

Welcome to Self-Determination



Special thanks to Tri-Counties Regional Center for sharing information to develop this guide.

This NLACRC Self Determination Orientation Manual was adapted from materials from Tri-Counties Regional Center and the Department of Developmental Services. The Person Centered Planning module includes resources from the Learning Community for Person Centered Practices and Charting the Life Course from University of Missouri, Kansas City. A heartfelt thanks to all contributors!





Module 1:
Introduction to Self-Determination



Module 2:
Roles and Responsibilities



Module 3:
Person Centered Planning



Module 4:
My Individual Budget



Module 5:
My Services and Spending Plan



Module 6:
Financial Management Service



Module 7:
Staying Safe in Your Community



Module 8:
Next Steps



Self-Determination

Module 1: Introduction





What is Self-Determination?

Self -Determination is:

- Choice, Control and Responsibility.
- Services and Supports that fit your life.
- You get to decide how your budget is spent.
- Lots of support.
- Person Centered.

Self-Determination is having a choice in all areas of your life including where you want to live, how you will spend your time each day and who you will spend your time with. It's about having hopes and dreams for the future and goals going after them. It's about being in control, making your own decisions, spending money your way.





Five Principles of Self-Determination

- 1. Freedom** - You plan your own life and make your own decisions, just like people without disabilities are able to do.
- 2. Authority** - You decide how money is spent for your services and supports.
- 3. Support** - You pick the people and supports that help you live, work and play in your community.
- 4. Responsibility** - To make decisions in your life, to be accountable for using public money and to accept your valued role in the community.
- 5. Confirmation** - You are the most important person when making plans for your life. You are the decision maker about your services. Self-Determination means "Nothing about you without you."



What will be Different?

Traditional Services

- Person centered planning
- Individual Program Plan (IPP)
- Regional Center
- Vendored Providers

Self-Determination

- Person centered planning
- Individual Program Plan (IPP)
- Regional Center
- Vendored or Non-Vendored Providers
- Individual Budget
- Independent Facilitator
- Financial Management Service (FMS)
- Spending Plan

Rights of Individuals with Developmental Disabilities

Derechos de Personas Incapacitadas

Each person living in or receiving services in this facility has the following rights: **Toda persona viviendo o recibiendo servicios en este lugar tiene los siguientes derechos:**



You have the right to wear your own clothes. You should be able to pick the clothes you wear.

Tienes el derecho de usar tu propia ropa. Tu podrás escoger la ropa que quieras usar.



You have the right to keep your own things in a private place that you can get into when you want.

Tienes el derecho de tener tus cosas en un lugar privado para usarlas cuándo quieras.



You have the right to see your friends, family, girlfriends or boyfriends every day.

Tienes el derecho de ver a tus amigos, familia, novio(a) todos los días.



You have the right to use the telephone privately to make or get calls. Tienes el derecho de usar el teléfono para hacer o recibir llamadas en privado.



You have the right to have paper, stamps and envelopes for writing letters. You have the right to mail and get letters that are not opened.

Tienes el derecho de tener papel, estampillas y sobres para escribir cartas. Tienes el derecho de mandar y recibir correspondencia sin que ésta haya sido abierta.



You have the right to say "NO" to electric shock therapy.

Tienes el derecho de decir NO a la terapia de descargas eléctricas.



You have the right to say "NO" to anybody trying to change the way you act by hurting you, scaring you or upsetting you.

Tienes el derecho de decir NO a cualquier persona que trate de cambiar tu manera de ser, lastimandote, asustandote o causandote un disgusto.



You have the right to say "NO" to brain surgery that people want to do because of the way you act.

Tienes el derecho de decir NO a una operación del cerebro, tan sólo porque la gente quiere que cambies tu forma de actuar.



You have the right to choose how you want to spend your free time and who you spend it with.

Tienes el derecho de escoger como pasar tu tiempo libre y con quien.



You have the right to services that help you live, work and play in the most normal way possible.

Tienes el derecho de recibir servicios que te ayuden a mejorar tu vida, a trabajar y jugar de la manera más normal posible.



You have the right to keep and spend your own money on the things that you want and to keep and use your own things.

Tienes el derecho de tener y gastar tu dinero en cosas que quieras y tener y usar tus propias cosas.



You have the right to be treated well and with respect.

Tienes el derecho de un trato justo y respetuoso.



You have the right to spend time alone or alone with a friend.

Tienes el derecho de estar solo o con un amigo.



You have the right to go to school.

Tienes el derecho de asistir a la escuela.



You have the right to see a doctor as soon as you need to.

Tienes el derecho de ver a un doctor inmediatamente que lo necesites.



You have the right to be involved in a religion if you want to be.

Tienes el derecho de participar en la religión que tu quieras.



You have the right to meet people and take part in your community activities.

Tienes de conocer a otras personas y a tomar parte en las actividades de la comunidad.



You have the right to exercise and have fun.

Tienes el derecho de disfrutar y hacer ejercicio.



You have the right to say "NO" to things that will put you in danger.

Tienes el derecho de decir NO a las cosas que pudieran ponerte en peligro.



You have the right to make choices about where you live, who you live with, the way you spend your time and who you spend your time with.

Tienes el derecho de escoger en donde vivir, con quien vivir, la manera de como y con quien usar tu tiempo.



You have the right to say "NO" to drugs, being tied or held down, or being forced to be alone unless it is necessary to protect you or someone else.

Tienes el derecho de decir "NO" a las drogas, de no ser atado, o de mantenerte separado al menos que sea necesario para protegerte o proteger a otras personas.



You may have other rights as provided by law or regulation.

Tu pudieras tener otros derechos que la ley o las regulaciones proveen.

The Department of Developmental Services would like to acknowledge the following: Capitol People First, Short Center North/DDSO Inc., Mayer-Johnson Co.
No portion of this poster can be reproduced without prior permission from the Department of Developmental Services. For more information, call (916)654-1888

www.dds.ca.gov



Points to Remember

- The Self-Determination Program is a voluntary program. It's your choice to be in the program or to leave the program.
- If you decide to leave the Self-Determination Program, you won't have the opportunity to return to the program for 12 months.
- If you move somewhere else in California, you can stay in the Self-Determination Program no matter which regional center you receive services from.
- You must live in the community to be in the Self-Determination Program. For example, you cannot live in a licensed long-term health care facility or at a Developmental Center unless you've identified that you will be moving into the community within 90 days.



My Notes & Next Steps





Self-Determination

Module 2: Roles & Responsibilities





YOUR Role & Responsibilities



To be in the Self-Determination Program, you are agreeing to:

1. Attend a Self-Determination Program orientation
2. Have an Individual Program Plan (IPP) that is person-centered
3. Create a Spending Plan
4. Use a Financial Management Services (FMS)



Who can you ask to work with you?

Your choice – anyone you choose!

Your Family, Friends & Circle of Support

- People you trust
- People who know you best
- Friends and family
- Teachers, therapists, coaches
- Your service coordinator
- Your employer
- Your Independent Facilitator





The Role of the Regional Center & Your Service Coordinator

Your Service Coordinator from the Regional Center will:

- Help you develop your Individual Program Plan (IPP).
- Certify the amount allowed for your Individual Budget.
- Help you understand what services are eligible for funding through the Self-Determination program.
- Help you to be healthy and safe.

Your SDP Team (Service Coordinator, SDP Specialist) and Responsibilities in the Self-Determination Program

Core Responsibilities

- May lead your Person-Centered Planning session.
- Will be conducting and developing your IPP.
- Certify the amount of your Individual Budget.
- Ensure you are accessing "generic resources" available to you.
- Help you understand what types of services are eligible for Self-Determination funding.
- Help you figure out how to be healthy, safe and living to your full potential at home and in your community.
- Ensure you're meeting your Individual Program Plan goals based on your input and service provider's reports.
- Ensure the money from your Individual Budget is spent as approved in the Individual Program Plan.
- Can assist your chosen FMS with the development of a spending plan.

Use Judgment & Creativity

- Will help you pursue "generic" services that are available to you if you need help with accessing them.
- May help you figure out your Individual Budget according to your needs.
- Will be available to answer questions and serve as a guide to what's positive and possible.
- Will help you if your needs change and if you need an increase in your budget.

Service Coordinator Limitations

- Unable to scout for new services in the community.
- Unable to negotiate service rates for you.
- Unable to write and submit reports that outline how your services were used and how your funds were spent.
- Unable to recommend an Independent Facilitator.
- Unable to refer employees.



Independent Facilitator

What is an Independent Facilitator?

- It is someone you choose to help you implement your plan.
- This can be someone you trust, someone who knows you and your family the best, someone who can help you.
- Someone who can communicate with you in your preferred language and understands what is important to you.
- An Independent Facilitator can be a family member, a friend or even your service coordinator.
- Your Independent Facilitator will help you identify your needs and help you find resources and coordinate the supports needed.

Do I have to use an Independent Facilitator?

- No, it is your choice!!

Do I pay my Independent Facilitator ?

- Independent Facilitators do not need to be paid, if they offer to volunteer their services.
- If you choose to pay your Independent Facilitator for guidance/assistance after transition, that cost will come directly from your Individual Budget.



Independent Facilitator

They **CAN** help you:

- Make informed decisions regarding your Individual Budget.
- Locate, access and coordinate the services and supports in your Individual Program Plan.
- Identify your needs and find options to meet those needs.
- By leading, participating in and/or advocating on your behalf during the Person-Centered Planning process and when you develop your Individual Program Plan.

They **MUST**:

- ✓ Receive training in the principles of Self Determination and Person Centered Planning.
- ✓ NOT provide any other service to you. (ie. respite, therapy, etc.)

They **CAN**:

- Be paid from your Individual Budget, if hired.
- Be a service coordinator (you do not have to pay your service coordinator).
- Be family members.



Independent Facilitator

What are the requirements of an Independent Facilitator?

- They must have training in principles of Self-Determination and Person Centered Planning.
- This person that you have chosen can only act as your Independent Facilitator and provide no other service to you.
- Help you to make informed decisions regarding your individual budget.
- Help you locate and secure your services and supports to help you reach your goals identified in your Individual Program Plan within your community.
- To support and advocate for you during the person centered planning process including the development of your Individual Program Plan.
- Your Independent Facilitator will help you access resources including non-regional center funded services which would include public benefits, IHSS, etc.
- They may or may not help you develop a PCP plan.



Choosing an Independent Facilitator

Possible questions to ask when selecting an Independent Facilitator

- 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 Self-Determination Program participant is in charge of who gets hired and supervising staff and agencies. Bills go to an Financial Management Service. Services must provide community inclusion. Provider does not need to be a vendor or have a contract with the regional center.
- What experience have you had as an Independent Facilitator?
- Have you had any training to be an Independent Facilitator?
- Have you ever facilitated a Person-Centered Plan?
- How many?
- What is your style?
- How do you prepare?
- How well do you know my community?
- Are you aware of activities in my area that I might be interested in?



Who can be an Independent Facilitator?

- The Independent Facilitator can't provide you any other services, they need to be independent.
- The Independent Facilitator can help you with many things, like:
 - Advocating for you through the person-centered planning process.
 - Coordinating services and supports consistent with your plan.
 - Helping you make informed choices about the money in your Individual Budget.
 - Helping you identify your needs and developing options to meet those needs.
- For those served by the regional center under age 18, a parent can be an Independent Facilitator but cannot be paid to do this.
- If over 18, a parent may be a paid Independent Facilitator unless they are providing another service to the person served such as an In Home Support Services (IHSS) provider.
- If the person served is married, their spouse cannot act as the Independent Facilitator.
- A conservator may act as an Independent Facilitator, however, they cannot be paid for this.
- You **can** choose to have your regional center service coordinator help you as an Independent Facilitator. However, there will be limitations as to what they will be available to do in this role. They can lead your Person Centered Planning meeting, help you develop your Spending Plan, Individual Budget, and your Individual Program Plan (IPP) along with providing you information on generic services and activities in your community. They will **not** be able to locate other services or negotiate what you will pay with providers. If you ask your service coordinator to be your Independent Facilitator, they **cannot** be paid to do this.



Possible Questions for Independent Facilitators

- How would you go about helping me to find services to help me meet my goals?
- How will you help me figure out my budget and Spending Plan?
- Can you advocate for me at my Individual Program Plan (IPP) and my Individual Education Plan (IEP)?
- Can you advocate for me to get benefits, such as Social Security Income (SSI) or In Home Support Services (IHSS)?
- Can you also help manage workers? How?
- How would you help me if I am unhappy with the job that one of my workers is doing?
- How will you keep in touch with other members of my support team?
- 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?
- Are you willing to negotiate a price based on my specific needs?
- Given what you know about what I need, how much would you charge?
- When are you available to start?



Choosing Service Providers

WHAT DO YOU **NEED**?

- Someone who has a medical background?
- Someone who knows your language?
- Someone who drives?
- Someone who can support you with personal care?

WHAT DO YOU **WANT**?

- Someone who will not speak for you?
- Your privacy respected?
- Employees to not make personal phone calls or text while working for you?
- Someone who understands your culture?





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.



Hiring Service Providers in the Self-Determination Program

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 General Service Providers

These are questions for providers who do not 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. 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. 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?

13. 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?



Financial Management Service (FMS)

- Will **help you pay** for services and your employees
- You can **choose** your Financial Management Service
- It is the only **required** vendor for Self Determination.
- You pay for the Financial Management Service out of your Individual Budget.
- Financial Management Service provides forms and information for background checks.
- Helps you **manage** your Spending Plan
- Gives you a **monthly report** about your Spending Plan



Choosing the Right Financial Management Service

WHAT DO YOU **NEED**?

- Do you need help with employees?
- Do you need more help or reminders on making sure you keep within your spending plan?
- Do you just need them to pay the bills and send you statements?
- Do you need to buy goods and supplies?

WHAT DO YOU **WANT**?

- Full responsibility for your employees?
- Help with the business of having employees?
- Liability or no liability?



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?



Choose the Right Person for the Right Role

- ✓ Expectations of the job
- ✓ Hours and days of the job
- ✓ Start date/end date
- ✓ Rate of pay
- ✓ Where the service will take place





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_____?



Questions you **Cannot** Ask During an Interview

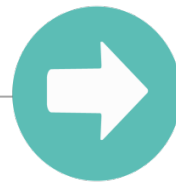
California and federal laws tell us that there are questions that you are not allowed to ask during job interviews. We want to make sure you follow the law when you are conducting interviews.

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.



My Notes & Next Steps





Self-Determination

Module 3: Person Centered Planning





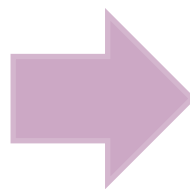
Self- Determination and Your Individual Program Plan (IPP)

Your Person Centered Plan will provide lots of information for your Individual Program Plan (IPP), including:

- Your goals
- The supports you need
- The services you need
- Who will provide those services
- Your Individual Budget and Spending Plan



**Person
Centered Plan**



**Individual Program
Plan (IPP)**

Remember: Your Person Centered Plan influences and drives the IPP plan. It does not necessarily mean that all your goals and services will be addressed through Self-Determination



Self Determination and Person Centered Planning

Through the Person-Centered Planning process

you will:

- Identify your hopes and dreams.
- Identify what you like and what you are good at.
- Identify and set meaningful goals for your life.
- Choose who will provide services and support to help you meet your goals.





Person Centered Planning

- Does not happen just once.
- Helps you share your ideas in what ever way you communicate.
- Can happen where you feel comfortable.
- You can include other people you want to have present.
- Your planning process might be different than someone else's and that's okay.





You are the Expert on YOU

Think about things like:

- Where do you want to live?
- How do you want to spend each day?
- What kind of job would you like to have?
- Who are the important people in your life?
- What do you need to be healthy and safe?



