# The 5 Principles of Self-Determination



## **Freedom**

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

## **Authority**

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

## Support

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

## Responsibility

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

## Confirmation

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



#### Hiring Service Providers in the Self-Determination Program

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

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

## **Possible Questions for Independent Facilitators**

1.	How much do you know about California's Self-Determination Program?  You want to make sure they understand the principles of self-determination and how the program is different from the traditional regional center system. For example, the SDP participant is in charge of who gets hired and supervising staff and agencies. Bills go to an FMS. Services must provide community inclusion. Provider does not need to be a vendor or have a contract with the regional center.
2.	What experience have you had as an Independent Facilitator?
3.	Have you had any training to be an Independent Facilitator?
4.	<ul> <li>Have you ever facilitated a person-centered plan?</li> <li>How many?</li> <li>What is your style?</li> <li>How do you prepare?</li> </ul>
5.	<ul><li>How well do you know my community?</li><li>Are you aware of activities in my area that I might be interested in?</li></ul>
6.	How would you go about helping me to find services to help me meet my goals?
7.	How will you help me figure out my budget?
8.	Can you advocate for me at my IPP?  • At my IEP?  • To get benefits, such as SSI or IHSS?
9.	<ul> <li>Do you also help manage workers?</li> <li>How do you do that?</li> <li>How would you help me if I am unhappy with the job that one of my workers is doing?</li> </ul>
10	. How will you keep in touch with other members of my support team?
11.	I have certain things that are really important to me, like Are you willing to adapt your services to meet my specific needs and preferences?
12.	. Are you willing to negotiate a price based on my specific needs?

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

#### Possible Questions for Financial Management Service (FMS) Providers

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

#### **Possible Questions for General Service Providers**

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

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

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

- 2. What experience have you had providing this service?
- 3. What kind of qualifications do you have? (Licenses, credentials, certifications) Some providers might need to provide proof of certification to the FMS.
- 4. Have you had experience providing this service in a person-centered way, meaning I get to direct how you provide me the service?
- 5. How would you learn more about me to work with me?
- 6. I have certain things that are really important to me, like \_\_\_\_\_\_. Are you willing to customize services to meet my specific needs and preferences?
- 7. How do you determine if people are happy with your services?
- 8. When and where are your services available?
- 9. How many hours of are you available per week?
- 10. When would you be able to start?
- 11. How would I make changes in my services or schedules if I need to?
- 12. Are you willing to attend team or circle meetings to share information with other people who support me?
- 13. How will you keep in touch with other members of my support team?

## Possible Questions for Personal Care Workers, Personal Assistants, Aides

1.	<b>Tell me what you know about self-determination.</b> You want to make sure they understand how self-determination is different from the traditional regional center system. It is based on my person-centered plan. I am in charge of who gets hired and supervising staff and agencies. Bills go to an FMS. Services must provide community inclusion. Provider does not need to be a vendor or have a contract with the regional center.
2.	What experience have you had providing this service?
3.	What kind of certification or training have you done to help you provide services? Some providers might need to provide proof of certification to the FMS.
4.	Have you had experience providing this service in a person-centered way, meaning I get to direct how you provide me the service?
5.	How would you learn more about me to work with me?
6.	I have certain things that are really important to me, like Are you willing to meet my specific needs and preferences?
7.	Are you willing to attend team or circle meetings to share information with other people who support me?
8.	What days and times are you available?
9.	How many hours are you available per week?
10.	When would you be able to start?
11.	How would I make changes in my services or schedules if I need to?
12.	Because you are providing personal care services for me, you will need to have a background check done at your own expense. Are you willing to do that?
	The salary is \$ per hour and the benefits you will receive are Will this salary work for you? OR How much will you need to be paid?

## Possible Questions for Agencies that Will Provide Staff

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

- 1. Tell me what you know about self-determination.
  - You want to make sure they understand how self-determination is different from the traditional regional center system. It is based on my person-centered plan. I am in charge of who gets hired and supervising staff and agencies. Services must provide community inclusion. Bills go to an FMS, not to the regional center. Provider does not need to be a vendor or have a contract with the regional center. No reports need to be provided to the regional center.
- 2. Have you had experience providing this service in a person-centered way, meaning I get to direct how you provide me the service?
- 3. What kinds of qualifications does your agency have? (Licenses, credentials, certifications)
- 4. How will I choose who will work with me?
- 5. Will I be able to choose what I do each day and who I spend my time with?
- 6. What kind of experience does your staff have?
- 7. What kind of training does your agency give to the people that will work with me?
- 8. How will you supervise the people that will work for me?
- 9. How long do staff people usually work at your agency?
- 10. How will you handle if I want to choose a different person to work with me?
- 11. How will you keep in touch with other members of my support team?
- 12. How will you check with me to make sure the services are working out for me?
- 13. What would I do if I have a problem or complaint?
- 14. Do you have any references you can provide?

## **Questions You Cannot Ask During an Interview**

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

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

## Possible Questions to Ask References for People You Want to Hire

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

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

## **Self-Determination Program**

## Service Provider/Participant Agreement

## **TEMPLATE**

Participant Name	
UCI Number	
Birthdate/	
Regional Center	
Address	Phon e
Service Provider Name or Company	
Address	
Phone	
List agreed upon services:	
Start date of this agreement	
Days and times of agreed schedule	
Hours of work per week	
Rate of pay	

The service provider and participant agree a	nd acknowledge:			
To provide (hours/days) advance	ce notice to cancel/reschedule appointments.			
<ul> <li>Service provider agrees to accommodate changes in schedule if possible. If this is a permanent change, a new agreement should be created.</li> </ul>				
	report of progress or a brief summary of services summary should be provided to the participant circle all that apply).			
<ul> <li>When working with an agency or veno which worker will provide services to t</li> </ul>	dor for services, the participant has the right to choose them.			
<ul> <li>Participant has the right to change se</li> </ul>	rvice providers at any time.			
parties understand that the participant has vo	cancelled by the participant or the service provider. All pluntarily enrolled in the Self-Determination Program time. If the participant exits the Self-Determination ges to this agreement must be made in writing.			
Participant	Date			
Service Provider/Company representative	Date			
Legal guardian/conservator (if applicable)	Date			
Received by: Regional Center  Received by: FMS	Date			

# Home and Community-Based Services (HCBS) Final Rule



## FOR CONSUMERS AND FAMILIES:

People with intellectual and developmental disabilities are provided many services because of the Lanterman Act. Many services people receive are paid for with state and federal money from the federal Centers for Medicare and Medicaid Services (CMS). Therefore, California must comply with what is called the Home and Community-Based Services (HCBS) Final Rule. This rule sets requirements for HCBS settings, which are places where people live or receive services. Each state has until March 2022 to help providers comply with the HCBS Final Rule.

## The HCBS Final Rule Applies to:

- Residential and non-residential settings; including certified and licensed homes
- Day programs, and other day-type services
- Employment options and work programs

## The HCBS Final Rule Does NOT Apply to:

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

### What is the Goal of the HCBS Final Rule?

To enhance the quality of services provided by:

- Maximizing opportunities and choices for individuals
- Promoting community integration by making sure individuals have full access to the community
- Making sure individuals have the opportunity to work and spend time with other people in their community who do not have disabilities
- Ensuring individual preferences are supported and rights are protected
- Establishing person-centered service planning requirements, which includes a process driven and directed by the individual to identify needed services and supports

## **All Settings**

The Final Rule requires that you can:

- Spend time in, and being a part of, your community
- Work alongside people who do not have disabilities
- Have choices regarding services and supports, and who provides them
- Have control of your schedule and activities

# Residential Settings Provider Owned or Controlled

In addition to the requirements applicable to all settings, the Final Rule requires that you have:

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

# Home and Community-Based Services (HCBS) Final Rule



## FOR PROVIDERS:

#### How will your service as a provider change?

If you are a service provider who provides services to multiple consumers in the same location, we have to make sure these services do not isolate individuals from the community. The Final Rule says that settings must be integrated and support full access to the community. As a provider, you may need to modify where and how your service is delivered to meet the HCBS Final Rule. Policies and program designs may need to be changed and training to your staff may be necessary to assure their understanding of the new expectations.

#### **Assessing Provider Settings**

All providers will soon be required to complete a self-assessment survey that will help determine whether or not a setting complies with the HCBS Final Rule or if modifications are needed. For settings that require changes, there will be time to develop transition plans. Training will be provided on the self-assessment process and expectations, and additional information will be posted on the DDS webpage.

#### Where can I find more information?

To ask a question, make a comment, or get more information about the HCBS Final Rule, email HCBSregs@dds.ca.gov.

