

**DRAFT Self-Directed Services Waiver
Application Service Definitions**

Appendix C: Participant Services

1: Summary of Services Covered

Service Title:	<u>Supports Broker</u>
Service Definition (Scope):	
<p>Supports Broker (SB) means a service or function that assists Self Directed Services (SDS) Waiver participants (participants) in developing their Individual Budgets (IB); and arranging for, directing and managing services. Serving as the personal agent of the participant, or where appropriate, his or her legal representative, the service is available to assist in identifying immediate and long term needs, developing options to meet those needs and accessing identified supports and services. The SB provides practical skills training to enable participants to independently direct and manage waiver services. Examples of skills training include providing information on recruiting and hiring personal care and other workers, managing workers and providing information on effective communication and problem-solving. The service/function includes providing information to ensure that participants understand the responsibilities involved with directing their services. The scope and nature of the services provided to the participant is specified in the IPP. SBs do not provide direct care to participants and are responsible for reporting special incidents to regional centers.</p> <p>A SB may provide information to the participant on Person Centered Planning (PCP) and how it is applied; the range and scope of individual choices and options; the process for changing the Plan of Cure, hereinafter referred to as the Individual Program Plan (IPP) and IB; the appeal process; risks and responsibilities of self-direction; free choice of providers; self-advocacy; and such other subjects pertinent to the participant and/or his or her legal representative in managing and directing services.</p> <p>A SB may provide assistance to the participant with defining goals, needs and preferences; identifying, accessing, securing and managing services, supports and resources; managing the IB; practical skills training (e.g., hiring, managing and terminating workers, problem solving, conflict resolution); development of risk management agreements; development of service agreements and rates of payment; development of emergency back up plans; recognizing and reporting special incidents; independent advocacy to assist in filing grievances and complaints; and other areas related to managing services and supports.</p> <p>The participant/family must hire, contract with or designate a SB and shall specify the activities which the SB will conduct in the IPP. A designated SB does not receive compensation from the IB for performing the function. This service does not duplicate services provided by the participant's service coordinator.</p>	
Specify applicable (if any) limits on the amount, frequency, or duration of this service:	
The individual prospective budget amount must be sufficient to accommodate the amount of the	

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service.						
Provider Category(s) <i>(check one or both):</i>	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:		
	Self-employed individuals		Business entities that employ qualified supports brokers			
	Participant Employed Individual					
Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative	<input type="checkbox"/>	Legal Guardian
Provider Qualifications <i>(provide the following information for each type of provider):</i>						
Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>			
All	Providers must possess any valid license or certification required by State or local law		<p>Services are provided by individuals who have demonstrated the skills necessary to meet the unique needs and preferences of the participant as specified in the participant's IPP.</p> <p>Supports Broker Training</p> <p>Supports Brokers shall be trained in and demonstrate understanding of:</p> <ol style="list-style-type: none"> 1. Principles of self-direction and the SDS Waiver; 2. Role of the participant; 3. PCP process and the IPP 4. Development of the IB; 5. Special Incident reporting 6. Role of the SB and Financial Management Services (FMS); 7. Available service options, including generic services; 8. Locating and securing informal and unpaid services and supports; 9. Supporting participants in hiring, managing and training of employees and managing individual budgets; 10. Payment authorization; 11. Recognition of basic safe medication administration practices and positive behavior support protocols; 			

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			<p>12. Monitoring and evaluating service outcomes; and</p> <p>13. Participant protections (including criminal records history checks).</p> <p>SBs shall engage in ongoing training including an update of emerging technologies, resources, policy changes and other information as needed. At the request of the participant/ family, the SB shall coordinate with the FMS to obtain a criminal history records (background) check funded by the State.</p> <p>Conflict of Interest</p> <p>Services will be provided by a provider who is free of any conflict of interest and not serve as a member of the Board of Directors of the regional center; be a service provider providing services to the participant; be an employee or member of the State Council on Developmental Disabilities regional office; be employed by the State Department of Developmental Services (DDS) and/or Protection and Advocacy, Inc. Except where designated by the participant and agreed to by the regional center, the SB shall not be an employee of the regional center.</p> <p>Knowledge and Skills</p> <p>Supports Brokerage – SB to a Single Participant or Family</p> <p>The SB to a single individual and/or family shall have the following knowledge and skills:</p> <ol style="list-style-type: none"> 1. Ability to communicate in the preferred language of the participant's/family's choice; 2. Knowledge and awareness of community resources; and, 3. Ability to complete the initial SB training program and participate in on-going training as needed. <p>Supports Brokerage – SB to Multiple Participants and/or Families</p> <p>The SB to multiple individuals and/or families shall provide support brokerage to</p>
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			<p>no more than 30 participants and shall:</p> <ol style="list-style-type: none"> 1. Demonstrate ability to effectively communicate with multiple participants/families; 2. Possess experience and/or training in conducting PCP; 3. Demonstrate ability to identify, coordinate and access resources, including generic services; 4. Possess demonstrated ability or training in assisting the participant/family to negotiate rates; and, 5. Assist the participant/family to enter into agreements with service providers and as specified in the participant's IPP. <p>Education and Experience:</p> <p>All</p> <ol style="list-style-type: none"> 1. 21 years old with a High School diploma or General Education Development Test (GED) 2. Completed first aid and cardiopulmonary resuscitation (CPR); 3. Knowledge of family/natural supports and private/public resources; 4. Knowledge of a variety of approaches to support the participant; 5. Aware of participant health and safety needs; 6. Knowledge of entitlement & benefit programs; 7. Able to develop and maintain good relationships with community agencies and representatives; 8. Use effective and interpersonal skills that consistently respect children and adults with developmental disabilities and their families; and 9. Work in a cooperative and collaborative manner as a team member. <p>SB to a Single Participant or Family</p> <ol style="list-style-type: none"> 1. One year paid or unpaid experience working with individuals with developmental disabilities; 2. Familiar with the participant and
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			<p>3. Circle of support and/or participant/family would provide a letter of recommendation for this person; or three references from people who have direct knowledge of capabilities outlined above, including at least one reference from a participant with a developmental disability;</p> <p>SB to Multiple Participants and/or Families</p> <p>1. Three years of paid work experience with a human services delivery system including at least one year full time paid work in direct service to people with developmental disabilities; or</p> <p>2. A Bachelors degree in a human services related field, plus a minimum of 1 year of paid experience in direct service to an individual with developmental disabilities; and</p> <p>3. Resume with minimum of two Professional references and one reference from an individual with developmental disabilities.</p>
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Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
All	FMS entity reviews Statement of Qualifications submitted by provider and verifies that provider possesses necessary license and/or certificate and meets other standards as applicable.	Upon initial selection and prior to service delivery. The participant, with the support of the PCP team as required, shall reassess the provider's qualifications at least annually during the IPP review meeting.

Service Delivery Method <i>(check each)</i>	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input type="checkbox"/>	Provider managed
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Service Title:	Financial Management Services – Vendor Fiscal/Employer Agent (Operating under Title 26, §3504 of the IRS Code and Revenue Procedure 70-6, 1970-1 C.B. 420 and as modified by IRS Proposed Notice 2003-70)
Service Definition (Scope):	
<p>The FMS provider will operate as an Internal Revenue Service (IRS) authorized Vendor Fiscal/Employer Agents (F/EAs) for participants for the purpose of processing and paying payroll and associated federal and state income tax withholding and employment taxes for workers hired directly by participants or their representatives, as appropriate. FMS provider also will process and pay invoices for approved goods and services for participants who have budget authority to direct services and supports authorized in their IPP and funded through their individual budgets. The FMS provider may also furnish additional assistance, as specified by the participant and provided in the IPP, to aid the participant in managing his/her own services.</p> <p>This service definition applies to FMS providers who are authorized by the IRS as Vendor F/EAs. The Vendor F/EA performs the following functions as the employer agent to the participant, who is the common law employer, or his or her legal representative in accordance with Title 26, Section 3504 of the IRS Code and Revenue Procedure 70-6, 1970-1 C.B. 420 and as modified by IRS Proposed Notice 2003-70:</p> <ol style="list-style-type: none"> 1. Develop a Vendor F/EA Policies and Procedures Manual that includes policies, procedures and internal controls for all Vendor F/EA tasks. This Manual should be updated as needed and at least annually. <ol style="list-style-type: none"> a. Should the Vendor F/EA choose to delegate employer agent tasks to a reporting agent, its Policies and Procedures Manual also should include the policies, procedures and internal controls for all tasks performed by the reporting agent and those related to communicating with and monitoring the performance of the reporting agent. 2. Develop a system and written policies, procedures and internal controls for staying up-to-date with federal, state and local tax, labor, workers' compensation insurance and Medicaid program rules, policies and procedures. 3. Develop and implement an effective customer service system for participants and representatives including the ability to: <ol style="list-style-type: none"> a. Communicate in languages other than English and including American Sign Language and using a Telecommunication Device for the Deaf (TTY) line and/or state relay system; b. Produce and distribute information and forms in alternate print; c. Receive, respond to/resolve and track the receipt of calls and grievances from participants and their representatives and service providers, including the reporting of critical financial/fraud incidences to the regional center as a mandatory reporter; and d. Provide services in accordance with the philosophy of self determination. 4. Obtain and use a separate Federal Employer Identification Number (FEIN), used only to file the IRS Forms 2678, <i>Agent/Payer Authorization</i> and 8821, <i>Tax Information Authorization</i> and selected federal tax forms, and deposit federal income tax withholding and employment taxes on the participant's behalf. 5. Execute an IRS Form 2678, <i>Agent/Payer Authorization</i>, and received written IRS employer agent authorization for each participant or representative it represents as employer agent. 6. Execute and IRS Form 8821, <i>Tax Information Authorization</i> with each participant or representative it represents as agent. 7. Execute a State income tax and/or unemployment insurance tax Power of Attorney, as required 	

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by state taxation agencies.

8. As defined in the Memorandum of Understanding between the vendored F/EA and the vendoring regional center, execute provider agreements on behalf of the State Medicaid Agency and maintain documentation in the FMS files
9. If the Vendor F/EA chooses to delegate employer agent tasks to a reporting agent, the Vendor F/EA shall:
 - a. Execute an IRS Form 8655, *Reporting Agent Authorization* between itself and the reporting agent; and
 - b. Include the reporting agent as the second appointee on the IRS Form 8821, the Vendor F/EA executes with each participant or representative it represents as employer agent.
10. Develop a system for receiving, disbursing and tracking participants' IB funds.
11. Develop a system for developing and maintaining Vendor F/EA, participant, service worker and vendor records and files (both current and archived) that is secure and Health Insurance Portability and Accountability Act (HIPPA) compliant.
12. Develop a Disaster Recovery Plan for restoring software and mater files and hardware backup if management systems are disabled. The Disaster Recovery Plan shall be tested and procedures practiced at least annually.
13. Develops a system to enroll and disenroll a participant or representative, as appropriate, with the Vendor F/EA. This the enrollment task shall include, but not be limited to preparing and distributing of participant enrollment packets that include information about the Vendor F/EA's organization and services, and the role and responsibilities of the Vendor F/EA and the participant/representative, all of required federal and state employer agent, tax information authorization and applications for federal and state employer account number forms and any required agreements to be completed and signed, when applicable, by the participant/employer; and assisting the participant/representative with the completing and submitting of the required forms and agreements and providing him or her with orientation and training on using Vendor F/EA services and being an employer.
14. Perform timely and accurately payroll, and any benefits administration, as applicable. This includes, but is not limited to, the timely collection and processing of service workers' time sheets and the preparation and distribution of service workers' payroll and the management of federal, state income tax withholding and employment and locality taxes. When the participant employs a service worker, the Vendor F/EA provider prepares and distributes a service worker employment packet to participant or his/her representative and assists them in understanding the information and forms contained in the packet and the process for completing and submitting the required federal (IRS Form W-4, US CIS Form I-9) and state (State Form W-4, state new hire form), and locality-related employment forms. The Vendor F/EA then calculates, withholds, files and deposits all required federal, state, and local income tax withholding and employment taxes, and processes any garnishments, liens or levies on the service workers pay prior to issuing service workers' paychecks. The Vendor F/EA shall issue service workers' paychecks in accordance with state Department of Labor requirements and offers service workers the option of direct deposit.
15. Process and distribute IRS Forms W-2 (and Forms W-3, if Forms W-2 are not electronically filed) for all participants' service workers.
16. Process and refund to the vendoring regional center, the employer and employee portions of over collected Medicare and social security taxes Federal Insurance Contributions Act (FICA) annually in accordance with the December 18, 2000 IRS Letter.
17. Process and pay vendors for invoices for approved goods and services as authorized and included in the participant's IB and IPP.

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18. Process and pay service providers who are legitimate sole proprietor independent contractors.
19. Process and disburse IRS Form 1099 *Miscellaneous*, to independent contractors who earn more than \$600 in a calendar year for the provision of services to a participant.
20. Assist the participant to understand his or her role and responsibilities related to being an employer and using FMS.
21. Revoke federal and state employer agent and tax information authorizations and powers of attorney and retire federal and state tax employer identification and account numbers when a participant or representative is no longer receiving services and isn't an employer, permanently.
22. Perform the required federal and state tasks and execute the required revocations and forms when a participant or representative switches Vendor F/EA for any reason.
23. Submit any unclaimed funds for all entities (support service workers and vendors) to the State Treasury Department in accordance with the *California Unclaimed Property Act*.
24. Process wage information requests from federal and state agencies and other qualified entities.
25. Provide and receive information from the regional center electronically, as required.
26. Process policy applications and pay workers' compensation insurance premiums for participants and representatives from their individual budgets.
27. Prepare a report at least monthly for the participant/representative, his or her SB and the regional center that details and payments made on behalf of the participant and show the status of the participant's IB, including payments made by the FMS provider and the regional center in an electronic and where requested by the participant in a paper format as specified by the DDS.
28. Identify expenditures that are over or under budget and communicate this information to the regional center in a format and based on a time schedule specified by the regional center.
29. Ensure service workers employed by the participant meet applicable employment requirements established for the service and submit to criminal history records (background) checks as required/requested by the participant.
30. Ensure service providers meet applicable requirements established for the service.
31. A FMS provider shall assist the participant with all claims related to workers' compensation and state unemployment insurance.
32. Reports incidents of financial abuse, fraud, exploitation or other incidents affecting the participant and the fiscal accountability of the service program that comes to the Vendor F/EA's attention.
33. Demonstrate the ability to submit claims electronically to the regional center to for participants' payroll and invoice payment expenses according specifications and within the timeframes specified by the vendoring regional center.
34. Demonstrate the ability to submit claims to the regional center for payment to the FMS for services rendered.
35. Demonstrate the ability to accept payment from the regional center electronically.
36. Develop a system and provide ongoing training to Vendor F/EA staff that includes federal, state and local tax, labor and workers' compensation insurance, and service program laws, policies, procedures and forms and any policy changes, updates on emerging technologies and promising practices, any other information as needed.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

The individual prospective budget amount must be sufficient to accommodate the amount of the service.

