Behavioral Services

DDS Service Standards Survey 2011

SurveyMonkey

1. I am a:

	Response Percent	Response Count
Consumer	9.9%	234
Family Member or Friend of a Consumer	**45.5%**	**1,078**
Service Provider Employee or Board Member	23.5%	556
Regional Center Employee or Board Member	10.1%	240
Decline to state	3.7%	88
Other (Specify Below)	7.4%	175
	Please Specify if Other	290
	answered question	**2,371**
	skipped question	**0**

2. The following topics are available for your suggested service standards: Behavioral Services Day Program, Supported Employment & Work Activity Program Services Early Start Services Health Care & Therapeutic Services Independent Living & Supported Living Services Residential Services Respite & Other Family Supports Transportation Services For each topic, you will be asked if you would like to provide suggested service standards. If you select "Yes", you will be directed to that topic. If you select "No", you will skip to the next topic. Ready to begin? Do you have suggested service standards for the topic of Behavioral Services?

	Response Percent	Response Count
Yes	**100.0%**	**2,371**
No	0.0%	0
	answered question	**2,371**
	skipped question	**0**

Behavioral Services

3. Suggested service standards about who should receive these services:	
	Response Count
	2,247
answered question	2,247
skipped question	124

4. Suggested service standards about how often a specific service should be provided:	
	Response Count
	2,140
answered question	2,140
skipped question	231

5. Suggested service standards about how to make sure the services provided are useful and effective:	
	Response Count
	2,048
answered question	2,048
skipped question	323

6. Suggested service standards about the qualifications and performance of the person or organization that provides these services:	
	Response Count
	1,898
answered question	1,898
skipped question	473

7. Suggested service standards about the payment for these services:	
	Response Count
	1,805
answered question	1,805
skipped question	566

8. Suggested service standards about the responsibilities of parents and consumers for these services, e.g., co-payment, time commitment, etc:	
	Response Count
	1,940
answered question	1,940
skipped question	431

9. Suggested service standards about self-directed or self-determination options for these services:	
	Response Count
	1,221
answered question	1,221
skipped question	1,150

1. I am a:

	Please Specify if Other	
1	I am a regional center employee AND a parent of an adult child with a developmental disability	Jan 28, 2011 12:58 AM
2	residential service provider, level 4I	Jan 28, 2011 1:35 AM
3	SB 962 Home administrator	Jan 28, 2011 2:37 AM
4	The former Assistant Commissioner who developed the service standards for Massachusetts.	Jan 28, 2011 2:39 AM
5	Direct caregiver with all responsibilities and no rights!	Jan 28, 2011 3:27 AM
6	School Psychologist	Jan 28, 2011 3:44 PM

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1. I am a:

	Please Specify if Other	
7	Family member and a service provider.	Jan 28, 2011 4:57 PM
8	Parent of a child with a disability	Jan 28, 2011 5:46 PM
9	I am also a physician who serves adults with DD	Jan 28, 2011 5:49 PM
10	State employee - Not DDS	Jan 28, 2011 5:53 PM
11	I am also a caregiver.	Jan 28, 2011 6:06 PM
12	Advocate for three clients	Jan 28, 2011 6:08 PM
13	Service Provider Vendored with Regional Center	Jan 28, 2011 6:14 PM
14	my child recently turned 18 and is utilizing adult services as a person diagnosed with High Functioning Autism	Jan 28, 2011 6:26 PM
15	Family member and FRC employee	Jan 28, 2011 6:28 PM
16	Concerned Community Member	Jan 28, 2011 6:36 PM
17	i am also a sls primary caregiver	Jan 28, 2011 6:41 PM
18	Vendor	Jan 28, 2011 6:59 PM
19	Also a regional center employee (full disclosure)	Jan 28, 2011 7:30 PM
20	early start intake coordinator	Jan 28, 2011 7:41 PM
21	Also director of a large autism support program	Jan 28, 2011 8:31 PM
22	I was diagnosed with Asperger Syndrome January 6, 2011 at the M.I.N.D. Institute of UC Davis. In addition, I worked in your estimates section with about 5 or 6 years ago. In addition, I have an 8-year old son with Autism.	Jan 28, 2011 8:42 PM
23	Professor of Communicative Disorders	Jan 28, 2011 8:42 PM
24	Day Program Provider	Jan 28, 2011 9:23 PM
25	My son doesn't qualify for regional center, but I could use the help.	Jan 28, 2011 9:28 PM
26	Also parent and sib to family members with developmental disabilities.	Jan 28, 2011 9:48 PM
27	I am both a service provider and a parent of a child that receives services.	Jan 28, 2011 10:02 PM
28	I am a customer of the Riverside County Mental Health System, but I also believe I have Asperger Syndrome. I have done research on AS to determine this self-diagnosis.	Jan 28, 2011 10:02 PM
29	Teacher	Jan 28, 2011 10:53 PM
30	Parent of child with Asperger's, relative of deaf person	Jan 28, 2011 11:00 PM
31	parent of child who received services and no longer needs them	Jan 28, 2011 11:09 PM
32	I am also a provider of residential and day program services	Jan 28, 2011 11:10 PM
33	Also Parent Vendor & Service Provider Employee	Jan 29, 2011 12:02 AM
34	Family member and GGRC employee	Jan 29, 2011 12:51 AM
35	Also a health advocate	Jan 29, 2011 1:11 AM
36	Conservator of 3 consumers (adults in 50's)	Jan 29, 2011 1:36 AM
37	General Public	Jan 29, 2011 3:35 AM
38	Mother of a beautiful 9 yr. old daughter born with Down Syndrome and autistic characteristics.	Jan 29, 2011 4:17 AM
39	I am a Mother and the client's conservator.	Jan 29, 2011 5:02 AM
40	Attorney for the disabled.	Jan 29, 2011 7:36 AM
41	I am both a parent of a consumer and a regional center board member.	Jan 29, 2011 8:26 AM
42	SCCOE Speech/Language Pathologist	Jan 29, 2011 6:56 PM
43	Father/conservator of consumer.	Jan 29, 2011 8:51 PM
44	RESPITE CRE PROVIDER MSW LCSW	Jan 29, 2011 11:27 PM

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1. I am a:

	Please Specify if Other	
45	public school speech language pathologist, providing testing and intervention to children age 3 to 14	Jan 30, 2011 1:13 AM
46	I also work at a regional center as an occupational therapist	Jan 30, 2011 2:02 AM
47	mother of the consumer	Jan 30, 2011 3:39 AM
48	Owner/Administrator of ARF	Jan 30, 2011 4:44 AM
49	Special Education Consultant	Jan 30, 2011 7:50 AM
50	I am both the parent of a consumer and an advocate with clients who are RC consumers	Jan 30, 2011 4:53 PM
51	I am also a retired regional center employee and working part time as a staff trainer for an SLS provider.	Jan 30, 2011 11:48 PM
52	Retired educator and specialist in austism and SED students	Jan 31, 2011 6:09 AM
53	Both a family member and a service provider	Jan 31, 2011 3:46 PM
54	educator	Jan 31, 2011 4:12 PM
55	Mother of Autistic Child in Early Start	Jan 31, 2011 4:26 PM
56	Conservator of a Consumer.	Jan 31, 2011 4:46 PM
57	service provider	Jan 31, 2011 4:54 PM
58	Regiolan center employee and friend of a consumer	Jan 31, 2011 4:55 PM
59	My six year old has autism	Jan 31, 2011 5:23 PM
60	I also have a special needs child.	Jan 31, 2011 5:41 PM
61	Early Intervention provider 0-3	Jan 31, 2011 6:05 PM
62	I am a parent and a service provider	Jan 31, 2011 7:24 PM
63	"Purchase of Service Limits" is more appropriate than "standards"	Jan 31, 2011 9:49 PM
64	university staff	Jan 31, 2011 11:19 PM
65	currently caring for independent living	Feb 1, 2011 1:01 AM
66	special education administrator	Feb 1, 2011 2:55 AM
67	Interviewer, National Core Indicator	Feb 1, 2011 4:10 PM
68	Early Interventionist	Feb 1, 2011 4:49 PM
69	Consultant	Feb 1, 2011 5:07 PM
70	my son has autism	Feb 1, 2011 5:38 PM
71	spouse of a service provider	Feb 1, 2011 5:49 PM
72	I am both a family member and employed by a service provider	Feb 1, 2011 5:57 PM
73	Program Director for a Day Program	Feb 1, 2011 6:11 PM
74	And have many friends that require such services.	Feb 1, 2011 6:15 PM
75	I am the mother of a beautiful 8-year old girl who has autism and has benefitted GREATLY from Regional Center services--specifically the (developmental) DIR Model.	Feb 1, 2011 7:18 PM
76	consultant to regional center and private practitioner	Feb 1, 2011 7:21 PM
77	I worked at Camarillo State Hospital and Develomental Center for 16 years. I workede for Mental disorders ,then DD clients.	Feb 1, 2011 7:34 PM
78	I am also a family member.	Feb 1, 2011 8:32 PM
79	physician	Feb 1, 2011 10:17 PM
80	Mother	Feb 1, 2011 11:08 PM
81	Mother of twins who received regional center services	Feb 1, 2011 11:53 PM
82	Mother/Parent Service Coordinator of Adult consumer	Feb 2, 2011 12:32 AM

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1. I am a:

	Please Specify if Other	
83	Mother of a client and also a community worker.	Feb 2, 2011 1:38 AM
84	A foster parent with two consumers and now I am their legal guardian.	Feb 2, 2011 1:51 AM
85	Child with high-functioning spectrum diagnosis who did not qualify for regional center -- we use the same services, but pay out of pocket	Feb 2, 2011 5:26 AM
86	Behavioral Tutor for Capitol Autism Services	Feb 2, 2011 5:58 AM
87	friend of a parent who has an adult with developmental disability	Feb 2, 2011 1:44 PM
88	I am the parent of a person with a developmental disability as well as an employee of a service provider in the community.	Feb 2, 2011 4:58 PM
89	Conservator	Feb 2, 2011 5:44 PM
90	Friend, Advocate, Cousin, Coach, Program Coordinator	Feb 2, 2011 6:15 PM
91	Mother of 6 year old autistic twins (diagnosed at 18 months)	Feb 2, 2011 6:35 PM
92	My daughter received services until she passed away.	Feb 2, 2011 6:40 PM
93	Area Board staff	Feb 2, 2011 8:51 PM
94	Vendor	Feb 2, 2011 9:19 PM
95	For my Daughter age 5	Feb 2, 2011 9:28 PM
96	Parent	Feb 2, 2011 9:44 PM
97	Two of my three children are Regional Center Clients	Feb 2, 2011 9:54 PM
98	Parent of Child receiving ABA services from ALTA	Feb 2, 2011 10:06 PM
99	consultant service provider and consultant to regional center for transition services (moving people from developmental centers to community)	Feb 2, 2011 10:32 PM
100	my son has Autism	Feb 2, 2011 11:23 PM
101	I am mother of a child with autism	Feb 2, 2011 11:52 PM
102	Both a family member and a service provider employee	Feb 3, 2011 12:11 AM
103	Mother of 3 sons with Autism/mental retardation	Feb 3, 2011 12:13 AM
104	interested resident who cares about RC services.	Feb 3, 2011 1:52 AM
105	Both Family Member and Service Provider Employee	Feb 3, 2011 5:46 AM
106	my son has autism	Feb 3, 2011 5:46 AM
107	Behavioral Consultant, contractor	Feb 3, 2011 6:01 AM
108	Parent of 2 children with Autism	Feb 3, 2011 6:27 AM
109	Mother to 4.5 year old son with genetic syndrome called ATR-X Syndrome. My son is nonambulatory and nonverbal and severely cognitively delayed,	Feb 3, 2011 7:59 AM
110	My son has Autism and through regional center we have received services for his needs.	Feb 3, 2011 4:23 PM
111	Concerned citizen	Feb 3, 2011 5:01 PM
112	Behavior Tutor at Capitol Autism Services	Feb 3, 2011 5:25 PM
113	Mother of a severly autistic nonverbal child	Feb 3, 2011 5:42 PM
114	My son is Autistic	Feb 3, 2011 5:54 PM
115	RC Clinical Consultant	Feb 3, 2011 6:35 PM
116	Care Provider	Feb 3, 2011 6:51 PM
117	Parent of consumer	Feb 3, 2011 7:15 PM
118	Dad	Feb 3, 2011 7:55 PM
119	Mother of 2 children with special needs	Feb 3, 2011 8:22 PM
120	My son needs developmental services that are proposed to be cut.	Feb 3, 2011 8:25 PM
121	I am a mother that has a child with Special Needs	Feb 3, 2011 8:41 PM

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1. I am a:

	Please Specify if Other	
122	sister/conservator of Developmentally disabled adult sister	Feb 3, 2011 8:47 PM
123	Parent of disabled child	Feb 3, 2011 8:55 PM
124	Parent and Regional Center Employee	Feb 3, 2011 9:23 PM
125	interested party with past Regional Center connections	Feb 3, 2011 10:01 PM
126	mother for autism	Feb 3, 2011 11:31 PM
127	Behavior Consultant and family member of a consumer	Feb 3, 2011 11:33 PM
128	Mother	Feb 4, 2011 12:52 AM
129	Employee of an Intervention Program for kids with special needs that includes Regional Center children.	Feb 4, 2011 12:59 AM
130	As well as a family member of a consumer	Feb 4, 2011 1:14 AM
131	parent of two consumers with autism	Feb 4, 2011 1:47 AM
132	Licensed Clinical Social Worker	Feb 4, 2011 2:00 AM
133	Retired regional center employee and 7 years regional center board member	Feb 4, 2011 2:15 AM
134	Parent of child with autism	Feb 4, 2011 3:35 AM
135	Advocate	Feb 4, 2011 3:38 AM
136	Parent of a consumer	Feb 4, 2011 5:27 AM
137	LEA Administrator	Feb 4, 2011 4:07 PM
138	Mother of consumer.	Feb 4, 2011 4:45 PM
139	Parent of a child with Aspergers who was evaluated by Regional Center and deemed ineligible for services.	Feb 4, 2011 4:49 PM
140	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in the Lanterman Act Section 4646 (a) – (d).	Feb 4, 2011 7:39 PM
141	Independent contractor in the Clinical Services division for 1 of 21 your regional centers	Feb 4, 2011 8:45 PM
142	My son has autism he is now 4 yrs old.	Feb 4, 2011 9:06 PM
143	I am category one, two, and three	Feb 4, 2011 9:15 PM
144	Husband of [redacted] (Consumer) and Father of [redacted] Consumer)	Feb 4, 2011 9:21 PM
145	mother	Feb 4, 2011 9:23 PM
146	mother of two sons with autism	Feb 4, 2011 9:45 PM
147	Clinical Social Worker in a specialty pediatric clinic for children with developmental disabilities including autism	Feb 4, 2011 10:12 PM
148	Friend of consumer.	Feb 4, 2011 11:27 PM
149	Gen Ed Teacher, parent of four, the youngest has down syndrome; and Advocate for those who have a developmental disability.	Feb 5, 2011 12:50 AM
150	I am a consumer, but also a Severely Handicapped Education Specialist.	Feb 5, 2011 5:04 AM
151	I am also a researcher working with children and adults with rare genetic disorders	Feb 5, 2011 5:30 AM
152	Parent of a child who will need service due to recent asd diagnosis.	Feb 5, 2011 6:27 AM
153	Concerned citizen of California.	Feb 5, 2011 7:14 AM
154	Those individuals whose individual program plan team has indenitifed a need for these services as described in The Lanterman Act Section 4646 (a-d).	Feb 5, 2011 7:15 PM

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1. I am a:

	Please Specify if Other	
155	Previously a consumer. After 3 years we were told that because our daughter didn't have autism or CP, we didn't qualify any more. She has PDD-NOS and scads of other problems that will make it quite impossible for her to live without supervision or at least good monitoring. We (her parents) are in our 60's and won't be around to do that. She is 15 and we are very worried that without the Regional Center safety net, she will be in great danger and perhaps might pose a danger to society because of her obsessive and impulsive behavior and inability to be responsible for her medical help.	Feb 5, 2011 8:16 PM
156	Those individuals whose Individual Program Plan team has identified a need for these services, as described in the Lanternman Act Section 4646 (a) - (d)	Feb 5, 2011 10:01 PM
157	GRANDMOTHER HELPING TO SUPPORT THE FAMILY	Feb 6, 2011 3:03 AM
158	Conservator	Feb 6, 2011 7:32 PM
159	AN advocate.	Feb 7, 2011 6:03 AM
160	Child was once a consumer of Lanterman center, then they said he was to high functiong for services, we needed help with behavioral issues	Feb 7, 2011 6:40 AM
161	Special Educator	Feb 7, 2011 5:57 PM
162	Case manager Community Options, Inc. Ventura County	Feb 7, 2011 6:25 PM
163	SELPA	Feb 7, 2011 11:28 PM
164	and Parent Vendor	Feb 8, 2011 12:50 AM
165	Life-long Californian	Feb 8, 2011 3:45 AM
166	Mother of a consumer, service provider of home health agency and former Vendor Advisory Committee Member.	Feb 8, 2011 5:53 AM
167	My niece has a two year old son diagnosed with autism	Feb 8, 2011 6:05 AM
168	Concerned member of the community.	Feb 8, 2011 7:17 AM
169	School Psy	Feb 8, 2011 4:03 PM
170	prior regional center consumer	Feb 8, 2011 6:49 PM
171	REgional Center	Feb 8, 2011 9:36 PM
172	A mother of a child with autism.	Feb 8, 2011 9:56 PM
173	I am a sibling of a consumer.	Feb 9, 2011 1:13 AM
174	Behavior Consultant	Feb 9, 2011 5:41 AM
175	Physical Therapy Vendor	Feb 9, 2011 1:28 PM
176	Service provider	Feb 9, 2011 5:05 PM
177	Disability Rights California, non-profit advocacy organization.	Feb 9, 2011 5:23 PM
178	Also have many friends who use these services	Feb 9, 2011 7:45 PM
179	I am BOTH a parent of a disabled adult in the autism spectrum AND a Parent Support Specialist w/Early Start	Feb 9, 2011 7:45 PM
180	mother & care provider	Feb 9, 2011 8:12 PM
181	Residential Care Provider	Feb 9, 2011 11:22 PM
182	A concerned Citizen Taxpayer. There needs to be a 9th category related to due process. The current list of proposals, though helpful, will only impact the budget if attention is paid to the hearing process and Aid-Paid-Pending.	Feb 10, 2011 12:03 AM
183	Retired R.C. Employee	Feb 10, 2011 12:12 AM
184	Speech Language Pathologist	Feb 10, 2011 9:09 PM
185	Professional/Educator	Feb 10, 2011 9:14 PM
186	care home owner	Feb 11, 2011 12:40 AM

Behavioral Services

1. I am a:

	Please Specify if Other	
187	Assistant Director of the Short Center South 1250 Sutterville Road #100 Sacramento Ca 95822	Feb 11, 2011 1:19 AM
188	Program Director Adult Day Services	Feb 11, 2011 1:43 AM
189	Parent of two consumers who are disabled and a advocate for regional center consumers	Feb 11, 2011 2:37 AM
190	Mother	Feb 11, 2011 4:11 PM
191	service provider-group home	Feb 11, 2011 5:03 PM
192	Early Interventionist for a school district	Feb 11, 2011 5:09 PM
193	Concerned parent of a child with Multiple disabilities	Feb 11, 2011 5:44 PM
194	I am an employee of the Regional Center, and have been for 14 years.	Feb 11, 2011 6:46 PM
195	Both a Family member and a Board Member	Feb 11, 2011 7:01 PM
196	Optometrist, eye care specialist	Feb 11, 2011 8:33 PM
197	and family	Feb 11, 2011 9:22 PM
198	the parent of a child with autism	Feb 11, 2011 9:58 PM
199	Parent of special needs child	Feb 11, 2011 10:34 PM
200	Friend of consumer and consulting psychologist to Regional Center	Feb 11, 2011 10:46 PM
201	parent of a special needs child	Feb 11, 2011 10:57 PM
202	Family member and Director of a local autism education & support non-profit.	Feb 12, 2011 3:05 AM
203	Parent	Feb 12, 2011 3:17 AM
204	Work in a Resource/Special Day Class for a school district.	Feb 12, 2011 3:32 AM
205	I am a Mother of a teen ager who was diagnosed with autism when he was 7 but fought for two years in order to get a dianosed due to the lack of funds in clinics,hospitals, and schools.	Feb 12, 2011 5:21 AM
206	I am a parent of a child with Autism and I am a Vocational Specialist.	Feb 12, 2011 6:28 AM
207	I also have a DD/Autistic son	Feb 12, 2011 6:45 AM
208	I am a mother of a child with Down syndrome and another child with developmental disabilities.	Feb 12, 2011 8:12 AM
209	Vendor	Feb 12, 2011 1:40 PM
210	Yes my son is apecial needs	Feb 12, 2011 3:03 PM
211	Mom of 18 yr old adopted child with Fetal Alcohol Spectrum Disorder	Feb 12, 2011 3:07 PM
212	Special Education teacher and advocate for the disabled.	Feb 12, 2011 4:06 PM
213	And a family member of a boy with autism	Feb 12, 2011 5:27 PM
214	Past service provider; current contractor with a regional center	Feb 12, 2011 5:34 PM
215	and a special ed teacher	Feb 12, 2011 5:38 PM
216	Special Day Class Teacher	Feb 12, 2011 8:03 PM
217	Parent of a teenager who is on the Autism Spectrum.	Feb 12, 2011 8:10 PM
218	behaviorist	Feb 12, 2011 9:23 PM
219	My son is eligible for services under a primary dx of autism. We have experienced significant bureaucracy and delays throughout our entire process with RCOC and have yet to receive any services whatsoever. That being said, my five year old son is an eligible consumer of services if these services ever materialize.	Feb 12, 2011 9:33 PM
220	family member, vendor, service provider	Feb 12, 2011 10:02 PM
221	My son has autism	Feb 12, 2011 10:21 PM

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1. I am a:

	Please Specify if Other	
222	My adult brother is a consumer of regional center services. I am also a speech-language pathologist who provides services to children in the Early Start program	Feb 12, 2011 11:40 PM
223	family, service provider, vendor	Feb 13, 2011 2:24 AM
224	Board Certified Behavior Analyst	Feb 13, 2011 3:24 AM
225	I am the parent of a Regional Center consumer with autism and I am also a Department of Rehabilitation Vocational Counselor Supported Employment Specialist. My responses are my own opinions and are not intended to reflect DOR policies.	Feb 13, 2011 3:42 AM
226	I am a service provider and a family member of a consumer	Feb 13, 2011 4:46 AM
227	I am the parent of a consumer as well as a service provider	Feb 13, 2011 6:00 AM
228	family member, service provider employee and vendor.	Feb 13, 2011 6:05 AM
229	My son is 5 years old and has been diagnosed with autism. He is a consumer of Valley Mountain Regional Center.	Feb 13, 2011 11:39 PM
230	I am also a family member.	Feb 14, 2011 12:22 AM
231	conservator and family member of regional center client	Feb 14, 2011 1:12 AM
232	Also I am a family member.	Feb 14, 2011 1:22 AM
233	California Association for Behavior Analysis Board Member	Feb 14, 2011 5:41 AM
234	parent of a consumer and an applied behavior analyst	Feb 14, 2011 6:15 AM
235	Psychologist for the Developmentally Disabled.	Feb 14, 2011 12:45 PM
236	Behavioral Services	Feb 14, 2011 4:37 PM
237	Parent of a daughter with Asperger's	Feb 14, 2011 4:57 PM
238	service provider employee and family member of a consumer	Feb 14, 2011 5:16 PM
239	Special edcuation teacher	Feb 14, 2011 5:36 PM
240	Consumer services supervisor for School Age consumers	Feb 14, 2011 5:58 PM
241	friend and advocate	Feb 14, 2011 6:56 PM
242	Professor of Behavioral Clinical Psychology and director of the BCBA course-seres for post-graduate students.	Feb 14, 2011 7:50 PM
243	Adult Residential Facility Administrator/Licensee	Feb 14, 2011 8:19 PM
244	RSP,ARF3	Feb 14, 2011 8:20 PM
245	Sister, Caregiver, Casemanger for over 7 years	Feb 14, 2011 8:39 PM
246	community member	Feb 14, 2011 8:42 PM
247	BCBA - Clinical Director	Feb 14, 2011 8:47 PM
248	Taxpayer	Feb 14, 2011 8:49 PM
249	Therapist and consultant	Feb 14, 2011 9:57 PM
250	I am a family member and have worked as a service provider.	Feb 14, 2011 10:04 PM
251	Care provider	Feb 14, 2011 10:04 PM
252	Community College Instructor who works with Developmentally disabled students	Feb 14, 2011 10:29 PM
253	BCBA and School Psychologist	Feb 14, 2011 10:40 PM
254	friend advocate	Feb 14, 2011 11:24 PM
255	Researcher/ Occupational Therapist	Feb 14, 2011 11:30 PM
256	Clinical supervisor for an Early Start Autism Intervention Program services and Early Intensive Program services.	Feb 14, 2011 11:39 PM
257	Family Doctor	Feb 14, 2011 11:44 PM
258	parent vendor for my son with special needs	Feb 15, 2011 1:10 AM