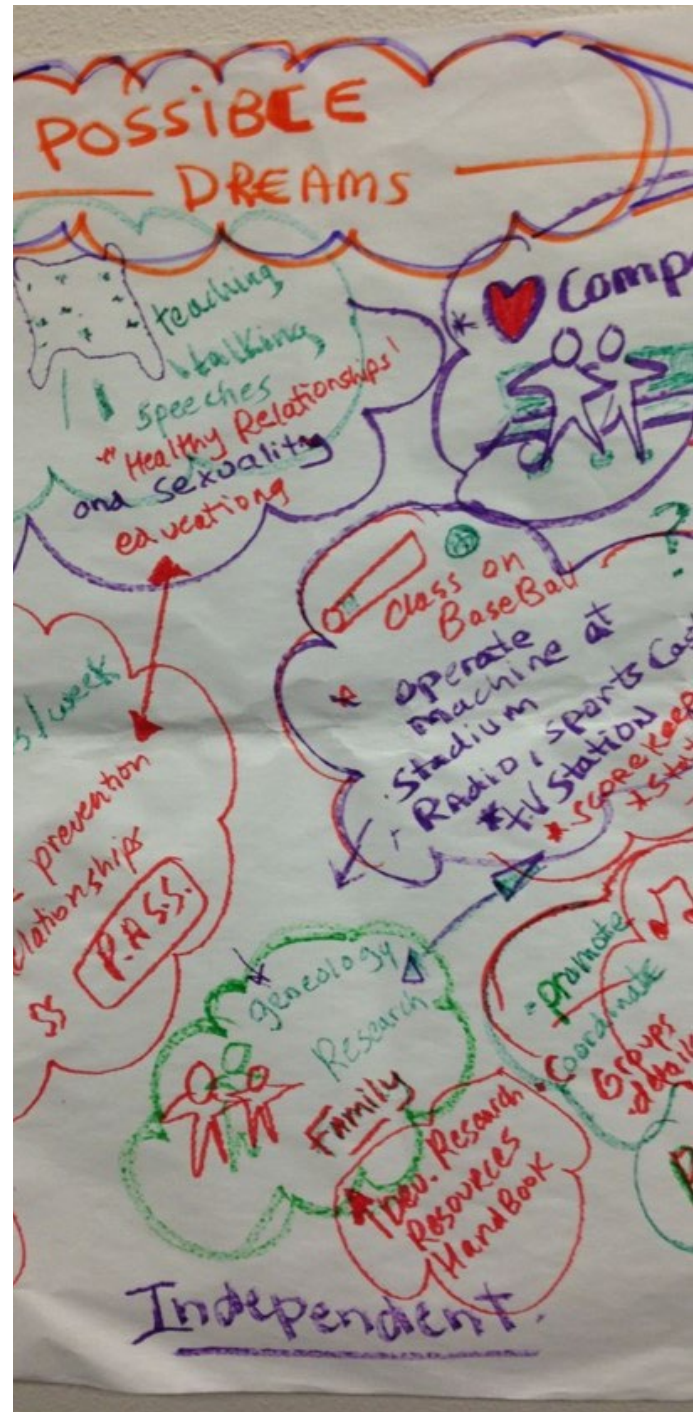


Dream about Your Future

- What are you good at?
- What are your hopes and dreams?
- What you have always wanted to do?
- What kind of person do you want to be?

Turn Dreams into Action

- All things are possible with the right support.
- Support can come from lots of people and places.





Where to start

- Think about who can help you- Who do you want on your planning team?
- Have a meeting- Meet with people on your team.
- Share your ideas with your team.
- Write your ideas down!





Person Centered Planning is about YOU!

You decide what is important **to** you to feel fulfilled and happy.

You plan for what is important **for** you to be healthy, safe and comfortable in your community.

A One Page Profile can describe what is important to you and important for you.

It includes:

- What others like and admire about me...
- What is important to me...
- How to best support me...



Guidance for one page profiles

What is a one page profile? A one page profile is a starting point to summarize what we know matters to a person (what is important to) and how to support them well. The expert on the content of the one page profile is the person themselves and people who love and care most about them. It also shares what others appreciate about the person. We will include a section around what was important to people in the past, for those people who are supported by your organization.

Why do we have them?

So that we know what is important to each of us and how to best support one another. We all have gifts and qualities, things that are important to us and we all require support that is individual to us.

One page profiles help us to share this information with others, our family, friends, direct supporters, managers and colleagues so that we can get to know each other better and support each other well.

What people like and admire about me...



What this section isn't

A list of accomplishments or awards - instead it is a summary of your positive characteristics.



What this section is

What is good about you? What do others value about you? What are the positive contributions that you make?

What is important to me...



What this section isn't

Simply a list of things you like - instead it is a summary of what really matters to you.



What this section is

A summary of what matters to you. This tells people what is important to you. What your hobbies, interests and passions are. Who is important to you and what makes a 'good' day for you.

How best to support me...



What this section isn't

A list of very general hints - instead it is the specific information that would be useful for other people to know about to make sure you feel supported.



What this section is

The specific information that would be useful for other people to know and do if they are to support you in the best possible way.

Things to think about In general when developing one page profiles with people

Is the profile written in everyday language - not 'access the community' or other service speak? Does it use assertive language - "John must have a cup of hot chocolate, in a mug, each night before going to bed, usually around 10:45pm.?"

How are they developed?

Developing a one page profile can be something that you do with family, friends, manager, other team members, people you support or people who support you. You may wish to start developing your one page profile on your own and ask others to get involved later.

How we will use this information

Developing a one page profile is not just another paper exercise, but a way of getting to know more about each other, so that we are able to work well with you.

We will use one page profiles in many different ways, here are some of them:

- So we know what is important to and how best to support individuals.
- As a basis for learning what is working and not working for a person and developing actions.
- To inform person centered reviews.
- In recruitment, so we can best match people and teams.
- In staff reviews, supervision and appraisals to make sure you are being supported in the way you want to be.
- Within meetings to make sure we all know each other really well and know what we need to know or do to support each other.
- To inform person centred team plans so we all know what our roles are and how to get the best from each other.
- In the development and support of project teams and specific project work.
- To value everyone's unique contributions.

For operational support staff it's important to share relevant personal interests and hobbies to get the best match between what is important to the people you support and the person providing the support. Putting something on your one page profile does not automatically mean you will be asked to do this, but could inform conversations about how you could use your individual interests or hobbies in your work to support people. Each one page profile will be different in content. The fundamental principles though remain the same.

One-page profile

Photo

Each one-page profile has a current photo of the person.

Appreciations

This section lists the positive qualities, strengths and talents of the person. It can also be called 'like and admire.'

What's important to the person

This is a bullet list of what really matters to the person from their perspective (even if others do not agree). It is detailed and specific. This section needs to have enough detail so that someone who does not know the person can understand what matters to them. It could include:

- Who the important people are in the person's life, and when and how they spend time together.*
- Important activities and hobbies, and when, where and how often these take place.*
- Any routines that are important to the person.*

How to support the person

This is a list of how to support the person, and what is helpful and what is not.

The information in this section includes what people need to know, and what people need to do.

Seven questions to help you start a one-page profile

Q

Who are the most important people in your life? How often do you see them and what do you like to do together?

Q

What would make a good day for you and what would make a bad day?

What makes you stressed, unhappy or upset and what can people do to help with this?

What do you usually do each week that you would miss if you didn't do?

What would you never leave home without in your pocket or bag?

What traditions, values or beliefs would you like others to know about?

What would your family or friends say they love and admire about you?

One-page profile

The form is a large rounded rectangle containing four smaller rounded rectangles. The top-left box is labeled 'Me'. The top-right box is labeled 'What people like and admire about me'. The bottom-left box is labeled 'What's important to me'. The bottom-right box is labeled 'How to support me'.

One-page profiles

Getting them right

A good one-page profile makes you feel like you have met the person, just from reading it. Check your one-page profile is the best it can be.

1. Is it detailed?

Great one-page profiles go beyond one or two words, they explain how often, who with, when, and where too.

Instead of this, "cycling".

It is better to write this, "My bike and the freedom it gives me. I aim to get out on it three times a week for a minimum of at least of 20 minutes but a full hour of cycling is best".

2. Is it specific?

Look out for the word 'regularly' - it could mean daily, weekly, monthly or annually.

Instead of this, "going swimming regularly".

It is better to write this, "To go swimming every Monday evening with my friend Susan, and then to have a cappuccino in the cafe afterwards for a good chat."

3. Could you use it?

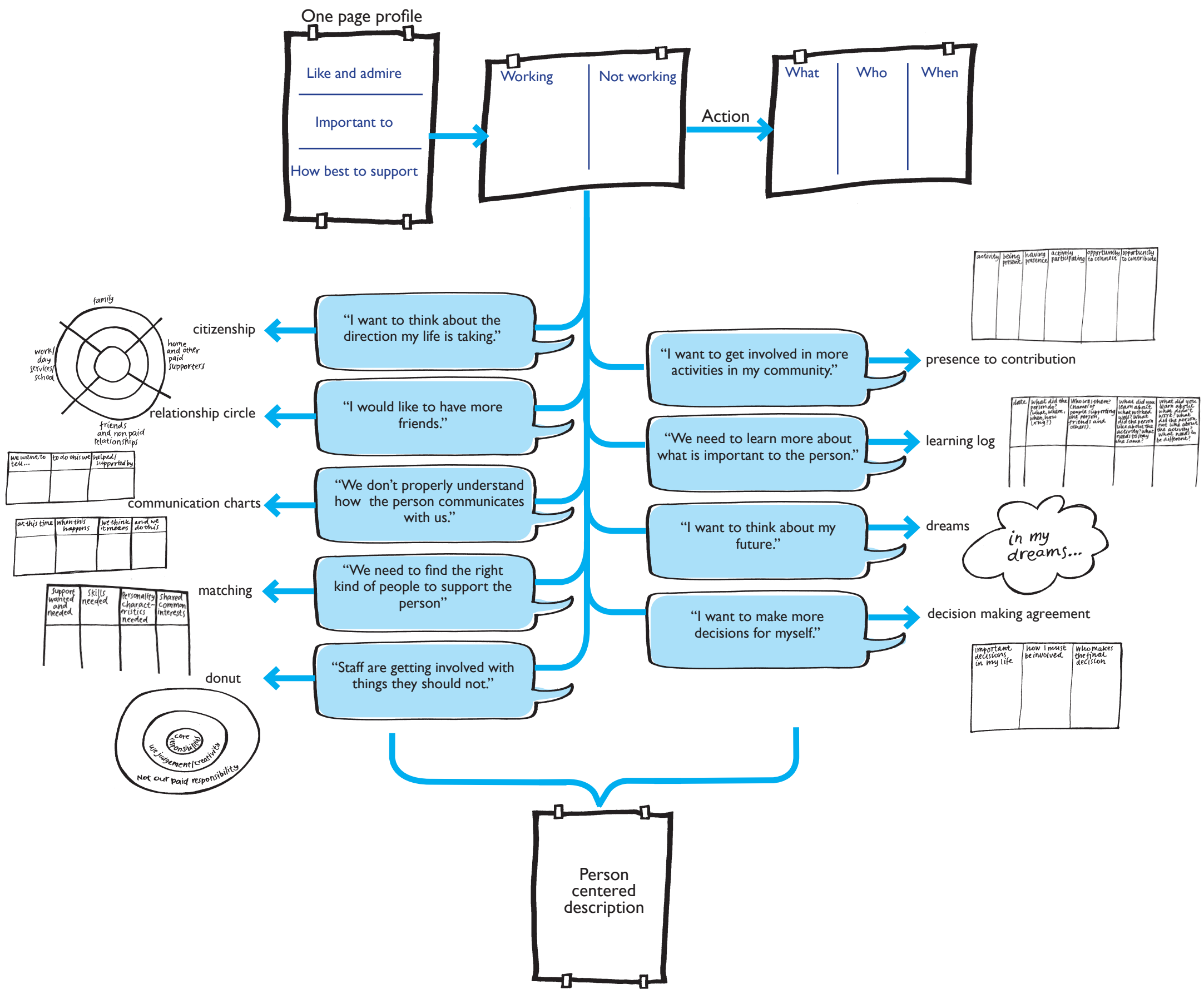
The 'how to support me' section should give you specific information, so that if you had to support that person, or be part of their team, you would know exactly how to do this well.

"I do not like wasting time - if you are going to be late, please let me know."

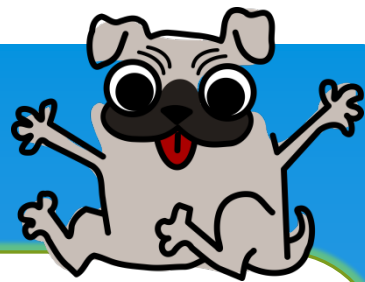
"I don't like to be rushed, so give me time to answer questions. If you think I haven't understood, ask me again, but use the same words."

"When I am anxious I squeeze my hands together tightly. If you notice this, give me my stress ball and that will help me to relax."


One Page Profile to a Person-Centered Description




All About Sofia!



What people like and admire about me are...

- I am a good friend 
- I am creative
- I am a strong swimmer
- I take good care of our dog Rocky
- I'm a loving sister

What makes me happy...

- Being in my pool
- Watching videos on YouTube
- Playing with Rocky
- Designing pictures on my computer
- Playing with my friends
- Doing my art work
- Summer Camp
- Making new friends
- Be accepted at school
- Being independent 



How I want to be supported...

- Coordinate times with me for transportation so I can get to hang out with my friends after school and weekends Help me find summer camps to go to.
- At school, stay back and respect my personal space until I tell you I need help then come over to help me.
- I need a special computer and a mouse to do design on the computer.
- Be available to attend art classes with me.
- Help me find an electric wheelchair and learn how to use one.



Jason's One Page Profile



The things people like and admire about me are...

- I love to work in the garden and be outdoors.
- I am a good singer
- I have many interests including hiking, video games, traveling and cooking
- I know a lot about different kinds of music and loves music! I am learning how to play guitar
- I am friendly and a good friend



What makes me happy...

- To have a job doing what he loves; working in a garden
- Singing; I enjoy singing at home and would like to explore joining a church choir
- Music; I love many different kinds of music and would like to learn how to play guitar
- To live in my own place close to my mom's house with support needed
- To continue to spend time with my friends
- To get around town when doing fun things with friends

How I like to be supported...

- Getting around town: To have transportation support to access my community when planning future activities with my friends
- Finding a job: To receive support to find a job in the area of gardening and to receive training and funds to purchase the garden tools I need
- Having my own home: To learn how to cook and do laundry before I move out on my own. Help with finding an apartment and receive support when I moves out so that I am successful
- Friends: help from others to figure out ways to have more friends who share in my same interests; i.e. hiking club, travel, video games, singing
- Be Healthy: help with finding a dietician to assist me to lose weight and remain healthy





How can a One Page Profile help?