Provider		Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
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Category(s) <i>(check one or both):</i>		Vendor Fiscal/Employer Agent					
Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person		Relative	<input type="checkbox"/>	Legal Guardian	
Provider Qualifications <i>(provide the following information for each type of provider):</i>							
Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>				
Vendor Fiscal/Employer Agent	Providers must possess any valid license or certification required by State or local law		<p>Services are provided by individuals who have demonstrated the skills necessary to meet the unique needs and preferences of the participant as specified in the participant's Individual Program Plan (IPP).</p> <p><u>Certified by DDS and</u> endorsed by the regional center in accordance with Title 17, CCR, §§54310 and 54326.</p> <p>Services shall be performed by a Vendor F/EA provider who is authorized by the IRS, free of any conflict of interest and not be an employee or board member of the regional center or of another service provider providing services to the participant. The provider shall not be an employee or board member of the State Council on Developmental Disabilities regional office, or Protection and Advocacy, Inc. if the participant is receiving services from these entities.</p> <p>The FMS shall function as an IRS authorized Vendor Fiscal/ Employer Agent under section 3504 of the IRS code and Revenue Procedure 70-6 and as modified by IRS Proposed Notice 2003-70.</p> <p>The Vendor F/EA shall obtain a separate FEIN [in addition to the organization's corporate FEIN] for the sole purpose of filing certain federal tax forms and depositing Federal income tax withholding and employment (FICA and Federal Unemployment Tax Act (FUTA)) taxes for the participants and representatives it</p>				

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			<p>represents as employer agent.</p> <p>The Vendor F/EA shall apply for and receive authorization from the IRS to act as an employer agent for each participant or representative it represents as employer agent using the IRS Form 2678, <i>Agent/Payer Authorization</i>. The Vendor F/EA shall revoke its employer agent authorization in accordance with IRS Form 2678 instructions when it stops representing a participant or representative for any reason, permanently.</p> <p>The Vendor F/EA shall execute an IRS Form 8821, <i>Tax Information Authorization</i> with each participant and representative it represents as employer agent. If the Vendor F/EA contracts with and delegates employer agent tasks to a reporting agent, it will execute an IRS Form 8655, <i>Reporting Agent Authorization</i> between itself and the reporting agent and list the reporting agent as a second appointee on each IRS Form 8821 it executes. The Vendor F/EA shall renew the IRS Form 8821 as required and revoke the IRS Form 8821 authorization when it no longer represents a participant/representative, permanently, in accordance with IRS Form 8821 instructions.</p> <p>The Vendor F/EA shall execute the required state Powers of Attorney and revoke them as required by state taxation agencies and per their instructions.</p> <p>The Vendor F/EA and must maintain a Liability Insurance, Fiduciary Bond and/or a Performance Bond in a reasonable amount as determined by the regional center.</p> <p>The Vendor F/EA shall submit all reports and a monthly updated list of qualified providers electronically to the appropriate regional center.</p> <p>Vendor F/EA staff shall be trained in and demonstrate an understanding of Vendor F/EA tasks and related federal, state and local service program, tax, labor and</p>
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			workers' compensation insurance rules, policies, procedures and forms as described in the Service Definition (Scope) above and be able to perform the tasks in accordance with federal, state and local rules and regulations.
Verification of Provider Qualifications			
Provider Type:	Entity Responsible for Verification:	Frequency of Verification	
All	Vendoring regional center	Annual	
Service Delivery Method (check each that applies):			
<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input type="checkbox"/>	Provider managed

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Service Title:	Financial Management Services – Agency-with-Choice
Service Definition (Scope):	
<p>FMS Agency-with-Choice providers will operate as co-employers with participants for the purpose of ensuring that the necessary employer related duties and tasks, including payroll are carried out as described below. Agencies-with Choice shall be certified by DDS.</p> <p>This service definition applies to all certified FMS Agency-with-Choice providers. Requirements include:</p> <ol style="list-style-type: none"> 1. Being employers of record for workers who are recruited, referred and managed by participants. 2. Providing the co-employment services in which the participant or his/her representative, as appropriate has the right to: <ol style="list-style-type: none"> a. Recruit and refer their prospective workers to the Agency-with-Choice for hire; b. Orient and train their workers employees; c. Determine their workers' terms and conditions of work and work schedules; d. Supervise their workers' day-to-day activities; e. Evaluate their workers' performance; f. Discharge their workers as necessary from their work sites (homes) g. Refer workers to participants upon request for consideration for employment. 3. Developing a system and system to enroll and disenroll a participant or representative, as appropriate, with the Agency-with-Choice. 4. Ensuring that service workers referred by the participant meet applicable employment requirements established for the service. Processing criminal background checks and obtaining clearance reports on prospective employees as required or requested. 5. Implementing and maintaining a worker registry to assist participants, when requested, to access candidates for employment and/or backup workers. 6. Developing and implementing an effective customer service system for participants and representatives including the ability to: (1) communicate in languages other than English and including American Sign Language and using a TTY line and/or state relay system, (2) produce and distribute information and forms in alternate print, (3) receive, respond to/resolve and track the receipt of calls and grievances from participants and their representatives and service providers, including the reporting of incidents to the regional center as a mandatory reporter, and (4) provide services in accordance with the philosophy of self determination. 7. Developing a system for developing and maintaining FMS Agency-with-Choice, participant, service worker, and vendor records and files (both current and archived) that is secure and HIPPA compliant. 8. Developing a Disaster Recovery Plan for restoring software and master files and hardware 	

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- backup if management systems are disabled. The Disaster Recovery Plan shall be tested and procedures practiced at least annually.
9. Performing accurate and timely payroll, providing workers compensation insurance and other benefits administration for workers, as applicable.
 10. Providing skills training to participants or representatives as requested regarding recruiting, training, managing and discharging employees.
 11. Developing a FMS Agency-with-Choice Policies and Procedure Manual that includes policies, procedures and internal controls for all Agency-with-Choice tasks. This Manual shall be updated as needed and at least annually.
 12. Providing standard and individualized worker training with the participant and/or representative as defined in the Service Design submitted as a part of the approved vendorization application.
 13. Developing a system and written policies and procedures and internal controls for staying up-to-date with waiver program rules, policies, and procedures.
 14. Developing and implementing a quality assurance program to ensure continuous quality improvement including measurements of participant/representative satisfaction.
 15. Reporting special incidents as required by Title 17 §54327.
 16. Provide to and receive information from the regional center electronically, as required.
 17. Demonstrate the ability to submit claims to the regional center for payment to the FMS for services rendered.
 18. Demonstrate the ability to accept payment from the regional center electronically.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

The individual prospective budget amount must be sufficient to accommodate the amount of the service.

Provider Category(s) (check one or both):	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
			Vendor Agency-with-Choice	

Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative	<input type="checkbox"/>	Legal Guardian
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Provider Qualifications (provide the following information for each type of provider):

Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)
FMS Agency with Choice	Providers must possess any valid license or certification	Certificate to do business in the State of California	Certified by DDS and vendored by the regional center in accordance with Title 17, CCR, §§54310 and 54326. Services shall be performed by a FMS

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	required by State or local law		<p>Agency-with-Choice provider who is free of any conflict of interest and not be an employee or board member of the regional center or of another service provider providing services to the participant. The provider shall not be an employee or board member of the State Council on Developmental Disabilities regional office, or Protection and Advocacy, Inc. if the participant is receiving services from these entities.</p> <p>Title 17, CCR §XXX60(a)(1)(A).</p> <p>The FMS Agency-with-Choice provider shall be directed by a Board of Directors that includes participants, family members of participants and/or other representatives.</p> <p>The FMS Agency-with-Choice must demonstrate and show proof of financial viability.</p> <p>The FMS Agency-with-Choice must maintain a <u>Liability Insurance</u>, Fiduciary Bond and/or a Performance Bond in a reasonable amount as determined by the regional center.</p> <p>The FMS Agency-with-Choice shall prepare and submit all required reports electronically to the vendoring regional center. The Agency-with-Choice shall also provide a monthly utilization summary report to recipient and SB electronically or in hard copy if requested.</p> <p>FMS Agency-with-Choice staff shall be trained in and demonstrate an understanding of FMS Agency-with-Choice tasks as described in the service definition including the philosophy of self direction all accordance with program rules.</p>

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Verification of Provider Qualifications				
Provider Type:	Entity Responsible for Verification:		Frequency of Verification	
All	Vendoring regional center		Annual	
Service Delivery Method (<i>check each that applies</i>):	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input type="checkbox"/>	Provider managed

Service Title:	Financial Management Services – Designated Fiscal Agent
Service Definition (Scope):	
<p>FMS providers act as fiscal agents for SDS waiver participants who are the employers of record or have budget authority to direct services and supports authorized in their IPP and funded through their individual budgets. All participants are required to use FMS to assist in the management of the IB and to perform various employer-related tasks. The FMS provider may also furnish additional assistance, as specified by the participant and provided in the IPP, to aid the participant in managing his/her own services.</p> <p>This service definition applies to fiscal agents who are designated by the participant to act as his or her fiscal agent. Designated fiscal agents are not compensated for their services through the IB or from the regional center. They provide the services free-of-charge.</p> <p>The Designated Fiscal Agent performs the following functions as the agent to the common law employer or his or her legal representative in accordance with relevant federal and state tax laws.</p> <ol style="list-style-type: none"> 1. Perform timely and accurate payroll, bill payment, benefits administration, and record keeping. When the participant employs a service worker, the FMS provider provides the required employment forms, enrolls the employee, and calculates and deducts all required federal, state, and local taxes, including unemployment insurance premiums, prior to issuing reimbursement or paychecks. Responsible for depositing all required federal, state and local tax withholdings and unemployment taxes as required by law. 2. Assists the participant to understand billing, documentation, and employer responsibilities. 3. Ensures that goods and services paid on behalf of the participant have been authorized and included in the participant's IB. 4. Prepares a report at least monthly for the participant and the regional center that details payments made on behalf of the participant and shows the status of the participant's IB including payments made by the FMS provider and the regional center. 5. Identifies expenditures that are over or under budget. 6. Ensures service workers employed by the participant meet applicable employment requirements established for the service and submit to criminal history records (background) checks as required/requested by the participant. 7. Ensures other service providers meet applicable requirements established for the service. 8. An FMS shall assist the participant with all claims related to workers compensation and state 	

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unemployment insurance. 9. Reports incidents of abuse, exploitation or other incidents affecting the free exercise of rights, or health and safety of the participant that comes to their attention. The FMS shall execute and hold necessary provider agreements and shall receive and pay invoices from providers in accordance with the IPP and as approved by participants.						
Specify applicable (if any) limits on the amount, frequency, or duration of this service:						
The individual prospective budget amount must be sufficient to accommodate the amount of the service.						
Provider Category(s) <i>(check one or both):</i>		Individual. List types:				
				Fiscal/Employer Agent		
Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	X	Relative	X	Legal Guardian
Provider Qualifications <i>(provide the following information for each type of provider):</i>						
Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>			
Designated Fiscal Agent	Providers must possess any valid license or certification required by State or local law		Services are provided by individuals who have demonstrated the skills necessary to meet the unique needs and preferences of the participant as specified in the participant's IPP. <u>Certified by DDS and</u> v endorsed by the regional center in accordance with Title 17, CCR, §§54310 and 54326. Services will be performed by a provider who is free of any conflict of interest and not be an employee or board member of the regional center or of another service provider providing services to the participant. The provider shall not be an employee or board member of the State Council on Developmental Disabilities regional office, or Protection and Advocacy, Inc. if the participant is receiving services from these entities.			

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			<p>The FMS functions as a fiscal employer agent and must maintain a Liability Insurance, Fiduciary Bond and/or a Performance Bond in a reasonable amount as determined by the regional center. All reports and a monthly updated list of qualified providers shall be submitted electronically to the appropriate regional center.</p> <p>FMS providers shall be trained in and demonstrate understanding of:</p> <ol style="list-style-type: none"> 1. Principles of self-direction and the SDS Waiver Program; 2. Role of the participant; 3. Development and implementation of the IPP; 4. Role of the SB; 5. Role of the FMS including, without limitation: <ul style="list-style-type: none"> - Supporting the participant with accounting and tax services; - Supporting and training participants on budget management and payment for authorized services; - Service procurement/authorization; - Knowledge of available service options including generic services; - Supporting participants in hiring; - Supporting participants in management of individual budgets; - FMS role in evaluating service quality; - Fiduciary safeguards related to identification and reporting of abuse, neglect and exploitation; and - Knowledge of participant protections. <p>FMS providers will be re-certified on an annual basis contingent upon satisfactory performance.</p> <p>An FMS must engage in ongoing training that includes an update of emerging technologies, resources, policy changes, and other information as needed.</p> <p>The FMS provider shall demonstrate the</p>
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			<p>capacity to:</p> <ol style="list-style-type: none"> 1. Act as a bill payer; 2. Generate and distribute IRS Forms W-2 and/or Form 1099; 3. Appropriately withhold, file, and deposit employer taxes in accordance with IRS and Department of Labor laws/regulations; 4. Comply with all State and Federal labor laws and regulations; 5. Use accepted accounting practice for record keeping; 6. Process all judgments, garnishments, tax levies, or any related holds on an employee's funds as may be required by local, state, or federal laws; 7. Distribute, collect, and process all employees' time sheets as summarized on payroll summary sheets completed by the participant or his/her representative; 8. Prepare employee payroll checks; 9. Establish a customer service mechanism to respond to concerns from participants and service providers; 10. Communicate effectively in different languages; 11. Communicate effectively with participants who have a variety of disabilities and who may require the use of communication aides; and 12. Submit and accept electronically any information required by the regional center. <p>FMS providers under this service definition must have demonstrated experience in areas that require execution of similar fiscally related functions, e.g. accounting.</p> <p>In addition to the above, the FMS shall also demonstrate the ability to electronically accept payment from the regional center, issue electronic payments for bills received, and provide monthly reports of participants' receipts, expenses, and account balances to the regional center, participant, and their SB</p>
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			in an electronic format specified by DDS. The FMS must demonstrate that all transactions and related processes are HIPAA compliant. As part of this requirement, the FMS will have a Disaster Recovery Plan for restoring software and master files and will have hardware backup if management information systems are disabled.
Verification of Provider Qualifications			
Provider Type:	Entity Responsible for Verification:		Frequency of Verification
All	Vendoring regional center		Annual
Service Delivery Method (<i>check each that applies</i>):	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input type="checkbox"/> Provider managed

Service Title:	Community Living Supports
Service Definition (Scope):	
<p>Community Living Supports are intended to facilitate interdependence and promote community integration for participants. This service includes support and assistance with socialization, personal skill development, community participation, recreation and leisure, and home and personal care. The specific types and mix of supports that an individual receives as well as any special provider qualifications shall be specified in the IPP:</p> <ol style="list-style-type: none"> 1. Support with socialization includes development or maintenance of self-awareness and self-control, social responsiveness, social amenities, and interpersonal skills, and the development and maintenance of personal relationships. 2. Support with personal skill development includes activities designed to improve the participant's own ability to accomplish everyday activities of community living, including eating, bathing, dressing, personal hygiene, mobility, and instrumental activities. 3. Support in community participation includes assisting the participant in conducting everyday activities of community living. 4. Support with community participation, recreation or leisure includes the development or maintenance of skills to use community resources, facilities, or businesses and support in 	

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accessing such opportunities for community integration.

- Home and personal care includes support with household activities, such as planning and preparing meals, budgeting, laundry, and maintaining the home in a clean and safe environment. This service includes heavy household chores such as: washing floors, windows and walls; tacking down loose rugs and tiles; moving heavy items of furniture in order to provide safe access; integrated pest management yard work; and minor repairs such as those that could be completed by a handyperson.

Community Living Supports providers are required to develop and submit a back-up plan to ensure coverage during times when they are not available.

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Specify applicable (if any) limits on the amount, frequency, or duration of this service:

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The individual prospective budget amount must be sufficient to accommodate the amount of the service.

