

# TRI-COUNTIES REGIONAL CENTER

## EXECUTIVE DIRECTOR REPORT

September 7, 2012

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### I. AUTISM HEALTH INSURANCE PLAN MANDATE (SB 946) IMPLEMENTATION PLAN UPDATE

- **Attachment #1:** SB 946 Letter to Families
- **Attachment #2:** SB 946 Flow Chart
- **Attachment #3:** TCRC SB 946 Insurance Co-Payment Fact Sheet
- **Attachment #4:** SB 946 FAQ
- **Attachment #5:** TCADD Service Policy and Guidelines 10601

On July 1, 2012 Senate Bill 946 (Steinberg) went into effect, making California the 28<sup>th</sup> state in the nation to pass an Autism Insurance Mandate. This new law requires California private insurance companies to contract with Qualified Autism Services Providers and cover behavioral intervention (ABA services). This new law also requires TCRC ensure individuals and families (current and those new to the regional center system) seek payment of all behavioral services through their health insurance carrier or service plan prior to seeking payment from regional centers. Families with Medi-Cal only and Cal-PERS PPO plans are not affected by this new law.

TCRC has developed a SB 946 local implementation plan. This plan includes a written notice sent out to all the individuals and families impacted informing them of the new law and inviting them to attend one of six informational sessions that were held at each TCRC office in June to better understand the law and to answer their questions (**Attachment #1**). Additionally, TCRC held seven follow-up informational meetings in the Month of August at each of the TCRC offices to offer families additional opportunities to learn about the SB 946 requirements and to answer questions. TCRC has also developed a flow chart on how the process will work, a SB 946 Co-Payments Fact Sheet and a Frequently Asked Question (FAQ) document for persons served and families – with the assistance of ARCA (**Attachments #2-#4**).

TCRC will work collaboratively with all individuals and families impacted by this change, utilizing the individual planning team process, to ensure as smooth a transition as possible. TCRC staff will support the person and family through their insurance company's process for accessing SB 946 services. When the insurance company approves services, the TCRC Service Coordinator will work with the family to request that the health plan waive any co-payments. If this is not possible, TCRC will offer to pay any co-payments for SB 946 services directly to the ABA service provider, using a service code that maximizes federal funding. Co-payments will be

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capped at \$45 per co-payment to ensure cost-effectiveness. This cap was determined using Service Code 620 median rate minus a 15% administrative overhead. To date many families have been able to work with their existing ABA service provider to transition services to their insurance. Families who are currently being served by ABA service providers who are not paneled with the family's insurance will be required to switch to an ABA service provider that can accept their insurance. **(Attachment #5)**.

In the event that a planning team is unable to agree on the transition steps or the transition to insurance is unsatisfactory, the Lanterman Act Notice of Action and Fair Hearing procedures remain available to TCRC, persons served by TCRC and their families to seek resolution.

## II. ARCA NEW DAY CONFERENCE

- **Attachment #6:** ARCA New Day Conference Brochure

The fourth ARCA conference on employment and housing for persons with developmental disabilities will be held on September 18-19, 2012 in Pasadena. The conference is intended to provide a forum for sharing knowledge and expertise on the promising practices and innovations that make employment and housing a reality for persons with developmental disabilities **(Attachment #4)**. TCRC will be sending some employees and Board members to the conference.

## III. QUESTIONS & ANSWERS



**Tri-Counties  
Regional Center**  
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May 31, 2012

Dear Parent,

These are exciting times of change in California and we are writing to let you know about a new law that will help you obtain behavioral intervention treatment, including applied behavioral analysis (ABA) for your child or adult loved one with autism or pervasive developmental disorder (PDD).

On July 1, 2012, Senate Bill 946 becomes law, making California the 28<sup>th</sup> state in the nation to pass an Autism Insurance Mandate. This new law requires California private insurance companies to contract with Qualified Autism Services Providers and cover behavioral intervention. **Families with Medi-Cal only are not affected by this new law.** More information about this new law is enclosed.

Tri-Counties Regional Center (TCRC) will be holding information sessions in each office during the month of June to help families understand the law and how TCRC will be working with families and providing assistance to you during the transition. In the event that the Planning Team is unable to agree on the transition steps or the transition to insurance is unsatisfactory, the Lanterman Fair Hearing procedures remain available to persons served and their families.

Please join us to learn more. RSVP as soon as possible by calling your local TCRC office. Spanish translation will be available. Please request Spanish translation when calling to RSVP.

### **Autism Insurance Training Schedule** All Sessions will be held from 6:00pm -7:30pm

Wednesday	June 6	Atascadero	(805) 461-7402
Thursday	June 7	San Luis Obispo	(805) 543-2833
Wednesday	June 13	Santa Maria	(805) 922-4640
Wednesday	June 20	Simi Valley	(805) 522-8030
Thursday	June 21	Santa Barbara	(805) 962-7881
Thursday	June 27	Oxnard	(805) 485-3177

Senate Bill 946 is Good News for California and brings families a new opportunity to receive essential services. TCRC looks forward to working with you and the health insurance providers to implement this historic change.