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1. I am a:

	Please Specify if Other	
259	I work for a company that works with children with autism.	Feb 15, 2011 2:41 AM
260	Father of 2 consumers	Feb 15, 2011 5:35 AM
261	parent of two consumers	Feb 15, 2011 5:47 AM
262	School Psychologist	Feb 15, 2011 5:52 AM
263	Also a social worker for the county.	Feb 15, 2011 5:18 PM
264	I am a Mother of two children on the Autism spectrum that both recieve ABA services.	Feb 15, 2011 5:36 PM
265	Instructor working with developmentally disabled.	Feb 15, 2011 6:00 PM
266	Mother of Consumer	Feb 15, 2011 6:03 PM
267	Parent	Feb 15, 2011 6:09 PM
268	Temporary employee at Regional Center	Feb 15, 2011 6:15 PM
269	service provider - pediatric physical therapist	Feb 15, 2011 6:22 PM
270	My son has Autism and benefits greatly from Regional Center benefits.	Feb 15, 2011 6:36 PM
271	pediatric nurse practitioner and prescriber of services	Feb 15, 2011 6:50 PM
272	Mother of autistic child	Feb 15, 2011 6:59 PM
273	I am a single parent of Autistic boy	Feb 15, 2011 7:21 PM
274	Special Education Community Liaison for the Hacienda La Puente Unified School District. I provide resources for professions and parents of students from birth to age 22. Our district collaborates with Regional Center to provide services for our parents. E.g., a Regional Center representative attends our Parent Events, such as Information Fairs, Evening Topical Presentations, etc. I attend their LICA meetings and presentations they offer, e.g., upcoming Fair on Autism on Feb. 24th.	Feb 15, 2011 8:07 PM
275	Behavior Specialist	Feb 15, 2011 8:09 PM
276	My son [redacted] was recently diagnosis with autism and it would be really bad if he can't continue with treatment due to budget cut backs, my son like others are victims in this situation due to Doctor's lack of experience and not begin honest about my son background, if there's going to be any budget cuts it should first start at the police department, I don't understand how police officials make more money then professional teachers... Something is wrong in that picture, please do not hurt the victims more then we already are, thank you and may god forgive those who don't act professional honest doctors.	Feb 15, 2011 10:13 PM
277	Service provider	Feb 15, 2011 10:34 PM
278	Service provider	Feb 15, 2011 10:56 PM
279	Employee of agency that coordinates services with RC of Orange County.	Feb 15, 2011 11:11 PM
280	Special Education Administrator in a School District	Feb 15, 2011 11:12 PM
281	I am a family member of a consumer as well.	Feb 15, 2011 11:57 PM
282	Parent and Conservator of client	Feb 16, 2011 12:24 AM
283	Special Education Teacher Visually Impaired/Blind Birth to three years.	Feb 16, 2011 12:33 AM
284	Guardian of a minor consumer	Feb 16, 2011 1:50 AM
285	therapist providing services to children and families of need	Feb 16, 2011 3:46 AM
286	My 3 year old son has Autism, MR, & sensory processing disorder. Regional Center San Diego has been instrumental in my son's progress & success in his early intervention treatments.	Feb 16, 2011 3:52 AM
287	Parent of one child with autism and another child at risk for autism.	Feb 16, 2011 4:13 AM
288	my son get help from behvior frontiers	Feb 16, 2011 5:20 AM

Behavioral Services

1. I am a:

	Please Specify if Other	
289	Behavioral Therapist	Feb 16, 2011 5:24 AM
290	general public	Feb 16, 2011 7:24 AM