Provider Category(s)) (check one or both):	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
	Individuals employed by the participant		Business entities	
	Self-employed individuals		Agency-with-Choice	

Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative	<input checked="" type="checkbox"/>	Legal Guardian
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Provider Qualifications (provide the following information for each type of provider):

Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)
All	Providers must possess any valid license or certification required by State or local law		<p>Services are provided by individuals who have demonstrated the skills necessary to meet the unique needs and preferences of the participant as specified in the participant's IPP.</p> <p>Community Living Supports will be provided by individuals or entities who meet the unique needs and preferences of the participant as specified in the participant's IPP. Individuals shall possess the skills necessary to ensure that the support services meet the participant's health and safety needs and are directed at the outcomes desired by</p>

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			<p>the participant.</p> <p>An individual employed by the participant or provided through an agency shall be at least 18 years of age, possess a high school diploma or GED, possess a valid Social Security Card or Federal work permit, and be eligible for employment in the United States. All individuals employed by the participants will be trained, as specified in the IPP, in the customized needs of the participant prior to service delivery. Employee providers, at a minimum, will receive training in self-direction principles, participant protections, risk management, health care issues, emergency processes, and, as appropriate, medication management, and behavioral supports. Employees will be re-assessed, at a minimum, annually by the participant, with support of the PCP team as requested, during the annual IPP meeting.</p> <p>At the request of and at no charge to the participant, a criminal history records (background) check of direct care service providers only, will be initiated by the participant's FMS entity.</p>
Agency with Choice			Vendored by the regional center in accordance with Title 17 § 54342. The Agency-with-Choice does not provide services under any other Title 17 vendored category.

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
All	Participant with the assistance of the SB as requested assesses the skills and capacity of the provider to provide services and supports specified in IPP and certifies that the provider is qualified to the FMS entity. The FMS entity reviews Statement of Qualifications submitted by provider and verifies that provider possesses necessary license and/or certificate and meets other standard as	Upon initial selection and prior to service delivery. The participant, with the support of the PCP team as required, shall reassess the provider's qualifications at least annually during the IPP review meeting.

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		applicable.		
Service Delivery Method (<i>check each that applies</i>):	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input type="checkbox"/>	Provider managed

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Service Title:	Communication Support Services					
Service Definition (Scope):						
<p>Communication support services includes communication aides necessary to facilitate and assist persons with hearing, speech, or vision impairment to be able to effectively communicate with service providers, family, friends, co-workers, and the general public. The following are allowable communication aides, as specified in the participant's IPP:</p> <ol style="list-style-type: none"> 1. Facilitators; 2. Interpreters and interpreter services; 3. Translators and translator services; and, 4. Readers and reading services. <p>This service also includes supports for the participant to use computer technology to assist in communication. Such supports include training in the use of the technology, assessment of need for ongoing training and support, and identification of resources for the support.</p> <p>Communication support services include evaluation for communication aides and training in the use of communication aides, as specified in the participant's IPP.</p>						
Specify applicable (if any) limits on the amount, frequency, or duration of this service:						
The prospective IB amount must be sufficient to accommodate the amount of the service.						
Provider Category(s) (check one or both):	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:		
		Facilitator		Business entity that employs qualified individuals		
		Interpreter				
		Reader				
		Translator				
		Computer Technology				
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative	<input checked="" type="checkbox"/>	Legal Guardian
Provider Qualifications (provide the following information for each type of provider):						
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)			
All						
Facilitator	Any valid license or		1. The ability to perform the functions identified in the participant's IPP;			

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	certification required by State or local law.		<p>2. Demonstrated knowledge of the concerns and special needs of persons with developmental disabilities as related to the community;</p> <p>3. Sensitivity to the communication process between communication-impaired individuals and non-impaired individuals, and the needs of the persons involved in the process; and</p> <p>4. The ability to maintain confidentiality.</p>
Interpreter	Any valid license or certification required by State or local law.		<p>Providers of interpretation services shall have:</p> <p>1. Proficiency in facilitating communication between hearing-impaired and hearing persons individually and/or in groups using American Sign Language and spoken language;</p> <p>2. The equivalent of six months' experience providing interpreting services to hearing-impaired persons, or</p> <p>3. Possession of at least one valid certificate issued by the Registry of Interpreters for the Deaf;</p> <p>4. Demonstrated knowledge of the concerns and special needs of persons with developmental disabilities as related to the community;</p> <p>5. Sensitivity to the communication process between hearing-impaired individuals and hearing individuals, and the needs of the persons involved in the process; and</p> <p>6. The ability to maintain confidentiality.</p>
Reader	Any valid license or certification required by State or local law.		<p>1. The ability to read aloud and to speak intelligibly in a language understood by the participant;</p> <p>2. Demonstrated knowledge of the concerns and special needs of persons with developmental disabilities as related to the community;</p> <p>3. Sensitivity to the communication process between communication-impaired individuals and non-impaired individuals, and the needs of the persons involved in the process; and</p> <p>4. The ability to maintain confidentiality.</p>
Translator	Any valid		<p>Providers of translation services shall have:</p>

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	license or certification required by State or local law.		<ol style="list-style-type: none"> 1. Fluency in both English and a language other than English; 2. The ability to read and write accurately in both English and a language other than English; 3. Demonstrated knowledge of the concerns and special needs of persons with developmental disabilities as related to the community; and 4. The ability to maintain confidentiality.
Computer Technology	Any valid license or certification required by State or local law		Providers of computer technology support shall have demonstrated knowledge and experience in assisting individuals with developmental disabilities to use computer technology to assist with communication.
Business Entity	Any valid license or certification required by State or local law.		

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Facilitator	The FMS entity reviews the Statement of Qualifications submitted by the provider and verifies that provider possesses the necessary license and/or certificate and meets other standards as applicable.	Upon selection and prior to service provision. Annually thereafter.
Interpreter		Upon selection and prior to service provision. Annually thereafter.
Reader		Upon selection and prior to service provision. Annually thereafter.
Translator		Upon selection and prior to service provision. Annually thereafter.
Business Entity		Upon selection and prior to service provision. Annually thereafter.

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Service Delivery Method (<i>check each that applies</i>):	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input type="checkbox"/>	Provider managed
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Service Title:	Respite Services			
Service Definition (Scope):				
<p>Respite services are provided to participants who are unable to care for themselves and/or require constant supervision. The services are provided on a short-term basis because of the absence or need for relief of those persons who normally care for and/or supervise them. Respite can either be:</p> <ol style="list-style-type: none"> 1. Services provided by the hour on an episodic basis because of the absence of or need for relief for those persons normally providing the care to individuals who cannot be left unsupervised; or 2. Respite services provided by the day/overnight on a short-term basis because of the absence of or need for relief for those persons normally providing the care to individuals who cannot be left unsupervised; or 3. Supervision for school age participants who are not receiving community living supports and whose parents or families work outside of the family home. Supports may be provided before or after the school day. Respite services under this option may be used only when other education, day care, or supports program are not available. <p>Respite services may be purchased from qualified agencies or individuals. The participant may employ individual respite workers. In all cases the IPP must specify the necessary training and skills that such workers or other providers must possess.</p> <p>Respite may be provided in the following locations:</p> <ol style="list-style-type: none"> 1. Individual's home or place of residence. This type of respite may include community outings. 2. Outside the individual's home or place of residence in the following locations: <ol style="list-style-type: none"> a. Community recreational setting, such as Young Men's Christian Association (YMCA), sports club, Community Parks & Recreation program or other community-based recreation program. A sports club is a supervised follow-up recreational program (health club). The programs are supervised to maximize safety and minimize risk. The program goals and objectives, including level of supervision, are specified in the IPP. b. Camping Services c. Child Day Care Facility d. Adult Day Care Facility <p>Respite cannot be provided by the primary care provider or his/her spouse under this definition. Respite providers are required to develop and implement a backup plan for times when they are scheduled, but are unable to come and provide the service.</p>				
Specify applicable (if any) limits on the amount, frequency, or duration of this service:				
The prospective IB amount must be sufficient to accommodate the amount of the service				
Provider Category(s) <i>(check one or both):</i>	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
		Participant-employed individual		Adult Day Care Facility
		In-home Respite Worker		Agency-with-Choice
				In-home Respite Services Agency
				Community Recreational Provider
				Camping Services

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		Child Day Care Center				
Specify whether the service may be provided by (<i>check each that applies</i>):	<input type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative	<input checked="" type="checkbox"/>	Legal Guardian
Provider Qualifications (<i>provide the following information for each type of provider</i>):						
Provider Type:	License (<i>specify</i>)	Certificate (<i>specify</i>)	Other Standard (<i>specify</i>)			
All	Providers must have a business license, if required by State law.	Verification of CPR and First Aid training from agencies offering such training, including, but not limited to, the American Red Cross.	Services are provided by individuals who have demonstrated the skills necessary to meet the unique needs and preferences of the participant as specified in the participant's IPP. Providers are responsible to ensure that supports meet the participant's health and safety needs and are directed at the participant's desired outcomes as specified in the IPP.			
Participant-Employed Individual			An individual respite provider shall be at least 18 years of age and possesses a high school diploma or GED.			
In-home Respite Worker			An individual respite provider shall be at least 18 years of age and possesses a high school diploma or GED.			
Adult Day Care Facility	Health and Safety Code §1502(a)(2) - Title 22, CCR, §§82000-82088.2		Title 22, CCR, §§82000 and 82064 licensed day care facility that provides non-medical care on less than a 24 hour basis.			
Agency-with-Choice			Title 17, CCR, §54342			
In-home Respite Services Agency			Provides non-medical respite services in the home or community. The provider must maintain a training program for employees to ensure that they have demonstrated skills and abilities to meet the defined needs of participants, health and safety requirements and an understanding of SDS.			
Community Recreational Provider (YMCA, Sports Club,			1. Capacity to perform the functions required by the IPP; 2. Demonstrated dependability and personal integrity;			

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Community Parks & Recreation Program)			<p>3. Willingness to pursue training as necessary based upon the individual participant's needs, and</p> <p>4. Certification and licensure appropriate to the exercise program.</p>
Camping Services			<p>A provider of camping services employs staff that possess demonstrated competence to supervise safety of camp activities and is one of the following:</p> <p><u>A day camp which:</u></p> <ol style="list-style-type: none"> 1. Provides a creative experience in outdoor living for a limited period of hours per day and days per year; and 2. Contributes to the individual's mental, physical, and social growth by using the resources of the natural surroundings. <p><u>A residential camp which:</u></p> <ol style="list-style-type: none"> 1. Possesses a valid fire clearance issued by the California State Fire Marshal, city fire department, or local fire district; 2. Complies with the requirements of Title 17, §§30700 through 30753; 3. Has a registered nurse on staff at all hours of operation; or 4. Has received a waiver issued by the appropriate agency if any of the requirements specified in 1 through 3 above are not met; and 5. Provides the following: <ol style="list-style-type: none"> a. A creative experience in outdoor living on a 24-hour per day basis for a limited period of time; b. Services which use the resources of the natural surroundings to contribute to the individual's mental, physical, and social growth; and c. Other consistent services. <p><u>A traveling camp</u> which provides camping or vacation experiences by</p>

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			traveling to various campgrounds or other tourist areas.
Child Day Care Center	Health and Safety Code §1596.799 Title 22, CCR, §§10152 - 101169		<p>Possesses a valid family day care license issued by Department of Social Services (DSS) or by an agency authorized by DSS to assume specified licensing responsibilities, and provides non-medical care and supervision to children under 18 years of age on a less than 24-hour per day basis in the vendor's own home; or</p> <p>Possesses a valid day care license for children issued by DSS or by an agency authorized by DSS to assume specific licensing responsibilities, and provides personal care, protection, supervision and assistance to children under 18 years of age with special developmental needs in a nonresidential facility; or</p> <p>Possesses a preschool license issued by the Department of Education or a valid child care center license issued by DSS or an agency authorized by DSS to assume specified licensing responsibilities, and aids children in developing pre-academic skills, group training, and social skills in a nonresidential facility.</p>

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Participant-employed individual	The participant, with the assistance of the SB as requested, assesses the skills and capacity of the provider to provide services and supports specified in the IPP and certifies that the provider is qualified to the FMS entity. The FMS entity reviews a Statement of Qualifications submitted by the provider and verifies that the provider possesses the necessary license and/or certificate and meets other standards as applicable.	Upon selection and prior to employment. The participant, with the support of the PCP team as required, shall reassess the qualifications of the participant-employed individuals at least annually during the IPP review meeting.
Agency-with-Choice		Title 17 §54342

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		Vendorization. Regional center at the time of vendorization and annually thereafter.
All others: In-home Respite Worker Adult Day Care Facility In-home Respite Services Agency Community Recreational Provider Camping Services Child Day Care Center	The FMS entity reviews a Statement of Qualifications submitted by the provider and verifies that the provider possesses the necessary license and/or certificate and meets other standards as applicable	Upon initial selection and prior to service delivery. The participant, with the support of the PCP team as required, shall reassess the provider's qualifications at least annually during the IPP review meeting.
Service Delivery Method (check each that applies):		
<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input type="checkbox"/>
		Provider managed

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Service Title:		Live-in Caregiver				
Service Definition (Scope):						
Live-in caregiver service provides for the payment for the additional costs of rent and food that can be reasonably attributed to an unrelated live-in personal caregiver who resides in the same household as the participant. This payment is available only in the case of participants who receive personal care support and live in homes that they rent or lease. A legal guardian may not furnish this service. How the amount that is paid is determined is specified in Appendix I-6. Payment is not be made when the participant lives in the caregiver's home or in a residence that is owned or leased by the provider of Medicaid services.						
Specify applicable (if any) limits on the amount, frequency, or duration of this service:						
The prospective IB amount must be sufficient to accommodate the amount of the service.						
Provider Category(s) (check one or both):	<input checked="" type="checkbox"/>	Individual. List types:		<input type="checkbox"/>	Agency. List the types of agencies:	
		Participant-employed worker who serves as caregiver			Employee of an agency who serves as caregiver	
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative	<input type="checkbox"/>	Legal Guardian
Provider Qualifications (provide the following information for each type of provider):						
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)			
All			<p>Services are provided by individuals who have demonstrated the skills necessary to meet the unique needs and preferences of the participant as specified in the participant's IPP.</p> <p>The provider must meet the qualifications and be employed as a personal care provider as detailed in the IPP. The provider cannot be related to the participant.</p> <p>The provider must reside in the same household as the participant.</p> <p>The participant rents or leases his residence.</p>			
Verification of Provider Qualifications						
Provider Type:	Entity Responsible for Verification:		Frequency of Verification			
All	FMS entity verifies that the caregiver meets		At the time that personal care			

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	<p>the standards stated above: employed to provide community living services; is not related to the participant; and resides in the same household as the participant.</p>	<p>supports are established and when there is any change in personal care supports providers. The participant, with the support of the PCP team as required, shall reassess the provider's qualifications at least annually during the IPP review meeting.</p>
<p>Service Delivery Method (<i>check each that applies</i>):</p>	<p><input checked="" type="checkbox"/> Participant-directed as specified in Appendix E</p>	<p><input type="checkbox"/> Provider managed</p>

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Service Title:		Housing Access Supports					
Service Definition (Scope):							
Housing Access Supports is a service that provides assistance to a participant when acquiring housing in the community. The purpose of the support is to enable the participant to identify, select and acquire affordable, accessible housing. Services include counseling and assistance in identifying affordable, safe and accessible options and making choices with respect to the participant's preferences of locations and types of housing; identifying the participant's accessibility requirements (including need for modifications); planning for on-going maintenance and repair (if this will be the participant's responsibility); and identifying financial resources and eligibility for housing subsidies and other benefits. Reimbursement is made for activities needed by the participant that go beyond what is typically available through generic community resources such as apartment rental and real estate services. The specific supports that are required by the participant shall be specified in the IPP. The service does not include payment of deposits or other expenses associated with setting up a household.							
Specify applicable (if any) limits on the amount, frequency, or duration of this service:							
The individual prospective budget amount must be sufficient to accommodate the amount of the service.							
Provider Category(s) <i>(check one or both):</i>		<input checked="" type="checkbox"/> Individual. List types:	<input checked="" type="checkbox"/> Agency. List the types of agencies:				
		Self-employed individual	Business entity				
Specify whether the service may be provided by <i>(check each that applies):</i>		<input type="checkbox"/> Legally Responsible Person	<input checked="" type="checkbox"/> Relative	<input checked="" type="checkbox"/> Legal Guardian			
Provider Qualifications <i>(provide the following information for each type of provider):</i>							
Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>				
All	Providers must possess any valid license or certification required by State or local law		Services are provided by individuals who have demonstrated the skills necessary to meet the unique needs and preferences of the participant as specified in the participant's IPP. Housing access supports are provided by individuals or entities who have demonstrated experience and knowledge in providing the specific housing access supports included in the IPP. The provider must also have the skills and experience to meet the unique				