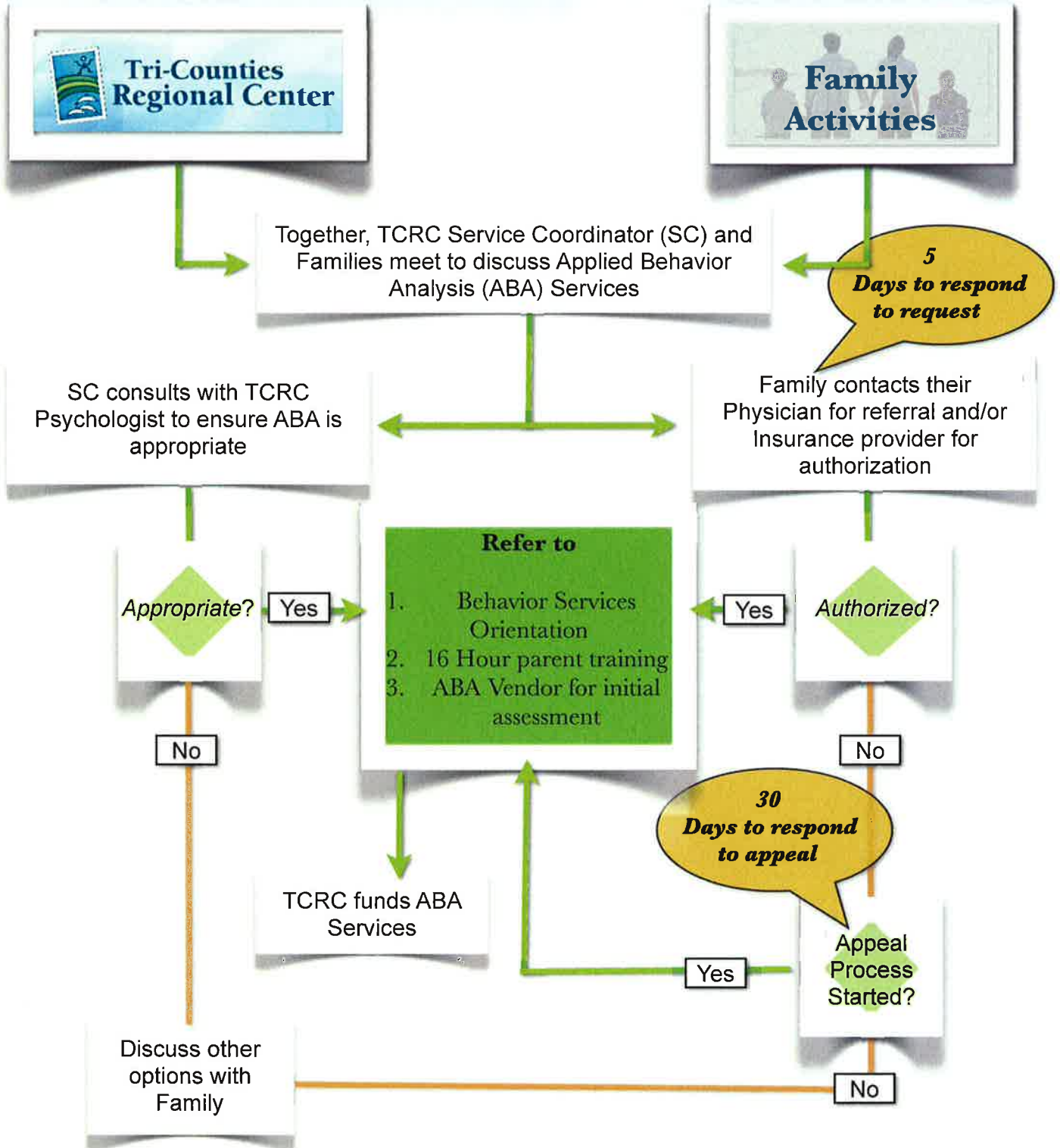
Sincerely,

Omar Noorzad, Ph.D.  
Executive Director

Tri-Counties Regional Center

# SENATE BILL 946

INSURANCE COMPANY FUNDING OF APPLIED BEHAVIOR ANALYSIS



## Tri-Counties Regional Center

### ***SB 946 – Autism Health Insurance Plan Mandate INSURANCE CO-PAYMENTS***

*August 2012*

#### **A. GENERAL GUIDELINES**

- 1. TCRC will pay co-payment amounts (“co-pays”) for Applied Behavior Analysis (“ABA”) sessions provided to persons served and their families who are covered by private insurance up to \$45 per day.**
2. TCRC will not require any financial justification from families to approve co-pays.
3. TCRC will pay the ABA service provider directly for family co-pays.
4. TCRC will not reimburse families directly for insurance co-pays. This eliminates any potential IRS income penalties for the family.
5. TCRC will only reimburse co-pays for ABA treatments at this time. (OT, PT, SLP or other medically necessary services are not included in this reimbursement procedure).
6. Early Start services and insurance reimbursement are regulated differently; contact the Service Coordinator or the Early Start Manager in the local TCRC office if there are questions about insurance funded services for children 0-3.
7. ABA service providers may waive the co-pay requirement if direct reimbursement from TCRC violates any of the health plan or business procedures of the ABA service provider.
8. Health Plans may also waive co-pays. Information will be provided to Service Coordinators and Managers as provided by the Health Plans.
9. TCRC will reimburse co-pays using Medicaid Waiver billable service codes.
10. Families who are on the Medicaid Waiver and have private insurance will need to use private insurance as the primary funding source.
11. Families receiving Medi-Cal only and who do not have private insurance are not affected by SB 946 and ABA services will be fully funded by TCRC.
12. Information on participating Health Plans and ABA Providers is available on TCRC’s website.

## FAQs Regarding Insurance Funding for Behavioral Health Treatment for Autism and PDD June 29, 2012

Please note that this document provides information about a situation that continues to evolve. As such, ARCA anticipates that changes will be made to it as updated information becomes available.

### **1. Which insurance plans are required to provide funding for behavioral health treatments for autism and PDD?**

Every privately-funded health insurance plan that provides hospital, medical or surgical coverage in addition to behavioral and health services is impacted with the exception of employer self-funded plans is responsible for coverage of these services as of July 1, 2012 as a result of Senate Bill 946. Additionally, the Department of Managed Health Care has indicated that as of this same date this responsibility also applies to plans funded by Healthy Families as well as certain plans funded by CalPERS under Assembly Bill 88 (Mental Health Parity). TRICARE also provides funding for ABA services for active duty family members.