1. Suggested service standards about who should receive these services:

	Response Text	
1	any consumer with a behavior	Jan 28, 2011 12:35 AM
2	Individuals who would benefit the most and have the least amount of communication and social skills.	Jan 28, 2011 12:39 AM
3	requirements for behavior consultant hours for level 4 homes should be cut to match funding cuts	Jan 28, 2011 12:48 AM
4	Families with children (of any age if living with family members) who have behavioral needs dominating the family life.	Jan 28, 2011 12:50 AM
5	people of all ages with developmental disabilities and their families if the person with a developmental disability presents with problem behaviors (self-abuse, property destruction, tantrums, etc.) or with skill development needs. The focus of the service delivery should be on teaching the parent or care giver to work with the client to modify or shape his/her behavior	Jan 28, 2011 12:53 AM
6	Children and adults with autism spectrum disorders ADD/ADHD Bi Polar disorder	Jan 28, 2011 12:53 AM
7	Parents of children (consumers) with Developmental Delays, and children (consumers) with DD who are exhibiting behavior deficits or excesses, due to their disability	Jan 28, 2011 12:59 AM
8	People in need of this service are folks who first are people who meet the criteria of developmental disabilities. Secondly, people must not be able to have their needs met through generic resources. Thirdly, the least amount of intervention to meet the need is a must. The shortest time-period of intervention must be used first.	Jan 28, 2011 1:00 AM
9	Early Start and Children under the age of 5 yrs old. Billing should only be for direct hands on service. No billing for missed appointments and twice a month small group services to address social skills in Early Start. At this time some regional centers are billed an automatic 2 to 4 hours for preperation on meeting a family.	Jan 28, 2011 1:02 AM
10	A) individuals displaying physically aggressive behavior toward themselves or someone else. those with serious behavior challenges that include things like: 1) eating, or attempting to eat, items that are non-edible (i.e., wood, paint chips, rocks, glass), and 2) smearing of feces. B) individuals who require training in self help skills	Jan 28, 2011 1:03 AM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
11	A lot has been done already in ensuring that families and caregivers learn behavior modification techniques while the service is being provided in the home. Specifically, the prerequisite for ABA and BMOD services for parents to atttend a 4 day/ 2 hour course in general Applied Behavioral Analysis is a good step towards increasing independence, follow-thru and decreasing possible dependency on therapists. However, as part of that Group Parent Training, I feel, a measuring tool should be utilized to ensure the parents/caregivers have understood the techniques and have a good general understanding of ABA. Perhaps, this measuring tool could give good insight as to which parents will benefit and follow-thru with service.	Jan 28, 2011 1:03 AM
12	Delaying or failing to provide behavior management services when the need is identified generally results in more deeply ingrained behavioral problems. These behaviors become more deeply entrenched in the individuals psychy and will only result in the need for more extensive use of more expensive services later on.	Jan 28, 2011 1:07 AM
13	Behavioral Services should be provided at the level needed by the individual using highly qualified interventionists. Parental training should not be offered in place of behavioral support services, but in addition to those services.	Jan 28, 2011 1:08 AM
14	IMPLEMENT THE INDIVIDUAL CHOICE BUDGET, THIS WILL CUT COSTS AND ALLOW THE FAMILIES TO SELECT THE SERVICE THAT IS ADEQUATE FOR THE CONSUMER AND STAYING WITHIN A YEARLY BUDGET. IT WAS PASSED LAST YEAR BUT NOT YET DEVELOPED OR IMPLEMENTED.	Jan 28, 2011 1:09 AM
15	behavioral services should be provided to any regional center client that needs them to improve their quality of life.	Jan 28, 2011 1:11 AM
16	Behavioral service should be available to parents of children with any type of developmental disability. These services should help parents teach their children the adaptive skills they need to be participating members of their family, and so they can become as independent as possible as they grow to adulthood.	Jan 28, 2011 1:14 AM
17	All consumers who have behaviors that interfere with their activities of daily living and their relationships should be able to access ABA and RPM, in fact any behavioral therapy or cognitive-behavioral therapy as appropriate for their level of functioning.	Jan 28, 2011 1:19 AM
18	Those who are at risk for being removed from the home for ANY reason, harming another child, hurting themselves, totally destructive to family belongings, out of control, failed adoption, etc.	Jan 28, 2011 1:20 AM
19	autism, cognitive impairment, those of whom the DSM warrants behavioral therapy	Jan 28, 2011 1:27 AM
20	All consumers should have access to these services regardless of their diagnosis. Teaching effective coping strategies for social situations, communication, or learning a new skill or overcoming a fear rely on this type of assistance whether by working directly with a therapist or by training. Hiearchy of services should favor training consumer/parent first before direct intervention. In addition, overload should be avoided- view the whole service picture for a consumer- if Sensory Integration training is provided by an OT sessions should be not be in conjunction with Behavioral intervention. Services should be well planned and methodical in delivery.	Jan 28, 2011 1:28 AM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
21	Any individual who is eligible for Regional Center service, regardless of diagnosis, should be eligible to receive behavior intervention services (including intensive intervention) at any age so long as the IPP team has identified behavior concerns as an impediment to the consumer's development and a qualified and reputable assessor has confirmed that such behavior concerns are accurate and can be addressed through measureable goals and properly administered behavior interventions. These interventions should be implemented across environments (meaning both in home and in the community) and should be funded by Regional Center unless there is another generic resource that would be obligated to provide them in a specific environment (such as in the public school setting).	Jan 28, 2011 1:29 AM
22	Adults who have behavioral issues that are barriers to their participating in community settings appropriate to their level of ability and interest. Children who have behavioral issues that are barriers to their participating in age appropriate environments. Children with autism. Children whose parents need support to maintain them successfully in the family. Children whose parents need to learn skills to teach their children age appropriate skills and/or the skills the child will need to be successful in environments appropriate for their level of ability.	Jan 28, 2011 1:33 AM
23	Behavior consultant hours requirements should be reduced to compensate for funding cuts.	Jan 28, 2011 1:35 AM
24	People who have a tendency toward behaviors that threaten or harm themselves or others need to be supported with extra funding, rather than having special programs for people with behavioral issues as the only option.ion	Jan 28, 2011 1:36 AM
25	children who live with family and family is in family eduation to provide the care a normaly developing child would need	Jan 28, 2011 1:36 AM
26	These services should be for children and adults with an autism diagnosis or other severe diagnosis where behviors impede the person's ability to function in his/her family and community.	Jan 28, 2011 1:40 AM
27	ICB	Jan 28, 2011 1:40 AM
28	Any consumer whose behavior is limiting his/her options for attending a less restrictive environment in school or the ability of an adult to be integrated into the community. Also,families who are at risk for falling apart due to a child's behavior should be provided with this service.	Jan 28, 2011 1:42 AM
29	children and adults with intellectual disabilities should be provided necessary behavioral services.	Jan 28, 2011 1:42 AM
30	children on the autism spectrum	Jan 28, 2011 1:53 AM
31	This type of service are not needed because homes, day programs, and supportive services already use services from therapist and counselors. The "crisis team" in particular is of no use because the consumers do not answer to people they don't know and crisis teams cannot make it to a crisis as it happens. If providers cannot handle a behavior then they should not be in the business. Crisis teams are a waste of time and money. They often reiterate what is already known or often don't even know what particular behaviors are of a consumers IPP. Most of the crisisis team members are fresh out of college and possess very little real world experience.	Jan 28, 2011 1:54 AM
32	all children/adolescents with developmental delays and autism. This is a very complex population and no two consumers react the same to similar situations. Individualized assessments and plans are critical.	Jan 28, 2011 2:05 AM
33	all consumer and caregivers, family members etc. Should have ample availability to help make the consumer successful.	Jan 28, 2011 2:26 AM
34	those with autism and related disorders	Jan 28, 2011 2:27 AM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
35	Adults with significant behavior challanges who pose a threat to themelves and/or others. 1:1, 1:2 and 1:3 ratios for community based services should be available for individuals who require this intensive ratio. it has become common for a number of programs to get this ratio for no reliable behavioral reason.	Jan 28, 2011 2:35 AM
36	1. Those with poor self-regulation (low impulse-control, hampered employability due to prompt dependency and low socioemotional regulation) 2. Those with neurobehavioral disorders (neurobiological causes) which require lifestyle and environmental modifications for health and safety in natural living environments.	Jan 28, 2011 2:41 AM
37	Any disabled person with behavioral issues	Jan 28, 2011 2:49 AM
38	Active, personalized, SERIOUS job locating and training.	Jan 28, 2011 2:50 AM
39	Behavioral services are critical to enable individuals and families to address behaviors that interfere with optimal functioning at home, school, community, and throughout all aspects of a person's life. As such there should be no cutbacks. In my opinion these services are already too limited. At some point you must acknowledge that insufficient services cannot possibly produce a desired outcome. Would you take only 1/4 of a prescribed antibiotic (or any other prescribed medication, for that matter)? Of course not. You would not expect to get well. The same principle applies here.	Jan 28, 2011 3:03 AM
40	Individuals with special needs and the parents/caretakers of individuals with special needs. These should include emotional, psychological, physical, and developmental special needs. Including cerebral palsy, autism, PPDNOS, etc. There should be no age limit or requirement, ie should pertain to infants through adult individuals and their families.	Jan 28, 2011 3:05 AM
41	DD population Service providers Family and others involved with DD person's care	Jan 28, 2011 3:06 AM
42	House staff at community-based group homes. Staff at day care programs. Consulting psychologists for group homes. Parents	Jan 28, 2011 3:06 AM
43	Kids in risk or with a straight autism diagnosis.	Jan 28, 2011 3:11 AM
44	These services are vital and these specialists really provide valuable services to people with disabilities at ALL ages. The service providers and direct staff do not possess the knowledge and education of these specialists. Their visits, observations and skills make enormous differences to the lives of both the staff and the beneficiaries. At the moment it is hard to get a specialist and there is long waiting period.. PLEASE DO NOT CUT these!!!	Jan 28, 2011 3:21 AM
45	We have found RDI (Relationship Development Intervention) to work extremely well with our son with autism. As he meets each developmental stage, he is more interactive and self-aware. This will make him more able to become independent in at least some of his life, perhaps to hold a job or to live outside of our home successfully.	Jan 28, 2011 3:22 AM
46	Parents, staff, providers.	Jan 28, 2011 3:24 AM
47	Every child or adult with a developmental disability.	Jan 28, 2011 3:25 AM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
48	Any adult who needs them. I am not being facetious. Except for Early Start Standards (and there are a number of excellent sets of early childhood standards already out there), I really encourage you NOT to do standards by "type of service." All people in any service need the same set of outcomes that they have told us are important to them and that nondisabled people would also choose: to exercise my rights and be treated with dignity (Quality of Life Area Rights and Dignity); to choose what I want to do, where I live, where I receive services, my friends, etc. (Quality of Life Area Individual Choice); to be a member of my community (Quality of Life Area Community Membership); to have friends, family member support and intimate relationships (Quality of Life Area Relationships); to accomplish my goals that meet my needs and desires (Quality of Life Area Personal Achievement); and to be healthy, safe and economically secure (Quality of Life Area Person Well-Being). Regardless of whether I am in residential, work, or respite services, my outcomes are the same, if met differently. If you do standards by services (or programs), you may have the best set of services in the world but the outcomes may not be good for the individual. Let's take the example of a workshop. The workshop could have multiple contracts so there is no down time for individuals; staff could be very well trained; the workshop is located among other businesses in the community with no stigma to individuals who work there; the individuals are paid in accordance with DOL laws and regulations, etc. Good program. However, if you have ONE person in this set of workshop services who could be better served and have better life outcomes through supported work, then no matter how good the "program" is, it is not meeting the needs of the individual. And aren't outcomes to individuals what you want from your services?	Jan 28, 2011 3:28 AM
49	The children who need this services.	Jan 28, 2011 3:28 AM
50	For anyone who's behavioral issues create a negative effect on the child and/or the family involved.	Jan 28, 2011 3:29 AM
51	Individuals who are eligible for Regional Center services and their parents/caregivers under the following circumstances: a) if the individual has behavior problems that are a threat to himself or others, or exhibit behaviors that interfere with keeping their community placement (e.g., home, group home); b) if the parents, or caregiver's do not have the skills to reduce frequency/intensity of the individuals behavior problems such that the individual no longer is a threat to themselves or others; or c) if the parents/caregivers do not have the skills to teach the individual acceptable, functional behaviors that compete with the maladaptive behavior. Once the individual's behaviors are within the ability of the parent/caregiver to parent the individual effectively, and the parents/caregivers have the skills to manage the individual's behavior problems and teach the individual appropriate behaviors, services end.	Jan 28, 2011 3:32 AM
52	Children who exhibit behavioral issues that interfere with their ablity to develop in other developmental areas.	Jan 28, 2011 3:33 AM
53	Family training is very important, especially for families with newly diagnosed children. We have a 14 year old autistic son and remember very clearly the support we got from Lynn Koegel that helped us understand better how to interact with our child. Since then, we have relied on other experts to modify his behavioral programs and to help us to understand how to deal with changes in behavior as he has reached puberty and moves into teen years.	Jan 28, 2011 3:39 AM
54	Lanterman Act. Needs of the consumer as written in the IPP	Jan 28, 2011 3:43 AM
55	Behavioral Services should be offered to all people with disabilities who exhibit maladaptive behaviors as well as teachers in special education who presently appear to be unqualified to deal with behaviors earmarked in the IEP's.	Jan 28, 2011 3:46 AM
56	All children and adults who are diagnosed with a developmental disorder should be qualified for services	Jan 28, 2011 3:53 AM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
57	Persons who live with their families and the first year a person lives in a dirrerent enviroment or receives services from a new provider should be given the most priority.	Jan 28, 2011 4:05 AM
58	Early diagnosis and implementation Not giving parents the run-around A clear explanation of what the RC can/will provide with documentation of policies to support this A range of services to match a range of needs A choice of vendors	Jan 28, 2011 4:05 AM
59	Children with autism and behavioral issues. The earlier the better.	Jan 28, 2011 4:08 AM
60	1) Adults and children whose behaviors threaten health or safety, or which may result in loss of a program or moving to a more restrictive environment. 2) In addition, families of minor children living in their home should be able to receive training on applied behavior analysis techniques to teach functional & adaptive skills at home and in the community. 3) Day programs or Residential Service Providers who aren't otherwise required to have behavioral services provided as part of their program design or service level.	Jan 28, 2011 4:10 AM
61	Care providers and parents.	Jan 28, 2011 4:14 AM
62	Any child that exhibits any behaviors that affects how they learn any skill or interact with their environment or impede their abilities to leading independent lives should receive behavior intervention from a reputable agencies. Parents should be trained on controlling behaviors , but they are NOT behaviorists that can "program" and "implement" these concepts. A parent can never look at their "disabled" child with an impartial view.	Jan 28, 2011 4:15 AM
63	ABA and other intensive behavioral services, meeting Lanterman standards such as the therapy modality having been research-proven, should continue to be offered to children who have autism and need this service. Behavioral services designed to address specific deficits and excesses (e.g. teaching toilet training or teaching community safety skills).	Jan 28, 2011 4:22 AM
64	Services should be offered to RC consumers. Counseling services should also be made available to parents, siblings, and chidren of the consumer diagnosed with a behavioral health condition.	Jan 28, 2011 4:26 AM
65	anyone with a diagnosis of mental disorder by an MD psychitrist	Jan 28, 2011 4:31 AM
66	Under the Lanterman act, any developmentally disabled person with a demonstrated behavioral problem should receive these services.	Jan 28, 2011 4:38 AM
67	It needs to be based on individual need, we cannot set a black and white standard or checklist. People with disabilities are unique in their needs and the needs of the family or care provider. That is why we have IPP, Individual Program Plans.	Jan 28, 2011 4:41 AM
68	anyone who needs it	Jan 28, 2011 4:55 AM
69	Providing person centered behavioral supports to the families and children is an essential service. Especially when those families are at a loss for how to learn to live with a child who sees the world differently than their other children and who don't respond in typical ways. Trying methods that don't work usually results in an increase in the behaviors one is trying to eliminate. Education for the parents and helping them understand that their child needs additional patience, choices and redirection v. punishment is essential to prevent abuse and neglect. As long as the provider of behavioral supports is able to provide effective interventions to families, it is a service that is very necessary for families that are at a loss for how to deal with challenging behaviors.	Jan 28, 2011 5:19 AM
70	I think all children get services at early do better in life.	Jan 28, 2011 5:25 AM
71	Any child that needs it based on current standards.	Jan 28, 2011 5:31 AM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
72	Everybody with any type of disability, either high-fuction or low-fuction individual.	Jan 28, 2011 5:31 AM
73	1. People with developmental disabilities who are displaying behaviors that inhibit their participation in real world activities 2. Parents of children and adults with developmental disabilities receiving Behavioral Services 3. Policy setters at provider agencies which serve people receiving Behavioral Services 4. Direct service providers serving people receiving Behavioral Services	Jan 28, 2011 5:47 AM
74	Consumers, families and caregivers, teachers and educational service providers	Jan 28, 2011 6:09 AM
75	All who need them.	Jan 28, 2011 6:12 AM
76	consumers with	Jan 28, 2011 6:26 AM
77	Any child or adult with a developmental disability and experiencing behavioral problems needs to receive the services they need to overcome the behavioral issues they face.	Jan 28, 2011 6:30 AM
78	Children who show earl/late signs of ADD.	Jan 28, 2011 6:36 AM
79	I feel ALL PERSONS with Behavorial, Addictive, or Physical Disabilities should get the proper Treatment!	Jan 28, 2011 6:42 AM
80	The referral needs to be made by a licensed psychologist or psychiatrist outside of Regional Center. At the present time, the referral system is expensive and has no meaningful criteria that is established that would outline clearly what constitutes a need for this service. The rate should be adjusted to reflect the actuality of what they do and if meaningful, measurable change is not seen within a period of time established by a licensed mental health professional, the services should be adjusted or eliminated accordingly.	Jan 28, 2011 6:52 AM
81	To be eligible for intensive in-home behavioral services, eligible Consumer must exhibit significant behavioral deficits that put Consumer or family members' health or safety in danger. Examples may be aggression that causes injury requiring more than basic first aid, SIB that causes injury requiring more than basic first aid, significant property destruction, significant health and safety issues such as frequent attempts to AWOL or PICA that may seriously put Consumer's safety at risk. Behaviors identified must occur with frequency of 1x per month or more to qualify for intensive in-home behavioral services. Consumers with less intense behavioral needs may have the option to attend Group Parent Trainings or Conferences foused on behavior intervention techniques.	Jan 28, 2011 6:53 AM
82	Consumers that have been 5150'ed.	Jan 28, 2011 7:51 AM
83	Persons who have one or more personal growth objectives on IPPs. Any person who engages in physical aggression or self-injurious behavior. Particular emphasis to those who live in family homes whose out-of-home placement can be prevented through behavioral services AND persons in level four placements, in order to prevent them from requiring more restrictive settings.	Jan 28, 2011 1:29 PM
84	I would like to see services for those consumers with eating disorders and weight management issue, with the goal of avoiding health problems.	Jan 28, 2011 2:22 PM
85	Families are not supposed to be eliminated from the client's life and replaced by a puppet "advocate." Services are supposed to be consensuaal not coercive. Lanterman Act compliance is not optional. Conservatorship is not ownership. Services should not be wasted when there is a willing and able fanily available to do the job at a fraction of the cost. Visitation is a right not a privilege. The "community" does not mean the community of retarded persons. It means the public at targe. "Peers" means everyone in public not just other retarded people. Money is wasted on preserving "status quo" approaches that look like new ones.	Jan 28, 2011 2:47 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
86	Children and adults who live in the family home and who have demonstrated a need for behavioral intervention services- ie., consistent and frequent behaviors such as tantrums, aggression, inappropriate sexual behaviors, etc.	Jan 28, 2011 2:52 PM
87	Only those with Beh needs,	Jan 28, 2011 2:53 PM
88	Every parent shoulod receive training in this area. Every teanage child should see a mental health professional for a mental health physical.	Jan 28, 2011 2:58 PM
89	My son is has epilepsy and cerebral palsy, but is large and dangerous when agitated, yet he should be able to be in a home that loves him and in the community as much as he can handle.	Jan 28, 2011 3:13 PM
90	Behavioral Services, through Regional Center, need to look into the need of the child NOT the age of the child. My son is over the age of 10 and due to this he does not qualify for some of the programs. Also, the Behavioral Services should work in home and school not just home.	Jan 28, 2011 3:29 PM
91	Chidlren and adults whose behavior poses a problem for themselves or ithers	Jan 28, 2011 3:46 PM
92	Services need to be available to ALL children in the regional center programs needing behavioral supports. This would be helpful through elementary school or as needed. Regardless of remote location or how busy the case manager is. Services should then be screened by provider to make sure that the behavior program is appropriate to client.	Jan 28, 2011 3:49 PM
93	Behavior Standards ABA services are the most effect when children are young. They need to entrance and exit criteria	Jan 28, 2011 3:51 PM
94	The more that behavioral services and training can be implemented with children the better chance there is of diminishing future intensified supports.	Jan 28, 2011 3:59 PM
95	children with autism children with specific behavioral challenges adults with behavioral challenges The need to be determined by the ID team, which includes a Regional Center psychologist, case manager etc.	Jan 28, 2011 4:05 PM
96	Eligible individuals should: -be experiencing behavioral deficits that cannot be addressed through usual and customary parenting methods. -such deficits should imperil health and safety by one or more: a) preventing the individual from following hygiene/cleanliness standards within their age range; b) engaging in elopement or exploration of their environment without regard to personal safety and in a fashion environmental controls cannot adequately prevent; and/or c) engaging in physically aggressive and/or destructive behaviors towards peers or others.	Jan 28, 2011 4:08 PM
97	children with disablity and delay - Parents need HELP and so do these children to have a Chance for the Future	Jan 28, 2011 4:10 PM
98	For children with autism, behavioral services are critical. They have transformed my son. When can now do some of the normal things like go to the movies, go bowling, shopping and to restaurants.	Jan 28, 2011 4:17 PM
99	Presently there are no behavioral services available to our 6 clients. I don't really know who might actually receive this service.	Jan 28, 2011 4:27 PM
100	Everyone that needs it, 33% and more of a defecit	Jan 28, 2011 4:27 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
101	• Behavioral services should only be provided to consumers and caretakers who are willing and able to participate in the behavioral training as needed • Consumers with severe or dangerous behavior should be given priority for behavioral services as determined through a Functional Behavior Assessment conducted by a Board Certified Behavior Analyst provided by Regional Center • Those without socially significant behavior problems (i.e. unsteady gait, incontinence, feeding through g-tube, periodic resistance, communication problems, etc.) should not receive behavioral services	Jan 28, 2011 4:28 PM
102	This is a highly needed service for people of all ages. Children in order to change challenging behaviors to positive behaviors early in life to give them life skills. Adults in order to give them the tools needed to live as independently as possible.	Jan 28, 2011 4:29 PM
103	Be-live that the hour for this service should not be 30 hour it should go back to 200 hours if the client need it	Jan 28, 2011 4:34 PM
104	The fact of the mattere is there are so many people in todays society that need help with this topic. Especially children that have mental issues that do not know how to deal with their thoughts. Adults as well need help because as we all know todays world is high in stress and not all can handle the stressors in life. They need to be able to learn how to deal with these issues and having these services will tryly help them learn stratagies to accomplish this.	Jan 28, 2011 4:37 PM
105	Individuals whose behavior significantly limits their ability to live at home or to access the community. Behavior should be related to eligible diagnosis	Jan 28, 2011 4:38 PM
106	The quality of service varies. Some of these behaviorists are so young that the parents know more than they do. Parents need more hands on help rather than someone just telling them what to do.	Jan 28, 2011 4:45 PM
107	Any individual whose behaviors may cause pain or injury to themselves or others or may put their safety in jeopardy	Jan 28, 2011 4:47 PM
108	Children Adults as needed	Jan 28, 2011 4:47 PM
109	Any ASD child.	Jan 28, 2011 4:53 PM
110	Regional Centers want to deny services to parents who don't have time or child care to attend parent classes, or if they think parents are not following through to their standards. Parents who struggle attend classes and implimnet behavioral classes are often the parents of children who need those services the most. It also pits behaioriist and parent against each other, when if there is a disagreement regarding the effectiveness of the plan, it is easy for the behaviroist to call the parent uncooperative and deny services. Behaviroal services should be based on the need of the person needing the intervention, not the family or the behaviorist.	Jan 28, 2011 5:02 PM
111	Individuals with developmental disabilities, i.e., autism, especially young children, i.e., birth to 7 years of age.	Jan 28, 2011 5:04 PM
112	My son is a self-mutilator with severe sensory needs. We have been on a waiting list for over 2 years to see a behavorist to help us with these behaviors. However, children who have a very slight autism or mild behavior needs are recieving this service. This does not seem, for lack of other words, "fair". Children who are hurting themselves and/or others should go to the front of the line to recieve behavior needs.	Jan 28, 2011 5:05 PM
113	autism, cognitive impairment, those of whom the DSM warrants behavioral therapy	Jan 28, 2011 5:06 PM
114	Persons, who place themselves and others in dangerous situations, which could lead to involvement by local law enforcement or perceptions by the general community, will lead to contacting law enforcement.	Jan 28, 2011 5:07 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
115	Any Regional Center client & their family members who are showing behavior or social-emotional problems that would like help.	Jan 28, 2011 5:09 PM
116	Any child who is at rist or is showing developmental delays prior to age three, with an identified disability after age three	Jan 28, 2011 5:09 PM
117	Those who have developmental delays and/or disabilities.	Jan 28, 2011 5:22 PM
118	Increase standards to ensure parents actually participate in the process and end services if there is non compliance. Behaviuoral interventioin seems worthless when there is no buy in from those involved with the day to day care of the child or adult.	Jan 28, 2011 5:30 PM
119	Children with behavioral issues that impede access to the community setting. This includes children with Autism Spectrum Disorders and other developmental delays.	Jan 28, 2011 5:31 PM
120	Specifically, research has demonstrated that ALMOST HALF of children with autism can become typical, full members of society with provided with 35-40 hours a week of behavioral treatment from ages 2-7 or so. All children with autism benefit and should be allowed access to behavioral services.	Jan 28, 2011 5:31 PM
121	Services should be considered for all RC consumers and screening for intervention should become a standard and consistent practice. Behavior challenges can be so defeating for families, affect family cohesion, mental health, resilience to handle additional challenges, and ultimately affect the future independence and happiness of consumers as they strive to live a full and meaningful "self directed" life. Behavior problems greatly limit people with disabilities and diminish their quality of life. Begin to consistently educate and hold RC service coordinators (and their supervisors) responsible for providing reliable information that does not leave families feeling their requests for service "will most likely be denied". Our community has rampant problems with this message being delivered (especially in regards to behavior) to families who then feel hopeless. Behavior challenges can be exhausting and dangerous. Serious consideration and probing for more information is greatly needed. As a parent I know I tend to "under report" we hate to admit our children may be engaging in self injurious, stimming, masturbatory, or feces smearing behaviors. For many family members it can feel like a personal shame. Culture also plays a part in this process. Including the challenge of even knowing what to report or how egregious the behaviors really are. We can be so close to the problem and so isolated as a result we do not even have a baseline of what is developmentally typical behavior.	Jan 28, 2011 5:33 PM
