

Questions on Prevention and General TBL Issues Concerning the Prevention
and Early Start Programs
Department of Developmental Services
04/26/10

Evaluation & Assessment

1. Does DDS want different tools used for Assessment vs. Screening? If so, does DDS have preferred tools to recommend?

DDS does not specify in the policies and procedures the tools to be used for assessment vs. screening. The only specification we have is that families go through 'one door' at the regional center. Practically speaking, it appears from conversations with regional centers that the intake/assessment process will be run along the Early Start track, until the RC determines the infant/toddler is ineligible for Early Start services. Additionally, the OPS funding for regional centers for 0-3 has been determined to be sufficient for both Prevention and Early Start programs. Thus, intake and assessment portion of the Prevention Program is already reflected in the core staffing OPS allocation and RCs do not need to take I/A off the top of their Prevention Program allocation.

- 2. A child is referred to the regional center, is assessed and determined to be eligible for the Prevention Program, given UCI and status P for prevention. Later possible delays noted and the child needs to be given full evaluation to determine ES eligibility. Do we make the child a status 0, start 45 day timeline, and then do the evaluation? Yes, if this is the practice of your regional center. You could also go directly from Status Code P to Status Code 1, as long as the child was evaluated in all five developmental domains. If the evaluation is POS dollars, is that charged to Prevention or Intake? Early Start Intake. Or do we keep him/her a P while evaluation is done? This depends on the practice of your regional center.**

[Explanatory note: For a child entering Early Start, the RC will need to meet the requirements of Early Start, which include evaluations in all five developmental areas for the IFSP. Without the evaluation complete to confirm Early Start eligibility, the child would be status code "0" while those evaluations are being conducted.]

3. Can regional centers insist on the utilization of private insurance for initial evaluation and assessment for hearing and vision?

No. The federal regulations require that evaluations and assessment cannot be subject to fees or family costs, that is, evaluation and assessment are "required functions that must be carried out at public expense by a State" (303.521(b)).

4. Can ongoing assessments, such as follow-up hearing evaluations out of intake, be a family requirement through their private insurance?

No. Assessment, according to the federal regulations in 34 CFR 303.322," assessment means the ongoing procedures...used throughout the period of a child's eligibility..." So in this instance too, evaluation and assessment are "required functions that must be carried out at public expense by a State" (303.521(b)).

5. Do we request medical records for the P kids? And for subsequent reviews, will we need to update med records for P kids?

In general, yes. At initial intake, you typically will need to conduct a medical record review for Early Start and won't know which kids are Prevention versus Early Start until intake has been done. For subsequent reviews, the need for additional medical records should be determined on a case by case basis depending on the volatility of the child's health condition.

6. Do we need releases for P kids and consents for assessment?

Yes.

7. Regarding kids with sensory and/or self-regulation issues: Do you feel that these concerns are secondary to the delays in domains or are you considering them as delays in adaptive or social-emotional? How are you evaluating delays in those domains?

This is best addressed by the regional center's clinical team utilizing the principle of "informed clinical judgment".

Eligibility

1. If a child is found eligible for Early Start prior to 24 months, does the child at 24 months have to meet the new criteria (1 area of development at 50% or 2 areas of development at 33%) to continue receiving Early Start services?

No. DDS is not requiring RC's to change their ongoing assessment practices. The change in eligibility in regards to developmental delay only affects those children who are 24 months or older at the time of intake.

2. If we have children that came in as "high risk" and continue to not manifest a delay, are these children eligible only for the Prevention Program?

If an infant or toddler no longer meets the criteria for Early Start they are only eligible for the Prevention Program. It is not correct that those infants who came in as high risk prior to the TBL continue to be eligible for ES. The statute does say, though, that for those who are aged 24 months of age or older and who evidence only a delay in one domain of less than 49%, the age at the time of intake is the age RC should consider when making eligibility decisions. Thus, a toddler aged 23 months who enters with a delay in one domain only of less than 49% is eligible for Early Start.