For more detailed information on the HCBS Final Rule and California's Statewide Transition Plan, please visit: http://www.dds.ca.gov/HCBS/

http://www.dhcs.ca.gov/services/ltc/Pages/HCBSStatewideTransitionPlan.aspx

https://www.medicaid.gov/medicaid/hcbs/index.html

#### **CMS' HCBS Final Rule Requirements**

#### The setting:

- Is integrated in, and supports full access of individuals receiving Medicaid HCBS to the greater community to the same degree of access as individuals not receiving Medicaid HCBS.
- 2. Is selected by the individual from among setting options including non-disability-specific settings and an option for a private unit in a residential setting.
- 3. Ensures an individual's rights of privacy, dignity and respect, as well as freedom from coercion and restraint.
- Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to: daily activities, physical environment, and with whom to interact.
- 5. Facilitates individual choice regarding services and supports, and who provides them.

#### In provider-owned or controlled residential settings:

- The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services.
- 7. Each individual has privacy in their sleeping or living unit; including doors lockable by the individual, choice of a roommate if sharing a unit, and the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.
- 8. Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.
- 9. Individuals are able to have visitors of their choosing at any time.
- 10. The setting is physically accessible to the individual.

# Meet Jason & Sofia

## **About Jason:**

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

## About Sofia:

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

## Jason's Planning

#### Jason's Overall Goals

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

#### 1. Jason wants to find a job

What? Jason loves to work in the garden

**Who?** Jason's neighbor knows that the local senior center is looking for gardening help; Jason's service coordinator can help him talk to them about a job.

**Support?** Jason will need more training and a job coach plus some gardening tools.

**Timeline?** Jason, along with his neighbor, will contact the senior center in the next two weeks; Jason's facilitator will contact the Dept. of Rehab who can pay for tools in the next month; Jason's service coordinator will contact some job coaches in the next month.

**Barriers?** Employer needs to have more information about working with a job coach.

#### 2. Jason wants to move into his own apartment

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

**Who?** Jason's service coordinator knows of some people who might be looking for a roommate; Jason's mom has extra furniture and kitchen supplies.

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

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

Barriers? Mom still wants Jason to live at home.

#### 3. Jason wants to make new friends

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

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

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

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

Barriers? Money to travel.

#### 4. Jason wants to pursue his love of music

What? Jason loves to sing and loves music.

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

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

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

Barriers? Jason needs support to stay calm at church.

#### 5. Jason wants to be healthier

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

**Who?** Jason's service coordinator knows a dietician who works with people with autism. Jason's former teacher has a friend who teaches cooking. Jason's aunt knows a good gym.

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

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

Barriers? Need to search for new doctor.

## Sofia's Planning

#### Sofia's Overall Goals

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

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

**What?** Sofia's family needs a first floor apartment to avoid an elevator. Sofia wants an electric wheelchair. Sofia's parents want more training to help Sofia.

**Who?** Sofia's Independent Facilitator knows of some apartments that are available and can help Sofia apply for SSI and get Medi-Cal. Sofia's pastor knows of a foundation to help pay for a wheelchair. Sofia's therapist can recommend some parent training programs.

**Support?** Ongoing assistance with applications for public benefits.

**Timeline?** Public benefits help in the next month. Pastor's help in the next week. Parent training programs in the next 3 months.

Barriers? Parents do not like to ask for help.

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

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

**Who?** Sofia's teacher can get other students' phone numbers. Sofia's facilitator can find some names of people who can support her when she's hanging out with her friends and some information about summer camps.

**Support?** Transportation and support staff.

**Timeline?** Names provided in next two weeks.

Barriers? Parents have a hard time with non-family members caring for Sofia.

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

**What?** Sofia wants to go to a middle school where she can make friends. Her parents want it to be in a safe neighborhood. Sofia wants independence at school but will need some support.

**Who?** Sofia's teacher can give them names of schools to explore. Her facilitator can help advocate at the IEP.

**Support?** Need aide while at school but one that stays back, respecting Sofia's personal space, until their support is needed.

**Timeline?** Schools' names provided in next month.

Barriers? Parents have found working with the school difficult.

#### 4. Sofia wants to be an artist or graphic designer

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

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

**Support?** Needs staff support during the art class.

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

Barriers? Worried about being accepted as part of the art class.

## Jason's Individual Budget

Last 12 Months of what was spent on regional center services: \$63,100

(Day Program, Personal Assistant hours, Independent Living Skills training)

## Sofia's Individual Budget

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

(Respite – 7 hours/month used)

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

#### Sofia's Unmet Need:

Sofia's previous IPP reflects that 40 hours of respite was needed per month. Sofia's family did not use all the hours because her grandmother, who is her provider, was not available. Her grandmother was helping to care for another family member and could not provide the respite to Sofia that was needed. Sofia and her family still need 40 hours per month so the team discusses this as an unmet need. They decide that the hours of respite that weren't able to be used each month were an unmet need.

#### Adjusting the Individual Budget:

Regional center determines an additional \$9,900 would have been spent on Sofia's services had all of her needed respite been provided.

Regional center certifies the adjusted individual budget of \$12,000.

## Figuring out Jason's Spending Plan

Service	Who Supports?		
GOAL: Jason wants to find a job			
Gardening coach	SDP		
Gardening tools	Dept of Rehabilitation		
GOAL: Jason wants to move into his own place			
Coaching on home skills	SDP		
Staff for locating apartment, researching living on his own	SDP		
Staff for home	IHSS		
Transportation	SDP		
GOAL: Jason wants to make new friends			
Social coach and connector	SDP		
COAL. Incommentate numero bio interest in mucic			
GOAL: Jason wants to pursue his interest in music Guitar lessons	Mother		
Transportation to church	Mother		
Staff for support while at church activities	SDP		
Clair for Support without at straight about these			
GOAL: Jason wants to become healthier Dietician	Llookh loourooo		
	Health Insurance SDP		
Gym membership Staff for support to use the gym	SDP		
otali for support to use the gym	ODI.		
Plus - Independent Facilitator and FMS	SDP		

## Jason's Spending Plan

SERVICE	AMOUNT
Employment Supports	
40 hours/month for a gardening coach at the job site for 12 months	\$12,960
at \$27/hour (including taxes & benefits)	
Community Living Supports	\$8,424
6 hours/week of home skills coaching for 12 months at \$27/hour	
including taxes	
Community Integration Supports	\$28,800
100/hours per month of staff support towards apartment, church,	
gym and during transportation to these activities for 12 months @	
\$24/hour including taxes & benefits	
Non-MedicalTransportation	\$1,200
Uber, public transportation and ACCESS @ \$100/month	
Community Integration Supports	\$4,320
12 hours/month of social coaching for 12 months at \$30/hour	
including taxes	<b>#</b> 400
Community Integration Supports	\$120
\$10/month to pay for YMCA gym membership for 12 months	¢1 000
Independent Facilitator	\$1,000
Facilitate PCP, Finding services Financial Management Services (FMS)	\$1,980
Co-Employer Model @ \$165/month	φ1,900
TOTAL	\$58,804
IOTAL	φ30,00 <del>4</del>

## Figuring out Sofia's Spending Plan

Service	Who Supports?
GOAL: Sofia wants to be more independent and comforta	able at home
Electric wheelchair	Medi-Cal/Foundation
Parent training	Medi-Cal
GOAL: Sofia wants to hang out with friends & go to camp	)
Staff support year around while with friends	SDP
Summer Camp	SDP
GOAL: Sofia want to go to middle school with good supp	oorts
School aide	School district
Speech & Physical Therapy	School district
Communication device	School district
Advocacy at IEP (by Independent Facilitator)	SDP
GOAL: Sofia wants to learn to be an artist or graphic des	igner
Accessible Computer	Grant
Art class	SDP SDP
Staff support while at art class	SDP
	000
Plus - Independent Facilitator and FMS	SDP

# Sofia's Spending Plan

SERVICE	AMOUNT
Community Integration Supports Staff support after school and during art class for 5 hours/week, 32 weeks/year @ \$20/hour Staff support in the summer 20 hours/week, 4 weeks @ \$20/hour	\$4,800
Respite Services Summer camp	\$2,000
Community Integration Supports Art class	\$200
Independent Facilitator Person-Centered Planning, Access to IPP, IEP, & Public Benefits Agencies	\$1,000
Financial Management Services (FMS)	\$900
TOTAL	\$8,900

