needs to receive a free appropriate public education as described in the individualized education program."[304] These can include **specialized health care services** defined as those health services prescribed by the child's licensed physician and surgeon requiring medically related training for the individual who performs the services and which are necessary during the school day to enable the child to attend school.[305] These school health services may also be available through Section 504. (See IG Below)

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- In addition, **mental health services** are a required related service if necessary for a child to benefit from the educational program. Although the local educational agency (LEA) is responsible for providing related services, it is possible that a child will receive services through the county mental health program under AB3632.[6] (See Mental Health for a discussion of availability of mental health services to students eligible for special education) LEA refers to a school district or county office of education, which provides special education and related services.[306]

B. Which Agencies are Responsible for Providing Special Education and Related Services?

a. Which Entity is Ultimately Responsible for Providing Special Education?

The California Department of Education (CDE) through local education agencies (LEAs) is ultimately responsible for providing the special education services in an IEP.[307] (See Appendix B for the contact information for the Los Angeles County Office Education and Los Angeles County SELPAs). LEAs and school districts can contract with non-public agencies to provide services as well, such as speech or occupational therapy.

b. Do Non-Educational Agencies Provide Related Services?

Non-educational agencies provide certain related services, under AB3632, a law that requires agencies to collaborate to serve students with disabilities. AB3632 shifts responsibility for providing certain related services to agencies other than the CDE and the LEA, such as: CCS (See CCS), the California Department of Mental Health (See Mental Health Benefits) and (See DHCS Medi-Cal.) Such services include therapy services, home health aide (nursing services), mental health services and residential placement services.[308] (See Appendix B for a flowchart depicting the administration of special education related services.) However, the LEAs retain responsibility for providing services in an IEP.[309]

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[6] Note that on October 8, 2010, former Governor Schwarzenegger used a line item veto to suspend funding under AB3632 and the status of AB3632 is uncertain as of the date of this publication.

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C. How Does A Student With A Disability Get Special Education And Related Services?

a. How Does a School Determine a Student's Eligibility for Services?

- If an adult such as a parent, caregiver, educator or a doctor or other health care professional suspects that a student may have a disability that affects the student's ability to learn or otherwise access his or her education, that adult can refer the child for an **assessment** or assist the parent or caregiver to obtain an assessment**.** It is important that the adult requests the assessment in writing and keeps a date stamped copy of the written request. An assessment refers to appropriate, individualized testing of a student's educational needs by qualified personnel, in a non-discriminating way and in compliance with other requirements, to try to ensure accurate results.[310]

- Following the referral for an assessment, the school provides the parent or guardian with an assessment plan. If the parent consents to the plan, the school conducts the assessment. This process takes place within certain legally defined time lines.[311] If the school or school district refuses to assess a child for disabilities, a parent can challenge this refusal by requesting a due process hearing or by filing a complaint with the California Department of Education.

Parent's Note: School districts have a "child find" obligation which means that they have the affirmative responsibility to identify and evaluate children with disabilities.[312]

b. In what Areas is a Student Assessed?

The student is entitled to be assessed <u>in all areas related to the suspected disability</u>, that is, in all the areas where the student is experiencing difficulties. Here are some possible areas of assessment:

- health and development,
- vision, including low vision,
- hearing,
- motor abilities,
- language function,
- general intelligence,
- academic performance,
- communicative status,
- self-help,
- orientation and mobility skills,

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- career and vocational abilities and interests, and
- social and emotional status.[313]

c. What is an Individualized Education Program?

Following the student's individual assessment, an individualized education program (IEP) team meets to determine whether the student is eligible for special education and related services. If the student is eligible, the team determines the student's needs, the services the student will receive, and the student's placement.

- The IEP is developed at a team meeting that requires certain people to be present, including the student's parent, teachers, and school district representative. Therapists or other experts who can discuss the student's evaluations and assessment results may also have to attend to help decide which services are appropriate.[314]

- The IEP team develops a written IEP in the team meeting, which is a written statement that discusses the student's individualized needs and placement.[315] The IEP is like a contract that includes special education and related services, including who will provide services, for how long and how often, that the school must provide that student in the upcoming year as agreed to by the IEP team.

- There are several elements that an IEP must contain including, but not limited to: a statement of special education and related services, the student's present levels of performance, the student's annual goals and a description of how progress toward those goals will be measured.[316]

Parent's Note: A parent of a student with a disability must consent to the IEP before any special education and related services can be provided.

D. What Educational Rights Does A Student With Disabilities Have?

In addition to the rights mentioned below, the IDEA extends other rights to parents and students. The rights include the right to appropriate assessments, an IEP based on the unique needs of the individual student, and the right to receive and review copies of educational records. This document highlights certain rights under the IDEA but does not include all.

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a. What is a Free Appropriate Public Education (FAPE)?

- If a student has a disability and is eligible for special education, the student is legally entitled to receive a free appropriate public education (FAPE)[317]. The school district and the schools are responsible for providing FAPE to students with disabilities. This means that they must provide special education and related services that meet the child's unique needs.

- A school district provides a student with a FAPE when the proposed program for that student:
  - is designed to meet the student's unique needs,
  - is designed to provide an educational benefit or benefits to the student,
  - is provided at public expense,
  - meets the State's educational standards,
  - approximates the grade levels used in the State's regular education, and
  - conforms to the student's IEP.[318] (This means that the district must provide the services and placement listed in the IEP.)

b. What Is the "Least Restrictive Environment"?

- Students with disabilities have the right to be educated in the least restrictive environment, that is, the most appropriate integrated setting. To the maximum extent possible children with disabilities (including children in public or private schools, institutions or other care facilities) should be educated with students without disabilities.[319]

- The IEP team considers a continuum of program options including: full inclusion in regular education, resource specialist programs, special day classes, non-public schools, state schools and instruction in hospitals if needed. Students with disabilities should not be placed in special classes, separate schooling, or removed from the regular school environment unless the student's needs cannot be met in the regular classroom setting, even with the use of supplementary aids and services. [320]

- If a child with a disability resides in a hospital or health facility, the local education agency in which the hospital or health facility is located has the educational responsibility for that individual.[321]

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- **Supplementary aids and services** are services and supports provided in a regular education setting and extra-curricular settings to allow a student with disabilities to be educated to the maximum extent appropriate with non-disabled students. [322]

c. Are Students Entitled to Receive Support Related to Behavior?

If a student's behavior interferes with that student's ability to learn or that of other students, the IEP team is obligated to consider positive behavioral interventions and supports that address that behavior.[323] In addition, the IEP team may have to develop a behavior support plan that will be incorporated into the IEP. If the behavioral approach in the IEP does not succeed, the student may be eligible for further behavioral assessments and modifications to the behavioral plan.[324] This becomes very important if a school attempts to suspend a student or the district attempts to expel a student based on behavior that is related to the student's disability.

d. Are Students Entitled to Receive Support for Transition Services?

- Transition services assist students with disabilities as they move to post-school life, including postsecondary education and employment. Students who are 16 (or older) are entitled to a statement of needed transition services included in their IEP to assist them with transition as needed, including through:
  - Instruction,
  - Related services,
  - Community experiences
  - The development of employment goals and other post-school goals
  - If appropriate, the acquisition of daily living skills and provision of a functional vocational evaluation.[325]

- Students may be eligible for transition services through the Department of Rehabilitation (DOR). The DOR assists individuals with disabilities to obtain and retain employment and to maximize their ability to live independent lives.

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For more information, please link to www.rehab.cahwnet.gov.

E. What Rights Do Parents Of Students With Disabilities Have?

Parents or legal guardians hold educational rights for their child until their child turns 18 or until a court terminates educational rights and assigns them to another responsible adult. This means that until the child turns 18 the parent is able to make IEP and placement decisions.

a. Procedural Rights of Parents

Parents have significant procedural safeguards to protect their participation in their child's educational program. Parents should receive notice of these safeguards at certain stages in the assessment process and otherwise at least annually or following a request for notice. Here are some examples of these protections:

- The right to inspect copies of their child's educational records
- Prior written notice of a change in the child's educational placement
- The right to request a due process hearing or mediation if they disagree with the school about whether their child received a FAPE
- The right to file a state complaint related to procedural deficiencies
- The right to request a new IEP that will be held within thirty (30) days of the request, and
- The right to an independent assessment if the parent disagrees with the school's assessment

b. Right to a Due Process Hearing or Mediation

Parents have the right to request a hearing if they disagree with the IEP team regarding their child's: assessment, eligibility for special education, educational placement or whether the child's IEP plan and the services offered provide a FAPE for their child. In such cases, parents may request a due process hearing or mediation through the California Department of Education.[326]

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Office of Administrative Hearings, Special Education Division,
2349 Gateway Oaks Drive, Suite 200
Sacramento, CA 95833
Fax# (916) 263-0890.

http://www.dgs.ca.gov/oah/SpecialEducation.aspx
Parties may contact the office at (916) 263-0880 with questions regarding these processes.

c. Right to File a State Complaint

Parents have the right to file a state complaint if there has been a procedural error, for example if the school did not comply with the time line for providing assessments or IEPs, or if the school or a non-educational agency is not providing a related service that is written in the IEP. The Department investigates these complaints and can compel the district to comply with the law.

Complaints should be sent to:
California Department of Education (CDE), Special Education Division,
Procedural Safeguards Referral Service
1430 N Street, Suite 2401
Sacramento, CA 95814

http://www.cde.ca.gov/sp/se/qa/
Parties may call (800)-926-0648 for questions regarding the complaint process.

d. What if there is a Dispute about Providing Services between Agencies?

A parent can file a notice of failure to provide related services with the Superintendent of Public Instruction or the Secretary of Health & Welfare if there is a dispute between agencies about who should cover services and the child is not receiving services because of the dispute.[327] A student should not go without services

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specified in an IEP even if there is a dispute. If a non-educational agency refuses to provide or pay for the services, the LEA or the state education agency must provide or pay for services in a timely manner.[328]

F. How does Section 504 of the Rehabilitation Act Apply to Students with Disabilities?

- Section 504 is an antidiscrimination statue that prohibits programs and activities that receive federal funds from discriminating against students with disabilities. This includes schools and educational programs.

- Under Section 504, students are entitled to receive a free appropriate public education (FAPE). Students with disabilities may be eligible for a "504 Plan." A school district may be required to develop a plan to accommodate a student's disability and to allow the student to access school programs such as academic instruction, physical education, recreation and other extracurricular activities. Accommodations that might appear in the 504 plan include: assistance of a note taker, preferential seating, access to a special restroom, or the use of specialized equipment or computers. Students who have a "504 Plan" usually do not need specialized instruction but need accommodations or other supports.

G. What if a Student Eligible for Special Education under the IDEA is Medi-Cal Eligible or has Other Insurance Coverage?

a. Does Medi-Cal Reimburse LEAs for Special Education or Related Services?

- Children who are eligible for special education and related services are entitled to receive these services in their IEP at no cost to their parents or themselves.[329]
- The LEAs can seek Medicaid/Medi-Cal reimbursement for certain related services required to provide FAPE to a child with an IEP if it would not require the parents to incur any additional expense and would not have any adverse or depleting impact on the child's coverage.[330]
- Services must be Medicaid coverable (under the state plan or EPSDT) and may include: physical therapy, speech therapy, occupational therapy, mental health and counseling services, health evaluations and education.[331] In order for Medicaid to pay the school or school district must meet certain provider requirements. (See Medi-Cal, EPSDT)
- Medicaid is a primary payer to the school district for health related services under the IDEA.[332]

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- The LEA must obtain a parent's consent to use their public coverage. Parents must be advised that if they refuse to allow access to the coverage it will not impact the educational agency's responsibility to provide a FAPE for their child at no cost to them.

b. Do LEAS Seek Reimbursement from Private Insurance for Related Services?

Before it bills Medi-Cal, the LEA must pursue any private insurance coverage that the student may have because of third party liability requirements under Medicaid/Medi-Cal.[333] The LEA may seek reimbursement from private insurance that is available to a student to pay for related services.[334] However, it may not use the student's benefits under private insurance if that would require parents to incur additional expenses, such as a deductible or co-pay, or would result in another adverse impact on coverage, such as an increase of premiums.[335] In addition, the LEA must obtain the parent's consent to the use of private insurance.

Parent's Note: The availability or lack of Medi-Cal coverage or private insurance to cover any related services in no way relieves the educational agency of its obligation to provide all required services at no cost to the parent.[336] Medi-Cal is a possible source of funding and does not in any way impact the LEA's obligation to provide special education and related services through a student's IEP.

For more information about the interaction between LEAs and Medi-Cal, please link to www.dhcs.ca.gov/provgovpart/pages/lea.aspx

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SCHOOL HEALTH SERVICES AND MEDI-CAL REIMBURSEMENT

Benefit/Service	Services Provided	Entities Responsible	Coverage and Coordination	Authority
Medicaid Reimbursement of LEAs for Health Services in School	Health and mental health evaluation, health and mental health education, medical transportation, nursing services, OT/PT, psychology and counseling services, school health aide services, speech pathology services, audiology services	• LEA provides the service but may seek reimbursement from Medi-Cal.	• If consistent with Medi-Cal provider requirements and medical necessity. • Medicaid is the primary payer to the school district for all Medicaid coverable services. • Medicaid is secondary to all private sources of payment. • LEAs may contract to provide services for Medi-Cal managed care plan members and the plan may be able to carve out available LEA services for the school year and coordinate with LEAs that are providing services.	34 C.F.R. §§ 300.154(d)-(h) (2010); CAL. WELF. & INST. CODE § 14132.06 (West 2010); CAL. CODE REGS. tit. 22, § 51535.5 (2010). Medi-Cal Managed Care Division (MMCD) Policy Letter 00-06.
Medicaid Reimbursement of LEAs for Health Services in School	Targeted Case Management for students with an IEP/IFSP	LEA provides the service but may seek reimbursement from Medi-Cal.		CAL. WELF. & INST. CODE § 14132.44 (West 2010). MMCD Policy Letter 00-06.

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II. SCHOOL HEALTH SERVICES

This section includes health related services that are provided by LEAs both to students with disabilities and nondisabled students under the California Education Code.