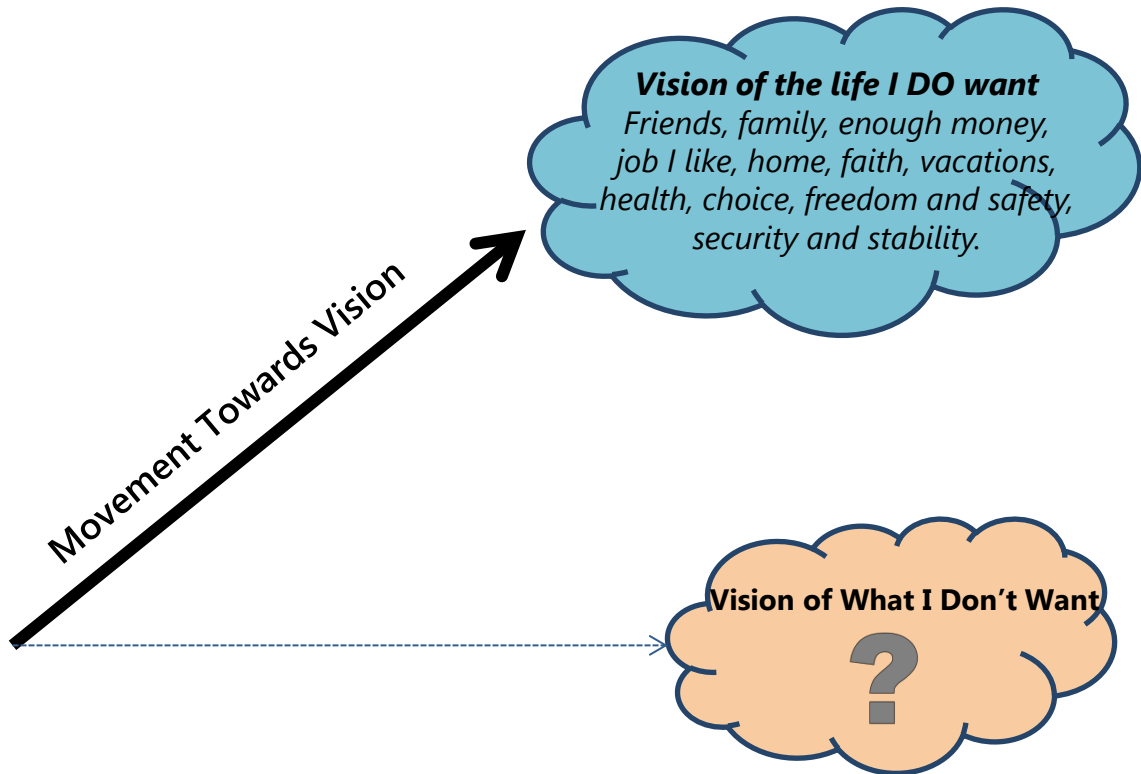
A One Page Profile can...

- Help you gather information to include in your Individual Program Plan.
- Clarify priorities.
- Provide instructions about how to care for someone.
- Be a quick effective introduction- a great way to share important information.
- Help to find a good match of supports.
- Tell others what is important **To** and **For** you.
- Help others see your abilities not just your disability.



Vision for a Good Life

LifeCourse Trajectory

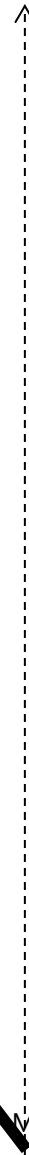


Life Trajectory Worksheet: Family

Everyone wants a good life. The bubbles on the right will help you think about what a good life means for you or your family member, and identifying what you know you don't want. You can use the space around the arrows to think about current or needed life experiences that help point you in the direction of your good life.

VISION for a GOOD LIFE

What I DON'T Want

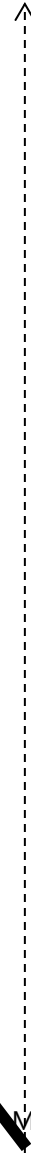


Life Trajectory Worksheet: Individual

Everyone wants a good life. The bubbles on the right will help you think about what a good life means for you or your family member, and identifying what you know you don't want. You can use the space around the arrows to think about current or needed life experiences that help point you in the direction of your good life.

VISION for a GOOD LIFE









What I DON'T Want





Tool for Developing a Vision - Family

Forming a vision and beginning to plan for the future in each of the life domains helps plot a trajectory for a full, inclusive, quality life in the community. This tool is to help families of all ages – those with a very young child, an adult or somewhere in between, start to think about a vision for how their family member will live their life as an adult.









LIFE DOMAIN		My Vision for My Family Member's Future	priority	Current Situation/Things to Work On
 Daily Life Employment	What do I think my family member will do during the day in his/her adult life?			
 Community Living	Where and with whom do I think my family member will live in his/her adult life?			
 Social & Spirituality	How will he/she connect with spiritual and leisure activities; have friendships & relationships in his/her adult life?			
 Healthy Living	How will he/she live a healthy lifestyle and manage health care supports in his/her adult life?			
 Safety & Security	How will I ensure safety from financial, emotional, physical or sexual harm in adult life?			
 Citizenship & Advocacy	How can I make sure he/she has valued roles and responsibilities, and has control of how his/her own life is lived as an adult?			
 Supports for Family	What will our family need to help support him/her to live a quality life as an adult?			
 Supports & Services	How will he/she be supported in adult life to lead the kind of life he/she wants as independently as possible?			

Charting the LifeCourse resources are used with the permission from Missouri Family to Family, UMKC, Institution for Human Development, UCEDD. More tools and materials at lifecoursetools.com



Tool for Developing a Vision – Individual

Forming a vision and beginning to plan for the future in each of the life domains helps plot a trajectory for a full, inclusive, quality life in the community. This tool is to help individuals with disabilities of all ages think about a specific vision in each life domain for how they want to live their adult life, and prioritize what they want to work on right now that will help move toward the life vision.

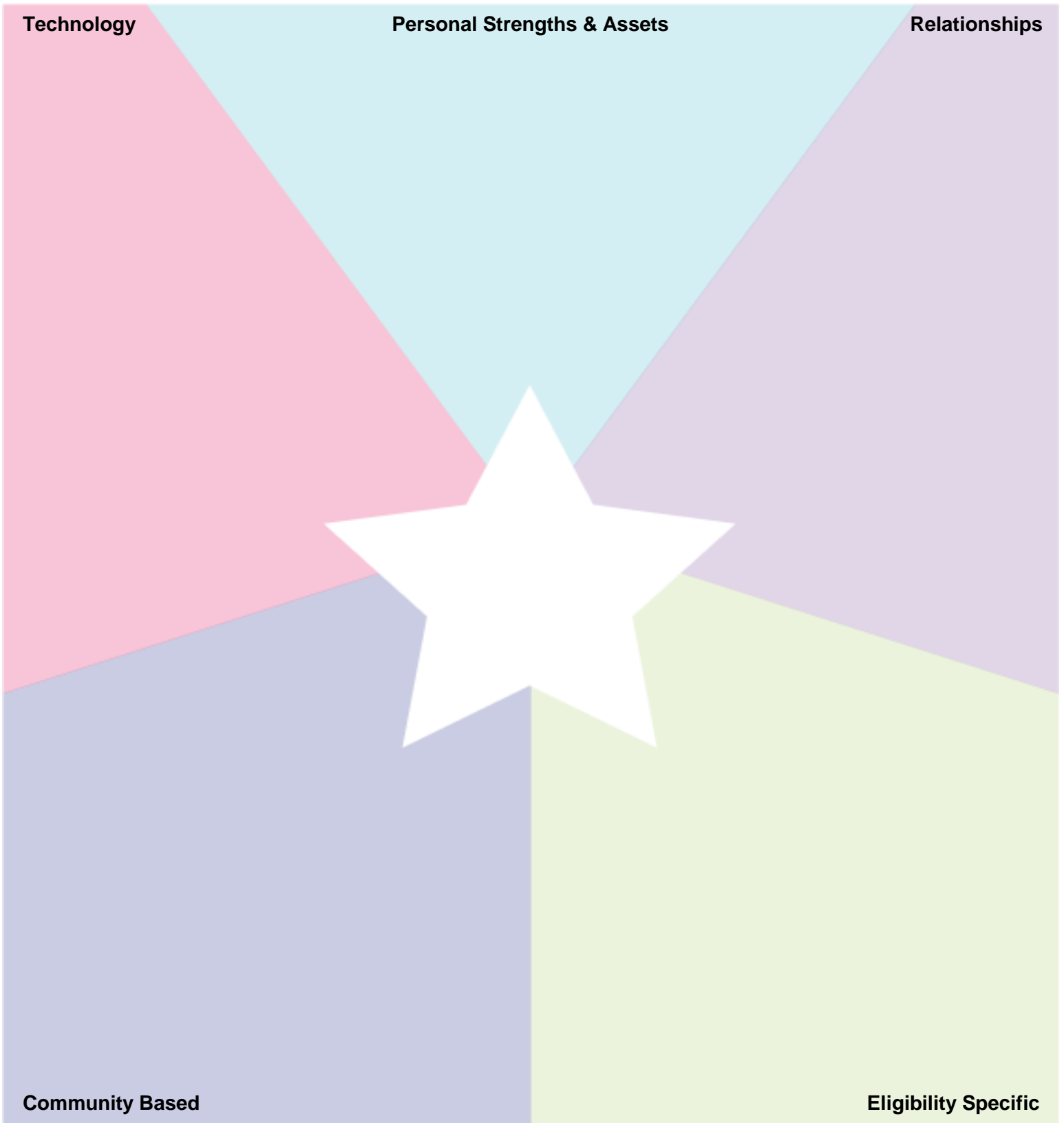
LIFE DOMAIN		My Vision for My Future	priority	Current Situation/Things to Work On
 Daily Life Employment	What do I think I will do/want to do during the day in my adult life? What kind of job/career might I like?			
 Community Living	Where would I like to live in my adult life? Will I live alone or with someone else?			
 Social & Spirituality	How will I connect with spiritual and leisure activities, and have friendships and relationships in my adult life?			
 Healthy Living	How will I live a healthy lifestyle and manage health care supports in my adult life?			
 Safety & Security	How will I stay safe from financial, emotional, physical or sexual harm in my adult life?			
 Citizenship & Advocacy	What kind of valued roles and responsibilities do/will I have, and how do/will I have control of how my own life is lived?			
 Supports for Family	How do I want my family to still be involved and engaged in my adult life?			
 Supports & Services	What support will I need to live as independently as possible in my adult life, and where will my supports come from?			

Charting the LifeCourse resources are used with the permission from Missouri Family to Family, UMKC, Institution for Human Development, UCEDD. More tools and materials at lifecoursetools.com



Integrated Supports

People need supports to lead good lives. Using a combination of lots of different kinds of support helps to plot a trajectory toward an inclusive, quality, community life. This tool will help families and individuals think about how to work in partnership to support their vision for a good life.



Charting the LifeCourse resources are used with the permission from Missouri Family to Family, UMKC, Institution for Human Development, UCEDD. More tools and materials at lifecoursetools.com



Self-Determination Resources for Person Centered Thinking and Planning:

One Page Profile Resources:

- Helen Sanderson Associates One page profile:
<http://helensandersonassociates.co.uk/person-centred-practice/one-page-profiles/>
- One page profile examples:
<https://onepageprofiles.wordpress.com/>
- One page profile you tube video:
<https://www.youtube.com/watch?v=fnaKnVWFh44>
- Getting Started with one page profiles:
<https://www.youtube.com/watch?v=ekEtStwHdhY>
- One page profiles in school:
<https://www.youtube.com/watch?v=u5ft4Hbyoes>
- One page profile templates:
<http://www.sheffkids.co.uk/adultssite/pages/onepageprofiletemplates.html>

Person Centered Planning Resources:

- Learning Community for Person Centered Practices
www.tlcp.com
- Helen Sanderson Associates <http://helensandersonassociates.com>
or <http://helensandersonassociates.co.uk>



Self-Determination Resources for Person Centered Thinking and Planning:

- Helen Sanderson Associates USA is passionate about social change and transforming the way people support and work with each other. We are an international training, development and consultancy team, working to embed person-centered practices in the heart of organizations and communities – creating better lives together.
- Helen Sanderson Associates website explaining MAPS: <http://tinyurl.com/gr87s7x>
- A guide for personal futures planning: <http://tinyurl.com/jxe7s4l>
- Allen and Shea website with a Personal Passport workbook: <http://tinyurl.com/hvpsraj>
- It's My Choice: <http://mn.gov/mnddc/extra/publications/Its-My-Choice.pdf>
- "What is Person Centered Planning?", Families Leading Planning UK, <http://tinyurl.com/zt9trxd>
- Dr. Beth Mount <http://www.bethmount.org/about.html>

Other Resources

- CA Self-Determination Program Statute: http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=WIC§ionNum=4685.8.#content_anchor
- Collaboration to Promote Self-Determination: <http://thecpsd.org/>



Self-Determination Resources for Person Centered Thinking and Planning:

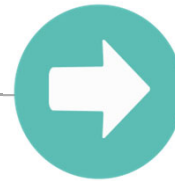
Other helpful websites:

- DDS' Self-Determination Webpage <http://www.dds.ca.gov/sdp/>
- Life Course Tools: <https://www.lifecoursetools.com/>
- The Charting the Life Course Framework was created BY FAMILIES to help individuals and families of all abilities and all ages develop a vision for a good life, think about what they need to know and do, identify how to find or develop supports, and discover what it takes to live the lives they want to live. Individuals and families may focus on their current situation and stage of life but may also find it helpful to look ahead to think about life experiences that will help move them toward an inclusive, productive life in the future. Even though it was originally created for people with disabilities, this universally-designed framework may be used by any person or family making a life plan, regardless of life circumstances.



My Notes & Next Steps





Self-Determination

Module 4: My Individual Budget





My Individual Budget

- ✓ **Determining my Individual Budget**
- ✓ **Changes to my Individual Budget**
- ✓ **Jason and Sofia examples**





My Individual Budget

2 Important Terms

Individual Budget

Spending Plan



* For the next 12 months



How is My Individual Budget Determined?

Starting Budget Amount

How much was **SPENT**
on my services IN 
THE LAST 12 months?





How is My Individual Budget Determined?

If I received less than 12 months of service, my starting budget amount may be less than what I need.

Reasons for receiving less than 12 months of service could include, but not limited to:

- Illness
- Services started or ended within past 12 months
- Provider is not available or too far from my home
- Waiting for transportation
- Waiting for a provider to have an open spot
- No respite provider who could work the hours I needed

If I need additional services:

- My service coordinator will discuss with me at my Initial Budget Meeting.
- My Individual Budget would change based on identified service need.
- The amount to add to my Individual Budget for these services will be determined based on the regional center average costs for similar services.



How is My Individual Budget Determined?

When **CAN** my Individual Budget change?

Whenever there is...

UNMET NEED

- Needed services in my Individual Program Plan that were not used.
- There are needs not addressed in my Individual Program Plan.

OR

CHANGE IN CIRCUMSTANCE

Life has changed, and so have my needs.

You will want to contact your Service Coordinator.



My Individual Budget **CANNOT be changed...**

- To pay for an Independent Facilitator (if I choose to hire one)
- To include the costs of authorized services I did not use that I do not need.
- To pay for the required Financial Management Service agency.
- To pay for services not agreed upon with your Regional Center.



Authorized Services Not Used

My Individual Program Plan is **"authorized"** (or approved) to provide a certain amount of services.

Example:

Authorization for 30 hours of respite per month

In the past 12 months I **used less** services than I was **"authorized"** to use.

Example:

Used an average of 20 hours per month

The **difference between "authorized" & used** will be discussed with my service coordinator to determine if my budget should be changed.

Example:

Difference of 10 hours per month was not spent



How will I review my Individual Budget?

Step 1:

- The regional center has created a worksheet that will show what was spent in the last 12 months for all of my services.
- If a provider has not billed the regional center for some of my services, those estimated costs will be added in.
- If I had a one-time cost, that will show as a reduction to my budget. One time costs might include reimbursements for equipment or conferences.

Step 2:

- Discuss with my needs with my Self Determination Team .
- Money for my unmet or changed needs will be added as agreed.
- The amounts from Steps 1 and 2 add up to a total budget amount for the next 12 months.
- At my Initial Budget Meeting, my service coordinator will discuss all of this with me and show me the budget worksheet.
- Costs for unmet or changed needs will be determined based on prior average costs for same or similar services.