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			needs and preferences of the participant as specified in the participant's IPP. Individuals shall also possess the skills necessary to ensure that the housing support services meet the participant's health and safety needs and are directed at the outcomes desired by the participant.
Verification of Provider Qualifications			
Provider Type:	Entity Responsible for Verification:		Frequency of Verification
All	The participant, with the assistance of the SB as requested, assesses the skills and capacity of the provider to provide services and supports specified in the IPP and certifies that the provider is qualified to the FMS entity. The FMS entity reviews a Statement of Qualifications submitted by the provider and verifies that the provider possesses the necessary license and/or certificate and meets other standards as applicable.		Upon initial selection and prior to service delivery. The participant, with the support of the PCP team as required, shall reassess the provider's qualifications at least annually during the IPP review meeting.
Service Delivery Method (check each that applies):			
<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input type="checkbox"/>	Provider managed

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Service Title:		Advocacy Services						
Service Definition (Scope):								
Advocacy services support and facilitate the participant in exercising legal, civil and service rights to gain access to generic services and benefits. Advocacy services shall only be provided when other generic sources of similar assistance are not available to the participant, and when advocacy is directed towards obtaining generic services. The specific nature of advocacy services shall be specified in the IPP.								
Specify applicable (if any) limits on the amount, frequency, or duration of this service:								
The individual prospective budget amount must be sufficient to accommodate the amount of the service.								
Provider Category(s) <i>(check one or both):</i>		<input checked="" type="checkbox"/>	Individual. List types:		<input checked="" type="checkbox"/>	Agency. List the types of agencies:		
		Self-employed individuals		Business entities				
Specify whether the service may be provided by <i>(check each that applies):</i>		<input type="checkbox"/>	Legally Responsible Person		<input checked="" type="checkbox"/>	Relative	<input checked="" type="checkbox"/>	Legal Guardian
Provider Qualifications <i>(provide the following information for each type of provider):</i>								
Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>		Other Standard <i>(specify)</i>				
All	Providers must possess any valid license or certification required by State or local law			Services are provided by individuals who have demonstrated the skills necessary to meet the unique needs and preferences of the participant as specified in the participant's IPP. Advocacy services are provided by individuals or entities who have demonstrated experience in provision of advocacy services, knowledge of the rules and regulations surrounding generic services including how appeals are filed and heard, and demonstrated ability to meet the unique needs and preferences of the participant as specified in the participant's IPP. Providers are responsible to ensure that advocacy services are directed at the participant's desired outcomes.				

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Verification of Provider Qualifications			
Provider Type:	Entity Responsible for Verification:		Frequency of Verification
All	The participant, with the assistance of the SB as requested, assesses the skills and capacity of the provider to provide services and supports specified in the IPP and certifies that the provider is qualified to the FMS entity. The FMS entity reviews a Statement of Qualifications submitted by the provider and verifies that the provider possesses the necessary license and/or certificate and meets other standards as applicable.		Upon initial selection and prior to service delivery. The participant, with the support of the PCP team as required, shall reassess the provider's qualifications at least annually during the IPP review meeting.
Service Delivery Method (<i>check each that applies</i>):			
<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input type="checkbox"/>	Provider managed

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Service Title:		Participant-Directed Goods and Services					
Service Definition (Scope):							
Participant-Directed Goods and Services consist of services, equipment or supplies not otherwise provided through the SDS Waiver or through the Medicaid State plan that address an identified need in the IPP (including improving and maintaining the participant's opportunities for full membership in the community) and meet the following requirements: the item or service would decrease the need for other Medicaid services; and/or promote inclusion in the community; and/or increase the person's safety in the home environment; and the participant does not have the personal funds to purchase the item or service and the item or service is not available through another funding source. Experimental or prohibited treatments are excluded. The participant may direct the FMS entity (through the approved IPP) to set aside a portion of his/her monthly prospective IB amount for these items or services. The type, amount and method used to acquire the goods and services shall be documented in the IPP.							
Specify applicable (if any) limits on the amount, frequency, or duration of this service:							
The amount of these goods and services shall not exceed \$3,000 in a year. In addition, the individual prospective budget amount must be sufficient to accommodate the amount of the service.							
Provider Category(s) <i>(check one or both):</i>		<input checked="" type="checkbox"/> Individual. List types:	<input checked="" type="checkbox"/> Agency. List the types of agencies:				
		Self-employed individuals	Business entities				
Specify whether the service may be provided by <i>(check each that applies):</i>		<input type="checkbox"/> Legally Responsible Person	<input checked="" type="checkbox"/> Relative	<input checked="" type="checkbox"/> Legal Guardian			
Provider Qualifications <i>(provide the following information for each type of provider):</i>							
Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>				
All	Providers must possess any valid license or certification required by State or local law		Services are provided by individuals who have demonstrated the skills necessary to meet the unique needs and preferences of the participant as specified in the participant's IPP. Providers must have the capacity to provide items and services of sufficient quality to meet the need for which they are intended.				
Verification of Provider Qualifications							
Provider Type:	Entity Responsible for Verification:			Frequency of Verification			

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All	The participant, with the assistance of the SB as requested, assesses the skills and capacity of the provider to provide the goods and services specified in the IPP and certifies that the provider is qualified to the FMS entity. FMS entity reviews a Statement of Qualifications submitted by the provider and verifies that the provider possesses the necessary license and/or certificate and meets other standards as applicable.	Upon initial selection and prior to service delivery. The participant, with the support of the PCP team as required, shall reassess the provider's qualifications at least annually during the IPP review meeting.
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Service Delivery Method (<i>check each that applies</i>):	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input type="checkbox"/> Provider managed

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Service Title:	Skilled Nursing					
Service Definition (Scope):						
<p>State Plan Services listed in the IPP that are within the scope of the State's Nurse Practice Act and are provided by a registered professional nurse, or licensed practical or vocational nurse under the supervision of a registered nurse, licensed to practice in the State. Skilled nursing services under the SDS Waiver differ in nature, scope, supervision arrangements, or provider type (including provider training and qualifications) from skilled nursing services in the State plan. The amount, duration and scope of these services shall be in accordance with the estimates given in Appendix J-2 of this Waiver request. Home health aide services provided under the SDS Waiver are in addition to any that are available under the approved State plan.</p> <p>This service may be furnished by self-employed nurses, nurses employed by an agency or obtained through a home health agency.</p>						
Specify applicable (if any) limits on the amount, frequency, or duration of this service:						
The prospective IB amount must be sufficient to accommodate the amount of the service.						
Provider Category(s) <i>(check one or both):</i>	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:		
		Individual Registered Nurse Provider		Home Health Agency		
		Individual Registered Vocational Nurse Provider				
		Registered Nurse				
		Licensed Vocational Nurse				
Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative	<input checked="" type="checkbox"/>	Legal Guardian
Provider Qualifications <i>(provide the following information for each type of provider):</i>						
Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>			
Individual Registered Nurse Provider	Business & Professions Code §§2725 - 2742 Title 22, CCR, §51067					
Individual Licensed Vocational Nurse Provider	Business & Professions Code §§2859 – 2873.7 Title 22, CCR, §51069					
Registered Nurse	Business & Professions Code					

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	§§2725 - 2742 Title 22, CCR, §51067		
Licensed Vocational Nurse	Business & Professions Code §§2859 – 2873.7 Title 22, CCR, §51069		
Home Health Agency	Title 22, CCR, §74600 et. seq.	Health and Safety Code §§1725 - 1742. Medi-Cal certification using Medicare standards, Title 22, CCR, §51217	
Verification of Provider Qualifications			
Provider Type:	Entity Responsible for Verification:	Frequency of Verification	
All	FMS entity reviews a Statement of Qualifications submitted by the provider and verifies that the provider possesses the necessary license and/or certificate and meets other standards as applicable.	Upon selection and prior to service provision. Annually thereafter.	
Service Delivery Method (check each that applies):			
<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input type="checkbox"/>	Provider managed

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Service Title:	Specialized Therapeutic Services
Service Definition (Scope):	
<p>Generic and/or Medicaid State plan service resources will be accessed before using this service.</p> <p>Specialized Therapeutic Services are services that provide physical, behavioral/social-emotional health, and/or dental health care that have been adapted to accommodate the unique complexities presented by enrolled participants aged 3 years or older. Note: For participants ages 3 to 20, this service is only available when Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services are not available. The complexities include requiring:</p> <ol style="list-style-type: none"> 1. Additional time with the health care professional to allow for effective communication with participants to ensure the most effective treatment; 2. Additional time with the health care professional to establish the participant's comfort and receptivity to treatment to avoid behavioral reactions that will further complicate treatment; 3. Additional time for diagnostic efforts due to the masking effect of some developmental disabilities on health care needs; 4. Specialized expertise and experience of the health care professional in diagnosing health care needs that may be masked or complicated by a developmental disability; and 5. Treatment to be provided in settings that are more conducive to the participant's ability to effectively receive treatment, either in specialized offices or facilities that offer better structured interaction with the participant or which may provide additional comfort and support which is needed to reduce participant anxiety that is related to his or her developmental disabilities. <p>These additional elements to Specialized Therapeutic Services are designed and proven effective in ensuring the health and safety of the participants enrolled in the SDS Waiver. They are also designed or adapted with specialized expertise, experience or supports to ensure that the impact of a person's developmental disability does not impede the practitioner's ability to effectively provide treatment. The design features and/or expertise levels required by these participants have been developed through years of experience and are not available through existing State Plan services. These features are critical to maintain, preserve, or improve the health status and developmental progress of each individual, aged 3 years or older, who is referred to these Specialized Therapeutic Services.</p> <p>Specialized Therapeutic Services are composed of:</p> <ol style="list-style-type: none"> 1. Oral Health Services: diagnostic, prophylactic, restorative, oral surgery; 2. Services for maladaptive behaviors/social-emotional behavior impairments (MB/SEDI) due to/associated with a developmental disability, individual and group interventions and counseling; and 3. Physical Health Services: physical therapy, occupational therapy, speech therapy, respiratory therapy, diagnostic and treatment, physician services, nursing services, diabetes self-management. <p>The need for a Specialized Therapeutic Service must be identified in the participant's IPP and is to be provided only when the individual's PCP team has:</p>	

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1. Determined the reason why other generic or State Plan services cannot/do not meet the unique oral health, behavioral/social-emotional health, physical health needs of the participant as a result of the participant's developmental disability and the impact of the developmental disability on the delivery of therapeutic services;
2. Determined that a provider with specialized expertise/knowledge in serving individuals with developmental disabilities is needed, i.e. a provider of State Plan services does not have the appropriate qualifications to provide the service;
3. Determined that the individual's needs cannot be met by a State Plan provider delivering routine State Plan services;
4. Determined that the Specialized Therapeutic Service is a necessary component of the overall Plan of Care (IPP) that is needed to avoid institutionalization; and
5. Consulted with a regional center clinician.

The need to continue the Specialized Therapeutic Service will be evaluated during the mandatory annual review of the individual's IPP in order to determine if utilization is appropriate and progress is being made as a result of the service being provided.

The following specify the differences between Specialized Therapeutic Services and services available under the approved State Plan:

1. Provider qualifications

Providers of Specialized Therapeutic Services must hold a current State license or certificate to practice in the respective clinical field for which they are providing services and have at least one year of experience providing direct care in the field of licensure with persons with developmental disabilities, validation of which must be obtained by the FMS prior to providing the participant services and maintained on file. This expanded qualification requirement differentiates providers of Specialized Therapeutic Services from State Plan providers. These providers include physicians/surgeons, nurse practitioners, registered nurses, licensed vocational nurses, psychologists, social workers, speech therapists, physical therapists, physical therapy assistants, dental hygienists, dentists, and marriage and family therapists. Certified occupational therapists, occupational therapy assistants, respiratory therapists, and chemical addiction counselors are also included.

2. Scope of services

When provided as a SDS Waiver service, a Specialized Therapeutic Service may require one or more of the following if determined critical to the ongoing maintenance of the oral care, health care, or behavioral/social-emotional health care in the participant's residence or program environment. This expansion of the scope of the Specialized Therapeutic Service differentiates it from other State Plan services. These are provided as a component of an allowable specialized therapeutic service, are billed to the SDS Waiver as part of the Specialized Therapeutic Service being provided, and are designed to improve the participant or caregiver's capacity to effectively access services, interpret care instructions, or provide care as directed by the clinical professional. Each of these will be provided only if it is directly associated with a Specialized Therapeutic Service provided to an individual and are included in an approved service plan. The additional components are:

- a. Family support and counseling – A critical component to a full understanding of the impact of

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involved developmental disabilities on the presenting health care need and effective treatment. The health care practitioner delivering the health, dental, or behavioral/social-emotional health specialized services may need to provide family support and/or counseling, as well as participant training and consultation with other physicians or involved professionals, in order to ensure the proper understanding of the treatment and support in the person's home environment and that it is critical to effective treatment of people with developmental disabilities;

b. Provider travel necessary to deliver the service;

c. Consultation with other involved professionals in meeting the physical, behavioral/social-emotional health and/or dental health needs of the participant through specialized therapeutic services. This allows the clinical provider of specialized therapeutic services to properly involve other professional care givers who deliver services in accordance with the individual's plan of care;

d. Participant training - at times the individual will require additional training by a specialized therapeutic service provider to maintain or enhance the long-term impact of the oral, behavioral/social-emotional health, or health care treatment provided. An appropriately licensed or certified provider, as defined above, will provide this training.

3. The location for the services - the services will be offered either at the participant's home, or when appropriate, the provider's site.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

The individual prospective budget amount must be sufficient to accommodate the amount of the service.