Benefit/Service	Services Provided	Entities Responsible	Coverage Requirements	Authority
Medication Management/ Administration	Assistance by the school nurse or other designated school personnel for students required to take medication prescribed by a physician, surgeon or ordered by a physician's assistant during the school day. Students may carry and self-administer prescription auto-injectable epinephrine and inhaled asthma medications.	LEA/School Personnel	• The school district must obtain a written statement from the physician or physician's assistant and from the student's parent or guardian for medication. • There are further statements required for inhalers and epinephrine. • Students who require medication may get help from qualified designated school personnel trained in administration of specialized physical health care if they perform these services under the supervision of a nurse, physician, or surgeon.	CAL. EDUC. CODE §§ 49423, 49423.1, 494923.5 (West 2010). See also Disability Rights California, Memorandum re: When Can a Student Receive Medication At School? (Jan. 2009)
Specialized Physical Health Care Services	Includes catheterization, gastric tube feeding, suctioning, or other services for individuals with exceptional needs and that are necessary during the school day to enable the child to attend school.	LEA	Provided by qualified school personnel as specified in the regulations with medically related training.	CAL. EDUC. CODE § 49423.5 (West 2010); CAL. CODE REGS. tit. 5, § 3051.12 (2010).
Vision, Hearing, Scoliosis Testing		LEA	(See Services for Children who are Deaf, Services for Children who are Blind)	CAL. EDUC. CODE §§ 49452, 49452.5 (West 2010).

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APPENDIX A

CONTACT INFORMATION FOR LOS ANGELES COUNTY OFFICE OF EDUCATION AND SELPAS

LOS ANGELES COUNTY OFFICE OF EDUCATION:
9300 Imperial Hwy.
Downey, CA 90242
Tel: (562) 922-6111
Fax: (562) 922-6768

SELPAS/LEAS SERVING LOS ANGELES COUNTY:

- **Antelope Valley SELPA:** (661) 274-4136
- **Downey-Montebello SELPA:** (562) 461-8702
- **East San Gabriel Valley SELPA:** (626) 966-1679
- **Foothill SELPA:** (818) 246-5378
- **Long Beach Unified SELPA:** (562) 992–8644
- **Los Angeles County SELPA:** (562) 401-5737
- **Los Angeles Unified SELPA:** (213) 241-4713
- **Mid-Cities Service Area SELPA:** (562) 461-8795
- **Norwalk-La Mirada/ABC SELPA:** (562) 868-0431 x 2086
- **Pasadena Unified SELPA:** (626) 568-4531
- **Puente Hills SELPA:** (626) 833-8345
- **Santa Clarita Valley SELPA:** (661) 294-5398
- **Southwest SELPA:** (310) 798-2731
- **Tri-City SELPA:** (310) 842-4220 x 4201
- **Ventura County SELPA:** (805) 482-2353
- **West San Gabriel Valley SELPA:** (626) 254-9406
- **Whittier Area Cooperative SELPA:** (562) 945-6431

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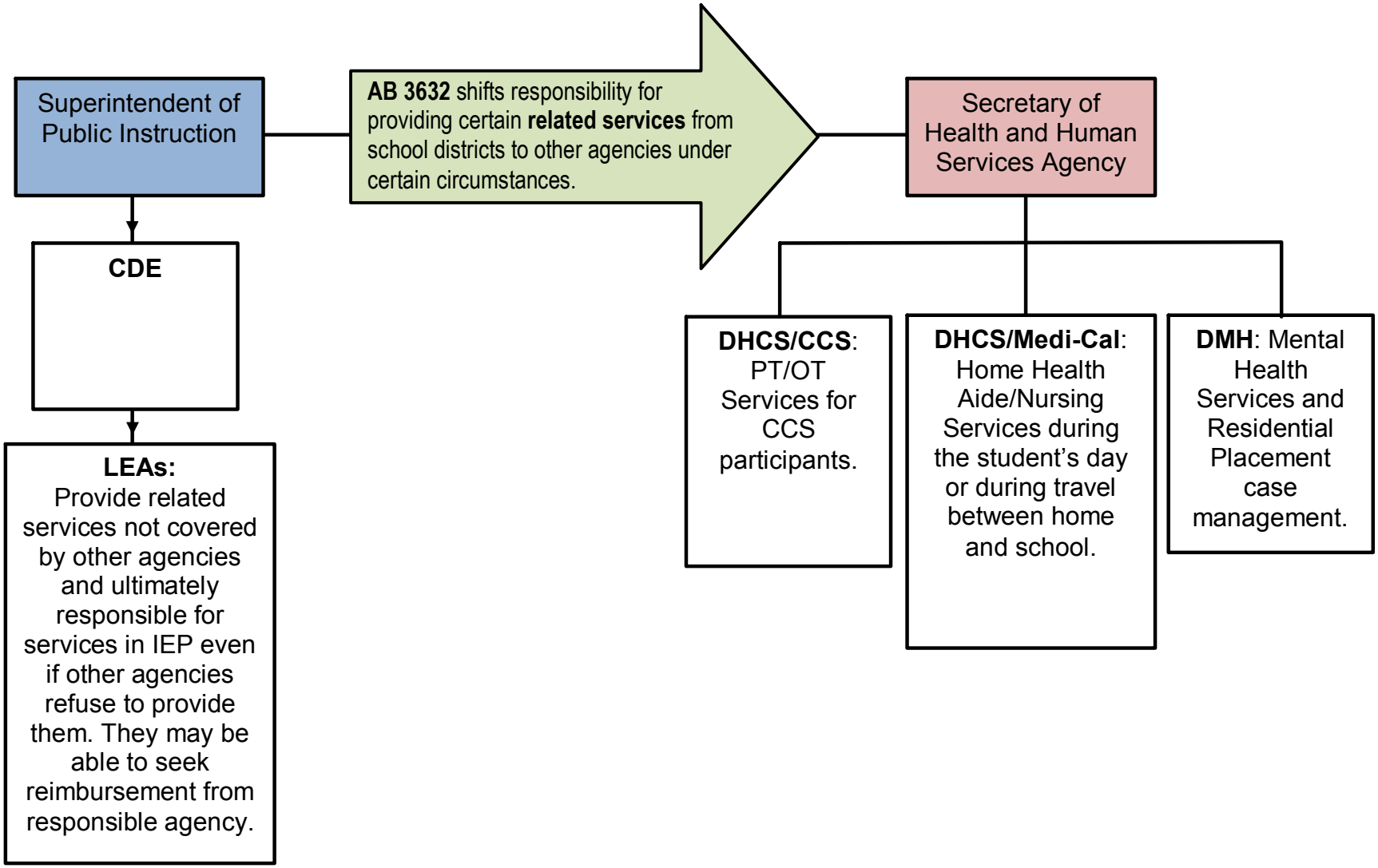
APPENDIX B

FLOWCHART FOR ADMINISTRATION OF SPECIAL EDUCATION RELATED SERVICES



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APPENDIX C

RELATED SERVICES INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING:

1) Language and speech development and remediation
2) Audiological services
3) Orientation and mobility services
4) Instruction in the home or hospital
5) Adapted physical education
6) Physical and occupational therapy
7) Vision services
8) Specialized driver training instruction
9) Counseling and guidance services, including rehabilitation counseling
10) Psychological services other than assessment and development of the individualized education program
11) Parent counseling and training
12) Health and nursing services, including school nurse services designed to enable an individual with exceptional needs to receive a free appropriate public education as described in the individualized education program
13) Social worker services
14) Specially designed vocational education and career development
15) Recreation services
16) Specialized services for low-incidence disabilities, such as readers, transcribers, and vision and hearing services
17) Transportation services
18) Interpreting services[7]
19) Behavioral Intervention

[7] CAL. EDUC. CODE § 56363 (West 2010).

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MEDICARE COVERAGE FOR CHILDREN WITH END STAGE RENAL DISEASE

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MEDICARE COVERAGE FOR CHILDREN WITH END STAGE RENAL DISEASE

A. Can a Child Be Eligible for Medicare Coverage?

A child who has End Stage Renal Disease (ESRD) may be able to obtain Medicare coverage if:

- The child is under the age of 22, has ESRD (permanent kidney failure requiring dialysis or a kidney transplant) **and**
- The child's parent(s) worked the required amount of time to earn a minimum amount of credits towards retirement under Social Security, the Railroad Board, or as a government employee, or
- One of the child's parents is already getting or is eligible for Social Security or Railroad Retirement benefits.[337]

B. What Benefits Does Medicare Cover for ESRD?

Medicare will help to pay for kidney dialysis and transplant services. A child with ESRD will need to enroll in both Medicare Part A and B to fully benefit from Medicare coverage. Medicare Part A (hospital insurance) will cover inpatient hospital services while Medicare Part B (medical insurance) will cover about 80% of the cost for doctor services after the yearly deductible is met. The parent also pays for monthly Part-B premiums unless there is other coverage.

C. What if a Child is Eligible for both Medicare and Medi-Cal?

- For a child with Medicare and Medi-Cal, referred to as a Medi-Medi or dual eligible, Medicare is the primary payer for medical services related to ESRD and Medi-Cal is the secondary payer. If a child qualifies for full scope Medi-Cal or has Medi-Cal with a share of cost under $500, Medi-Cal will cover Medicare Part A and B deductibles and copayments, and the monthly Medicare Part B premium.[338] If the family is not eligible for Medi-Cal, there may also be help available under the Healthy Families program to help cover health care costs. Dual eligible individuals can also participate in Medicare Part D, the prescription drug benefit, which will pay for immunosuppressive drugs for the patient.
- Note that if a child is eligible for Medicare through ESRD and is a dependent on an employer group health plan (EHGP) there is a required 30 month coordination of benefits period. In this period, the EGHP is primary.[339]

For further information about Medicare, please call 1-800-Medicare (1-800-633-4227.).

See also http://www.medicare.gov/Publications/Pubs/pdf/11392.pdf

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CALIFORNIA WOMEN, INFANTS, AND CHILDREN (WIC) PROGRAM
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CALIFORNIA WOMEN, INFANTS, AND CHILDREN (WIC) PROGRAM

I. INTRODUCTION

A. What is the California WIC Program?

The California WIC Program is a health and nutrition program funded by the federal government for pregnant women, new mothers and infant and children under age five (5) who meet income guidelines. The goal of the program is to support women and children whose health is at risk because of inadequate nutrition or health care. "WIC helps families by providing checks for buying healthy supplemental foods from WIC-authorized vendors, nutrition education, and help finding healthcare and other community services."[340]

B. Which Agencies Administer the Program?

- The U.S. Department of Agriculture, Food and Nutrition Service (FNS) administers the program at the federal level and collaborates with state agencies through agreements.[341]

- The California Department of Public Health's Center for Family Health administers the California WIC Program and contracts with local agencies to provide WIC services to eligible participants.[342] The L.A. County Department of Public Health administers the WIC program at the county level. (See Appendix A for selected local WIC agencies in Los Angeles County.)

II. ELIGIBILITY AND APPLYING FOR SERVICES

A. Who is Eligible for WIC Services?

1. Participants who are at Nutritional Risk

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The WIC program serves:

- pregnant women,
- new mothers (postpartum women, up to 6 months after delivery),
- breastfeeding women,
- infants,
- and children under age five who are at nutritional risk as documented by a health professional through a medical or nutritional assessment.[343]

Nutritional risk means that the participants have medical conditions related to nutrition, dietary deficiencies that endanger their health, conditions that impact a person's nutritional health such as alcoholism or drug abuse, or conditions, including homelessness and migrancy that would make them more likely to have inadequate nutritional patterns.[344]

2. Participants who Meet Income and Residential Eligibility

In addition to nutritional risk, eligible participants must meet income eligibility standards and reside in California:

- An individual is an eligible participant if she lives in a household at or below 185 percent of the federal poverty level.
- A woman or child may be automatically eligible for WIC if she receives food stamps, Temporary Assistance for Needy Families (TANF), Medi-Cal or is a member of a family in which a pregnant woman or infant receives Medi-Cal.[345] (See Appendix B.)

B. How does an Individual Apply for Services?

Please contact your local WIC Office, either by calling 1-888-WIC-WORK (1-888-942-9675) or by using the CDPH online search feature at:

http://www.apps.cdph.ca.gov/wic/resources/laSearch/search.asp to find the local agency by city, area code, or zip code.