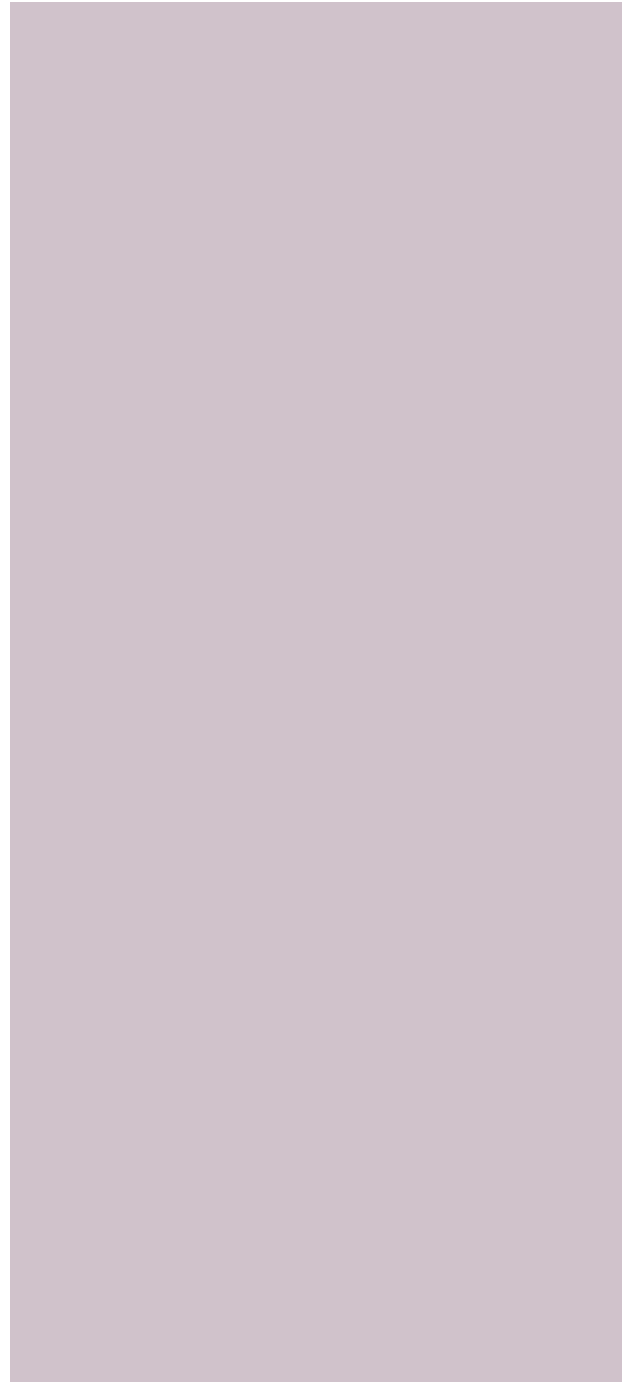
Step 3:

- My budget will be reviewed and certified, and my Self Determination Team may schedule an additional meeting to discuss the final budget, if I need one.



My Certified Budget will show:

- ✓ Description of my services
- ✓ Service codes
- ✓ Amount the regional center spent in most recent 12 months
- ✓ Number of months a service was paid
- ✓ Comments, as needed
- ✓ Adjustments for additions or subtractions
- ✓ Signature by me, my service coordinator, the SDP Supervisor and Consumer Services Director.



Self-Determination Program Individual Budget Calculation and Certification Tool

Participant:
UCI #:
Date of Birth (M/D/Y):
Regional Center:
Service Coordinator:
Prior 12 Month Period:

This tool is intended to guide you through building the individual budget for a participant in the Self-Determination Program (SDP). It is structured as a series of tables that will allow you to calculate a final budget amount. The individual budget should be calculated and certified in conjunction with, or prior to, development of the Individual Program Plan (IPP) and Spending Plan for SDP.

This is a protected document intended to preserve formulas in the tables. Enter amounts into the grey areas within the tables, as applicable. There are some fields that require manual calculations. Totals will automatically calculate in the tables as you move through the document. Automatically calculated fields appear orange and cannot be edited.

Upon completion of the individual budget calculation, please sign the form to reflect Regional Center (RC) certification and participant review.

Please email sdp@dds.ca.gov for questions regarding the use of this tool and/or the development of the individual budget.

1. Baseline Amount: Determine the baseline annual expenditures: How much was spent in the most recent 12 months?

The individual budget amount is based on the most recent 12 months of all regional center expenditures used to purchase services in the IPP. Enter the total amount paid by a Regional Center using the 12-month expenditure report. An updated report can be generated from SANDIS (contact RC SANDIS representative if clarification is needed) or from UFS.

Please attach a copy of the report used to this document.

Total amount on report	
-------------------------------	--



Self-Determination Program Individual Budget Calculation and Certification Tool

2. **Annualization Table: Determine the costs for services that should be annualized:** These are services identified in the current IPP and in the Baseline Amount reflecting less than 12 months of payment made to the provider; or where no payment has yet been made to the provider. Reasons may include but are not limited to: services that were provided but not yet billed by the provider, mid-year service start, long-term consumer illness, and/or unavailable service providers due to reasons such as distance or language. Leave this table blank if this does not apply.

Service Provided/Funded for less than 12 months	Service Code	Does this service require an "annualized" cost to determine the SDP budget? *(yes/no)	How many months was the service <u>unfunded</u> (not provided)?	Rate/month	Show calculation to determine total cost for <u>unfunded</u> months (rate multiplied by number of unfunded months)	Total cost for <u>unfunded</u> months
N/A						
TOTAL						\$ 0.00

*If no, skip the next 4 columns on the right in this table

3. **Group Contract Table: Determine costs of services purchased under group contract:** Regional Center fiscal department should be able to generate a report on the monthly costs of group contracts. An example would be transportation services. Leave this table blank if this does not apply.

Type/Description of Service	Agency Name	Monthly Group Cost	Number of individuals served	Show calculation to determine adjusted annual cost (monthly group cost divided by number of individuals served, multiplied by 12 months)	Adjusted Cost for 12 months of service
				/ X	
				/ X	
				/ X	
				/ X	
TOTAL					\$ 0.00

Participant:
UCI #:



Self-Determination Program Individual Budget Calculation and Certification Tool

4. **Newly Identified Needs Table: Determine the cost for newly identified needs and services:** These are services that were recently identified and not recorded in previous tables. Reasons may include a change in life circumstances. The rate for these services is based on what would have been spent in the traditional service delivery system. If these services include residential facility (ARM, ARFPSHN, or Negotiated Non-ARFPSHN), use the rate less the SSI amount. Leave this table blank if this does not apply.

Describe Change in Circumstance / New Need	Service Code that would have addressed the need (ex: 862)	Amount & Billing Unit <i>hours, sessions, month, etc (ex: 20 hrs/month)</i>	Average Rate <i>(ex: \$16.50/hr, \$65/day, etc)</i>	Determine the frequency of service for 1 month of use <i>(ex: hourly- hours per day, days per month; daily- days per month)</i>	Show calculation to determine cost for 12 months of service <i>(rate multiplied by frequency of service for 1 month, multiplied by 12 months)</i>	Cost for 12 months of service
N/A						
TOTAL						\$ 0.00

5. **Calculate the Budget Subtotal:** Adding the total amounts from all previous tables.

Baseline Amount	\$ 0.00
Annualization Table Total	\$ 0.00
Group Contract Table Total	\$ 0.00
Newly Identified Needs Table Total	\$ 0.00
SUBTOTAL	\$ 0.00

6. **Non-Continuing Services: Determine the cost of services that are not expected to continue, regardless of participation in the SDP:** These services can include but are not limited to: initial person-centered planning services for transition into SDP, home modification, auto modification, durable medical equipment, or services that were included in the Baseline Amount but are no longer needed, regardless of participation in the SDP. Leave this table blank if this does not apply.

Service Description	Amount
TOTAL	\$ 0.00

Participant:
UCI #:



Self-Determination Program Individual Budget Calculation and Certification Tool

7. **Continuing Services Handled Outside of the Individual Budget: Determine the cost of services that are on-going but will be handled outside of the individual budget or the spending plan:** These services are limited to: Competitive Integrated Employment (CIE) Incentives, Paid Internship Program (PIP) payments, SSI/SSP restoration payments, and costs for insurance co-payments, deductibles or co-insurance. If these items were included in the Baseline Amount, enter them here. Leave this table blank if this does not apply.

Service Description	Amount
TOTAL	\$ 0.00

8. **Calculate the annual individual budget:** This table pulls the subtotaled amount from #5 and subtracts the subtotal of the amounts in #6 and #7.

Subtotal in #5	\$ 0.00
----------------	----------------

Non-Continuing Services Total	\$ 0.00
Continuing Services Not a Part of the Individual Budget Total	\$ 0.00
SUBTOTAL	\$ 0.00

Self-Determination Annual Individual Budget	\$ 0.00
--	----------------

Participant:
UCI #:



Self-Determination Program Individual Budget Calculation and Certification Tool

9. Signatures

The Self Determination Annual Individual Budget for _____ is \$ 0.00

Regional Center

I certify that the regional center expenditures for this individual budget, including any adjustment, would have occurred regardless of the individual's participation in the Self-Determination Program per Welfare and Institutions Code 4685.8 (n)(1).

Regional Center Representative Printed Name

Regional Center Representative Signature

Date

Self Determination Supervisor Printed Name

Self Determination Supervisor Signature

Date

Consumer Services Director Printed Name

Consumer Services Director Signature

Date

Accounting Representative Printed Name

Accounting Representative Printed Signature

Date

Participant:

UCI #:



Self-Determination Program Individual Budget Calculation and Certification Tool

Participant or Legal Representative

The individual budget document calculation and certification has been reviewed with me.

Participant or Legal Representative Printed Name

Participant or Legal Representative Signature

Date

10. Rights

Participants enrolled in the Self-Determination Program have the same rights established under the traditional service model (e.g. appeals, eligibility determinations, and all other rights associated with the individual program plan process).

Participant:

UCI #:



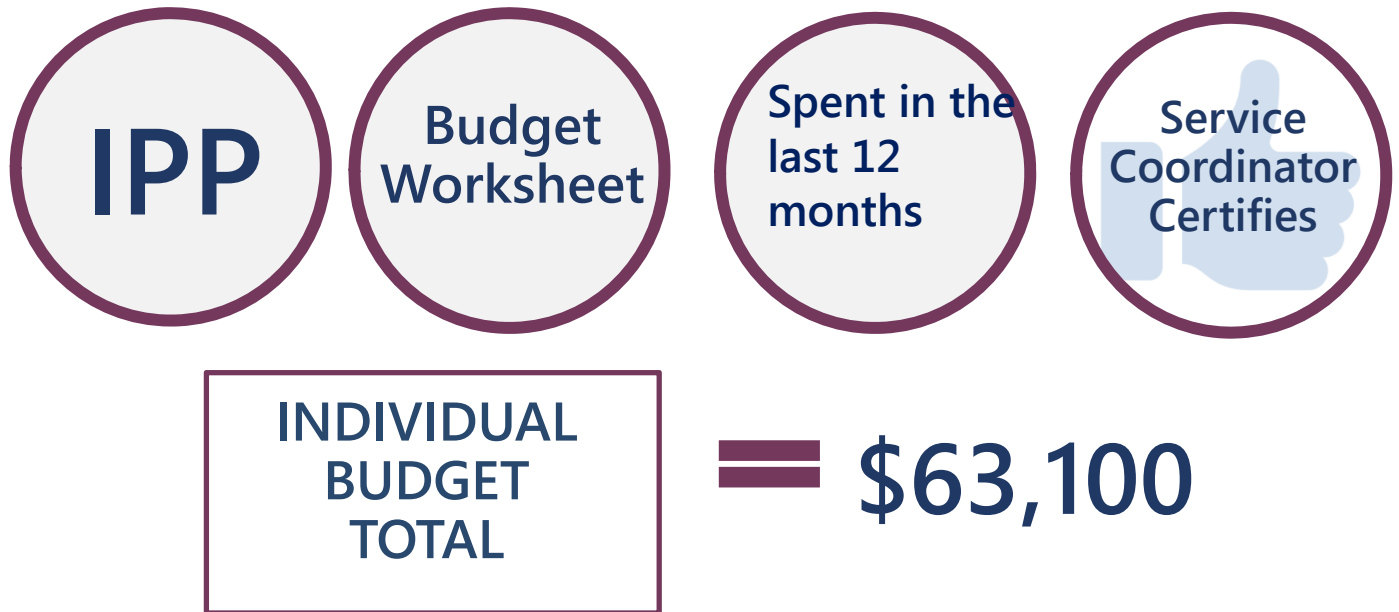


Individual Budget Example

Jason

INDIVIDUAL BUDGET – Example 1

No unmet needs or change in needs...






Jason's One Page Profile



The things people like and admire about me are...

- I love to work in the garden and be outdoors.
- I am a good singer
- I have many interests including hiking, video games, traveling and cooking
- I know a lot about different kinds of music and loves music! I am learning how to play guitar
- I am friendly and a good friend



What makes me happy...

- To have a job doing what he loves; working in a garden
- Singing; I enjoy singing at home and would like to explore joining a church choir
- Music; I love many different kinds of music and would like to learn how to play guitar
- To live in my own place close to my mom's house with support needed
- To continue to spend time with my friends
- To get around town when doing fun things with friends

How I like to be supported...

- Getting around town: To have transportation support to access my community when planning future activities with my friends
- Finding a job: To receive support to find a job in the area of gardening and to receive training and funds to purchase the garden tools I need
- Having my own home: To learn how to cook and do laundry before I move out on my own. Help with finding an apartment and receive support when I moves out so that I am successful
- Friends: help from others to figure out ways to have more friends who share in my same interests; i.e. hiking club, travel, video games, singing etc
- Be Healthy: help with finding a dietician to assist me to lose weight and remain healthy



Self-Determination Program Individual Budget Calculation and Certification Tool

Participant: Jason
UCI #: 789123
Date of Birth (M/D/Y): 4/23/2019
Regional Center: NLACRC
Service Coordinator:
Prior 12 Month Period:

This tool is intended to guide you through building the individual budget for a participant in the Self-Determination Program (SDP). It is structured as a series of tables that will allow you to calculate a final budget amount. The individual budget should be calculated and certified in conjunction with, or prior to, development of the Individual Program Plan (IPP) and Spending Plan for SDP.

This is a protected document intended to preserve formulas in the tables. Enter amounts into the grey areas within the tables, as applicable. There are some fields that require manual calculations. Totals will automatically calculate in the tables as you move through the document. Automatically calculated fields appear orange and cannot be edited.

Upon completion of the individual budget calculation, please sign the form to reflect Regional Center (RC) certification and participant review.

Please email sdp@dds.ca.gov for questions regarding the use of this tool and/or the development of the individual budget.

1. Baseline Amount: Determine the baseline annual expenditures: How much was spent in the most recent 12 months?

The individual budget amount is based on the most recent 12 months of all regional center expenditures used to purchase services in the IPP. Enter the total amount paid by a Regional Center using the 12-month expenditure report. An updated report can be generated from SANDIS (contact RC SANDIS representative if clarification is needed) or from UFS.

Please attach a copy of the report used to this document.

Total amount on report	\$ 63,100.00
-------------------------------	--------------



Self-Determination Program Individual Budget Calculation and Certification Tool

2. **Annualization Table: Determine the costs for services that should be annualized:** These are services identified in the current IPP and in the Baseline Amount reflecting less than 12 months of payment made to the provider; or where no payment has yet been made to the provider. Reasons may include but are not limited to: services that were provided but not yet billed by the provider, mid-year service start, long-term consumer illness, and/or unavailable service providers due to reasons such as distance or language. Leave this table blank if this does not apply.