- 3. Will children diagnosed with having a solely low incidence disability (vision, hearing or orthopedic impairments) remain in Early Start or will they be moved to the Prevention Program?**

The children diagnosed with solely low incidence disabilities remain eligible for Early Start services and continue to be eligible for service provision through the Local Education Agency (LEA). A low incidence disability falls under the category of established risk [17 CCR 52022 (b) (2)].

- 4. If the LEA is going to continue to serve an infant who is not eligible for Early Start, will the infant still be eligible for the Prevention Program?**

The child may be eligible for the Prevention Program regardless of what other non-Part C programs provide services to the family.

- 5. Are children under the age of 3 that meet the eligibility criteria for Lanterman (i.e. status 2) eligible for services under the Lanterman act (break in care respite, child care, etc)?**

Yes, children under the age of 3 that have been determined eligible to meet the eligibility criteria for Lanterman (i.e. Status 2) are eligible for services under the Lanterman Act.

- 6. If an infant/toddler is determined eligible in one regional center catchment area and moves to another regional center catchment area, is a new determination of eligibility made?**

No. The infant/toddler's eligibility will transfer to the new regional center catchment area.

- 7. If a child with Down syndrome is assessed, would the regional center look at the different areas affected (33%)?**

An infant or toddler with Down Syndrome would be eligible for Early Start under the "Established Risk" category. We did not make any changes to that portion of eligibility for Early Start.

- 8. If a child, under the age of 24 months, who has no identified risk factors, but is displaying delays in several areas, each under 33 %, can that child be eligible for the Prevention Program?**

No. Eligibility for the Prevention Program because of a developmental delay is limited to those aged 24-35 months who have a developmental delay in one domain of 33% through 49% that requires intake services, assessment, case management and referral to generic agencies.

- 9. If a child is in the prevention program and a parent has concerns that a child is demonstrating developmental delays, what is the procedure that should be used to refer this child to Early Start?**

Referral procedures for Early Start have not changed, so the existing procedures to refer a child remain the same. A RC is able to purchase

evaluations and assessments for a child in Prevention with funding from Early Start.

10. Will DDS establish a list of established risk conditions?

No, it is up to the clinical opinion of the regional center to determine eligibility for Early Start services.

11. Who is able to be the “external” person in the Prevention Program eligibility appeal process?

It is up to the RC to determine who this person will be. This third party cannot be a regional center employee or a member of the RC Board.

Can this person be from the FRC?

Yes, as long as they are not an employee of the RC or a member of the RC board.

12. Regarding eligibility for potential Autism Spectrum Disorder (ASD) kids: what if we have a child over age 2 who does not exhibit 50% delay via the MSEL and speech evaluation but fails the MCHAT? Does that child qualify for Early Start or do we place in Prevention while we await an autism clinic evaluation to determine an ASD diagnosis?

The regional center system has long valued the important role of “informed clinical judgment.” The regional center should utilize its clinical team as a resource in terms of the strengths and weaknesses of various evaluation methods and in making final determinations of eligibility. Also, please see *Evaluation and Assessment, Question #1*.

13. Do all children in the Prevention Program remain in the program until the age of 3, or can they be exited at some point if monitoring demonstrates a remediation of the at risk conditions or the mild delay?

The law is silent on early exiting from the Prevention program. Each regional center will need to make its own practice for the children whose risk factors are remediated.

14. Is the communication domain considered one developmental domain for determination of eligibility? Or do we count receptive delays and expressive delays as two developmental domains? Will the same process be used in the physical/motor domain in relation to delays in gross and fine motor?

Communication, as a whole, is one domain, as is physical development.