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III. SERVICES AND BENEFITS

A. What Benefits Does WIC Provide?

- Support and information about breastfeeding,
- Information about nutrition and health,
- Checks to buy healthy foods from authorized WIC vendors (grocers), and
- Referrals to other community and health care services.[346]

B. Does WIC Cover Therapeutic Formula for its Participants?

1. WIC May Cover Therapeutic Formula

- Yes, the WIC program may cover therapeutic formula or medical food for its participants with qualifying medical conditions. If an infant cannot tolerate conventional formula due to medical problems, a local WIC agency can issue therapeutic formula, also referred to as "exempt infant formula", with medical documentation from a health care provider for WIC participants with a qualifying medical condition.[347] However, WIC is a payer of last resort. (See Matrix Below)

- **Therapeutic formula** or **medical food** refers to formula or medical food administered orally or by tube feeding to infants, children or women (also referred to as "enteral nutrition").[348]

- A **qualifying medical condition** refers to conditions determined by a health care provider that impair ingestion, digestion, absorption or utilization of nutrients that can adversely affect the participant's nutritional status such as "failure to thrive" and immune system disorders.[349]

2. Interaction between WIC and Other Agencies

If participants meet WIC eligibility requirements they can receive **most** WIC benefits even if they are participating in other programs such as Medi-Cal, CCS or Medi-Cal managed care. However, WIC will not cover a prescription for **therapeutic formula** or **medical food** if such items are covered by another governmental program or private insurance. WIC will cover these items for a limited time only if the participant cannot obtain the benefit from another source and his/her Medi-Cal application is pending approval.[350]

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CALIFORNIA WIC PROGRAM

Services	Entities Responsible	Coverage and Interaction Among Entities	Authority
Therapeutic Formula	CDPH WIC Program or a local WIC agency	• WIC covers therapeutic formula as a payer of last resort and may pay when: ○ a person has no health care coverage ○ private or military coverage excludes the benefit ○ a person with Medi-Cal has a high share of cost • WIC will not cover a prescription for therapeutic formulas or WIC-eligible medical food if covered by Medi-Cal, a Medi-Cal managed care plan, private or military insurance, or CCS.	7 C.F.R. §§ 246.10, 246.12 (2010). California WIC Program Manual 390-10,[351] 390-20.[352]
Therapeutic Formula Cont'd	CDPH WIC Program or a local WIC agency	• WIC may provide temporary interim benefits while helping a person get benefits from another source or when appealing a denial by a Medi-Cal managed care plan. • If private or military insurance denies coverage, WIC asks the participant to appeal and obtain proof of denial. • WIC also refers the participant to Medi-Cal and provides formula for up to two (2) months while Medi-Cal approval is pending.	California WIC Program Manual 390-20.
Therapeutic Enteral Formula	Medi-Cal/EPSDT Medi-Cal Managed Care Plan	• Medi-Cal and Medi-Cal managed care plans cover therapeutic formula if it is medically necessary. • Medi-Cal managed care plans coordinate with and refer their members to WIC for services other than therapeutic formula, such as, food supplements and nutrition education.	CAL. CODE REGS. tit. 22. §§ 51313.3 (e)(2), 51184(b) (2010). MMCD Policy Letter 07-016.[353] (See EPSDT)

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Services	Entities Responsible	Coverage and Interaction Among Entities	Authority
Therapeutic Formula Cont'd	CCS	CCS will cover enteral nutrition products when they are **medically necessary** to treat a CCS-eligible medical condition. The County CCS program must authorize each case based on specific requirements in the regulations.	CCS Numbered Letter 22-0805.[354]
Nutrition Education	CDPH/Local WIC Agencies	WIC may provide individual and/or group classes designed to improve health and positive changes in diet.	42 U.S.C. §1786(e) & (f)(7) (2006); 7 C.F.R. § 246.11 (2010). California WIC Program Manual 400-00.[355]
WIC referral to Other Services	CDPH/Local WIC Agencies	At the time of certification or WIC Benefits, WIC refers individuals to Medi-Cal, CHDP, and to other resources.	7 C.F.R. §§ 246.4(a), 246.7(a)-(b) (2010). California WIC Program Manual 260-50.[356]
Referrals for WIC Services	L.A. Care	• Basic WIC services are carved out of the LA Care Health Plan. The plan refers eligible women, infants, and children up to age 5 years for WIC services. • Plan members should not be referred to WIC for therapeutic formula as the plan will cover services based on medical necessity.	Amendment to MOU among L.A. County WIC Supplemental Nutrition Program Participants and L.A. Care Health Plan (Apr. 2009). MMCD Policy Letter 07-016.
Cross-Referral between WIC and CHDP	CHDP	• Each entity is obligated to refer to the other and to collaborate in order to increase access to services for each program.	California WIC Program Manual, Appendix 700-02.[357]

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APPENDIX A

- *Antelope Valley Hospital WIC Program,*
  701 West Avenue K, Suite 104
  Lancaster, CA 93534
  (661) 949-5805
- *City of Long Beach Dept. of Health and Human Services*
  5166 Atlantic Ave.
  Long Beach, CA 90815
  (562) 570-4242
- *Los Angeles Biomedical Research Institute at Harbor UCLA Medical Center,*
  2930 West Imperial Highway, Suite 601
  Inglewood, CA 90303
  (310) 661-3080
- *Northeast Valley Health Corporation*
  1172 North Maclay Avenue
  San Fernando, CA 93140
  (818) 361-7541
- *Pasadena Public Health Department*
  363 East Villa Street, Room 115
  Pasadena, CA 91101
  (626) 744-6520
- *Public Health Foundation Enterprises, Inc.,*
  416 South Asuza Avenue 16054 Amar Rd.
  La Puente, CA 91744 City of Industry CA 91744
  (888) 942-2229
- *Watts Healthcare Corporation*
  10300 South Compton Avenue
  Los Angeles, CA 90002
  (323) 568-3070

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APPENDIX B

Excerpt of the 2010 Poverty Guidelines for All U.S. States (Except Alaska and Hawaii) and the District of Columbia[358]	
Persons in family	**100% of Poverty Guideline**
1	$10,830
2	14,570
3	18,310
4	22,050
5	25,790
6	29,530
7	33,270
8	37,010
For families with more than 8 persons, add $3,740 for each additional person.	

For more information, please see the WIC Income Guideline Table, WIC Appendix 980-160 which can be found at: http://www.cdph.ca.gov/programs/wicworks/Documents/WIC-IncomeGuidelines-WIC.pdf

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MEDICAL AND EDUCATIONAL SERVICES FOR CHILDREN WHO ARE DEAF OR HARD OF HEARING

Benefit/Service	Services Provided	Entities Responsible	Coverage and Interaction Among Entities	Authority
Newborn Hearing Screening Program (NHSP)	Provides hearing screening for newborns and follow up services for newborns and infants with abnormal test results including referral for further screening, evaluation, diagnosis and treatment.	DHCS	• DHCS reimburses acute care hospitals with certain facilities for hearing screening and follow up services to newborns and infants who are eligible for Medi-Cal or CCS or who are uninsured. • The NHSP's Hearing Coordination Centers (HCC) check whether the family of a newborn or infant with abnormal hearing screening results has followed up to obtain outpatient screening or a diagnostic evaluation. • The HCC may also refer families to the CHDP program for follow up. • CHDP can assist referred families with completing follow up screening or diagnostic evaluation.	CAL. HEALTH & SAFETY CODE §§ 123975, 124115, 124117 (West 2010). *Know the Benefits*, DEPARTMENT OF HEALTH CARE SERVICES, http://www.dhcs.ca.gov/services/nhsp/Pages/KnowTheBenefits.aspx. CHDP Program Letter No. 99-11
CCS Diagnostic Services for Infants Referred through NHSP	Diagnosis evaluation including audiological testing procedures necessary to determine the type, degree, and configuration of hearing loss. Authorization to a CCS approved Communication Disorder Center.	DHCS/CCS	• CCS authorizes diagnostic evaluation for infants referred by NHSP who meet referral criteria and need further evaluation to diagnose hearing loss. • CCS does not delay authorizations based on an infant's insurance coverage status.	CCS Numbered Letter 06-1008. *See* CAL. HEALTH & SAFETY CODE § 123860 (West 2010). (See CCS)

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Benefit/Service	Services Provided	Entities Responsible	Coverage and Interaction Among Entities	Authority
CHDP Periodic Hearing Screening	Hearing screens that must be performed at each CHDP health assessment.	DHCS/CHDP		CAL. CODE REGS. tit. 17, § 6846 (b)(6) (2010). (See EPSDT)
Hearing Conservation Program (HCP)	Hearing testing by public schools to identify hearing loss in children under the age of 21 in public schools and other state programs.	DHCS		Department of Health Care Services, http://www.dhcs.ca.gov/services/hcp/pages/default.aspx.[359]
Hearing Assessment for Students with Suspected Disabilities	The Local Education Agency (LEA) is obligated to assess students in all areas of suspected disability, including hearing.	LEA		CAL. EDUC. CODE § 56320(f) (West 2010).
Audiological Services for children who are ages 0 to 3 years old and who are eligible for Early Start.	Includes identification, evaluation, referral, and device orientation and training for children with auditory impairment.	Regional Center or LEA	• Audiological services are provided by a regional center or LEA under the Early Start program. • LEAs provide services to a child with a visual, hearing or orthopedic impairment or a combination of these impairments if the child is not otherwise eligible for regional services. • Regional centers are payors of last resort and are obligated to pursue other funding sources before they will pay.	34 C.F.R . § 303.12(d)(2) (2010); CAL. GOV'T CODE §§ 95008, 95014(c) (West 2010); CAL. CODE REGS. tit. 17 §§52000, 52109 (2010). (See Early Start)

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Benefit/Service	Services Provided	Entities Responsible	Coverage and Interaction Among Entities	Authority
Related Services for Children who are Eligible for Special Education	Audiological services, interpreting services, and specialized services for children with low incidence disabilities.	LEA	The LEA has to provide related services when the student needs them to benefit from the educational program. The IEP team may also refer eligible students to a California School for the Deaf.	CAL. EDUC. CODE §§ 56363, 59020(West 2010).
Hearing Services as an EPSDT Benefit	Screening and diagnosis and treatment for defects in hearing, including hearing aid coverage if medically necessary. (See EPSDT)	DHCS	Services are covered as an EPSDT benefit if medically necessary. However, Medi-Cal will refer children to CCS when evaluation reveals a possible CCS-eligible medical condition, including one related to hearing loss.	CAL. WELF. & INST. CODE § 14132 (West 2010); CAL. CODE REG. tit. 22, §§ 51319, 51340.1, 51340 (2010).
CCS Authorization of Services Related to (sensorineural) Hearing Loss	• Services may include: Audiological evaluation and monitoring, hearing aids, speech and language therapy, and aural rehabilitation (acquiring auditory skills). • Authorization for an age appropriate CCS-approved Communication Disorder Center. • Can also include evaluation by a CCS-paneled otolaryngologist (ENT) and/or evaluation by a CCS paneled ophthalmologist. • Separate authorization for communication devices.	CCS	• Once a child eligible for the program has been identified with hearing loss that qualifies as a CCS-eligible medical condition, CCS authorizes audiological services and coordinates with Early Start or the local education agency. • There are specific requirements in the regulations that qualify CS applicants for either diagnosis or treatment.	CAL. CODE REG. tit. 22, § 41518 (2010). CCS Numbered Letter 21-1299. (See CCS)

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Benefit/Service	Services Provided	Entities Responsible	Coverage and Interaction Among Entities	Authority
Cochlear Implants	Pre and post implantation services are covered as an EPSDT benefit when provided at a Medi-Cal approved Center of Excellence and by an implant team.	DHCS/Medi-Cal		CCS NUMBERED LETTER 09-1208.
Cochlear Implants	Evaluation, implantation, post-surgical services.	CCS	Can be a CCS covered benefit when all requisite criteria are met.	CCS NUMBERED LETTER 09-1208.
Hearing Aid Services and Checking of Medical Devices	Routine checking of hearing aids and external components of medical devices.	LEA (or other educational entities)	• LEA must make sure hearing aids are functioning properly. • LEAs make sure that external components of surgically implanted medical devices function properly, but are not responsible to include medical devices, including cochlear implants.	34 C.F.R. § 300.113 (2010) CAL. EDUC. CODE § 56363
Sign Language Interpreter Services to Facilitate Health Care	Medi-Cal reimbursement is available to Medi-Cal providers with 15 or fewer employees for communication with patients who are deaf including for the following services: mental health treatment and counseling, instructions related to medication, care after discharge from a facility, obtaining medical history, and explaining diagnoses.	DHCS	Medi-Cal will not reimburse providers for this service if they are independently obligated to provide sign language services.	CAL. CODE REGS. tit. 22, § 51309.5 (2010).

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Benefit/Service	Services Provided	Entities Responsible	Coverage and Interaction Among Entities	Authority
Vocational rehabilitation services for the deaf or hard of hearing to enable them to find meaningful employment (including attending IEP Team Meetings).	Variety of services including deaf culture and awareness, communication techniques, assistive listening devices and other rehabilitation technology, interpreter services, and referrals and assistance to obtain services from specialized agencies.	DOR		*Deaf & Hard of Hearing Services*, DEPARTMENT OF REHABILITATION, http://www.dor.ca.gov/ssd/deafser.htm.

Who Do I Call If I Have Questions About Hearing Services For Children?

- For questions related to the hearing diagnostic process for newborn infants and the Newborn Hearing Screening Program, please contact the **Southern California Hearing Coordination Center** at:

2801 Atlantic Avenue, Suite 202
Long Beach, CA 90806
Phone: 562-933-8152
Toll Free: 1-877-388-5301
E-mail: schcc@memorialcare.org

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MEDICAL AND EDUCATIONAL SERVICES FOR CHILDREN WHO ARE BLIND OR HAVE VISUAL IMPAIRMENTS

Benefit/Service	Services Provided	Entity Responsible	Coverage	Authority
Vision Screening as an EPSDT/CHDP Benefit	Periodic vision screening is required for eligible children through age 20. This is a required EPSDT benefit for children who are Medi-Cal eligible.	Medi-Cal/CHDP	There are some uninsured children who are not Medi-Cal eligible who may be able to access CHDP.	CAL. HEALTH & SAFETY CODE § 124040(a)(6)(E) (West 2010); CAL. CODE REGS. tit. 17, § 6846 (2010). (See EPSDT)
School Entry Vision Exam	CHDP works with schools to meet the requirement of a completed health assessment for children 18 months before or up to 90 days after enrolling in first grade. A vision screening is part of this exam.	CHDP	California law requires all children entering the first grade to have either a CHDP certificate of health examination or a waiver on file at the school in which they enroll.	CAL. HEALTH & SAFETY CODE § 124085 (West 2010).
Vision Care for Medi-Cal Beneficiaries	Vision examinations, eyeglasses, contact lenses, low vision aids are covered benefits subject to certain requirements. Prosthetic eye materials and services are also covered for those that have lost an eye to disease or injury.	DHCS	Recent changes included the elimination of certain vision benefits for individuals who are age 21 and older. These limitations do not impact access to vision care and EPSDT benefits for individuals under age 21.	CAL. CODE REGS. tit. 22, § 51317 (2010). DHCS Website. *Vision Care FAQs*, DEPARTMENT OF HEALTH CARE SERVICES, http://www.dhcs.ca.gov/individuals/Pages/VisionCareFAQS.aspx.