Service Provided/Funded for less than 12 months	Service Code	Does this service require an "annualized" cost to determine the SDP budget? *(yes/no)	How many months was the service <u>unfunded</u> (not provided)?	Rate/month	Show calculation to determine total cost for <u>unfunded</u> months (rate multiplied by number of unfunded months)	Total cost for <u>unfunded</u> months
N/A						
TOTAL						\$ 0.00

*If no, skip the next 4 columns on the right in this table

3. **Group Contract Table: Determine costs of services purchased under group contract:** Regional Center fiscal department should be able to generate a report on the monthly costs of group contracts. An example would be transportation services. Leave this table blank if this does not apply.

Type/Description of Service	Agency Name	Monthly Group Cost	Number of individuals served	Show calculation to determine adjusted annual cost (monthly group cost divided by number of individuals served, multiplied by 12 months)	Adjusted Cost for 12 months of service
				/ X	
				/ X	
				/ X	
				/ X	
TOTAL					\$ 0.00

Participant: Jason
UCI #: 789123



Self-Determination Program Individual Budget Calculation and Certification Tool

4. **Newly Identified Needs Table: Determine the cost for newly identified needs and services:** These are services that were recently identified and not recorded in previous tables. Reasons may include a change in life circumstances. The rate for these services is based on what would have been spent in the traditional service delivery system. If these services include residential facility (ARM, ARFPSHN, or Negotiated Non-ARFPSHN), use the rate less the SSI amount. Leave this table blank if this does not apply.

Describe Change in Circumstance / New Need	Service Code that would have addressed the need (ex: 862)	Amount & Billing Unit <i>hours, sessions, month, etc (ex: 20 hrs/month)</i>	Average Rate <i>(ex: \$16.50/hr, \$65/day, etc)</i>	Determine the frequency of service for 1 month of use <i>(ex: hourly- hours per day, days per month; daily- days per month)</i>	Show calculation to determine cost for 12 months of service <i>(rate multiplied by frequency of service for 1 month, multiplied by 12 months)</i>	Cost for 12 months of service
N/A						
TOTAL						\$ 0.00

5. **Calculate the Budget Subtotal:** Adding the total amounts from all previous tables.

Baseline Amount	\$ 63,100.00
Annualization Table Total	\$ 0.00
Group Contract Table Total	\$ 0.00
Newly Identified Needs Table Total	\$ 0.00
SUBTOTAL	\$ 63,100.00

6. **Non-Continuing Services: Determine the cost of services that are not expected to continue, regardless of participation in the SDP:** These services can include but are not limited to: initial person-centered planning services for transition into SDP, home modification, auto modification, durable medical equipment, or services that were included in the Baseline Amount but are no longer needed, regardless of participation in the SDP. Leave this table blank if this does not apply.

Service Description	Amount
TOTAL	\$ 0.00

Participant: Jason
UCI #: 789123



Self-Determination Program Individual Budget Calculation and Certification Tool

7. **Continuing Services Handled Outside of the Individual Budget: Determine the cost of services that are on-going but will be handled outside of the individual budget or the spending plan:** These services are limited to: Competitive Integrated Employment (CIE) Incentives, Paid Internship Program (PIP) payments, SSI/SSP restoration payments, and costs for insurance co-payments, deductibles or co-insurance. If these items were included in the Baseline Amount, enter them here. Leave this table blank if this does not apply.

Service Description	Amount
TOTAL	\$ 0.00

8. **Calculate the annual individual budget:** This table pulls the subtotaed amount from #5 and subtracts the subtotal of the amounts in #6 and #7.

Subtotal in #5	\$ 63,100.00
----------------	---------------------

Non-Continuing Services Total	\$ 0.00
Continuing Services Not a Part of the Individual Budget Total	\$ 0.00
SUBTOTAL	\$ 0.00

Self-Determination Annual Individual Budget	\$ 63,100.00
--	---------------------

Participant: Jason
UCI #: 789123



Self-Determination Program Individual Budget Calculation and Certification Tool

9. Signatures

The Self Determination Annual Individual Budget for Jason is \$ 63,100.00

Regional Center

I certify that the regional center expenditures for this individual budget, including any adjustment, would have occurred regardless of the individual's participation in the Self-Determination Program per Welfare and Institutions Code 4685.8 (n)(1).

Regional Center Representative Printed Name

Regional Center Representative Signature

Date

Self Determination Supervisor Printed Name

Self Determination Supervisor Signature

Date

Consumer Services Director Printed Name

Consumer Services Director Signature

Date

Accounting Representative Printed Name

Accounting Representative Printed Signature

Date

Participant: Jason
UCI #: 789123



Self-Determination Program Individual Budget Calculation and Certification Tool

Participant or Legal Representative

The individual budget document calculation and certification has been reviewed with me.

Participant or Legal Representative Printed Name

Participant or Legal Representative Signature

Date

10. Rights

Participants enrolled in the Self-Determination Program have the same rights established under the traditional service model (e.g. appeals, eligibility determinations, and all other rights associated with the individual program plan process).

Participant: Jason
UCI #: 789123



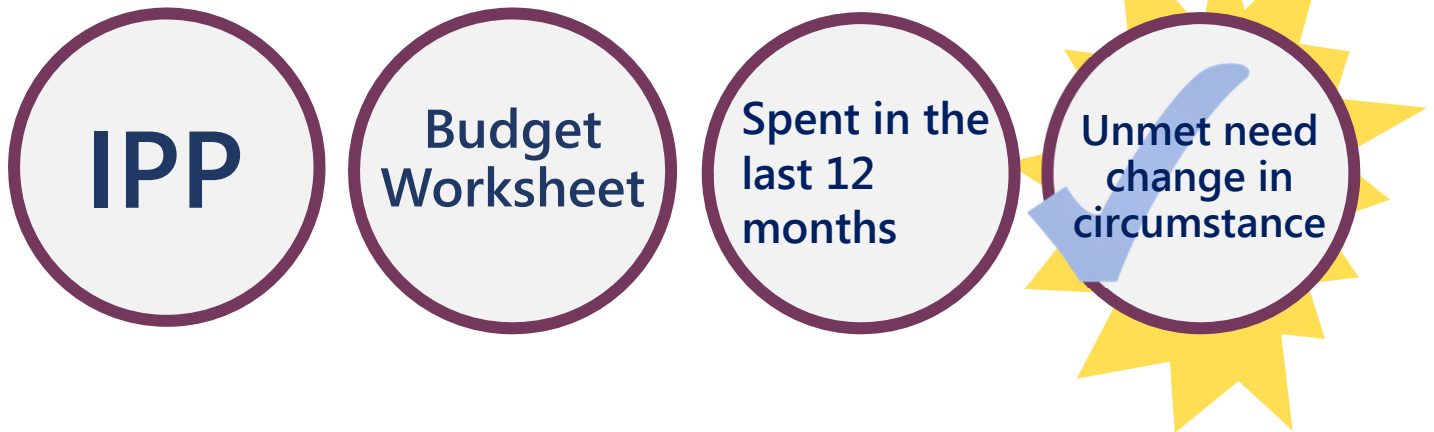


Individual Budget Example 2

Sofia

INDIVIDUAL BUDGET – Example 2

Change in needs...




Adjustment to Individual Budget is needed.



All About Sofia!



What people like and admire about me are...

- ✿ I am a good friend 
- ✿ I am creative
- ✿ I am a strong swimmer
- ✿ I take good care of our dog Rocky
- ✿ I'm a loving sister

What makes me happy...

- @ Being in my pool
- @ Watching videos on YouTube
- @ Playing with Rocky
- @ Designing pictures on my computer
- @ Playing with my friends
- @ Doing my art work
- @ Summer Camp
- @ Making new friends
- @ Be accepted at school
- @ Being independent



How I want to be supported...

- 🎨 Coordinate times with me for transportation so I can get to hang out with my friends after school and weekends Help me find summer camps to go to.
- 🎨 At school, stay back and respect my personal space until I tell you I need help then come over to help me.
- 🎨 I need a special computer and a mouse to do design on the computer.
- 🎨 Be available to attend art classes with me.
- 🎨 Help me find an electric wheelchair and learn how to use one.

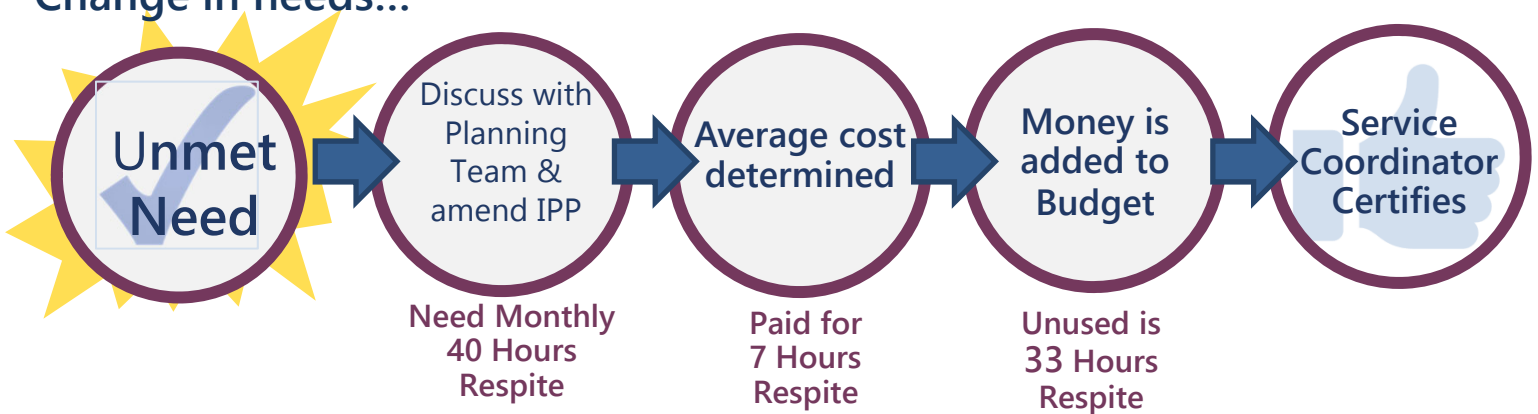


Individual Budget Example 2

Sofia

INDIVIDUAL BUDGET – Example 2

Change in needs...



33 hours x **\$25** per hour = **\$825** per month x **12** months = **\$9,900**



Self-Determination Program Individual Budget Calculation and Certification Tool

Participant: Sofia
UCI #: 123654
Date of Birth (M/D/Y): 4/23/2019
Regional Center: NLACRC
Service Coordinator:
Prior 12 Month Period:

This tool is intended to guide you through building the individual budget for a participant in the Self-Determination Program (SDP). It is structured as a series of tables that will allow you to calculate a final budget amount. The individual budget should be calculated and certified in conjunction with, or prior to, development of the Individual Program Plan (IPP) and Spending Plan for SDP.

This is a protected document intended to preserve formulas in the tables. Enter amounts into the grey areas within the tables, as applicable. There are some fields that require manual calculations. Totals will automatically calculate in the tables as you move through the document. Automatically calculated fields appear orange and cannot be edited.

Upon completion of the individual budget calculation, please sign the form to reflect Regional Center (RC) certification and participant review.

Please email sdp@dds.ca.gov for questions regarding the use of this tool and/or the development of the individual budget.

1. Baseline Amount: Determine the baseline annual expenditures: How much was spent in the most recent 12 months?

The individual budget amount is based on the most recent 12 months of all regional center expenditures used to purchase services in the IPP. Enter the total amount paid by a Regional Center using the 12-month expenditure report. An updated report can be generated from SANDIS (contact RC SANDIS representative if clarification is needed) or from UFS.

Please attach a copy of the report used to this document.

Total amount on report	\$ 2,100.00
-------------------------------	-------------



Self-Determination Program Individual Budget Calculation and Certification Tool

2. **Annualization Table: Determine the costs for services that should be annualized:** These are services identified in the current IPP and in the Baseline Amount reflecting less than 12 months of payment made to the provider; or where no payment has yet been made to the provider. Reasons may include but are not limited to: services that were provided but not yet billed by the provider, mid-year service start, long-term consumer illness, and/or unavailable service providers due to reasons such as distance or language. Leave this table blank if this does not apply.

Service Provided/Funded for less than 12 months	Service Code	Does this service require an "annualized" cost to determine the SDP budget? *(yes/no)	How many months was the service <u>unfunded</u> (not provided)?	Rate/month	Show calculation to determine total cost for <u>unfunded</u> months (rate multiplied by number of unfunded months)	Total cost for <u>unfunded</u> months
N/A						
TOTAL						\$ 0.00

*If no, skip the next 4 columns on the right in this table

3. **Group Contract Table: Determine costs of services purchased under group contract:** Regional Center fiscal department should be able to generate a report on the monthly costs of group contracts. An example would be transportation services. Leave this table blank if this does not apply.

Type/Description of Service	Agency Name	Monthly Group Cost	Number of individuals served	Show calculation to determine adjusted annual cost (monthly group cost divided by number of individuals served, multiplied by 12 months)	Adjusted Cost for 12 months of service
				/ X	
				/ X	
				/ X	
				/ X	
TOTAL					\$ 0.00

Participant: Sofia
UCI #: 123654



Self-Determination Program Individual Budget Calculation and Certification Tool

4. **Newly Identified Needs Table: Determine the cost for newly identified needs and services:** These are services that were recently identified and not recorded in previous tables. Reasons may include a change in life circumstances. The rate for these services is based on what would have been spent in the traditional service delivery system. If these services include residential facility (ARM, ARFPSHN, or Negotiated Non-ARFPSHN), use the rate less the SSI amount. Leave this table blank if this does not apply.

Describe Change in Circumstance / New Need	Service Code that would have addressed the need (ex: 862)	Amount & Billing Unit <i>hours, sessions, month, etc (ex: 20 hrs/month)</i>	Average Rate <i>(ex: \$16.50/hr, \$65/day, etc)</i>	Determine the frequency of service for 1 month of use <i>(ex: hourly- hours per day, days per month; daily- days per month)</i>	Show calculation to determine cost for 12 months of service <i>(rate multiplied by frequency of service for 1 month, multiplied by 12 months)</i>	Cost for 12 months of service
Respite Services	862	32 h/m	\$25 per hour	33 hours per month	\$25 x 33 h/m x 12 months	\$ 9,900.00
TOTAL						\$ 9,900.00

5. **Calculate the Budget Subtotal:** Adding the total amounts from all previous tables.

Baseline Amount	\$ 2,100.00
Annualization Table Total	\$ 0.00
Group Contract Table Total	\$ 0.00
Newly Identified Needs Table Total	\$ 9,900.00
SUBTOTAL	\$ 12,000.00

6. **Non-Continuing Services: Determine the cost of services that are not expected to continue, regardless of participation in the SDP:** These services can include but are not limited to: initial person-centered planning services for transition into SDP, home modification, auto modification, durable medical equipment, or services that were included in the Baseline Amount but are no longer needed, regardless of participation in the SDP. Leave this table blank if this does not apply.

Service Description	Amount
TOTAL	\$ 0.00

Participant: Sofia
UCI #: 123654



Self-Determination Program Individual Budget Calculation and Certification Tool

7. **Continuing Services Handled Outside of the Individual Budget: Determine the cost of services that are on-going but will be handled outside of the individual budget or the spending plan:** These services are limited to: Competitive Integrated Employment (CIE) Incentives, Paid Internship Program (PIP) payments, SSI/SSP restoration payments, and costs for insurance co-payments, deductibles or co-insurance. If these items were included in the Baseline Amount, enter them here. Leave this table blank if this does not apply.

Service Description	Amount
TOTAL	\$ 0.00

8. **Calculate the annual individual budget:** This table pulls the subtotaed amount from #5 and subtracts the subtotal of the amounts in #6 and #7.