For children 23 months and younger, the developmental delay has to occur in at least one of following 5 domains at 33% or greater:

- Cognitive
- Physical
- Communication
- Social/Emotional
- Adaptive/Self-Help Skills

For children older than 24 months, the developmental delay has to occur in one of the following 5 domains at 50% or greater; or, in 2 of the following domains at 33% - 49%:

- Cognitive
- Physical
- Communication
- Social/Emotional
- Adaptive/Self-Help Skills

If it is determined by the IFSP team that a developmental delay (33% prior to 24 months or 50% after 24 months) occurs in one sub domain (i.e., expressive/receptive language or fine/gross motor) then the child may be found eligible for Early Start.

Due Process

1. Is a 30 day notice on the services required for the children who are moving to the Prevention Program from Early Start?

Yes, proper notice of action is required on services that were previously funded for the children going into Prevention.

2. Is the regional center required to provide notice of due process rights to appeal ineligibility for Early Start when the family did not apply for Early Start services and is found eligible for the Prevention Program?

Yes. WIC Section 4435 requires a determination that the child is not eligible for Early Start. Thus, eligibility for the Prevention Program requires a determination of ineligibility for Early Start. A family denied eligibility for both programs would have recourse to both appeal processes. The two appeal processes are separate.

3. If a family agrees to be placed in the Prevention Program, do we need to issue a Notice of Action for the Early Start Program?

Yes, otherwise the family may later argue that they WOULD have appealed to be placed in the Early Start program but they did not know they had that option.

4. If a child is determined to be not eligible for Early Start or the Prevention Program, which appeal procedure should be provided to the parent?

If declared ineligible for both programs, the parent could appeal the eligibility decision for each program, utilizing the different appeal procedures for each program. Therefore, the parents should be noticed for both processes.

5. If a child is found ineligible for Early Start and parents want to appeal this decision, do RC's wait until that appeal is settled to begin the Prevention Program?

No. Consideration of eligibility for the Prevention Program does not have to wait for the Early Start appeal to be settled. However, eligibility for Early Start has to be determined prior to a child being eligible for Prevention.

- 6. Is a Notice of Action for denial of Early Start eligibility required for every child found eligible for the Prevention Program?**

Yes.

- 7. When a family sends in a request appealing eligibility for either the Prevention Program or Early Start, do we review the requests simultaneously or sequentially? Do we have to first clarify Early Start eligibility and then Prevention, or do we review them at the same time?**

The appeals can easily be reviewed simultaneously; as the information needed for each eligibility decision is essentially the same: the risk factors and/or delays or lack of delay. Certainly, if the infant is eligible for Early Start the family should be advised to enroll in the more comprehensive program.

- 8. For Early Start eligibility, they have to submit their request within 30 days. Is this also the case for Prevention? We have 30 days to give them a response to their Prevention eligibility appeal, once we receive their written request, but is there a timeline in which they have to submit the request?**

There is not a 30 day time limit to appeal Early Start eligibility. The law regarding appealing Prevention eligibility is silent on this issue. TBL simply states that the department shall establish policies and procedures "for appealing denial of eligibility for the prevention program."

Services

- 1. For those children currently receiving services in ES and were found to be ineligible for ES services because of high risk factors, does a parent have the right to appeal Early Start eligibility?**

Yes (see 17 CCR 52172 for further details).

- 2. If a parent files for mediation and/or due process, does the RC/LEA have to continue funding Early Start services during the due process procedures?**

Yes. 17 CCR 52172 (g) states that, *during the pendency of mediation and/or due process hearing procedures, the infant or toddler shall continue to receive the early intervention services listed on the IFSP they are currently receiving. If the mediation and/or due process hearing involves the initiation of a service(s) the infant or toddler shall receive those services that are not in dispute.*

- 3. Will DDS issue a list of required and non required services? And is respite a required or non required service?**

A list of relevant statutes and regulations along with a list (not exhaustive) of required and non required services was sent to regional centers on Thursday, October 1, 2009. In some individual cases, a service on the non required list may be required for that particular child to meet their developmental outcome. This determination will be made based on informed clinical opinion (IFSP

team). Respite is a required early intervention service when it allows a parent/primary caregiver to participate in a required early intervention service (i.e. Hanen, sign language class, etc). Respite that allows a parent a “break in care” is a non-required service.