## **Person-Centered Planning Resources**

## **Publications and Online Resources**

- "It's My Choice" by Bill Allen, published by Department of Health and Human Services, Administration on Intellectual and Developmental Disabilities, Minnesota – a workbook with tools for person-centered planning
- Person-Centered Planning: Pathways to Your Future A toolkit for anyone interested in Person-Centered Planning, Sonoran University Center for Excellence in Disabilities, Department of Family & Community Medicine, University of Arizona – an overview of the person-centered planning process with tips for those in an individual's circle of support
- Person Centered Planning Education by Cornell University Employment and Disability Institute – courses with readings, activities, resources, and quizzes
- Person Centered Planning from PACER's National Parent Center on Transition and Employment – a brief summary of the planning process with additional links and resources
- <u>5 Key Parts of Person-Centered Planning: An Easy Read Guide a plain language guide</u> to the principles of person-centered planning

## YouTube Videos

- Sally Burton-Hoyle's presentation at the California Self-Determination Conference in 2014

   why person-centered planning is critical for Self-Determination, witness a person-centered plan, and other videos (58:13 minutes)
- Sally Burton-Hoyle presentation for the Michigan Alliance for Families a webinar that focuses on person-centered planning (53:26 minutes)
- <u>Video on Person-Centered Planning with Beth Mount a visually creative take on person-centered planning (2:10 minutes)</u>
- Larry's Story, His Person-Centered Plan the story of an individual, in his own words, who has changed his life through person-centered planning (5:24 minutes)
- <u>5 Key Parts of Person-Centered Planning Presents the plain language guide listed above (4:26 minutes)</u>
- <u>Video on Person-Centered Planning produced by parents with adult children</u> Ed Holen and Sue Elliott introduce several planning tools and an interview with a parent and her daughter who discuss how planning tools are important to them (5:10 minutes)

## Self-Determination Program Service Codes by Budget Category

Budget Category	SDP Services	Service Code	Description/Providers
Living Arrangement	Respite Services	310	Respite (Individual and Agency) In -home
(310 - 330)		311	Respite Facility - Out-of-Home
	Live-In Caregiver	312	Live-In Caregiver
	Homemaker	313	Homemaker
	Housing Access Supports	314	Housing Access Supports
	Financial Management Service	315	FMS Fiscal Agent
		316	FMS Co-Employer
		317	FMS Fiscal/Employer Agent
	Community Living Supports	320	Community Living Supports (Individual and Agency)
		321	Residential Facility
Employment &	Community Integration Supports	331	Community Integration Supports
Community	Participant-Directed Goods and	333	Participant-Directed Goods and Services
	Services		·
Participation	Individual Training and Education	334	Individual Training and Education
(331 - 355)	Employment Supports	335	Employment Supports
	Technology Services	336	Technology Supports
	Transition/Set Up Expenses	337	Transition Set-Up Expenses
	Non-Medical Transportation	338	Non-Medical Transportation
	Prevocational Supports	339	Prevocational Supports
	Independent Facilitator	340	Independent Facilitator
Health and safety	Environmental Accessibility Adaptation	356	Environmental Accessibility
(356 - 399)	Acupuncture Services	357	Acupuncture Services
	Personal Emergency Response Systems (PERS)	358	Personal Emergency Response Systems
	Home Health aide	359	Home Health Aide
	Communication Support	360	Communication Support
	Skilled Nursing	361	Skilled Nursing
	Nutritional Consultation	362	Nutritional Consultation
	Crisis Intervention and Supports	363	Crisis Intervention and Supports
	Behavioral Intervention Services	364	Behavioral Intervention Services
	Specialized Medical Equipment and Supplies	365	Specialized Medical Equipment and Supplies
	Family/Consumer Training	366	Family/Consumer Training

Dental Services	367	Dental Services
Lenses and Frames	368	Lenses and Frames
Optometric-Optician Services	369	Optometric-Optician Services
Psychology Services	370	Psychology Services
Training and Counseling Services for Unpaid Caregivers	371	Training and Counseling Services for Unpaid Caregivers
Speech - Hearing and Language	372	Speech - Hearing and Language
Chriopractic Services	373	Chiropractor
Massage Therapy	374	Massage Therapist
Occupational Therapy	375	Occupational Therapy
Physical Therapy	376	Physical Therapy
Vehicle Modifications and Adaptations	377	Vehicle Modifications and Adaptations
Family Support Services	378	Child Day Care Facility

## **Acupuncture Services**

Acupuncture services are covered to prevent, modify, or alleviate the perception of severe, persistent chronic pain resulting from a generally recognized medical condition. Acupuncture is defined in the Business and Professions Code, Section 4927 as "the stimulation of a certain point or points on or near the surface of the body by the insertion of needles to prevent or modify the perception of pain or to normalize physiological functions, including pain control, for the treatment of certain diseases or dysfunctions of the body and includes the techniques of electroacupuncture, cupping, and moxibustion." Acupuncture services (with or without electric stimulation of the needles) are limited to two services in any one calendar month, although additional services can be provided based upon medical necessity. All acupuncture services for children under age 21 are covered in the state plan pursuant to the EPSDT benefit. Acupuncture services in this waiver are only provided to individuals age 21 and over and only when the limits of services furnished under the approved state plan are exhausted.

#### **Behavioral Intervention Services**

Behavior intervention services include the use and development of intensive behavioral intervention programs to improve the participant's development and behavior tracking and analysis. The intervention programs are restricted to generally accepted, evidence-based, positive approaches. Depending on the participant's needs, behavioral intervention services may be provided in multiple settings, including the participant's home, workplace, etc. Behavioral intervention services are designed to assist individuals in acquiring, retaining and improving the self-help, socialization and adaptive skills necessary to reside successfully in home and community-based settings. Services may be provided to family members if they are for the benefit of the participant. Services for family members may include training and instruction about treatment regimens, including training on the use of medications, and risk management strategies to enable the family to support the participant.

The participation of parent(s) of minor children is critical to the success of a behavioral intervention plan. The personcentered planning team determines the extent of participation necessary to meet the individual's needs. "Participation" includes the following meanings: Completion of group instruction on the basics of behavior intervention; Implementation of intervention strategies, according to the intervention plan; If needed, collection of data on behavioral strategies and submission of that data to the provider for incorporation into progress reports; Participation in any needed clinical meetings; provision of suggested nominal behavior modification materials or community involvement if a reward system is used. If the absence of sufficient participation prevents successful implementation of the behavioral plan, other services will be provided to meet the individual's identified needs.

This service in the HCBS Waiver is only provided to individuals age 21 and over. All medically necessary Behavioral Intervention Services for children under age 21 are covered in the state plan pursuant to the EPSDT benefit.

## **Chiropractic Service**

Chiropractic services include the manual manipulation of the spine to prevent, modify, or alleviate the perception of severe, persistent chronic pain resulting from a generally recognized medical condition. A chiropractor may use all necessary mechanical, hygienic, and sanitary measures incident to the care of the body, including, air, cold, diet, exercise, heat, light, massage, physical culture, rest, ultrasound, water, and physical therapy techniques in the course of chiropractic manipulations and/or adjustments. All medically necessary Chiropractic services for children under age 21 are covered in the state plan pursuant to the EPSDT benefit. Chiropractic services in this waiver are only provided to individuals age 21 and over and only when the limits of services furnished under the approved state plan are exhausted.

## **Communication Support**

Communication support services includes communication aides necessary to facilitate and assist persons with hearing, speech, or vision impairment, including individuals who do not speak English as their primary language and who have a limited ability to read, write, speak or understand English (Limited English Proficient or LEP skills). The purpose of this service is to assist individuals to effectively communicate with service providers, family, friends, co-workers, and the general public. The following are allowable communication aides, as specified in the participant's IPP:

- 1. Facilitators;
- 2. Interpreters and interpreter services;
- 3. Translators and translator services; and
- 4. Readers and reading services.

This service also includes supports for the participant to use computer technology to assist in communication. Such supports include training in the use of the technology, assessment of need for ongoing training and support, and identification of resources for the support. This service is limited to personnel providing assistance and does not include the purchase of equipment or supplies.

Communication support services include evaluation for, and training in the use of, communication aides, including for individuals with LEP skills, as specified in the participant's IPP.

## **Community Integration Supports**

This service is provided to participants tailored to their specific personal outcomes related to the acquisition, improvement and/or retention of skills and abilities to prepare and support the participant for community participation, interdependence, and independence.

This service supports the full access to engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving these services. In addition, this service assists the participant to learn the skills needed to participate in the community during integrated activities with individuals who are non-disabled.

The participant selects this service from among service options including non-disability specific settings. The service options are based on the participant's individualized needs and preferences.

The participant receives this service in settings that are integrated in and supports full access to the greater community, and allows for participant comfort, interdependence, independence, preferences, and use of any technology. The participant's choices are incorporated into the services and supports and his/her essential personal rights of privacy, dignity and respect, and freedom from coercion are protected. The service settings must allow the participant to control personal resources and his/her schedule and activities. In addition, the settings must allow the participant to receive breaks in the same manner as a non-disabled individual.

