

# A GUIDE TO REGIONAL CENTER ADULT SERVICES

Welcome to Alta California Regional Center (ACRC). This guide is a tool for you, and your support team, to learn:

- How ACRC can support you to achieve your preferred future
- What services may be provided
- Contact Information you may find helpful

You may find this information necessary at different times of your adult life.

Additionally, our agency's website: [www.altaregional.org](http://www.altaregional.org) has information and updates you may find helpful. You can register your email there to automatically receive agency news.

## INSIDE THIS GUIDE

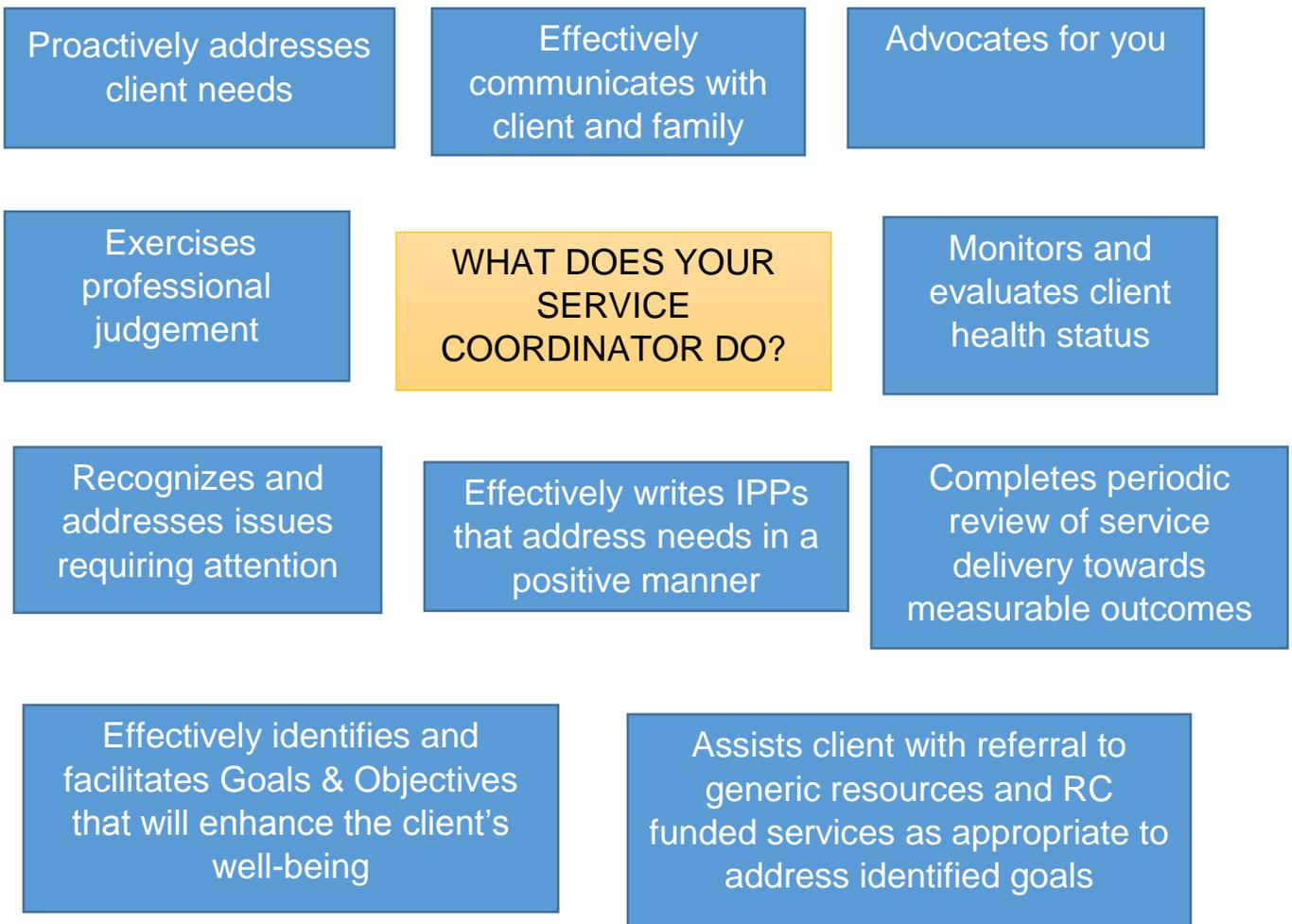
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## What is a Service Coordinator?

If you have been receiving services from ACRC, you are already familiar with the role of Service Coordinator. If you have just been made eligible, you will be assigned to a Service Coordinator (SC), the person who will be your main point of contact at ACRC.

This individual will meet with you and your planning team to assess your needs. The Lanterman Act states that assessments shall be conducted by qualified individuals and performance in natural environments whenever possible.



## UNDERSTANDING THE REGIONAL CENTER ASSESSMENT PROCESS AND FUNDING

ACRC assists you in the development of an Individualized Program Plan (IPP). The IPP includes the use of community resources to meet identified needs. The planning process for the IPP includes gathering information to determine your life goals, capabilities and strengths, preferences, barriers, and concerns or problems.

Part of the assessment includes a review of other resources, both public (generic) and private, to establish what other sources may be available to help address identified needs. ACRC provides payment for services and supports in keeping with the following guidelines:

<i>Services to conform with the Lanterman Act</i>	<i>Achieves a goal or objective in IPP</i>
<i>Meet a need related to qualifying condition</i>	<i>Does not duplicate natural/generic resources</i>
<i>Is cost effective</i>	<i>Supports ACRC's mission</i>
<i>Service provided by an "authorized" vendor</i>	<i>Is an evidence-based practice</i>

Welfare & Institutions (W&I) Code §§4501, 4512(b), 4640.7(b), 4646(a), 4646.4, 4648(a)(11), 4659. 4782

### **HOME & COMMUNITY-BASED WAIVER (HCBS) OR MEDICAID WAIVER (MW)**

**PROGRAM:** This is a federal program administered by ACRC that allows your county of residence to waive the income requirements for Medi-Cal, thus allowing clients who would otherwise not be eligible for Medi-Cal, to receive it. To participate in the Medicaid Waiver, you must meet some basic requirements and receive a service, that ACRC is funding, that is defined as a billable purchase. Medi-Cal provides health care services and will often cover co-payments for doctor visits and medication if you also have private insurance.