### **2. Which CalPERS plans are required to fund behavioral health treatments for individuals with autism or PDD?**

The three CalPERS HMO plans (Blue Shield of California Net Value, Blue Shield Access+ and Kaiser Permanente) are required to fund these services. CalPERS PPO plans (PERS Select, PERS Choice and PERSCare) are self-funded and are not required to offer these services.

### **3. Are any self-funded plans providing coverage for behavioral health treatments for individuals with autism or PDD?**

Self-funded plans are not required to provide funding for these services under California law. Some are, however, opting to provide this as a benefit to their members. At least one regional center is requiring that families in self-funded plans provide evidence that their plan is self-funded as well as an indication from their insurers whether this is a covered benefit. *TCRC is asking families to inquire with their Human Resources Department to verify if their self-funded plan includes an autism benefit. Many families are also requesting their employer to add an autism benefit to the plan.*

**4. When do the funding requirements go into effect?**

Most insurance carriers are required to comply no later than July 1, 2012. TRICARE is already providing services as are some insurance companies that were part of a settlement agreement on this issue last year.

**5. As children now served by Healthy Families will be transitioning into Medi-Cal, what should regional centers do with those children in the meantime?**

Healthy Families provides private HMO coverage through contracted insurance providers to income-eligible children. As a part of the 2012-2013 state budget, there was agreement to transition children served by Healthy Families into Medi-Cal. The timeline for termination of Healthy Families outlined in trailer bill language is very preliminary and dependent upon approval to changes in Medi-Cal. Funding for behavioral health treatments through insurers funded by Healthy Families remains available in the meantime. As such, regional centers should pursue funding for these services through those insurers. *TCRC has begun working with the Healthy Families Administrator in Ventura County to refer local ABA vendors to contract with Ventura County Health Plan and will be working with the Healthy Families providers in each county to assist families with the transition.*

**6. What should regional centers do with children who are receiving behavioral health treatment services and are institutionally deemed?**

As with other clients, check to ascertain whether they have health insurance in addition to Medi-Cal and pursue funding for behavioral health treatment through that insurance provider. *TCRC has informed families through the June presentations and the on-going monthly orientations of the requirement for private insurance to be the primary source of coverage for ABA services.*

**7. Will insurance companies implement these requirements consistently from one provider to the next?**

No. Insurance companies have broad latitude in the implementation of the requirements. Insurance plans can choose what providers to contract with and what rates to pay. They will also individually determine what copayments will be charged for the services provided.

**8. Will authorizations for these services be handled similarly to those for medical services that insurance companies authorize?**

There are a couple of important distinctions to be aware of. First, some insurance plans contract out their behavioral health services to other providers such as Magellan or Optum Behavioral Health, so individuals may be redirected to call a different phone number once it is apparent that the request is for behavioral health treatment. Some insurance cards have a distinct phone number on the back for the behavioral health provider, but this is not necessarily the case. Second, some insurers that are

anticipating a high volume of referrals for these services have established special units to address concerns related to these specific services.

**9. What types of treatments are required to be covered?**

The statute states that funding will be provided for ABA services in addition to “evidence-based behavior intervention programs”. There is a lot of ongoing discussion about what other therapies would be considered “evidence-based” and those that would not.

**10. What efforts are in place to try to increase consistency?**

Senate Bill 946 also required the creation of an Autism Advisory Task Force overseen by the Department of Managed Health Care that is exploring best practices related to evidence-based treatment options, duration of therapy as well as the qualifications of providers among other topics. This group will finish its work by the end of 2012 and must present a report to the Legislature at that time.

**11. How will this change impact service provision for regional center clients in need of behavioral health treatment?**

Under Welfare and Institutions Code Section 4659 (a)(2) regional centers are required to access funding from “private entities to the maximum extent they are liable for the cost of services, aid, insurance, or medical assistance to the consumer.” As such, individuals and family members need to access available funding from insurance companies for behavioral health treatment associated with autism and pervasive developmental disorder before the regional center can offer funding for these services.

**12. How can regional centers facilitate a referral for behavioral health treatment to an individual’s health insurer?**

The procedure for each plan differs a bit. The larger plans have developed a distinct referral process for this transition. In general, the plans are requesting that either the current behavioral provider or regional center contact the plan and be able to provide at a minimum:

- Individual’s date of birth
- Individual’s health member identification number
- Diagnostic assessment confirming the diagnosis of autism or PDD
- Current behavioral treatment plan that includes:
  - Measurable goals
  - Current symptomatology



- Background of the individual
- Number of hours of service requested delineated by service level (i.e., BCBA and paraprofessional)

ARCA is in the process of developing detailed procedures for specific health plans as staff completes calls with health insurers on their preferred processes for transition. For specific referral information for those plans, please see the specific guidance as it becomes available. *TCRC is reviewing the current information received to date regarding the various health plan procedures and working with (TCRC) contracted ABA vendors& families to prepare the necessary documentation required by each plan.*

**13. If a regional center is currently funding a behavioral health treatment for a client, how can it discontinue funding for that service as a result of availability of funding for similar services through the individual's health insurance?**

As with other changes to the Individual Program Plan, this change requires the consent of the planning team. If agreement cannot be reached, the regional center will need to issue a notice of proposed action at least thirty days prior to discontinuing funding. Many regional centers have found that having personal conversations with impacted clients and families prior to sending written notification of the change is an important first step to take. Clients and their families will have an opportunity to appeal that decision. *During June, TCRC mailed notices to nearly 1000 individuals and provided training on the new law and provided 16 staff and parent training events to reassure stakeholders of our commitment to the IPP process and intent to use the Planning Team process to facilitate any transitions, TCRC has also agreed to allow a 90 day transition period for families to complete the process with their health plan.*

**14. How do regional centers and the people they serve know which providers have contracted with which insurance companies?**

Families and regional centers should access the health plan's on-line provider list. Since the providers change frequently, a printed listing would be quickly out of date. One regional center has indicated they have asked behavioral treatment vendors to provide this information so that they can match families with insurance to vendors that are contracted with their health plans. Lastly, regional centers and health plans have been asked to provide liaison contact information to troubleshoot issues such as this as they arise. ARCA has provided regional centers with the insurance liaison contact information that has been received. If contact information for a specific plan is needed, please let Amy Westling in the ARCA office know so that efforts can be made to get that information for you.