Community Integration Supports are provided in the manner specified by the planning team to assist participants with acquisition, retention, or improvement in self-help, socialization and adaptive skills through therapeutic and/or physical activities to achieve the participant's personally defined outcomes. These services and supports may take place in a wide variety of community-based settings that promote community integration. These settings may include those nonresidential settings identified in Appendix C-5, but only if the setting is determined to meet the HCB settings requirements, using the process described in Appendix C-5. Services may be provided on a regularly scheduled basis, for one or more days per week. These services are not provided in the participant's residence.

These services and supports enable the participant to attain or maintain his or her maximum functional level, interdependence, and independence, including the facilitation of connections to community events and activities. In addition, these services and supports may serve to reinforce skills or lessons taught in school, therapy, or other settings, enabling the participant to integrate into the community.

Services and supports to assist the participant to increase and improve self-help, socialization, community integration, and adaptive skills, may include:

- a. Socialization and community awareness.
- b. Communication skills.
- C. Visual, auditory and tactile awareness, and perception experiences.
- d. Development of appropriate peer interactions and self-advocacy skills.
- e. Art and recreation programs.
- f. Continuing Education i.e., classes that help participants explore interests or improve academic skills or complete a high school equivalency (GED) diploma while in an inclusive setting
- q. Senior and faith-based groups.
- h. Peer mentoring.
- Mobility services, i.e., the access and use of public transportation or other modes of transportation, including access to peer-to-peer ride sharing.
- j. Friendship and relationship building

## **Community Living Supports**

Community Living Supports are services that facilitate independence and promote community integration for participants, regardless of the community living arrangement. Services include support and assistance with socialization, personal skill development, community participation, recreation and leisure, and home and personal care, among others, as further described below. Payments for Community Living Supports do not include the cost for room and board.

Community Living Supports are provided to a participant in his/her home and community to achieve, improve, and/or maintain social and adaptive skills necessary to enable the participant to reside in the community and to participate as independently as possible. Services are provided in environments that support participant comfort, independence, preferences and the use of technology. The participant's choices are incorporated into the services and supports received. The participant has unrestricted access, and the participant's essential personal rights of privacy, dignity and respect, and freedom from coercion are protected.

The service settings are integrated in, and facilitate each participant's full access to the greater community, which includes opportunities for each participant to engage in community life, control personal resources, and receive services in the community.

The specific services provided to each participant will vary based on the individual, the individual's preferences and the community setting chosen. The specific types and mix of supports that an individual receives as well as any special provider qualifications shall be specified in the Individual Program Plan.

The following items describe the types of possible Community Living Supports:

1. Support with socialization includes development or maintenance of self-awareness and self-control, social responsiveness, social amenities, interpersonal skills, and personal relationships.

- Support with personal skill development includes activities designed to improve the participant's own ability to
  accomplish activities of daily living, including eating, bathing, dressing, personal hygiene, mobility, and other
  essential activities.
- 3. Support with community participation includes assistance that enables the individual to more fully participate in community activities. Assistance may include, but is not limited to, the acquisition, use, and care of canine or other animal companions specifically trained to provide personal assistance, or devices to facilitate immediate assistance when threats to health, safety, or well-being occur.
- 4. Support to facilitate participation in post-secondary education, religious, recreation or leisure activities.
- 5. Support with home and personal care includes services needed to maintain the home in a clean, sanitary and safe environment and provide essential care to the individual. Services include support with household activities, such as planning and preparing meals, money management (personal finances, planning, budgeting and decision making), and laundry. It also includes heavy household chores such as washing floors, windows and walls, securing loose rugs and tiles, moving heavy items or furniture in order to provide safe access and egress, as well as minor repairs such as those which could be completed by a handyman. Heavy household chores and services that can be provided by a handyman are only available when the individual or anyone else in the household is unable to do the service. Services will be provided only in cases where neither the individual, nor anyone else in the household, is capable of performing or financially providing for them, and where no other relative, caregiver, landlord, community/volunteer agency, or third party payer is capable of or responsible for their provision. In the case of rental property, the responsibility of the landlord, pursuant to the lease agreement, will be examined prior to any authorization of service. There will be no duplicate billing of homemaker or other similar personal care/assistance service.
- 6. Support includes the provision of medical and health care services that are integral to meeting the daily needs of the participant (e.g., routine administration of medications or tending to the needs of a participant who is ill or requires attention to medical needs on an ongoing basis.). Medical and health care services such as physician services that are not routinely provided to meet the daily needs of the participant are not provided.
- 7. Support and training for infant and childcare for participants who are, or will become parents.

Settings where Community Living Supports are provided must have all of the following qualities:

- The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.
- 2. The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting.
- 3. Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.
- 4. Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact. 5. Facilitates individual choice regarding services and supports, and who provides them.

In a provider-owned or controlled residential setting, in addition to the qualities specified above, the following additional conditions must be met:

- The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity.
- 1. Each individual has privacy in their sleeping or living unit:
  - •Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors.
  - •Individuals sharing units have a choice of roommates in that setting.
  - •Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.
- 2. Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.
- 3. Individuals are able to have visitors of their choosing at any time.
- 4. The setting is physically accessible to the individual.
- 5. The unit or dwelling may be shared by no more than four waiver participants.
- 6. Any modification of the additional conditions specified in items 1 through 4 above, must be supported by a specific assessed need and justified in the individual program plan (IPP). The following requirements must be documented in the (IPP):
  - •Identify a specific and individualized assessed need.
  - Document the positive interventions and supports used prior to any modifications to the IPP.
  - Document less intrusive methods of meeting the need that have been tried but did not work.
  - •Include a clear description of the condition that is directly proportionate to the specific assessed need.
  - •Include regular collection and review of data to measure the ongoing effectiveness of the modification.
  - •Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.
  - •Include the informed consent of the individual.
  - Include an assurance that interventions and supports will cause no harm to the individual.

Additionally, provider owned or leased facilities where these services are furnished must be compliant with the Americans with Disabilities Act.

The method by which the costs of room and board are excluded from the payment for this service is specified in Appendix I-5.

## **Crisis Intervention and Support**

Crisis Intervention and Support is a specialized service that provides short-term care and behavior intervention to provide relief and support of the caregiver and protection for the participant or others living with the participant. This service may include the use and development of intensive behavioral intervention programs to improve the participant's development and behavior tracking and analysis. This service is restricted to generally accepted, evidence-based, positive approaches.

This service is designed to assist participants in acquiring, retaining and improving the self-help, socialization and adaptive skills necessary to reside successfully in home and community-based settings. The service may be provided to family members if they are for the benefit of the participant. The service for family members may include training and instruction about treatment regimens, including training on the use of medications, and risk management strategies to enable the family to support the participant. The participation of parent(s) of minor children is critical to the success of a behavioral intervention program.

The person-centered planning team determines the extent of participation necessary to meet the participant's needs. Crisis Intervention and Support includes mobile crisis intervention in the participant's home, and/or community or where crisis intervention services are needed. Mobile crisis intervention means immediate therapeutic intervention on a 24-hour emergency basis to a participant exhibiting acute personal, social, and/or behavioral problems. Mobile crisis intervention provides immediate and time-limited professional assistance to a participant who is experiencing personal, social or behavioral problems which, if not ameliorated, will escalate and require that the participant be moved to a setting where additional services are available.

As necessary, Crisis Intervention and Support is composed of the following participant-specific activities:

- 1. Assessment to determine the precipitating factors contributing to the crisis.
- 2. Development of an intervention plan in coordination with the planning team.
- 3. Consultation and staff training to the service provider as necessary to ensure successful implementation of the participant's specific intervention plan.
- 4. Collection of data on behavioral strategies and submission of that data to the caregiver or provider for incorporation into progress reports.
- 5. Participation in any needed clinical meetings.
- 6. Development and implementation of a transition plan to aid the participant in returning home if out-of-home crisis intervention was provided.
- 7. Ongoing technical assistance to the caregiver or provider in the implementation of the intervention plan developed for the participant.
- 8. Provision of recommendations to prevent or minimize future crisis situations in order to increase the likelihood of maintaining the participant in the community.

#### **Dental Services**

Dental services are defined in Title 22, California Code of Regulations, Section 51059 as professional services performed or provided by dentists including diagnosis and treatment of malposed human teeth, of disease or defects of the alveolar process, gums, jaws and associated structures; the use of drugs, anesthetics and physical evaluation; consultations; home, office and institutional calls.