Provider Category(s) <i>(check one or both):</i>	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
		Dentist (Oral Health)		Entities that employ individuals who meet the provider qualifications specified herein
		Dental Hygienist (Oral Health)		
		Psychologist (Mental Health)		
		Marriage & Family Therapist (Mental Health)		
		Social Worker (Mental Health)		
		Chemical Addiction Counselor (Mental Health)		
		Physician/Surgeon (Physical Health)		
		Speech Therapist (Physical Health)		
		Occupational Therapist and Assistant (Physical Health)		
		Physical Therapist (Physical Health)		

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	Physical Therapy Assistant (Physical Health)		
	Respiratory Therapist (Physical Health)		
	Registered Nurse (Physical Health)		
	Licensed Vocational Nurse (Physical Health)		
	Nurse Practitioner (Physical Health)		
Specify whether the service may be provided by (<i>check each that applies</i>):	<input type="checkbox"/> Legally Responsible Person	<input checked="" type="checkbox"/> Relative <input checked="" type="checkbox"/> Legal Guardian	
Provider Qualifications (<i>provide the following information for each type of provider</i>):			
Provider Type:	License (<i>specify</i>)	Certificate (<i>specify</i>)	Other Standard (<i>specify</i>)
All			Services are provided by individuals who have demonstrated the skills necessary to meet the unique needs and preferences of the participant as specified in the participant's IPP. Specialized Therapeutic Services Providers of Specialized Therapeutic Services must hold a valid State authorization to practice in the respective clinical field and, at minimum, have one year's experience working with persons with developmental disabilities.
Dentist (Oral Health)	Business and Professions Code §§1628 - 1635.5		
Dental Hygienist (Oral Health)	Business and Professions Code §§1766 - 1769		
Psychologist (Mental Health)	Business and Professions Code §§2940 - 2948		
Marriage & Family Therapist (Mental Health)	Business and Professions Code §§4980 - 4984.9		
Social Worker	Business and		

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(Mental Health)	Professions Code §§4996.1 - 4996.2		
Chemical Addiction Counselor (Mental Health)		Chemical Addiction Counselor - certified in accordance with counseling certification organizations	<p>Specialized Therapeutic Services Professionals with advanced or graduate degrees must have:</p> <ul style="list-style-type: none"> - A Master's Degree from an accredited health care training program; - Three years of post-graduate, supervised experience providing direct health care services to those identified with an addictive disorder; - A portfolio of clinical training with a minimum of 120 hours of training in basic counseling skills including assessment, interviewing and diagnosis, and a minimum of 60 hours of training in each area of specialization; and - Three professional recommendations. At least one recommendation must be from a supervisor who is personally familiar with the applicant's work and can document his or her health care experience. <p>Professionals with other degrees or without a degree must:</p> <ul style="list-style-type: none"> - Be over 18 years of age and have a high school diploma; - Have five years of supervised experience providing direct health care services to those identified with an addictive disorder; - Be presently employed or serving in a volunteer capacity in a social model program, or must have been employed or serving in a volunteer capacity in a social model program within the last full year prior to the filing date; - Have a portfolio of clinical training that includes a minimum of 120 hours of training in basic counseling skills including assessment, interviewing and diagnosis, and a minimum of 60 hours of training in each area of

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			<p>specialization; documentation of a minimum of 150 hours of closely supervised on-the-job training in direct alcohol and/or other drug recovery services in a social model setting; and</p> <ul style="list-style-type: none"> - Have three professional recommendations. At least one recommendation must be from a supervisor who is personally familiar with the applicant's work and can document his or her health care experience. <p>Only Chemical Addiction Counselors certified and credentialed by any of the following organizations are authorized to provide services under the SDS Waiver:</p> <ul style="list-style-type: none"> - California Association of Addiction Recovery Resources; - California Association of Alcohol and Drug Educators; - California Association of Alcoholism and Drug Abuse Counselors; - California Association of Drinking Drivers Treatment Program; - Forensic Addiction Counselors Team; - American Academy of Providers in the Addictive Disorders; or Indian Alcoholism Commission of California, Inc.
Physician/Surgeon (Physical Health)	Business and Professions Code §§2080 - 2096		
Speech Therapist (Physical Health)	Business and Professions Code §§2532 - 2532.6		
Occupational Therapist and Assistant (Physical Health)	Business and Professions Code §§2570.2 - 2570.6		
Physical Therapist (Physical Health)	Business and Professions Code §§2620 - 2636.5		
Physical Therapy Assistant	Business and Professions Code §§2655 –		

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(Physical Health)	2655.93		
Respiratory Therapist (Physical Health)	Business and Professions Code §§3702-3731		
Registered Nurse (Physical Health)	Business and Professions Code §§2725-2742		
Licensed Vocational Nurse (Physical Health)	Business and Professions Code §§2859-2873.7		
Nurse Practitioner (Physical Health)	Business and Professions Code §§2834 – 2837		

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Dentist (Oral Health)	FMS entity reviews a Statement of Qualifications submitted by the provider and verifies that the provider possesses the necessary license and/or certificate and meets other standards as applicable.	Upon selection and prior to service provision. Annually thereafter.
Dental Hygienist (Oral Health)		
Psychologist (Mental Health)		
Marriage & Family Therapist (Mental Health)		
Social Worker (Mental Health)		
Chemical Addiction Counselor (Mental Health)		
Physician/Surgeon (Physical Health)		
Speech Therapist (Physical Health)		
Occupational Therapist and Assistant (Physical Health)		
Physical Therapist (Physical Health)		
Physical Therapy Assistant (Physical Health)		

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Respiratory Therapist (Physical Health)		
Registered Nurse (Physical Health)		
Licensed Vocational Nurse (Physical Health)		
Nurse Practitioner (Physical Health)		
Service Delivery Method <i>(check each that applies):</i>		
<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input type="checkbox"/> Provider managed

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Service Title:		Home Health Aide	
Service Definition (Scope):			
<p>Services defined in 42 California Code of Regulations (CFR) 440.70, with the exception that the limitations on the amount, duration and scope of such services imposed by the State's approved Medicaid plan are not applicable. The amount, duration and scope of these services shall instead be in accordance with the estimates given in Appendix J-2 of this Waiver request. Home health aide (HHA) services provided under the SDS Waiver are in addition to any that are available under the approved State plan.</p> <p>HHA services may only be provided by individuals who are certified home health aides and employed by licensed and certified home health agencies.</p>			
Specify applicable (if any) limits on the amount, frequency, or duration of this service:			
The individual prospective budget amount must be sufficient to accommodate the amount of the service.			
Provider Category(s) (check one or both):		Individual. List types:	<input checked="" type="checkbox"/> Agency. List the types of agencies:
			Home Health Agency
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/> Relative <input checked="" type="checkbox"/> Legal Guardian
Provider Qualifications (provide the following information for each type of provider):			
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)
HHA	Title 22, CCR, §74600 et. seq.	Health and Safety Code §§1725-1742. Medi-Cal certification using Medicare standards, Title 22, CCR, §51217. Title 22, CCR, §74624; Title 22, §§74745-74749 Health and Safety Code §§1725-1742. Medi-Cal	<p>Services are provided by individuals who have demonstrated the skills necessary to meet the unique needs and preferences of the participant as specified in the participant's IPP.</p> <p>A home health aide employed by a licensed and Medi-Cal certified home health agency must have completed a training program approved by the Department of Health Services that meets the requirements of 42 CFR §484.36(b) or (e) and must have been certified pursuant to Health and Safety Code §1736.1.</p>

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		certification using Medicare standards, Title 22, CCR, §51217.	
Verification of Provider Qualifications			
Provider Type:	Entity Responsible for Verification:		Frequency of Verification
HHA	FMS entity reviews a Statement of Qualifications submitted by the provider and verifies that the provider possesses the necessary license and/or certificate and meets other standards as applicable.		Upon selection and prior to initial service provision. At least annually thereafter.
Service Delivery Method (<i>check each that applies</i>):			
<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E		<input type="checkbox"/> Provider managed

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Service Title:	Nutritional Consultation					
Service Definition (Scope):						
Nutritional consultation includes the provision of consultation and assistance in planning to meet the nutritional and special dietary needs of the individual. These services are consultative in nature and do not include specific planning and shopping for, or preparation of, meals for individuals. The nature and scope of these services is specified in the IPP.						
Specify applicable (if any) limits on the amount, frequency, or duration of this service:						
The individual prospective budget amount must be sufficient to accommodate the amount of the service.						
Provider Category(s) (check one or both):	<input checked="" type="checkbox"/>	Individual. List types:		<input checked="" type="checkbox"/>	Agency. List the types of agencies:	
	Dietician			Business entity that employs qualified individuals		
	Nutritionist					
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative	<input checked="" type="checkbox"/>	Legal Guardian
Provider Qualifications (provide the following information for each type of provider):						
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)			
All			Services are provided by individuals who have demonstrated the skills necessary to meet the unique needs and preferences of the participant as specified in the participant's IPP.			
Dietician	Providers must possess any valid license or certification required by State or local law		Dietician Valid registration as a member of the American Dietetic Association			
Nutritionist	Providers must possess any valid license or certification required by State or local law		Possess a Master's Degree in one of the following: 1. Food and Nutrition; 2. Dietetics; 3. Public Health Nutrition.			
Verification of Provider Qualifications						
Provider Type:	Entity Responsible for Verification:			Frequency of Verification		

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All	FMS entity reviews a Statement of Qualifications submitted by the provider and verifies that the provider possesses the necessary license and/or certificate and meets other standards as applicable.	Upon selection and prior to service provision. Annually thereafter.
Service Delivery Method (<i>check each that applies</i>):	<input checked="" type="checkbox"/> Participant-directed as specified in Appendix E	<input type="checkbox"/> Provider managed

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Service Title:		Behavior Intervention Services		
Service Definition (Scope):				
<p>Behavior Intervention Services consist of the use of behavior intervention programs, development of programs to improve the participant's development, behavior tracking and analysis, and the fading of any intrusive intervention measures. Behavior intervention services are restricted to generally accepted positive approaches. The specific behavior intervention services that are furnished to a participant are specified in the IPP. The need for such programs is documented in the participant's record.</p> <p>Client/Parent Support Behavior Intervention Training Program serves participants aged 3 years to 18 years. The program utilizes behavior modification techniques. The program also intervenes with the family and assists them in developing tools to work with their child. Ultimately, the family will be in a position to maintain the child in the home. This program is not funded by the Department of Education because children and families will be served on an individual basis. However, the child's special education program will not be discontinued or altered. The service is specified in the IPP. The need for such a program is documented in the participant's record.</p>				
Specify applicable (if any) limits on the amount, frequency, or duration of this service:				
The individual prospective budget amount must be sufficient to accommodate the amount of the service.				
Provider Category(s) <i>(check one or both):</i>	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
		Psychiatrist		Entities that employ individuals who meet the provider qualifications
		Behavior Management Assistant: Psychology Assistant		
		Behavior Management Consultant: Psychologist		
		Behavior Management Consultant: Licensed Clinical Social Worker		
		Behavior Management Consultant: Marriage, Family, Child Counselor		
		Behavior Management Assistant: Associate Licensed Clinical Social Worker		
		Registered Nurse – (Psychiatric)		
		Licensed Psychiatric Technician		
		Clinical Psychologist		
	Behavior Analyst			

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Specify whether the service may be provided by <i>(check each that applies)</i> :	<input type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative	<input checked="" type="checkbox"/>	Legal Guardian
	<input type="checkbox"/>		<input type="checkbox"/>			

Provider Qualifications *(provide the following information for each type of provider):*

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
All			Services are provided by individuals who have demonstrated the skills necessary to meet the unique needs and preferences of the participant as specified in the participant's IPP.
Psychiatrist	Business and Professions Code, Division 2, Chapter 5, commencing at §2000		Meets conditions of participation in Medi-Cal as established in the California Medicaid State Plan
Behavior Management Assistant: Psychology Assistant	Business and Professions Code §2913		Meets conditions of participation in Medi-Cal as established in the California Medicaid State Plan
Behavior Management Consultant: Psychologist	Business and Professions Code §§2940 - 2948		Meets conditions of participation in Medi-Cal as established in the California Medicaid State Plan
Behavior Management Consultant: Licensed Clinical Social Worker	Business and Professions Code §§4996 - 4997		Meets conditions of participation in Medi-Cal as established in the California Medicaid State Plan
Behavior Management Consultant: Marriage, Family, Child Counselor	Business and Professions Code §§4980 - 4984.9		

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Behavior Management Assistant: Associate Licensed Clinical Social Worker	Business and Professions Code §4996.18		
Registered Nurse – (Psychiatric)	Business and Professions Code §§2732 - 2736		Title 9, CCR, §627
Licensed Psychiatric Technician	Business and Professions Code §§4500-4524		
Clinical Psychologist	Business and Professions Code, §§800-809.9; §§2725-2742 Health and Safety Code §1316.5		
Behavior Analyst	Licensed in accordance with Business and Professions Code as appropriate to the skilled professions staff		

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Psychiatrist	FMS entity reviews a Statement of Qualifications submitted by the provider and verifies that the provider possesses the necessary license and/or certificate and meets other standards as applicable.	Upon selection and prior to service provision. Annually thereafter.
Behavior Management Assistant: Psychology Assistant		
Behavior Management Consultant: Psychologist		
Behavior Management Consultant: Licensed Clinical Social Worker		
Behavior		

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Management Consultant: Marriage, Family, Child Counselor		
Behavior Management Assistant: Associate Licensed Clinical Social Worker		
Registered Nurse – (Psychiatric)		
Licensed Psychiatric Technician		
Clinical Psychologist		
Behavior Analyst		
Service Delivery Method (<i>check each that applies</i>):		
<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input type="checkbox"/> Provider managed

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Service Title:	Integrative Therapies
Service Definition (Scope):	
<p>Integrative Therapies consist of Acupuncture Services, Chiropractic Services, and Massage Therapy.</p> <p>Acupuncture and Chiropractic Services through the SDS waiver are as defined in the approved Medicaid State Plan except that the limitations on the amount, scope, and provider qualifications do not apply. The following specify the differences between Integrative Therapies Services – Acupuncture and Chiropractic - and similar services that are available under the approved State Plan:</p> <ol style="list-style-type: none"> 1. <u>Provider qualifications.</u> In addition to valid license or certification, providers of Acupuncture and Chiropractic services must have at least one year of experience working providing direct care in the field of licensure/certification with persons with developmental disabilities, validation of which must be obtained by the FMS prior to the provision of services. This expanded qualification requirement differentiates providers of SDS Waiver Acupuncture and Chiropractic services from State Plan providers. 2. <u>The expanded scope</u> of the Integrative Therapies service differentiates it from other State Plan Services. When provided as a SDS Waiver service, an Integrative Therapies service may require one or more of the additional components listed below if determined critical to the ongoing maintenance of the participant's health or emotional care in the participant's residence. These additional components are designed to improve the participant or caregiver's capacity to effectively access services, interpret care instructions, or provide care as directed by the professional. The additional components are provided as a part of an allowable Integrative Therapies service, and therefore are billed to the SDS Waiver as part of the Integrative Therapies service. Each component is provided only if it is directly associated with an individual's Integrative Therapies service and is documented in the participant's record and specified in the IPP. The additional components are: <ol style="list-style-type: none"> a. Provider travel necessary to deliver the service may be included If cost-effective and necessary due to the disabilities of the individual. The need for travel must be documented in the participant's record and specified in the IPP. b. Consultation with other involved professionals in meeting the physical and social-emotional health and needs of the participant through Integrative Therapies service. This allows the provider of Integrative Therapies services to properly involve other professional care givers who deliver services in accordance with the individual's IPP. The type and amount of consultation shall be specified in the IPP. c. Participant training - at times the individual will require additional training by an Integrative Therapies services provider to maintain or enhance the long-term impact of treatment provided. An appropriately licensed or certified provider, as defined above, will provide this training. The type, amount and duration of the training will be specified in the IPP. d. The services will be offered either at the participant's home or when appropriate, the provider's site. The location of the services will be specified in the IPP. <p>The need for Acupuncture and Chiropractic Services must be identified in the participant's IPP and is to be provided only when the individual's PCP team has:</p> <ol style="list-style-type: none"> 1. Determined the reason why other generic or State Plan services cannot/do not meet the unique needs of the participant as a result of the participant's developmental disability and the impact 	

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- of the developmental disability on the delivery of therapeutic services;
- 2. Determined that a provider with specialized expertise/knowledge in serving individuals with developmental disabilities is needed, i.e. a provider of State Plan services does not have the appropriate qualifications to provide the service;
- 3. Determined that the individual's needs cannot be met by a State Plan provider delivering routine State Plan services;
- 4. Determined that the acupuncture or chiropractic service is a necessary component of the IPP that is needed to avoid institutionalization; and
- 5. Consulted with a regional center clinician.

Therapeutic massage and assessment are not covered under the State Plan. Therapeutic massage and assessment consists of:

- 1. Manipulation of the superficial tissues of the human body with the hand, foot, arm or elbow, whether or not such manipulation is aided by hydrotherapy, including colonic irrigation or thermal therapy; or
- 2. Any electrical or mechanical device; or
- 3. The application to the human body of a chemical or herbal preparation.