Subtotal in #5	\$ 12,000.00
----------------	---------------------

Non-Continuing Services Total	\$ 0.00
Continuing Services Not a Part of the Individual Budget Total	\$ 0.00
SUBTOTAL	\$ 0.00

Self-Determination Annual Individual Budget	\$ 12,000.00
--	---------------------

Participant: Sofia
UCI #: 123654



Self-Determination Program Individual Budget Calculation and Certification Tool

9. Signatures

The Self Determination Annual Individual Budget for Sofia is \$ 12,000.00

Regional Center

I certify that the regional center expenditures for this individual budget, including any adjustment, would have occurred regardless of the individual's participation in the Self-Determination Program per Welfare and Institutions Code 4685.8 (n)(1).

Regional Center Representative Printed Name

Regional Center Representative Signature

Date

Self Determination Supervisor Printed Name

Self Determination Supervisor Signature

Date

Consumer Services Director Printed Name

Consumer Services Director Signature

Date

Accounting Representative Printed Name

Accounting Representative Printed Signature

Date

Participant: Sofia
UCI #: 123654



Self-Determination Program Individual Budget Calculation and Certification Tool

Participant or Legal Representative

The individual budget document calculation and certification has been reviewed with me.

Participant or Legal Representative Printed Name

Participant or Legal Representative Signature

Date

10. Rights

Participants enrolled in the Self-Determination Program have the same rights established under the traditional service model (e.g. appeals, eligibility determinations, and all other rights associated with the individual program plan process).

Participant: Sofia
UCI #: 123654





After my Individual Budget is finalized...

I will work with my team (Independent Facilitator or Service Coordinator) on my Spending Plan

My Spending Plan Must:

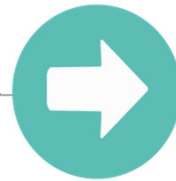
- Show what services I plan on purchasing over the next 12 months.
- Include paying for my Financial Management Service (FMS)
- Include paying for an Independent Facilitator (if I choose to hire one).

If budgets were increased for a particular service, those services must show up in your spending plan.



My Notes & Next Steps





Self-Determination

Module 5: My Services and Spending Plan





Overview of My Spending Plan

- ✓ Developing your spending plan
- ✓ Budget categories
- ✓ Jason and Sofia examples
- ✓ Thinking about your spending plan activity



Requirements of Planning for Services

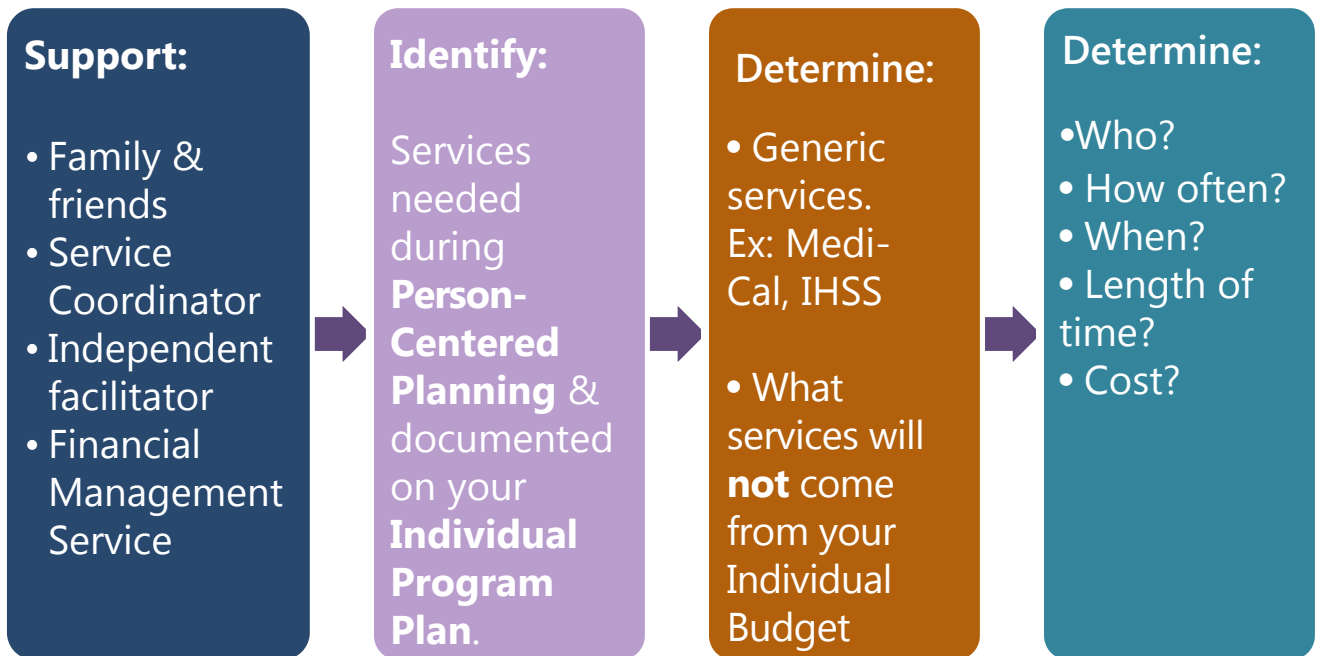
The services you pay for from your Spending Plan

- ✓ Must be an approved service.
- ✓ Must be with Providers that are qualified.
- ✓ Must support choice and inclusion.
- ✓ Can be vendored or non-vendored.





Developing Your Spending Plan





Person Centered Planning and Your Individual Program Plan

Services identified during **Person-Centered Planning** will be documented on your **Individual Program Plan**. These will help you build your Spending Plan.

Before you create your Spending Plan you will:

- Develop a Person Centered Plan with your planning team
- Identify what's important *To* you and *For* you
- Identify how to best support you at home and in the community
- Document your goals in your Individual Program Plan (IPP)





Who will support you to create your plan and determine your services?

People who can help you might include:

- Family members
- Friends
- Service Coordinator
- Independent Facilitator
- Financial Management Service (FMS)

You and the people supporting you will determine exactly how much will be spent on each service from your Individual Budget to create your Spending Plan in your Individual Program Plan.





What services will **NOT** be in your Spending Plan?

You and your team will identify which services or supports you can receive for free.

- These are “**generic services**” and they are free to anyone who qualifies to use them, not just people who receive services from the regional center.
- You **MUST** try to get other sources to pay first. Work with your Independent Facilitator to identify and help you pursue generic resources you may qualify for.
- Using generic resources will allow you to stretch your funds.

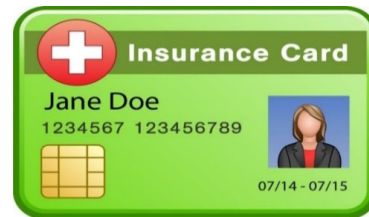




Overview of Generic Resources to be used first

Here are some examples of Generic Resources

- School District
- Insurance or Medi-Cal
- In-Home Support Services
- Department of Rehabilitation
- Social Security Income
- Behavioral Health
- Department of Social Services



This is the **SAME** requirement as in the traditional regional center system.

According to the Lanterman Act, the regional center must exhaust all available generic resources before funding services in Self Determination.



Generic Resources

What are Generic Resources?

What comes to mind when you think of the word “generic”?

- Generic resources are public sources of funding that are required to pay for services.
- Generic resources can help you save money and help you with your budget planning!
- You must access these public sources first.

What are the legal requirements for accessing generic resource in Self Determination?

- The **SAME** requirement as in the traditional regional center system
- According to the Lanterman Act, the regional center must exhaust all available generic resources before funding services
- You may have to show a letter from the public source that states they cannot provide you a service or cannot provide the amount of service you need to maintain your independence.
 - **Can you think of a time you had to produce a letter to show you pursued a generic resource?**
(i.e. In-Home Support Services (IHSS) award letter to support the need for more personal assistance, a doctor’s note, a denial letter from your private health insurance, a denial letter from Dept. of Rehabilitation, etc.)



Generic Resources

What are some examples of generic resources?

Lifelong:

- Private insurance serves as the primary source of medical coverage. Some examples are: Blue Shield, Kaiser, Blue Cross, Anthem, these are common in California and may help pay for medical expenses and treatments.
- Medi-Cal / Medi-Care: may serve as a primary or secondary type of insurance, it could help pay for medical equipment, behavioral services, medication, diapers, or any other medical related expense.
- In-Home Support Services (IHSS): may provide funding to pay a personal assistant to help you take care of your daily needs which could include grocery shopping, doing your laundry, housekeeping in your home or apartment, taking you to your doctor's appointments, or someone to help keep you or your family member safe in the home or community
- Supplemental Security Income(SSA)/Social Security Administration(SSA): may assist with an income source if the child's family is low income OR if you're an adult and are unable to do work or do limited work: may provide income to help you with your groceries, living expenses, rent, and other personal expenses
- Trusts (family): share with your Independent Facilitator or Service Coordinator a copy of your trust because there may be part of your trust to help you continue to live independently

"we want to maximize your trust benefits to ensure we're secured in one area and then we may focus on other parts of your independent living"

- Transportation: parents, schools to and from school, community transportation, buses
- CalABLE: It's a savings account that you can establish for you or your family member without affecting their public benefits (talk to your Independent Facilitator or service coordinator about CalABLE)



Generic Resources

What are some examples of generic resources?

Children:

- Early and periodic screening, diagnosis and treatment (EPSDT): can detect delays, minimize impact of delays through early detection, nursing care, it can go beyond what Medi-Cal usually covers. For any child from 0-18 years of age.
- School districts: your child from the age of 3-22 has the right to a free and public education (Independent Facilitator or service coordinator- discuss transition process)
- California Children Services (CCS): children are eligible for CCS up to the age of 21, it may help pay physical and occupational therapies, medical equipment, and other medical necessities (i.e. such as a wheelchair, hoist lift or ramp for your home) (Independent Facilitator or Service Coordinator- discuss transition process)

Adults:

- Department of Rehabilitation (DOR): provides support to help you prepare for work by assisting you through identifying the skills you need for employment, finding employment, and provide job coaching in the work place to help you be successful (Independent Facilitator or Service Coordinator- discuss transition process)
- **What resources does your local community have?**
 - Some examples are: city recreation departments, YMCA, public library (free internet access), local churches (community groups, music programs), local Family Resource Centers (support groups, trainings, libraries, holiday events, dances, opportunities to make friends and share your story with other parents), community colleges and universities (lots to explore in this area)
 - **2-1-1**



Generic Resources

Why do you want to use generic resources?

- Helps you save money in your Spending Plan for other services & supports to help you live an independent and the life you want to live!!
- Regional Centers continue to be the payer of last resort, which means you must exhaust generic resources first.

How do you find generic resources?

- Your service coordinator may help you explore and pursue generic resources you may qualify for. The regional center has a wealth of information about the availability of generic resources. ASK!!
- Your Independent Facilitator may help you discover and pursue generic resources you may qualify for.
- When identifying your Independent Facilitator, make sure they know the generic resources available to you and in your community, ASK!!

If a generic resource does not meet your needs, or is not available to you, please explain during your initial budget meeting WHY. You or your independent facilitator may advocate for an exception.

This does not include if the service is available but you choose not to use it (Welfare & Institutions Code 4659(c))

In certain circumstances, while the individual is SEEKING services through the generic resource, Regional Center may fund TEMPORARILY.

-The individual will need to show that they continue to seek out the generic resource (ie proof of waiting list status)

Remember: A generic resource denying the service does not necessarily mean the Regional Center will add on additional funds for the service.

-The service must be a need (medically or clinically)

-The need must be related to the individual's qualifying developmental disability



Your Spending Plan in Three Budget Categories

The 3 Budget Categories:

Living Arrangement

Supports in your home

Employment & Community Participation

Supports in your community

Health & Safety

*Services to help keep you
healthy and safe*

- ✓ Each service in your Spending Plan will be assigned a service code.
- ✓ Each service code belongs to one of these three budget categories



Can you move funds across categories in your Spending Plan?

If your needs change, you may talk to your service coordinator, Independent Facilitator, and Financial Management Service agency to discuss transferring funds across categories.

Spending Plan changes will need to be documented in your Individual Program Plan.

Allowable Spending Plan Changes:

**Transferring up to 10 %
between categories**

(approval not needed)

**Transferring more than 10%
between categories**

(approval needed)



What services to include in your Spending Plan?

Identify which services you will pay for from your Self Determination Program Individual Budget. Your service coordinator will help you look at the services you defined through the Person Centered Planning Process and Individual Program Plan. They will need to be approved services in the Self-Determination Program.

You will work with your team to figure out:

- What services will support your needs?
- What category will each service fall under?
- Who will provide the service?
- How often will that service be provided?
- When will it start and end within the next 12 months period?
- How much will it cost?
- And will work with you to complete the Provider Agreement Assessment for each service.





Home and Community Based Services and the “Final Rule”

“Final Rule” Requirement

The services you purchase with your Spending Plan **MUST** be provided in places where you are included in the community.

Your team will help you assess whether the service you want meets the “Final Rule” requirement.

The Self-Determination Program is designed so that **you** are **included** in **YOUR** community.

- ✓ You make your own choices.
- ✓ You live in neighborhoods of your own choosing.
- ✓ You have the opportunity to work and volunteer.
- ✓ You are able to make friends with people with and without disabilities.

HOME AND COMMUNITY BASED SERVICES AND THE "FINAL RULE"

FOR INDIVIDUALS 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 AND THE "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>

Centers for Medicare and Medicaid Services' (CMS) Home and Community-Based Services (HCBS) Final Rule Requirements

The setting:

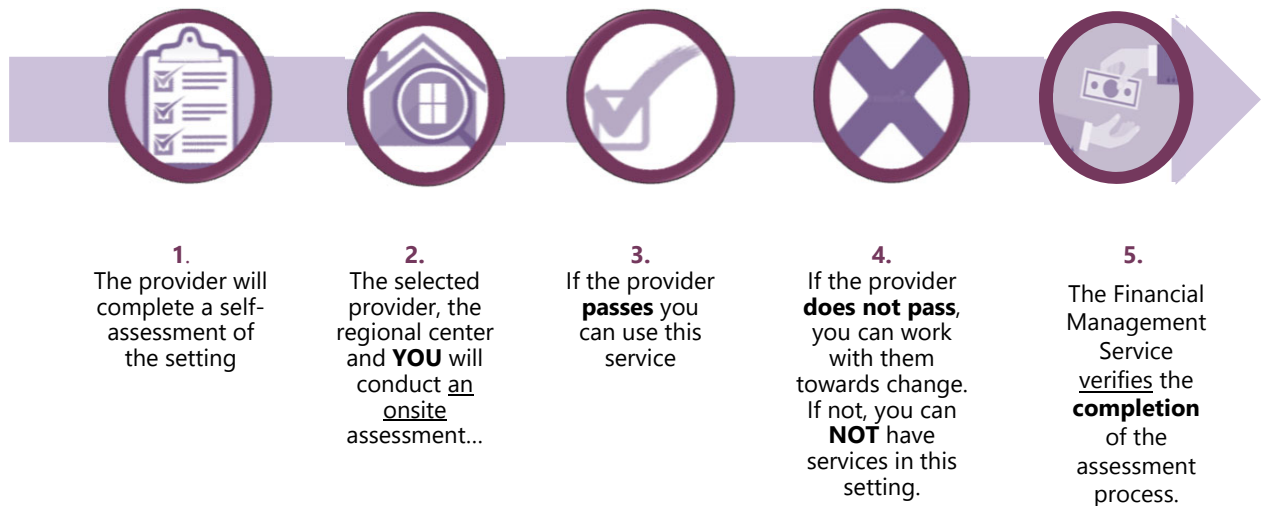
1. Is integrated in, and supports full access of individuals receiving Medicaid HCBS to the greater community to the same degree of access as individuals not receiving Medicaid HCBS.
2. Is selected by the individual from among setting options including non-disability-specific settings and an option for 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.
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 provider-owned or controlled residential settings:

6. 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.