122	All consumers with behaviors should be considered for both mental health and behavioral services, with the goal of ruling out or recommending further help from mental health services. As a Regional Center employee and a Marriage, Family and Child counseling graduate student, I have observed that there is a high co-morbidity between developmental disabilities and mental health. One standard should be to incorporate the mental health services into our behavioral services. Possibly, a share of cost plan where a team of people from mental health services and behavioral services review cases and either rule out or recommend mental health services. We are making purchases for behavioral services, but the effectiveness of the service is often low and costly because we are not addressing the mental health side as well. You cannot just treat the symptom, you must treat the core issue if you want to have results.	Jan 28, 2011 5:38 PM
123	Children that have behavioral poblems at home and school should be receiving services	Jan 28, 2011 5:40 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
124	Any individual with a developmental disability, regardless of age should be able to receive behavioral services to address issues or behaviors that interfere with that individuals ability to function effectively within their environment. Children under the age of 18 should receive the highest level of intervention when the opportunity for meaningful and permanent change is most possible. However, even after the age of 18, some behavioral intervention should be provided if that individual continues to present with behaviors or deficits that significantly impair that person's ability to function effectively within their environment and care for their basic needs.	Jan 28, 2011 5:41 PM
125	All individuals who are developmentally delayed or have developmental disabilities	Jan 28, 2011 5:41 PM
126	if Regional Center contracts with a vendor a tool needs to be implemented to detect poor service, I personally witnessed thousands of dollars of hours paid to Maxim Company that were not provided to the consumer even though I called Alta Regional EACH time to report it, Alta continued to pay and contract with this agency.	Jan 28, 2011 5:45 PM
127	Children with delays that are 50% delayed in one area or 33% delayed in more than one area. Children with behavioral excesses that preclude then from participating in daily routines.	Jan 28, 2011 5:48 PM
128	Any individuals who has current behavioral challenges that limits their inclusion within their community	Jan 28, 2011 5:48 PM
129	These services should be available to any consumer who is in need - no matter their income or level of need.	Jan 28, 2011 5:54 PM
130	Anyone who demonstrates a need as determined by their parents, regional center service provider, teacher or other professionals should receive these services.	Jan 28, 2011 5:55 PM
131	Children and Adults	Jan 28, 2011 5:58 PM
132	Should be available one time a year and only for parents that can't afford to pay for these services.	Jan 28, 2011 5:58 PM
133	Consumers who remain in their homes should be given behavioral intervention to help the families keep these consumers in their homes.	Jan 28, 2011 6:00 PM
134	In terms of in-home behavior intervention I do not have enough personal knowledge to know what the age cut offs should/shouldn't be, but whatever professional behaviorists feel is best, there should be clear cut offs and the cut offs should be well known. Second point is that there are a TON of families that don't always need (or qualify for) actual Behavioral Intervention Services...BUT some good parent traiining classes would go a long way in helping them. (see below suggestion on payments)	Jan 28, 2011 6:05 PM
135	Children, adolescents and adults must receive appropriate behavioral supports when needed to prevent more restrictive interventions, such as group homes and medications used to control their behavior -- also known as 'chemical restraints.' Providing appropriate behavioral training for individuals and their families leads to greater independence and reduced cost to the public because people can manage their own behavioral issues. This can be a very cost-effective investment of public funds.	Jan 28, 2011 6:08 PM
136	Any individual and their family who has had major behavioral problems and/or who have been diagnosed with a mental, developmental, etc. disability should receive these services.	Jan 28, 2011 6:08 PM
137	Handicapped children and handicapped adults NEED these services and have a much higher chance of failing if not receiveing them.	Jan 28, 2011 6:09 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
138	For children under 3 years old, home -based behavioral services should require parent participation (e.g. it isn't respite) but parents should not be expected to provide all of the service. For children, between the ages of 3 and 22 behavioral services should be part of an IEP when required. Behavioral services for those living in group homes should be provided (with funding) through the group home/day program with consultation available if someone is at risk of loosing a placement and the emphasis should be on funding for staff retentuion, support and training--especially in level 4I homes. Priority should be for behavioral services for adults with developmental disabilities (esp. autism) living in family homes. Crisis intervention behavioral services should not be limited.	Jan 28, 2011 6:14 PM
139	CLIENT, PARENTS, CAREGIVERS	Jan 28, 2011 6:21 PM
140	Children who have behaviors and or social/emotional delays that interfere with their ability to function in the normal routines of their families and communities.	Jan 28, 2011 6:21 PM
141	Definitely children with Autism and Mood Disorders and other disruptive behavior disorders.	Jan 28, 2011 6:29 PM
142	Children and adults whose behavior is affecting their ability to participate in usual activities as would a similar person w/out behavior issues	Jan 28, 2011 6:33 PM
143	Behavioral Services should be open for ALL consumers	Jan 28, 2011 6:34 PM
144	All consumers with a diagnosis of Autism should receive some form of behavioral therapy. It should start with a full program when they are young (25-40hrs) with a parent training component and decrease as skills increase or other agencies take over hours. Even after 1 on 1 intervention is faded the parent training (supervision) component should continue to give the parent support/troubleshooting as they learn how to manage their child's behaviors. As the child is older the program should include community integration so that the child can participate in age appropriate activities such as after school programs, sports leagues or even just hanging out with friends - behaviors for the autistic child can often interfere with learning any of those skills that would allow them to be involved in the community outside of their home.	Jan 28, 2011 6:35 PM
145	ANY child/family that needs this service should receive the service. e.g. children that are in foster care have been excluded from being able to receive services.	Jan 28, 2011 6:36 PM
146	individuals with impaired communication, a history of abuse, a history of unsafe behaviors, clients with tbi, homes are not treatment facilities and early training with positive behavior support is critical	Jan 28, 2011 6:38 PM
147	My four year son, on Autism Spectrum Disorder, received Behavioral intervention services when he was three. We didn't know he needed help until professionals assessed my son. Children and adults who are not able to adapt and understand appropriate behavior in a public environment need these services available to them. Self help skills is also part of this subject because they'll need to independantly be able to put on/remove clothes, be able brush their teeth and toilet trained.	Jan 28, 2011 6:41 PM
148	1:1 or group Therapy in modality appropriate for specific resident for "mid-high" cognitive functioning residents	Jan 28, 2011 6:41 PM
149	parents, siblings, employers of developmetally disabled	Jan 28, 2011 6:43 PM
150	Provide ILS servcies or those who are capable of working their issues with support.	Jan 28, 2011 6:45 PM
151	All parents who are in need of these services should recive them. Parents need to learn that it is thier consistency and efforts that will make the most impact on thier children. They need the training to work with thier children on behavior, because most parents have no idea how to go about working with children with typical needs let alone a child with special needs.	Jan 28, 2011 6:46 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
152	Both the parents and the consumers can be dramatically helped by behavioral services	Jan 28, 2011 6:46 PM
153	These services should be received by families and individuals that are committed to making behavior changes to increase independence and quality of life, including reducing problem behaviors that interfere with access to the community, social interactions, safety/danger issues, and learning.	Jan 28, 2011 6:52 PM
154	Individuals with behavioral challenges who wish to be fully included in their community, but need behavioral supports to achieve this goal.	Jan 28, 2011 6:52 PM
155	Define eligibility for behavioral services in terms that reflect a true risk for not being able to live at home with parents.	Jan 28, 2011 7:02 PM
156	Current guidelinesa are sufficient and determining eligibility.	Jan 28, 2011 7:02 PM
157	Anyone with developmental disabilities who has this identified as a need in their IPP	Jan 28, 2011 7:04 PM
158	Those with behavioral issues that interferes with their daily routines at home, school and community	Jan 28, 2011 7:11 PM
159	Regional Center Consumers and their caregivers, including parents, ILS workers, SLS staff, and all family members/friends who play a signficant role in the Consumer's life. School staff should be provided behavior plan by behaviorist. School should fund their own staff to implement plan. School staff should provide all data collection and should attend planning team meetings with IPP team.	Jan 28, 2011 7:15 PM
160	The state is in a really tough spot here because you have stakeholders that believe certain people needed the added expense of a Behavior Program that truly don't. I don't have exact numbers but I'd be willing to stand in front of anyone and argue that at least 50% of the people we are supporting in the more expensive Behavior programs do not require that level of support. The whole concept of least restrictive and Behavior Programs in general is to get these folks (consumers) to a place where they can/should be transitioning to a more cost effective and less restrictive day program environment.	Jan 28, 2011 7:17 PM
161	Maintain current standards, now is not the time to make cuts	Jan 28, 2011 7:18 PM
162	Children whose parents have attended behaviorial workshops and implented skills suggested without success. These children should be provided with a behavioral assessment and intevention as needed.	Jan 28, 2011 7:18 PM
163	We have a lack of services available for Adult Autistic consumers.	Jan 28, 2011 7:20 PM
164	Behavioral services should be provided to individuals and their circles of support with the goal of full inclusion within their home communities. In providing these services, it's important to recognize that the need tends to ebb and flow over time.	Jan 28, 2011 7:21 PM
165	Individuals living at home with their families who are exhibiting maladaptive behaviors that are frequently self-injurious or demonstrate aggression toward others, or result in regular episodes of property destruction.	Jan 28, 2011 7:22 PM
166	I suggest that Behavior issues should be addressed at an early age - not to wait until child is in elementary or junior high.	Jan 28, 2011 7:23 PM
167	All who are in need of services and are legal residents of State	Jan 28, 2011 7:27 PM
168	Any one with a developmental disability as identified in their IPP	Jan 28, 2011 7:29 PM
169	Those whose behavior prevents learning, participation in activities, socializing with others and/or is destructive to self or others.	Jan 28, 2011 7:30 PM
170	Behavioral services should be standard for all adults with autism and their families	Jan 28, 2011 7:31 PM
171	Behavior services, including in-home supports to consumers and families, are extremely important. These services have helped children with their behavior issues allowing them to participate more fully in school and in their community. Reducing a child's behavior issues and a direct, positive effect on family life.	Jan 28, 2011 7:39 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
172	Use only services when they are needed. I have seen in many instances consumers families using services and demanding services even thought they are not benefit to the consumer. Somehow there needs to be a cap in place. To help determine when the cost of services has far exceded the need or any progress.	Jan 28, 2011 7:41 PM
173	consumers who have significant maladaptive behaviors (biting, aggression, SIB, eloping, property destruction) which imperil their living at home or in the least restrictive environment. NOT for adaptive skills (dressing, social skills) or educational or speech goals (handling money, using longer length of sentences).	Jan 28, 2011 7:50 PM
174	Anyone with behavioral difficulties age 3 - 18. Children can benefit greatly from early intervention and not have behaviors snowball out of control. In Foster Care situations having this support may save the child from having to constantly be re-placed. Adults with behavioral difficulties age 18 - 65. Ideally we think that the id team should be able to seek out the superior service for the individual. When behavioral difficulties are proactively addressed they can be reduced and mitigated. Identifying the superior behavioral service means individuals served wont have to be moved from program to program. This allows individuals served to move forward in their adaptive training and saves the state significant funds in that social workers to not need to reassess and reassign services and place them in increasingly more expensive programs due to the behavior.	Jan 28, 2011 7:54 PM
175	The regional center shall purchase services for consumers which maximize their potential for full inclusion in their lives, with others and gaining independance. The consumer will also have the option to utilize which vendor their wish to use. The services shall be effective, research based and consumer preference and choice is the primary determination factor. This shall be available to those with developmental disabilities.	Jan 28, 2011 7:58 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
176	The IRC needs to include parents concern with their children. The ABA provider needs to allow parents to watch what they are doing and If there is something that they do wrong needs to be recorded by the parent. Parent should have the right to choose the provider. The ABA person directly giving service to children needs to have at least a BA degree. The IRC was not conducting the appropriate FBA assessment and not helping the agencies to help the my daughter. She is 8 years old. HF and has communication and social skills deficits. All these years has been wasted since she is still behind and still has shifting issues and social communication problems. The goals were not set appropriately, if it was set appropriately the therapist was not working intense enough to help her. I have been told by the providers that it is the school fault and I should get a lawyer. First year ABC had a FBA assessment done and my daughter knew how to identify color, shapes and say hi. 6 months past by with the same agency she had to work with the same thing. every goal had 4 or 5 stimulus and she had to repeat the same thing over and over again for 6 months. They keep changing their therapists and I had incidence that my daughter had to wet her pants b/c they would not allow her to go to the bathroom since they would tell me she is avoiding the behavior. just one consultant was good and helped me how to write the ABC form and she told me that after this year you should keep the records in your house. and she was right. After a year ,it became as a baby siter, the tutors were not working with the child . Then I requested the change. AST assessed my daughter and the very first day the psychologist came and she pointed out that I need a lawyer. since their tutor was outside my house and not letting me to observe his sessions. for up to 6 months. When I brought up to IRC the Case manager came and saw the situation and left. didn't change the agency. After 6 months, The tutor was helping me how to help my daughter with home work. One day he was pinching my daughter and I came to observe, but the therapist refused that he did it. Then I informed the agency then they changed the tutors and they would come giving me hard time for instance reading the passage from the book and making my daughter to repeat the same sentence. The community outing was based on how many times my daughter initiate conversations and they were gethering their data on initiation. they have not tought my daughter how to ask questions and maintain conversations. Nor they would leave their data in my house. the last agency CBRE was coming to my house. There was direct supervision of a BCBA and there were non verbal goals placed as goals for her instead of verbal. When I brought it up to the tutors supervisor, she was telling me that the IRC is doing what school is doing meaning not teaching my child? so they video taped my daughter and made her extremely frustrated with behavior tantrum they didn't provide me with their report not the video tape and IRC was saying that they no longer vendorizing this agency. I asked the IRC to do a FBA and ABBLE assessment to determine the appropriate goals for my daughter now they are saying that the agency that they chose is not having qualified personal to do ABBLE assessment. I don't know what to do. I can't waste my daughter's time. A neuropsych assessment was done by my private insurance and she was telling me that she needs ABA and I asked her to not recommand it b/c it is not making a significant change in her life eventhough she needs it.	Jan 28, 2011 8:00 PM
177	Children and adults who have a history of behaviors that are at risk of causing, or have caused, personal injury to self and others or destruction of property. The behavior shall have been in evidence in at least the most recent six months (prior to date of request). For injurious behaviors, the behavior must occur at least at least monthly. For property destruction, the behavior must occur at least monthly.	Jan 28, 2011 8:03 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
178	Any consumer eligible for regional center services should be eligible to receive behavioral services when needed, and current rquirements for parent participation should be continued. The assessment of need should be based on the impact the identified beahvior has on health and safety, or the consumer's quality of life. Group parent training on basic behavioral principles should be available to ALL parents.	Jan 28, 2011 8:07 PM
179	The Day Care program offered each day is of value. There is no attempt to teach during these hours, however the clients are learning, how to shop, how to spend time in a community and cooperation with others. For DD people these are important	Jan 28, 2011 8:07 PM
180	Consumers who have never received behavior services in the past should be given the opportunity for a full behavioral program, REGARDLESS OF AGE, identical to the early intervention format of 30-40 hours in order to bring order to the home and families out of crisis. This will pay in huge dividends over the lifetime of the consumer for society as a whole. Consumers who have had a program in the past that worked or didn't work, and has been discontinued and behaviors have resumed should be given the opportunity for another full program.	Jan 28, 2011 8:20 PM
181	All children and their families who are experiencing behavioral challenges. Such challenges, if not addressed adequately with strong family (and school) wraparound support, doom children to failure and emotional pain, doom families to irrevocable crisis and breakup, put children at unacceptable risk for removal from the home and institutionalization, and put children at very significant risk of harming themselves, others, and/or on the road to suicide.	Jan 28, 2011 8:26 PM
182	The teen population has significant challenges during the phase of puberty. There are scant resources for parents to address the challenges of emotions and behaviors during this volatile and scary period of their lives. ALL teens need special help - as do their parents.	Jan 28, 2011 8:32 PM
183	Children/Adults that are violent to family members and other children/adults.	Jan 28, 2011 8:43 PM
184	All children whether low intensive or high intensive should be eligible for Early Start, the money upfront for services can fix these children, studies prove this.	Jan 28, 2011 8:43 PM
185	Autism, if mental retardation is a significant factor, services need to be reduced. Parents are using the autism label over mental retardation in order to get more intensive services.	Jan 28, 2011 8:44 PM
186	All parents/caretakers of young children with disabilities.	Jan 28, 2011 8:44 PM
187	As long as your department focuses on buying houses for long-term care living arangements for people coming out of the Regional Center Facilities, in say, the Bay Area, then nothing else can be addressed because you spent all the money on a few privilaed individuals, losing site of your responsibility to reach the most with what we have collectively.	Jan 28, 2011 8:45 PM
188	Anyone with developmental disabilities who has this identified as a need in their IPP	Jan 28, 2011 8:45 PM
189	Provide services if parent of school requests them with back-up documentation -- ie data indicating behaviors counter to the best interest of the consumer (or society). Allow anecdotal data and parents' lists of their observations. Do not require lengthy discrete trial or other observation processes. Best behavioral services are administered sooner, not later.	Jan 28, 2011 8:50 PM
190	Children and families who are living with Autism, PDD or related disabilties - to receive ABA, PRT and other behavioral services that have been statistically proven to increase development and adequate social behaviors.	Jan 28, 2011 8:50 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
191	Service standard should achieve the promise that people with intellectual and developmental disabilities will have an individualized program plan and access to the services and supports best suited to them throughout their lifetime, to enable them to live an independent, self-directed, and typical life.	Jan 28, 2011 8:54 PM
192	.	Jan 28, 2011 8:56 PM
193	Children or adults with autism, cognitive impairment, developmental delayed, and those of whom the DSM warrants behavioral therapy.	Jan 28, 2011 9:03 PM
194	Behavioral Services can help people who are violent, inappropriate, are trying to change bad habits, who are depressed due to disability. If the behavior prevents the client from being able to live in the least restrictive environment, then services should be available.	Jan 28, 2011 9:04 PM
195	Families clients	Jan 28, 2011 9:04 PM
196	Behavioral Services mshould include all elements essential teaching behaviors that are conisitent with societal expectationas for normal behavior. All clients should be entitled to receive instruction essential to allow them to function normally in the community.	Jan 28, 2011 9:05 PM
197	Clients whose behaviors are a problem to themselves or others, in terms of being a danger to self or others, making the individual unemployable, causing incarceration, or causing them to be evicted from apartments multiple times.	Jan 28, 2011 9:09 PM
198	Clients with moderate, and severe maladaptive behaviors and low self help skills who have the cognitive and physical ability to improve their behaviors and self help skills.	Jan 28, 2011 9:10 PM
199	Is that Far Northern Regional Center contribute their fair share. At the present moment all behavorial services are provided by the Siskiyou County of Special Education. They currently do not recieve any re-imbursements for the Early Start years of birth through 2yrs of age. Our county is one of the poorest in the state of California, with mandatory budget cuts due the state fiscal problems and county fiscal problems. This impacts on the general Special Education budget, and our Early Start population. It does not give our Early Start population the advantage of that comes from receiving services as soon as possible, thus impacting the costs of services down the line and the outcome for the future of of one of our most vunerable segments of the State's and County's population.	Jan 28, 2011 9:11 PM
200	Goals for each consumer need to be set in a very clear manner with reachable m	Jan 28, 2011 9:13 PM
201	People who are at risk of losing their current living arrangements based on behavior (whether family home or board and care home or apartment). People who are at risk of losing their day program or job placement based on behavior. People whose social integration and community access are at risk based on behavior. People whose family relationships are in jeopardy based on behavior.	Jan 28, 2011 9:19 PM
202	consumer and all family members	Jan 28, 2011 9:23 PM
203	Any individual with significant behavior challenges that impede their growth and learning and causes seclusion from the community.	Jan 28, 2011 9:27 PM
204	Children who have the dx of autism and 3 and under	Jan 28, 2011 9:28 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
205	I believe that the family with a child and or adult having a developmental disability should be offered these services due to inappropriate behaviors of the child that causes undue stress upon the family. Of course, undue stress is difficult to define by one. It must be up to the psychologists, service coordinators, and other involved regional center personnel to determine if the services are needed. Then it is up to the service provider to either confirm or disconfirm if the service is needed and justified.	Jan 28, 2011 9:29 PM
206	Currently the regional centers do not work with children with an Asperger's diagnosis. However, my son's Aspergers causes him to have some very challenging and inappropriate behaviors. At times, I worry about the safety for him and my younger son. Respite would be well used. A home behavioral program/consultation would make a tremendous difference in my life.	Jan 28, 2011 9:30 PM
207	Each developmentally disabled individual and their family need to learn the "tools" necesarry to achieve the best quality of life possible, Sooner is better!	Jan 28, 2011 9:37 PM
208	Any consumer or parent of a consumer should have these services available. A 2 hour course (minimum) should be required for all consumers or caretakers prior to being eligible for services with few exceptions. The topics covered should be 1. What is behavioral services 2. What is expected from the provider, including restrictions or boundaries 3. What is expected from the care provider(s) 4. Basic behavioral tenets 5. Where the services can / will be conducted Exception for receiving services ahead of time would be an emergency situation where immediate attention is necessary but the caretaker / consumer would have to attend a course at the first possible offered time in order to maintain the services.	Jan 28, 2011 9:38 PM
209	All children on the autism spectrum disorder, including asperger's, high functioning autism, pervasive developmental disorder (PDD) and Autism. Services should be given to all age ranges. Behavior intervention services and therapies are not only critical and beneficial at early intervention [0-3 years], but also critical and beneficial to children and teens. If you want these individuals to be functioning and contributing members to our society, and independent too, than you must provide them the services and therapies that they will need to change and grow through their life span....not just early intervention. Behavior Intervention Services, Applied Behavior Analysis (ABA) standards should be a minimum of 40 hours per week, 50 weeks per year. That is the MINIMUM!	Jan 28, 2011 9:45 PM
210	Clients that clearly meet the eligiblity requirement (i.e. having behaviors that impede learning, daily living and cause harm to oneself or others.	Jan 28, 2011 9:45 PM
211	Any child or adult who has a behavioral issue in their living environement.	Jan 28, 2011 9:45 PM
212	I feel all of the above mentioned services, including therapy, counseling, and behavioral management should be available for all clients and their parents or guardians. Whole family approach to intervention.	Jan 28, 2011 9:47 PM
213	There need to be better and safer services in the community for dual diagnosis consumers. Right now there is a fight with mental health departments and regional centers over who pays-no one takes responsibility. Meanwhile consumers in the community suffer with incomplete and unsafe services. The DCs are being closed but there is still no safe alternative.	Jan 28, 2011 9:49 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
214	Help reduce maladaptive behaviors to become more productive members of their family and allow them more inclusion in the community. Behavioral interventions, help work through feelings (since typical therapy doesn't work as well), reduce tantrums, increase community safety, improve hygiene, independent living skills, increase family harmony, teach replacement behaviors, consult with teachers and other professionals, assess, design and implement behavior plans, parent training, in home, in the community and in school services	Jan 28, 2011 9:51 PM
215	People with developmental disabilities.	Jan 28, 2011 9:52 PM
216	any family that needs it	Jan 28, 2011 9:52 PM
217	Regular BIS: Children who have an eligible condition under the Lanterman Act, who reside at home with their parent or legal guardian, or in a foster situation that is not already managed by a foster services entity. Adults who reside in their family home. (Regular BIS can result in a child or adult being able to continue to live in their family home rather than requiring a Medi-Cal or RC funded placement option). Potty Training Boot Camp: Children who have an eligible condition under the Lanterman Act, who reside at home with their parent or legal guardian, or in a foster situation that is not already managed by a foster services entity. (Potty Training Boot camp can result in lack of a need for diapers in the future which can reduce costs to Medi-Cal and/or the RC).	Jan 28, 2011 9:56 PM
218	People with severe assaultive or self-injurious behaviors that put them at risk for loosing current placements or services.	Jan 28, 2011 10:03 PM
219	Any child or adult that would benefit from services should have the right to request these. The problem with Inland Regional Center, is that they: 1). deny parents and clients even the right to request a service, 1). When a request is made and denied, there is no appeal process. What I mean to say is that very few people are given their right to appeal. This is another example of the "bullying" that continues to happen among the culture that is at Inland Regional Center. Meanwhile.....we spend money for no services at 3.1 million. Consistent standards of funding and appeal must be put in place and must be constant under scrutiny, if there is to be true transparency and accountability.	Jan 28, 2011 10:11 PM
220	People don't ask for help unless they need it. Standard should be as Lanterman Act intends. Provide service to those who need it, period. Don't make families go through "trainings" before being allowed the service (see comments in #2). If RC feels that a family needs to be trained to understand the service being provided, then give it as an accompaniment - not as a prerequisite to the service. It should not be based on income, socio/economic background or anything other than the need of the person with disabilities.	Jan 28, 2011 10:17 PM
221	This service should be used as a preventative intervention and a behvaioral intervention. Children that have communication delays are at risk for behaviors due to the inability to communicate. Behavioral services can do a lot of prevention work in this area with FCT and other verbal behavior treatments. Any child receiving infant stimulation services should be eligible too. infant stim. Teachers do not need to have training to target skill deficits the way. ABA therapsts do. Early intensive intivention is important and ABA is most effective at early ages..under three ideal.	Jan 28, 2011 10:23 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
222	Those with the diagnosis of Asperger Syndrome must be included in the Regional Centers. People with Asperger Syndrome still have Autism, even though it is considered a high functioning Autism, you can not just leave them out of the group. People with Asperger Syndrome may be able to do a few things very well, but communication skills is a major issue with adults and children with AS. You need to include them in the services at the Regional Centers. I have called before and each time I call, I am turned away. This is not right, since AS IS a Autisic Spectrum Disorder, it is not seperate.	Jan 28, 2011 10:23 PM
223	There should available to all consumers who have behaviors. Not just consumers with a specific diangosis.	Jan 28, 2011 10:26 PM
224	Individuals who exhibit activities which would be deemed socially unacceptable i.e., hitting themselves, physical aggression, verbal aggression, sensory integration issues	Jan 28, 2011 10:26 PM
225	The gap is to long from the time that the parents attend the behavioral orientation to the time that the seravices are implement.	Jan 28, 2011 10:27 PM
226	Provide services if parent of school requests them with back-up documentation -- ie data indicating behaviors counter to the best interest of the consumer (or society). Allow anecdotal data and parents' lists of their observations. Do not require lengthy discrete trial or other observation processes. Best behavioral services are administered sooner, not later.	Jan 28, 2011 10:29 PM
227	Provide services if parent of school requests them with back-up documentation -- ie data indicating behaviors counter to the best interest of the consumer (or society). Allow anecdotal data and parents' lists of their observations. Do not require lengthy discrete trial or other observation processes. Best behavioral services are administered sooner, not later.	Jan 28, 2011 10:30 PM