*TCRC maintains an internal list of vendors who are contracted with health plans. This information is updated regularly as more vendors submit information on their contracted status with various health plans. This list was provided to over 400 individual staff and parents during June to assist with preparing for the transition process. Many of TCRC's ABA vendors are already established on panels with several*

major insurance providers. The ABA providers are also becoming familiar with the different expectations of the health plans and are able to assist families and TCRC staff to obtain coverage.

Colleen Duncan, TCRC Autism Coordinator is the liaison contact with health plans.

**15. Are all regional center vendors being accepted by health insurers into their network?**

No. As long as an insurer can show that it has an adequate network of providers to serve various geographic areas as well as the volume of those needing services, it can contract with as few providers or as many as it would like. Some insurers have indicated a plan only to contract with providers associated with licensed professionals (i.e., psychologists or LMFTs) rather than those overseen by BCBAs. This is permissible, and in response, many providers have recently associated themselves with licensed professionals that the insurance companies are willing to contract with.

*TCRC is fortunate to have several vendors who have licensed psychologists in addition to BCBAs, which has allowed them to obtain contracts with many insurance plans. At this time, we are reviewing the most recent information received from ARCA regarding provider availability to ascertain if various plans have sufficient networks established or will approve single case agreements with local ABA vendors to serve families in rural areas.*

**16. What are the options if an individual or family is currently receiving services from a provider that is not contracted with their health provider and would like to continue with that same provider?**

This depends a bit upon the type of health plan involved. If the coverage is provided through an HMO, the provider can request a "single case agreement" or to be paid as an out-of-network provider if there is a strong justification to not change providers. HMOs have wide discretion on whether to approve such requests or not. In a PPO plan, contracted providers are in the network and those meeting necessary qualifications that have not contracted with the PPO are not. Individuals and families may choose to utilize a non-network provider and pay a higher coinsurance for the service. As regional centers are the payers of last resort, ongoing funding of alternative providers at family request may not be permissible.

*This issue may be of some concern in North SB & SLO counties, where the information received regarding health plan networks is indicating a possible shortage of providers. TCRC is working with affected families and the providers they are currently served by to explore the ability to retain existing ABA provider through single case agreements, based upon network insufficiency and continuity of care.*

**17. What should a regional center do with new requests for behavioral health treatment for this population?**

As the change to insurance funding for these services is July 1, 2012, insurance companies have indicated a willingness to begin evaluating their patients for necessary services.

*TCRC expects families (who have private insurance) to request services first from insurance, providing documentation to the Service Coordinator throughout the process to verify the attempt was made to access insurance. Families are provided the DMHC contact info to obtain assistance with the appeal process.*

**18. How do health care service plans determine the amount of service they will fund?**

In most cases, the plan determines the number of service hours that it believes is medically necessary. A few health plans (Blue Shield and Blue Cross included) entered into settlement agreements last year that resulted in the granting of hours without considering medical necessity. In some areas of the state, it has been reported that the number of hours that a health care services plan has granted exceeds the service level that the regional center would have authorized, which may be related to the settlement agreements.

**19. What if insurance companies deny funding for these services?**

Most impacted health plans are licensed by the Department of Managed Health Care. That department provided a webinar training about the internal grievance procedures for plans as well as further appeal processes to regional center staff on June 14, 2012. This was intended to enable regional center staff to assist individuals and their families with walking through the insurance appeal process. DMHC archived this webinar for future regional center training use. When the specific Internet address becomes available to access this training, ARCA will provide that information to regional centers.

*TCRC staff participated in the webinar with DMHC and has been providing families & staff with DMHC referral information since beginning behavioral services orientations in 2010. TCRC continues to encourage families to contact DMHC during this transition to obtain accurate information on their health plans as well as to file appeals if denied coverage.*

**20. Do insurance companies provide aid paid pending during the appeal process if they decide not to support ongoing authorization for services?**

No. Services are authorized for a specified period of time. Before the authorization ends, the insurer makes a decision as to whether to authorize additional service hours for another period of time. If the decision is not to authorize additional services that are being requested, the individual or family of a minor child is notified in writing and given the opportunity to appeal.

**21. Is the expectation that regional centers will fund ongoing services while a funding decision is being appealed through the insurance carrier?**

It is incumbent upon the regional center to make an independent decision about whether to support funding of a service that an insurance company denies. Part of making this decision would likely mean requesting records about interventions that the individual has received via health insurance funding. Once regional centers begin providing funding, they are likely responsible for aid paid pending should an appeal stem from a decision to discontinue it at a later date.

*TCRC has informed families that they are expected to contact insurance plan, request services and provide documentation to Service Coordinator regarding the status, including copy of complaints and/or appeals filed. The Planning Team will determine individual service levels.*

**22. How is information exchanged between regional centers and health care service plans related to an individual's diagnosis, treatment and progress?**

Both health care service plans and regional centers are subject to the requirements of HIPAA. Regional centers have additional requirements related to their practice outlined in Welfare and Institutions Code Section 4514. Section 4514 (c) allows for an exception to normal confidentiality of regional center records "to the extent necessary for a claim, or for a claim or application to be made on behalf of a person with a developmental disability for aid, insurance, government benefit, or medical assistance to which he or she may be entitled." Some regional centers have indicated a plan to err on the side of caution on this issue and to obtain signed releases from families before disclosing specific information to health insurers.