4. Beginning on Page 3 and over on page 4 (D, 1, F) of the Prevention Policies and Procedures – it discusses the tasks and responsibilities of the RC and references generic and purchase of service. There is some confusion as to the reference of purchasing of service – is this something left to the RC to address in its plan?

Yes, given that the amount of funding is capped and the required services under the Prevention Plan are intake, assessment, case management, and referral to generic resources, DDS assumes purchasing other direct services will be limited. In the Prevention Plan, regional centers should discuss how they will determine and/or triage purchasing other direct services.

5. According to preliminary lists of “required vs. non-required services,” interpreters and translators are non-required services. How will RCs serve populations like Mixtecan or Hmong?

As stated above, a service on the non required list may be required for that particular child to meet a developmental outcome. Therefore, interpreters and translator services are considered “required” when these services are necessary for the successful implementation of the developmental program and also in those instances mentioned in regulation where families must receive information in their native language.

6. Are the LEA’s responsible for serving children with developmental delays between 25-33% in two developmental domains?

A child, birth to 36 months is eligible for services through the LEA if they qualify as an individual with exceptional needs if (1) they are identified as an individual with exceptional needs as defined in 5 CCR 3030 and (2) requires intensive special education services by functioning at or below 50% of his or her chronological age in one area of development or is functioning between 51-75% of his or her chronological age in any two areas of development or has a “disabling medical condition or congenital syndrome that has a high predictability of requiring intensive special education and services.” Further clarification on the services available to these children is being researched and answers to these questions will be forthcoming.

7. Can regional centers fund transportation [for children in Early Start]?

Yes, regional centers may fund transportation if transportation is determined to be a required service for a child (i.e. it allows family to access required early intervention services). If transportation is required then the other parts of the TBL (i.e. parent responsibility and least costly transportation) apply. Some questions to consider are: Is the parent able to provide the transportation? If not, what is the least costly mode of transportation?

- 8. Is it an expectation for RC's to develop additional generic resources to meet the needs of the children in Prevention?**
No. However, as long as the required components of the Prevention Program are provided (Intake, assessment, case management and referral to generic resources) a RC can choose to expend funds to develop additional community resources.
- 9. 10% of Head Start enrollment is reserved for children with special needs. Before the eligibility changes, children with IFSP's qualified as children with special needs. Will the children in the Prevention Program still be considered to have special needs?**
No. Section 640 of the Head Start Act states that 10% of the program's actual enrollment must be eligible for special education services under IDEA. Infants and toddlers in the Prevention Program are not eligible for Part C IDEA services.
- 10. What collaborative efforts have/are RC's developing with their FRC's using the Prevention Program funding?**
No formal data has been gathered, but early statements from regional centers suggest that each regional center is defining the role of the FRC for the local Prevention Program in terms of the unique needs of the particular region.
- 11. Will it be mandatory that children in the PP be referred to an Early Start Family Resource Center?**
No. For Early Start, a referral to an FRC is mandatory. A referral of a child in the Prevention Program to the Prevention Program FRC may be best practice, but not required.
- 12. Will each RC decide on its own how they envision the "Prevention" services to be provided by the FRC, or is there a directive to work collaboratively with the FRC, if not, can there be one?**
A hallmark of the Prevention Program is local flexibility to best meet the unique needs of the local community. There will be no prescriptive direction to the RCs concerning how best to collaborate with the local FRC. FRCs would be well-advised to proactively meet with the RC on a regular basis.
- 13. As I understand it, the assessments are based on the 5 domains. Each domain has a number of components. So the question is, if one component is 50%, but the average of all the components in that domain is less than 50% -- which number is used? This becomes more important with the new eligibility requirements.**
RCs will continue to follow their current practices and utilize "informed clinical judgment" when making eligibility decisions. A 50% delay in a subcomponent of a domain (e.g. expressive speech only) meets the criterion for that domain.
- 14. Can RC charge an FRC an indirect from the 2% and if yes, how much?**

Yes, RCs may charge administrative overhead on these contracts as they do for their other contracts. FRCs would be well-advised to confirm with the RC the standard overhead rate that is on all of their contracts.