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Benefit/Service	Services Provided	Entity Responsible	Coverage	Authority
High Risk Infant Follow-Up Program (HRIF)	Provides for reimbursement of diagnostic services, including an ophthalmologic assessment, for children up to three years of age who might develop a CCS-eligible condition after discharge from a CCS approved Neonatal Intensive Care Unit.	DHCS/CCS		DHCS Website. *High Risk Infant Follow Up*, DEPARTMENT OF HEALTH CARE SERVICES, http://www.dhcs.ca.gov/services/ccs/Pages/HRIF.aspx. HRIF Program Letter 01-0606.[360]
CCS Coverage of Children with Diseases of the Eye	Can include: Diagnostic Services, Medical Treatment, Assistive Technology, Medical Equipment and Supplies (See CCS)	DHCS/CCS	• CCS provides case management and authorizes medical treatment for children who are eligible for CCS with CCS medically eligible conditions including diseases of the eye such as: Strabismus when surgery is required and meets other requirements in the regulations. • CCS covered benefits are also available to children with certain chronic infections or diseases of the eye when they produce visual impairment or blindness or require complex management or surgery, as spelled out in the regulations.	CAL. CODE REGS. tit. 22, § 41517.7 (2010). (See CCS)

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Benefit/Service	Services Provided	Entity Responsible	Coverage	Authority
Vision Services for Children Eligible for Early Start	Early intervention vision services for eligible infants and toddlers up to age three.	Regional Center /LEA	• Vision services are provided by a regional center or LEA under Early Start. LEAs provide services to children with solely low incidence disabilities, which refer to visual, hearing, or severe orthopedic impairment or a combination of these impairments if the child is not otherwise eligible for regional center services. • Regional centers are payers of last resort and are obligated to pursue other funding sources before they will pay.	CAL. GOV'T CODE § 95014(a) (West 2010), CAL. CODE REGS. tit. 17, §§ 52000, 52109 (2010). (See Early Start)
Public School Health Screenings	Vision Appraisal	California Department of Education	Upon a child's first enrollment in a California elementary school, and every third year after that through 8th grade, a child's vision is appraised including for visual acuity and color vision (males only).	CAL. EDUC. CODE §§ 49455-56 (West 2010).

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Benefit/Service	Services Provided	Entity Responsible	Coverage	Authority
Vision Assessment for Students with Suspected Disabilities	The local education agency (LEA) is obligated to assess students in all areas of suspected disability including vision and low vision.	LEA		CAL. EDUC. CODE §§ 56320, 56326 (West 2010).
Related Services for Children who are Eligible for Special Education	Vision Services, and Specialized Services for Low Incidence Disabilities, which include visual impairment	LEA	• The LEA has to provide related services when the student needs them to benefit from the educational program. • The IEP team may also refer students for assessment and evaluation to the California School for the Blind. (see below)	CAL. EDUC. CODE § 56363 (West 2010).
Braille Instruction	LEA must provide opportunities for Braille instruction for students who are diagnosed with visual impairments, and who need Braille as a reading medium.	LEA	• A functional vision assessment is used, among other criteria to determine the appropriate reading medium for a visually impaired student, including Braille instruction. • LEAs provide opportunities for Braille instruction to students who due to a prognosis of visual deterioration may be expected to have a need for Braille.	CAL. EDUC. CODE §§ 56351, 56352(a), (e) (West 2010).

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Benefit/Service	Services Provided	Entity Responsible	Coverage	Authority
California School for the Blind	The California School for the Blind provides educational services to visually impaired, blind, and deaf-blind students who cannot receive an appropriate education and related services in their local public school.	The California School for the Blind / Department of Education	The CDE provides "visiting teachers" for children who are blind and pre-school age.	CAL. EDUC. CODE §§ 56326, 59101, 59102, 59141 (West 2010).

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TRANSPORTATION

Benefit/Service	Services Provided	Entities Responsible	Coverage	Authority
Medical Transportation Services	Medical transportation by ambulance, litter van or wheelchair van (with limited coverage for transportation by air)	Medi-Cal/EPSDT	• Ordinary transportation is medically contraindicated • Purpose of obtaining needed medical care • Lowest cost transportation that is adequate and available • Does not cover transportation by car, taxi or other forms of public or private transportation • Applies to non-emergency and emergency services below	42 C.F.R. § 431.53 (2010); CAL. WELF. & INST. CODE §14132(i) (West 2010); CAL. CODE REGS. tit. 22, §§ 51151, 51323 (2010).
Medical Transportation Services	Non-emergency medical transportation for the purpose of obtaining needed medical care.	Medi-Cal/EPSDT	• Necessary to obtain program covered services • With a physician's, dentist's or podiatrist's prescription • Prior authorization required except for certain transfers from acute hospital, nursing, or intermediate care facilities	CAL. CODE REGS. tit. 22, §§ 51151.7, 51323 (2010).
Medical Transportation Services	Emergency medical transportation (e.g. ambulance)	Medi-Cal/EPSDT	• Covered without prior authorization to nearest capable facility • **Emergency services** means those services required for alleviation of severe pain, or immediate diagnosis and treatment of unforeseen medical conditions, which without immediate care, would lead to disability or death.	CAL. CODE REGS. tit. 22, § 51323 (2010); *see* CAL. CODE REGS. tit. 22, § 51056 (2010) for definition of emergency services.

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Benefit/Service	Services Provided	Entities Responsible	Coverage	Authority
Travel related expenses	Costs covered for related travel expenses determined to be **medically necessary** by the state agency to secure medical examinations and treatment.	Medi-Cal/EPSDT	Covered where a recipient requires a medical service in another location and travel time requires an overnight stay	42 C.F.R. § 440.170 (2010).[361]
Life supporting medical services while child is traveling between home and school	Home health aide services during travel between home and school when the student requires the personal assistance of a nurse, or other trained adult	Medi-Cal/EPSDT	• Medi-Cal provides a life-supporting medical service via a home health agency during the time in which the pupil would be in school or traveling between school and home. • That service requires that the pupil receive the personal assistance of a nurse or other specially trained adult in order to be effectively delivered.	CAL. GOV'T CODE § 7575(e) (West 2010).
Maintenance and transportation	**Transportation** includes the use of private or public transportation to provide the child access to authorized CCS medical services. **Maintenance** benefits cover the cost(s) for lodging, meals and other related travel expenses when the child would not otherwise be able to access CCS authorized care.	CCS	These benefits are subject to detailed CCS policies.	CAL. HEALTH & SAFETY CODE § 123840(j) (West 2010). CCS Numbered Letter 03-0810.[362] (See CCS)

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Benefit/Service	Services Provided	Entities Responsible	Coverage	Authority
Non-emergency medical transportation to and from CCS medical providers	Medically necessary transportation in an ambulance or medical transport van when the child's medical condition does not allow travel by ordinary private or public means (e.g. bus, car, or taxi).	CCS	• Prior authorization required. • CCS authorizes transportation with an enrolled Medi-Cal transportation provider.	CAL. HEALTH & SAFETY CODE § 123840(j) (West 2010). CCS Numbered Letter 03-0810.
Transportation to therapy services at a Medical Therapy Unit ("MTU")		CCS	CCS will cover transportation to MTU if not included in the IEP but is necessary for the child to access therapy services.	CCS Numbered Letter 03-0810.
Transportation services provided to regional center consumers	Transportation to and from medical appointments, mental health services and transportation is available to implement the IPP.	Regional Centers	• Regional centers cover transportation services included in the child's IPP if it is not the responsibility of any other public agency which receives public funds for providing the transportation service. • Under the 2009 budget provisions, regional centers are prohibited from funding transportation for a minor child living at home unless the family provides sufficient written documentation demonstrating that it is unable to provide that transportation. • In addition, the regional center funds the least costly form of transportation that meets the consumer's needs as set out in the IPP/IFSP. • The Regional Center funds transportation from home to the least costly vendor that meets the consumer's needs as in the IPP/IFSP.	CAL. WELF. & INST. CODE § 4648.35 (West 2010); CAL. CODE REGS. tit.17, § 58510 (2010).

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Benefit/Service	Services Provided	Entities Responsible	Coverage	Authority
Transportation services for students eligible for special education	Transportation may include: • travel to and from school and between schools • travel in and around school buildings • specialized equipment (such as special or adapted buses, lifts, and ramps), if required to provide special transportation for a child with a disability • parents may be reimbursed for transportation costs to and from school or to other related services	LEA	• LEA provides related services that are set out in a student's IEP, if a student needs them to benefit from special education and meet FAPE criteria. • There may be transportation accommodations under Section 504.	34 C.F.R. § 300.34(c)(16) (2010); Special Education Transportation Guidelines, DEPARTMENT OF EDUCATION.[363] Please note that these guidelines are not binding.
Transportation of a student with a disability to mental health services	Transportation of a student eligible for special education to and from mental health services provided by the county mental health program as specified in the student's IEP.	LEA	LEAs provide related services as specified in the child's IEP.	CAL. CODE REGS. tit. 2, § 60200(d)(1) (2010).
Transportation of a student with a disability to residential placement	Transportation of a student eligible for special education to and from residential placement as specified in the student's IEP.	LEA	LEAs provide or are responsible for related services as specified in the child's IEP.	CAL. CODE REGS. tit. 2 § 60200(d)(2) (2010).

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Benefit/Service	Services Provided	Entities Responsible	Coverage	Authority
Accompaniment to medical appointments	Accompaniment by IHSS care provider when a beneficiary needs assistance to travel to health related appointments or to other sources of supportive services. Child may also be accompanied for fittings for health related appliances/devices and special clothing.	DPSS/IHSS	IHSS pays for these transportation services when Medi-Cal will not provide transportation.	CAL. WELF. & INST. CODE § 12300(e)(3) (West 2010). CDSS, Manual of Policies and Procedures, 30-757.15, 30-780.1. (See Long Term Support)

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THERAPEUTIC SERVICES

Occupational Therapy, Physical Therapy, and Speech Therapy

Occupational Therapy (OT): Assessment and services prescribed by health care professional to restore or "improve a person's ability to undertake activities of daily living when those skills are impaired by developmental or psycho-social disabilities, physical illness or advanced age".[364] (definition from Medi-Cal regulations)

Physical Therapy (PT): "Treatment prescribed by a physician, dentist or podiatrist of any bodily condition by the use of physical, chemical and other properties of heat, light, water, electricity or sound, and by massage and active, resistive or passive exercise."[365] (definition from Medi-Cal regulations)

OCCUPATIONAL THERAPY AND PHYSICAL THERAPY

Benefit/Service	Entities Responsible	Coverage Requirements	Authority
OT/PT for children who are Medi-Cal eligible.	Medi-Cal/ EPSDT	• Medi-Cal will cover medically necessary OT/PT for an eligible beneficiary. • If an eligible child needs therapeutic services more frequently than Medi-Cal allows for an adult beneficiary, that child may receive medically necessary services as an EPSDT supplemental service. • Requires a written prescription from a physician, dentist, or podiatrist. PT is provided after prior authorization and approval of a treatment plan.	CAL. CODE OF REGS. tit. 22, §§ 51184(c), 51309 (2010). (See EPSDT)

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Benefit/Service	Entities Responsible	Coverage Requirements	Authority
OT/PT as a CCS benefit	CCS	• CCS covers OT/PT for children with CCS-eligible medical conditions when therapy is **medically necessary** to treat the CCS-eligible medical condition. • CCS requires that providers bill **private commercial insurance** first and may pay for some services not covered by the private plan.	CAL. HEALTH & SAFETY CODE §§ 123840(e)-(f), (West 2010); CCS No. Letter 06-0394.[366] (SEE CCS)
Medical Therapy Program (MTP)	CCS	CCS provides medically necessary OT/PT through Medical Therapy Units (MTUs) located at certain public schools, in coordination with educational agencies and with separate MTP eligibility. Necessary services are exempt from financial eligibility criteria.	CAL. HEALTH & SAFETY CODE §§ 123870(b), 123875 (West 2010); CAL. CODE REGS. tit. 2, § 60300(j) (2010). (SEE CCS)
OT/PT in school for students with an IEP who are eligible for the Medical Therapy Program	CCS	CCS is responsible for providing **medically necessary** OT/PT services, pursuant to medical diagnosis when listed in a student's IEP.	CAL. GOV'T CODE § 7575(a)(1) (West 2010); CAL. CODE REGS. tit. 2, § 60300(j) & (n) (2010).
OT/PT in school for students with disabilities	LEA	The LEA provides OT/PT as a related service when therapy has not been deemed medically necessary but the IEP team has determined that it is necessary to assist a child to benefit from special education.	CAL. GOV'T CODE, § 7575(a)(2) (West 2010).

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Benefit/Service	Entities Responsible	Coverage Requirements	Authority
OT/PT for children from 0-36 months who are eligible for Early Start	Regional Center	• The regional center funds OT/PT as early intervention services if listed in the child's IFSP. • Regional centers cannot pay for services that a child may obtain from other public or private sources, such as through CSS, Medi-Cal, and private insurance. • Families are required to use private insurance for medical services in IFSP, other than evaluation and assessment.	CAL. GOV'T CODE § 95004 (West 2010); CAL. CODE REGS. tit. 17, §§ 52000(12), 52109 (2010). (See Early Start)
OT/PT for children who are Regional Center consumers	Regional Center	• Regional centers cannot purchase services that would be available from other sources such as Medi-Cal, CCS, and private insurance, if the consumer or family is otherwise eligible but decline to apply. • Regional centers will help secure therapy services when the service is listed in the child's IPP, after it has identified and pursued other sources of funding.	CAL. WELF. & INST. CODE §§ 4512(b), 4648, 4659, (West 2010). (See Regional Centers)
OT/PT for residents in a Hospital, Nursing Facility and/or any category of ICF/DD	Long-Term Care Facility/Medi-Cal		42 C.F.R. § 483.25(a)(1)(ii) (2010); CAL. WELF. & INST. CODE §§ 14132(b)-(c) (West 2010).