All medically necessary dental services for children under age 21 are covered in the state plan pursuant to the EPSDT benefit. Dental services in this waiver are only provided to individuals age 21 and over and only when the limits of dental services furnished under the approved state plan are exhausted. Dental services in the approved state plan are limited to \$1800 annually or by the amount that is determined medically necessary.

## **Employment Supports**

This service is provided to participants tailored to their specific personal outcomes related to the acquisition, improvement and/or retention of skills and abilities to prepare and support the participant for community participation, interdependence, independence, and/or community integrated work.

This service supports the full access of participants receiving services in the community to seek employment and work in competitive integrated settings.

The participant selects this service from among service options including non-disability specific settings. The service options are based on the participant's individualized needs and preferences. The participant receives this service in settings that are integrated in and support full access to the greater community, and allows for participant comfort, interdependence, independence, preferences, and use of any technology. The participant's choices are incorporated into the services and supports and his/her essential personal rights of privacy, dignity and respect, and freedom from coercion are protected. The service settings must allow the participant to control personal resources. In addition, the settings must allow the participant to receive breaks in the same manner as a nondisabled individual.

Employment supports are individually designed and provided in the manner specified by the planning team to assist participants to gain and retain employment, including self-employment, in community integrated work environments to achieve the participant's personally defined outcomes. The intended outcome of this service is sustained paid employment at or above minimum wage in an integrated setting in the general workforce, in a job that meets personal career goals. This service does not include payment for supervision training, support and adaptations typically available to other workers without disabilities working in similar positions in the business. These services and supports also include activities related to job discovery, self-employment, and retirement.

The participant may receive any combination of Employment Supports, including:

- a. Physical capacities development, i.e., health concerns.
- b. Psychomotor skills development.
- c. Interpersonal, communicative/social and adaptive skills development, e.g., responding appropriately to supervisors/coworkers.
- d. Work habits development, e.g., attendance and punctuality, focusing on tasks.
- e. Development of vocationally appropriate dress and grooming.
- f. Productive skills development, i.e., the achievement of productivity standards and quality results.
- g. Work-practices training, e.g., following directions, completing tasks.
- h. Work-related skills development, e.g., problem solving, path planning to future employment opportunities. i. Money management and income reporting skills.
- j. Development and use of natural job supports.
- k. Workforce integration techniques.
- I. Community integration development/relationship building.
- m. Safety skills and training.
- n. Job discovery, job-seeking, and interviewing skills.
- o. Self-advocacy training, participant counseling, peer vocational counseling, career counseling, and peer club participation.
- p. Volunteerism to assist the person in identifying job or career interests.
- q. Individualized assessment.
- r. Job analysis, job development and placement that produce an appropriate job match for the participant and employer.

s. Direct supervision or training while the participant is engaged in integrated work.

## **Self-Determination Program Service Definitions**

- t. Job coaching provided on or off the worksite.
- u. Counseling with a participant/family and/or authorized representative to ensure support of the participant in job adjustment or planning for retirement.
- v. Counseling on benefits planning to ensure a consumer understands the relationship between earned income and receiving public benefits such as SSI, SSA, Medi-Cal, and PASS Plans.
- w. Consultation with employer's Human Relations staff.
- x. Assessment of need for technology and facilitating acquisition of communication aides and technology.
- y. Job customization, e.g., modifications to work materials, procedures, and protocols.
- z. Self-employment and business development, i.e., identification of potential business opportunities, business plan development, identification of needed supports, ongoing assistance and support.

Transportation from the participant's residence to their place of employment is not a component of this service. The above described services and supports cannot be provided when available under a program funded under §110 of the Rehabilitation Act of 1973 (29 U.S.C. 730) or §602(16) and (17) of the Individuals with Disabilities Education Act (IDEA.)(20 U.S.C. 1401 (16 and 17)).

## **Environmental Accessibility Adaptations**

Those physical adaptations to the participant's home, required by the individual's IPP, which are necessary to ensure the health, welfare and safety of the individual, or which enable the individual to function with greater independence in the home, and without which, the individual would be at risk for institutionalization. These services are allowed only when another entity (i.e. landlord) is not responsible for making the needed adaptation(s).

Such adaptations may include the installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or installation of specialized electric and plumbing systems which are necessary to accommodate the medical equipment and supplies which are necessary for the welfare of the individual. Provided that they are allowable, other environmental accessibility adaptations and repairs may be approved on a case-by-case basis as technology changes or as a participant's physical or environmental needs change. Excluded are those adaptations or improvements to the home which are of general utility, and are not of direct medical or remedial benefit to the individual, such as carpeting, roof repair, central air conditioning, etc.. All services shall be provided in accordance with applicable State or local building codes.

• It may be necessary to make environmental modifications to an individual's home before he/she transitions from an institution to the community. Such modifications may be made while the person is institutionalized. Environmental modifications, included in the individual's plan of care, may be furnished up to 180 days prior to the individual's discharge from an institution. However, such modifications will not be considered complete until the date the individual leaves the institution and is enrolled in the waiver.

## **Family Support Services**

Regularly provided care and supervision of children, for periods of less than 24 hours per day, while the parents/primary non-paid caregiver are out of the home. This service is provided in the recipient's own home or in an approved out of home location to do all of the following:

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

Payment for family support services may only be made when the cost of the service exceeds the cost of providing services to a person of the same age without disabilities.

## Family/Consumer Training

Family/consumer support and training services are provided, as needed, in conjunction with extended state plan services in this waiver. These services include training by licensed providers to maintain or enhance the long-term impact of treatment provided. This includes support or counseling for the consumer and/or family to ensure proper understanding of the treatment provided and what supports are needed in the recipient's home environment to enhance the treatments. These services will be provided to individuals age 21 and older.

## **Financial Management Services**

This service assists the family or participant to: (a) manage and direct the disbursement of funds contained in the participant's individual budget, and ensure that the participant has the financial resources to implement his or her Individual Program Plan (IPP) throughout the year; (b) facilitate the employment of service providers by the family or participant, as either the participant's fiscal agent or co-employer, by performing such employer responsibilities including, but not limited to, processing payroll, withholding federal, state, and local tax and making tax payments to appropriate tax authorities; and, (c) performing fiscal accounting and making expenditure reports to the participant or family and others as required.

This service includes the following activities to assist the participant in their role as either the employer or coemployer:

- 1. Assisting the participant in verifying worker's eligibility for employment and provider qualifications
- 2. Ensuring service providers employed by the participant meet criminal background checks as required and as requested by the participant.
- 3. Collecting and processing timesheets of workers.
- 4. Processing payroll, withholding, filing and payment of applicable federal, state and local employment-related taxes and insurance.
- 5. Tracking, preparing and distributing reports (e.g., expenditure) to appropriate individual(s)/entities.
- 6. Maintaining all source documentation related to the authorized service(s) and expenditures.
- 7. Maintaining a separate accounting for each participant's participant-directed funds.
- 8. Providing the participant and the regional center service coordinator with a monthly individual budget statement that describes the amount of funds allocated by budget category, the amount spent in the previous 30-day period, and the amount of funding that remains available under the participant's individual budget.
- 9. Ensuring payments do not exceed the amounts outlined in the participant's individual budget.
- 10. Fulfilling other FMS responsibilities as mandated by local, state and federal laws and regulations.

#### **Home Health Aide**

Home health aide services defined in 42 CFR §440.70 are provided to individuals age 21 and over and only when the limits of home health aide services furnished under the approved State plan limits are exhausted. Home health aide services under the state plan are limited to the amount that is determined medically necessary. All medically necessary home health aide services for children under age 21 are covered in the state plan pursuant to the EPSDT benefit. The scope and nature of these services do not differ from home health aide services furnished under the State plan. Services are defined in the same manner as provided in the approved State plan. The provider qualifications specified in the State plan apply.

#### Homemaker

Services consisting of general household activities (meal preparation and routine household care) provided by an individual that has the requisite skills to perform homemaker duties specified in the participant's IPP when the individual regularly responsible for these activities is temporarily absent or unable to manage the home and care for him or herself or others in the home.