Your SC can initiate the referral through ACRC’s Federal Programs unit.

In addition, when you enroll on the HCBS waiver, the State of California is able to receive reimbursement from the federal government for services and supports purchased for you. The HCBS waiver does not affect the type or amount of services you receive.

By law, ACRC must exhaust GENERIC and PRIVATE RESOURCES, and NATURAL SUPPORTS before funding a service or support. Here are some examples that may be applicable.

**GENERIC & PRIVATE  
RESOURCES:**

GENERIC & PRIVATE RESOURCES:	NATURAL SUPPORTS:
<ul style="list-style-type: none"> <li>• Medi-Cal</li> </ul>	<ul style="list-style-type: none"> <li>• Family</li> </ul>
<ul style="list-style-type: none"> <li>• Early Periodic Screening, Diagnostic &amp; Treatment (EPSDT)</li> </ul>	<ul style="list-style-type: none"> <li>• Extended Family / Relatives</li> </ul>
<ul style="list-style-type: none"> <li>• School Districts/SELPA's</li> </ul>	<ul style="list-style-type: none"> <li>• Tribal Organizations</li> </ul>
<ul style="list-style-type: none"> <li>• County In-Home Supportive Services (IHSS)</li> </ul>	<ul style="list-style-type: none"> <li>• Tribal Organizations</li> </ul>
<ul style="list-style-type: none"> <li>• California Children’s Services (CCS)</li> </ul>	<ul style="list-style-type: none"> <li>• Places of Worship</li> </ul>
<ul style="list-style-type: none"> <li>• County Mental Health Services</li> </ul>	<ul style="list-style-type: none"> <li>• Support Groups</li> </ul>
<ul style="list-style-type: none"> <li>• Denti-Cal</li> </ul>	<ul style="list-style-type: none"> <li>• Friends</li> </ul>
<ul style="list-style-type: none"> <li>• Warmline Family Resource Center (FRC)</li> </ul>	<ul style="list-style-type: none"> <li>• Roommates</li> </ul>
<ul style="list-style-type: none"> <li>• In-Home Operations (IHO)</li> </ul>	<ul style="list-style-type: none"> <li>• Neighbors</li> </ul>
<ul style="list-style-type: none"> <li>• City, County &amp; State Housing Assistance</li> </ul>	<ul style="list-style-type: none"> <li>• Co-workers</li> </ul>
<ul style="list-style-type: none"> <li>• Community Legal Services</li> </ul>	
<ul style="list-style-type: none"> <li>• <input type="checkbox"/> Private Health Insurance</li> </ul>	
<ul style="list-style-type: none"> <li>• Department of Rehabilitation</li> </ul>	
<ul style="list-style-type: none"> <li>• Disability Rights of California (DRC)</li> </ul>	
<ul style="list-style-type: none"> <li>• Trust Funds</li> </ul>	
<ul style="list-style-type: none"> <li>• Cash Assistance Program for Immigrants (CAPI)</li> </ul>	
<ul style="list-style-type: none"> <li>• Supplemental Security Income (SSI)</li> </ul>	

## MEDI-CAL AND RELATED RESOURCES INFORMATION

Medi-Cal is California's Medicaid program and is a public health insurance program. As a generic resource, it is an important program within the Regional Center's service system as it helps ACRC comply with the Lanterman Act to fully access generic resources available in meeting your needs.

Medi-Cal is now also required to provide funding for behavioral health treatment for individuals with autism up to the age 21, and may be able to help pay co-payments, co-insurance, or deductibles related to this treatment if you have private insurance. Being on Medi-Cal may also lead to eligibility to receive In-Home Support Services (IHSS).

### IN-HOME SUPPORT SERVICES (IHSS):

IHSS provides personal care and domestic services to persons who are aged, blind or disabled and who live in their own home. IHSS is provided to those who otherwise might be placed in an out-of-home care facility but who can safely remain in their own home if IHSS services are received. IHSS can only be obtained after you have an active Medi-Cal status. Your county of residence administers the program.

After you apply for the program, the county sends a Social Worker to your home to assess your needs. If you need more care than a typically developing peer, IHSS may offer you funding each month to pay for a caregiver to provide a specified number of hours of care. The needed care is provided you by the person or persons you hire, which can include family members.

## **SUPPLEMENTAL SECURITY INCOME (SSI):**

SSI is a federal income supplement program designed to help people who are aged, blind or disabled who have little or no income. It provides cash to meet basic needs for food, clothing, and shelter. You can apply for SSI benefits three ways: 1) by calling 1-800-772-1213 (1-800-325-0778 if you are deaf or hard of hearing) to make an appointment, 2) By having someone else call for you and assist with the application, or 3). By visiting your local Social Security office. For more information, you can visit the Social Security Administration website at: <https://www.ssa.gov>.

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## **FAMILY RESOURCE CENTER (FRC):**

In California, FRCs are part of the Early Start Program, funded by the Department of Developmental Services. They are located throughout California and are staffed by families of children with special needs. FRCs offer parent-to-parent support and help parents, families and children locate and access needed services. One local FRC, Warmline, has received a grant to work with adults up to age of 26. For more information, you can visit FRC Network of California at: [www.frcnca.org](http://www.frcnca.org).