*TCRC will obtain individual releases from each family before contacting health plans.*

**23. Is there a means for regional centers to recover funds from health care service plans for services funded during periods that individuals or their families are appealing a decision by a health care service plan?**

The Department of Managed Health Care cannot require insurers to reimburse regional centers or any third parties that provide funding even when the funding decision by the health care service plan is overturned on appeal. There is a provision in Welfare and Institutions Code Section 4659.11 that appears to allow for regional centers to submit claims to health care service plan in this instance. ARCA is working to get clarification related to the mechanics of this process.

**24. What are regional centers doing relative to requests for assistance with funding of the copayments associated with behavioral health treatments funded by health care service plans?**

ARCA's attempts to have the insurance copayment issue legislatively addressed were not successful. Regional centers are in the process of developing practices for their individual centers around this issue. In some instances, centers are planning to pay the copayments to providers directly under the service code that they are already vendored for. There is a commitment to ensuring that there remains access to needed services.

*TCRC has provided the information below to local parent list-servs regarding the intent to assist with co-pays for services with existing contracted TCRC ABA vendors:*

***TCRC will pay co-pays for ABA sessions covered by private insurance up to a cap yet TBD, up to approximately \$38-\$40. We're still reviewing the appropriate rationale and methodology for determining the cap to ensure TCRC can provide the state with the appropriate justification if needed.***

***TCRC will not require any financial justification from families to approve co-pays.***

***TCRC will pay the ABA service provider directly for family co-pays, using the existing waiver billable behavioral service codes the vendor is already contracted for with TCRC.***

***TCRC will not reimburse families directly for insurance co-pays. This eliminates any potential IRS income penalties for the family.***

***TCRC will only reimburse co-pays for ABA treatments at this time. (OT, PT, SLP or other medically necessary services are not included in this reimbursement procedure).***

***Early Start services and insurance reimbursement are regulated differently; please contact your Service Coordinator or the Early Start Manager in your local TCRC office if you have questions about insurance funded services for children 0-3.***

**25. Are providers permitted to accept third-party (i.e., regional center) payments for copayments?**

Yes. Providers can accept third-party payments for copayments if they choose to.

**26. How do families know when they've reached their annual copayment maximum?**

ARCA has heard reports that health insurers are less consistent at tracking copayments for behavioral health than for medical services. Families should be encouraged to keep track of copayment amounts paid in order to avoid an overpayment of copayments.

**27. What can regional centers do as more issues arise?**

ARCA remains committed to helping regional centers to navigate through the implementation of insurance funding for behavioral health services. ARCA is meeting with the Departments of Managed Health Care, Insurance and Developmental Services as well as the California Association of Health Plans to discuss and resolve Senate Bill 946 implementation issues. Please contact Amy Westling ([awestling@arcenet.org](mailto:awestling@arcenet.org)) in the ARCA office for additional assistance or guidance on implementation concerns and issues.



## TRI-COUNTIES REGIONAL CENTER

Enhancing the Quality of Life for Persons with Developmental Disabilities

### Policies & Guidelines

Policies and Guidelines - 10601

#### SERVICE POLICY GUIDELINES

##### Behavior Intervention Services

Tri-Counties Regional Center enhances the quality of life for persons with developmental disabilities by working with individuals and their families to secure assessment and treatment supports and services that maximize their opportunities and choices for living, learning, working, and pursuing recreational activities in their community.

Tri-Counties Regional Center will coordinate, support and advocate for individuals to obtain appropriate behavior intervention services in their community. Tri-Counties Regional Center works with and advocates within the communities it serves to develop and identify appropriate behavior intervention services provided by professionals experienced with and sensitive to the needs of individuals with developmental disabilities. Such services maximize the potential for individuals to develop, and/or prevent deterioration, in areas of their development.

Behavior intervention services are prescribed assessments or treatments provided directly by, or under the supervision of, a qualified licensed or certified professional trained in behavior management. This service is intended to assist persons served and parents or care givers when the individual exhibits maladaptive, harmful, socially unacceptable, or developmentally unacceptable behaviors. Behavior intervention services use specialized methods of teaching important social and adaptive skills and of training family members, or primary care givers, in the effective use of positive behavior management skills. All parents or care givers will be expected to attend a brief orientation to behavior intervention services by Tri-Counties Regional Center staff before services commence. Tri-Counties Regional Center endorses only the use of non-aversive behavior intervention techniques which are evidence-based.

Access to specialized behavior intervention services directly related to the developmental disability of the individual may be necessary for the functional ability of some individuals. Tri-Counties Regional Center may authorize funding for behavior intervention services when an individual exhibits maladaptive, harmful, socially unacceptable, or developmentally unacceptable behaviors that constitute a danger or have a significant adverse effect on their participation in school or work, on family functioning, or on residential options.

The period, frequency and total amount of behavior intervention services is determined by the Planning Team, including a Tri-Counties Regional Center psychologist or physician and service provider. The provision of behavior intervention services is based on the needs of the individual or family as determined by an initial or follow up behavioral assessment. Typically, the behavior intervention service is time limited to achieve both behavioral goals for the individual and training goals for the family or care givers. In addition, the Planning Team may determine that periodic support is needed on a consultative basis to ensure the continued success of past intervention services. The intent for provision of such consultative services is to offer guidance and preventive intervention.

In some situations, intensive family support provided in the form of behavior intervention services may be required to address persistent aberrant behaviors of their children. These behavior intervention services may be offered when the parent or care giver participates as the primary agent of change. The intent for provision of such behavior intervention services is for the parent or care giver to be provided with technical supervision



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Enhancing the Quality of Life for Persons with Developmental Disabilities

## Policies & Guidelines

and support. Before intensive behavior intervention services begin, the parent or care giver is expected to attend a group parent training program that explains intensive behavior intervention, expectations of service provision, and the parent participation necessary for the intensive services to be successful. Review of the intensive behavior intervention services is expected to take place at least every six months through the planning team process involving the parent, Tri-Counties Regional Center service coordinator and clinician, and the service provider. The purpose of the review is to assure the satisfaction of the parent, the quality assurance of the service provision, and the effectiveness of the behavior program.