228	The people who should receive these services will be those who are physically handicapped, or mentally retarded, thus need help in order to live a normal life.	Jan 28, 2011 10:37 PM
229	Provide services if parent of school requests them with back-up documentation -- ie data indicating behaviors counter to the best interest of the consumer (or society). Allow anecdotal data and parents' lists of their observations. Do not require lengthy discrete trial or other observation processes. Best behavioral services are administered sooner, not later.	Jan 28, 2011 10:37 PM
230	child, parents, teachers in public school	Jan 28, 2011 10:39 PM
231	ADULTS AND CHILDREN WITH SPECIAL NEEDS THAT SHOW BEHAVIOR ISSUES AT HOME AND OUT OF THE HOUSEHOLD.	Jan 28, 2011 10:46 PM
232	Families could be asked to specify: why they feel the services are needed; how long they expect them to last and specific goals they have if the services are provided. Adults who receive RC services could be provided advocacy assistance and answer the same questions.	Jan 28, 2011 10:48 PM
233	Establish evidenced based need. Change agent receives capped number of hours training. Parents of minors pay a range share of cost $2.00min - $20.00 max per train session. Motivate training of the change agent	Jan 28, 2011 10:49 PM
234	Any child with a diagnosis with social/emotional issues should receive services.	Jan 28, 2011 10:51 PM
235	Families with children who have spectrum disorders should consult with a behaviorist, be given materials to manage said behaviors, and hands on instructions with the consumer.	Jan 28, 2011 10:54 PM
236	Anyone who would benefit from behavioral or therapuetic interventions. Anyone whose participation in activities of daily living, (at school, work, home, day program), is curtailed because of behavioral or emotional issues.	Jan 28, 2011 10:54 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
237	There should be an increase in the number of children receiving early intervention since we know that this will not only increase their behavioral outcomes but save the Regional Center thousands of dollars in the long run.	Jan 28, 2011 10:59 PM
238	those that have been tested showing the need but on an acute basis	Jan 28, 2011 11:04 PM
239	Any parent, relative, caregiver (paid or otherwise), who is supporting an individual (child or adult) with a developmental disability and who is encountering problematic behaviors.	Jan 28, 2011 11:05 PM
240	Time limited supports and uniform training guidelines versus open ended authorization with no end in sight.	Jan 28, 2011 11:09 PM
241	Behavioral issues and how they impact daily life and achievement of goals should be addressed in the annual IFSP in addition to the support needed for the caregivers. In just about all cases, parents and clients can benefit from behavioral services if committed to the necessary effort but these services do not always need to be as extensive as the Regional Center requires them to be.	Jan 28, 2011 11:19 PM
242	Disabled individuals with behavior problems that impede their learning and ability to stay within their homes.	Jan 28, 2011 11:23 PM
243	Foundation standards for all families teaching critical "survival" concepts: i.e.,do NOT reward negative, manipulative, undesirable behavior and how to reward good behavior. Importance of consistency. Even teachers and providers rarely understand basic concepts of rewarding the absence of behaviors.	Jan 28, 2011 11:26 PM
244	All children who are on the autistic spectrum who have been referred by primary care physicians or parents; children who need and/or whose families request early intervention services	Jan 28, 2011 11:27 PM
245	Parents or caregivers should receive training. I don't know if there is a way to specify how disabled or lower functioning someone would or should have to be in order to receive services. Normally, the person you are evaluating for services will not be living on his or her own, they are going to go back home to live with someone else. The people they live with should be trained in some methods to help the disabled person either live with or overcome their disability.	Jan 28, 2011 11:40 PM
246	Persons who's behaviors impede learning.	Jan 28, 2011 11:48 PM
247	All persons who receive services from the regional centers should qualify to be provided behavioral services as needed. The need should be determined by all parties involved and not only the regional center. That is the people involved with the consumer or who might be on their ID team, such as: Parents Careproviders Teachers Employers Doctors Therapists Etc..	Jan 28, 2011 11:50 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
248	5 CCR 3030 - Eligibility Criteria (i) Because of a serious emotional disturbance, a pupil exhibits one or more of the following characteristics over a long period of time and to a marked degree, which adversely affect educational performance: (1) An inability to learn which cannot be explained by intellectual, sensory, or health factors. (2) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers. (3) Inappropriate types of behavior or feelings under normal circumstances exhibited in several situations. (4) A general pervasive mood of unhappiness or depression. (5) A tendency to develop physical symptoms or fears associated with personal or school problems.	Jan 28, 2011 11:56 PM
249	There should be a demonstrated need for the service. These services should not be a substitute for respite or daycare.	Jan 28, 2011 11:59 PM
250	Any client with challenging behaviors that trouble their families, friends or community should have access to behavioral services.	Jan 29, 2011 12:05 AM
251	parents/provider must attend orientation limited hours for Clinical and MHRS services-statewide only to prevent more restrictive living arrangement-CCF, ICF, etc	Jan 29, 2011 12:09 AM
252	These services should be expanded to all levels, not just level 4 clients. A lot of level 2 and 3 clients need these services as the facilities are not trained to recognize what these behaviors are caused from and how to deal and work with the client.	Jan 29, 2011 12:10 AM
253	Children and adults should receive therapy services as needed to deal with their feelings and behaviors. Children and adults with behavioral issues that interfer with daily functioning should receive one-on-one behavioral intervention services in the home environment as well as in the community. Parents/caregivers need to receive training to learn how to help their children or adult dependents.	Jan 29, 2011 12:12 AM
254	Consumers under the age of 8 years of age	Jan 29, 2011 12:27 AM
255	Collaboration with psychologists for consumers to get counseling in areas where it is not available	Jan 29, 2011 12:30 AM
256	Behavioral services should have clear and defined outcomes. Not be utilized as an ongoing service - short term intervention and teaching. Service should concentrate on identifying contributing cause to the behavior, e.g., health of the individual, communication stly, purpose that the behavior fulfills beyond the traditional escape, attention, avoidance model and actually attempt to do hands on intervention with a heavy emphasis on family or service provider education.	Jan 29, 2011 12:36 AM
257	There should no be specific groups who should receive such services.	Jan 29, 2011 12:54 AM
258	More parent training for parents with children of all diagnosis.	Jan 29, 2011 1:07 AM
259	Children with behavior problems, learning how to cope etc	Jan 29, 2011 1:07 AM
260	any consumer who meets diagnostic criteria for autism or other developmental disabilities and who has substantial disability, especially in the early developmental years. intensive intervention provided early on is critical and leads to more success and greater potential for the child to overcome behaviors. However, older consumers also develop behaviors that may not have been present earlier in life. they too would benefit from behavioral intervention. Parent/caregiver training remains essential but individual intervention must also be provided.	Jan 29, 2011 1:09 AM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
261	Intensive behavioral interventions should not be confined to Early Start. For children with autism, often these services are needed for many years. A flexible array of services should be available, based on the needs of the child. This should include floor time, ABA, DTT, Pivotal response, RDI, etc. While parents play an important component in educating and implementing behavioral treatments, it should be in no way assumed that the parent will be implementing these services. Many parents cannot do it, are ill prepared, have other jobs, have other children. It does the child a great injustice to presume this.	Jan 29, 2011 1:35 AM
262	Services should be available for people with autism, mental illness, or developmental disabilities.	Jan 29, 2011 1:51 AM
263	Individuals with Autism and indicated need, individuals with psychatric disabilities or dually diagnosed with primary disability of DD but secondary disability of mental health, individuals with DD who have been victims of crime, abuse and sexual assaults. Individuals with personality disorders or OCD.	Jan 29, 2011 1:56 AM
264	1. Anyone 7 years and over should have to have an exception to receive behavior services.	Jan 29, 2011 2:34 AM
265	Most individuals with a disability or people who deal with someone with a disability need behavior intervention some time or another in there lives. If this service is taken away it could affect everybody involved negatively not to mention the community these people exist in. It is not anyones fault they are like this and it could make huge improvements if they have help dealing with bad or unusual behaviors.	Jan 29, 2011 2:35 AM
266	Any person who is diagnosed with autism.	Jan 29, 2011 2:50 AM
267	All kids with autism have a need for behavioral services and yet I have to fight to get them for my son. I have to make a case. He has autism. To be diagnosed with that he had to have major issues.	Jan 29, 2011 2:52 AM
268	Both parents and children should receive these services as well as other family members and caregivers.	Jan 29, 2011 2:56 AM
269	Any consumer who's disability impacts their ability to understand or communicate their feelings and emotions. and any consumer who's family needs help supporting the consumer - helping them to communicate feelings and display appropriate behavior.	Jan 29, 2011 3:02 AM
270	This is completely useless - there are rarely any positive outcomes - this comes from someone who has received these services and have observed others who have received these services. Waste of money.	Jan 29, 2011 3:08 AM
271	Individuals with autism and autism like symptoms	Jan 29, 2011 3:14 AM
272	I agree with the current service standards but also need to include people with sensory processing disorder and PDD-NOS.	Jan 29, 2011 3:14 AM
273	People with behavioral issues deserve these services like a friend of mine	Jan 29, 2011 3:28 AM
274	I think anyone with a developmental delayed child should receive these services. If they don't, the kids will just be that much further behind once they start grade school.	Jan 29, 2011 3:39 AM
275	Children in the Autism Spectrum especially high-functioning autism and asperger's. A great of their success in life depends on how they are able to cope with their feelings and behaviors.	Jan 29, 2011 3:46 AM
276	customers with behavior problems	Jan 29, 2011 3:46 AM
277	Anyone who is served by a RC who is having behaviors/impairments/feelings that impede their relationships and their ability to participate in their communities.	Jan 29, 2011 4:07 AM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
278	I work in the Behavioral Services industry and I believe EIBT programs should be offered to any child on the Autism Spectrum. The methods used in these programs are effective in many ways than one. Every parent deserves to give their child a chance at completing an average education, and being self reliant in school and at home. These programs not only teach children to succeed in a typical school setting but to thrive as an individual. From washing hands to making a snack, children [with Autism] learn skills that give them a fighting chance. Whether it be the ability to control one's emotions or the ability to connect to a peer; these skills need to be taught in many cases. A child can be deeply effected without such abilities. Any child with Pervasive Developmental Disorders including children with Autism, Aspergers, Rett, CDD and PDDNOS should be able to benefit from these programs no questions asked. No child should be left behind simply because the budget does not allow.	Jan 29, 2011 4:23 AM
279	It is helpful for all individauls that are challenged in the areas listed above to receive these services. Parents as well as the adult or child being behavriorally challenged to hlep in the develpment and overall well-being of the family and even the community, as well as to help those being challenged get along in a possbily more stable emtional manner.	Jan 29, 2011 4:31 AM
280	It has been proven how important early intervention and continued ABA therapy for autistic children is. These services are vital in order for our children to become productive members of society.	Jan 29, 2011 4:35 AM
281	Any person with a diability that behavior is effected	Jan 29, 2011 4:40 AM
282	There should be some type of eligiblity criteria for Early Intensive Behavioral services. For those children that receive a diagnosis, from a Licensed Professional (Neurologist, Psychiatrist, or other similar type profession), they should be eligible for Early Intervention Behavioral Services. The amount of services (hours) they receive should be determined by the NPA selected by the family. The NPA must be a vendor of Alta. DDS, Alta, Healthcare Professionals and Parents should have some input on the eligiblity criteria. If I recall correctly, the Lanterman Act defines those diagnosis' pretty well. I think the documentation outlines that those who have Cerebal Palsy, Epilepsy, Autism or other neurological disorder are considered disabled person. These children should be determined eligible to receive services. I do believe those children who are diagnosed as PDD-NOS and/or Aspergers should also be eligible for services. I am 41 and a mother of a son with Autism. It has been my experience that anytime there are standards set, for anything, as time goes on those standards must be reexamined so that services are being adequately and appropriately provided to those who really need them. With that said, I think that Alta and DDS should utilize the Lanterman Act to help determine eligiblity criteria for EIBIS, however these two agencies should also ensure they are taking into consideration all that has happened since the Lanterman Act was crafted.	Jan 29, 2011 4:54 AM
283	Regional Center client who has behavior issue and need behavior modification.	Jan 29, 2011 4:57 AM
284	Any diagnosed consumer, at any age, who it is recommended for, by a qualified specialist. (Medical Dr., Pediatrician, Neurologist, Psychologist...)	Jan 29, 2011 5:12 AM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
285	All clients diagnosed with autism. All clients at risk of being removed from their own homes because of serious behavior problems. All emotionally disabled clients. Developmentally delayed clients will receive age appropropriate interventions as necessary, with the length of service to be determined by the seriousness of the behavioral problems. Set up a scale of severity from mild to severe, and then have set standards for each category. I would suggest a scale of 1 (mild) to 6 (extremely severe/life threatening to self or others)	Jan 29, 2011 5:27 AM
286	Those developmentally disabled consumers who are in need of social behavior training especially those with autism. Training should also be provided for parents and caregivers of these cosumers so that what is learned in the session can be implemented in the home. Others in need of this service are consumers who need help to understand their own behavior and how they cn improve or correct it.	Jan 29, 2011 5:49 AM
287	any persons in need shold be eligible for a spectrum of services	Jan 29, 2011 6:20 AM
288	Children With Special Problems, Such As Mentally Challenged, Autistic Etc.	Jan 29, 2011 6:25 AM
289	Behavioral services should be provided to individuals and families who are experiencing challenging behaviors that impeded their participation in the community, either by putting family members at physical risk of aggression by the consumer or by putting the consumer at risk of being excluded from community settings.	Jan 29, 2011 6:27 AM
290	For behaviors that impact the consumers ability to function independently. if we can use our funds to teach them how to function, we will spend less money than we would if "buying" people and services for the rest of their lives.	Jan 29, 2011 7:05 AM
291	Autism children should receive these services	Jan 29, 2011 7:24 AM
292	GAF of 50 or less For adults and all children who have limited language and/or problem behavior.	Jan 29, 2011 7:30 AM
293	All patients and families who have a child/family member/foster child with Behavioral Issues	Jan 29, 2011 7:51 AM
294	People with moderate to severe behaviors	Jan 29, 2011 7:55 AM
295	Any	Jan 29, 2011 8:27 AM
296	Families with children on the Autism spectrum families with children with severe mental or physical impairment	Jan 29, 2011 8:36 AM
297	Children and adults who are at risk for harming themselves, others, or damaging their environment.	Jan 29, 2011 4:20 PM
298	Health Care	Jan 29, 2011 5:22 PM
299	As a parent of a high functioning autistic child the consumer would be the first person to receive the service. The parents and siblings as a whole should be involved in putting together a behavior program and working with a therapist to regularly set new goals as old ones are achieved. I also would like to see the behavior therapist be able to work with the school districts, especially those that are dealing with our children on a daily basis. Such as teachers and extra support aids. I am repeatedly having to go to the school every time my daughter needs a new aid, because the district does not enforce the persons responsible for helping and teaching our children to attend training seminars. How are they ever going to truly understand how to help and teach our special needs children. If the we have the parents and the schools working together supporting each other on using the same techniques I believe our children would spend less time being misunderstood and more time learning and growing in all aspects of their lives.	Jan 29, 2011 5:28 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
300	Any child and parent with a behavioral disability. There criteria for should reach across all children. Most important those who do not have health insurance. Research clearly shows the sooner the child receives intervention services the greater prognosis for recovery. At no time should a parent have to be repeatedly told "No." The cost decreases "if" early intervention is applied.	Jan 29, 2011 5:40 PM
301	parents,caregiver,day programs,reginal centers,shcools,work program. I was not to sure what is being asked but I hope I answerd correctly.	Jan 29, 2011 5:46 PM
302	Behavioral Services are appropriate in a variety of circumstances and throughout the lifespan. In my opinion the important part of behavioral services is the on-going implementation and consultation. It does a consumer and his/her family little good if they have a "report" but they don't have the skills or experience to implement it. To teach and empower families to then teach their children is a long process and needs ongoing support. It is also critical for behavioral service providers to help families prioritize which skills need to be built and which behaviors need to be shaped/modified/replaced. It is overwhelming to have a long "laundry list" of things to fix and it causes many families to just give up. Behavioral providers need to have experience in working directly with individuals with disabilities as well as working with family members to plan and strategize. I think that it is most important to have ongoing support and consultation built into the service.	Jan 29, 2011 5:53 PM
303	The person served/supported; the Circle of Support faction who works with the person directly, and in some cases the people who advise the person served. Must have consistency from environment to environment. For instance, a person/student should be treated and responded to the same way at school as at home. If the school is paying for behavior intervention at school, and the regional center is paying for separate behavior intervention at home, and there is no coordination, then the service is wasted.	Jan 29, 2011 6:09 PM
304	1) all children in public and private schools 2) parents &/ guardians 3)primary caretakers	Jan 29, 2011 6:15 PM
305	Many of our students have severe behavior difficulties and parents need help dealing with them. Without help, many of these students will end up in group homes, etc. This is far more expensive than providing services to parents.	Jan 29, 2011 7:01 PM
306	duel diagnoised consumers, that are dealing with a mental as well as physical disabilitiy	Jan 29, 2011 7:07 PM
307	Include services that not only provide clinical ABA services but also provide social skills training particularly those diagnosed with an ASD if there is supervisory presence, behavior planning and implementation, and staff training overseen by a Board Certified Behavioral Analyst or someone with a specialized autism services masters degree or higher. Social skills and behavioral intervention go hand in hand with individuals with autism per the diagnosis and its critical that social skill training be made just as important as ABA training particularly with adolescents and teens who have "aged out" of classical ABA therapy and need to learn "what comes next" as autism is a lifelong disorder.	Jan 29, 2011 8:13 PM
308	All children and adults who have behavorial issues due to mental illness. For example autism, Dementia. Alzheimers. Just to mention a few. For the young these services help them over come and learn to speak out about what they are feeling instead if acting out in a negative way. For Adults this program helps the family understand and handle there family member in a loving way.	Jan 29, 2011 8:14 PM
309	Families should be able to get help if there is a change in a child's behaviors, especially aggressive behaviors.	Jan 29, 2011 8:58 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
310	I believe that any families with children who have an identified disability which has a behavioral component, such as autism, should receive behavioral services. I believe that these services are essential for the successful preparation of the family and the youth so that they have a much better chance of becoming a contributing adult in society. This also would reduce the need for other bandaid type after the fact interventions.	Jan 29, 2011 8:59 PM
311	Parents of children with disabilties benefit from clear training about basic behavioral principles. They benefit by having models and coaches to demonstrate behavioral techniques in group settings. They benefit from video modeling and self reflection (e.g. viewing their own behavior with their child, while viewing a video of it), and train-the-trainer learning modes. Parents who learn and practice positive behavior modification, Floortime, ABA discrete trial, and positive reinforcement strategies show better outcomes with their children. UC DAVIS MIND INSTITUTE has proven that parents of children with autism benefit greatly if the child is involved and engaged in intensive play therapy starting at age 12-18 months through age 4 with the EARLY START DENVER MODEL research done by Sally Rogers. Over a two year period of intensive interactive therapy, children enrolled in EARLY START DENVER MODEL interventions developed affective communication skills. Parents of children with autism benefit from ABA training. They benefit from consulting with specialists about discrete trial training, leading and following, replacement behaviors, positive rewards, using language that elicits behavior they want to see. They learn not to say NO! NO! NO! all the time to their child. They learn to challenge their child to communicate appropriately and stop themselves from feeling guilty and indulgent of their child's communication deficits. These parents stop passively letting their child engage in repetitive behaviors and become proactive.They benefit by learning from consultants. They gain skills in responding to their child with consistency and immediacy when problematic behaviors arise.At the minimum ALL parents of children with Autism should have a basic group behavior training and services that should begin at DIAGNOSIS and be mandatory. These early interventions will help a child be ready for school.ALL PARENTS of children with Autism should learn about UC DAVIS MIND institute research done by Sally Rogers. The research occured across three separate states, not just California, and should be the standard of care for the State of California. Documentation of results is on video as well as in a book by Sally Rogers called The EARLY START DENVER MODEL for CHILDREN with AUTISM.	Jan 29, 2011 9:03 PM
312	Only families with consumers who have severe behavioral problems	Jan 29, 2011 9:04 PM
313	Children (0-5) with a diagnosis of autism with moderate or profound deficits in communication, social interaction and/or stereotyped patterns of behavior. Individuals of any age who engage in self-injurious behavior, assaultive behavior, or property damage. Individuals that are at risk of putting themselves in danger when out in the community due to lack of community hazards or safety rules. At any age: service standard sshould not be applied across all disabilities served by the regional center but based on the diagnostic criteria of the individual developmental disability the child has been diagnosed with. It is inappropriate to use the same standards for a child with autism as you would for a child with Down Syndrome because the unique needs based on disability are different.	Jan 29, 2011 9:06 PM
314	MINIMUM TOTALLY SUPPORT AND ASSESSMENT WITH CLIENT AND FAMILY AND FOR CRISIS UNITL RESOLVED	Jan 29, 2011 11:31 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
315	There should be a continuum of options to meet the needs of different age groups and intensity of behavior. It would be helpful to develop or find tools that would help service coordinators differentiate what behaviors or criteria need what level of service.	Jan 30, 2011 12:12 AM
316	I think that parents, grandparents, caregivers (legal) and the consumer should be able to access services for behavior therapy.	Jan 30, 2011 12:13 AM
317	Regional Centers need to provide mental health services for clients who are initally or eventually become dual diagosed. Many clients mental health issues are not apparent until after pubity. With the lack of mental healthy professionals to serve this population and limited insight inot their unique reaction to medications we live day to day waiting for the next crisis.	Jan 30, 2011 12:14 AM
318	I believe these services are very important for all children who can benefit from them - especially those on the autism spectrum	Jan 30, 2011 12:22 AM
319	Anyone with a child whose behavior is unmanageable because of developmental delays or other neurological problems, such as autism.	Jan 30, 2011 12:25 AM
320	Services should be provided to individuals with severe disorders such as autism.	Jan 30, 2011 12:51 AM
321	All children with an ASD.(autism spectrum disorder)	Jan 30, 2011 1:02 AM
322	Disabled children and their families when behavior interferes with home environment, ability to socialize, self care and parent child bonding.	Jan 30, 2011 1:19 AM
323	1) Teenage/adult clients who have behaviors that would keep them from remaining at home. 2) Day program staff to keep other clients safe.	Jan 30, 2011 2:11 AM
324	anybody with behavior issues.	Jan 30, 2011 2:41 AM
325	THIS SERVICE SHOULD ONLY BE IN AN AS NEEDED BASIS. IF THE SERVICE IS DEEMED NECESSARY, THE RESIDENTIAL CARE HOME SHOULD PAY FOR THE SERVICES. I HAVE BEEN THROUGH ONE OF THESE SESSIONS, HONESTLY I DID NOT FIND THE SESSION HELPFUL AT ALL TO MY CLIENT AT THAT TIME. I THOUGHT THAT WAS A WASTE OF STATE MONEY.	Jan 30, 2011 2:54 AM
326	Families and teachers who have a child and or student with a history of violent and disruption behavior.	Jan 30, 2011 3:49 AM
327	All children or adults with developmental disabilities who exhibit anti-social or self-sabotaging behaviors must have access to behavioral services. For most children and adults with developmental disabilities, behaviors will determine how thoroughly they are integrated into their communities--if at all. This is a critical service area. Additionally, parents of children and teens with developmental disabilities who feel they need coaching or assistance or training to encourage and support appropriate behaviors in their children must have access to such services.	Jan 30, 2011 4:02 AM
328	Services should be based in needs and not in age. Parents should be involved and active participants but should NOT be expected to TREAT their kids.	Jan 30, 2011 4:45 AM
329	Should refer this to their insurance.	Jan 30, 2011 4:45 AM
330	any person with disabilaty	Jan 30, 2011 4:47 AM
331	Families whose children are having severe behavioral issues that parenting classes have not alleviated..Parents must be at home and attend sessions with the child. Under no circumstances should the person providing the training or interventions be left in charge of the child. I have heard of parents using this as a "babysitting or childcare" time to leave for awhile.	Jan 30, 2011 5:31 AM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
332	Children who have autism, intellectual disabilities, epilipsey, and the 5th category.	Jan 30, 2011 7:58 AM
333	The servuce wukk be provided to each consumer, or their caretaker as the need is deemed warranted.	Jan 30, 2011 3:13 PM
334	I'm glad you started here. All clients and families in the system should receive some level of support in dealing with feelings and behavior. If regional centers do a good job at staying in contact with and supporting families, they stand to save enormous funds spent in dealing with the failure to address this most basic issue. This doesn't mean having daily or even weekly contact with all families, but giving what families need to feel that someone has their back. At first we needed so much support and when got it we do so much better, and when we didn't we ended up all over the place searching for help. This is a basic life lesson that we all know: if we feel supported and have back up we do well and learn to, and want to do things better on our own. But when we do not feel supported we get scared and angry and we are less able to help ourselves.	Jan 30, 2011 3:42 PM
335	anyone who asks for them	Jan 30, 2011 4:48 PM
336	Priority should be given to those children newly diagnosed with autism and other conditions whose families are struggling with understanding their behaviors. In order to avoid institutional placement, parents must be involved in ABA services from the ground up. Familes need to clearly state the beahviors that place their children most at risk, and to receive assist from qualified professionals if they are unable to do so due to language or educational barriers. Parents must be active participants in the ABA program. ABA is not a subsitute for respite and, although the pressures on families are enormous, parents must take responsibility for learning all they can while ABA direct is available. If this involves having a translator along, then that should be an additional service component. Parents who legitimately cannot learn as quickly as others should be supported rather than "cut off". It is also possible that ongoing ABA support could be provided through webcast-type systems, as is being investigated for other types of services in rural areas where providers have too far to travel.	Jan 30, 2011 5:32 PM
337	All eligible regional center clients should have access to targeted developmental and behavioral services, not just those with a diagnosis on the autism spectrum. Children with mental retardation, Downs syndrome and other syndromes which by their very nature entail problematic behaviors should have access to these services to better adapt their parents and to help them understand the source of the behavior.	Jan 30, 2011 6:14 PM
338	-These services standards should solely be provided to consumers that have supporting documentation a medical diagnosis of autism spectrum disorder. -For families of young children (birth-3 years old), who are insistent in obtaining behavioral programs but DO NOT have a child with medical documentation that states autism spectrum disorder, then those parents should have some type of "share of cost" based on income and be responsible to pay for these services. -For individuals who are "at risk" of eventually receiving a diagnosis of autism and would clearly regress if behavioral services are not implemented, cost effective programs should be explored to address these types of cases.	Jan 30, 2011 8:06 PM
339	children/families where the children's behavior is	Jan 30, 2011 8:19 PM
340	A child w/ autism. Most autistic children have mild to severe problems w/ behavior and feelings. We have greatly valued assistance w/ psychologists to intervene w/ problem behaviors. We always greatly valued the ABA program that our son received in home services.	Jan 30, 2011 8:28 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
341	Consumers who have negative behaviors which impact their ability to participate in everyday activities. Consumers who have aggressive or assualtive behaviors which cause injury to others; consumers who are a high AWOL risk and consumers with severe self-abusive behaviors would benefit from behavioral services. ABA should not be limited to only those with a diagnosis of Autism. It is a form of behavior modification which can be applied to any consumer.	Jan 30, 2011 9:03 PM