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SPEECH THERAPY

Speech Therapy: Services for "the purpose of identification, measurement and correction or modification of speech, voice or language disorders and conditions, and counseling related to such disorders and conditions.)[367] (definition from Medi-Cal regulations)

Benefit/Service	Entities Responsible	Coverage	Authority
Speech Pathology For Children Who Are Medi-Cal Eligible	Medi-Cal	Medi-Cal covers speech therapy if it is **medically necessary** and provided upon written referral of a physician or dentist.	CAL. CODE REGS. tit. 22, § 51309 (2010).
Speech Pathology Services (evaluation may also be authorized)	CCS	• CCS may authorize speech therapy and treatment for a variety of conditions affecting communication and swallowing if medically necessary to treat the beneficiary's CCS-eligible medical condition. • CCS will evaluate whether appropriate treatment is available through the school district or Early Start.	CCS No. Letter 15-0605. (See CCS)
Speech-Language Pathology As A Related Service For Students Eligible For Special Education.	LEA	• LEA provides speech therapy when included in a child's IEP and when necessary for that child to benefit from the educational program. • Language and speech development and remediation may be provided by a speech-language pathology assistant as defined in CAL. BUS. & PROF. CODE § 2530.2(f). • Medi-Cal may reimburse the LEA for providing speech pathology to students with an IEP, but this does not change the LEA's responsibility to provide the service.	CAL. EDUC. CODE §§ 56363(a), (b)(1) (West 2010); CAL. CODE REGS. tit. 22, § 51535.5(f) (2010). (See Access To Health Care And Related Benefits At School)

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Benefit/Service	Entities Responsible	Coverage	Authority
Speech And Language Services For Children 0-36 Months Old Who Are Eligible For Early Start	Regional Center	• Early Start will pay for speech therapy as a payer of last resort if listed in the child's IFSP. • Early Start cannot pay for services that a child may obtain from other public or private sources, such as through Medi-Cal and private insurance if the family meets criteria but declines to apply.	CAL. GOV'T CODE § 95004 (West 2010); CAL. WELF. & INST. CODE §§ 4648(f), 4659 (West 2010); CAL. CODE REGS. tit. 17, §§ 52000(12), 52109 (b) (2010).
Speech Therapy For Regional Center Consumers	Regional Center	• Regional centers will help purchase speech therapy services listed in the child's IPP, after it has identified and pursued other sources of funding. • Regional centers cannot purchase services that may be available from other sources such as Medi-Cal, and private insurance if the family meets criteria but declines to apply.	CAL. WELF. & INST. CODE §§ 4512(b), 4659 (West 2010).
Speech Pathology In Nursing Facility And Any Category Of ICF/DD.	Medi-Cal	Facilities must make sure that a resident's ability to use speech, language or other functional communication systems does not diminish.	42 C.F.R. § 483.25, (a)(1)(v) (2010); CAL. WELF. & INST. CODE § 14132(c) (West 2010).

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ASSISTIVE TECHNOLOGY

Benefit/Service	Definition and Services Provided	Entities Responsible	Coverage Requirements and Interaction with Other Entities	Authority
Durable Medical Equipment (DME) for Medi-Cal beneficiaries	• equipment that can be used repeatedly • for a medical purpose • only useful to a person with a disability, illness, or injury and • appropriate for use in or out of a person's home	Medi-Cal	• The DME must be medically necessary • Must be prescribed by a licensed practitioner within scope of practice to meet patient's medical equipment needs • Authorization is limited to the lowest cost item that will meet the medical need • Prior authorization is required in certain circumstances. • Beneficiaries are responsible for appropriate use and care of DME purchased for their use by Medi-Cal. • Equipment may be available to beneficiaries living in nursing or ICF facilities subject to certain requirements.	CAL. CODE REGS. tit. 22, §§ 51160, 51321 (2010). *See* Assistive Technology Funding Sources, State Council on Developmental Disabilities (2009). www.scdd.ca.gov
DME for a disabled parent or guardian of a child		Medi-Cal	Authorized when needed to assist a disabled beneficiary in caring for a child for whom the beneficiary is a parent, stepparent, foster parent or legal guardian (subject to federal financial participation).	CAL. WELF. & INST. CODE § 14132(m) (West 2010).
Prosthetic and Orthotic Devices and Eye Glasses	Prosthetic and orthotic appliances are prescribed by a physician, dentist or podiatrist for the restoration of function or replacement of body parts.	Medi-Cal	No TAR needed for prosthetic device or for replacement or repair if cost does not go over $500 No TAR needed for orthotic device or for replacement or repair if cost does not go over $250	CAL. WELF. & INST. CODE §§ 14132(k), 14132.765 (West 2010). CAL. CODE REGS. tit.22, §§ 51161, 51317 (2010). (See Vision.)

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Benefit/Service	Definition and Services Provided	Entities Responsible	Coverage Requirements and Interaction with Other Entities	Authority
DME Rehabilitation as a CCS benefit	DME rehabilitation means assistive devices or equipment items that are designed to assist a child with mobility or self-care activities, including communication. CCS provides **medically necessary** devices and durable medical equipment required to treat the child's CCS eligible medical condition including: durable medical equipment, medical supplies, medical appliances and electronic communication devices. (See CCS)	CCS	• CCS authorizes purchase, rental, repair or modification of DME-R when medically necessary. • Authorized for purpose of improving mobility and self-care including communication, only when limited by the CCS-eligible medical condition and verified by physical findings. • May be authorized only when prescribing physician is a CCS paneled physician approved to treat the CCS eligible medical condition or reviewed by a CCS paneled physician for agreement before submission for authorization. • The LEA is responsible for equipment that is primarily for school use such as equipment that is specified as educationally necessary in a student's IEP.	CAL. CODE REGS. tit. 22 § 41452 (2010). *See* CCS Numbered Letter 09-0703[368], and CCS guidelines for detailed policy information and examples of DME *See also* Accessing Assistive Technology, DISABILITY RIGHTS CALIFORNIA (4th ed. 2008).[369]
Portable Communication Systems (SG Devices)	Child must require the system to communicate self-care needs to others and meet other medical necessity criteria.	CCS	• While CCS may fund a speech generating device, ongoing training and programming must be funded by another source such as the LEA or regional center.	CCS Numbered letter 09-0703.
Assistive Technology for Children age 0 to 36 months old & eligible for Early Start	Adaptive equipment and supplies necessary to maximize developmental potential.	Regional center	• If needed as an early intervention service in the IFSP. • Regional center is a payer of last resort.	CAL. WELF. & INST. CODE §§ 4512(b), 4659 (West 2010). CAL. CODE REGS. tit. 17, § 52000(12) (2010).

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Benefit/Service	Definition and Services Provided	Entities Responsible	Coverage Requirements	Authority
Adaptive Equipment and Supplies for Regional Center Consumers	Examples of adaptive equipment and supplies include: wheelchairs, hospital beds, communication devices and other necessary appliances or devices. [370] (related to supporting care of children in their homes)	Regional center	• Regional centers will provide AT when it is listed in the child's IPP and the equipment is not available through other sources of funding. • The regional center is the payer of last resort.	CAL. WELF. & INST. CODE §§ 4512(b), 4659 (West 2010).
Assistive Technology ("AT") in Special Education	Benefits include both AT devices and AT services.	LEA	• The IEP team is required to consider whether a student requires assistive technology devices and services. • The LEA is not required to purchase **medical equipment** for a student, however, the LEA is responsible for other specialized equipment to be used at school that is needed to implement the IEP. • Educational agencies must make sure that AT devices or services are made available to a child with a disability if required as part of their educational program.	20.U.S.C. §1414 (d)(3)(b)(v); 34 C.F.R. §300.105; CAL. EDUC. CODE § 56363.1 (West 2010).
Assistive Technology Device in Special Education	An AT device is any item, piece of equipment, or product system used to increase, maintain or improve functional capabilities of a student with a disability.[371] This term does not include a medical device that is surgically implanted.	LEA	• LEA provides specialized equipment or assistive technology needed to implement the IEP. • If a student needs to use school-purchased AT devices at home or in other settings in order to receive a FAPE, that student must have access to those devices.	20 U.S.C. § 1401(1)(A) (2006);34 C.F.R. §300.105; 34 C.F.R. § 300.5 (2010) (See Access To Health Care And Related Benefits At School)

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Benefit/Service	Definition and Services Provided	Entities Responsible	Coverage Requirements	Authority
Assistive Technology Service in Special Education	AT services means any services that directly assist a student with a disability in the selection, acquisition or use of an AT device.	LEA	Services include: • Evaluation of the needs of a child with a disability • Purchasing, leasing or otherwise providing for a child with a disability to acquire AT devices • Maintaining, repairing, or replacing AT devices • Coordinating and using other therapies with AT devices • Training or technical assistance for child child's family, or other involved professionals	34 C.F.R. § 300.6 (2010).

- For more information on AT devices funded by CCS, please see:
  CCS Numbered Letter 09-0703, *available at* http://www.dhcs.ca.gov/services/ccs/documents/ccsnl090703.pdf

- See also: www.disabilityrightsca.org for more information.

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RESIDENTIAL PLACEMENT

Benefit/Service	Services Provided	Entities Responsible	Interaction Between Entities	Authority
Residential and Non-Educational Costs	Financial responsibility for residential and non educational costs of a child residing outside the home because placed in a facility by the parent, court or a public agency (other than the LEA or SELPA).	Placing entity including: • Parent, • Court, • Regional center, • Other public agency NOT LEA or SELPA	• When a parent or public agency (other than the local educational agency) places a child in a medical or residential facility, the placing agency or parent are responsible for the residential and non-educational costs of placement. • Prior to placing the child, the court, regional center, or other public agency notifies the SELPA in which the residential facility is located. • Despite the SELPA administrator's involvement in the placement discussion, the education agency is not obligate to pay for a child placed in a licensed children's institution or foster family home.	CAL. GOV'T CODE §§ 7579, 7581, (West 2010); CAL. EDUC. CODE § 56159 (West 2010).
Appropriate Educational Program Related to Placement	Exchange of Information between educational and placing agency.	LEA	• When a placing agency places a student in a **licensed children's institution** (See Appendix C) with an on-grounds, certified, nonpublic, nonsectarian school, the pupil may attend that school only if the IEP team determines that there is no appropriate public education program in the community and that the program is appropriate and can implement the IEP. • If the IEP team determines that the on-grounds program is appropriate and can implement the pupil's IEP, the LEA may then contract with that nonpublic school for educational services.	CAL. CODE REGS. tit. 2, § 60510(b)(2)-(3) (2010).

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Benefit/Service	Services Provided	Entities Responsible	Interaction Between Entities	Authority
Educational Responsibility for Children in Certain Hospitals and Health Facilities		LEA	• Individuals with exceptional needs who are placed in certain hospitals or health facilities (specified in the regulations) for medical purposes are the educational responsibility of the LEA in which the hospital or facility is located as determined in local written agreements.	CAL. EDUC. CODE § 56167(a) (West 2010). *See* CAL. HEALTH & SAFETY CODE §§1250, 1250.2 & 1250.3 (West 2010) for definitions of various health facilities.
Residential Placement for children who are eligible for special education	Placement into a residential facility if necessary to provide special education and related services to a child with a disability	LEA, DMH/CMH, County Welfare Department	• If residential placement is necessary to provide special education and related services to a child with a disability, it is provided at no cost to parent. • DMH/CMH is responsible for authorizing payment to residential care facilities for students that have a serious emotional disturbance but can only authorize payment for facilities listed in CAL. CODE REGS. tit. 2, § 60025. The county welfare department issues payment to the residential providers.	34 C.F.R. § 300.104; CAL. GOV'T CODE § 7573 (West 2010); CAL. CODE REGS. tit. 2, §§ 60200(e)-(f) (2010). (See Mental Health)
Out-of-State Residential Placement Costs	Financial responsibility for the child's residential placement, special education program, and related services in another state.	Placing Agency (other than LEA or educational agency)	• When an agency places a pupil in an out-of-state facility without involvement of the school district, SELPA or county office of education, that agency is responsible for all costs of residential program, special education and related services, unless the other state or local agencies assume responsibility.	CAL. GOV'T CODE § 7579(d) (West 2010).

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Benefit/Service	Services Provided	Entities Responsible	Interaction Between Entities	Authority
Discharge of a Child or Youth with a Disability from Specified Institutions	Communication between the releasing facility and receiving SELPA of the discharged student so that it can implement the IEP.	Residential Facility or Placing Agency	• The operator of the facility or placing agency, shall, at least 10 days prior to the discharge of a disabled child or youth, provide notification of discharge and educational records to the receiving SELPA.	CAL. GOV'T CODE § 7579.1 (West 2010).
Residential Placement for Children with Developmental Disabilities	Includes placement in a range of settings in called for in the IPP including specialized foster care homes, intermediate care facilities, and licensed community care facilities.	DDS/Regional Center	• Regional Centers will consider every possibility to assist families in maintaining children at home, when it is in the best interests of the child, before it will consider out-of-home alternatives. • Some parents are expected to pay a fee for 24-hour out-of-home-care for a child under 18, based upon a fee schedule and ability to pay. (See Regional Center)	CAL. WELF. & INST. CODE §§ 4648, 4685, 4685.1, 4782, 17710 (West 2010).
Residential Placement for Children with Developmental Disabilities (continued)	Payment for Acute Inpatient Psychiatric Treatment	DMH	• DMH will be responsible for regional center consumers admitted into psychiatric inpatient facilities due to a mental disability and will provide treatment until there is no further need for medically necessary acute inpatient treatment.	Addendum to MOU between select regional centers in LA County and LA County DMH (2000).

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APPENDIX A

SELECTED COMMUNITY CARE FACILITIES[8]

Residential Facility	Family home, group care facility, or similar facility determined by the director, for 24-hour nonmedical care of persons in need of personal services, supervision, or assistance essential for sustaining the activities of daily living or for the protection of the individual.
Therapeutic Day Services Facility	Facility that provides nonmedical care, counseling, educational or vocational support, or social rehabilitation services on less than a 24-hour basis to persons under 18 years of age who would otherwise be placed in foster care or who are returning to their families from foster care.
Foster Family Home	Residential facility providing 24-hour care for 6 or fewer foster children that is owned, leased, or rented and is the residence of the foster parent or parents, including their family, in whose care the foster children have been placed. Placement may be by a public or private child placement agency, by a court order, or by voluntary placement by a parent/guardian.
Small Family Home	Residential facility that provides 24-hour care for 6 or fewer foster children who have mental disorders or developmental or physical disabilities and who require special care and supervision as a result of their disabilities.
Community Treatment Facility	Residential facility that provides mental health treatment services to children in a group setting and that has the capacity to provide secure containment.
Full Service Adoption Agency	Licensed entity engaged in the business of providing adoption services and may assume care, custody and control of a child, place children for adoption, and supervise adoptive placements.
Transitional Shelter Care Facility	Group care facility that provides for 24-hour nonmedical care of persons in need of personal services, supervision, or assistance essential for sustaining the activities of daily living or for the protection of the individual.
Transitional Housing Placement Facility	Community care facility licensed by the DSS to provide transitional housing opportunities to persons at least 17 years of age, but not older than 18 years of age (with exceptions), who are in out-of-home placement under the supervision of the county department of social services or the county probation department, and who are participating in an independent living program.
Bates Home[9]	Specialized foster care home for children with special health care needs where the foster parents live in the home and have been trained to provide specialized in-home health care to foster children. Parents do not need to give up their parental rights for their child to live in a Bates Home. Bates Home may be a small family home, licensed foster family home, or a foster family home certified by a licensed Foster Family Agency.