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## GENERIC RESOURCE CONTACTS BY COUNTY

County	Medi-Cal	IHSS	SSI	FRC
<b>Alpine</b>	530-694-2235	530-694-2235	530-694-2235	Warmline FRC: 800-455-9517
<b>Colusa</b>	530-458-0280	530-458-0280	530-671-1896	Colusa County FRC: 530-458-8891
<b>El Dorado</b>	530-642-7300	530-642-4800	877-545-5497	North Tahoe FRC: 530-546-0952
<b>Nevada</b>	Grass Valley: 530-265-1450  Truckee: 530- 582-7814	530-274-5601	866-931-6087	FRC of Truckee: 530-587-2513
<b>Placer</b>	South Placer:  916-636-1980  Auburn:  530-889-7610	South Placer:  916-787-8860  Auburn:  530-889-7115	South Placer: 916-770-8300  800-772-1213  Auburn: 866-931-6087	Warmline FRC: 916-455-9500  Lighthouse FRC: 916-645-3300
<b>Sacramento</b>	(916) 874-3100	(916) 874-8471	800-772-1213	Warmline FRC: 916-455-9500
<b>Sierra</b>	Grass Valley: 530-265-1450  Truckee: 530- 582-7814	530-274-5601	866-931-6087	Warmline FRC: 916-455-9500
<b>Sutter</b>	877-652-0735	530-822-7227	530-671-1896	Family Soup FRC: 530-751-1925
<b>Yolo</b>	530-661-2700	530-661-2955	916-373-3850	Warmline FRC: 916-455-9500
<b>Yuba</b>	877-652-0739 530-749-6311	530-749-6471	530-671-1896	Yuba County FRC: 530-749-4049

## **ASSISTING ADULT CLIENTS WITH DECISION-MAKING**

The options listed below are different ways for you to get help in making important life decisions.

**Planning Team Process:** Your Regional Center planning team is available to brainstorm, problem solve, provide guidance, and make suggestions, including encouraging you to make healthy decisions. The planning team can also explore accessing services and supports for you such as classes in healthy relationships, behavioral treatment or support, counseling, medication management, mental health services, and independent living skills training to assist you with decision-making.

**Durable Power of Attorney for Health Care:** This document allows you to appoint another adult (your agent) to make health care decisions on your behalf. You need to have the ability to understand the effect of appointing an agent to make health care decisions. The agent cannot make any health care decisions to which you object. Your signature on the power of attorney form must either be notarized, or witnessed by two unrelated individuals. A copy of the document needs to be on file with your health care providers. You can revoke the power of attorney at any time. You can obtain this form from an attorney, online, or by asking your ACRC Service Coordinator.

**Assignment of Educational Decision-Making Rights:** This document permits you to assign rights to make educational decisions, up to age 22, to your parents while you are receiving Special Education services. Once signed by you and provided to the school district, it allows your parents to remain active participants in your educational plan. You can obtain this form from your ACRC Service Coordinator.

**Representative Payee:** If you work or receive public benefits, such as SSI, you can authorize a designated person or agency to oversee your income. This person or agency becomes the “representative payee” and helps ensure your bills are paid. They also work to make sure you do not become “overresourced” and lose eligibility for public benefits. ACRC may fund for a representative payee. If you are interested, ask your ACRC Service Coordinator about this.

**Regional Center Medical Consent:** Pursuant to California law, regional centers can provide consent to medical, surgical, or dental treatment for unconserved adult clients in certain circumstances. Local health care providers contact the regional center directly to obtain this consent. Regional centers must perform a comprehensive medical review before giving such consent. Additionally, all individuals can receive emergency medical care without the need for consent. Ask your ACRC Service Coordinator for more information about this process.

**Consent for Release of Confidential Records and Information:** Adult clients can sign a written consent form to authorize agencies, including the regional center, to communicate with and provide access to the client's confidential records to other individuals, including family members. Your child's ACRC Service Coordinator can provide a blank consent forms for the client's signature for this purpose.

**Guardian Ad Litem:** The court can appoint a "guardian ad litem" to stand in the shoes of an adult client who is unable to make decisions alone. The guardian ad litem can be a parent, close relative, or an attorney. If the guardian ad litem is not an attorney, the client would also be represented by an attorney.

**Local Advocacy Organizations:** The **Office of Clients' Rights Advocacy (OCRA)** is responsible solely for provide legal assistance and referrals to regional center clients. OCRA's parent organization, **Disability Rights California, (DRC)** is also available to provide legal assistance and referrals to all individuals with disabilities, including regional center clients. You can obtain contact information for these agencies from your child's ACRC Service Coordinator.

## CONSERVATORSHIPS

**Conservatorship:** A legal process where your civil rights are removed or limited, and given to another individual or individuals. The purpose of conservatorship is to provide assistance and protection to those who cannot make their own decisions.

Let's look at it from your family's view...

An individual may be appointed *conservator of the person* or *conservator of the estate*, or both. The difference between these two types of conservatorships is captured in their titles. Conservatorship *of the person* gives the conservator authority to make decisions about how the person is cared for (e.g., medical care, where and how he or she lives). Conservatorship *of the estate* relates to decisions about the person's assets (bank accounts, real and personal property.)

Before a court will appoint someone a conservator of the person, the party requesting the conservatorship must demonstrate to the court that the proposed conservatee is unable to properly provide for his or her own needs related to food, clothing or shelter, and health care. Similarly, to be appointed conservator of the estate, a party must demonstrate that the person is unable to manage his or her personal finances, or would be vulnerable to fraud or to "undue influence" of another who may not have the best interest of the person as a primary concern.

Neither form of conservatorship can be used to control an individual's behavior or unduly restrict lifestyle choices.

Conservatorship is typically permanent and lasts throughout the individual's life. However, temporary conservatorship can be sought in emergency situations.

### **Alternatives to Conservatorship/Least Restrictive Options:**

At ACRC, we have found many families are able to utilize the tools listed in the previous section to help protect their adult children while also promoting their children's self-determination and independence, without the need for conservatorship. However, a conservatorship can be an appropriate legal arrangement for adult clients when those options are not sufficient to protect the client.