342	I am speaking from the perspective of a residential service provider. There is no question about the resident s in my home needing the services and funding that is currently available to them. People that need assistance with basic functioning to get threw simple tasks requires trained, patient and supportive staff!	Jan 30, 2011 10:06 PM
343	I serve people with dd who live independently in their homes and communities with the support and training we are vendored to provide. Behavioral services to these folks needs to be short term and intense intervention, or longer term in terms of ongoing support and intervention. While the RC we work with is more likely to fund for the short-term intense intervention, but they also tend to shift things off to generic serivces as much as possible, and @ inappropriate times. The "generic(s)" in our area do not possess adequate skill and knowledge about our people, and in some cases see them as easy money since the RC is paying them. For longer term services, the RC we work with does not provide for the long term, low frequency and intensity services that many of our folks need. This has not been in the best interests of people who need to maintain relationships with the people who helped them to overcome problems and achieve milestones in their lives.	Jan 30, 2011 10:20 PM
344	Individuals whose behaviors are placing their residency in the community at risk..e.g individuals who have been successfully placed in community settings from restrictive settings, including the DCs. Individuals that would be able to maintain their current residential placement with implementation of the behavioral services, e.g. individuals who are receiving Level Three services, who would not have to move to Level Four services.	Jan 31, 2011 12:00 AM
345	Some parents get paid by the regional center at a higher rate, while my provider has to accept the MediCal rate. Same services should all be reimbursed at the medical rate. Even if the parents coordinate the service.	Jan 31, 2011 1:00 AM
346	Any person with a Regional Center diagnosis that exemplifies concerns relative to problematic behavior, communication, hygiene, or other skills relative to independence.	Jan 31, 2011 2:43 AM
347	All individuals who have behaviorial issues that can endanger themselves or others, or who put themselves at risk of endangerment, should receive these services.	Jan 31, 2011 3:55 AM
348	Regional center employees do not seem to have a clear interpretation of the required use of the behavior consultant and the use of their time. We have heard that the hours are not for writting plans but also not to be used for face to face time with clients. It is confusing to really know what is expected and what is being allowed for. Also, with the cutbacks, this is a great expense as most consultants charge high rates for little service.	Jan 31, 2011 4:08 AM
349	Behavioral intervention for parents, and teachers in the classroom, is imperative. It may sound old-school, but the successes with teaching children with special needs the basics of contolling their behavior - how to sit, how to listen, how to "not hit", etc., is imperative in preparing these students for life in society. At a more speciifc level, concept analysis, shaping successive approximations of target behavior, and fading techniques of the old-school behaviorists provides these kids with tools to integrate into more normative lviing conditions as they age. Regional Centers are central to providing these techniques to parents and caregivers.	Jan 31, 2011 6:28 AM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
350	Children whose behavior prevents them from participating in the more widely available childcare and/or recreational activities should get these services.	Jan 31, 2011 8:18 AM
351	Any individual where a behavior puts safety and health at risk that individual or others.	Jan 31, 2011 2:37 PM
352	Anyone with a spectrum diagnosis Any consumer whose behaviors threaten their ability to remain in the community	Jan 31, 2011 3:06 PM
353	Mental Health services are poorly lacking in our state. So little is provided when so much is needed. Many persons with DD also have a dual diagnosis, that is, they have a mental illness and their developmental disability. Regional Centers are often asked to take on the mental heatlh issue which they are not staffed to direct. Yet, the mental health agencies have no funds to assist these individuals. As a result, the mental healthy industry refers them back to the Regional Center System. It really does not work for either. Services that should be used to address disability needs are spent ou mental health issues---everyone looses!!	Jan 31, 2011 3:22 PM
354	Children especially, but maybe some more options for adults because there are still many adults that have severe behavioral challenges.	Jan 31, 2011 3:38 PM
355	If insurance will not cover expense the families could pay a co-pay for therapy similar to the FCPP for respite services.	Jan 31, 2011 3:43 PM
356	Extremely difficult behavior issues, set up parenting classes and have parents attend general parenting class - if not offered in community; do as much as possible in group settings	Jan 31, 2011 3:47 PM
357	BIS should be availble in multiple languages and in multiple locations in the area. Many of my families cannot get to the location wherer they are offered.	Jan 31, 2011 3:48 PM
358	If medication or therapy is required then these services should be provided.	Jan 31, 2011 3:54 PM
359	Those with behavioral difficulties, such as those with Autism Spectrum Disorder, should receive the services. Those with difficulties at home, school, or in social settings should receive the services. Children who are not able to succeed in these settings should receive the services. For example, children who have social communication deficits, aggressive behavior, inability to listen/attend, and those who are not able to relate to others should receive the services. Evaluation by a qualified mental health professional, such as a licensed psychologist or psychiatrist should be mandatory. Because the determination of these deficits is largely based on observational methods (i.e., there are no real standardized tests available for social skill deficits), this evaluation is critical to determine true need. This evaluation should be provided by a therapist OTHER than the proposed treating therapist and should include a school or similar setting observation.	Jan 31, 2011 3:56 PM
360	children under age 10 time limited	Jan 31, 2011 3:58 PM
361	1. Parent education. 2. In home behavioral services if needed to teach adaptive skills and/or behavior management. 3. If behavior continue to be a problem and there is a risk of danger to self or others, in-home behavior services using the wrapapround model. I believe parents should participate in these programs and demonstrate that they have tried to use methods previously taught in parent training. 4. On going parent education.	Jan 31, 2011 4:02 PM
362	In order for a person/ family to receive these services, there must be an identified behavior causing a hinderance to their life. For example, if a child is in school and there is a specific behavior causing the child to not be able to learn or make progress. If there is an adult on a vocational program, there should be an indentified behavior preventing them from working.	Jan 31, 2011 4:03 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
363	Services should be available for families of children with significant needs. Too often we find families with children considered "at risk" receiving many services. These children are fine at 5 yr.	Jan 31, 2011 4:15 PM
364	Children who are mildly to moderately disabled in any manner and under the age of 5.	Jan 31, 2011 4:25 PM
365	I dont think that there should be changes to who receives services at this time. I think that services are provided appropriately to the right populations.	Jan 31, 2011 4:29 PM
366	People who have difficulty controlling their behaviors. For example people who engage in self-injury, aggression, temper tantrums, and property destruction more than one time per week.	Jan 31, 2011 4:33 PM
367	Children and adults who require services as per the Interdisciplinary Team and as stated in the IPP.	Jan 31, 2011 4:33 PM
368	Autistic children and their families.	Jan 31, 2011 4:36 PM
369	All individuals with developmental disabilities should have access to intensive behavior intervention. Parents and care providers should be required to demonstrate skill development prior to the request or authorization of subsequent contracts. Services should be capped at a dollar amount, and once the amount is reached services should end.	Jan 31, 2011 4:45 PM
370	other disabilities besides autism also benefit from behavioral services	Jan 31, 2011 4:58 PM
371	Children, youth, parents and teachers	Jan 31, 2011 4:58 PM
372	Individuals or families of individuals whose behavioral difficulties interfere with participation in home life, self-care, community activities, school activities, or work activities; and particularly where they threaten safety.	Jan 31, 2011 5:00 PM
373	any family requiring intensive behaivorial intervention including young children as it's important to start early to avoid more difficult intervention at a older age. Early intervention equals saving money in a future.	Jan 31, 2011 5:02 PM
374	Any child or adult with behavioral challenges that prevent his or her ability to fully participate in social, vocational activities at home or in the community.	Jan 31, 2011 5:04 PM
375	Current standards are OK. The problem is Administrative Law Judges in fair hearings who award services to children whose disability doesn't rise to the appropriate level of need. Some parents have refused access to a child for evaluation by the RC and then won fair hearings based on testimony of an outside expert witness. Resources are scarce and should be reserved for those with the greatest need.	Jan 31, 2011 5:15 PM
376	Only consumers whose familys are active participants in a home-based behavioral intervention program should receive services.	Jan 31, 2011 5:29 PM
377	It is obvious that those diagnosed in the spectrum have behavioral issues. Interview parents to assess level of need.	Jan 31, 2011 5:29 PM
378	I believe that behavior rating scales indicating significant impacts preventing learning and access along with family stressors should be used as an evaluation tool as to who should qualify for services. Additionally, I believe that barriers and contraints to programming should be addressed by appropriate sources simultaneously to ensure the best outcome such as wraparound/family preservation type services. Diagnoses should not be the only variable in determining need.	Jan 31, 2011 5:33 PM
379	People with dissabilities	Jan 31, 2011 5:40 PM
380	Families and careproviders	Jan 31, 2011 5:42 PM
381	Eligible consumers who have CSC or Clinical dept approval for assessment in behavior services.	Jan 31, 2011 5:47 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
382	screening for children whose expressive communication is less than their receptive communication. Frustration from not being able to express themselves effectively can cause behavioral issues, especially as their environments grow more complex; if at risk for behavioral issues from inability to articulate frustrations, strategies to help parents/caregivers help the child need to be provided as well.	Jan 31, 2011 5:54 PM
383	Persons with dual diagnoses, one of which is a mental health disability, the other is usually Mild or Moderate Mental Retardation. People served are free from violent felony offenses.	Jan 31, 2011 5:54 PM
384	any child or adult with a behavioral issue	Jan 31, 2011 5:54 PM
385	Any child that is diagnosed as mentally disabled that exhibits behavioral problems. This service should follow that individual and his/her family for life. We are discussing individuals that cannot speak for themselves. Mentally disabled individuals may come into adulthood physically but mentally they must be cared for and protected by all, i.e. the government.	Jan 31, 2011 5:56 PM
386	The parent training meeting (16 hours) and the 36 hour child assessment is excessive - many families report that the agencies are not spending that time with the family or child to determine needs but billing for it anyway. There needs to be a checks and balances system.	Jan 31, 2011 6:06 PM
387	All autistic kids regardless of their functioning (low or high functioning) MUST recieve ABA or socila skills group since the behavior and social issues are the main deficit of this disability.	Jan 31, 2011 6:08 PM
388	I would like to see more services for higher functioning young adults.	Jan 31, 2011 6:13 PM
389	For those regional center clients who have disabilities (physical, mental, emotional) and behavioral intervention is necessary.	Jan 31, 2011 6:14 PM
390	Many people with developmental delays have some behavior issues and lack social skills. They need to be able to access some level of behavioral services to live in the community. Eliminating behavioral services for those with severe issues would put those people in institutions.	Jan 31, 2011 6:16 PM
391	-Children under the age of 10, as researched shows decreased effectiveness of IBI services for children above 8 or so. -Children with no MR diagnosis, Autism only -Families who can implement and are willing to do so outside of sessions.	Jan 31, 2011 6:16 PM
392	Consumers with behaviors that has been identified by Psychologist as appropriate and can be manage by other interventions	Jan 31, 2011 6:17 PM
393	As required by VMRC now, I feel that it is important to continue to require parents to take the HOBT class or its equivalent prior to implemeting further behavioral services. This serves two purposes 1) To show the parents level of commitment to the services by requring them to put some time in on a weekend (or weeknights) before just automatically assuming they need the more intensive in home services 2) To avoid having to purhcase direct services (in home BIS for example) when some families are able to take away sufficient information and suggestions from the class to implement on thier own.	Jan 31, 2011 6:18 PM
394	The people that should receive these services should be people that do not have this area covered my their medical coverage, but still have a need.	Jan 31, 2011 6:32 PM
395	Limit to persons under the age of 15. Narrow and clearly define eligibility for services - perhaps use CDER scores.	Jan 31, 2011 6:33 PM
396	Children with ASD, ED, ADD/ADHD	Jan 31, 2011 6:43 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
397	Children of any type of disability that impairs a child's ability to moderate their feelings and behavior (including but NOT limited to autism), where the parents are committed to implementing the program, and the child demonstrates the ability to make progress under the program, and where a successful outcome would increase the quality of life for both the consumer and the family of the consumer.	Jan 31, 2011 6:45 PM
398	from birth to death - all people identified with behavioral problems that can become dangerous to themselves and others.	Jan 31, 2011 6:46 PM
399	Behavioral supports should be available for families on a continuum from milder behaviors to more severe. Often troublesome behaviors that emerge at the very youngest ages can be remedied before they escalate into major behavioral issues that threaten the ability of the child to participate in school and other activities. There need to be an array of evidence based and promising practices available which are not limited to strict behavioral methods such a ABA. General parenting classes such as "Incredible Years" which focuses on children with behavioral problems should be available. The "ounce of prevention" approach will save many dollars in the future. Group supports for parents can be effective and for some children may be all that is needed. For other children, intensive one on one is a necessary option.	Jan 31, 2011 6:51 PM
400	Recipients of behavioral services should be at risk of harming themselves, other people, or causing significant property damage due to their behavior. Service provision should not be subject to arbitrary time limits but based on need.	Jan 31, 2011 6:56 PM
401	Any regional center consumer who has behaviors (outside of school) which impair his/her ability to be included in the community or interfers with relationships within the family.	Jan 31, 2011 7:11 PM
402	Services should be provided as a teaching tool for their children with disabilities. A specialist should also work directly with a child for behavior intervention.	Jan 31, 2011 7:13 PM
403	Should only be available to people who are a danger to self or others.	Jan 31, 2011 7:18 PM
404	Parents, family members, caregivers who see behavioral problems AND who are willing to change how they respond to the behavioral problems. Hands-on Behavioral Training for Parents (prerequisit to 1:1 BIS servcie) should be on a DVD that is created by RC staff so that copy-right issue does not exist for duplicating DVD for families.	Jan 31, 2011 7:22 PM
405	Evidence Based behavioral services should be available to all people who receive services throughout the regional center system who are experiencing challenging behaviors. In addition services should be provided to family members to assist in maintenence, transfer, a persistence issues around behavioral objectives. Examples of behaviors appropriate for intervention include but are not limited to: Self injury, severe non compliance, tantrums and aggression, self help skill deficits that limit inclusion, communication limitations, and any repetiore of behaviors that threatens inclusion in the least restrictive environment.	Jan 31, 2011 7:35 PM
406	In-home consultation should be available to all consumers and families, however, this should be time limited. Only families, cargivers who are willing to participate should be offered services. Intensive services for children with autism should only be offered throught the age of 6 and for no longer than 18 months.	Jan 31, 2011 7:46 PM
407	Toddler, preschoolers, school age, young adults and adults with behavioral issues that interfere with learning and functional participation in the school, social and/or work settings.	Jan 31, 2011 8:04 PM
408	autism - retardation - adhd - add - tourette's -	Jan 31, 2011 8:19 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
409	I think that more children with Down syndrome should be given behavioural services. My son started these services when he was 4, and it has made a world of difference. These services were developed for kids with autism, but they also can help our kids with Down syndrome. I know several families that were given parent training rather than behavioural services (they have kids with DS), and I wonder why do kids with autism automatically get serval more hours of of behavioural services and they aren't shuffled off to parent training instead? I have been extremely with the attention California Psych Care has given our child, making sure that the curriculum of ABA training that he receives is modified for his learning abilities, and he has EXCELLED, in his behaviours.	Jan 31, 2011 8:39 PM
410	Clients and parents who's behavior interferes with daily functioning. Parents who do not know how to get their child to do what is needed.	Jan 31, 2011 8:39 PM
411	Those who are not covered by early intensive behavior intervention who still require additional support in the areas of behavior managment and other functional living skills that are impeded by behavior problems.	Jan 31, 2011 8:40 PM
412	Only U.S. citizens should be eligible for any SDRC services, as long as they pay taxes. The provision of services to illegals or non tax-paying residents is creating a greater deficit.	Jan 31, 2011 8:41 PM
413	Clients who live in ICF/DDH or ICF/DDN facilities who are having behavior issues that affect their quality of life or could lead to loss of placement would benefit from services. Client behaviors that need to be addressed include: harm to self, harm to others, safety while transporting to and from day programs or medical appointments, property destruction, grief management, fear and anxiety issues. Services should be tailored to the developmentally disabled population. Mental health services which are often offered through the county are not consistently offered to our population and they have the potential to be detrimental if someone does not understand the differences between MI and DD.	Jan 31, 2011 8:46 PM
414	Behavioral services should not be provided at Regional Center expense for young children under the age of six(with the exception of children with Autism, single parents with more than one disabled child, children of disabled parent(s) and any other group who meets a pre-determined exception criteria).	Jan 31, 2011 8:49 PM
415	I think any consumer and their family members should be able to receive behavior services. I do not think that consumers who have a diagnosis of autism are the only ones able to receive intensive in home ABA programs.	Jan 31, 2011 8:52 PM
416	Only most severe	Jan 31, 2011 9:06 PM
417	All children diagnosed with Autism should receive these services.	Jan 31, 2011 9:07 PM
418	Behavioral services should be received by consumers who have self-injurious behaviors, or who are physically aggressive towards others or who are destructive of property. Self-injurious behaviors, in particular, need to be promptly addressed to prevent escalation of those behaviors.	Jan 31, 2011 9:13 PM
419	Anyone with developmental disabilities who has this identified in as a ned in their IPP	Jan 31, 2011 9:20 PM
420	Any person that has been diagnosed with a condition that is impairing their ability to function successfully in home, community or school.	Jan 31, 2011 9:31 PM
421	Clear guidelines with expectations for parents and provider. Use qualified agencies with qualified staff. Length of service guidelines are positive to help people understand this is not a "forever" program. Consider share of cost or co-pay based on income.	Jan 31, 2011 9:36 PM
422	Bridging the under 23 educational individual to adult services. Providing readiness skills early and often so the transition to adult is not a failure	Jan 31, 2011 9:51 PM
423	I oppose statewide purchase of service "standards"	Jan 31, 2011 9:54 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
424	Children whose parents have undergone parenting education and are following what they learned and despite this, their child still has behavioural issues that they are not able to control which affect him or others in his environment adversely. Parent ed should include correct diet as some diets affect behaviors ie too much sugar.	Jan 31, 2011 9:55 PM
425	Consumers in conjunction with their parents, not seperate	Jan 31, 2011 10:11 PM
426	More efficient training programs (such as DVDs or tapes) for parents and care providers is needed, especially to reduce the cost of way-too-expensive behavioral services. For example, a child with autism might receive 25 hours per week of early intervention (i.e., IABA) at a cost of $50.00 per hour!! Many of the behavioral vendors hire college kids to perform the service, pay them a mere pittance, and pocket the difference. My wife, who was a therapist, recommended using the DVD "Magic 1-2-3" to teach parents and care providers effective behavioral strategies without spending a fortune.	Jan 31, 2011 10:14 PM
427	Children and adults who can not function in normal day to day environments due to behavioral issues i.e. school, day programs, social events, etc.	Jan 31, 2011 10:14 PM
428	Children and teens.	Jan 31, 2011 10:14 PM
429	Those who have a need and can not afford otherwise	Jan 31, 2011 10:18 PM
430	consultation with specialists	Jan 31, 2011 10:20 PM
431	individuals on psychotropic medications individuals living in residential care setting where placement is in jeopardy due to behavioral concerns indivduals with behavior programs	Jan 31, 2011 10:32 PM
432	Anyone who needs them should receive them.	Jan 31, 2011 10:35 PM
433	consumers who demonstrate a need for services due to aggressive/disruptive/self-injurious behaviors.	Jan 31, 2011 10:38 PM
434	persons who have challenges with interaction with peers or the community at large to such an extent that intervention is warranted.	Jan 31, 2011 10:38 PM
435	A regional center consumer who's behavior challenges are effecting thier opportunities to particpatpe in typical family and community activities	Jan 31, 2011 10:58 PM
436	Children who can not access services through any other source (children age 12 months to 3 years). Also anyone who has a significant behavioral concern that the SC can not offer suggestions for.	Jan 31, 2011 11:00 PM
437	People with developmental disablities	Jan 31, 2011 11:13 PM
438	I actually thought that parents were required to attend a training before their child could receive Behavioral Services including ABA therapy. I was told that ABA was excluded from the parent training requirement. I REALLY think that the parent training requirement SHOULD APPLY to families pursuing ABA or other autism interventions. These interventions are particularly expensive and the family should be committed to the reinforcement and consistent implementation of ALL behavioral strategies.	Jan 31, 2011 11:29 PM
439	Anyone who has been approved for regional center services and deemed by those professionals to benefit from behavioral services i.e. autism).	Jan 31, 2011 11:37 PM
440	all to often, parents use Behaviorl services as a time to do other things and often do not participate in the sessions. No real parent training is provided. Why 40 hours?	Jan 31, 2011 11:40 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
441	Individuals dually diagnosed can benefit from these services, also for those who resort to exhibiting behaviors as a means of communication or expression of feelings, wants and needs. Some behaviors may include aggression to self and others, property destruction or tantrums. Use of good behavior intervention plans will definitely help[the individual's support circle including the family, residential placement, and day program.	Jan 31, 2011 11:43 PM
442	Evaluation and Assessment should be done seperate. Providers should not have a tier approach to funding (i.e. ABA) as some cost more than other programs that are one cost. Behavioralist should have a clause about advocacy and conflict of interest/dual roles with families and school district. Families should have a training with out direct services to understand their role and participatiuon.	Jan 31, 2011 11:43 PM
443	All clients who need services should be served, their caregivers and guardians if needed.	Jan 31, 2011 11:44 PM
444	Any consumer for which it is appropriate.	Jan 31, 2011 11:52 PM
445	These services should be available for intensive intervention up to age 6 and for temporary periods during times of transition or crisis in the life of consumers. These services should also be available on a consultation basis for consumers and family members throughout the life span either at 2-4 hours per month of for a short-term evaluation, consultation, and follow-up. Availability of specific services should be determined by parent choice within guideline regarding the intensity of available services.	Jan 31, 2011 11:53 PM
446	consumers with developmental disabilites who erquire behavioral intervention due to aggression, self-abuse, and emotional disorders.	Feb 1, 2011 12:02 AM
447	All disabled children.	Feb 1, 2011 12:03 AM
448	Families need to be involved with at least 50-75% particpation in all servicve hours. If family is not iviolved then the same "old" instruction methods and interaction styles will persist and hinder the child's progress.	Feb 1, 2011 12:07 AM
449	Any one eligible for the service. Not just children with Autism	Feb 1, 2011 12:13 AM
450	Adults with Autism who have aggressive behaviors should be able to access this service. Providers who training in Behavioral Services (out side of the standard ABA) such as TEEACH should also be vendored for Autism Beh interventists by Regional Centers. ABA to remain main standard for children under 5 years with Autism.	Feb 1, 2011 12:32 AM
451	Parents and family members who support children with disabilities, so that they can learn strategies and techniques for helping and guiding children to optimal functioning. For example, toilet training behavioral techniques for children with mental disabilities to overcome incontinence.	Feb 1, 2011 12:47 AM
452	Children whose behaviors put child at risk for injury or placement out of the home. Adults whose behaviors put them at risk for injury, police involvement/prosecution, or risk/danger to others.	Feb 1, 2011 1:10 AM
453	Children with behavioral issues that are related to their diagnosis, such as Austism, bipolar d/o, etc...	Feb 1, 2011 1:11 AM
454	All autistic children!	Feb 1, 2011 1:12 AM
455	g	Feb 1, 2011 1:12 AM
456	n/a	Feb 1, 2011 1:20 AM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
457	It has been proven that children who recieve early intervention services with spectrum disorders are becoming fully functioning members of society and many of these children are able to go into schools with general education with limited special educational services, and are able to later in life hold jobs, and live independantly etc with out being a further burden on the tax payer or society in general. It is important that services need to be maintained in areas that with intensive intervention children/clients are able to "recover". Two of my three son's now according to ed code, no longer meet the definition of "autism" due to intensive intervention durirng ages 21/2-6yrs old. They both are "autistic" and take medications etc to help control issues of impulsivity, anger, depression, increasing the brain functions to the language cortex as well as continued behavioral therapy as we go as needed. But my children talk, my children act(most of the time) vary similary to their respective peers. Both of them scored in the top 95% or better on California State Standardized Testing for their respective grade levels. Early intervention services work, and should be increased not cut! For every $$$$ spent on early intervention for autism= $5 as a child Gr.1-3, $12 as a child goes through Gr.4-8, and in HS a child that has not had early intervention and behavioral services, speech etc... can cost up to $45. Not to mention the drain that many of these individuals are on services as adults, unable to care/be employed, etc... hundreds of thousands over the years of their life!	Feb 1, 2011 1:20 AM
458	1. Parents would benefit from behavioral modification techniques for managing those with ASD or other disabilities(Young or adult). 2. B@C home's employees do benefit from education re these disabilities. 3. For those who communicate, psych intervention can help them deal with their disabilities in a healthy manner	Feb 1, 2011 1:34 AM
459	If client needs the service	Feb 1, 2011 1:51 AM
460	children with autism, starting at age 2, who have an IQ of 60 or more, can benefit significantly from these teaching approaches. If IQ not measurable, then developmental scales must be used to assess child's potential to benefit from ABA/Behavioral Interventions. Backed by research and evidence derived from over 1000 studies, it is well documented that children can benefit from early and intensive interventions to improve and learn adaptive, communication, social and behavior management skills necessary to function.	Feb 1, 2011 1:59 AM
461	Autism Spectrum Kids	Feb 1, 2011 2:26 AM
462	behavioral services for young children with autism, or infant suspected of being on the spectrum should have a strong parent education component.	Feb 1, 2011 2:58 AM
463	Behavioral Services should be based on individual and family need rather than diagnosis. Behavioral Services should be provided only when the child's behavior is deemed to be well outside of what is considered developmentally expected for a child of the child's age who does not have a disability.	Feb 1, 2011 3:39 AM
464	While Behavior Intervention Services are available to the autism population through regional centers, the Asperger's population can have significant behavioral issues - oftentimes involving aggression - which needs to be addressed. Families dealing with Asperger's Syndrome - or other PDD diagnoses - should have access to appropriate behavioral intervention services. There should be no age limit, and no geographical location limit. For example, if a needed service is not available in a client's regional center catchment area, but is available in another regional center's catchment area, they should not be blocked from accessing the needed services.	Feb 1, 2011 3:55 AM
465	I believe that these services are necessary but individuals should be screened prior to getting services	Feb 1, 2011 4:50 AM
466	Early Intensive Behavioral Intervention Services should be available to anyone from birth to 18	Feb 1, 2011 4:52 AM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
467	Very important to Consumers all ages who have behaviors, especially if they have never been known to a Regional Center, therefore, a cut off on age should not be established.	Feb 1, 2011 4:57 AM
468	All individuals who are affected negatively by the disability as well as their family,	Feb 1, 2011 5:00 AM
469	All who need it especally birth to middle school	Feb 1, 2011 5:07 AM
470	Children who need extra guidance in functioning in their environment, ex: home, school, & social settings.	Feb 1, 2011 5:17 AM
471	I believe that families with children with behavior problems who are regional center clients should be eligible for these services. However, I do not believe they should be used as the default first service and I believe that those completing the assessment should evaluate the clients need to determine what format would be the most effective. We receive referrals for assessments for a specific format-- in home parent training (NLACRC)/behavior modification parent conslutation (BMPC); regional centers such as RCOC and SGPRC allow the behavior analysts to evaluate the needs and home envrionment to determine the best fit for the client and family. Many times in other regional centers service coordinators without clinical training are makings these referal decisions.	Feb 1, 2011 5:20 AM