[8] Community care facilities (as applied to children) refer to facilities that provide nonmedical residential care, day treatment or foster family agency services for children, adults, or children and adults, including people with disabilities. CAL. HEALTH & SAFETY CODE § 1502 (West 2010).

[9] *Rights Under the Lanterman Act: Regional Center Services for People with Developmental Disabilities* 180, DISABILITY RIGHTS CALIFORNIA, *available at* http://www.disabilityrightsca.org/pubs/506301.pdf (2009); *see also* Cal. Welf. & Inst. Code §17710.

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APPENDIX B

SELECTED HEALTH CARE FACILITIES THAT PROVIDE 24-HOUR OUT-OF-HOME-CARE[10]

General Acute Care Hospital	Health facility that provides 24-hour inpatient care and provides services such as medical, nursing, surgical, anesthesia, laboratory, radiology, pharmacy and dietary services.
Acute Psychiatric Hospital	Health Facility that provides 24-hour inpatient care for individuals who have a mental health condition or are incompetent, including medical, nursing, rehabilitative, pharmacy, and dietary services.
Skilled Nursing Facility	Health facility that provides skilled nursing care and supportive care to patients whose primary need is for availability of skilled nursing care on an extended basis.
Intermediate Care Facility	Health facility that provides inpatient care to patients who have a recurring need for skilled nursing supervision and who need supportive care, but who do not require the availability of continuous skilled nursing care.
Intermediate Care Facility/Developmentally Disabled	Health facility, which provides care and support services to developmentally disabled consumers whose primary need is for developmental services and who have a recurring, but intermittent, need for skilled nursing services.
Intermediate Care Facility/Developmentally Disabled-Habilitative	Health facility, which provides 24-hour personal care, developmental training, habilitative, and supportive health services in a facility with 15 beds or fewer to residents with developmental disabilities with intermittent recurring needs for nursing.
Intermediate Care Facility/Developmentally Disabled-Nursing	Health facility, which provides 24-hour nursing supervision, personal care, and training in habilitative services in a facility with 4-15 beds to medically fragile developmentally disabled consumers, or to consumers who demonstrate a significant developmental delay that may lead to a developmental disability if not treated. Such consumers must have been certified by a physician as not requiring continuous skilled nursing care.
Intermediate Care Facility/Developmentally Disabled-Continuous Nursing	Homelike facility providing 24-hour personal care, developmental services, and nursing supervision for up to 8 persons with developmental disabilities who have a continuous need for skilled nursing care and have been certified by a physician and surgeon as warranting continuous skilled nursing care.
Nursing Facility	Health facility certified to participate as a provider of care either as a skilled nursing facility in the federal Medicare Program or as a nursing facility in the federal Medicaid Program, or as both.

[10] CAL. HEALTH & SAFETY CODE § 1250 (West 2010); CAL. CODE REGS. tit. 17, § 54302 (2010).

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APPENDIX B (Continued)

THE DIFFERENT TYPES OF HEALTH CARE FACILITIES THAT PROVIDE 24-HOUR OUT-OF-HOME-CARE

Special Hospital	Health facility with an organized dental or medical staff that provides inpatient or outpatient care in dentistry or maternity.
Developmental Centers[11]	State developmental centers are licensed and certified as Nursing Facility (NF), Intermediate Care Facility, and acute care hospitals and provide 24 hour habilitation and treatment to individuals with developmental disabilities.
Congregate Living Health Facility	Residential home with a capacity of up to 12 beds that provides inpatient care, including medical supervision, 24-hour skilled nursing and supportive care, pharmacy, dietary, social, or recreational. The facility must provide at least one of the following: • services for people who are mentally alert, with physical disabilities, who may be ventilator dependent • services for people who have a terminal, life-threatening illness, or both • services for people who are catastrophically and severely disabled.
Correctional Treatment Center	Health facility operated by the Department of Corrections and Rehabilitation providing inpatient health services to the inmate population who do not require a general acute care level of basic services and may provide laboratory, radiology, and perinatal services.

[11] *Department of Developmental Services*, DEVELOPMENTAL CENTERS HOME PAGE, http://www.dds.ca.gov/DevCtrs/Home.cfm.

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APPENDIX C

FACILITIES LISTED IN TITLE 2 OF THE CALIFORNIA CODE OF REGULATIONS SECTION 60025[12]

Certified Family Home	Family residence certified by a foster family agency licensed by CDSS and issued a certificate of approval by that agency as meeting licensing standards, and is used only by that foster family agency for placement.
Certified license-pending home	Home that is pending application for licensure as a foster family home and has been certified by the county as meeting the minimum standards for foster family homes.
Community Care Facility	Facility, place, or building, licensed by CDSS and defined in Cal. Health & Safety Code §1502. In this chapter, it refers to facilities that provide 24 hour residential care to children.
Community Treatment Facility	Residential facility that provides mental health treatment services to children in a group setting and has the capacity to provide secure containment.
Foster Family Agency	Individual or organization that recruits, certifies, trains, and supports foster parents, or finds homes or other places for placement of children for temporary or permanent care who require that level of care as an alternative to a group home.
Foster Family Home	Residential facility that provides 24-hour care for 6 or fewer foster children that is owned, leased, or rented and is the residence of the foster parent(s), in whose care the foster children have been placed.
Group Home	Residential facility, operated as a non-profit, which provides 24-hour care and supervision to children in a structured environment with services that are provided, at least in part, by staff employed by the licensee.
Licensed Children's Institution	Community care facilities that are licensed by CDSS and include: group homes, foster family agencies, and community treatment facilities.
Small Family Home	Residential facility, in the licensee's family residence, that provides 24-hour care for 6 or fewer foster children who have mental disabilities or developmental or physical disabilities and who require special care and supervision.

[12] DMH may authorize payment for the residential placement of SED students for these facilities and the County Welfare Department may issue the payment once authorization is received. *See* CAL. CODE REGS. tit. 2, § 60200 (2010).

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ACRONYMS

Acronym	Definition
AB	Assembly Bill
ABA	Applied Behavioral Analysis
ADA	Americans with Disabilities Act
ADP	State of California Alcohol and Drug Programs
AT	Assistive Technology
Cal. Ed. Code	California Education Code
C.C.R.	California Code of Regulations
CCS	California Children's Services
CDE	California Department of Education
CDPH	California Department of Public Health
CDSS	California Department of Social Services
CEC	Continuous Eligibility for Children
C.F.R	Code of Federal Regulations
CHDP	Child Health and Disability Prevention Program
CP	Commercial Plan
DCFS	Department of Children and Family Services
DDS	Department of Developmental Services
DHCS	Department of Health Care Services
DIS	Designated Instruction and Services (Related Services)
DME	Durable Medical Equipment
DMH	Department of Mental Health
DOR	Department of Rehabilitation
DPSS	Department of Public Social Services
DRC	Disability Rights California
DRLC	Disability Rights Legal Center
ELARC	East Los Angeles Regional Center
ENT	Ear, Nose, and Throat
EOB	Explanation of Benefits
EPSDT	Early and Periodic Screening, Diagnosis and Treatment

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ESRD	End Stage Renal Disease
FSP	Full Service Partnership
FAPE	Free and Appropriate Public Education
HCBS Waiver	Home and Community Based Services Waiver
HCBS-DD Waiver	Home and Community Based Services for People with Developmental Disabilities Waiver
HCC	Hearing Coordination Centers
ICF/DD	Intermediate Care Facility / Developmentally Disabled
IDEA	Individuals with Disabilities Education Act
IEP	Individualized Education Program
IFSP	Individualized Family Support Plan
IHSS	In Home Supportive Services
IPP	Individual Program Plan
LAUSD	Los Angeles Unified School District
LI	Local Initiative
LEA	Local Education Agency
LRE	Least Restrictive Environment
MCWP	Medi-Cal Waiver Program
MHP	Mental Health Plan
MTC	Medical Therapy Conference
MTU	Medical Therapy Unit
MTP	Medical Therapy Program
MOU	Memorandum of Understanding
NHSP	Newborn Hearing Screening Program
NLARC	North Los Angeles Regional Center
NOA	Notice of Action
OT	Occupational Therapy
PCP	Primary Care Provider
PDHC	Pediatric Day Health Care
PT	Physical Therapy
SEA	State Education Agency
SED	Serious Emotional Disturbance
SELPA	Special Education Local Plan Area
SOC	Share-of-Cost

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SSI/SSP	Supplemental Security Income/State Supplementary Payment
TANF	Temporary Assistance for Needy Families
TAR	Treatment Authorization Request
TBS	Therapeutic Behavioral Services
TCM	Targeted Case Management
WIC	Women, Infants, and Children
Welf & Inst Code.	Welfare & Institutions Code

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GLOSSARY

The terms that appear below are defined based on the context in which they appear in the Benefits Access Guide. Some terms may have multiple meanings or are utilized differently by agencies.

A

AB3632- an interagency law requiring local educational agencies to coordinate with other agencies, including the county mental health program, to provide related services students with disabilities.

Aid Paid Pending- Preserves the right to receive benefits during the pendency of a Request for a Fair Hearing or an appeal process, subject to specified time limits depending on the agency

AIDS Medi-Cal Waiver Program (MCWP) - provides home based services to eligible individuals with HIV/AIDS who would otherwise need care in a nursing facility or hospital.

C

California Children's Services (CCS) - a state program that coordinates and pays for specialty medical care for children under the age of 21, with certain chronic, catastrophic, congenital, or disabling medical conditions.
(See California Children's Services)

California Department of Developmental Services (DDS) - the state agency responsible for making sure that individuals with developmental disabilities receive necessary services and supports

California Department of Rehabilitation (DOR) – the state agency that offers vocational rehabilitation services for individuals with physical or mental impairments

California Early Start- interagency program designed to evaluate, assess, and provide appropriate early intervention and family support services for eligible children under age 3. (See California Early Start)

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California Wraparound Services- a county program coordinated by DCFS, DMH and the Department of Probation to provide children and their families with expanded family-based services and programs as an alternative to group home care. (See Mental Health)

CHDP Gateway- an automated process that allows CHDP service providers to pre-enroll eligible children into the Medi-Cal program at the time of a scheduled CHDP health assessment (See EPSDT)

Child Find- refers to the requirement that each public school system seek out and identifies children with disabilities in its area; also applies to coordinating Early Start agencies

Child Health and Disability Prevention (CHDP) Program- oversees EPSDT screening services for children who are Medi-Cal eligible and serves low-income children who are not Medi-Cal eligible but do not have other sources of access to preventive health care

Cochlear Implant- an electronic device that provides a sense of sound to individuals who are profoundly deaf or severely hard-of-hearing

Communication Disorder Center- accepts referrals from CCS for children eligible to receive diagnostic services and possibly treatment for children who meet certain criteria or who have a CCS-eligible medical condition.

Consumer- a person who has a disability that meets the definition of developmental disability and is eligible for Regional Center services

County "Mental Health Plan" (MHP) - MHPs provide medically necessary specialty mental health services to Medi-Cal beneficiaries. In Los Angeles County the LA County Department of Mental Health is the designated MHP.

D

Department of Rehabilitation (DOR) - see California Department of Rehabilitation.

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Developmental Delay- infants and toddlers are diagnosed with a developmental delay when there is a significant difference between their current level of functioning and the expected level of development for children of the same age.

Developmental Disability- a disability that begins before an individual reaches the age of 18 that is expected to continue indefinitely and that is a substantial disability for that person. (See Regional Centers)

Dual Diagnosis- refers to a diagnosis of both developmental disability and mental health or mental disability. (See Mental Health) can refer to other dual conditions in other contexts.

E

Early and Periodic Screening Diagnostic and Treatment (EPSDT)- provides comprehensive health care benefits, including mental health services, to individuals under the age of 21 who are eligible for Medi-Cal. (See EPSDT)

Early Intervention Services- Services provided to infants and toddlers, from birth until 36 months, with developmental delays, established risk conditions or developmental disabilities under California Early Start.

Early Start- (See California Early Start)

Emergency Medi-Cal- covers only medical emergencies, pregnancy and related services, and other limited services for individuals who are not eligible for full scope Medi-Cal.

EPSDT Supplemental Services- comprehensive health care benefits that Medi-Cal must provide beneficiaries under the age of 21 when medically necessary, even if California has not opted to cover them for adult beneficiaries under the state plan.

F

Family Resource Center- provides parent-to-parent contact, information about disabilities and early intervention, and assistance in accessing services.

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Full Scope Medi-Cal- refers to unrestricted eligibility to Medi-Cal without a share of cost.

Full Service Partnership (FSP) for Children- a program for children ages 0 to 25 with serious emotional disturbance that provides intensive home and community based treatment and services to avoid out of home placement. (See Mental Health)

Functional Index- index used to rank the hours and type of care an IHSS consumer needs.

G

Generic Agency- any agency which has a legal responsibility to serve all members of the general public and is receiving public funds for providing those services (See Regional Centers)

H

Habilitative Services or Habilitation Services – health and social services directed at either maintaining or increasing the physical, intellectual, emotional and social functioning of individuals with developmental delays.