When the need is directly related to, or is the direct result of, a developmental disability and all generic and private resources, including private medical insurance, deny a necessary service, Tri-Counties Regional Center may authorize funding for the purchase of specialized behavior intervention services recommended by the Planning Team. For persons with a diagnosis of Autism or Pervasive Developmental Disorder (PDD), SB 946, effective July 1, 2012, requires privately funded health insurance plans to cover behavioral intervention treatment, including applied behavioral analysis (ABA). Tri-Counties Regional Center staff will support the person and family through their insurance company's process for accessing SB 946 services. When the insurance company approves services, the Tri-Counties Regional Center service coordinator will work with the family to request that the health plan waive any co-payments. If this is not possible, Tri-Counties Regional Center will offer to pay any co-payments for SB 946 services directly to the provider, using a service code that maximizes federal funding. Co-payments will be capped at a level that assures cost-effectiveness.

For persons in public school programs and individuals who reside in Level 4 behavior facilities or in health care facilities, behavior intervention services are expected to be provided as part of the individual's program, rather than as a separately funded service. Tri-Counties Regional Center service coordinators will actively advocate with local education agencies and health care facility providers to ensure the delivery of required and mandated services.

Services for children that the Tri-counties Regional Center clinical team suspect of having autism should begin as soon as eligibility for regional center services has been determined and the IFSP or IPP has been developed. The IFSP or IPP may include the need for intensive services. Tri-Counties Regional Center will coordinate services and supports with other public agencies, including the schools, which have a legal responsibility to serve children with autism or other developmental disabilities. Services for children with autism should be systematically planned and involve developmentally appropriate activities that target specific objectives. They should also have a strong and continuous parent training component.

Children up to three years of age suspected of having autism, served under the California Early Intervention Services Act's Early Start program, should receive a total of up to 25 hours per week of intervention. Included in this total are services from all agencies, including Tri-Counties Regional Center as necessary, that address the core deficits associated with autism. It does not include services that address other needs which are not specific to autism, such as physical therapy and California Children Services (CCS) services.

Starting at three years of age, preschool children eligible for regional center services with a diagnosis of autism under the Lanterman Act should have the school as their primary program of educational intervention. Up to 15 hours per week of Tri-counties Regional Center funded services that address the core deficits associated with autism may be used to supplement the school program. This does not include services that address other needs which are not specific to autism, such as physical therapy and CCS services.



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Enhancing the Quality of Life for Persons with Developmental Disabilities

## Policies & Guidelines

By seven years of age, children with autism should be enrolled in a school program with approximately 30 hours per week of educational instruction. Up to 10 hours per week of Tri-Counties Regional Center funded services that address the core deficits associated with autism may be used to supplement the school program. This does not include services that address other needs which are not specific to autism, such as physical therapy and CCS services.

Tri-Counties Regional Center will advocate for and work with individuals and their family members to ensure that generic and private service providers discharge their obligations to meet the needs of persons with developmental disabilities. It is the financial responsibility of individuals or their families to pay premiums and meet any required deductible amount or co-payment liabilities, except as noted above for SB 946 services, as determined by generic resources and/or private insurance carriers. Except as legally prohibited by the terms of a Special Needs Trust, trust funds established for the care or benefit of a person served are considered a private resource, and therefore it is expected that this source of funds be used prior to regional center funds.

If a generic or private resource initially denies a required behavior intervention service that Tri-Counties Regional Center has determined to be their responsibility, that denial will be considered for appeal and/or referral to the Department of Managed Health Care for an independent medical review. Tri-Counties Regional Center may authorize funding for a behavior intervention service while the individual or family member pursues coverage or appeals a denial of service by a generic or private resource, including private health insurance, under the following circumstances:

- The Planning Team will make the determination that the service is required to protect the individual's health and safety, or that a prolonged wait for the service will have an irreversible impact on the individual's health and safety; and
- The Planning Team will consider the individual's risk for regression and the capacity of the individual to regain any loss of function or ability if the service is not provided in a timely manner.

Tri-Counties Regional Center will not authorize funding of any behavior intervention service that is considered experimental, optional or elective in nature. The expected result from the provision of a behavior intervention service must meet measurable outcomes as stated on the person's Individual Program Plan. The provision of behavior intervention service must be both clinically and fiscally an effective use of public funds.

### Exception Policy:

Tri-Counties Regional Center recognizes that some individual needs are so unique that they may not be addressed in this Service Policy and may require an exception. Such requests for an exception to a Service Policy will be made through the Planning Team process.



The Association of Regional Center  
Agencies Proudly Presents

September 18-19th  
Pasadena Hilton  
Pasadena, California

# A NEW DAY

# 2012

## WORKING TOWARD A POSITIVE FUTURE

*The Fourth ARCA Conference  
on Employment and Housing for People  
with Developmental Disabilities*



**REGISTER NOW!**

**Early Bird Deadline Ends July 2, 2012**

# ANEWDAY 2012

The conference will provide a forum for sharing knowledge and expertise on the promising practices and innovations that make employment and housing a reality for people with developmental disabilities. The Conference is a place where advocates, self-advocates, and a wide range of professionals and academics converge to share ideas, discuss priorities, and take action to create positive change in the lives of people with disabilities.

## PRE-CONFERENCE INSTITUTES

Monday, September 17, 2012

The 2012 Pre-conference Institutes provide opportunities for attendees to participate in intensive, topic-specific, workshop-style events taught by notable and well-respected experts in their field. Ranging from 4 hours to a full day, the Institutes are an outstanding chance for conference attendees to receive in-depth professional development.