Indications for this service include:

- 1. Medical conditions characterized by poor circulation, dysfunction or pain including conditions related to: peripheral vascular insufficiency (in the absence of blood clot); lymph edema; arthritis; spastic colon or bowel disease; and muscle dysfunction, including conditions characterized by muscle rigidity and flaccidity.
- 2. A need to increase the blood flow through applied pressure and stretching.
- 3. Deep muscle relaxation to promote more functional joint movement, which assists in the range of motion and prevention of deterioration due to contractures.
- 4. Assistance in keeping muscles supple and free from fibrous adhesions; and to loosen shortened, contracted muscles and the stimulation of weak and flaccid muscles to promote efficient movement and improved posture.
- 5. Additionally, therapeutic massage softens tough inflexible skin making it suppler, which promotes comfort and skin integrity, and may:
 - a. Prevent or relieve constipation and bowel impaction thereby reducing the need for alternative bowel management strategies.
 - b. Achieve respiratory benefits including promotion of deep breathing through stretching techniques.

Massage therapy must be prescribed by a physician, physician's assistant, or nurse practitioner and is limited to participants with the specific medical conditions specified above. This service may be complementary to physical therapy or rendered as a less intrusive alternative. Assessment to determine the specific therapeutic activities to be used and the need for continued services is also an included service. The type, amount and duration of the service must be specified in the IPP.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

The prospective IB amount must be sufficient to accommodate the amount of the service.

Provider Category(s) (check one or	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
		Acupuncture: Physician/Surgeon		Entities that employ qualified individual practitioners

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<i>both):</i>	Acupuncture: Acupuncturist		
	Chiropractic Services		
	Massage Therapy: Physical Therapist		
	Massage Therapy: Physical Therapy Assistant		
	Massage Therapy: Massage Therapist		
Specify whether the service may be provided by (<i>check each that applies</i>)	<input type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/> Relative <input checked="" type="checkbox"/> Legal Guardian
Provider Qualifications (<i>provide the following information for each type of provider</i>):			
Provider Type:	License (<i>specify</i>)	Certificate (<i>specify</i>)	Other Standard (<i>specify</i>)
All			Services are provided by individuals who have demonstrated the skills necessary to meet the unique needs and preferences of the participant as specified in the participant's IPP.
Acupuncture: Physician/Surgeon	Business and Professions Code §§2080 - 2096		Providers must possess any valid license or certification required by State or local law. At least one year of experience providing services in the area of license or certification to individuals with developmental disabilities.
Acupuncture: Acupuncturist	Business and Professions Code §§4935 - 4949		Providers must possess any valid license or certification required by State or local law At least one (1) year of experience providing services in the area of license or certification to individuals with developmental disabilities.
Chiropractic Services	Business and Professional Code §§1000 – 1004		Providers must possess any valid license or certification required by State or local law At least one (1) year of experience providing services in the area of license or certification to individuals with developmental disabilities.
Massage Therapy:	Physical		Providers must possess any valid

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Physical Therapist	Therapist: Business and Professions Code §§2620 - 2636.5		license or certification required by State or local law At least one year of experience providing services in the area of license or certification to individuals with developmental disabilities.
Massage Therapy: Physical Therapy Assistant	Business and Professions Code §§2655 – 2655.93		Providers must possess any valid license or certification required by State or local law At least one (1) year of experience providing services in the area of license or certification to individuals with developmental disabilities.
Massage Therapy: Massage Therapist			Providers must possess any valid license or certification required by State or local law Graduate of Accredited Massage Therapy School At least one year of experience providing services in the area of certification to individuals with developmental disabilities.
Verification of Provider Qualifications			
Provider Type:	Entity Responsible for Verification:	Frequency of Verification	
All Providers	FMS entity reviews a Statement of Qualifications submitted by the provider and verifies that the provider possesses the necessary license and/or certificate and meets other standards as applicable.	Upon selection and prior to service provision. Annually thereafter.	
Service Delivery Method <i>(check each that applies):</i>			
<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input type="checkbox"/>	Provider managed

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Service Title:	Supported Prevocational Services
Service Definition (Scope):	
<p>In the SDS Waiver, these services must be provided in non-congregate environments and provide a sufficient amount and variety of work to prepare and maintain adults with developmental disabilities at their highest level of vocational functioning. For purposes of these services, "adult" is defined as an individual who is 18 years of age or older. Participants receive compensation based upon their productive capacity and upon prevailing wage. Volunteer work may be provided under this service.</p> <p>Services are limited to:</p> <p>1. Supported prevocational services consist of:</p> <ul style="list-style-type: none"> a. Physical capacities development (e.g. general work stamina); b. Psychomotor skills development (e.g. eye hand coordination, tool usage); c. Interpersonal and communicative skills development (e.g. relations with supervisor, co workers) d. Work habits development (e.g. attendance, punctuality); e. Development of vocationally appropriate dress and grooming; f. Productive skills development (e.g. quality and quantity of work); g. Work practices training (e.g. payroll deductions, safety practices); h. Work related skills development (e.g. counting, measuring, money management); or i. Orientation and preparation for referral to Vocational Rehabilitation; j. Mobility training to get to and from work; and k. Earnings reporting and income management. <p>3. Supportive habilitation services that are composed of:</p> <ul style="list-style-type: none"> a. Personal safety practices training; b. Housekeeping maintenance skills development; or c. Health maintenance skills development, such as hygiene skills. <p>Prevocational services must be individually-designed and furnished in the manner specified by the participant to achieve personally-defined outcomes.</p> <p>The above described services are not available under a program funded under Section 110 of the Rehabilitation Act of 1973 (29 U.S.C. 730) or Section 602(16) and (17) of the Individuals with Disabilities Education Act (IDEA.) (20 U.S.C. 1400). While participants are receiving these prevocational services, they may become eligible for vocational rehabilitation services funded by Section 110 of the Rehabilitation Act of 1973 ("vocational rehabilitation program"). When and if the participant begins receiving services under the vocational rehabilitation program, prevocational services cease and the vocational rehabilitation services will not be considered or claimed as SDS Waiver services.</p>	
Specify applicable (if any) limits on the amount, frequency, or duration of this service:	
The individual prospective budget amount must be sufficient to accommodate the amount of the service.	

Deleted: Work adjustment services must occur in the work setting, but work related and not exceed 25% of the participant's

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Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:		
			Community Rehabilitation Program			
Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative	<input checked="" type="checkbox"/>	Legal Guardian
Provider Qualifications <i>(provide the following information for each type of provider):</i>						
Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>			
Community Rehabilitation Program	Provider must possess any valid license or certification required by State or local law, and/or any applicable Federal/Tax Exempt Letter.		Services are provided by individuals who have demonstrated the skills necessary to meet the unique needs and preferences of the participant as specified in the participant's IPP. Welfare and Institutions Code, § 4851(a) and (e).			
Employment Network (EN)			Registration as an EN with the Social Security Administration pursuant to the Ticket to Work and Work Incentives Improvement Act of 1999 (P.L. 106-170).			
Verification of Provider Qualifications						
Provider Type:	Entity Responsible for Verification:				Frequency of Verification	
All	FMS entity reviews a Statement of Qualifications submitted by the provider and verifies that the provider possesses the necessary license and/or certificate and meets other standards as applicable.				Services are provided by individuals who have demonstrated the skills necessary to meet the unique needs and preferences of the participant as specified in the participant's IPP. Upon selection and prior to initial service	

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			provision; at least annually thereafter.
Service Delivery Method (<i>check each that applies</i>):			
<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input type="checkbox"/>	Provider managed

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Service Title:	Employment Development Supports
Service Definition (Scope):	
<p>1. "Employment development supports" means an individualized array of support services to assist an individual gain and retain employment, including self-employment, in community integrated work environments where the participant interacts with individuals without disabilities, other than the employment development supports provider, to the same extent that individuals without disabilities in comparable positions interact with other persons. It also includes an appropriate level of ongoing post-employment support services.</p> <p>2. Employment development supports also consist of services specified in the IPP for the purpose of achieving individualized employment outcomes, and may include any combination of the following:</p> <ul style="list-style-type: none"> a. Individualized assessment; b. Individualized and group employment counseling; c. Job analysis of supported employment opportunities for the participant; d. Job development and placement that produce an appropriate job match for the participant and employer; e. Direct supervision or training of a participant while they engage in integrated work; f. Job coaching provided on or off the worksite; g. Community-based training in adaptive functional and social skills necessary to ensure job adjustment and retention; and h. Counseling with a consumer/family and/or authorized representative to ensure support of a consumer in job adjustment. i. Counseling on benefits planning to ensure a consumer understands the relationship between earned income and receiving public benefits, such as, SSI, SSA, Medi-cal, and PASS PLANS. <p>3. Vocational and Pre-vocational services funded by either the Rehabilitation Act of 1973 or IDEA (P.L. 105-17, IDEA) are not available to participants in the SDS Waiver. After Rehabilitation Act of 1973 or IDEA, services have concluded, employment development supports may be provided under the SDS Waiver.</p> <p>4. Services that assist a participant to develop a business and become self-employed. This assistance consists of:</p> <ul style="list-style-type: none"> a. Assisting the participant to identify potential business opportunities; b. Assistance in the development of a business plan, including potential sources of business financing and other assistance in developing and launching a business; c. Identification of the supports that are necessary in order for the participant to operate the business; and, d. Ongoing assistance, counseling and guidance once the business has been launched. <p>Within the foregoing scope of services, the participant, in consultation with the planning team, may specify in the IPP the scope and nature of the employment development supports that enable the participant to secure and maintain integrated employment in the community. Participants shall specify desired employment outcomes and the necessary skills and capabilities of the provider(s) who furnish employment development supports.</p> <p>The above described services are not available under a program funded under section 110 of the Rehabilitation Act of 1973 (29 U.S.C. 730) or section 602(16) and (17) of the IDEA (20 U.S.C. 1400). Participants who cannot receive vocational rehabilitation services under Section 110 of the</p>	

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Rehabilitation Act due to order of selection may be provided employment development supports under the SDS Waiver. Documentation is maintained in the record of each participant receiving this service that vocational rehabilitation services are not available.

A participant's Individual Habilitation Service Plan (IHSP) shall include a thorough description of all pre-transitional and transitional and extended plans for supports to enable the participant's employment opportunities to evolve from any habilitation services and supports to SDS Waiver employment development supports. The IHSP and the IPP include identification of the employment development supports provider(s) as soon as practicable, and at a minimum 30-days prior to the participant's planned transition from any habilitation services and supports to SDS Waiver employment development supports. A participant's IPP shall reflect and reference the integral relationship between the IHSP and the IPP.

Federal Financial Participation (FFP) will not be claimed for incentive payments, subsidies, or unrelated vocational training expenses such as the following:

1. Incentive payments made to an employer to encourage or subsidize the employer's participation in a supported employment program; or
2. Payments for vocational training that is not directly related to an individual's supported employment program.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

The individual prospective budget amount must be sufficient to accommodate the amount of the service.

Provider Category(s) <i>(check one or both):</i>	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
	Self-employed individuals		Qualified entities	

Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative	<input checked="" type="checkbox"/>	Legal Guardian
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Provider Qualifications *(provide the following information for each type of provider):*

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
All	Providers must possess any valid license or certification required by State or local law.		Services are provided by individuals who have demonstrated the skills necessary to meet the unique needs and preferences of the participant as specified in the participant's IPP. Employment development supports are provided by individual providers or entities who meet the unique needs and preferences of the participant as specified in the participant's IPP. Individual providers and providers employed by

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			agencies shall be at least 21 years old, have a high school diploma or GED and have a minimum of one year experience providing services of a similar type to persons with developmental disabilities. Providers are responsible to ensure that employment development supports meet the participant's health and safety needs, and are directed at the outcome desired by the participant and specified in the IPP. In addition, agencies should possess any required business license and certification.
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Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
All	The participant, with the assistance of the SB as requested, assesses the skills and capacity of the provider to provide services and supports specified in the IPP and confirms the provider is qualified to the FMS entity. FMS entity reviews a Statement of Qualifications submitted by the provider and verifies that the provider possesses the necessary license and/or certificate and meets other standards as applicable.	<p>Services are provided by individuals who have demonstrated the skills necessary to meet the unique needs and preferences of the participant as specified in the participant's IPP.</p> <p>Prior to initial service provision. The participant, with the support of the PCP team as required, shall reassess the qualifications of the participant-employed individuals at least annually during the IPP review meeting.</p>

Service Delivery Method (check each that applies):	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input type="checkbox"/>	Provider managed
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Service Title:	Transition Day Habilitation Services				
Service Definition (Scope):					
<p>Transition Day Habilitation services allow participants in the SDS Waiver support to transition from traditional day habilitation services to an employment or day habilitation option under the SDS waiver. Under this service, the participant in consultation with the SB and/or planning team and the current day habilitation service provider would develop a timeline for the transition and a plan for individualizing the current day habilitation services to effect the transition. At a minimum the plan shall include the preferences of the participant for day activities under the SDS waiver, an explanation as to how the day services will be individualized to create an alternative program that will allow the participant to transition to the SDS waiver option, the activities that will facilitate the transition, rate for the service and a timeline not to exceed 180 calendar days. The timeline and planned transition services shall be incorporated into the IPP. Progress on the plan will be reviewed monthly by the SB in consultation with the participant.</p> <p>Transition Day Habilitation services are only available to participants enrolled in day habilitation options funded by the regional center.</p>					
Specify applicable (if any) limits on the amount, frequency, or duration of this service:					
Service not to exceed 180 calendar days. Expenditures for the service not to exceed \$2,000.					
Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:	
				Adult Developmental Center	
				Activity Center	
				Behavior Management Program	
				Independent Living Program	
			Social Recreation Program		
Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person		Relative	Legal Guardian
Provider Qualifications <i>(provide the following information for each type of provider):</i>					
Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>		
All			Services are provided by individuals who have demonstrated the skills necessary to meet the unique needs and preferences of the participant as specified in the participant's IPP.		