Healthy Families- low cost insurance for children and teens that provides health, dental and vision coverage to children who do not have insurance and do not qualify for free Medi-Cal

Healthy Families Program Homepage, available at: http://www.healthyfamilies.ca.gov/Home/default.aspx

I

Individual Program Plan (IPP) - document that lists all of the services that the regional center will help the individual with a developmental disability receive. (See Regional Center)

Individualized Education Program (IEP) – uniquely designed education and service program provided by a school to address the student's unique needs. (See Health Services in Schools)

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Individualized Family Service Plan (IFSP) - a document setting out all of the early intervention services necessary to meet an eligible child's unique needs, including the child's developmental needs and the related needs of the family. (See California's Early Start)

Individuals with Disabilities Education Act (IDEA) – federal law that entitles all eligible students with disabilities to free special education and related services

In-Home Supportive Services (IHSS) - program that provides services to assist with tasks of daily living when individuals cannot perform these tasks themselves and would not be able to safely remain in their homes without them

Institutional Deeming- allows children with disabilities who are under 18 and need an institution-level of care to access Medi-Cal if they are otherwise financially ineligible because their parental income exceeds Medi-Cal's limits

Intermediate Care Facility for people with Developmental Disabilities (ICF-DD) - a facility providing 24-hour personal care, habilitation, developmental, and supportive health services to individuals with developmental disabilities

Intermediate Care Facilities and Program Types (ICF/DD, ICF/DD-H, ICF/DD-N, ICF/DD-CN), available at: http://www.dds.ca.gov/icf/ICF.cfm

L

L.A. Care Health Plan- a non-profit health maintenance organization (HMO) that serves residents of Los Angeles County through a variety of health coverage programs including Medi-Cal, Healthy Families, L.A. Care's Healthy Kids, and L.A. Care Health Plan Medicare Advantage HMO. To learn more, visit www.lacare.org.

Lanterman Act - See Lanterman Developmental Disabilities Services Act

Lanterman Developmental Disabilities Services Act- California law that governs the rights of individuals with developmental disabilities

Least Restrictive Environment- to the maximum extent appropriate, students with disabilities have the right to receive educational and other services alongside children who do not have disabilities. This term applies to various programs that have a mandate to deliver services in the most integrated setting.

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Local Education Agency (LEA) - refers to school districts and county offices of education

M

Maintenance benefits- covers the cost(s) for lodging, meals and other related travel expenses when a child would not otherwise be able to access CCS authorized care

Mediation Conference – voluntary process used to informally resolve disagreements between a parent, as defined in law, and a regional center or a local education agency related to any alleged violation of federal or state statutes/regulation governing benefits and education programs

Medicaid- federal health insurance program for low-income, disabled and elderly people administered by the state government

Medi-Cal- California's Medicaid program, covers select groups of individuals including children, the aged, blind, and/or disabled

Medi-Cal Managed Care- Medi-Cal Managed Care is a system that provides Medi-Cal beneficiaries with access to health care within a network. Managed care is limited in the sense that participants must receive services within the health plan. (See Introduction to Medi-Cal)

Medi-Cal Share of Cost- if a child's family's income is above the SSI/SSP limits, that child may still be eligible to access benefits but the child's family may be required to pay for a portion of their child's benefit related expenses before the program will pay.

Medical Therapy Conference (MTC) - an inter-disciplinary team meeting, including the parent, where the child's care related to the Medical Therapy Program (MTP) condition is planned. (See California Children's Services)

Medical Therapy Program (MTP) - California Children's Services (CCS) program that provides medically necessary physical and/or occupational therapy services in certain public school locations.

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Medical Therapy Units (MTUs) - outpatient clinics located in designated public schools that provide medically necessary physical or occupational therapy

N

Natural Environment- refers to settings that are typical for an eligible child's non-disabled peers, including home and community based settings, (See Regional Center)

Notice of Action (NOA) - typically refers to a notice by an agency when it denies services or takes other action on benefits, for example CCS will issue a NOA when it denies services. (See California Children's Services)

Nurse Case Manager- the family's contact person in the California Children's Services (CCS) system

Nursing Facility/Acute Hospital Waiver- home and community based services for individuals who would otherwise require nursing facility care at an intermediate care facility, sub-acute facility or acute hospital

P

Pediatric Day Health Care Services (PDHC) - provides a therapeutic day program in a licensed facility for children under 21 years of age who live at home and are medically fragile.

Prevention Program- is a newer program designed for families with children under age 3 who are at substantially greater risk for developmental disability than that of the general population and who are ineligible for services through California Early Start or under the Lanterman Act, (See Early Start)

Primary Care Provider - doctors, but may also be nurse practitioners or physician assistants that take care of the basics of an individual's care, focusing on wellness and prevention.

Private Duty Nursing Services- skilled nursing services provided on a shift basis by a registered nurse or a licensed vocational nurse for patients who require individual and continuous nursing care

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Protective Supervision Services- IHSS service available for a child with disabilities that needs supervision in order to avoid injuries or accidents because of limited judgment or cognitive ability (See Long Term Support)

Psychotropic Medication- medication used for the treatment of mental disorders, also referred to as psychiatric or psychotherapeutic medication

R

Regional Center- private, non-profit agency that contracts with DDS and diagnoses eligibility and helps find, access, coordinate and monitor services for individuals with developmental disabilities and their families

Rehabilitative Services- includes remedial services directed at restoration to the highest possible functional level for persons with psychiatric disabilities and maximum reduction of symptoms of mental illness

Respite Care- support provided to families to permit the family a break from the ongoing daily care of children with disabilities at home

Respite Services- see Respite Care

Restricted Medi-Cal- see Emergency Medi-Cal

S

Serious Emotional Disturbance - diagnosable mental, behavioral, or emotional disorder of sufficient duration in which the child's condition results in functional impairment, substantially interfering with one or more major life activities

Service Coordinator- assigned by the regional center to be responsible for implementing, overseeing and monitoring each Individual Program Plan (IPP)

Special Education Local Plan Area (SELPA) - service area covered by a special education local plan, coordinates early childhood special education programs, including early intervention programs through the educational entities

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Specialty Mental Health Services- services that a mental health specialist provides, as compared to general mental health care services that can be provided by a general health care practitioner

T

Targeted Case Management (TCM) - delivers case management services to certain targeted at risk populations.
(See Mental Health)

Therapeutic Behavioral Services (TBS) - a mental health service for children and youth under 21 who are eligible for full scope Medi-Cal and who need supportive services because they are going through a transition or life crisis and have severe emotional disabilities.

Transition Planning- steps that must be included in a child's Individualized Family Service Plan (IFSP) to ensure a smooth transition to other appropriate services when a child turns three (3) and is no longer eligible for Early Start; can also relate to transition process for students with IEPs.

Treatment Authorization Request (TAR) - Medi-Cal form the provider uses to request authorization in order to provide and/or be paid for some services.

W

Wraparound Services- see California Wraparound Services

Women, Infants, and Children Program (WIC)- (See California Women, Infants, and Children Program (WIC))

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ENDNOTES

[1] See DEPARTMENT OF HEALTH CARE SERVICES, http://www.dhcs.ca.gov/formsandpubs/laws/pages/californistateplan.aspx
[2] See CAL. WELF. & INST. CODE § 14001.11 (West 2010).
[3] Medicaid A Primer 2010, The Kaiser Commission Medicaid and the Uninsured, http://lahealthaction.org/library/7334-04.pdf
[4] *See* CAL. CODE REGS. tit. 22, § 50090 (2010).
[5] *Id.* § 50320.
[6] *See id.* § 50301.
[7] *Id.* § 50302.
[8] *See* CAL. WELF. & INST. CODE § 14005.25 (West 2010).
[9] *All County Welfare Directors Letter No. 01-01,* DEPARTMENT OF HEALTH CARE SERVICES, http://www.dhcs.ca.gov/services/medi-cal/eligibility/Documents/c01-01.pdf.
[10] Medi-Cal Facts and Figures, California Healthcare Foundation (2009).
[11] CAL. WELF. & INST. CODE § 14131.19 (West 2010).
[12] *Id.* § 14059.5.
[13] CAL. FAM. CODE §§ 6920, 6925 -6929 (West 2010).
[14] *Minor Consent Medi-Cal,* MATERNAL AND CHILD HEALTH ACCESS, http://www.mchaccess.org/pdfs/training-materials/Minor%20Consent%206-06.pdf
[15] *Medi-Cal Eligibility Procedures Manual* 4V-1, DEPARTMENT OF HEALTH CARE SERVICES, http://www.dhcs.ca.gov/services/medi-cal/eligibility/Documents/Article4-ApplicationProcess.pdf
[16] CAL. CODE REGS. tit. 22, § 50769 (2010)
[17] *Id.* § 50071.5.
[18] *Medi-Cal Managed Care Program Fact Sheet,* DEPARTMENT OF HEALTH CARE SERVICES, http://www.dhcs.ca.gov/provgovpart/Documents/MMCDModelFactSheet.pdf.
[19] California Bridge to Reform a Section 1115 Waiver Fact Sheet, www.dhcs.ca.gov/Documents/1115%20Waiver%20Fact%20Sheet%2011.2.10.pdf (Nov. 2010); Update on Transitioning SPDs into Medi-Cal Managed Care, http://www.cpca.org/index.cfm/about/announcements/update-on-transitioning-spds-into-medi-cal-managed-care/ (Jan. 2011).
[20] *How to File a Complaint,* DEPARTMENT OF SOCIAL SERVICES, http://www.dss.cahwnet.gov/shd/PG1108.htm.
[21] *How to File a Discrimination Complaint,* DEPARTMENT OF SOCIAL SERVICES, http://www.dss.cahwnet.gov/shd/PG1109.htm.
[22] *How to File a Hearing Request,* DEPARTMENT OF SOCIAL SERVICES, http://www.dss.cahwnet.gov/shd/PG1110.htm.
[23] *Getting Medi-Cal for your Child Quickly,* HEALTH CONSUMER ALLIANCE, http://healthconsumer.org/fs013LAeng.pdf.
[24] 42 U.S.C. § 1396a(43) (2006).

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[25] 42 U.S.C. § 1396d(r)(1)-(4) (2006); *Fact Sheet: Early and Periodic Screening, Diagnosis and Treatment*, NATIONAL HEALTH LAW PROGRAM, http://www.healthlaw.org/index.php?option=com_content&view=article&id=194%3Afact-sheet-early-and-periodic-screening-diagnosis-and-treatment&catid=42%3Amedicaid&Itemid=192 (1999).
[26] CAL. CODE REGS. tit. 22, § 51184(a)(1) (2010). EPSDT screening services can also refer to medical evaluations by licensed medical professionals that result in the determination of the existence of illness or disability even if they do not take place at the appointed intervals of the CHDP program. *Id.* §§ 51184(a)(2)-(3), 51340.
[27] CAL. HEALTH & SAFETY CODE § 124025 (West 2010).
[28] CAL. CODE REGS. tit. 17, §§ 6802(a)(1), 6830(a) (2010).
[29] *Id.* § 6802(a)(2).
[30] *Id.*
[31] *Id.* § 6844(b)(1).
[32] *Id.* § 6846(b).
[33] *Id.* § 6844(A)(4).
[34] *Id.* § 6846(e).
[35] *Id.* § 6847.
[36] 42 U.S.C. § 1396d(r)(1)(A)(ii) (2006).
[37] CAL. CODE REGS. tit. 17, § 6847(d) (2010).
[38] *Department of Health Care Services*, GATEWAY, *in* CHDP Provider Manual, gate 3 (2003); CAL. CODE REGS. tit. 17, § 6847 (2010). CHDP Provider Information Notice No.: 10-05
[39] *Id.* § 6843.
[40] *Id.* § 6850; CAL. HEALTH & SAFETY CODE § 124040(a)(10) (West 2010).
[41] CAL. CODE REGS. tit. 17, § 6850 (2010).
[42] CAL. HEALTH & SAFETY CODE § 124040(a)(10) (West 2010); CAL. CODE REGS. tit. 17, § 6850(b)(1) (2010).
[43] CAL. CODE REGS. tit. 17, § 6850(b)(3) (2010).
[44] CAL. HEALTH & SAFETY CODE § 124085 (West 2010); CAL. CODE REGS. tit. 17, §§ 6802, 6824 (2010).
[45] CAL. HEALTH & SAFETY CODE § 124085 (West 2010); CHDP Program Letter No. 02-09.
[46] *Child Health and Disability Prevention - Program Overview*, DEPARTMENT OF HEALTH CARE SERVICES, http://www.dhcs.ca.gov/services/chdp/Pages/ProgramOverview.aspx.
[47] *Department of Health Care Services*, GATEWAY, *in* CHDP Provider Manual, 5, http://files.medi-cal.ca.gov/pubsdoco/manual/man_query.asp?wSearch=%28%23filename+%2A%5F%2Ac00%2A%2Edoc+OR+%23filename+%2A%5F%2Ac00%2A%2Ezip%29&wFLogo=CHDP+Provider+Manual&wFLogoH=52&wFLogoW=516&wAlt=CHDP+Provider+Manual&wPath=N
[48] *Id.*

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[49] California Immigrant Policy Center, Major Benefits Programs Available to Immigrants in CA, www.nilc.org/ce/nonnilc/Cal-benefits-table-2010-10.pdf (Oct. 2010); *see also*, National Immigration Law Center, http://www.nilc.org/ciwc/ciwc_ce/chdp_q&a_2003-11-18.pdf
[50] CHDP Director/Deputy Director Training Section IV, www.dhcs.ca.gov/services/chdp/Documents/CHDPTrain/CHDPsectionIV.pptx
[51] *See Gateway supra* note 47.
[52] 42 U.S.C. § 1396d(r)(5) (2006); CAL. CODE REGS. tit. 22, § 51184(b) (2010).
[53] *See* 42 U.S.C. § 1396d(r)(4) (2006).
[54] Paleski v. State Dep't of Health Servs., 144 Cal. App. 4th 713 (App. Ct. 2006).
[55] CAL. CODE REGS. tit. 22, § 51184(c) (2010); *see also*, Emily Q. v. Bonta, 208 F. Supp. 2d 1078 (C.D. Cal. 2001**);** Jane Perkins, *Medicaid Early and Periodic Screening, Diagnosis and Treatment Fact Sheet* 4, http://www.healthlaw.org/images/stories/epsdt/3-ESDPT08.pdf (Oct. 2008).
[56] *Id.*
[57] See CAL. CODE REGS. tit. 22, § 57304 (2010).
[58] *Id.* §§ 51184(d), 51340.1.
[59] *See* Perkins, *supra* note 55, at 5; CAL. CODE REGS. tit. 22, § 51309 (2010).
[60] *Id.* § 6847.
[61] *See id*.
[62] CAL. WELF. & INST. CODE § 4500ff (West 2010); Department of Developmental Services, http://www.dds.ca.gov/statutes/docs/LantermanAct_2011.pdf
[63] CAL. WELF. & INST. CODE § 4512 (West 2010) (defining services and supports as: "specialized services and supports or special adaptations of generic services and supports directed toward the alleviation of a developmental disability or toward the social, personal, physical, or economic habilitation or rehabilitation of an individual with a developmental disability, or toward the achievement and maintenance of independent, productive, normal lives").
[64] *See id*. § 4501.
[65] *Id.*
[66] *Id.*
[67] CAL. WELF. & INST. CODE § 4512 (d) (West 2010).
[68] *Id.* § 4620.
[69] CAL. CODE REGS. tit. 17, § 56076 (2010).
[70] *Id.* §4642, §4644.
[71] RIGHTS UNDER THE LANTERMAN ACT, PROTECTION AND ADVOCACY, INC., Publication 5063.01(1983, rev. 2009).