Obtaining a conservatorship is a legal process that takes some time and has associated costs.

If you decide to move forward in consideration of conserving your son or daughter, you will likely want to conduct further research and you may want to speak with an attorney. On the following pages a short description of the different types of probate conservatorships.

**Limited Conservatorship:** A Limited Conservatorship was designed *only* for adults with a developmental disability. It reflects the fact that individuals with developmental disabilities have differing abilities in different areas, and encourages those individuals to make decisions where they can, promoting self-determination and independence.

The authority given the conservator in this arrangement is “limited” to only in areas where the court believes the disabled person needs help. Therefore, the judge must make a separate decision about whether a client can retain each of the following seven rights:

The right to decide where he or she lives

The right of access to his or her confidential (educational, medical, etc.) records

The right to marry

The right to enter into a contract

The right to consent to medical treatment

The right to have social or sexual contacts

The right to make decisions about his or her education or vocation

Limited Conservatorship gives the conserved person a higher degree of choice and control by allowing him to make some, but not all, decisions about his life. It encourages the person to be independent and engage in self-direction to the extent that he is able.

A Limited Conservatee is considered competent under law, and retains the right to control his own income, and to vote, if these rights are not specifically removed by the court. A Limited Conservatee also retains the right to object to medical treatment, even over the conservator’s wishes.

**A Limited Conservatorship should always be considered first for a regional center client, as it is the least restrictive type of conservatorship. However, the judge has the right to grant a General Conservatorship over a regional center client should the judge find that more appropriate.**

**General Conservatorship:** A General Conservatorship can be awarded over any individual who has a documented disability that interferes with decision-making. For example, an elderly person with dementia may be subject to a general conservatorship.

General Conservatorship grants the conservator broad powers to make almost all decisions for an individual, and usually includes the **exclusive** right to give or deny medical consent. (This means that the conservatee would have no right to object to medical treatment.) The conservatee under a General Conservatorship is considered legally incompetent. He or she can retain the right to marry, to receive an income, and to vote, unless those rights are also removed (and they usually are for those under a General Conservatorship).

*\*Neither form of conservatorship can be used to control behavior or unduly restrict lifestyle choices*

**Lanterman-Petris-Short (LPS) Conservatorship:** The LPS Conservatorship is also often called a “mental health” conservatorship. This conservatorship is granted only for individuals who are found to be gravely disabled by a mental illness or substance abuse problem. The LPS Conservatorship is usually initiated by the Department of Mental Health for the county of the individual’s residence, and allows the conservator (usually the County Department of Mental Health or County Public Guardian) to confine the individual in a locked psychiatric facility, if needed, in order for the individual to receive needed treatment and to stabilize. The LPS conservatorship is effective for no longer than one year, but may be renewed annually.

The LPS Conservatorship is the most restrictive type of conservatorship because of its ability to restrict an individual’s freedom of movement. As you can imagine, the requirements for initiating an LPS conservatorship are more stringent and differ greatly from the requirements for obtaining a Limited or General Conservatorship as described above.

## Transition Services - Ages 18-22

When a client who has an Individualized Education Plan (IEP) enters high school, the Individualized Education Plan (IEP) is required to indicate whether the student will graduate with a diploma, or will obtain a certificate of completion, which will allow special education services to continue until the student reaches the age of 22.

For the student who *has* finished high school with a certificate of completion prior to age 22, the school district is responsible for providing transition services until the age 22. The Individuals with Disabilities Education Act, (IDEA) defines “transition services” as “a coordinated set of activities that focuses on outcomes, that promotes a student’s movement from school to post-school activities, including postsecondary education, vocational training, integrated employment (including supported employment), continuing and adult education, adult services, independent living, or community participation and if appropriate daily living skills and/or a functional vocational evaluation.” Transition planning is a part of every IEP starting by the time a student reaches the age of 14 or younger, if determined appropriate by the IEP team.

At the age of 16, the student must be invited to the IEP meetings when deemed appropriate. A student must be invited to any IEP meeting in which post -school transition will be discussed. Planning for a student’s transition to post-school activities is a student centered process that should be started early and reviewed on an annual basis. The Student Centered IEP is a process in which the student takes an active role in the planning and implementation of the IEP process. Individuals with the Disabilities Education Act, 1997, (IDEA ‘97) requires student input when transition planning occurs. A student’s transition plan is based on his/her needs, taking into account the student’s preferences and interests in order to develop post-secondary goals. At least one year prior to the student reaching his/her 18<sup>th</sup> birthday, the IEP team inform the student of this transfer of rights. Unless the student has been legally conserved, all rights (including educational rights) transfer to the 18 year old adult student.

If a student has been awarded a district-approved regular high school diploma, the student is no longer eligible for special education services, including transition services.

## **Adult Programs: Work Services**

**Employment First** - ACRC assists adult clients towards achieving the goal of paid employment. Employment services can range from participation in structured work activity programs, competitive employment, to providing Supported Employment Group and Individual services in collaboration with the Department of Rehabilitation (DOR).

**Department of Rehabilitation (DOR)** - This agency assists Californians with disabilities to obtain and retain employment and maximize their ability to live independently in their communities. In order to be eligible for DOR services, the applicant must have a mental or physical disability that makes it significantly difficult to get or keep a job. ACRC shall refer clients who have a goal of employment and are determined ready for competitive employment in the community to DOR for Supported Employment and job placement services. Supported Employment services can be provided in an Individualized or Group setting.

**Supported Employment (Individual Placement)** - The client is placed in a job in a community business which best suits his/her abilities and preferences. Training is provided on the job site in job skills and work-related behaviors, including social skills, by a job coach contracted with the placement agency (either DOR or ACRC). As the client gains skills and confidence, the job coach gradually spends less and less time at the worksite. Support is never completely removed. The placement agency is always available to the employer for retraining the client for new assignments, assisting in dealing with challenging behaviors, supplying periodic consultations with co-workers and the employer, and providing orientation and training to co-workers.

