# Social Recreation Camp Non-Medical Therapies

Training Information



North Los Angeles County Regional Center Last Revised- February 2025

Overview: Understanding Amended California Law for Social Recreation, Camp, & Non-Medical Therapy Services

### Reference:

Welfare & Institutions Code Section 4688.22

The Legislature places a high priority on promoting the full inclusion and independence of individuals with developmental disabilities, through opportunities for recreation.

Social recreation services, camping services, and non-medical therapies are services and supports that are available to individuals, not only for socialization, but to lead the lives that they want in the community.

The regional centers shall use the following principles when purchasing social recreation services, camping services, and nonmedical therapies:

Receive services and supports in settings where individuals without disabilities also participate.

Promote community inclusion and build social relationships through shared interests/activities.

Support independence and participation in social activities without paid support.

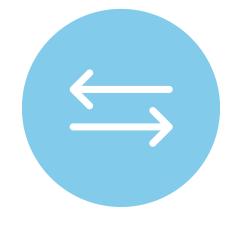
Develop interests, skills, and social networks to reduce isolation, be connected to the community, and enhance well-being.

Develop Purchase of Service policies and procedures to decrease barriers. Ensure accessibility for children, underserved individuals, and those unable to afford upfront costs.

Regional Centers shall increase the availability of vendors and enable services to be funded through Participant-Directed Services.

Effective July 1, 2023, a regional center shall not require an individual or family member to do any of the following to access social recreation, camp, or non-medical therapy services:







CANNOT REQUIRE IN-HOME SUPPORTIVE SERVICES TO BE EXHAUSTED OR USED FIRST. NO SERVICE EXCHANGE
REQUIRED (EX. RESPITE
HOURS FOR RECREATION
HOURS).

NO COPAYMENT TO OFFSET COSTS.

Overview: NLACRC Funding Options IPP team agreement/ for Social Recreation, Camp, & Request approved Non-Medical Therapy Services Is activity/ business a regional center vendor? \*preferred funding method\* Yes No FMS- Pay Vendor with another activity/business NLACRC vendor? **FMS-Reimburse** regional center? directly individual/ (preferred funding family member option for nonvendored activities) Authorize directly Complete Out of using NLACRC Area (OOA) request form vendor **Authorize FMS** Authorize FMS activity reimbursement payment (service code (service code 024) 459) AND FMS monthly AND FMS monthly fee fee (service code 490) Authorize directly (service code 490) using OOA vendor (once OOA is (OOA request needs to be reviewed/renewed approved) upon expiration of consumer-specific

agreement time frame)

# Roles and Responsibilities Individual/Family, Case Management, FMS Vendor FMS Direct Payment

This process explains how NLACRC uses a Financial Management Service (FMS) vendor to pay for camps, social recreation activities, and non-medical therapies identified in the IPP (Individual Program Plan). If a business is not a regional center vendor, the FMS vendor will pay the business directly and the individual/family member does not need to pay out of pocket.

\*\*This is the preferred method of funding for non-vendored activities.\*\*

### Roles and Responsibilities- Individual/Family, Case Management, FMS Vendor

FMS Direct Payment

### Individual/Family

1. Individual/Family contact

for camp, social recreation,

CSC and identify a need

or non-medical therapy

Individual/Family should

not sign up for, pay for,

until there is IPP team

or commit to any activity

services.

**IMPORTANT:** 

agreement.

2. Individual/Family will provide CSC with:

Individual/Family

- Name of business
- Contact information for business (ex. phone, email, website)
- Details about the activity
- Pricing information

NOTE: FMS vendor needs at least 2 weeks to contact business and to arrange payment before the service starts.

### Case Management

3. CSC reviews need and submitted information and will inform individual/family if request is approved.

(Reference: Camp/Social Rec/Non-Medical Therapy Checklist)

- 4. If approved, CSC will complete the following and submit to CSS for approval:
- FMS POS for each activity (PL2249, service code 459).
- FMS Fee POS (PL2248, service code 490), if not already in place.
- Pricing information
- IPP/IPP addendum

### Case Management

5. CSC will send encrypted email to FMS vendor.

Email POS/referral information:

- Approved POS for activity and FMS fee
- Face sheet without SS#
- Contact information for business (ex. phone, email, website)
- Details about the activity
- Pricing information

### FMS Vendor

6. FMS vendor will receive POS/referral documents from CSC.

7. FMS vendor will contact individual/family and business to set up payment for service.

# Roles and Responsibilities Individual/Family, Case Management, FMS Vendor FMS Reimbursement

This process explains how NLACRC uses a Financial Management Service (FMS) vendor to reimburse an individual/family member for camps, social recreation activities, and non-medical therapies identified in the IPP (Individual Program Plan). The individual/family member will pay for the activity first and submit proof of payment to NLACRC. Then, the FMS vendor will issue a payment to the individual or family member to reimburse what was paid. FMS reimbursement should be considered when the activity/business does not accept FMS direct payments or if there are circumstances where the individual/family identifies that FMS direct payment cannot be utilized.

The individual/family member to be reimbursed must be eligible to receive reimbursement funds (social security number or other taxpayer identification number, certified through completion of IRS Form W-9).

### Roles and Responsibilities- Individual/Family, Case Management, FMS Vendor

FMS Reimbursement

### Individual/Family

### Case Management

### Case Management

### Case Management >> FMS Vendor

1. Individual/Family contact CSC and identify a need for camp, social recreation, or non-medical therapy services.

### **IMPORTANT:**

Individual/Family should not sign up for, pay for, or commit to any activity until there is IPP team agreement.