Register Online for a Pre-Conference Institute, at <http://arcanet.org/new-day>

Early Bird (until July 2)     \$50  
After July 2nd                 \$65

Choose one of the four inspirational presentations below:

### Linking Discovery & Micro-Enterprise

Speaker: Cary Griffin  
10:00-5:00pm

Most folks with significant disabilities get only one or two chances at securing employment. Therefore, our efforts at finding a quality ecological fit require precision. The Discovering Personal Genius (DPG) process reveals an individual's skills, tasks they perform, interests, support and instructional strategies that work, and the vocational options that match these conditions. This session reviews critical Discovery actions, helps translate the information into both wage and self-employment development strategies, then details feasibility studies, funding and benefits/work incentives options, the business planning process and basic financial statements that meet the needs of individuals and systems alike. Specifically this session will explore the development of Vocational Themes based on an individual's skills and interests, generating non-stereotypical business ideas with an individual and their support team, raising the capital to launch, working with Vocational Rehabilitation and other funders, developing business support strategies, testing business feasibility, and writing a functional business plan.

### Key Learnings from Project SEARCH

Speaker: Erin Riehle  
Time: 12-5pm

Erin will discuss some of the key learnings from Project SEARCH including Obstacles to meaningful employment for young adults with disabilities, the need for a business

driven approach, basics of the Project SEARCH High School Transition Model, how to design effective internships, complex and systematic jobs, and workplace conduct.

### Building Assets: Proven Strategies for Creating Community Based, Individualized Housing Opportunities for People with Disabilities

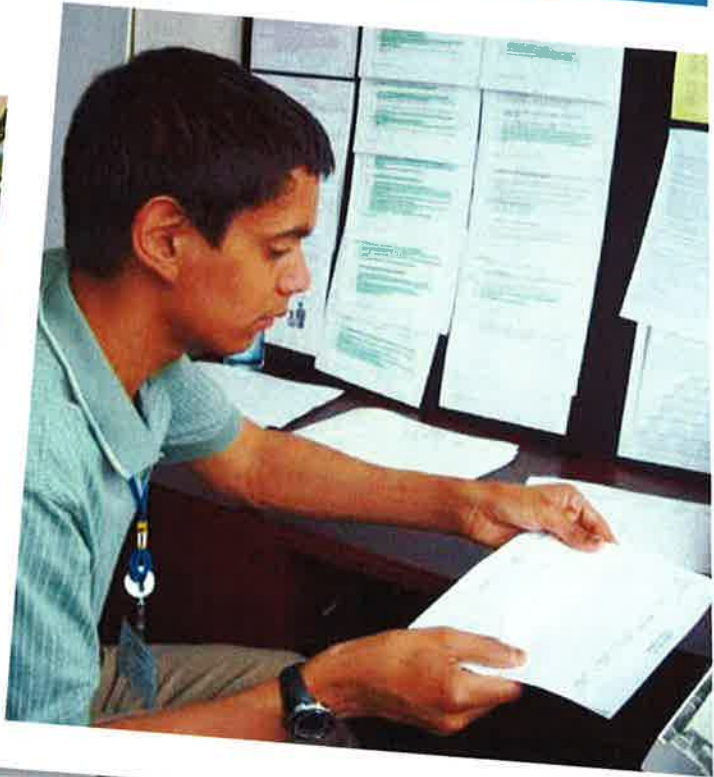
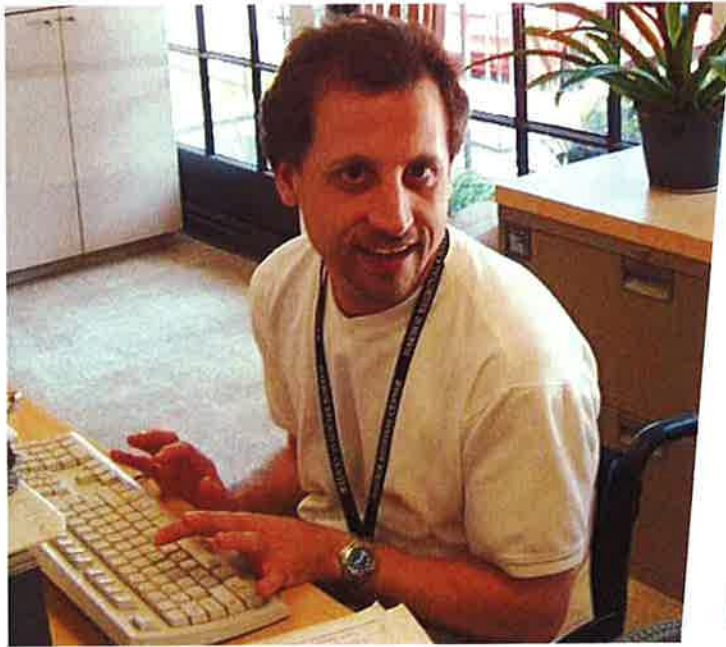
Speaker: Joe Wykowski  
Time: 12-5pm

Individuals with disabilities have faced a long history of programs such as group homes, nursing homes, larger institutions and medical facilities that limit housing choice. We are challenged to create housing opportunities that are truly individualized where the person with a disability is the leaseholder or deed holder of their home. This workshop will provide an array of proven strategies and methods utilized throughout the United States for creating person-controlled community based rental housing and home ownership opportunities for individuals with disabilities. Participants will gain a better understanding of rental and home ownership resources available to people with disabilities, understand how asset-building strategies can improve the lives of individuals with disabilities without harming public benefits, and understand how to create community partnerships to obtain generic community housing resources. Technical assistance will be provided to participants to better understand at a technical level how to discover, partner and utilize generic community based housing resources.