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Verification of Provider Qualifications			
Provider Type:	Entity Responsible for Verification:		Frequency of Verification
All	FMS reviews a Statement of Qualifications submitted by the provider and verifies that the provider possesses the necessary license and/or certificate and meets other standards as applicable.		Upon selection and prior to service provision. Annually thereafter.
Service Delivery Method (<i>check each that applies</i>):			
<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E		<input type="checkbox"/> Provider managed

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Service Title:		Family Assistance and Support			
Service Definition (Scope):					
<p>Family Assistance and Support (Family Support) are supports provided either in or out of the home to a participant/family that enables the participant to continue to live and be supported in the family home. The participant's family includes the participant's biological parents, adoptive parents, stepparents, siblings, children, spouse, domestic partner, or a person who is the legal representative of the participant. Family supports are intended to support both the participant and the rest of the family to live as much like other families as possible in order to prevent or delay unwanted out-of-home placement. Family Assistance and Supports may include provision-instruction, training and education services to the family to accommodate the participant's disability in the home and to access supports offered in the community. These supports consist of:</p> <ol style="list-style-type: none"> 1. Developing interventions to cope with complex problems or unique situations that may occur in the day-to-day life of the family; 2. Instruction, training and education in the techniques of behavior supports; 3. Assessment of support needs, including assistance with developing plans and obtaining support through generic resources or other SDS waiver services for the participant to participate in family events and leisure activities; 4. Instruction and consultation for family members in effectively supporting the participant to be fully engaged in the life of the family; and 5. Instruction, training and education in supporting the unique needs of the participant. <p>This service also consists of enrollment fees, materials, and, when necessary to enable participation in training and instruction, transportation expenses. The specific supports to be furnished shall be specified in the IPP.</p>					
Specify applicable (if any) limits on the amount, frequency, or duration of this service:					
The individual prospective budget amount must be sufficient to accommodate the amount of the service.					
Provider Category(s) (check one or both):		<input checked="" type="checkbox"/> Individual. List types:	<input checked="" type="checkbox"/> Agency. List the types of agencies:		
		Self-employed individual	Business entity		
		Participant-employed individual			
Specify whether the service may be provided by (check each that applies):		<input type="checkbox"/> Legally Responsible Person	<input checked="" type="checkbox"/> Relative	<input checked="" type="checkbox"/> Legal Guardian	
Provider Qualifications (provide the following information for each type of provider):					
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)		
All	Providers must possess any valid license or		Family assistance and supports will be provided by individuals and entities who have demonstrated experience and		

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	certification required by State or local law		knowledge in the areas of instruction, training and education, and meet the unique needs and preferences of the participant as specified in the participant's IPP. Individuals shall possess the skills necessary to ensure that the recommended support services meet the participant's health and safety needs and are directed at the outcome desired by the participant
Verification of Provider Qualifications			
Provider Type:	Entity Responsible for Verification:		Frequency of Verification
All	The participant, with the assistance of the SB as requested, assesses the skills and capacity of the provider to provide services and supports specified in IPP and certifies that the provider is qualified to the FMS entity. FMS entity reviews a Statement of Qualifications submitted by the provider and verifies that the provider possesses the necessary license and/or certificate and meets other standards as applicable.		Upon initial selection and prior to service delivery. The participant, with the support of the PCP team as required, shall reassess the provider's qualifications at least annually during the IPP review meeting.
Service Delivery Method (check each that applies):			
<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input type="checkbox"/>	Provider managed

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Date of Approval:	Not clear whether this has been reviewed

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Service Title:		Individual Training and Education						
Service Definition (Scope):								
Individual Training and Education service includes: training the participant in his or her responsibility as an employer, job discovery, community inclusion, relationship building, problem solving, and decision making designed to facilitate the participant's self-advocacy skills, exercise the participant's human and civil rights, and exercise control and responsibility over their SDS and supports. This service includes enrollment fees, materials, and transportation expenses that are necessary to enable participation in the individual training and education. This service is defined by learning activities such as classes, instruction, tutoring, distance learning, courses, instructional materials including books, software, internet access fees, enrollment fees, tuition fees, supplies, or other expenses related to the education and skill development of the person as outlined in the IPP. This service is not provided when funding is available through Public Education as required in IDEA (P.L. 105-17, the IDEA). The specific nature of the service is specified in the IPP.								
Specify applicable (if any) limits on the amount, frequency, or duration of this service:								
The individual prospective budget amount must be sufficient to accommodate the amount of the service.								
Provider Category(s) <i>(check one or both):</i>	<input checked="" type="checkbox"/>	Individual. List types:			<input checked="" type="checkbox"/>	Agency. List the types of agencies:		
		Self-employed individuals				Business entities		
Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person			<input checked="" type="checkbox"/>	Relative	<input checked="" type="checkbox"/>	Legal Guardian
Provider Qualifications <i>(provide the following information for each type of provider):</i>								
Provider Type:	License <i>(specify)</i>		Certificate <i>(specify)</i>		Other Standard <i>(specify)</i>			
All	Providers must possess any valid license or certification required by State or local law				Services are provided by individuals who have demonstrated the skills necessary to meet the unique needs and preferences of the participant as specified in the participant's IPP. Individual training and education is provided by providers who have demonstrated expertise and knowledge in the subject matter have experience providing training to persons with developmental disabilities, and has the experience and expertise to meet the unique needs and preferences of the participant as specified in the			

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			participant's IPP. Providers are responsible to ensure that training settings meet the participant's health and safety needs and are directed at the participant's desired outcomes.
Verification of Provider Qualifications			
Provider Type:	Entity Responsible for Verification:	Frequency of Verification	
All	The participant, with the assistance of the SB as requested, assesses the skills and capacity of the provider to provide services and supports specified in IPP and certifies that the provider is qualified to the FMS entity. FMS entity reviews a Statement of Qualifications submitted by the provider and verifies that the provider possesses the necessary license and/or certificate and meets other standards as applicable.	Upon initial selection and prior to service delivery. The participant, with the support of the PCP team as required, shall reassess the provider's qualifications at least annually during the IPP review meeting.	
Service Delivery Method (check each that applies):			
<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input type="checkbox"/>	Provider managed

Draft 10/01/07	IV.2. Individual Training and Education
Date of Approval:	

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Service Title:		Training and Counseling Services for Unpaid Caregivers			
Service Definition (Scope):					
Training and counseling services for individuals who provide unpaid support, training, companionship or supervision to participants. For purposes of this service, individual is defined as any person, family member, neighbor, friend, companion or co-worker who provides uncompensated care, training, guidance, companionship or support to a person served on the waiver. This service may not be provided to train paid caregivers. Training includes instruction about services and supports included in the IPP, use of equipment specified in the IPP, and includes updates as necessary to safely maintain the participant at home. Counseling must be aimed at assisting the unpaid caregiver in meeting the needs of the participant. All training for individuals who provide unpaid support to the participant must be included in the IPP. The service includes the cost of registration and training fees associated with the formal instruction in areas relevant to participant needs identified in the IPP. The costs for travel, meals and overnight lodging to attend a training event or conference are not covered under this service definition.					
Specify applicable (if any) limits on the amount, frequency, or duration of this service:					
The individual prospective budget amount must be sufficient to accommodate the amount of the service.					
Provider Category(s) (check one or both):	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:	
		Self-employed individuals		Business entities	
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative	<input type="checkbox"/>
Provider Qualifications (provide the following information for each type of provider):					
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)		
Training	Providers must possess any valid license or certification required by State or local law		Services are provided by individuals who have demonstrated the skills necessary to meet the unique needs and preferences of the participant as specified in the participant's IPP. Training is provided by providers who have demonstrated expertise and knowledge in the subject matter have experience providing training to caregivers, and have the experience and expertise to understand the unique needs and preferences of the individuals with		

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			developmental disabilities.
Counselors	Providers must possess any valid license or certification required by State or local law		<p>The services included within this service definition shall be provided by the following persons:</p> <ol style="list-style-type: none"> 1. Family Counselor - Possession a valid Marriage and Family Therapist license issued by the California Board of Behavioral Science Examiners, and provides support and counseling to help the care provider to meet the needs of the participant as specified on the IPP 2. Social Worker - Possesses a valid Clinical Social Worker's license issued by the California State Board of Behavioral Science Examiners, and provides support and counseling to help the care provider meet the needs of the participant as specified on the IPP.
Verification of Provider Qualifications			
Provider Type:	Entity Responsible for Verification:	Frequency of Verification	
All	The participant with the assistance of the SB as requested assesses the skills and capacity of the provider to provide services and supports specified in IPP and certifies that the provider is qualified to the FMS entity. FMS entity reviews a Statement of Qualifications submitted by the provider and verifies that the provider possesses the necessary license and/or certificate and meets other standards as applicable.	Upon initial selection and prior to service delivery. The participant, with the support of the PCP team as required, shall reassess the provider's qualifications at least annually during the IPP review meeting.	
Service Delivery Method (check each that applies):			
<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input type="checkbox"/>	Provider managed

Draft 10/01/07	IV.3. TRAINING AND COUNSELING SERVICES FOR UNPAID CAREGIVERS
Date of Approval:	No comments on the review document

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Service Title:		Environmental Accessibility Adaptations	
Service Definition (Scope):			
<p>Environmental Accessibility Adaptations are physical adaptations to the private residence of the participant or participant's family that are necessary to ensure the health, welfare, and safety of the participant and/or enable the participant to function with greater independence in the home. Such adaptations include the installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or the installation of specialized electric and plumbing systems that are necessary to accommodate the medical equipment and supplies that are necessary for the welfare of the individual. Environmental accessibility adaptations, including the model and type of equipment or other specifications, are based upon an assessment by a qualified professional and identified in the participant's IPP.</p> <p>Excluded from this benefit are adaptations or improvements which add to the total square footage of the residence except when necessary to complete an adaptation (e.g. in order to improve entrance/egress to a residence or to configure a bathroom to accommodate a wheelchair), or that are of general utility, and are not of direct medical or remedial benefit to the participant, such as carpeting, roof repair, and central air conditioning. Environmental accessibility adaptations may not be furnished to adapt living arrangements that are owned or leased by providers of services. In the case of rental property, the responsibility of the landlord, pursuant to the lease agreement, will be examined prior to any authorization of service.</p> <p>Environmental accessibility adaptations consist of the performance of necessary assessments to determine the types of modifications that are necessary, purchase, installation, and on-going maintenance repairs. Allowable environmental accessibility adaptations must:</p> <ol style="list-style-type: none"> 1. Specifically accommodate the participant's disability; 2. Have utility primarily for the participant; 3. Not be an item or modification that a family would normally be expected to provide for a non disabled family member; 4. Not be in the form of room and board or general maintenance; 5. Meet the specifications, if applicable, for the modification as set by the American National Standards Institute ;and 6. Be provided in accordance with applicable State or local building codes. <p>Environmental accessibility adaptations may include the cost of reversing modifications identified in the participant's previous IPP when such change is specified in the current IPP.</p> <p>Provided that they are allowable as specified above, other environmental accessibility adaptations and repairs may be approved on a case-by-case basis as technology changes or as a participant's physical or environmental needs change.</p>			
Specify applicable (if any) limits on the amount, frequency, or duration of this service:			
The prospective IB amount must be sufficient to accommodate the amount of the service.			
Provider	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/> Agency. List the types of agencies:

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Category(s) (check one or both):	Self-employed individual		Contractor/Community Business			
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative	<input checked="" type="checkbox"/>	Legal Guardian
Provider Qualifications (provide the following information for each type of provider):						
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)			
All	Professional license as required to perform adaptation	Professional certification as required to perform adaptation	<p>Services are provided by individuals who have demonstrated the skills necessary to meet the unique needs and preferences of the participant as specified in the participant's IPP.</p> <p>Individuals or agencies who provide environmental accessibility adaptation services shall be qualified to perform, repair or maintain the adaptation as demonstrated by a current professional license, certification, registration with the State of California and/or references as appropriate for the type of adaptation being performed. The provider shall also possess a current license to do business issued in accordance with the laws of the local jurisdiction within which the individual or agency is located. The provider shall have knowledge of applicable State or local building codes.</p>			
Verification of Provider Qualifications						
Provider Type:	Entity Responsible for Verification:		Frequency of Verification			
All	FMS entity reviews a Statement of Qualifications submitted by the provider and verifies that the provider possesses the necessary license and/or certificate and meets other standards as applicable.		Upon selection and prior to service provision.			
Service Delivery Method (check each that applies):						
	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input type="checkbox"/>	Provider managed		

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Date of Approval	No comments in review document

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Service Title:		Vehicle Adaptations						
Service Definition (Scope):								
<p>Vehicle adaptations include adaptations or alterations to an automobile or van that is the waiver participant's primary means of transportation in order to accommodate the special needs of the participant. Vehicle adaptations are specified in the IPP as necessary to enable the participant to integrate more fully into the community and to ensure the health and welfare and safety of the participant. The following adaptations are specifically excluded:</p> <ol style="list-style-type: none"> 1. Adaptations or improvements to the vehicle that are of general utility, and are not of direct medical or remedial benefit to the individual; 2. Purchase or lease of a vehicle; and 3. Regularly scheduled upkeep and maintenance of a vehicle except upkeep and maintenance of the modifications. <p>The service includes the repair, maintenance, installation, and training in the care and use, of these items. Vehicle adaptations must be performed by the manufacturer's authorized dealer. Repairs to and maintenance of such equipment shall be performed by the manufacturer's authorized dealer where possible. Vehicle adaptations will only be provided when they are documented in the IPP and when there is a written assessment by a licensed Physical Therapist or a registered Occupational Therapist.</p> <p>The vehicle that is adapted may be owned by the individual, a family member with whom the individual lives or has consistent and on-going contact, or a non-relative who provides primary long-term support to the individual and is not a paid provider of such services. Only one vehicle, the primary means of transportation, may be adapted. Payment may not be made to adapt the vehicles that are owned or leased by paid providers of waiver services.</p>								
Specify applicable (if any) limits on the amount, frequency, or duration of this service:								
The prospective IB amount must be sufficient to accommodate the amount of the service.								
Provider Category(s) <i>(check one or both):</i>		<input checked="" type="checkbox"/>	Individual. List types:		<input checked="" type="checkbox"/>	Agency. List the types of agencies:		
			Individual proprietor			Business entity		
Specify whether the service may be provided by <i>(check each that applies):</i>		<input checked="" type="checkbox"/>	Legally Responsible Person		<input checked="" type="checkbox"/>	Relative	<input checked="" type="checkbox"/>	Legal Guardian
Provider Qualifications <i>(provide the following information for each type of provider):</i>								
Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>		Other Standard <i>(specify)</i>				
All	Providers must possess any valid			Services are provided by individuals who have demonstrated the skills				

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	license or certification required by State or local law.	<p>necessary to meet the unique needs and preferences of the participant as specified in the participant's IPP.</p> <p>Services in accordance with industry standards, Title 9, CCR, §7165 (d)(1)-(5)</p> <p>Providers of vehicle adaptations shall have a current license, certification, or registration with the State of California as appropriate for the services being purchased. The provider shall also possess a current license to do business issued in accordance with the laws of the local jurisdiction within which the individual or agency is located.</p> <p>Providers shall demonstrate knowledge in meeting applicable standards of installation, repair, and maintenance of vehicle adaptations and shall also be authorized by the manufacturer to install, repair, and maintain such systems where possible.</p>
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Verification of Provider Qualifications		
Provider Type:	Entity Responsible for Verification:	Frequency of Verification
All	FMS entity reviews a Statement of Qualifications submitted by the provider and verifies that the provider possesses the necessary license and/or certificate and meets other standards as applicable.	Upon selection and prior to service provision. Annually thereafter.

Service Delivery Method			
Service Delivery Method (check each that applies):	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input type="checkbox"/> Provider managed

Note:

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Date of Approval	No comments in review document

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Service Title:	Specialized Medical Equipment and Supplies					
Service Definition (Scope):						
<p>Specialized medical equipment and supplies allow participants to increase their abilities to perform activities of daily living, or to perceive, control, or communicate within the environment. This service excludes medical equipment and supplies that are available under the State plan. The service also excludes items that are not of direct medical or remedial benefit to the participant. Medical equipment and supplies that can be covered under the State plan should be furnished as expanded EPSDT benefits to waiver participants under the age of 21. All items shall meet applicable standards of manufacture, design, and installation, and must meet Underwriter's Laboratory or Federal Communications commission codes, as applicable.</p> <p>The service is comprised of: (a) devices, controls, or appliances, specified in the IPP, that enable participants to increase their ability to perform activities of daily living; (b) devices, controls, or appliances that enable the participant to perceive, control or communicate with the environment in which the live; (c) items necessary for life support or to address physical conditions along with ancillary supplies and equipment necessary to the proper functioning of such items; (d) such other durable and non-durable medical equipment not available under the State plan or covered by Medicare, that is necessary to address participant functional limitations; and (e) necessary medical supplies not available under the State plan. Items reimbursed with waiver funds are in addition to any medical equipment and supplies furnished under the State plan and exclude those items that are not of direct medical or remedial benefit to the participant. All items shall meet applicable standards of manufacture, design and installation.</p> <ol style="list-style-type: none"> 1. The repair, maintenance, installation, and training in the care and use of these items are also included. 2. This service includes the cost of extended warranties or service agreements, repair, and/or maintenance above the warranty and/or service agreement. The manufacture's authorized dealer shall perform repairs to, and maintenance of, such equipment where possible. <p>Specialized medical equipment and supplies are only to be provided what they are documented in the participant's IPP and when there is a written assessment by a licensed Physical Therapist or a registered Occupational Therapist.</p>						
Specify applicable (if any) limits on the amount, frequency, or duration of this service:						
The prospective IB amount must be sufficient to accommodate the amount of the service.						
Provider Category(s) <i>(check one or both):</i>	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:		
		Self-employed individual		Business entity		
Specify whether the service may be provided	<input type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative	<input checked="" type="checkbox"/>	Legal Guardian

Deleted: Specialized medical equipment and supplies allow participants to increase their abilities to perform activities of daily living, or to perceive, control, or communicate within the environment. This service excludes medical equipment and supplies that are available under the State plan. The service also excludes items that are not of direct medical or remedial benefit to the participant. Medical equipment and supplies that can be covered under the State plan should be furnished as expanded EPSDT benefits to waiver participants under the age of 21.