## **Housing Access Supports**

Housing Access Services includes two components:

A) Individual Housing Transition Services. These services are:

- Conducting a tenant screening and housing assessment that identifies the participant's preferences and barriers related to successful tenancy. The assessment may include collecting information on potential housing transition barriers, and identification of housing retention barriers.
- 2. Developing an individualized housing support plan based upon the housing assessment that addresses identified barriers, includes short and long-term measurable goals for each issue, establishes the participant's approach to meeting the goal, and identifies when other providers or services, both reimbursed and not reimbursed by Medicaid, may be required to meet the goal.
- 3. Assisting the individual with the housing application process. Assisting with the housing search process.
- 4. Assisting the individual with identifying resources to cover set-up fees for utilities or service access, including telephone, electricity, heating and water, and services necessary for the individual's health and safety, consisting of pest eradication and one-time cleaning prior to occupancy.
- 5. Assisting the individual with coordinating resources to identify and address conditions in the living environment prior to move-in that may compromise the safety of the consumer.
- 6. Assisting the individual with details of the move including communicating with the landlord to negotiate a move-in date, reading and understanding the terms of the lease, scheduling set-up of utilities and services, and arranging the move of consumers' belongings.
- 7. Developing a housing support crisis plan that includes prevention and early intervention services when housing is jeopardized.
- B) Individual Housing & Tenancy Sustaining Services This service is made available to support individuals to maintain tenancy once housing is secured. The availability of ongoing housing-related services in addition to other long term services and supports promotes housing success, fosters community integration and inclusion, and develops natural support networks. These tenancy support services are:
- 1. Providing the individual with early identification and intervention for behaviors that may jeopardize housing, such as late rental payment and other lease violations.
- 2. Providing the individual with education and training on the role, rights and responsibilities of the tenant and landlord. 3. Coaching the individual on developing and maintaining key relationships with landlords/property managers with a goal of fostering successful tenancy.
- 4. Assisting the individual in resolving disputes with landlords and/or neighbors to reduce risk of eviction or other adverse action.
- 5. Providing the individual with advocacy and linkage with community resources to prevent eviction when housing is, or may potentially become jeopardized.
- 6. Assisting the individual with the housing recertification process.
- 7. Coordinating with the tenant to review, update and modify their housing support and crisis plan on a regular basis to reflect current needs and address existing or recurring housing retention barriers.
- 8. Providing the individual with continuous training in being a good tenant and lease compliance, including ongoing support with activities related to household management.

Housing Access Services do not include payment for room and board.

Persons receiving Health Homes or California Community Transitions services will not receive this service unless additional Housing Access through the waiver is necessary to maintain the consumers' health, safety and wellbeing in the home and/or community.

## **Independent Facilitator**

Independent Facilitator means a person, selected and directed by the participant, who is not otherwise providing services to the participant pursuant to his or her IPP. The service or function is intended to assist the participant to plan for and access services to implement needed services identified in the participant's IPP. The services may include, but are not limited to:

- 1. Participate in the person-centered planning process.
- 2. Identify immediate and long-term needs, preferences, goals and objectives of the participant for developing the IPP.
- 3. Make informed decisions about the individual budget.
- 4. Develop options to meet the identified immediate and long-term needs and access community services and supports specified in the IPP.
- 5. Advocate on behalf of the participant in the person-centered planning process and development of the IPP, obtaining identified services and supports.

The participant/family may hire, or contract with an IF, and shall specify in the IPP the activities which the IF will conduct. A participant may elect to use his or her regional center service coordinator to fulfill the functions of an IF, instead of contracting with, or using the service of an independent facilitator. This service does not duplicate services provided by the participant's service coordinator.

## **Individual Training and Education**

Individual Training and Education Services includes training programs, workshops and conferences that assist the participant in acquiring and building skills related to his or her responsibility as an employer, relationship building, problem solving and decision making. This service helps the participate acquire skills that facilitate the participant's self-advocacy skills, exercise the participant's human and civil rights, and exercise control and responsibility over their SDP services and supports.

This service includes enrollment fees, books and other resource/reference materials required for participation in the individual training and education, and transportation expenses, excluding airfare, that are necessary to enable participation in the individual training and education. This service does not include the cost of meals or overnight lodging.

Individual Training and Education supports needs or goals identified in the participant's IPP.

This service is not provided when funding can be accessed through Public Education as required in IDEA (P.L. 105-17, the IDEA). Prior to accessing funding for this service, all other available and appropriate funding sources, including those offered by the Departments of Rehabilitation or Education must be explored and exhausted. These efforts must be documented in the participant's file.

This service does not duplicate the activities provided by the Independent Facilitator waiver service or Case Management. Neither case management nor the Independent Facilitator waiver service include the provision of training or the cost of enrollment fees. Furthermore, Independent Facilitator providers may not provide additional services to a participant. The Financial Management Services provider ensures compliance with this requirement.

#### **Lenses and Frames**

This service covers prescription lenses and frames for consumers over 21 as prescribed by a physician and only when the limits of prescription lenses and frames furnished under the approved state plan are exhausted. All medically necessary Prescription Lens/Frames for children under age 21 are covered in the state plan pursuant to the EPSDT benefit. Prescription Lens/Frames under the state plan are limited to beneficiaries under 21 years old and residents of a nursing home. The provider qualifications listed in the plan will apply, and are hereby incorporated into this waiver request by reference. Prescription lenses and frames will not supplant services available through the approved Medicaid State plan or the EPSDT benefit.

#### **Live-In Caregiver**

Live-in caregiver service provides the payment for the additional costs of rent and food that can be reasonably attributed to an unrelated live-in personal caregiver who resides in the same household as the participant. This payment is available only in the case of participants who receive personal care support and live in homes that they rent, lease, or own. A legal guardian may not furnish this service. The way the amount is paid is determined as specified in Appendix I-6. Payment is not made when the participant lives in the caregiver's home or in a residence that is owned or leased by the provider of Medicaid services.

#### Massage Therapy

Massage Therapy is the scientific manipulation of the soft tissues of the body for the purpose of normalizing those tissues and consists of manual techniques that include applying fixed or movable pressure, holding, and/or causing movement of or to the body. Massage therapy would be provided to a participant as part of an effective continuum of care throughout the course of a medical condition.

## Non-Medical Transportation

Service offered in order to enable individuals served to gain access to the Self-Determination Program waiver and community services, employment, activities and resources, and participate in community life as specified by their Individual Program Plan. This service is offered in addition to medical transportation required under 42 CFR 431.53 and transportation services under the State plan, defined in 42 CFR 440.170(a) (if applicable), and shall not replace them. Transportation services under the waiver shall be offered in accordance with the individual's plan of care and shall include transportation aides and such other assistance as is necessary to assure the safe transport of the recipient. Private, specialized transportation will be provided to those individuals who cannot safely access and utilize public transportation services (when available). Whenever possible, the use of natural supports, such as family, neighbors, friends, or community agencies which can provide this service without charge will be utilized. All SDP participants will work with a regional center service coordinator and a Financial Management Services provider. Some will choose to also work with an Independent Facilitator. The SDP participant, and one or all of these entities will determine when the use of natural supports, such as family, neighbors, and friends have been exhausted and paid services begin.

#### **Nutritional Consultation**

Nutritional consultation includes the provision of consultation and assistance in planning to meet the nutritional and special dietary needs of participants. These services are consultative in nature and do not include specific planning and shopping for, or preparation of meals for participants.

#### **Occupational Therapy**

Occupational Therapy services are defined in Title 22, California Code of Regulations, Sections 51085, and 51309 as services designed to restore or improve a person's ability to undertake activities of daily living when those skills are impaired by developmental or psychosocial disabilities, physical illness or advanced age. Occupational therapy includes evaluation, treatment planning, treatment, instruction and consultative services.

All medically necessary occupational therapy services for children under age 21 are covered in the state plan pursuant to the EPSDT benefit. Occupational therapy in this waiver is only provided to individuals age 21 and over and only when the limits of occupational therapy services furnished under the approved state plan are exhausted. Occupational therapy services in the approved state plan are limited to a maximum of two services in any one calendar month or any combination of two services per month from the following services: audiology, acupuncture, chiropractic, psychology, podiatry, and speech therapy or the amount determined medically necessary.

#### **Optometric/Optician Services**

Optometric/Optician Services are defined in Title 22, California Code of Regulations, Sections 51093 and 51090, respectively. Optometric services means any services an optometrist may perform under the laws of this state. Dispensing optician means an individual or firm which fills prescriptions of physicians for prescription lenses and kindred products and fits and adjusts such lenses and spectacle frames. A dispensing optician is also authorized to act on the advice, direction and responsibility of a physician or optometrist in connection with the fitting of a contact lens or contact lenses.

All medically necessary Optometric/Optician services for children under age 21 are covered in the state plan pursuant to the EPSDT benefit. Optometric/Optician services in this waiver are only provided to individuals age 21 and over and only when the limits of Optometric/Optician services furnished under the approved state plan are exhausted.

Optometric/Optician Services under the state plan are limited to one eye exam every 24 months, however, this limit can be exceeded based on medical necessity. The provider qualifications listed in the plan will apply, and are hereby incorporated into this request by reference.