Data & Tracking

1. Status code P – When will it be available?

The status code “P” became operational on 9-25-09.

2. What are the new status code definitions?

Status Code 1 - Early Start Program Infant/Toddler: A child less than 36 months of age with a developmental delay or established risk condition, as defined in Government Code Section 95014.

Status Code P - Prevention: A child less than 36 months of age who’s diagnosed genetic, medical, developmental, or environmental history is predictive of a substantially greater risk for developmental disability than that for the general population.

3. Tracking of data (G) starts on page 5 and goes onto page 6. Tracking of generic resources (#5) – how is that to be accomplished? I am also curious as to whether an Early Start Report, or some other tool, is required. Seems to me that DDS has used the ESR and CDER to pull data for other purposes and am wondering if we do an ESR for the prevention program.

The ESR (Early Start Report) completion requirements have been revised for the launching of the Prevention Program. For the Prevention Program, we will use the current ESR Items: UCI #, name, birth date, sex, regional center (all of these items will be auto-populated by the CMF upon entry of the child’s UCI #. Additionally, the regional center will have to record on the ESR: date of report, the high risk factors, if any, and type of developmental delay, if any for those children entering at 24 months of age or older. It has been the intention of DDS to minimize data tracking elements, and therefore workload, for RC’s.

4. Will DDS issue instructions to RC’s on the data fields that need to be completed for the children in the Prevention Program?

Yes.

In the meantime, should RC’s continue to complete the Early Start Report (ESR)?

Yes, continue what is currently being done for both ES and Prevention consumers. The ESR will be used in the interim.

5. For the Early Start Report (ESR) for Prevention kids, do we complete any other fields besides those listed in TB #406? Instruction on this was issued the week of October 26th. Do we leave the services section blank

or do we check “developmental/psychological assessment” as the only service?

Leave the service section blank.

6. How often will ESR need to be completed for prevention children?

The ESR will be completed only upon entrance.

7. Since we started using Status P for prevention consumers how should we count them in our regional center totals? Do we exclude from our Early Start consumers or should we include them? Will these be shown differently on the DDS monthly consumer caseload report?

Status code P consumers will be counted separately. By the end of October, 2009, the DDS monthly caseload report will break out the Prevention Program caseload.

8. Can the RCs continue using the T19 id notes function to track and communicate within the RC about PP consumers? Yes. If the RC clearly has the Prevention Program consumer checked on CMF as P for Prevention, do you have any issue with them continuing to use the T19 function? No. And if you are okay, do the RCs have to do anything about zeroing out the units? (ACRC is using T19 but then making sure they zero out the units.) No. If the CMF status code is ‘P’ there will be no issue with the RCs using T19 notes and no need to “zero out” any units.

9. For the most part, Status "1" now implies developmental delay (with the exception of Established Risk). Should "1" be used for all Early Start eligible children? Or, should the "1Y" code be used for Early Start children who are eligible due to developmental delay? Is the state able to bill TCMs for Early Start eligible children?

Although some regional centers have chosen to use the 1Y code for specific purposes, there is no uniform state policy regarding the use of such subcodes. Status code “1” indicates that the child is eligible for Early Start as either having a qualifying delay or an “established risk” condition.

10. For children in Prevention, does a closing ESR need to be completed for children exiting at age 3 or transferring to another RC catchment area? This raised a concern that if a RC doesn't close out the ESR when a child moves, would the receiving RC be able to complete an ESR without the sending RC closing out the ESR on their end.

No, the RC does not have to close out the ESR for children in Prevention. Each Regional Center has their own database and set of Early Start records. The receiving regional center will not have access to the records/database belonging to the first regional center. Each Regional Center transmits their data transactions once a month to the statewide database.