**Supported Employment (Group Placement)** - A small group, generally 3-7 clients, works together at a single worksite of a community business or industry. The group is trained and supervised by a job coach who works for a placement agency either contracted with DOR or vendored with ACRC. Initial training, supervision, and support are provided by a specially trained on-site supervisor, who may work for the employer or the placement agency. Another variation of the group approach is called the "dispersed group" model. This model is used in service industries (e.g., at universities, restaurants, and hotels). In the dispersed group model, each person in the group works a different job, with the group members being dispersed throughout the employer's business.

**Vocational Rehabilitation Work Activity Program (VR/WAP)** - This type of program provides extended employment services to eligible individuals as an interim and transitional step toward achieving an employment outcome in an integrated setting, generally in Supported Employment. The program includes paid work, work adjustment and supportive habilitation services in a sheltered workshop setting. Work adjustment services may include helping clients develop good work safety practices, money management skills, and appropriate work habits. In addition to work services, VR/WAP-eligible individuals are provided the full range of DOR services, such as personal, vocational and social adjustment services that are designed to remove or eliminate barriers to competitive, integrated employment. Clients may work in a public or private nonprofit agency or organization that provides compensation in accordance with the Fair Labor Standards Act (FLSA).

**Work Activity Program (WAP)** - This program includes but is not limited to Work Activity centers or settings that provide support to clients engaged in paid work when it has been demonstrated that the program is in compliance with Department of Rehabilitation certification standards or are accredited by CARF.

**Paid Internship Program (PIP)** - ACRC will pay a client's wages up to \$10,400 per year to explore a job of their choice or to explore self-employment enterprises and apprenticeships that can lead to future competitive integrated employment. A client may explore multiple internships as long as the total wages from those internships do not exceed \$10,400 annually.

**Competitive Integrated Employment (CIE) Incentives** - Providers who have successfully placed clients in full- or part-time competitive integrated work shall be paid an incentive as follows:

1. A payment of \$1,000 shall be made to the service provider if the client is employed after 30 days.
2. An additional payment of \$1,250 if the client is employed after 6 months, in the same setting.
3. An additional payment of \$1,500 if the client remains in CIE for 12 consecutive months

## **ACRC-Funded Adult Day Services**

Clients who are at least 18 years old AND have earned their high school diploma OR are aged 22 and over, may be eligible to receive ACRC-funded day services such as an Adult Day Program or a Vocational Program. Standard Day Program options include Adult Development Centers, Behavior Management Programs, and Activity Centers. Day Programs provide training for clients in at least one of the following areas: self-advocacy, self-care, community integration, or employment training. Some Day Programs have a specific focus, such as volunteer work, art, or literacy. Day Programs are available Monday through Friday, typically for six hours a day. Staff to client ratios vary, depending on the program structure and the needs of the clients they serve. The client's Service Coordinator will assist in identifying a day program that can best assist the client in reaching their personal goals, while providing personal support as necessary.

### **Types of Day Programs**

**Activity Center** – a day program that typically serves adults who have acquired most basic self-care skills, have some ability to interact with others, are able to make their needs known, and are able to respond to instructions. Activity Center programs focus on the development and maintenance of the functional skills required for self-advocacy, community integration, and employment, and are typically supervised at a staff to client ratio of 1:6, 1:7, or 1:8.

**Adult Development Center** - a community-based day program that serves adults who are in the process of acquiring self-help skills. Individuals who attend adult development centers generally need sustained support and direction in developing the ability to interact with others, to make their needs known, and to respond to instructions. Adult Development Center programs focus on the development and maintenance of the functional skills required for self-advocacy, community integration, employment, and self-care. These programs are typically supervised at a staff to client ratio of 1:3 or 1:4.

**Behavior Management Program** - a community-based day program that serves adults with severe behavior disorders and/or dual diagnoses who, because of their behavior problems, are not eligible for any other community-based day program. These programs are typically supervised at a staff to client ratio of 1:3.

**Community Activity Support Services** - these programs offer time-limited, community-based adult services which may have a program emphasis on serving consumers with very specialized need. CASS programs may or may not be structured to provide adult day program services (e.g., Transitional housing programs, Wraparound services, etc.). The staff to client ration of these programs varies based upon client need.

**Community Integration Training Program** – typically a variable ratio, community based (no licensed site) day program that may have a program emphasis on serving clients with a very specialized need or who has not been successfully served in a typical day program.

**Tailored Day Services** - these programs offer 1:1 personalized training and support to clients in at least one of the following: employment, volunteer activities, or post-secondary education. Tailored Day Services are designed to assist clients increase integration and inclusion in their communities, with flexibility in the duration and intensity of services to meet the client's individual needs. This service is designed to maximize the client's choices. This type of service may not be used in combination with other Regional Center-vendored day or employment programs. Monthly hours are limited.

**Adult Day Care** facilities - possess a valid day care license for adults issued by the State Department of Social Services (DSS) or an agency authorized by DSS to assume specific licensing responsibilities, and provide nonmedical care and supervision to adults 18 years of age or older on less than a 24-hour per day basis.

**Adult Day Health Centers** - these centers contract with the State Department of Health Services (DHS) to provide the services described in Title 22, Chapter 5 to Medical beneficiaries who are eligible for and voluntarily elect to participate in such a program.

## **TRANSPORTATION**

When you leave the public school system, how you get around in the community will depend on your ability to take public transportation, drive or need assistance from get where you are going.

Working with your Service Coordinator, you and your team will discuss the various types of transportation and determine what the best way for you get to where you want to go. It may be learning to take public transportation, scheduling a ride yourself or attending a program and being picked up at your curb, then returned home at the end of the day.