Setting Assessment and Process



*Setting assessments are required when you're using a service with other individuals with developmental disabilities to ensure they meet the "Final Rule" requirement



What if you want to hire your own staff?

- Your Spending Plan will need to include staff wages and other costs (taxes, benefits, and liability insurance).
- You can work with your Financial Management Service (FMS) to:
 - Help determine the costs for staff
 - Ensure labor laws are being followed
 - Help answer questions about employing staff

(We'll go over this more in the Financial Management Service, module 6.)



Jason's Spending Plan



Date Prepared	
Participant's Name	JASON
Participant's UCI#	

SPENDING PLAN

BUDGET CATEGORY	SERVICE	SERVICE CODE	FREQUENCY	AMOUNT
Living Arrangement	Community Living Supports	320	6 hours/week of home skills coaching for 12 months at \$27/hour including taxes	\$8,424
Living Arrangement	Financial Management Services (FMS)	316	Co-Employer Model @ \$165/month (7 services)	\$1,980
TOTAL FOR LIVING ARRANGEMENT CATEGORY				\$10,404
Employment & Community Participation	Employment Supports	335	40 hours/month for a gardening coach at the job site for 12 months at \$27/hour (including taxes & benefits)	\$12,960
Employment & Community Participation	Community Integration Supports	331	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	\$28,800
Employment & Community Participation	Non-Medical Transportation	338	Uber, public transportation and ACCESS @ \$100/month	\$1,200
Employment & Community Participation	Community Integration Supports	331	12 hours/month of social coaching for 12 months at \$30/hour including taxes	\$4,320
Employment & Community Participation	Community Integration Supports	331	\$10/month to pay for YMCA gym membership for 12 months	\$120
Employment & Community Participation	Independent Facilitator	340	Facilitate PCP, Finding services	\$1,000
TOTAL FOR EMPLOYMENT & COMMUNITY PARTICIPATION CATEGORY				\$48,400
Health & Safety				
Health & Safety				
TOTAL FOR HEALTH AND SAFETY CATEGORY				\$0

TOTAL SPENDING PLAN AMOUNT	\$58,804
-----------------------------------	-----------------

Participant's Individual Budget Amount	\$63,100
---	-----------------

Parent/Legal Representative

Date

Service Coordinator

Date

Consumer Services Director

Date



Financial Management Service Cost for Jason



Number of Services Received

Self-Determination Program Maximum Financial Management Services (FMS) Rates		
FMS Model	Number of Services	Max Rate Per Month
FMS as Bill Payer	1-3	\$50
	4-6	\$75
	7+	\$100
Participant as Sole Employer	1-2	\$110
	3-4	\$125
	5+	\$150
Participant & FMS as Co-Employers	1-2	\$125
	3-4	\$140
	5+	\$165

Sofia's Spending Plan



Date Prepared	
Participant's Name	SOFIA
Participant's UCI#	

SPENDING PLAN

BUDGET CATEGORY	SERVICE	SERVICE CODE	FREQUENCY	AMOUNT
Living Arrangement	Respite Services Summer Camp	310 & 311	\$2000 to pay for Summer Camp	\$2,000
Living Arrangement	Financial Management Services (FMS)	315	Bill Payer Model @ \$75/month (4 services)	\$900
TOTAL FOR LIVING ARRANGMENT CATEGORY				\$2,900
Employment & Community Participation	Community Integration Supports	331	Art Class	\$200
Employment & Community Participation	Community Integration Supports	331	5/hours a week of staff support after school and during art class 32 weeks/year @ \$20/hour	\$3,200
Employment & Community Participation	Community Integration Supports	331	20/hours a week of staff support in the summer 4 weeks @ \$20/hour	\$1,600
Employment & Community Participation	Independent Facilitator	340	Facilitate PCP, Access to IPP, IEP and Public Benefits Agencies	\$1,000
TOTAL FOR EMPLOYMENT & COMMUNITY PARTICIPATION CATEGORY				\$6,000
Health & Safety				
Health & Safety				
TOTAL FOR HEALTH AND SAFETY CATEGORY				\$0

TOTAL SPENDING PLAN AMOUNT	\$8,900
-----------------------------------	----------------

Participant's Individual Budget Amount	\$12,000
---	-----------------

Parent/Legal Representative

Date

Service Coordinator

Date

Consumer Services Director

Date



Financial Management Service Cost for Sofia



Number of Services Received

Self-Determination Program Maximum Financial Management Services (FMS) Rates		
FMS Model	Number of Services	Max Rate Per Month
FMS as Bill Payer	1-3	\$50
	4-6	\$75
	7+	\$100
Participant as Sole Employer	1-2	\$110
	3-4	\$125
	5+	\$150
Participant & FMS as Co-Employers	1-2	\$125
	3-4	\$140
	5+	\$165



Your Spending Plan Activity

1. Think about one of your goals.
2. Think about how a service could help you reach that goal.
3. What category would that fall under?
4. How much might that service cost?
5. How often? Hour? Month? Year?
6. When will the service start and end?

Date Prepared	
Participant's Name	
Participant's UCI#	

SPENDING PLAN

BUDGET CATEGORY	SERVICE	SERVICE CODE	FREQUENCY	AMOUNT
Living Arrangement				
TOTAL FOR LIVING ARRANGEMENT CATEGORY				\$0
Employment & Community Participation				
TOTAL FOR EMPLOYMENT & COMMUNITY PARTICIPATION CATEGORY				\$0
Health & Safety				
TOTAL FOR HEALTH AND SAFETY CATEGORY				\$0

TOTAL SPENDING PLAN AMOUNT	\$0
-----------------------------------	------------

Participant's Individual Budget Amount	\$0
---	------------

Parent/Legal Representative

Date

Service Coordinator

Date

Consumer Services Director

Date



My Notes & Next Steps



Self-Determination Program Service Codes by Budget Category

Budget Category	SDP Services	Service Code	Description/Providers
Living Arrangement (310 - 330)	Respite Services	310	Respite (Individual and Agency) In -home
		311	Respite Facility - Out-of-Home
		312	Live-In Caregiver
		313	Homemaker
		314	Housing Access Supports
		315	FMS Fiscal Agent
		316	FMS Co-Employer
		317	FMS Fiscal/Employer Agent
		320	Community Living Supports (Individual and Agency)
		321	Residential Facility
	Employment & Community Participation (331 - 355)	Community Integration Supports	331
Participant-Directed Goods and Services		333	Participant-Directed Goods and Services
Individual Training and Education		334	Individual Training and Education
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 (356 - 399)	Environmental Accessibility Adaptation	356	Environmental Accessibility
	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
	Chiropractic 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

Self-Determination Program Service Definitions

Living Arrangement

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.
2. 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

Self-Determination Program Service Definitions

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:

1. 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.

2

Self-Determination Program Service Definitions

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.

3

Self-Determination Program Service Definitions

- 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.

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 co-employer:

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.

4

Self-Determination Program Service Definitions

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.

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:

1. 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.

5

Self-Determination Program Service Definitions

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.

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.

Self-Determination Program Service Definitions

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.

Self-Determination Program Service Definitions

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.

Employment and Community Participation

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.

Self-Determination Program Service Definitions

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
- g. Senior and faith-based groups.
- h. Peer mentoring.
- i. 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

Self-Determination Program Service Definitions

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.

10

Self-Determination Program Service Definitions

- 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.
- l. 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.
- 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)).

Self-Determination Program Service Definitions

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 participant 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

12

Thursday, June 7, 2018

Self-Determination Program Service Definitions

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.

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.

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.

Self-Determination Program Service Definitions

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 non-disabled 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.

Self-Determination Program Service Definitions

- 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)).

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:

1. 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.

Self-Determination Program Service Definitions

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.

Self-Determination Program Service Definitions

Health and Safety

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 person-centered 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

Self-Determination Program Service Definitions

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 include 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:

2. Facilitators;
3. Interpreters and interpreter services;
4. Translators and translator services; and
5. 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

Self-Determination Program Service Definitions

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.

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.

Self-Determination Program Service Definitions

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.

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

20

Thursday, June 7, 2018

Self-Determination Program Service Definitions

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/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.

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.

Self-Determination Program Service Definitions

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.

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.

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.

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.

Self-Determination Program Service Definitions

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.

Self-Determination Program Service Definitions

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.

24

Self-Determination Program Service Definitions

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.

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

25

Thursday, June 7, 2018

Self-Determination Program Service Definitions

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.

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

Self-Determination Program Service Definitions

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.

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;
5. 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.

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

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

Note: If the Financial Management Service 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 Financial Management Service 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 Financial Management Service can agree to rates lower than the maximum rates above.**



Self-Determination

Module 6: Financial Management Services (FMS)





Topics Covered

- ✓ What is a Financial Management Service?
- ✓ How can a Financial Management Service help me?
- ✓ Choosing a Financial Management Service
- ✓ 3 Models
- ✓ Cost of Financial Management Service
- ✓ Jason and Sofia examples



What is a Financial Management Services (FMS) Provider?

- A Financial Management Services (FMS) Provider is a business that helps the Participants in the Self-Determination Program (SDP) to manage their Self-Determination Program budget and pay for services they need.
- This is a **required** service for the Self Determination program.
- You **choose** a Financial Management Service to help you.
- **You will pay for the Financial Management Service** out of your Spending Plan



How will the Financial Management Service help me?

- Provides the forms and information for **background checks** on my employees
- **Pays** for the service I choose
- Helps me **manage** my Spending Plan
- Gives me a **monthly report** about my Spending Plan
- **Makes sure** labor and tax laws are followed





About Background Checks

The people you hire to assist you with personal care services such as assistance with dressing, grooming, bathing or personal hygiene needs, are **required** to obtain a background check.

You or your Financial Management Service Provider may also request a background check for any other provider of services you hire, either through an agency or as an individual.

- *Background checks are not transferable, so even if someone has done a background check in the past, they will need to do it again to be part of the the Self-Determination Program. It is the responsibility of the person providing you the service to pay for the background check.*

Your Financial Management Service will provide the forms and information necessary for the background check.

The results will be sent directly to the Department of Developmental Services, who are responsible for tracking the background check. They will then be sent to your Financial Management Service who will notify you.



Choosing a Financial Management Services (FMS)

Think about
what I
need
and
what I
want

What do I **NEED**?

- Do I need help with employees?
- Do I need more help or reminders to keep within my Spending Plan?
- Do I just need the Financial Management Service to pay the bills and send me statements?

What do **WANT**?

- Full responsibility for my employees?
- OR
- Help with the business requirements of having employees?



How can I find the right Financial Management Service provider for me?

- Ask a family member, service coordinator or Independent Facilitator to help select.
- Ask other Self-Determination Program participants for suggestions or references.
- Interview people at the Financial Management Service agency to get questions answered.

Questions I could ask the Financial Management Service:

- What is your experience?
- Which models of Financial Management Service do you provide?
- How will you help me with my Spending Plan?
- Will you send me monthly reports on my budget and spending?

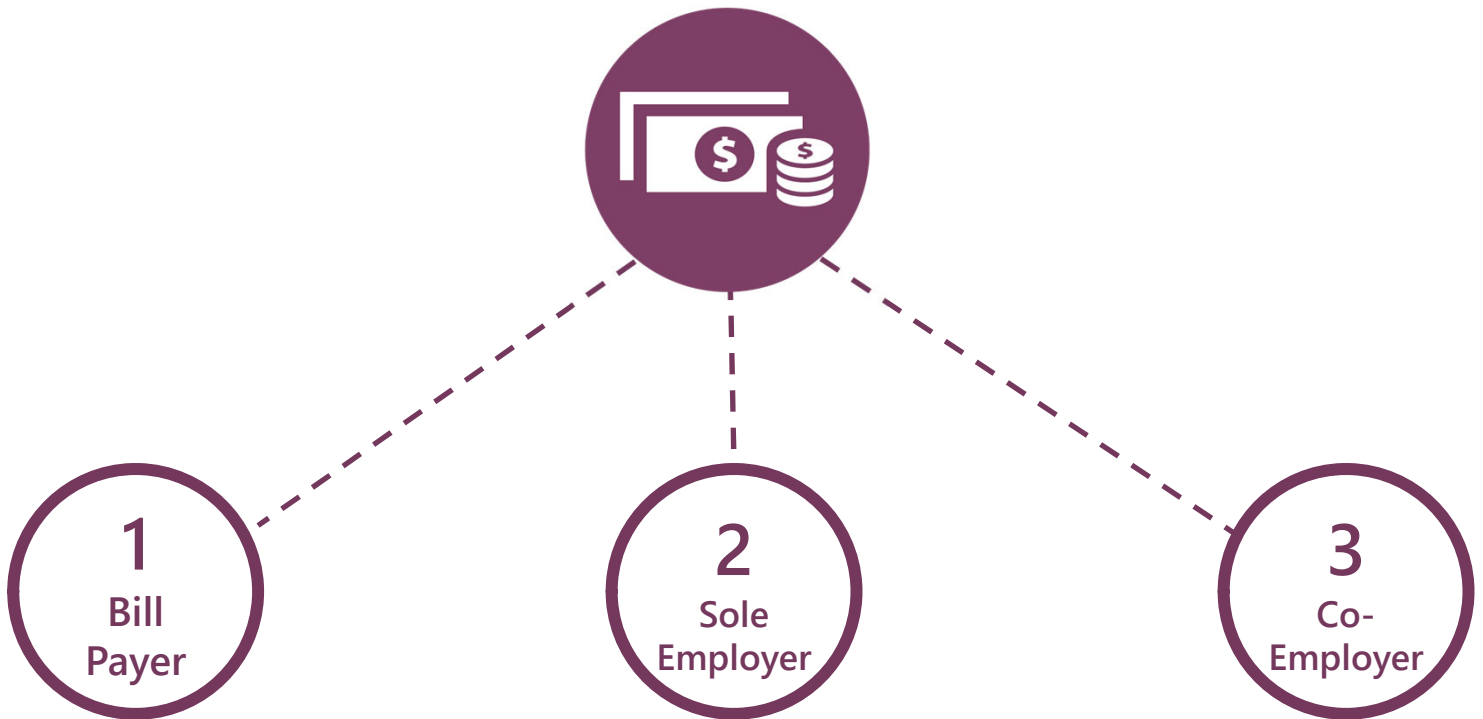


Possible Questions for Financial Management Service (FMS) Providers

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 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?

3 WAYS to work with your Financial Management Service

Financial Management Service



Choose one that works best for you.



You might choose the **Bill Payer** model if...

- I do NOT want to be the employer of my workers.
- The people who help me already work for an agency
- I want the Financial Management Service to purchase items from a company for me
- I want the Financial Management Service to pay the agency who provides my services

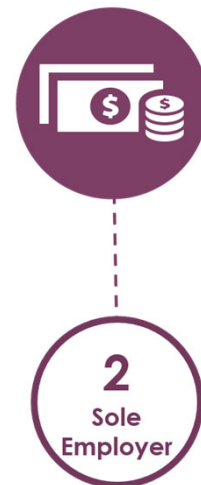
In the Bill Payer model participants do not hire their own employees.





You might choose the Sole Employer model if...

- I **DO** want to be the employer of my workers.
- I **WILL** carry necessary insurances related to employment.
- I agree to have the Financial Management Service to pay my employees and other bills **as I instruct them. I submit timesheets to the Financial Management Service.**
- I agree to have the Financial Management Service to check background and qualifications of my employees.
- I agree to have the Financial Management Service assist me in following all applicable employment laws.





You might choose the Co- Employer model if...

Me

- I Want to **SHARE** being the employer of my workers.

The Financial Management Service

- Follows all applicable employment laws
- Provides forms and information for background checks
- Handles and pays for necessary insurances related to employment
- SHARES** being the employer
- Pays** employees and other service providers

In the Co-Employer model participants share responsibility for managing employees with the Financial Management Service.