### The Right Job at the Right Time at the Right Pay for the Right Person

Speaker: Peter Gerhardt  
Time: 12-5pm

As students prepare to exit the school system, it is not just learning a vocation that is going to result in employment. The goal is not just a job. The goal is the right job at the right time at the right pay for the right person. Transition needs to begin early to set the stage for all of this to occur. How can schools help prepare students to meet this goal? How can we prepare the community to hire people with developmental disabilities? What strategies can parents/educators use to help a person with ASD and related disabilities acquire needed social skills to be better accepted in the community or in a job?



**JOIN US FOR COMMUNITY CONVERSATIONS ON EMPLOYMENT AND HOUSING 2012**

*When registering to attend the conference, please select the Community Conversations topic, Employment or Housing, that is of greatest interest to you.*

**September 19th**

**8am-9:15am**

**California Ballroom**

The Community Conversations are designed to bring people together to share promising practices and to discuss and brainstorm approaches to questions and issues related to employment or housing. Community Conversations is an opportunity to learn from others, build skills, collaborate and brainstorm ideas and approaches to address important issues. If you are interested in meeting new people who are also interested in sharing promising practices and working together to resolve issues, then Community Conversations are for you.

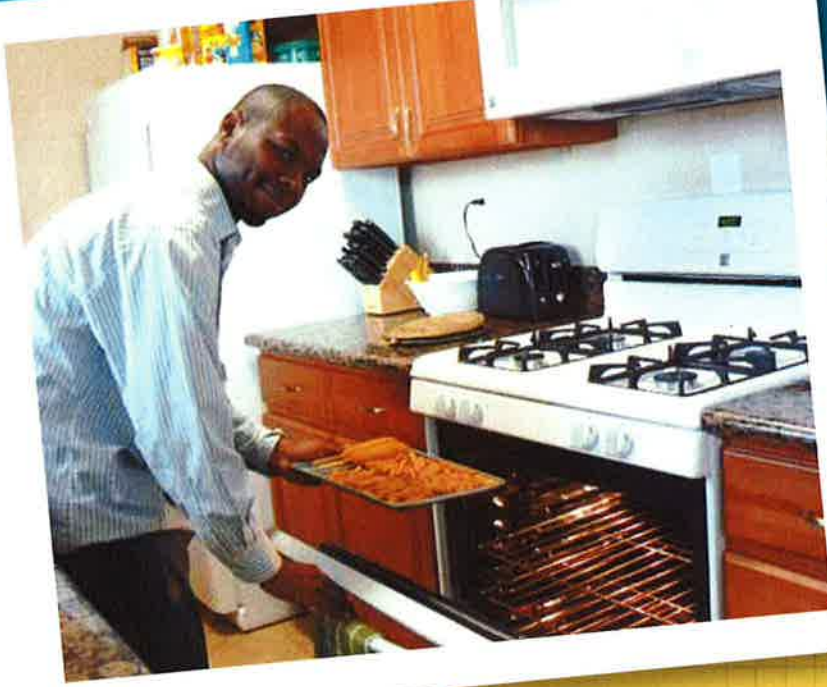
**ACCOMMODATIONS**

The Hilton is offering a discount rate for New Day attendees, providing the full comfort and hospitality of the Hilton, with the convenience of being an elevator ride away from the conference. The standard room rate is \$179/night. The special room rate of \$119 per night will be available until August 24th, or until the group block of rooms is sold out, whichever comes first. Accessible rooms are available. Please contact ARCA at (916) 446-7961 or arca@arcenet.org, in advance, to request special accommodations as needed. To reserve your room, log on to <http://arcenet.org/new-day>

**CONFERENCE REGISTRATION**

- Early Bird  
(by July 2, 2012).....\$200
- Regular Registration  
(after July 2, 2012).....\$250
- Regional Center Clients,  
Support Staff,  
and Family .....\$200

Register online at  
<http://arcenet.org/new-day>



## KEYNOTE SPEAKERS

### DALE DILEO

Dale is a widely sought-after speaker and consultant, and well-known advocate for people with disabilities. He is the Past President of the Board of the Association for Persons in Supported Employment (APSE) and is the lead author of that organization's highly respected Ethical Guidelines in Supported Employment. His popular book, *Raymond's Room*, focuses on ending the shameful segregation of people with disabilities in community life.

### ROBIN COOPER

Robin works with state, county, and local governments as well as advocacy and provider organizations on issues in long-term community services for people with disabilities. She has focused on assisting states to redesign support coordination systems and providing technical assistance to states to modify their Medicaid-financed home and community-based waiver, and state plan programs to include more person-centered and participant-directed options.

### PETER GERHARDT

Peter Gerhardt is the Director of Education - Upper School for the McCarton School in New York City. Dr. Gerhardt has over 30 years experience utilizing the principles of Applied Behavior Analysis in support of adolescents and adults with ASD in educational, employment, residential, and community-based settings. He is the author or co-author of articles and book chapters on the needs of adolescents and adults with autism spectrum disorder and he has presented nationally and internationally on this topic. In addition, he serves as Chairman of the Scientific Council for the Organization for Autism Research, on the Editorial Board of Behavior Analysis in Practice, and on numerous professional advisory boards including the Autism Society of America.

### ERIN RIEHLE

Erin is a recognized authority and national leader in promoting employment opportunities for people with disabilities and other barriers to employment. She is a founder and Senior Director of Project SEARCH, an employment and transition program that has received national recognition for innovative practices pioneered under Ms. Riehle's guidance.

**In addition the conference will have workshops on housing and employment including the following topics:**

- Job development and marketing
- Transformation of services
- Job support resources
- Internship programs and self-employment
- Microenterprise
- Public policy and systems change
- The future of housing for people with developmental disabilities
- Sustainable housing
- Case studies of successful housing developments

ARCA

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