472	Adults and Children who do not have a mental health diagnosis.	Feb 1, 2011 5:35 AM
473	The teachers of the consumers need training along with the parents in order to provide behavioral services for both adult and early start programs.	Feb 1, 2011 5:38 AM
474	those with any disability that requires behavioral support so an individual can live life on life terms.	Feb 1, 2011 5:49 AM
475	ABA therapy for children with autism. ABA training for parents as well.	Feb 1, 2011 6:21 AM
476	Once a child has been evaluated, and they show any form of delay or with drawal it should be addressed immediatley. Submit to insurance first, and if denied assistance should be provided.	Feb 1, 2011 6:42 AM
477	Behavior Services or BCBA required providers are completely over-rated and over-priced. Regional centers are contracted with these certificated personnel who bill for services that range from 60-100 dollars per hour to provide intervention services. I recommend DDS re-evaluate whether behavior intervention services can better be provided by an LCSW, Psychologist, MFT, Masters level professionals. This required service is a complete racket. The billing in most regional centers for behavior intervention services far outpace all other services. DDS should ask for more provider input and how they can fix the budget.	Feb 1, 2011 7:03 AM
478	Children diagnosed with autism or in the spectrum and their parents.	Feb 1, 2011 7:21 AM
479	Clients that are unable to or unaware of their behaviors & the affect they have on others need Bmod. Those clients who are not quite able to 'fit in' with the general population would benefit from bmod programs geared toward social etiquette & awareness. Age should not be a boundary as many clients continue to grow & develop after they reach the traditional age of majority.	Feb 1, 2011 7:23 AM
480	Children identified by professionals as being at risk for significant behavioral maladjustment, such as for adjustment disorders such as failure to thrive and attachment disorders, autism spectrum disorders, oppositional defiant disorders, asocial behaviors, and conduct disorders.	Feb 1, 2011 8:01 AM
481	The standard should be based on income and accessibility. people who have children who need these services and without them the children would grow up to have a negative impact on society. These people have limited income and could not afford the help otherwise.	Feb 1, 2011 8:14 AM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
482	All parents of developmentally disabled children should pass a qualification test of some type before behavioral services can be provided. The test would be basic, intended to determine a basic level of understanding of the goals of services, likely ability to follow behavioral programming, and level of commitment to participate in the training and carry it out.	Feb 1, 2011 8:21 AM
483	All levels of homes should receive access to a behavior therapist for questions in behavior modification models.	Feb 1, 2011 9:25 AM
484	high risk, devlop delay, those with known behavior problems	Feb 1, 2011 10:33 AM
485	Any consumer that is showing any behaviors that are related to safety and communication. I also believe that behavior that is repetitive, atypical and inappropriate should be addressed.	Feb 1, 2011 4:04 PM
486	I suggest that ALL forms of the ASD be covered, not just classic Autism. PDD-NOS and Aspergers are forms of High Functioning Autism, that can be helped the most in my opinion, as both of my children are diagnosed with mod/high functioning autism and are recieving such services. Behavior problems do not end just because the kids are not classic autism, all forms of autism have behavior problems, wether they stem from sensory disorders like my son or severe speech delays like my daughter.	Feb 1, 2011 4:04 PM
487	Regional Center consumer with significant behavioral challenges and training specifically designed for parents and care givers.	Feb 1, 2011 4:07 PM
488	Early intervention for kids saves money later on and helps preserve family units who typically have a high divorce rate	Feb 1, 2011 4:14 PM
489	Individuals who have a documented history of severe behavioral problems and could not otherwise access the activities of daily living without the use of behavioral supports and services.	Feb 1, 2011 4:38 PM
490	Individuals who could not be maintained in the community without the service. The only other alternative is institutionalization.	Feb 1, 2011 4:45 PM
491	Further Cuts in this area will endanger the health adn safety of adults with disabilities who are living in the community	Feb 1, 2011 4:59 PM
492	any person who suffers from social, emotional, behavior issues due to developmental delay	Feb 1, 2011 5:10 PM
493	Anyone eligible for the Regional Center system under Title 17 should receive these services with a co-payment from the consumer either from a trust fund, family funds, inheritance, etc. I feel strongly that services purchased by the RC system should be augmented the family in some form. Whenever one has to put forth their own money, there is more credibility and responsibility.	Feb 1, 2011 5:21 PM
494	Our focus should be broad with a focus on early identification within the first year. This is where we can change neurology to reduce the long term effects of Autism. ALso younger children need less intensive intervention to show benefit. It is cost effective to focus on parent training for infants and use developmental models like DIR /floortime and Project Impact. Floortime also provides mental health support which is critical for parents who are dealing with a new baby, the shock of a diagnosis and vacilate in their readiness for intervention. Continuing support is needed at the mental health level and respite to help families make it through this life time challenge. SO if I was going to focus on who it would be; infancy and toddlers, ongoing mental health support, respite and parent training through the life span.	Feb 1, 2011 5:22 PM
495	Applied Behavior and mental health couseling are absolutely necessary for my daughter to be able to cope with the world	Feb 1, 2011 5:25 PM
496	Consumers that are in any level 4 home should be receiving weekly behavior services.	Feb 1, 2011 5:36 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
497	all consumers with or without evaluations but who need intervention no matter how severe the behaviors are, should not have to wait too long to have access to a trained behavior specialist. Priority should be based on severity as determined by a "triage" person at the time of need. After-hours response are not always available like they used to.	Feb 1, 2011 5:46 PM
498	My son rieves 20 hours a week of ABA from the reginal center. I have been told he really needs more hours to see progess in his disease. Our family would be in complete shambles without the aid of the reginal center	Feb 1, 2011 5:47 PM
499	people who could benefit from proactive help prior to a crisis occuring later; children and adults	Feb 1, 2011 6:03 PM
500	Arrangements should be made for ocassional behavior supprots to be available to residents of level 2&3 facilities to get someone through a temporary crisis. This way a change in residence and care level is not change for a temporary situation. A level of care needs to be defined for those whose beahvior support needs are met mostly by staff attention. Not all people in level 4 homes need behaviro consulting they just need more staff attention or options for individual activities. Staffing ratios at the level 3 & 2 homes do not meet those needs but once at level 4 ratios behaviros improve significantly. This could be done at a savings to the department.	Feb 1, 2011 6:03 PM
501	Service standards for behavioral services should service the people that have severe behaviors and any parent who believes that they themselves need training to better their family.	Feb 1, 2011 6:16 PM
502	all consumers who need this.	Feb 1, 2011 6:17 PM
503	Anyone who has exhibited a need for these services or is receiving them and has data to show its effectiveness.	Feb 1, 2011 6:28 PM
504	Mentally ill and compromised. I know many who are not getting the services they need prior to these budget cuts, they are facing asylums. Much cheaper to keep them in their own homes even with a few extra services. And anyone who is willing to educate themselves need to be about to have resources avaible. As a community this is necessary.	Feb 1, 2011 6:32 PM
505	these services should be available to all individuals needing teh services.	Feb 1, 2011 6:42 PM
506	Purchase of service limits is more appropriate name than standards	Feb 1, 2011 6:42 PM
507	People at risk of moving to a more restrictive setting	Feb 1, 2011 6:49 PM
508	Having a behavioral plan put in place at an early stage is vital to a child's future. My son was violent and did not know how to express himself. With the behavioral services he received when he was a small child has made all the difference in the world. I knew the behavioral services were making difference when during a halloween parade at school my son went up to another child to touch his purple wig and the child turned around and started hitting my child. My child was upset, but he did not hurt the other child.	Feb 1, 2011 6:52 PM
509	Individuals whose behaviors are interfering with their ability to live, work and play safely in their family homes or in their community based lviing arrangement.	Feb 1, 2011 7:07 PM
510	Anyone who needs these services should receive them. When a consumer is having a hard time dealing with their feelings a behavior and this is affecting their life in a negative way then they should be able to receive the services of a Behaviorist.	Feb 1, 2011 7:12 PM
511	Those that are currently dependent on the State funding for their life support should be the last to be cut as they have no possible way to support themselves in any other way.	Feb 1, 2011 7:20 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
512	Should be available to all that show BEHAVIORAL issues that impact the consumer's success in home and community areas of life. Should teach parents and caregivers how to deal effectively with the behaviors. Behavioral issues are maladaptive responses to life.	Feb 1, 2011 7:30 PM
513	The following feedback is for children over the age of 3 no longer in the Early Start Program: Any child with behavior deficits should be entitled to receive the services. However, there should be a limit on the frequency and on the duration of the services. There should also be a limit on how many times the same child has access to the services once services have terminated.	Feb 1, 2011 7:34 PM
514	In my opinion, any child or adult who has constrictions related to processing, regulation, development, emotion should benefit from DIR/Floortime services. This support can not only have impact upon the quality of life for the recipient, but for the community they live in.	Feb 1, 2011 7:34 PM
515	I believe that anyone in need of these services should receive them. Current requirements seem sufficient, but I don't believe these should be restricted more than they are right now. Perhaps a more comprehensive look at income should be considered when evaluating qualifications. There are a great number of families with incomes that are still insufficient for providing the expensive services necessary for their children. I believe that if this was evaluated more carefully - also taking into account the expenses of the average family that it may become more apparent how large this problem is becoming.	Feb 1, 2011 7:36 PM
516	Developmentally disabled and caregivers	Feb 1, 2011 7:39 PM
517	All the community Board and Care home must have R.N. & Psy Tech. No need for psycholgis. All regional center directors or CEO should not be psychologists, Most US psychologists have mental or emotional probles.	Feb 1, 2011 7:45 PM
518	"Purchase of Service Limits" is a more appropriate name than "standards."	Feb 1, 2011 7:50 PM
519	There is a lot of push from ABA providers that behavioral services need to be intensive (more that 10 hours per week) and that they need to be provided one to one with the child (this is after an EIBI program has already been provided). ABA providers are also pushing for intensive behaviorally based prgramming for adaptie skills training for children and teens regardless of diagnosis. I don't know of any state who is doing this and I reserach this all the time. Moreover, they have no criteria for exit. Therefore, as long as the client has adaptive deficits they will continue services. Therefore, these have become life long services. The intensity is increased because there is a claim that the provider is working on 10-12 behavior deficits and behavior excesses at one time and therefore needs more hours one to one with the client. These programs are not working and they are draining the system. They will move from behavioral services (620/612/615 service codes) to adaptive skills and social skills. They must be looked at carefully and defined. All ABA based programs should be defined. For instance is an ABA based program addressing behavioral deficits (i.e., lack of toilet training or communication skills) a behavioral program or an adaptive skills program?	Feb 1, 2011 7:53 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
520	Behavioral Intervention is useful not just for children with Autism Spectrum Disorders, but also children who are intellectually disabled (which children with ASD are often misdiagnosed as) or emotionally disturbed. If behavioral concerns are present, then ABA services should be provided to a family, regardless of the child's diagnosis. No child should slip through the cracks due to an incorrect or "incompatible" diagnosis. Also, when a child currently in an ABA program is failing to acquisition goals as expected, instead of pulling program from this child, the intensity should be increased or a secondary diagnosis should be looked into (undiagnosed seizure disorders can seriously impede progress). NO CHILD SHOULD SLIP THROUGH THE CRACKS.	Feb 1, 2011 8:01 PM
521	People who exhibit behaviors that are harmful to themselves or others. People who exhibit behaviors that will likely beome barriers to them being accepted in the community or to hold a job.	Feb 1, 2011 8:01 PM
522	Any regional center client that exhibits poor social interactions. Are prone to anger, aggression, stealing, lying, faking symptoms of any kind. awol, uncontrolable emotions, e tc.	Feb 1, 2011 8:07 PM
523	Children diagnosed with Autism Spectrum Disorder, Sensory Integration Disorder, Processing Disorder	Feb 1, 2011 8:11 PM
524	Consumers with aggressive behaviors.	Feb 1, 2011 8:36 PM
525	Those children who have been diagnosed with autism spectrum disorder or similar disability.	Feb 1, 2011 8:39 PM
526	Services should be provided on a case by case basis according the each individual clients unique situation. Early intensive behaviorial services, in our experience as parents with two young adults with Autism, have been extremely important. The longer the inappropriate behaviors are not dealt with by professionals, the more these behaviors become "habit", as in automatic reactions instread of more socially appropriate behaviors. I wish we had thse services available to us when our daughter, who has intense behavioral issues, was 3 or 4 years old. The parents absolutely need to be trained, follow through, but the services ending should be determined by how much progress the individual is making, not a blanket time limit of 2, 3, 4 months. Every human being deserves to meet their full potential in order to function appropriately in society which in so many cases can and will happen.	Feb 1, 2011 9:05 PM
527	any individiual who exhibits a behavior that prevents typical functioning, and/or places the individual and/or others at risk of safety.	Feb 1, 2011 9:11 PM
528	All people whose IPP currently identify the service as a need, and those that follow with similar issue, should be eligible.	Feb 1, 2011 9:11 PM
529	1) "Purchase of Service Limits" is a more appropriate name than "standards." 2) We oppose statewide purchase of service "standards." 3) There is no "one size fits all" solution. Purchase of service standards for each individual are defined by the IPP. 4) For questions 3 & 4: These standards already exist. 5) "Up to but not to exceed the cost to house one individual in a Developmental Center."	Feb 1, 2011 9:13 PM
530	"Purchase of Service Limits" is a more appropriate name than "standards."	Feb 1, 2011 9:16 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
531	Everyone should have the right to receive these types of services, especially those with children identified with maladaptive behaviors. Prevention at the earlist stage is crucial to developing basic fundalmental strategies to prevent Intense on going behavioral needs when they become adults. Parents equiped with this knowledge will also prevent re-occuring need for intsense behavioral services moving into the adolescent stage in thier life.	Feb 1, 2011 9:17 PM
532	Current service standards are appropriate	Feb 1, 2011 9:22 PM
533	LARC does not provide behavioral services.	Feb 1, 2011 9:25 PM
534	Any consumer of Regional Centers who would benefit from evidence based behavior analytic methods of shaping behavior and learning skills so they may maximize their cognitive and independent functioning. It should NOT be limited by age, and it also should NOT be limited to redirecting negative behavior but teaching all sorts of skills to maximize functioning.	Feb 1, 2011 9:26 PM
535	people with autism must have available these services, as the family doesn't know how to intervene, especially in stressful situations.	Feb 1, 2011 9:32 PM
536	Children and teens	Feb 1, 2011 9:32 PM
537	Any consumer who may benefit, as determined by their IPP, should have access to these services. Additionally, any other service provider who provides services to that individual should receive support and training to make their program or service as accessible as possible for the the consumer who requires behavioral or emotional supports.	Feb 1, 2011 9:41 PM
538	This should always be decided by the consumer and their team. If they are Regional Center Clients the TEAM knows best. This is an individual decision in each case	Feb 1, 2011 9:59 PM
539	All parents beginning an intensive behavioral program for their child All parents beginning early start (so as to avoid future problems and future need for services) Parents with children with behavioral difficulties who have attended a group parent training class and can show that they tried to implement skills but failed.	Feb 1, 2011 10:03 PM
540	Children with difficulty in behaving due to developmental issues which negatively impact on their ability to be successful.	Feb 1, 2011 10:10 PM
541	Program for parents with children with less severe behavioral issues, but more as a result of developmental delay (speech/cognitive). Show by example how to react or discipline certain behaviors, and what is appropriate for children with cognitive delay (i.e., not understanding what the 'wrong' action was, and why being punished).	Feb 1, 2011 10:28 PM
542	I believe there is value in all consumers who need, request and are directed to receive these types of services be eligible. However, I do believe consumers who are deaf/mute or can't participate in the process because of their disability shouldn't, this is clearly a waste of resources and the paperwork need to support the process is redundant and the reports don't show progress or change based on the mental challenges of the consumer. Ex: why should a consumer who is non verbal be required to meet with a psychiatrist quarterly unless there is an opportunity for actual movement pscyhologically.	Feb 1, 2011 10:30 PM
543	NO SERVICES TO ILLEGAL ALIENS. YOU ARE USING MY TAX DOLLARS.	Feb 1, 2011 10:31 PM
544	My son receives this service and needs to continue to receive it. Behavioral therapy (ABA) has helped my son tremendously. I do not know where he would be if he didn't receive this service. He has a long ways to go developmentally, socially, intellectually, but he is in a much better place today having had this service. My son is autistic and NEEDS this service to become an independent adult one day.	Feb 1, 2011 10:35 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
545	Individuals who are living outside their family's home (i.e., independently, not in a "group home" or institution) should be able to get these services. See question 3.	Feb 1, 2011 10:37 PM
546	Children and adults who have difficulty showing and understanding of correct behaviors/feelings. Stories, community outings, and imaginative play.	Feb 1, 2011 10:39 PM
547	We should not be providing services to illegal immigrants. They are tax payer funds.	Feb 1, 2011 10:46 PM
548	All children under the age of three with a diagnosis of autism need these services. Children without autism or substantial (2 SD delay) developmental delays need this help if the problems are cause significant functional impairment (such as SIB of <70, even if higher cognitive /developmental scores). Most important is to continue services out of school for impairments for eligible children that occur in the home and community, as these are not addressed adequately in IEPs and 504 plans. Children with significant behavior problems that do not qualify for mental health support due to their autism diagnosis need Regional Center supported behavior / emotional treatments.	Feb 1, 2011 10:51 PM
549	It should be children.	Feb 1, 2011 10:53 PM
550	SOME ONE IN WORK TRAINING	Feb 1, 2011 10:59 PM
551	I have a child with autism who started to receive intensive behavior services at 2 1/2 years of age. The only result of these services were increased rigidity, aggressiveness and perseverative behaviors. It was not until my child started to receive speech and occupational therapies that real progress was seen. Both these therapist used a developmental approach and started to see his perseverative behaviors as my child's way of dealing with overwhelming sensory input. Instead of trying to get rid of his behaviors, they recognized these signals as his way of communicating his anxiety. In contrast to ABA in which the therapist decided what my child would learn and how he was going to learn the skill, ST and OT therapist followed my child's interested while recognizing his sensory needs and challenged him to learn new skills through naturalistic experiences. This is when my child started to look at me in the eyes and connect with me for the first time in his life.	Feb 1, 2011 11:01 PM
552	Those that are not able to function appropriately in the public setting in a social acceptable manner	Feb 1, 2011 11:11 PM
553	Clients with developmental disabilites that will span their life time.	Feb 1, 2011 11:11 PM
554	Children and young adults with disabilities.	Feb 1, 2011 11:14 PM
555	All people with developmental disabilities should be assisted with behavioral services as needed and for as long as needed as they may be more likely to suffer with behavioral issues that may impact their functioning, mental health and success as human beings. People with developmental disabilities are born with many disadvantages and it is only morally right as a civilized society to provide for the disabled and disadvantaged citizens.	Feb 1, 2011 11:24 PM
556	Parent or staff (if in group home) training and support for clients with behavioral issues should be frequent and on-going.	Feb 1, 2011 11:33 PM
557	Idividauls with extensive behaviorall needs such as aggression, and self abuse.	Feb 1, 2011 11:38 PM
558	My suggestions have all ready been given to Senator Bill Emmerson, I do believe that all Regional Centers should be closed and the money saved should be given to the child that is in need of services.	Feb 1, 2011 11:38 PM
559	These services are so very vital to persons with Autism that I feel they need to be purchased on a case by case basis. Goals and objectives need to be written every year and the service provider follow the goals and work toward achieving these goal. This is a life long process for ASD clients. This burden should not be placed on caregivers.....unless the said caregiver is a BCBA or a PhD.	Feb 1, 2011 11:39 PM
560	All those who need it. Those diagnosed with development delays.	Feb 1, 2011 11:44 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
561	Consumers that need behavioral intervention and supports. Consumers with Autism have benefited greatly from behavioral services.	Feb 1, 2011 11:58 PM
562	Services should be provided in home where the child is most comfortable.	Feb 2, 2011 12:00 AM
563	Parents/family members who are committed to using the service. Having parents attend a group behavior training before providing in home behavioral services should be strongly enforced. The person leading the group should provide some feedback to service coordinators which would include parent participation and commitment to determine whether an in home behavior program would be a good use of public funds.	Feb 2, 2011 12:09 AM
564	Not sure	Feb 2, 2011 12:09 AM
565	Every ABA provider should do an FBA assessment under a doctoral degree or Phd level and all the provider should do the Abble assessment to determine appropriate goals for the child. The parent should be involved in process. If parent wants to pay by the insurance it should be directly between parent and the provider the RC should not be involved. The provider should allow to video tape a session if they think the provider is doing some thing wrong. It should not delayed or rejected by the provider or agency. The goals has to be stated in the IPP and the parent should be involved because they know their child more than any one else. The RC should not tell the parents that the agency is making the right decision for their child b/'c they pay them and they are the professional not the mom's.	Feb 2, 2011 12:21 AM
566	All customers who have been diagnosed with PPD-NOS, or Autism Spectrum Disorders or any behavioral issuues should be able to receive services to deal with their feelings and behaviors. The servicfes should not stop if a customer is an adult. Services should be re-evaluated if the customer had services a year prior.	Feb 2, 2011 12:22 AM
567	I think a huge amount of money is wasted on EIBI. We need to find ways to provide meaningful early intervention for about $25k a year per child. I have seen hundreds of thousands of dollars wasted on EIBI services that produced no or little discernible improvement in children with autism and related disorders. EIBI (particularly the sham known as ABA) has become a lucrative industry with very, very a strong lobby but little science to back it. Parents should be able to hire and train their own help at home -- using a variety of interventions, as may be appropriate for the individual child -- for about $15-$20 per hour, plus additional consulting help. Right now, early intervention programs cost 4 times more than they should because of agency mark-ups and the huge amount of time wasted on data (usually showing how little progress the child has made).	Feb 2, 2011 12:22 AM
568	When a parent has their child diagnosed with Down Syndrome, the Regional Center gives a booklet to orient the parents to the challenges that lie ahead. In that booklet, they cite the seminal work of Marci J. Hanson, Ph.D. which showed that teaching the parents how to behaviorally instruct their children to reach developmental milestones on time. What is not included is written instructions on how to behaviorally instruct the children. As a psychologist who focuses on these issues, I'm stunned that there is no guidance. At the very least, every parent should receive the training outlined in Dr. Hanson's book, "Teaching Your Down Syndrome Infant." While that book is out of print, it is now public domain, and the expense of photocopying the book would be minimal compared to buying copies for every parent. The book very clearly gives precise behavioral interventions that have statistically significant results. Why are regional center specialists not required to provide this therapy?	Feb 2, 2011 12:26 AM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
569	As the parent of an adult consumer with severe behavioral issues, I would like to see more information available, whether it be access to written information or workshops/seminars, etc. that deal with strategies for dealing with consumer behaviors. There is a wealth of information related to how to deal with children w/dd issues and related behaviors, but the information is not available related to adults.	Feb 2, 2011 12:42 AM
570	Those who are diagnosed with a neurological disease ie ADHD/ADD, Autism, mental retardation, depression etc.	Feb 2, 2011 12:54 AM
571	1. Families who understand the service and their participation./role. .	Feb 2, 2011 1:15 AM
572	Behavioral services should be provided by the Department Of Behavioral Health, not by Regional Center.	Feb 2, 2011 1:42 AM
573	Behavioral services a lot of times need consultation with specialists, also training for consumers & parents so that service needs to be available. Who should receive these -- the people who need them.	Feb 2, 2011 1:48 AM
574	those who would benefit, and those who professionals think would benefit.	Feb 2, 2011 2:17 AM
575	Children that show benefits from therapy/treatment. The younger the better for early intervention.	Feb 2, 2011 2:27 AM
576	Only families who will be critiqued or tested for follow through on the instructions	Feb 2, 2011 2:36 AM
577	All children with behavioral challenges. I feel and have seen the difference it makes in all of our clients, as young as 2 and as old as 14. I feel that we have helped them gain some independence for themselves and their families. I cant imagine what they would have done with out the support and training they received through behavioral services.	Feb 2, 2011 2:38 AM
578	Those who qualify for services under the Lanterman Act. Also, although may already qualify by these standards: - those with developmental delays that have goal areas in any of the developmental domains and areas whereby goal attainment would allow them to access less restricted environments/communities (e.g. access eductional programs, integrate socially in their communities, improve daily living skills, social skills that help them have access to future employement. - -those with developmental delays OR qualifying diagnosis (i.e. Cerebral Palsy, Autism, ASD, TBI, other neurodevelopmental disorders) that may have significant deficits OR behavioral excesses that pose challenges in the way of learning, safety, adaptive, and communication skills. - - those with developmental delays OR qualifying diagnosis (i.e. Cerebral Palsy, Autism, ASD, TBI, other neurodevelopmental disorders) that may have significant deficits OR behavioral excesses that pose health and safety risks (i.e. self-injurious behaviors, self-restricted diets, aggression toward others, pica, those who are clinically and dangerously obese). -- those with developmental delays OR qualifying diagnosis (i.e. Cerebral Palsy, Autism, ASD, TBI, other neurodevelopmental disorders) that have historically had or are in danger of having their maladaptive behaviors heavily pharmaceutically managed whereby they are in jeopardy, if not already, being chemically restrained.	Feb 2, 2011 2:41 AM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
579	Any client that has a history of aggressive ongoing behaviors. Service coordinators are not very well versed on what community services are available to assist families in crisis. Law enforcement does not respond when called. There needs to be a procedure and protocal in place when a family/ and or foster family is in the mist of a crisis. Community partners need a convening held to establish best practice when the consumers are non-compliant, destroying personal property, violent, refusing meds, and injurious to self or others. Most importantly for "dual agency" children social workers and service coordinators, and Regional Centers are at a loss when it comes to services foster parents with these children. Foster parents, service coordinators, social workers and representatives from both agency need to be present so they can make decisions refarding services and implementation of these services.	Feb 2, 2011 2:58 AM
580	Let the consumer/parents choose. Let the vendors compete. Close the regional centers. How many duties are performed by county health employees and repeated or duplicated by regional center employees, such as group home visitations. We have been harassed by the regional center with review meetings, and quarterly Individual Program Plan (IPP) meetings. The trailer bills specifies that review meetings could be semi annually - think of the cost savings.	Feb 2, 2011 3:03 AM
581	It is very helpful to learn behavior interventions when children are young and teenage years.	Feb 2, 2011 3:10 AM
582	If a service is requested by the professional assessment team (pyschologists, MD or social worker), the service should be supplied at the level requested without additional assessments. This is especially important in the over 3 age group where behavioral interventions are few and far between.	Feb 2, 2011 3:16 AM
583	These services should be available to any and all individuals who request them.	Feb 2, 2011 3:29 AM
584	I have provided these services so I have first hand knowledge how beneficial these services are. I feel that this service needs to be provided to any family that has a child who's behavior has or could cause harm to himself or to others. These services should also be provided if a parent or guardian needs training to address the behavior. These services can keep a child in the home, out of the criminal system, & prevent being alienated by peers.	Feb 2, 2011 3:39 AM