## **Living Options**

### **INDEPENDENT LIVING SKILLS (ILS)**

ILS services are provided to clients who are interested in increasing their independence in their natural environment while residing in their own home or in their family's home, or while residing in a care home with a goal of moving out within six months. This community-based program provides instruction to adult clients over a period of two years with the goal of increasing the independence of the client. Instructors provide training to the client so that they achieve clearly detailed objectives as identified in the Individual Program Plan (IPP) and the Individual Service Plan (ISP). Services are provided based on assessment and goals up to 35 hours per month. After the first two years, ILS services can be provided at a minimal level (up to 15 hours a month) to ensure the client maintains the skills acquired.

ILS services include curriculum-based instruction in any or all of the following functional skills components:

- Cooking
- Cleaning
- Shopping in natural environments
- Menu planning
- Meal preparation
- Money management, including check cashing and purchasing activities
- Mobility training for use of public transportation in public environments
- Personal health and hygiene
- Self-advocacy
- Independent recreation and participation in natural environments
- Use of medical and dental resources, as well as other community resources
- Community resource awareness such as police, fire or emergency help
- Home and community safety

ILS programs may also, in lieu of the above, provide the supports necessary for a client to maintain a self-sustaining, independent living situation in the community. The definition of self-sustaining is being able to provide for one's own needs without help from others.

## **SUPPORTED LIVING SERVICES (SLS)**

SLS is a service like ILS, but is provided to clients who require on-going training and support to live in their own home. The duration of the services are provided based on, an on-going assessment of need. Supports are available as often and for as long as is needed, based on the availability of natural, generic and other supports. The number of training and support hours will vary and can be provided up to 24-hours a day.

## **FAMILY HOME AGENCY (FHA)**

A Family Home Agency (FHA) approves family homes who then offer the opportunity for up to two adult individuals with developmental disabilities per home, to reside with a family and share in the interaction and responsibilities of being part of a family. The individual with developmental disabilities receives the necessary service and supports from the family, agencies and the community to enable the individual to be a participating member of the family and the community where the family resides.

FHA regulations may be found in Title 17, Division 2, and Chapter 3 (Community Services) Subchapter 4.1 Family Home Agency (FHA) Regulations.



## **RESIDENTIAL SERVICES**

Some adult clients would like to live somewhere other than in the home of their family, but need on-going support to remain safe and healthy. Living in a home that provides residential services is for individuals who can basically care for themselves (completing their activities of daily living, administering medications independently, etc.) and benefit from a care provider in the home to oversee everything. These homes are often called care homes.

These homes provide meals, supervision or some level of protective oversight and can provide reminders to take medications; staff cannot directly administer medication.

The level of care and services vary depending upon the level of care the home is authorized to provide. For example, some may provide personal care, transportation to medical and dental appointments, and/or organized recreational activities.

Living in a residential care home is funded by ACRC, in combination with your Supplemental Security Income (SSI).

Clients who live in a care home receive a monthly amount of money to spend on personal and incidental expenses, like going to the movie or a new shirt. The amount is determined by the Social Security Administration and is adjusted annually.

When exploring this living option, it will be important to discuss with your Service Coordinator and your support team what your needs are and what type of assistance you might need.

## RECREATION

### Free Fishing Licenses:

Any person who is 16 years of age or older must possess a valid sport fishing license to go fishing. The Department of Fish and Wildlife (DFW) is able to issue free sport fishing licenses, valid for a calendar year (January 1 through December 31) for individuals who are eligible for regional center services.

A client can make a request for a fishing license to his or her Service Coordinator (SC) and the SC will then make a copy of the client's California Identification Card (CID), fill out the application and mail the application and copy of the CID to the California Department of Fish and Wildlife. After that, it will take approximately 3 weeks for the fishing license to arrive at the client's residence.

Once a fishing license is obtained, that client's name is put into the Automated License Data System (ALDS), and can renew his or her application each new calendar year by going to the local Walmart, Big 5 Sporting Goods, or other stores that are CDFW licensing agents. The client must present his or her CID each time the license is renewed.

### California State Parks-Lifetime Disabled Discount Pass-(In 2017, \$3.50 for Pass)

Clients served by regional centers qualify for a discount pass to California Parks and Recreation, and a 50% discount for vehicle day use, family camping and boat use fees in California State Park operated units. The pass is not valid at places operated by local governments, private agencies or concessionaires. The application must be completed, which includes a section for certification of a qualifying disability by a doctor or a regional center. Your Service Coordinator can provide you with the website address find the application form.



## **Applied Behavior Analysis (ABA) Services**

ABA services is a general term used to describe programs that utilize Applied Behavior Analysis, which consists of evidence based techniques for teaching skills and reducing problematic behaviors. ABA services may be provided to any client with an assessed need, and are in some cases, funded by ACRC.

ABA Services can be provided to adult clients in many different formats, including: Parent Training; Behavior Intervention Services (BIS); Socialization Training Programs (SST); Functional Skills Training (FST) programs; and Adaptive Skills Training (AST) programs. For a description of each of these formats, please see below.

## **TARGETED DEVELOPMENT ABA INTERVENTIONS**

### **BEHAVIOR “PARENT” TRAINING (BPT)**

BPT is a pre-requisite for receiving any type of ABA service funded by ACRC. Training includes familiarizing family members/caregivers, in a group setting, with the principals of applied behavior analysis (ABA). Training will also include information on tracking and taking data on behaviors, analyzing the function of a behavior and more.

### **BEHAVIOR INTERVENTION SERVICE (BIS)**

BIS is short-term and intended to reduce, eliminate or prevent, the future occurrence of behaviors posing a health and safety risk. Examples of such behaviors include but are not limited to: severe tantrums, aggression, self-injury and elopement. BIS provides family members/caregivers with the training and intervention strategies necessary to manage and modify difficult behaviors, while teaching functionally related replacement skills. Services include an assessment, followed by a treatment plan if services are recommended for direct consultation with a behavior consultant over a three to six month period of time. The goal for BIS services is to bring about changes to the client's behaviors that family members or caregivers are able to maintain indefinitely through use of the behavior plan.