Funding

1. How will the Prevention Program be funded?

The Prevention Program will be funded through block grants to the 21 regional centers. The promise letters with the RC allocation amount were e-mailed to Regional Center Directors on September 25, 2009. The block grant was based on the percent to total of status 1 consumers from August case load report. The data run was conducted on September 3, 2009. The allocation amount will differ slightly from what ARCA sent out because the date of the data run was different and the exact amount allocated to the Prevention Program was actually 27.2 million not 27 million.

2. Will CEITAN money be available to train current SC's to serve families in Prevention?

No, CEITAN money will not be available because it is funded through the Part C Grant. However, service coordinators who provide case management services to Prevention families will continue to be able to attend the Early Start trainings through West Ed.

3. If a family moves to a new RC catchment area, will funds be transferred with the child to the receiving RC for that child?

Funds will not be transferred when a family moves to a new RC catchment area. This was a request from ARCA and may be revisited in the future if it becomes an issue for RC's.

4. Any update on the 50 million we are supposed to be getting from First 5?

DDS is continuing to work with First 5 on these funds.

5. Do contracts with third party providers need to end on June 30, 2010?

Not necessarily. In multi-year contracts, a clause could be included to state that funding of the contract is subject to appropriation.

6. Will the Prevention Program be funded for next fiscal year?

There is no indication that the Prevention Program will not be funded next fiscal year.

7. When is the FRC contract for the Prevention money due? Does it end 6/30/10 and is the amount expected to be the same for the next fiscal year, starting 7/1/10?

The FRC contract should be executed as soon as possible but no later than is needed for the FRC to complete the contracted activities. The contract period is to 6/30/10. Regional centers are required to contract for at least 2% of their allocation with the FRC. The allocation amount for FY 2010/11 has not been established.

Claiming

1. How will regional centers claim for the Prevention Program?

NOTE: TECHNICAL ADVISORIES HAVE BEEN ISSUED ON THESE PROCEDURES.

- a. Regional centers will submit a separate claim for the Prevention Program. The claim will have one item on it: Block Grant Prevention Program. RCs will be required, as they already do, to keep the backup documentation for the claim, for audit purposes. RCs will be required to submit a monthly claim.
- b. DDS will create a program code and new GL numbers for the Prevention Program, for both OPS and POS. RCs will have use of the existing OPS and POS structures.
- c. Beginning 10/1/09, RCs shouldn't include Prevention Program activity on their Title 19 logs.

2. What back up information is needed for auditors in regard to monthly claims for the Prevention Program?

The same back up information is needed for Prevention invoicing as with any other invoices for Early Start or Lanterman.

3. If you want personnel from an existing contractor who currently provides services to the Early Start population, could RC's use the same contract for services provided to the children in Prevention (i.e. OT or Developmental Pediatrician)

It is recommended that RC's use a separate contract for prevention program to keep expenditures separate.

4. Is the block grant for Prevention one line item?

Yes, both operations and POS will have to be combined into one line item for the Prevention program for this fiscal year.

Transition

1. What is the expectation for Transition to pre-school at age 3 (referenced Page 5 under exit planning)?

Transition requirements for Part C will not apply to children in Prevention and therefore, LEA's are not under the same requirements to have an IEP in place by the 3rd birthday.

2. If a parent writes the LEA and requests a formal assessment for Part B, can an LEA wait until the 3rd birthday to accept referral?

Education code does not prohibit a referral being made for Part B services prior to a child's 3rd birthday.