- 2. Individual/Family will provide CSC with:
- Name of business
- Information about activity/business (ex. flyer, website)
- · Details about the activity
- Pricing information

3. CSC reviews need and submitted information and will inform individual/family if request is approved.

If approved, CSC will notify individual/family that payment can be made and submit receipt/proof of payment to CSC.

(Reference: Camp/Social Rec/Non-Medical Therapy Checklist)

- 4. If approved, CSC will complete the following and submit to CSS for approval:
- FMS POS for each activity to reimburse (PL2379, service code 024).
- FMS Fee POS (PL2248, service code 490), if not already in place.
- Receipt/Proof of payment
- IPP/IPP addendum

CSC will inform individual/family that for ongoing reimbursements, future receipts/proof of payment will be submitted by individual/family directly to FMS vendor.

5. CSC will send encrypted email to FMS vendor.

Email POS/referral information:

- Approved POS for activity and FMS fee
- Face sheet without SS#
- Name/contact info of person to be reimbursed
- Receipt/Proof of Payment

- 6. FMS vendor will receive POS/referral documents from CSC.
- 7. FMS vendor will contact individual/family to provide required forms for completion and will process reimbursement.
- 8. For activities authorized as ongoing reimbursement, individual/family will submit future receipts/proof of payment to FMS vendor directly via email.

### Roles and Responsibilities: Individual/Family & NLACRC

(Case Management, Community Services, Accounting)

Purchase Reimbursement processed through NLACRC

This process explains how NLACRC funded purchase reimbursement requests prior to March 1, 2025.

NLACRC utilized the vendorization process to vendor an individual or family member in order to receive reimbursement for the purchase of camps, social recreation activities, and non-medical therapies identified in the IPP (Individual Program Plan). The individual/family member would pay for the activity first and submit proof of payment to NLACRC. The individual/family member would complete documentation to become a vendor for purchase reimbursement. Then, NLACRC issued a payment to the individual or family member to reimburse what was paid.

Effective March 1, 2025, new and renewing reimbursements will be processed utilizing FMS.

### Roles and Responsibilities: Individual/Family & NLACRC

(Case Management, Community Services, Accounting)

Purchase Reimbursement processed through NLACRC

(continued)

The individual/family member to be reimbursed must be eligible to receive reimbursement funds (social security number or other taxpayer identification number, certified through completion of IRS Form W-9).

### Roles and Responsibilities- Individual/Family & NLACRC Case Management, Community Services, Accounting Purchase Reimbursement processed through NLACRC

### Individual/Family

### C reviews need and

Case Management

### Case Management

### Accounting

1. Individual/Family contact CSC and identify a need for camp, social recreation, or non-medical therapy services.

### **IMPORTANT:**

Individual/Family should not sign up for, pay for, or commit to any activity until there is IPP team agreement.

- 2. Individual/Family will provide CSC with:
- Name of business
- Information about activity/business (ex. flyer, website)
- · Details about the activity
- Pricing information

3. CSC reviews need and submitted information and will inform individual/family if request is approved.

If approved, CSC will notify individual/family that payment can be made and submit receipt/proof of payment to CSC.

(Reference: Camp/Social Rec/Non-Medical Therapy Checklist)

- 4. If approved, CSC will complete the following and submit to CSS for approval:
- Manual POS for each activity to reimburse (service code 024).
- Receipt/Proof of payment
- Information about activity/business and pricing
- IPP/IPP addendum
- 5. CSS will submit approved POS, receipt/proof of payment, and pricing information to Community Services.

6. Vendor Coordinator will review POS and proof of payment.

**Community Services** 

- 7. Vendor Coordinator will send vendor packet and reimbursement agreement per POS to individual/family to be reimbursed.
- 8. Upon return of packet/agreement from individual/family, Vendor Coordinator will:
- Assigned vendor number and subcode.
- Send to Accounting Specialist.
- Sent email to individual/family to provide update.

- 9. Within 1 week of receipt from Community Services, pay reimbursement on the next check run (Wednesdays).
- 10. For activities authorized as ongoing reimbursement, individual/family will submit future receipts/proof of payment to Accounting directly via email.

### Reference: Camp/Social Rec/Non-Medical Therapy Checklist

**Purpose:** The IPP planning team will utilize this checklist for guidance to assist with IPP planning discussion when reviewing requests for social recreation services, camping services, and nonmedical therapies, to promote the full inclusion and independence of individuals with developmental disabilities through opportunities for recreation, socialization, and community involvement. (Reference: <u>WIC §4688.22</u>)

Individual/Family contacts CSC regarding need for recreation, socialization, or community involvement:

Is the request for a camping service, social recreation activity, or non-medical therapy?	☐ Yes ☐ No
Did the individual/family provide CSC with information on the camping service, social recreation activity, or non-medical therapy (ex. website, handout, flyer)?	□ Yes □ No
Is the service being provided by a business or licensed program?	☐ Yes ☐ No
Is this an individual/1:1 activity (individual with an instructor only) or group activity with peers?	
Will participation in the camping service, social recreation activity, or non-medical therapy provide the individual with an opportunity for recreation, socialization, or social participation in their community?	☐ Yes ☐ No
If request is for 2 or more activities, review weekly schedule to ensure no overlap of services/supports.	

If answer is YES to all questions, move forward with funding process.

## Weekly Schedule (optional)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
12:00 AM							
1:00 AM							
2:00 AM							
3:00 AM							
4:00 AM							
5:00 AM							
6:00 AM							
7:00 AM							
8:00 AM							
9:00 AM							
10:00 AM							
11:00 AM							
12:00 PM							
1:00 PM							
2:00 PM							
3:00 PM							
4:00 PM							
5:00 PM							
6:00 PM							
7:00 PM							
8:00 PM							
9:00 PM							
10:00 PM							
11:00 PM							