### **ADAPTIVE SKILLS TRAINING (AST)**

AST is designed to improve a client's capacity for self-reliance in meeting the demands of daily life and employs evidence-based intervention techniques based on the principles of ABA. This is a time limited consultative service with a heavy emphasis on family member/caregiver training. AST programs are designed to target adaptive skills by training the client's family members/caregivers how to effectively assess, teach and generalize skills. Examples of commonly targeted skills in an AST program include: self-care, functional communication, daily living skills and safety awareness. There may be some variation in the number and type of skills targeted based on the complexity of the goals, the client's cognitive abilities and the level of participation by the family members/caregivers. Services include an assessment, followed by a treatment plan if services are recommended for direct consultation with a behavior consultant over a three to six month period of time. The goal for AST services is to develop skills as a family member to help in teaching the client how to develop skills in an ongoing manner through the use of the strategies implemented during service delivery.

### **SOCIALIZATION SKILLS TRAINING (SST)**

SST is a behavior service that promotes the development of interpersonal and communication skills necessary for successful interactions within home, community and peer group settings.

The objective of this service is to teach critical elements that comprise social skills as a whole. Some of these elements include making eye contact, listening, sharing, turn-taking, greetings, interpreting facial expressions, making friends, initiating and maintaining conversation, self-advocacy, and otherwise developing cooperative and meaningful social interactions with others.

Developing these important skills may maximize an individual's potential across environments and increase the likelihood of successful integration within their community. Learning occurs via direct teaching of integrated social/play activities and the social communication skills needed to be successful in social interaction.

SST is a short-term, evidence based service with focused and time-limited teaching objectives that typically occur in small groups (2-8 clients). Group members should be similar in age, diagnoses, and goals. Groups use direct instruction, role-playing, rehearsal and other evidence-based practices to promote social learning. Family member/caregiver participation is required for social skills training programs to be successful.



## ADDITIONAL SERVICES

*This is not an exhaustive list of all ACRC funded services, but includes the frequently used services*

### IN-HOME RESPITE:

Respite services are designed to give parents a break from the care and supervision of the client. Respite is not meant to be used as day care or regular babysitting, but as intermittent or regularly-scheduled short-term breaks to allow parents/caregivers to refresh themselves and return to caring for the client.

In-home respite hours are authorized on a quarterly basis, based on the assessed need, up to the allowable statutory maximum. The assessment to determine the number of respite service hours is based upon the needs of the client, as compared to the needs of a typically developing peer, what generic or other resources are available to provide the care and supervision, and the family's overall stress level. In-home respite is available in 3 formats as described below:

**1. Agency Respite:** In-home respite agencies send respite workers to your home to care for the client when your parent/caregiver cannot be there. The parent/caregiver will be involved in interviewing the respite workers sent out and selecting ones that you feel comfortable spending time with. The parent/caregiver will schedule the respite times with the selected worker/s as needed. ACRC pays the respite agency, and the respite agency pays the respite worker.

**2. Employer of Record (EOR) Respite:** If you already have a person (18 years or older, CPR certified, who lives outside of the client's home) that your parent/caregiver trusts to spend time with, that person can act as your respite worker by becoming an employee of an Employer of Record (EOR) respite agency. In this case, the respite worker of your choice completes an application packet, and background check, and is hired by the EOR agency to spend time with you. The EOR agency will pay the respite worker directly and the Regional Center will pay the EOR agency.

**3. Fiscal Management Service (FMS) Respite:** With this service, the parent is responsible for finding the respite worker and to pay the worker directly without the payroll and tax responsibilities of an employer. The parent pays the respite worker; ACRC pays a vendored FMS agency; and the FMS agency reimburses the parent for the services the parent paid for, less any required taxes.

**Out-of-home respite:** A client may stay up to the statutory maximum number of days per fiscal year (unless an exemption applies) in a licensed residential facilities to provide parents/caregivers an extended break from caring for the client. These days may be used in any configuration. If you are interested in touring licensed residential facilities for out of home respite options, please contact your child's Service Coordinator, who will get a list of homes available to tour. You may then arrange to visit each home. Once you and the client select a home, please inform your Service Coordinator who will work with you and the facility to arrange the respite stay.

**Day Care/After School Care:** Day care/after school care is care and supervision for clients when the parent of the client in a single parent household or both parents of a two-parent household are engaged in employment outside the home, or in education leading to employment.

ACRC may supplement a portion of the costs of day care/after school care for regional center clients whenever they requires care in excess of that which would be required by the client's same-aged peers without a developmental disability. ACRC can only do this for clients up to age 22, or up until they leave school with a regular high school diploma, whichever occurs first.

Families should first utilize the natural and generic resources that may be available to them to provide their children care and supervision during employment or education. Also, the regional center will not purchase day care as an alternative to the child's attendance at a publicly or privately-funded school.

**Medic Alert:** Medic Alert services aid ACRC clients who may not be able to communicate in emergencies with unknown responders. The responders call Medic Alert who then contacts emergency contact(s) listed. Medic Alert also provides responders with pertinent information such as allergies or medical conditions. ACRC will fund one emblem from the approved brochure as well as the monitoring service.

**Durable Medical Equipment:** ACRC is committed to assisting clients and their families in securing Durable Medical Equipment (DME) related to needs arising from the presence of a developmental disability. “Durable medical equipment” is equipment that:

- is necessary to achieve and maintain a client’s independent, productive and normal lifestyle
- can be used to serve a functional or medical purpose
- can withstand repeated use for a reasonable expected time period

Upon determination that there is a DME need related to the developmental disability and that private and generic resources are insufficient cover the cost, ACRC may provide financial assistance to help clients obtain the needed DME.