Sofia's family chooses the Bill Payer Model

- ✓ Her services are all provided by agencies
- ✓ There are no employer/employee relationships

Type of Financial Management Service needed



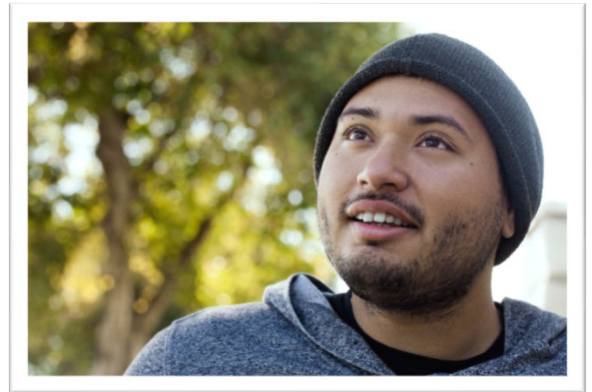
1
Bill
Payer



Jason chooses the Co-Employer Model

- ✓ Jason hires a local **agency** which staffs job coaches who specialize in his dream job, gardening.
- ✓ Jason finds, interviews, and hires a social coach, and the **Financial Management Service** will handle all of the **business** and **liability**.
- ✓ Jason hires his neighbor for supporting him during his day, and the **Financial Management Service** will handle all of the **business** and **liability**.

Type of Financial Management Service needed





There is a cost for the Financial Management Service

Department of Developmental Services (DDS) determined the costs.

Financial
Management
Services



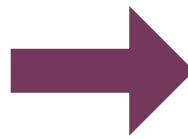
Cost of the Financial Management Services is based on the **number of services I receive.**



“Number of Services” determine the Financial Management Service monthly cost

How does the DDS define “Number of Services”?

Number of services is equal to the total number of services in my annual Self-Determination Program Spending Plan.



Financial Management Service Monthly Cost



Financial Management Service Cost for Sofia



Number of Services Received

Self-Determination Program Maximum Financial Management Services (FMS) Rates		
FMS Model	Number of Services	Max Rate Per Month
FMS as Bill Payer	1-3	\$50
	4-6	\$75
	7+	\$100
Participant as Sole Employer	1-2	\$110
	3-4	\$125
	5+	\$150
Participant & FMS as Co-Employers	1-2	\$125
	3-4	\$140
	5+	\$165



Financial Management Service Cost for Jason



Number of Services Received

Self-Determination Program Maximum Financial Management Services (FMS) Rates		
FMS Model	Number of Services	Max Rate Per Month
FMS as Bill Payer	1-3	\$50
	4-6	\$75
	7+	\$100
Participant as Sole Employer	1-2	\$110
	3-4	\$125
	5+	\$150
Participant & FMS as Co-Employers	1-2	\$125
	3-4	\$140
	5+	\$165



Some important info about Financial Management Service costs...

- The monthly rate set by the DDS, only pays for the Financial Management Service to provide their service.
- The Financial Management Service rate does not cover wages, employment taxes, workers compensation, health care or other types of insurance employees are hired.
- The Financial Management Service costs will come out of the Spending Plan.

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

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

Note: If the Financial Management Service 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 Financial Management Service 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 Financial Management Service can agree to rates lower than the maximum rates above.**



Financial Management Service Practice Activity

1. Review services on the Spending Plan.
2. Will there be employees?
3. What will be the relationship with employees?
 - a. Will you be employing workers directly?
 - b. If yes, do you want all of the responsibility or control? OR, do you want to share it with the Financial Management Service?
 - c. Will you only hire people who work for agencies or plan to only be purchasing items?
4. What type of Financial Management Service would you have? Why?
5. What would the Financial Management Service cost be?



Self-Determination

Module 7: Staying Safe in Your Community





Staying Safe

**The first principle of
Self-Determination
is**

FREEDOM

**With freedom
comes
responsibility!**



Staying Safe

With Freedom comes responsibility!!

Responsibility to Protect yourself

- Abuse
- Neglect
- Physical wellness

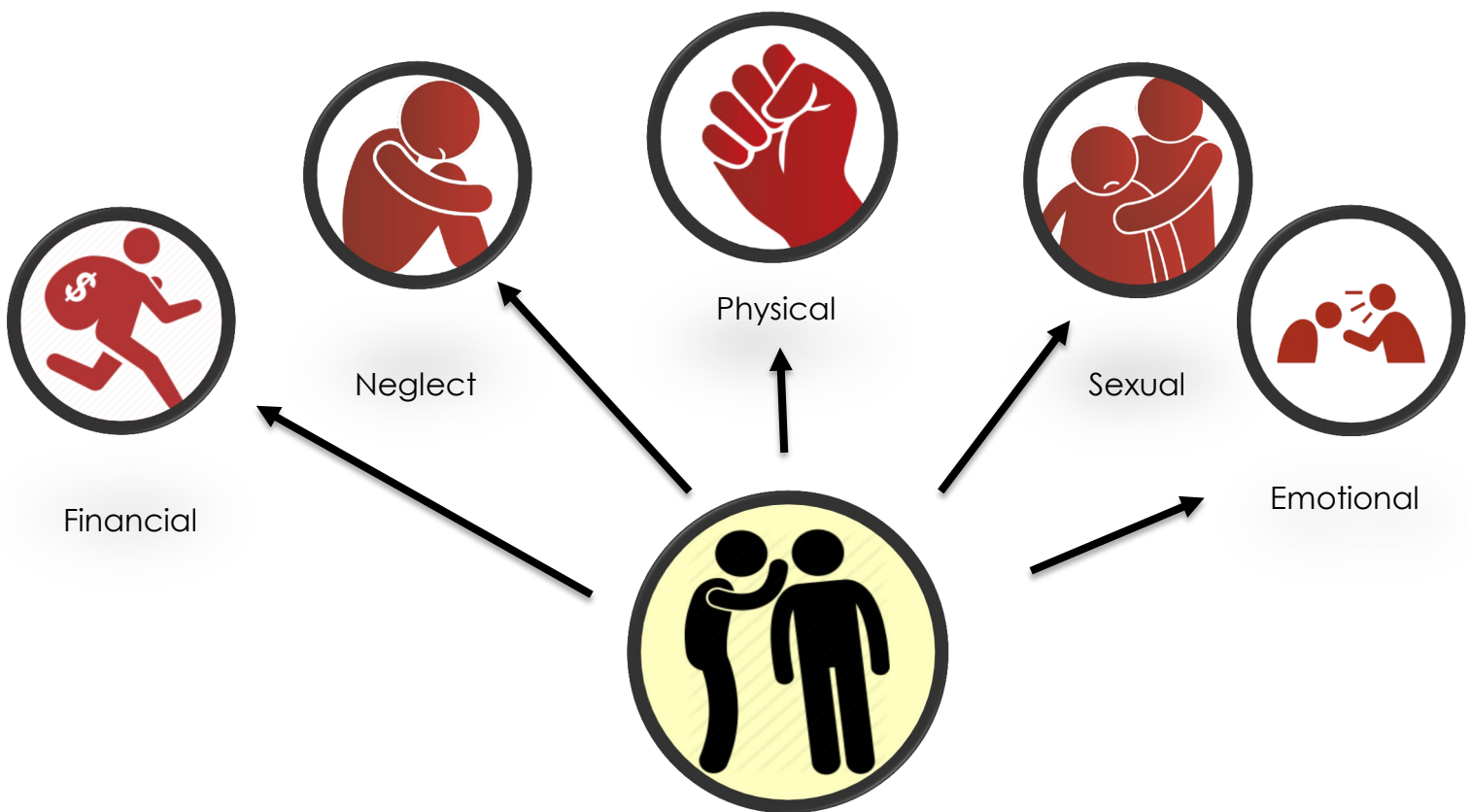
Manage Risk

- Personal
- Financial
- Exploitation



There are many different kinds of abuse

- You and your team need to:
- Learn about abuse.
- Learn how to know abuse is happening.
- What to do if you think it is happening.



TELL SOMEONE YOU TRUST!



Staying Safe

Ensure your Wellness

- Establish your health network
- Build a daily schedule that promotes wellness
- Healthy Relationships
- Provide supports necessary to make it effective



Recognizing Financial Abuse

Here are some examples of Financial Abuse:

- Someone putting your money in their account and denying you access to it.
- Keeping you from seeing your bank accounts or records.
- Hiding or stealing your money, credit cards or check.
- Using your social security number to obtain loans, credit cards without your permission.
- Using your credit cards without your permission.
- Refusing to give you money for food, rent, medicine or clothing.





Recognizing Physical Abuse & Neglect

- Failure to provide basic physical needs: food, clothing, shelter, medical; or dental needs
- Changed behavior, reluctance to share information openly
- Unexplained or unusual illnesses or injuries





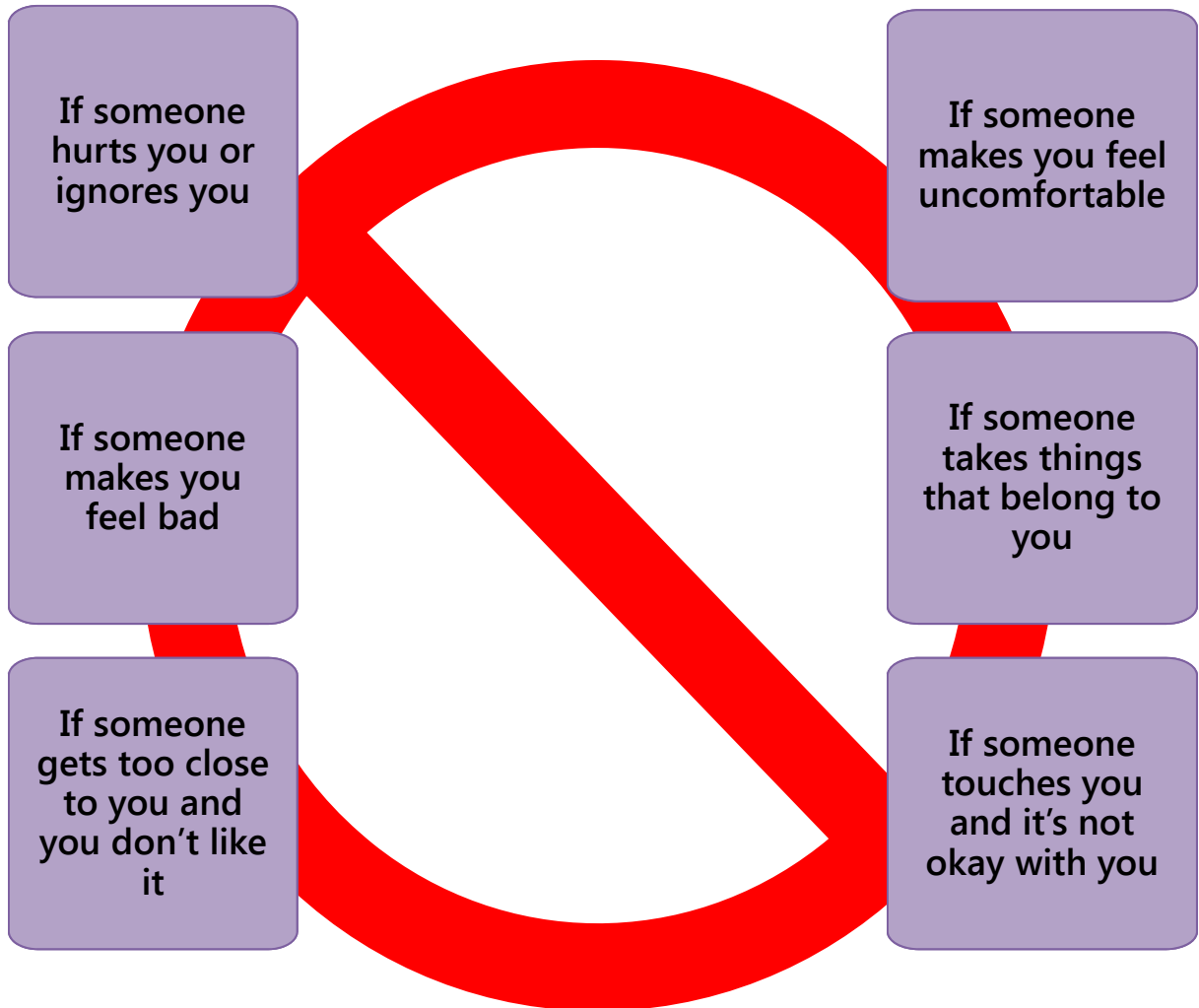
Healthy Relationships

- Provide a plan that includes social opportunities.
- If needed provide support and education on healthy relationships.
- Educate on abuse, consent, choice, and asking for help.





DON'T IGNORE IT



It is **NOT** OK!



Reporting Abuse

Tell someone you TRUST

- Family
- Friends
- People from your school
- People at work
- Your service coordinator
- Medical professionals



They will HELP

- Make sure you are safe
- Report to the appropriate people
 - ✓ Adult protective services
 - ✓ Child protective services
 - ✓ Local law enforcement
 - ✓ Your regional center





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

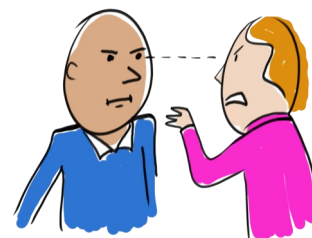
- **Make eye contact** — Look the attacker directly in the eye to say you are not afraid!
- **Breathe** — Take a deep breath and calm yourself.
- **Focus** — Focus on what to do to get to safety.
- **Get help** — Call 911, report it to the police, talk to your supporters, and/or get help from an abuse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





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 heel to stomp on top of the attacker's foot.**



- **Use your fist to hit the attacker in the nose.**



- **Use your knee to hit the attacker in the groin.**



- **Use your heel to kick the attacker in the shin.**

- **Use your wheelchair to hit the attacker's legs.**

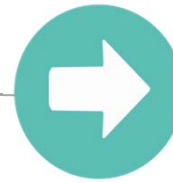


When you defend yourself, do what you have to do to get to safety!



My Notes & Next Steps





Self-Determination

Module 8: My Next Steps





We have covered a lot of information

- Principles of Self-Determination
- Roles and Responsibilities
- Person Centered Planning
- My Individual Budget
- My Services and Spending Plan
- Financial Management Service (FMS)
- Staying Safe in My Community

Think about what you have learned and what questions you have.

Think about what your next steps will be.

Think about the people in your life who can help you get started.



Do you want to **enroll** in the Self Determination Program?

- Contact your CSC.
- Attend Orientation
- Complete a PCP (optional)
- Complete a budget meeting, and certify the budget.
- Develop an Individual Program Plan.
- Select your FMS agency.
- Develop the spending plan and obtain final approval from NLACRC.

***If you want to learn more about the Self-Determination Program before starting the process, you may attend an informational meeting.**

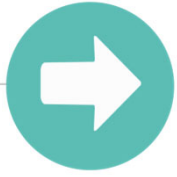


Resources

- Center for Self-Determination:
self-determination.com
- Updates on California's Self-Determination Program:
dds.ca.gov/SDP

Questions:

- Local Regional Center:
<https://www.nlacrc.org>
- Local Advisory Committee:
Meets every 3rd Thursday of the month
- DDS Website: www.dds.ca.gov/sdp
- SDP Email:
selfdetermination@nlacrc.org

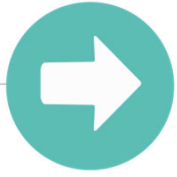


Closing Thought

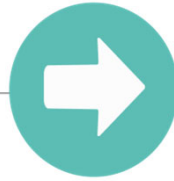
What is Possible is up to

YOU!

Make a plan that fits your life and helps you meet your life goals, with services from people you choose, in the community where you live and in places you want to be!



My Notes & Next Steps



Thank You!