## **Participant-Directed Goods and Services**

Participant-Directed Goods and Services consist of services, equipment or supplies not otherwise provided through the

SDP Waiver or through the Medicaid State plan that address an identified need in the IPP (including accommodating, improving and maintaining the participant's opportunities for full membership in the community) and meet the following requirements: the item or service would decrease the need for other Medicaid services; promote interdependence, and inclusion in the community; and increase the person's safety in the home environment; and the participant does not have the personal funds to purchase the item or service and the item or service is not available through another funding source. The participant-directed goods and services must be documented in the participant's Individual Program Plan and purchased from the participant's Individual Budget. Experimental or prohibited treatments are excluded.

## Personal Emergency Response Systems (PERS)

PERS is a 24-hour emergency assistance service which enables the recipient to secure immediate assistance in the event of an emotional, physical, or environmental emergency. PERS are individually designed services to meet the needs and capabilities of the participant and includes training, installation, repair, maintenance, and response needs. The allowable service includes the following:

- 1. 24-hour answering/paging;
- 2. Beepers;
- 3. Med-alert bracelets;
- 4. Intercoms;
- 5. Life-lines;
- 6. Fire/safety devices, such as fire extinguishers and rope ladders;
- 7. Monitoring services;
- 8. Light fixture adaptations (blinking lights, etc.);
- 9. Telephone adaptive devices not available free of charge from the telephone company;
- 10. Other devices/services designed for emergency assistance.

PERS services are limited to those individuals who have no regular caregiver or companion for periods of time, and who would otherwise require a greater amount of routine supervision. By providing immediate access to assistance, PERS services prevent institutionalization of these individuals and allow them to remain in the community. All Items shall meet applicable standards of manufacture, design, and installation. Repairs to and maintenance of such equipment shall be performed by the manufacturer's authorized dealers where possible.

## Physical Therapy

Physical Therapy services are defined in Title 22, California Code of Regulations, Sections 51081, and 51309 as services of any bodily condition by the use of physical, chemical, and or other properties of heat, light, water, electricity or sound, and by massage and active, resistive or passive exercise. Physical therapy includes evaluation, treatment planning, treatment, instruction, consultative services, and application of topical medications. All medically necessary physical therapy services for children under age 21 are covered in the state plan pursuant to the EPSDT benefit. Physical therapy in this waiver is only provided to individuals age 21 and over and only when the limits of physical therapy services furnished under the approved state plan are exhausted. Physical therapy services in the approved state plan are limited to six month treatments and may be renewed if determined medically necessary.

## **Prevocational Supports**

This service is provided to participants tailored to their specific personal outcomes related to the acquisition, improvement and/or retention of skills and abilities to support and prepare the participant for community participation, interdependence, independence, and/or community integrated work.

The participant selects this service from among service options including non-disability specific settings. The service options are based on the participant's individualized needs and preferences.

The participant receives this service in settings that are integrated in and support full access to the greater community, and allows for participant comfort, interdependence, independence, preferences, and use of any

technology. The participant's choices are incorporated into the services and supports and his/her essential personal rights of privacy, dignity and respect, and freedom from coercion are protected. The service settings must allow the participant to control personal resources. In addition, the settings must allow the participant to receive breaks in the same manner as a nondisabled individual.

Prevocational supports are individually designed and provided in the manner specified by the planning team to assist participants to gain employment, including self-employment or volunteer work, in community integrated environments to achieve the participant's personally defined outcomes. These services and supports also include activities related to job discovery, self-employment, and retirement. The intended outcome of this service is to further habilitation goals that will lead to greater opportunities for competitive integrated employment and career advancement at or above minimum wage.

The participant may receive any combination of Prevocational Supports, including:

- Physical capacities development, i.e., health concerns.
- Psychomotor skills development.
- Interpersonal, communicative/social and adaptive skills development, e.g., responding appropriately to supervisors/coworkers.
- Work habits development, e.g., attendance and punctuality, focusing on tasks.
- Development of vocationally appropriate dress and grooming.
- Productive skills development, i.e., the achievement of productivity standards and quality results.
- Work-practices training, e.g., following directions, completing tasks.
- · Work-related skills development, e.g., problem solving, path planning to future employment opportunities.
- · Money management and income reporting skills.
- Volunteerism to assist the person in identifying job or career interests.

Prevocational supports are designed to prepare individuals in non-job-task-specific strengths and skills that contribute towards obtaining a competitive and integrated employment, as opposed to vocational services whose sole purpose is to provide employment without habilitation goals geared towards skill building.

Transportation from the participant's residence is not a component of this service. The above described services and supports cannot be provided when available under a program funded under §110 of the Rehabilitation Act of 1973 (29 U.S.C. 730) or §602(16) and (17) of the Individuals with Disabilities Education Act (IDEA.)(20 U.S.C. 1401 (16 and 17)).

#### **Psychology Services**

Psychology Services are defined in Title 22, California Code of Regulations, Section 51099 as the services of a person trained in the assessment, treatment, prevention, and amelioration of emotional and mental health disorders.

All medically necessary psychology services for children under age 21 are covered in the state plan pursuant to the EPSDT benefit. Psychology services in this waiver are only provided to individuals age 21 and over and only when the limits of psychology services furnished under the approved state plan are exhausted. The approved state plan limits this service to the amount that is medically necessary.

#### **Respite Services**

Respite Services are provided to participants who require intermittent temporary supervision. The services are provided on a short-term basis because of the absence or need for relief of those persons who normally care for and/or supervise them and are non-medical in nature, with the exception of colostomy, ileostomy, catheter maintenance, and gastrostomy.

Respite can be any of the following:

- 1. Services provided by the hour on an episodic basis because of the absence of or need for relief for those persons normally providing the care to individuals.
- 2. Services provided by the day/overnight on a short-term basis because of the absence of or need for relief for those persons normally providing the care to individuals.
- 3. Services that attend to the participant's basic self-help needs and other activities of daily living, including interaction, socialization, and continuation of usual daily routines that would ordinarily be performed by those persons who normally care for and/or supervise them.

Respite services may be purchased from qualified agencies or individuals. The participant may employ individual respite workers. In all cases, the IPP must specify the necessary training and skills that such workers or other providers must possess.

Respite Services may be provided in the following locations:

- Private residence.
- Residential facility approved by the State.
- Other community settings that are not a private residence, such as:
- Adult Family Home/Family Teaching Home
- · Certified Family Homes for Children
- Adult Day Care Facility
- Camp
- Licensed Preschool

FFP will not be claimed for respite services provided beyond 30 consecutive days in a facility.

Respite Services cannot be provided by the primary care provider or his/her spouse under this definition. Respite providers are required to develop and implement a back-up plan for times when they are scheduled, but are unable to come and provide the services.

Respite Services do not duplicate services provided under the Individuals with Disabilities Education Act (IDEA) of 2004. These services may only be provided when the care and supervision needs of a consumer exceed that of a person of the same age without developmental disabilities and will not be claimed for the cost of room and board except when provided as part of respite care furnished in a facility approved by the State that is not a private residence.

#### **Skilled Nursing**

Services listed in the plan of care which are within the scope of the State's Nurse Practice Act and are provided by a registered professional nurse, or licensed practical or vocational nurse under the supervision of a registered nurse, licensed to practice in the State.

Skilled nursing is only provided to individuals age 21 and over. All medically necessary skilled nursing services for children under the age of 21 are covered in the state plan pursuant to EPSDT benefit. Skilled nursing services will not supplant services available through the approved Medicaid State plan under the home health benefit or the EPSDT benefit.

#### **Specialized Medical Equipment and Supplies**

Specialized medical equipment and supplies include: (a) devices, controls, or appliances, specified in the IPP, that enable participants to increase their ability to perform activities of daily living; (b) devices, controls, or appliances that enable the participant to perceive, control, or communicate with the environment in which they live; (c) items necessary for life support or to address physical conditions along with ancillary supplies and equipment necessary to the proper functioning of such items; (d) such other durable and non-durable medical equipment and supplies not available under the State plan that is necessary to address participant functional limitations; and, (e) necessary medical supplies not available under the State plan. The repair, maintenance, installation, and training in the care and use, of these items is also included. Items reimbursed with waiver funds are in addition to any medical equipment and supplies furnished under the State plan and exclude those items that are not of direct medical or remedial benefit to the participant. All items shall meet applicable standards of manufacture, design, and installation, and must meet Underwriter's Laboratory or Federal Communications Commission codes, as applicable. Repairs to and maintenance of such equipment shall be performed by the manufacturer's authorized dealer where possible.