**Incontinence supplies:** If this is an area of need, you can apply for this by contacting your Medi-Cal MMC to identify a medical supply distributor. If you are not assigned an MMC, contact your Service Coordinator to discuss Fee-For-Service Medi-Cal medical supply distributors. Once you contact a medical supply distributor who is affiliated with your medical coverage, you can inquire about their process. The medical distributor will likely give you paperwork for your doctor to fill out, then you will return the signed paperwork to the medical supply distributor who will request funding for the supplies from Medi-Cal. Upon determination that there is an unmet need regarding incontinence supplies, and that generic resources are insufficient to meet the need, ACRC may provide financial assistance to help clients obtain the needed incontinence supplies.

## **TRAININGS, CLASSES, OR CONFERENCES**

Alta California Regional Center (ACRC) supports parents and clients as they seek information and training to build advocacy skills and/or enhance their knowledge related to the client's developmental disability. ACRC shall provide learning opportunities for clients and their family members presented by ACRC staff, sponsor or co-sponsor learning opportunities in collaboration with other organizations, and arrange for subject matter experts from both in and outside of ACRC's catchment area to provide training.

ACRC may provide financial assistance to cover tuition or registration fees of one training, class or conference ("learning opportunity") per client per fiscal year when:

1. The learning opportunity is related to the client's developmental disability; and
2. The learning opportunity meets objectives in the client's IPP;
3. Prior to registration or enrollment, client or family provides ACRC the following information:
  - registration or enrollment information, including date/s of learning opportunity
  - statement of expected outcomes from the learning opportunity
  - why generic or other resources cannot provide the same learning opportunity.

ACRC shall not pay the costs of transportation, lodging and food to attend a learning opportunity; those costs are the responsibility of the attendee.

## **Now that you are age eighteen or over!**

When a person turns 18, he or she becomes an adult and gains the same rights and responsibilities that other adults have, regardless of whether or not he or she has a developmental disability.

### **Voter Registration**

Citizens 18 years of age and older have the right to vote! To find out more about what the requirements are, contact your local County Registrar of Voters office or review the California Secretary of State website at [www.sos.ca.gov](http://www.sos.ca.gov) . Your SC can provide you with a California Voter Registration Application and help you complete it.

### **Selective Service System**

With few exceptions (for example, persons continually confined to a residence, hospital or institution or hospitalized or institutionalized for medical reasons), all male U.S. citizens and male immigrant aliens residing in the U.S. and its territories must register with the Selective Service within 30 days of their 18th birthday. For more information call 1-888-655-1825 or check out their website [www.sss.gov](http://www.sss.gov) .

## ALTA CALIFORNIA REGIONAL CENTER OFFICES

We serve over 20,000 clients across the following ten counties: Alpine, Colusa, El Dorado, Nevada, Placer, Sacramento, Sierra, Sutter, Yolo, and Yuba. In an effort to be in your community, we have eight locations in our service area.

ACRC Offices	Counties Served	Address	Phone
<b>Sacramento</b>	Sacramento	2241 Harvard Street, Suite 100 Sacramento, CA 95815	(916) 978-6400 voice (916) 489-1033 fax (916) 489-4241 TDD
<b>Grass Valley</b>	Nevada, Northern Placer, Sierra	333 Crown Point Cir, Suite 200 Grass Valley, CA 95945	(530) 272-4231 voice (530) 272-4637 fax
<b>Placerville</b>	El Dorado	344 Placerville Drive, Suite 1 Placerville, CA 95667	(530) 626-1353 voice (530) 626-0162 fax
<b>Roseville</b>	Placer, Sacramento	516 Gibson Drive Suite 150 Roseville, CA 95678	(916) 437-6900 voice (916) 978-6583 fax
<b>South Lake Tahoe</b>	Alpine, El Dorado, Nevada, Placer	2489 Lake Tahoe Blvd., Suite 1 South Lake Tahoe, CA 96150	(530) 314-5970 voice (530) 314-5971 fax
<b>Truckee</b>	Nevada, Placer, Sierra	13450 Donner Pass Rd Suite B Truckee, CA 96161	(530) 587-3018 voice (530) 550-2217 fax
<b>Woodland</b>	Yolo	283 W. Court Street Suite B Woodland, CA 95695	(530) 666-3391 voice (530) 666-3831 fax
<b>Yuba City</b>	Colusa, Sutter, Yuba	950 Tharp Road, Suite 202 Yuba City, CA 95993	(530) 674-3070 voice (530) 674-7228 fax

## THE SELF-DETERMINATION PROGRAM

The California Department of Developmental Services is developing the Self-Determination Program, a program that will let participants have more control over selecting their regional center funded services and supports. The features of this new program include:

- Through the IPP process, the client will be given a specific budget to purchase the services and support that he/she needs to achieve his/her IPP goals.
- The client will be able to pick which providers or individuals deliver your services. They will require a background check but will not have to be vendored.
- The client must use an Financial Management Service (FMS) agency vendored by ACRC to pay for the services

Learn more at [www.altaregional.org](http://www.altaregional.org) or [www.dds.ca.gov](http://www.dds.ca.gov). Request to be placed on the “interested list” by emailing your child’s Service Coordinator.

*Senate Bill (SB) 468*

### FOR MORE INFORMATION

**Visit:** [www.altaregional.org](http://www.altaregional.org)

#### **Exhaustive List of ACRC Services and Vendors:**

Go to Alta’s website at : [www.altaregional.org](http://www.altaregional.org)

>Then click on **Service Providers**

>Then click on **Service Provider Search**

#### **ACRC Service Policies**

Go to Alta’s website at : [www.altaregional.org](http://www.altaregional.org)

>Then click on **Who We Serve**

>Then click on **Services**

>Then click on **Service Policies**