Other

- 1. Is there a list of high risk conditions in Spanish? Will the appeal rights under the Prevention Program be available in Spanish?**
Yes, DDS will get the high risk conditions and appeal rights translated into Spanish.
- 2. Who is allowed to sign for Prevention services for children who are dependents of the juvenile court?**
Surrogate parent procedures do not apply to the children in Prevention as it is not an education program. DDS will research this question and answers will be included in future teleconference calls.
- 3. What role will FRC's play in the Prevention Program?**
2% of block grant is required to be allocated to the FRC(s) in the regional center catchment area. The roles and responsibilities of the FRC will be determined at a local level and outlined in the RC Prevention Plan. The RC Prevention plan should discuss what services/support the FRC's will be providing to the Prevention Program.
- 4. What are RC's doing in regards to mixed or separate case loads for Prevention?**
It is up to the RC how the Prevention case loads are distributed to case managers.
- 5. Does TBL take respite away from foster parents? RCs have a number of foster parents who are using this service, and RCs want to know if they need to do an IPP meeting to see about taking this service away.**
Foster parents are entitled to the same services as biological parents of young children served in the Prevention Program, Early Start, or via the Lanterman Act. Currently, respite is not a required service for Early Start or the Prevention Program. Respite services may be available under the Lanterman Act in certain situations.
- 6. Will DDS send advisements out on what is considered Experimental Treatments?**
No, DDS will not issue an advisement on Experimental Treatments. The Autism Spectrum Disorder: Best Practice Guidelines for Effective Treatments will be issued by January and may be used as a guide to identify research based practices.
- 7. Can ES fund transportation costs (mileage) to out of area medical appointments for children awaiting CCS eligibility determination for a county which is a dependent county?**
Yes.
What is a reasonable waiting period for CCS's determination before RC funding?

The regional center will want to be cognizant of the requirement to provide services in a timely manner (as defined in the State Performance Plan as 45 days from the IFSP).

- 8. Can RC fund the cost of transportation to access a required service when the service is only available in the neighboring county, about 60 - 75 miles from the parent's home?**

Yes.

- 9. In the summary of budget reductions, it stated that Medi-Cal no longer pays for optional services like speech therapy. Does this apply to ES or over age 3, or adults?**

The elimination of optional services applies only to adult recipients of Medi-Cal.

- 10. Will there be clarity of what is considered a medical vs. educational service?** This is a legal issue and the Department is not in a position to provide clarity.

- 11. Does contact in the Prevention Program have to be face to face?**

No. The Prevention Program Policies and Guidelines do not specify the type of contact that needs to occur. It is up to the case manager and parent to determine the type of contact that is appropriate as long as it occurs in the specified timelines.

- 12. Has respite for foster parents been eliminated?**

No. Respite services may be available for those families served under the Lanterman Act (see question # 5 above).

- 13. Can RC's fund transportation to out of town medical appointments?**

Transportation is only a required early intervention service when it enables a child and the child's family to receive early intervention services.

Transportation is also required when it includes medical appointments for diagnostic or evaluation purposes only.

- 14. Do Special Incident Reports (SIRs) need to be completed for Prevention eligible children?**

Yes. SIRs are required of vendors providing services as purchased by a regional center. There may be some instances in which the regional center utilized Prevention Program funding to purchase a particular service for a child or family. Should a reportable event occur the vendor would be required to submit the appropriate SIR documentation within mandated timelines?

- 15. Can RC's fund "educational services" for children turning 3 over the summer months and if the TBL prohibits RC's from funding services as allowed in Title 17?**

The relevant TBL and Title 17 regulations are:

17 CCR 52112(f) states “Regional centers may continue providing or purchasing services for a preschooler who has been determined eligible for regional center services: (1) Until the beginning of the next school term after the toddler’s third birthday during a period when the LEA special education preschool program is not in the session; and, (2) When the multidisciplinary team determines that services are necessary until the LEA special education program resumes.”

Welfare and Institutions (W&I) Code section 4648.5 states in part: “(a) Notwithstanding any other provisions of law or regulations to the contrary, effective July 1, 2009, a regional centers’ authority to purchase the following services shall be suspended pending implementation of the Individual Choice Budget...(3) Educational services for children three to 17, inclusive, years of age.

No, TBL prohibits a regional center from purchasing educational services for children three to 17.