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by (check each that applies):					
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Provider Qualifications (provide the following information for each type of provider):

Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)
Individual Business Entity	Providers must possess any valid license or certification required by State or local law. The provider shall also possess a current license to do business issued in accordance with the laws of the local jurisdiction within which the individual or agency is located.		Services are provided by individuals who have demonstrated the skills necessary to meet the unique needs and preferences of the participant as specified in the participant's IPP. Providers of specialized medical equipment and supplies must have a current license, certification, or registration with the State of California as appropriate for the type of equipment or supplies being purchased. Providers shall also be authorized by the manufacturer to install, repair, and maintain such systems if such a manufacturer's authorization program exists. The provider shall demonstrate knowledge of applicable standards of manufacture, design, and installation, and appropriate government codes, as applicable.

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Individual	FMS entity reviews a Statement of Qualifications submitted by the provider and verifies that the provider possesses the necessary license and/or certificate and meets other standards as applicable.	Upon selection and prior to service provision. Annually thereafter for continuing services.
Business Entity	FMS entity reviews a Statement of Qualifications submitted by the provider and verifies that the provider possesses the necessary license and/or certificate and meets other standards as applicable.	Upon selection and prior to service provision. Annually thereafter for continuing services.

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Service Delivery Method (<i>check each that applies</i>):					
<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E			<input type="checkbox"/>	Provider managed
Service Title:		Personal Emergency Response System			
Service Definition (Scope):					
<p>The Personal Emergency Response System (PERS) is a 24-hour emergency assistance service which enables the recipient to secure immediate assistance in the event of an emotional, physical, or environmental emergency. PERS are individually designed to meet the needs and capabilities of the recipient and are specified on the IPP. The services include training, installation, repair, maintenance, and response needs. The following are allowable:</p> <ol style="list-style-type: none"> 1. 24-hour answering/paging; 2. Beepers; 3. Med-alert bracelets; 4. Intercoms; 5. Life-lines; 6. Fire/safety devices, such as fire extinguishers and rope ladders; 7. Monitoring services; 8. Light fixture adaptations (blinking lights, etc.); 9. Telephone adaptive devices not available from the telephone company; and 10. Other electronic devices/services designed for emergency assistance. <p>PERS services are limited to those individuals who have no regular caregiver or companion for periods of time, and who would otherwise require extensive routine supervision. By providing immediate access to assistance, PERS services prevent institutionalization of these individuals. All items shall meet applicable standards of manufacture, design, and installation. The manufacturer's authorized dealers shall perform repairs to and maintenance of such equipment where possible.</p>					
Specify applicable (if any) limits on the amount, frequency, or duration of this service:					
The prospective IB amount must be sufficient to accommodate the amount of the service.					
Provider Category(s) (<i>check one or both</i>):	<input checked="" type="checkbox"/>	Individual. List types:		<input checked="" type="checkbox"/>	Agency. List the types of agencies:
		Self-employed individual			Business entity
Specify whether the service may be provided by (<i>check each that applies</i>):					
<input type="checkbox"/>	Legally Responsible Person			<input checked="" type="checkbox"/>	Relative
				<input checked="" type="checkbox"/>	Legal Guardian
Provider Qualifications (<i>provide the following information for each type of provider</i>):					
Provider Type:	License (<i>specify</i>)	Certificate (<i>specify</i>)	Other Standard (<i>specify</i>)		

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All	Providers must possess any valid license or certification required by State or local law.		<p>Services are provided by individuals who have demonstrated the skills necessary to meet the unique needs and preferences of the participant as specified in the participant's IPP.</p> <p>PERS providers shall have a current license, certification, or registration with the State of California as appropriate for the type of system being purchased.</p> <p>The provider shall also possess a current license to do business issued in accordance with the laws of the local jurisdiction within which the individual or agency is located. The provider shall demonstrate knowledge of applicable standards of manufacture, design and installation.</p>
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Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
All	FMS entity reviews a Statement of Qualifications submitted by the provider and verifies that the provider possesses the necessary license and/or certificate and meets other standards as applicable.	Upon selection and prior to service provision. Annually thereafter.

Service Delivery Method (<i>check each that applies</i>):	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input type="checkbox"/>	Provider managed
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Service Title:		Transportation	
Service Definition (Scope):			
<p>Transportation services enable a participant to gain access to SDS Waiver and community services, employment and leisure activities, and participate in community life as specified in the IPP. Reimbursement for mileage to transport the participant to services and supports shall not exceed the usual and customary rate charged to the general public for this service. A variety of modes of transportation may be provided, depending on the needs of the participant and availability of services. Whenever possible, family, neighbors, friends, or community agencies which can provide this service without charge will be used. This service is offered in addition to medical transportation required under 42 CFR 431.53 and transportation services under the State Medicaid Plan, defined at 42 CFR 440.170(a) (if applicable), and shall not replace them.</p>			
Specify applicable (if any) limits on the amount, frequency, or duration of this service:			
The individual prospective budget amount must be sufficient to accommodate the amount of the service.			
Provider Category(s) (check one or both):	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/> Agency. List the types of agencies:
		Self-employed individual	Business entity
			Company
			Public Transit Authority
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/> Relative <input checked="" type="checkbox"/> Legal Guardian
Provider Qualifications (provide the following information for each type of provider):			
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)
All	Valid California driver's license Valid California registration of the vehicle		<p>Services are provided by individuals who have demonstrated the skills necessary to meet the unique needs and preferences of the participant as specified in the participant's IPP.</p> <p>Proof of insurance coverage in the amount specified by law or where the coverage is not specified in law, the level of insurance required by the regional center for like transportation providers.</p> <p>Proof of maintenance of the vehicle(s) and any special equipment attached to the vehicle that is to be used by the</p>

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			participant. Verified safety record
Individual	Welfare and Institutions Code § 4648.3		An individual transportation provider shall be at least 18 years of age and competent in the use of wheelchairs, hydraulic lifts, ramps and other equipment used for transporting, boarding and exiting consumers from the vehicle, if applicable. Transportation services will be provided by providers who meet the unique needs and preferences of the participant as specified in the participant's IPP. Providers are responsible to ensure that supports meet the participant's health and safety needs and are directed to the participant's desired outcomes.
Business Entity	Welfare and Institutions Code §4648.3	Appropriate business license	
Company	Current business license	Appropriate business license	Welfare and Institutions Code §4648.3 Services of the company must be available to the general public.
Public Transit Authority	Welfare and Institutions Code §4648.3	Appropriate business license	

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Individual	The participant, with the assistance of the SB as requested, assesses the skills and capacity of the provider to provide services and supports specified in IPP and certifies that the provider is qualified to the FMS entity. FMS entity reviews a Statement of Qualifications submitted by the provider and verifies that the provider possesses the necessary license and/or certificate and meets other standards as applicable.	Upon initial selection and prior to service delivery. The participant, with the support of the PCP team as required, shall reassess the provider's qualifications at least annually during the IPP review meeting.
Business Entity Company Public Transit Authority	FMS entity reviews a Statement of Qualifications submitted by the provider and verifies that the provider possesses the necessary license and/or certificate and meets other standards as applicable.	Upon selection and prior to service provision. Annually thereafter.

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Service Delivery Method (<i>check each that applies</i>):	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input type="checkbox"/>	Provider managed
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Service Title:	Crisis Intervention
Service Definition (Scope):	
<p>Crisis intervention services are specialized services that provide short-term care and intervention to provide relief and support of the caregiver and protection for the participant or others living with the participant. Crisis intervention services must be immediately available to a participant as an alternative to institutional placement. Crisis intervention services do not duplicate other services provided to the participant. Crisis services are only provided when the service provider is not capable of providing the necessary care and when the crisis intervention services are necessary to prevent costly institutional placement.</p> <p>The service coordinator or, when the crisis occurs at a time when the service coordinator is unavailable or outside of the regional center's normal business hours, the on-call contact or other authorized regional center representative identifies the need for crisis intervention services. When it is determined that such services are needed, they are immediately authorized by the regional center. Any necessary modification to the IPP and/or needed changes in the IB specified in the amended IPP may occur within five working days of the receipt of the crisis intervention services. Crisis services are not funded out of the IB.</p> <p>Crisis intervention can be provided to a participant as follows:</p> <ol style="list-style-type: none"> 1. Mobile crisis intervention in his or her home. Mobile crisis intervention means immediate therapeutic intervention on a 24-hour emergency basis to a participant exhibiting acute personal, social, and/or behavioral problems. Mobile crisis intervention provides immediate and time limited professional assistance to a participant who is experiencing personal, social or behavioral problems which, if not ameliorated, will escalate and require that the participant be moved to a more restrictive setting; or, 2. Out-of-home crisis intervention when necessary for the relief of the caregiver and the protection of the participant or others living in the home may be provided in a specialized licensed care facility developed for the purpose of providing short-term respite and crisis intervention. Payment for out-of-home crisis intervention will include payment for room and board costs when the service is provided in a licensed care facility developed for the provision of crisis intervention that is not a private residence. <p>As necessary, crisis intervention are composed of the following participant specific activities:</p> <ol style="list-style-type: none"> 1. Assessment to determine the precipitating factors contributing to the crisis; 2. Development of an intervention plan in coordination with the planning team; 3. Consultation and staff training to the provider(s) and/or caregiver(s) as necessary to ensure successful implementation of the participant's specific intervention plan; 4. Development and implementation of a transition plan to aid the participant in returning home if out-of-home emergency respite was provided; 5. On-going technical assistance to the caregiver or provider in the implementation of the intervention plan developed for the participant; 6. Provision of recommendations to prevent or minimize future crisis situations in order to increase the likelihood of maintaining the participant in the community. 	
Specify applicable (if any) limits on the amount, frequency, or duration of this service:	

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Provider Category(s) <i>(check one or both):</i>	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:		
				Mobile Crisis Intervention Team		
				Crisis Intervention Facility (Adult): Adult Residential Facility		
				Crisis Intervention Facility (Adult): Family Home Agency/ Adult Family Homes		
				Crisis Intervention Facility (Adult): Residential Care Facility for the Elderly		
				Crisis Intervention Facility (Child): Small Family Home		
				Crisis Intervention Facility (Child): Group Home		
				Crisis Intervention Facility (Child): Foster Family Home		
			Crisis Intervention Facility (Child): Foster Family Agency/Certified Family Homes			
Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative	<input type="checkbox"/>	Legal Guardian
Provider Qualifications <i>(provide the following information for each type of provider):</i>						
Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>			
All			Services are provided by individuals who have demonstrated the skills necessary to meet the unique needs and preferences of the participant as specified in the participant's IPP.			
Mobile Crisis Intervention Team		Behavior Analyst (if required): Certification by the Behavior Analyst Certification Board	Providers of Mobile Crisis Intervention services shall be a team which is supervised by or has access to a licensed psychologist, psychiatrist, or Behavior Management Consultant. Such teams shall be vendored specifically to provide mobile crisis intervention services. All members of			

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			the Mobile Crisis Intervention teams shall maintain a current license, registration or certification as appropriate for the professional services being provided. All unlicensed staff shall have at least one year of full-time experience in serving persons with developmental disabilities and shall have completed at least 40 hours of training in crisis intervention techniques prior to providing services.
Crisis Intervention Facility (Adult): Adult Residential Facility	Health and Safety Code §§1500-1569.87 Title 22, CCR, §§85000 - 85092		Crisis Intervention Facilities shall be an appropriate level residential care facility specifically vendedored by the regional center to provide emergency placement for individuals in need of intensive intervention services in order to maintain their preferred living option. Facilities shall have available staff who are supervised by or have access to a licensed psychologist, psychiatrist, or Behavior Management Consultant.
Crisis Intervention Facility (Adult): Family Home Agency/ Adult Family Homes	Health and Safety Code §§1500 - 1569.87		Crisis Intervention Facilities shall be an appropriate level residential care facility specifically vendedored by the regional center to provide emergency placement for individuals in need of intensive intervention services in order to maintain their preferred living option. Facilities shall have available staff who are supervised by or have access to a licensed psychologist, psychiatrist, or Behavior Management Consultant.
Crisis Intervention Facility (Adult): Residential Care Facility for the Elderly	Health and Safety Code §§1500 - 1569.87 Title 22, CCR, §§87100-87730		Crisis Intervention Facilities shall be an appropriate level residential care facility specifically vendedored by the regional center to provide emergency placement for individuals in need of intensive intervention services in order to maintain their preferred living option. Facilities shall have available staff who are supervised by or have access to a licensed psychologist, psychiatrist, or Behavior Management Consultant.
Crisis Intervention Facility (Child):	Title 22, CCR, §§83000 - 83088		Crisis Intervention Facilities shall be an appropriate level residential care facility specifically vendedored by the regional

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Small Family Home			center to provide emergency placement for individuals in need of intensive intervention services in order to maintain their preferred living option. Facilities shall have available staff who are supervised by or have access to a licensed psychologist, psychiatrist, or Behavior Management Consultant.
Crisis Intervention Facility (Child): Group Home	Title 22, CCR, §§84000 - 84808		Crisis Intervention Facilities shall be an appropriate level residential care facility specifically vendored by the regional center to provide emergency placement for individuals in need of intensive intervention services in order to maintain their preferred living option. Facilities shall have available staff who are supervised by or have access to a licensed psychologist, psychiatrist, or Behavior Management Consultant.
Crisis Intervention Facility (Child): Foster Family Home	Title 22, CCR, §§89200 - 89219.2		Crisis Intervention Facilities shall be an appropriate level residential care facility specifically vendored by the regional center to provide emergency placement for individuals in need of intensive intervention services in order to maintain their preferred living option. Facilities shall have available staff who are supervised by or have access to a licensed psychologist, psychiatrist, or Behavior Management Consultant.
Crisis Intervention Facility (Child): Foster Family Agency/Certified Family Homes	Title 22, CCR, §§88000 -88087		Crisis Intervention Facilities shall be an appropriate level residential care facility specifically vendored by the regional center to provide emergency placement for individuals in need of intensive intervention services in order to maintain their preferred living option. Facilities shall have available staff who are supervised by or have access to a licensed psychologist, psychiatrist, or Behavior Management Consultant.

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Mobile Crisis Intervention Team	Regional Center	

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Crisis Intervention Facility (Adult): Adult Residential Facility	Department of Social Services	
Crisis Intervention Facility (Adult): Family Home Agency/ Adult Family Homes	Department of Social Services	
Crisis Intervention Facility (Adult): Residential Care Facility for the Elderly	Department of Social Services	
Crisis Intervention Facility (Child): Small Family Home	Department of Social Services	
Crisis Intervention Facility (Child): Group Home	Department of Social Services	
Crisis Intervention Facility (Child): Foster Family Home	Department of Social Services	
Crisis Intervention Facility (Child): Foster Family Agency/Certified Family Homes	Department of Social Services	
Service Delivery Method (check each that applies):		
<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	Provider managed

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