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[72] *Id.*; Regional Center Basics, Public Law Center 2010, http://www.publiccounsel.org/tools/publications/files/2010-Regional-Center-Basics.pdf ;*Health Care for Immigrants,* HEALTH CONSUMER, *available at* http://healthconsumer.org/cs019GenimmigrantsEng.pdf.
[73] CAL. WELF. & INST. CODE § 4512 (West 2010); CAL. CODE REGS. tit. 17, § 54001(b) (2010). A substantial disability means that the person has significant limitations in functioning in three or more of the following areas of major life activity, a determined by a regional center and appropriate to age: (1) self- care (2) language (3) learning (4) mobility (5) self-direction (6) capacity for independent living, and (7) economic self-sufficiency.
[74] CAL. WELF. & INST. CODE § 4512(a) (West 2010); *Information about Developmental Disabilities*, DEPARTMENT OF DEVELOPMENTAL SERVICES, http://www.dds.ca.gov/general/info_about_dd.cfm.
[75] *See* LANTERMAN ACT P&A, *supra* note 71.
[76] CAL. WELF. & INST. CODE § 4646 (West 2010).
[77] *Id.* § 4646.5.
[78] *Id.* § 4647.
[79] *Id.* § 4640.7.
[80] *Id.* § 4647.
[81] *Id.* § 4646.5(b).
[82] *Id.* § 4512(b); *Services Provided by Regional Centers*, DEPARTMENT OF DEVELOPMENTAL SERVICES, http://www.dds.ca.gov/RC/RCSvs.cfm
[83] CAL. WELF. & INST. CODE § 4502 (West 2010).
[84] *Id.* § 4685.
[85] *Id.*
[86] *Id.* § 4685(c)(4).
[87] *Id.* § 4648(a)(9)(A).
[88] *Id.* § 4685.1.
[89] *Id.* § 4782.
[90] *Id.* § 4783. *But see id.* § 4685(c)(6) (which adds that a regional center may only pay the cost of day care that exceeds the cost of providing day care to a child without disabilities, but the regional center can pay more when a family can demonstrate financial need and it allows the child to remain at home).
[91] *Id.* § 4659(a).
[92] *Id.* § 4659(c).
[93] *Id.* § 4659(d).
[94] CAL. HEALTH & SAFETY CODE § 1250(g) (West 2010) ("Intermediate care facility/developmentally disabled" means a facility that provides 24-hour personal care, habilitation, developmental, and supportive health services to persons with developmental

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disabilities whose primary need is for developmental services and who have a recurring but intermittent need for skilled nursing services.”).

[95] *See* CAL. WELF. & INST. CODE §§ 4659.5– 4659.7 (West 2010).

[96] *Id.* § 4659.5(g).

[97] *Id.* § 4659.5.

[98] *Id.* § 4646; *see* LANTERMAN ACT P&A, *supra* note 71, at ch.4.

[99] CAL. WELF. & INST. CODE § 4710 (West 2010).

[100] *Id.* § 4646 (West 2010); *see* LANTERMAN ACT, *supra* note 71, at ch. 12.

[101] CAL. WELF. & INST. CODE § 4701 (West 2010).

[102] *Id.* § 4710.5.

[103] *Id.* § 4715.

[104] *Id.* § 4731; *see* California Department of Developmental Services, www.dds.ca.gov/complaints/complt_cr.cfm.

[105] CAL. WELF. & INST. CODE § 4731 (West 2010).

[106] *Id.* § 4648(a)(15).

[107] *Id.* § 4659.

[108] DDS Letter to Regional Center Directors and Board Presidents regarding Trailer Bill Language Affecting Regional Centers, www.dds.ca.gov/Director/docs/LtrRC_StatutoryChanges_2009.pdf. (July 2009).

[109] CAL. WELF. & INST. CODE § 4659(d) (West 2010).

[110] *Id.* § 4648(a)(6)(d).

[111] *Id.* § 4648.5; *Department of Developmental Services Summary of Budget Reductions July 2009,* DEPARTMENT OF DEVELOPMENTAL SERVICES, http://www.dds.ca.gov/Director/BudgetReductionSummary.cfm; *2009 Changes to the Lanterman Act,* EASTERN LOS ANGELES REGIONAL CENTER, http://www.dds.ca.gov/ConsumerCorner/docs/LantermanAct Changes_Families.pdf.

[112] CAL. WELF. & INST. CODE § 4686.2 (West 2010); *see* DDS Letter, *supra note* 108.

[113] CAL. WELF. & INST. CODE § 4685(c)(3)(b) (West 2010).

[114] *Id.* § 4686.5.

[115] *Id.* § 4685(c)(6).

[116] *Id.* § 4685.

[117] *See* Early Start Information Packet, DEPARTMENT OF DEVELOPMENTAL SERVICES, http://www.dds.ca.gov/EarlyStart/docs/EarlyStart_InformationPacket.pdf (citing *Zero to Three Policy Brief*) (February 2003).

[118] *See* Part C of the Individuals with Disabilities Education Act; 20 U.S.C. § 1431 et seq. (2006); 34 C.F.R. §§ 303.1-303.654 (2010).

[119] CAL. GOV'T CODE § 95000 et seq. (West 2010); CAL. CODE REGS. tit. 17, §§ 52000-52175 (2010).

[120] CAL. GOVT CODE § 95022 (West 2010).

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[121] *Id.* § 95007.
[122] *See id.* § 95004.
[123] *See* Early Start Information Packet, *supra note* 117.
[124] CAL. GOV'T CODE § 95014 (West 2010); CAL. CODE REGS. tit. 17, § 52082 (2010).
[125] *Id.* § 52022.
[126] These are "infants and toddlers with conditions of known etiology or conditions with established harmful developmental consequences." CAL. GOV'T CODE § 95014 (West 2010); CAL. CODE REGS. tit. 17, § 52022(b) (2010).
[127] *Id.* §§ 52000(b)(32), 52022.
[128] CAL. GOV'T CODE § 95014 (West 2010); CAL. CODE REGS. tit. 17, § 52022 (2010).
[129] CAL. GOV'T CODE § 95014(a)(1) (West 2010).
[130] CAL. WELF. & INST. CODE § 4435 (West 2010); Prevention Program Home Page, DEPARTMENT OF DEVELOPMENTAL SERVICES, http://www.dds.ca.gov/PreventionProgram/Index.cfm.
[131] Prevention Program, *supra* note 130.
[132] CAL. CODE REGS. tit. 17, § 52060 (2010).
[133] CAL. GOV'T CODE § 95020(b) (West 2010); CAL. CODE REGS. tit. 17, § 52102 (2010).
[134] CAL. GOV'T CODE § 95020(b) (West 2010).
[135] CAL. CODE REGS. tit. 17, § 52100 (2010).
[136] CAL. GOV'T CODE § 95020 (West 2010).
[137] *Id.* § 95020(a).
[138] CAL. CODE REGS. tit. 17, § 52104 (a) (2010).
[139] *Id.* § 52104.
[140] CAL. GOV'T CODE § 95020 (West 2010); CAL. CODE REGS. tit. 17, § 52102 (2010).
[141] *See* 34 C.F.R. § 303.406 (2010); CAL. CODE REGS. tit. 17, § 52125 (2010).
[142] 34 C.F.R. § 303.12(a)(1) (2010); CAL. CODE REGS. tit. 17, § 52000 (2010).
[143] 34 C.F.R. § 303.12 (2010); CAL. CODE REGS. tit. 17, § 52000(12) (2010).
[144] CAL. GOV'T CODE § 95018 (West 2010).
[145] CAL. CODE REGS. tit. 17, § 52121 (2010).
[146] *Id.*
[147] *See* CAL. GOV'T CODE § 95020 (West 2010); CAL. CODE REGS. tit. 17, § 52106 (2010). Starting Out Together: An Early Intervention Guide for Families, DEPARTMENT OF DEVELOPMENTAL SERVICES, http://www.dds.ca.gov/EarlyStart/docs/StartingOut_English.pdf.
[148] CAL. CODE REGS. tit. 17, § 52000(35) (2010).
[149] *Id.* § 52109.
[150] CAL. WELF. & INST. CODE § 4659(c) (West 2010); CAL. CODE REGS. tit. 17, § 52109(b) (2010).

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[151] *Id.* § 52108.
[152] CAL. GOV'T CODE § 95004 (West 2010); *see* DDS Letter, *supra note* 108.
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[163] *Id.* § 52000(b)(36).
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[179] *Id.* § 303.12(d)(3).
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[187] *Id.* § 303.12(d)(14).
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[189] *Id.* § 303.12(d)(16).
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[192] *Id.* § 1830.210.
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[196] *Id.* § 14021.4.
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[209] http://www.dss.cahwnet.gov/cfsweb/PG1320.htm
[210] 34 C.F.R. § 300.7(b)(9) (2010); CAL. CODE REGS. tit. 5, § 3030(i) (2010) ("A child/youth is considered to have a serious emotional disturbance (SED) if he/she exhibits one or more of the following characteristics, over a long period of time and to a

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marked degree, which adversely affects his/her functioning: (1) An inability to learn which cannot be explained by intellectual, sensory, or health factors; (2) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers; (3) Inappropriate types of behavior or feelings under normal circumstances exhibited in several situations; (4) A general pervasive mood of unhappiness or depression; (5) A tendency to develop physical symptoms or fears associated with personal or school problems.”).

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[212] Guide to Medi-Cal Mental Health Services, County of Los Angeles, http://.dmh.lacounty.gov/advocacy/patient_Rights/PR_documents/beneficiary%20Guides%20English.pdf

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[227] CAL. WELF. & INST. CODE § 4512(b) (West 2010).

[228] *Id.* § 4659.

[229] *Id.* § 4648(f).

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[232] *Id.* § 1830.205(c).

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[235] CAL. HEALTH & SAFETY CODE § 123860 (West 2010); CAL. CODE REGS. tit. 22, §§ 41515.1, 41700 (2010).
[236] CAL. HEALTH & SAFETY CODE § 123870 (West 2010).
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[250] *See California Children's Services*, DEPARTMENT OF HEALTH CARE SERVICES, http://www.dhcs.ca.gov/formsandpubs/publications/Documents/CMS/pub4.pdf.
[251] CAL. CODE REGS. tit. 22, § 41450 (2010).
[252] www.dhcs.ca.gov/services/ccs/Pages/MTP.aspx.
[253] CAL. CODE REGS. tit. 2, § 60323 (2010); Department of Health Care Services, http://www.dhcs.ca.gov/services/ccs/Pages/default.aspx
[254] *MTU Directory*, DEPARTMENT OF HEALTH CARE SERVICES, http://www.dhcs.ca.gov/services/ccs/Documents/MTUDirectory.pdf.
[255] *See Medical Therapy Program,* LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH, http://www.lapublichealth.org/cms/CCS.htm#mtp; *see Medical Therapy Program,* DEPARTMENT OF HEALTH CARE SERVICES, http://www.dhcs.ca.gov/services/ccs/Pages/MTP.aspx.
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[257] *Id.*
[258] *Id.* § 42140.
[259] Olmstead v. L.C. ex rel. Zimring, 527 U.S. 581, 597 (1999).
[260]In Home Operations Informational Packet, http://www.cahsah.org/medical/ihoinfopacket.pdf; CAL. WELF. & INST. CODE § 14105.13 (West 2010).
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[268] L.A. Care Provider Manuals, http://www.lacare.org/providers/resources/providermanuals.
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[272] In-Home Operations Informational Packet-Department of Public Health Office of Aids, http://www.cahsah.org/medical/ihoinfopacket.pdf.
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[274] *See* Rights Under the Lanterman Act, www.disabilityrightsca.org/pubs/506301coverpages.pdf (2009).
[275] CAL. HEALTH & SAFETY CODE § 1250(g) (West 2010) ("Intermediate care facility/developmentally disabled" means a facility that provides 24-hour personal care, habilitation, developmental, and supportive health services to persons with developmental disabilities whose primary need is for developmental services and who have a recurring but intermittent need for skilled nursing services).
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[281] *Id.*
[282] CAL. WELF. & INST. CODE § 12300(a) (West 2010).
[283] Personal Assistance Council of Los Angeles County, www.pascla.org/Pages/IHSS.htm#Q2.
[284] In-Home Supportive Services, Nuts and Bolts, DISABILITY RIGHTS CALIFORNIA, http://www.disabilityrightsca.org/pubs/547001.pdf.
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[302] 34 C.F.R. § 300.39(b)(3) (2010).
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[308] *See Special Education Rights*, *supra note* 299.
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[332] *California School Based MAA Manual*, MEDICAID AND SCHOOL HEALTH: A TECHNICAL ASSISTANCE GUIDE, p. 14, www.dhcs.ca.gov/provgovpart/Documents/ACLSS/Manuals/SMAA%20Manual/2005/Section%202.pdf
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[335] 34 C.F.R. § 300.154(d)(2) (2010).
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[337] *Medicare Coverage of Kidney Dialysis and Kidney Transplant Service,* MEDICARE, http://www.medicare.gov/Publications/Pubs/pdf/10128.pdf.
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[339] *See* Centers for Medicare & Medicaid Services, Medicare Coverage of Kidney Dialysis and Kidney Transplant Services, www.Medicare.gov/Publications/Pubs/pdf/10128.pdf
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[342] *WIC Fact Sheet*, CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, http://www.cdph.ca.gov/programs/centerforfamilyhealth/pages/WICFactSheet.aspx.
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[369] *Accessing Assistive Technology*, DISABILITY RIGHTS CALIFORNIA, http://www.disabilityrightsca.org/pubs/532501.htm.
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