## Speech, Hearing and Language Services

Speech, Hearing and Language services are defined in Title 22, California Code of Regulations, Sections 51096, 51098, and 51094.1 as speech pathology audiology services, and hearing aids, respectively. Speech pathology services means services for the purpose of identification, measurement and correction or modification of speech, voice or language disorders and conditions, and counseling related to such disorders and conditions. Audiological services means services for the measurement, appraisal, identification and counseling related to hearing and disorders of hearing; the modification of communicative disorders resulting from hearing loss affecting speech, language and auditory behavior; and the recommendation and evaluation of hearing aids. Hearing aid means any aid prescribed for the purpose of aiding or compensating for impaired human hearing loss.

All medically necessary speech, hearing and language services for children under age 21 are covered in the state plan pursuant to the EPSDT benefit. Speech, hearing and language services in this waiver are only provided to individuals age 21 and over and only when the limits of speech, hearing and language services furnished under the approved state plan are exhausted. Speech, hearing and language services in the approved state plan are limited to two services in any one calendar month or any combination of two services per month; Hearing aid benefits are subject to a \$1,510 maximum cap per beneficiary per fiscal year or the amount determined medically necessary.

#### **Technology**

Technology is an item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to promote community integration, independence, and increase, maintain, or improve functional capabilities of participants. Allowable technology services, as specified in the participant's IPP include:

- Evaluation of technology needs of a participant, including a functional evaluation of the impact of the provision of appropriate technology and appropriate services to the participant in the customary environment of the participant;
- 2. Purchasing, leasing, or otherwise providing for the acquisition of any technology device: cell phones (monthly bill, cell phone apps), iPads, tablets, and laptops. Service includes insurance and training on the use of any technology device.
- 3. Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing technology devices:
- 4. Training or technical assistance for the participant, or where appropriate, their family members, guardians, advocates, or authorized representatives of the participant; and
- 5. Training or technical assistance for professionals or other individuals who provide services to, employ, or are otherwise substantially involved in the major life functions of participant.

Technology may only be purchased under the SDP Waiver if it is not available through the state plan.

### **Training and Counseling Services for Unpaid Caregivers**

Training and counseling services for individuals who provide unpaid support, training, companionship or supervision to participants. For purposes of this service, "individual" is defined as any person, family member, neighbor, friend, companion or co-worker who provides uncompensated care, training, guidance, companionship or support to a person served on the waiver. This service may not be provided to train paid caregivers. Training includes instruction about services and supports included in the IPP, use of equipment specified in the IPP, and updates as necessary to safely maintain the participant at home. Counseling must be aimed at assisting the unpaid caregiver in meeting the needs of the participant. All training for individuals who provide unpaid support to the participant must be included in the IPP. The service includes the cost of registration and training fees associated with formal instruction in areas relevant to participant needs identified in the IPP. The costs for travel, meals and overnight lodging to attend a training event or conference are not covered under this service definition. This service does not duplicate the services provided under the waiver service Family/Consumer Training.

## Transition/Set Up Expenses: Other Services

Transition/Set Up Expenses are one-time, non-recurring set-up expenses to assist individuals who are transitioning from an institution to their own home in the community. These expenses fund some of the initial set-up costs that are associated with obtaining and securing an adequate living environment and address the individual's health and safety needs when he or she enters a new living environment. "Own home" is defined as any dwelling, including a house, apartment, condominium, trailer, or other lodging that is owned, leased, or rented by the individual. This service includes necessary furnishings, household items and services that an individual needs for successful transition to community living and may include:

- Security deposits that are required to obtain a lease on an apartment or home;
- Moving expenses;
- Health and safety assurances, such as pest eradication, allergen control or one-time cleaning prior to occupancy;

- Set up fees or non-refundable deposits for utilities (telephone, electricity, heating by gas);
- Essential furnishings to occupy and use a community domicile, such as a bed, table, chairs, window blinds, eating utensils, food preparation items, etc. These services exclude:
- Items designed for diversionary/recreational/entertainment purposes, such as hobby supplies, television, cable TV access, or VCRs and DVDs.
- Room and board, monthly rental or mortgage expense, regular utility charges, household appliances, and food. Items purchased through this service are the property of the individual receiving the service and the individual takes the property with him/her in the event of a move to another residence. Some of these expenses may be incurred before the individual transitions from an institution to the community. In such cases, the Transition/Set Up expenses incurred while the person was institutionalized are not considered complete until the date the individual leaves the institution and is enrolled in the waiver. Transition/Set Up expenses included in the individual's plan of care may be furnished up to 180 days prior to the individual's discharge from an institution. However, such expenses will not be considered complete until the date the individual leaves the institution and is enrolled in the waiver.

#### **Vehicle Modifications and Adaptations**

Vehicle adaptations are devices, controls, or services which enable participants to increase their independence, enable them to integrate more fully into the community, and to ensure their health and safety. The repair, maintenance, installation, and training in the care and use of these items are included. Vehicle adaptations must be performed by the adaptive equipment manufacturer's authorized dealer. Repairs to and maintenance of such equipment shall be performed by the manufacturer's authorized dealer where possible. Vehicle adaptations include, but are not limited to, the following:

- 1. Door handle replacements;
- 2. Door widening;
- 3. Lifting devices;
- 4. Wheelchair securing devices;
- Adapted seat devices;
- 6. Adapted steering, acceleration, signaling, and braking devices; and
- 7. Handrails and grab bars

Adaptations to vehicles shall be included if, on an individual basis, the cost effectiveness of vehicle adaptations, relative to alternative transportation services, is established. Adaptations to vehicles are limited to vehicles owned by the recipient, or the recipient's family and do not include the purchase of the vehicle itself. The recipient's family includes the recipient's biological parents, adoptive parents, stepparents, siblings, children, spouse, domestic partner (in those jurisdictions in which domestic partners are legally recognized), or a person who is a legal representative of the recipient. Vehicle adaptations will only be provided when they are documented in the individual plan of care and when there is a written assessment by a licensed Physical Therapist or a registered Occupational Therapist. The vehicle may be owned by the participant or a family member with whom he or she lives or has consistent and ongoing contact, who provides primary long-term support to the participant, and who is not a paid provider of such services.

## **Activity: Figuring Out Your Spending Plan**

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

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





Fall 2017

Tip Sheet: How to Defend Yourself — Fighting Back!

#### Danger signs that you might be harmed or hurt

- ☐ Someone grabs, holds, pushes, slaps or hits you.
- ☐ Someone touches or kisses you without you saying it's okay.
- ☐ Someone yells, puts you down, or says hurtful things to you.



#### Things that help

- Make eye contact Look the attacker directly in the eye to say you are not afraid!
- Breathe Take a deep breath and calm yourself.
- Focus Focus on what to do to get to safety.
- Get help Call 911, report it to the police, talk to your supporters, and/or get help from an abuse prevention center. Keep seeking help until you are safe.



#### **Defend yourself**

Protect yourself when someone tries to hurt you. Here are some ways to defend yourself:

Surprise your attacker — Don't be a quiet, passive victim. Surprise
your attacker by making noise, saying "NO," and/or walking or running
away.



- **Give 100%effort** When you defend yourself, do one thing at a time and do it with 100% of everything you have whether you yell or run away.
- If all else fails, wait Let the situation progress, plan, and wait for a chance to get to safety.
- As a last resort, defend yourself by physically fighting back Use your body "defenders" —
  your elbow, your heel, your fist, your voice, and your head. A wheelchair or a cane can also be used as a
  defender.





Fall 2017

Tip Sheet: How to Defend Yourself — Fighting Back! — continued

To get away quickly,

- 1. Aim for a place on the attacker's body that will hurt a lot.
- 2. Look for a place on the body you can reach.
- 3 Distract the attacker so you can get to safety.

Some examples are included below:

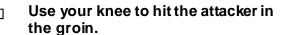


Hit the attacker in between the ribs with your elbow.





Use your fist to hit the attacker in the nose.





- Use your heel to kick the attacker in the shin.
- ☐ Use your wheelchair to hit the attacker's legs.







When you defend yourself, do what you have to do to get to safety!

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

FMS Model	Number of Services	Max Rate Per Month
	1-3	\$50
FMS as Bill Payer	4-6	\$75
	7+	\$100
	1-2	\$110
Participant as Sole Employer	3-4	\$125
F - 7 -	5+	\$150
Participant & FMS	1-2	\$125
as Co-Employers	3-4	\$140
	5+	\$165

Note: If the FMS provides payments through more than one of the models above for a participant, then the maximum rate for that participant cannot exceed the highest cost model for the total number of services. For example, if a participant is using five services, and the FMS is a "bill payer" for two services and a "co-employer" for three services, the maximum rate charged to the participant cannot exceed \$165 per month. In all cases, the participant and FMS can agree to rates lower than the maximum rates above.