585	As a taxpayer and the mother of a child recieving services, I feel the services should be individualized to meet the needs of the individual. There are times when my child needs more help and times when I am able to manage more on my own, depending on the health issues, and disturbances caused by medication changes,seizure activity, regression, etc, that my child is experiencing. As my child's behavior can vary and a medicaion change or prolonged seizure means the behavioral problems can creep up quickly and unexpectedly, I believe there shouldn't be one sort of test or evaluation process that permanently or even yearly includes or excludes any consumer form these services. I feel that caseworkers should have the ability, the judgement, the commonsense as well as the expertise to assess each child/consumer and their situation and make decisions based on that. This way a child that is eligible and for behavioral intervention and has a quick turn around isn't continuing to recieve services because they were "assigned" for the year or the six month block. At the same time, a child that was functioning fine and suddenly becomes out of control shouldn't have to wait to or go through a rigourous testing and waiting period to recieve desperately needed services.	Feb 2, 2011 3:46 AM
586	Any child on the autism spectrum who is exhibing behaviors that are out of the "normal" response to developmental milestones. While milestones are mostly referred to as early childhood, as a child reaches middle childhood and especially adolescence it is imperative that they are guided while their hormones are again disregulating their actions	Feb 2, 2011 3:47 AM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
587	the people should get the support they need. Especially people with comples issues. the community is so much better and day programs seem to make the most difference. good day programs. rc's know which ones are good	Feb 2, 2011 4:05 AM
588	children and young adults, it seems that if these groups are availed behavioral services sooner than later, it benefits everyone.	Feb 2, 2011 4:08 AM
589	obviously a client who has benn diagnosed by their phycisian to needing the services. of course if the reasoning for the services is dirctly related to there cont care and their disability.	Feb 2, 2011 4:55 AM
590	Children and people with Autism spectrum disorders	Feb 2, 2011 5:17 AM
591	Individuals who have behaviors that are keeping them from participating in their community. Individuals who need help with daily living, self help needs. Individuals who have violent or inappropriate behaviors that becoming taxing on their care givers.	Feb 2, 2011 5:40 AM
592	I know there is no money, but I really think that more kids should be offered more services earlier, and these services should continue through adolescence, not be phased out at 11 or 12, at the latest. Recent brain research suggests that certain parts of the brain are not fully formed until at least age 25, and developmental therapy could be especially useful for those children who have extra trouble with the decision-making process due to sensory-perception or -processing deficits, such as those on the autism spectrum. I have worked in the county jails, and I see a lot pf people who might not have to be there if services were widespread and on-going throughout their childhoods. Investment now through the adolescent and early-adult period would make a huge difference in lots of these kids' lives; if we couldn't figure out a way to pay on our own, our high-functioning ASD child would not be mainstreamed, would not be working up to grade level due to social and sensory-processing deficits, and would have already lost so much of his potential, at age 9. I shudder to think about all the kids like him who were refused services under the older, more inclusive budgeting system and could not afford the services on their own -- what has happened to them? My son is thriving, those kids could be thriving, too -- twenty years from now, more of those kids would have jobs, stable living environments, long-term productive relationships. Don't give up on these kids just because it seems like they are getting "too old" and need different, more adult-oriented therapies. They are still children, especially with the autism-related social deficits -- let them keep learning.	Feb 2, 2011 5:45 AM
593	Children between 3-18 years of age and adults who: - demonstrate behaviors which interfere with their full inclusion in home and community activities, such as aggression, tantrums, or running away - demonstrate behaviors which interfere with social interaction with peers, such as aggression, bossiness and rigidity, or inappropriate gestures or language. - lack the necessary functional skills to attend, engage, and interact warmly in relationships with family and peers - lack the necessary functional skills to sustain social interaction in group activities, such as social problem solving, joining in peer games, and following rules. - lack the necessary functional skills to join in pretend play, engage in creative activities, and use imagination to explore a range of feelings -lack the necessary functional skills to negotiate, consider perspective of others, and use personal values to make reasoned choices. -lack adaptive life skills such as toileting, dressing, and caring for person hygiene and safety.	Feb 2, 2011 5:52 AM
594	Persons who are not able to receive services through their medical or psychiatric provider or who are not adequately supported in modifying their behaviors in the academic setting (i.e., school). This could include children who are on IEPs and the IEP team recommends that the parents receive BSP training to support their child who has a disability.	Feb 2, 2011 5:54 AM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
595	1. EVERY ONE SHOULD BE ALLOWED TO AND CAN BENIFIT FROM RECEIVING GENERAL TRAININGS ON EMOTIONS, COPING SKILLS AND BEHAVIOR FOR ADULTS THIS SHOULD ALSO INCLUDE SEX EDUCATION, ABUSE PREVENTION, STRATAGIES ON COPING WITH DIFFICULT PEOPLE (BULLIES, TEASING, EC..) STRESS MANAGEMENT AND ADVOCACY SKILLS. 2. ANY ONE WHO HAS A HISTORY OF AGRESSIVE/ASSULTIVE BEHAVIOR IN THE LAST YEAR SHOULD BE RECIEVING ADDITIONAL SUPPORTS, INCLUDING BUT NOT LIMITED TO: GROUP OR INDIVIDUAL COUNCLING, TRAININGS AND BEHAVIOR PROGRAMS DESIGNED TO DECREASE/PREVENT FURTHER EPISODES.	Feb 2, 2011 6:01 AM
596	children with diagnosis of autism spectrum disorder who may have deficit of certain behaviors (social, communication, attention) , and or ones with excessive behaviors (aggression, self-stimulatory behaviors).	Feb 2, 2011 6:27 AM
597	any person with a behavioral deficit or excess that impedes their ability to access their home, school, or community.	Feb 2, 2011 6:31 AM
598	I will be blunt in admitting that innumerable children who need services are rejected because of financial setbacks and also qualification standards. In my opinion, anyone who wants help needs help, and should always be accommodated. There are enough people who want to help those in need if only the financial resources were available.	Feb 2, 2011 7:56 AM
599	A team decision that includes appropriately qualified professionals who do not have an interest in the outcome either way. This means Regional Center staff should not be involved.	Feb 2, 2011 1:45 PM
600	The agencies that provide behavioral services perform their services below standards. The concept of providing behavior services is a good one, the problem is who implement those behavior plans. Generally those "Behavior Instructors" do not receive the training that entails to provide those behavior services. The money that the agency receives goes to pay the overhead of those agencies, leaving those "Behavior instructors" underpaid. The turnover in behavior instructors is high, and it is a disgrace to the consumers they say they serve.	Feb 2, 2011 1:52 PM
601	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in the Lanterman Act Section 4646 (a) – (d).	Feb 2, 2011 3:26 PM
602	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in the Lanterman Act Section 4646 (a) – (d).	Feb 2, 2011 4:46 PM
603	I think all behavior services should be routed through the local mental health agency first, they should provide a written denial as to why behavioral services are denied before being considered for regional center funding. Any one regional center client that is duel diagnosed, with a mental health condition should always go through the county mental health agency before regional centers fund. This also pertains for therapy service and psychiatric medication monitoring, regional centers are wasting tax payers dollars on these services when they should be provided elsewhere.	Feb 2, 2011 4:48 PM
604	Families that participate, but do not expect the services to continue cleaning up their bad behaviors.	Feb 2, 2011 5:12 PM
605	These services should be provided when without them a higher level of care would be required (i.e., out of home placement, more restrictive environment).	Feb 2, 2011 5:14 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
606	Challenging behaviors that become a barrier to appropriate participation in home, work and community activities, to forming relationships with family members and others, and pose danger to safety and human health may exist across ALL eligibility Diagnoses and ages. Therefore, All indivudals who are enrolled as consumers of Regional Centers, across life span and diagnoses, should be eligible to receive behavior services when such services are called for.	Feb 2, 2011 5:15 PM
607	EIBI should be used with young children at risk for/or diagnosed with Autism. Services should start as early as possible age 24-40 months and end as the child enters formal education age 5.	Feb 2, 2011 5:17 PM
608	A child/adult is in the cmmunity. Hence, day care providers, community people, peer kids shoud recieve these services as means of intercention along with the consumer.	Feb 2, 2011 5:20 PM
609	I see no real concern about decisions regarding who should receive the services. My main concern is around the longevity of the services that are provided.	Feb 2, 2011 5:25 PM
610	anyone with Behavioral issues	Feb 2, 2011 5:32 PM
611	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in the Lanterman Act.	Feb 2, 2011 5:33 PM
612	How can you suggest srvice standards without knowing the individual needs. The Lanterman Act is based on the IPP?	Feb 2, 2011 5:44 PM
613	Parents of children with developmental/behaviorial issues. Need is great on how parents can learn to cope with difficult/disruptive behavior(s).	Feb 2, 2011 5:50 PM
614	Developmentally Disabled consumers who have problems communicating with family need someone outside family to talk to and tell their feelings and frustrations. If they can't express themselves then they act out and cause more problems. We are having to pay for our child to go to counseling and we can't always afford to send her and she is having problems and unable to explain why she is acting out.	Feb 2, 2011 5:51 PM
615	Standardize only service fees, but not service packages.	Feb 2, 2011 6:09 PM
616	Standards should not be limited to a criteria. If a child has a deficit and needs early intervention therapy they should have the opportunity for assistance. The earlier a child recieves theapy the better their chances are at improving the quality of their life. If anyon'es quality of life can be improved upon with behavioral services it should be!	Feb 2, 2011 6:11 PM
617	Children with specific behavioral challenges.	Feb 2, 2011 6:29 PM
618	All persons eligilbe for Regional Center	Feb 2, 2011 6:30 PM
619	Any RC client who need the service. It is not just needed for the Autism Spectrum Disorder clients.	Feb 2, 2011 6:40 PM
620	Family reports inability to carry out normal, typical daily family activities such as: - cook dinner without the child(ren) destroying the house or harming him/herself(ves) - go out to dinner (nothing fancy, but Fresh Choice or Chevy's level of dining) - go grocery or household shopping with the kids in tow without having heart stopping tantrums or the kid(s) wrecking something in the store - engage in family activities such as going to the pool, going to the park, going to the zoo without tantrums	Feb 2, 2011 6:41 PM
621	Any child with autism or a related PDD should be eligible for intensive behavior therapy to address behavior issues, communication and ability to engage in learning experiences.	Feb 2, 2011 6:49 PM
622	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in the Lanterman Act Section 4646(a) - (d).	Feb 2, 2011 6:51 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
623	Any individual and/or family who would benefit from this service should have access. The degree of need or benefit should determine the amount or type of service available.	Feb 2, 2011 7:00 PM
624	open to adults and children; have need for behavioral services based on assessment by RC case manager and client/caregiver report	Feb 2, 2011 7:10 PM
625	children who have behavioral problems and their parents	Feb 2, 2011 7:17 PM
626	I would hope that the standard of expectations would be for all individuals to be able to enrich quality of life to their fullest potential. I know that realistically this is different for everyone. It should be based upon what the Individual needs and wants and if it is a realistic goal (Is it obtainable?, Does it require support and training?, Does the goal need to be modified to something simalar that is obtainable?) Individuals with behavioral challenges that may limit their success in the home and community should be receiving some level of behavioral services. These should not be limited to challenges of a self abusive or physically aggressive nature. This should also include challenges that are deficit to being a successful member of the community, a family, and a successful employee. It should be for those Individuals who are displaying minor behavioral deficits (resistive behaviors, unrealistic expectations, act. Without behavioral support, this can lead to more severe behaviors as time goes by if unaddressed at an early stage.	Feb 2, 2011 7:33 PM
627	children and teenagers who require behavioral intervention (ie: an autistic child who is very aggressive)	Feb 2, 2011 7:35 PM
628	Individuals with Prader-Willi Syndrome absolutely need behavioral services.	Feb 2, 2011 7:40 PM
629	ABA and floortime are both very valuable therapies for children. Our son needed floortime therapy to be able to access the therapy... if it was too challenging he would reject the therapy all together... ABA would have just sent our child into constant tantrums (which at the time were lasting hours)... floortime was an approach that allowed him more access to the therapy. So children who are resistant to challenge definately need a variety of Behavioral therapy options in order to find one that will work for them. Autism is a HUGE spectrum ... and therapies cannot be one size fits all	Feb 2, 2011 7:52 PM
630	Those families who have children or adult children whose children live at home. This service will make it easier for the person with the disabilites to live at home. It is less expensive to have the children stay in the family home when ever possible. Added support services for this is important. The second group of people would be those who live in supported indepenent living situations. This way they could continue in their living situation and not have to be placed in a living situation that neither they or their family wants.	Feb 2, 2011 8:03 PM
631	Parents should attend classes to deal with the behavior as well as an ABA specialist coming to the home to teach the child new techniques. During the time at home the thearpist can have the parent practice with the new plan for behavior and intercede when help is needed. Just educationing the parent is not enough. The parents are already overwhelm and stresses. Having an ABA there one to one is necessary for the child to learn as well as the parent having reinforment.	Feb 2, 2011 8:05 PM
632	All consumers who have maladaptive behaviors which limit or prevent them from accessing their community. When behaviors keep these individuals home, it is not a good, nor healthy thing - for them or their family.	Feb 2, 2011 8:08 PM
633	All Alta clients who have behaviors that exclude them from participating in their community.	Feb 2, 2011 8:17 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
634	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in the Lanterman Act Section 4646 (a)- (d).	Feb 2, 2011 8:30 PM
635	parents caregivers children/clients teachers/aides	Feb 2, 2011 8:34 PM
636	Anyone who qualifies for the services under the legal assessment process. These standards should NOT be tightened to limit the number of qualifying individuals as a means of budget control at the State level.	Feb 2, 2011 8:47 PM
637	Those individuals whose IPP team has identified a need for these serfvices, as described in the Lanterman Act Section 4646 (a)-(b)	Feb 2, 2011 9:12 PM
638	Those individuals who cannot participate or function in their community because of negative behaviors or individuals who jeopardize the family structure because of negative behaviors should have family members or advocates include the necessity of Behavior Services in the consumers IPP.	Feb 2, 2011 9:19 PM
639	Any child over 3 yrs old who presents with Autism-like behavioral characteristics and/or developmental delay. Obviously any child over 3 yrs old who has been diagnosed w/ASD, PDD-NOS, and developmental disorders who are clearly at risk or who already exhibit associated non-functional and/or maladaptive behaviors. Parents and Caregivers.	Feb 2, 2011 9:20 PM
640	All that qualify and would benefit	Feb 2, 2011 9:25 PM
641	A diagnosis of Autism or ASD would qualify individuals for behavioral services.	Feb 2, 2011 9:27 PM
642	Ensure that those with the diagnosis of Autism be included, exclude those with a more mild Autism Spectrum Disorder such as Aspergers or PDD-NOS. Ensuring that a consumer with a clear diagnosis of Autism receive treatment now ensures the reduction of services required for these consumers later in life. It should be an objective to ensure that we assist those with Autism to have skills that they can use later in life to become contributing members in society.	Feb 2, 2011 9:29 PM
643	Parents who have a child with needs and are requesting help.	Feb 2, 2011 9:30 PM
644	this is a CRITICAL service. children & adults with behavioral issues create a very high risk of injury or damage to themselves and others. there must be an investment here with intervention to curb adverse behaviors, and replace them with more positive behaviors. This is not a matter of finances --- if it is not addressed here, it will be paid for by way of taxpayer money going for hospital and medical bills, or institutions for those affected.	Feb 2, 2011 9:31 PM
645	Consumers who's quality of life can be effected by poor behavior. Such as not being able to out in the community and take part in normal activities. Also, consumers who may hurt themselfs or others in any way.	Feb 2, 2011 9:31 PM
646	Keep exisitng standards. If DDS has reason to believe a regional center is violating Lanterman or its regulations, they have autthority to impose stricter or adopt better standards. Assuming cost containment is the real issue, give Regional Centers a fair/standardized allocation and assure they don't over spend. Providers/Service availablity and in some cases even conusmer needs are different through out the regions CA. Regional Center's must have flexibility. They have Board of Directors, an appeal process and DDS oversite. If we use the system correctly, that is enough. Again there are more than enough exisitng standards....what works in LA won't work in Far Northern.	Feb 2, 2011 9:32 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
647	Family members and caretakers of those diagnosed with a disablity who deal with the consumer on a daily basis	Feb 2, 2011 9:32 PM
648	In today's economic times services should be based upon clinical needs and not on patients wants or desires. Conserving funds to service more people is essential. Clinical assessments based upon established standards and then making a referral for services.	Feb 2, 2011 9:33 PM
649	I FEEL ALL PEOPLE OF EVERY NEED SHOULD BE TAKEN CARE OF . THERE ARE TOO MANY PEOPLE IN THIS WORLD WHO GO WITHOUT HAVING ANY THING AT ALL FOR THE SENSE OF NOT KNOWING. TAKING THESE PROGRAMS AWAY WOULD BE TERRIBLE AND NOT GIVING THEM A CHANCE OF LIFE FOR THEM SEVLES. AND THAT IS NOT FAIR.	Feb 2, 2011 9:35 PM
650	Consumers who are having negative behaviors in the home environment. The earlier the service is implemented the better outcome the consumer will have.	Feb 2, 2011 9:36 PM
651	Service care and need to be set forth by assessment as needed on a per client basis.	Feb 2, 2011 9:38 PM
652	For person who has a diagnosis that qualifies them and would inable them to live life more comfortably in the home, school, work place.	Feb 2, 2011 9:41 PM
653	Kids/adults/teens with Developmental disorders and physical disorders.	Feb 2, 2011 9:45 PM
654	Behavioral services are absolutely necessary for children and adults with developmental disabilities. People of all ages benefit and have improved quality of life thanks to these services. In many cases these services allow families to stay together and maintain loved ones in the home instead of forcing them in group living facilities. Behavior services are a MUST for children and adults with Autism. It allows them to live with diginty!	Feb 2, 2011 9:53 PM
655	Children with developmental/learning disabilities and diagnosed with Autism, starting as earlier as possible and track progress to verify program adequacy. This will allow these children to achieve their maximum potential and be more independent adults in the future.	Feb 2, 2011 9:55 PM
656	Any child who have trouble communicating his feeling.	Feb 2, 2011 9:58 PM
657	Any child who can benefit from these services should be able to receive them.	Feb 2, 2011 10:01 PM
658	Every child with autism will benefit from service so that they can have a better future	Feb 2, 2011 10:02 PM
659	Client who deminstrate behaviors that are dangerous to self or others or may possible lead to out of home placement. Clients on the Autism spectrum.	Feb 2, 2011 10:03 PM
660	Kids diagnosed with Autism, regardless of their functioning level.	Feb 2, 2011 10:08 PM
661	Individuals with autism, especially children. It has been shown the earlier the intervention, the greater the success. I don't mean a cure, but making the individual a functioning member of society. I hope this for my daughter who is 15, and did not receive any services.	Feb 2, 2011 10:13 PM
662	Any children regardless of AGE who has been diagnosed with autism should receive Behavioral intervention services.	Feb 2, 2011 10:15 PM
663	This should be determined by the IPP team. Behavioral services for our people are so broadly necessary, it would be impossible to predetermine who might be an eligible recipient.	Feb 2, 2011 10:17 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
664	-Clients with behaviors that inhibit their ability to be a part of the mainstream without 1:1 support should not be limited by age or a number of years receiving support. For example, if a client has autism with pica or significant self stimulatory behaviors needs "intensive behavior intervention" beyond age 6 or 8 years. -Families/Caregivers need constant help in dealing with the ever-changing behaviors of individuals with autism & should be provided video, practical skills training & support (Q&A with a specialist) for the equivalent of 1 hour week. Currently the parent/caregiver portion of services seems to have a punitive tone. It should be empowering & even pleasant for those doing the care. The current MO seems to be punitive to these individuals -- as if they are not doing something right.	Feb 2, 2011 10:18 PM
665	Anyone with a deficiency in these areas. The regional center started working with my child with delays at 15 months, and it is because of this he is where he is today ... on the road to recovery. Because of the regional center services starting at such an early age, is the very reason he will be less of a burden on the state in the years ahead. So, the money spent at an early age, saved much more money in the future.	Feb 2, 2011 10:19 PM
666	These services are particularly helpful to families dealing with autism by providing teaching methods to parents as well as teaching a child how to handle their feelings and behaviors.	Feb 2, 2011 10:19 PM
667	Anyone who needs them or requests them, whether the client or his/her family members.	Feb 2, 2011 10:20 PM
668	Every client who has behavioral problems.	Feb 2, 2011 10:23 PM
669	behavioral services should start as soon as a child is diagnosed with a disability which needs behavorial support, ie autism.	Feb 2, 2011 10:23 PM
670	Provide more support for parents and siblings, not just he consumer.	Feb 2, 2011 10:32 PM
671	Caseworkers should advise families that this service is available to them, especially where behavior issues are a common occurrence in certain disabilities (e.g., Autism).	Feb 2, 2011 10:35 PM
672	For school aged children: Requiring parents to participate in behavior class to learn about what behavior is. This could be done by the regional center or local school district maybe through a MOU to share the responsibility. There would need to be some agreement about the curriculum. Require regional centers to collaborate with local school district to coordinate home and school services. This might mean that in order to use the school's behavior specialist in-home, the RC might need to work out a funding agreement with the school district. For Adults: require that all direct support staff receive the same basic behavior class to also understand the nature of behavior. If the vendor has a behavior specialist, they would then provide training specific to the individuals. This would reduce the need for 1-1 staff if all staff have a basic understanding about behavior which can be supplemented by the behavior specialist..	Feb 2, 2011 10:40 PM
673	those with significant behaviors affecting their daily performance and having a negative impact on the family.	Feb 2, 2011 10:40 PM
674	children with disabilities	Feb 2, 2011 10:41 PM
675	all children and adults with autism	Feb 2, 2011 10:42 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
676	Behavioral services are available to people of all ages who will benefit from behavioral supports to decrease or eliminate challenging behavior while teaching and reinforcing new skills as replacement behaviors. There are situations when skills training alone is a good use of behavioral supports (for example, toilet training). Behavioral services can be provided at home, in community settings (such as after-school programs), day programs, work environments, and to supplement the services available in community living environments without adequate, qualified behavioral supports. Training should impact parents, day program staff, independent living staff and others as well as the focus person. There must be provisions for communication across all environments so that services are implemented consistently 24 hours/day in order to maximize effectiveness.	Feb 2, 2011 10:53 PM
677	Kids with disabilities under the age of 15.	Feb 2, 2011 10:55 PM
678	Need based on professional clinical assessment.	Feb 2, 2011 11:07 PM
679	Services should be provided primarily by the school district for school-aged children. Regional Centers could provide group training for parents of pre-school aged children, and limited parent training for parents of school aged children, on how to use basic behavior management techniques in the home and community.	Feb 2, 2011 11:12 PM
680	In regards to ABA (Applied Behavior Analysis) which is proven the most important intervention for those with Autism Spectrum disorders, I feel all children school aged should be able to receive these services. Especially for those who are considering lower functioning.	Feb 2, 2011 11:17 PM
681	A parent of a child who has a lot of behavioral issues, should be able to get assistance as needed	Feb 2, 2011 11:26 PM
682	anyone and everyone with a DISABILITY!!	Feb 2, 2011 11:29 PM
683	All consumers who currently qualify for Regional Center services.	Feb 2, 2011 11:29 PM
684	all people with disabilities in these basic care living areas should receive services. otherwise we are going to have to pay a ALOT more in taxes when these people that are now children are grown	Feb 2, 2011 11:38 PM
685	Provide services if parent of school requests them with back-up documentation -- ie data indicating behaviors counter to the best interest of the consumer (or society). Allow anecdotal data and parents' lists of their observations. Do not require lengthy discrete trial or other observation processes. Best behavioral services are administered sooner, not later.	Feb 2, 2011 11:38 PM
686	All children in the State of California who have been diagnosed with a disability.	Feb 2, 2011 11:38 PM
687	kids with autism must have early intensive behavioral intervention services this will help the kids later life and will save the state alot of money in the long run as many of these kids will be at a higher level later in life,I think the state should take a close look at how hrc is going about implementing and over seeing these services for the state and how the states money is being spent at hrc and if its in-line with other types of service management companies are run	Feb 2, 2011 11:41 PM
688	Any consumer 3 years or older who has a documented need for a specific type of behavioral intervention AND for which an evidence-based procedure exists. A service standard that requires training and proficiency in the fundamental (published) set of teaching skills (10 to 15 basic teaching activities) every parent of a child with a developmental disability should know and be able to use daily for 5 to 10 minutes. The problem is that families who have providers working with their children believe because they see others working with their children that they do not need parent training.	Feb 2, 2011 11:46 PM
689	Only those who have a risk to health & safety should receive daily supports and services.	Feb 2, 2011 11:47 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
690	children and young adults, up to adults over 21 years of age should receive these services.	Feb 2, 2011 11:51 PM
691	Based on professional evaluations, every patient that needs these services should receive them, and they should receive the full service needed. Considering the budget deficite, I believe, there should be close supervision for service providers and only those with the best outcome should stay in contract with regioinal center. NOT ALL the providers are doing a good job and That is waste of resources.	Feb 2, 2011 11:56 PM
692	autistic children and their parents or caregivers should receive these services.	Feb 3, 2011 12:03 AM
693	Any child thru age 18 should receive behavioral services. The earlier the intervention the better.	Feb 3, 2011 12:03 AM
694	Children and families diagnosed with autism.	Feb 3, 2011 12:03 AM
695	All children under five who need them! We as a society will pay SO much more in the end if we stint the children in our communities right now. Studies have proven that they children greatly improve if they have access to early intensive behavioral intervention... let me tell you, no parent is going to go through this labyrinth and endless paperwork if it's not completely necessary. Why is there a push to identify autism and related disorders earlier if no one can get treatment? The small hours we get now don't even begin to address the need that our children have. 25 years of serious science backs up the fact that a strong percentage of these children can achieve an optimal outcome if they are given EIBI... and yet it's not happening and we all have to pay, in many ways, down the line. DO it right from the start and we will save money.	Feb 3, 2011 12:12 AM
696	Direct services should only be provided to consumers who are at highest risk of having to be placed in a residential care home because the family can not manage their behavior. This would include only behaviors of a health and safety concern. An example of these behaviors are: physical aggression that causes injury to family members, eloping and self injurious behaviors that cause injury. Parents and/or family members should be provided consultative training on the behavioral techniques that are being used with the consumer. Classes on ABA should be provided for families that have consumers with less intensive behaviors, and a limited number of in home consultations should be provided to make sure the family is correctly implementing the techniques taught in the classes.	Feb 3, 2011 12:16 AM
697	The Regional Center must ensure that providers of Early Intensive Behavioral Intervention services are well trained and meet standards of care and effectiveness. Many consumers of these services are children on the autism spectrum who have nowhere else to turn because most private health care insurance providers refuse to cover such services.	Feb 3, 2011 12:24 AM
698	children with a 299.00 diagnosis of Autism	Feb 3, 2011 12:30 AM
699	THOSE WHO NEED THEM--INCLUDING THOSE WITH AGGRESSIVE BEHAVIORS REGARDLESS OF AGE. As a service provider who has been in the field for 31 years I still meet clients for whom behavioral intervention is needed. Most recently, one client who I will call Jane started acting out aggressively toward other clients and even physically assaulted a couple of instructors. It was not until we had worked with her for MONTHS, and were unable to effect a positive change of behavior that we needed behavioral consultants who came to the Center and observed her. After working with them for a couple of months we began to make connections as to why the behavior had started--it was a lot of issues, not the least of which was grieving over the death of 2 of her friends. Now, 4 months later we are better able to address her behaviors and her aggression has started to decrease.	Feb 3, 2011 12:30 AM
700	all person with behavioral challenges, like Autism.	Feb 3, 2011 12:30 AM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
701	Those who qualify and need it to improve quality of life	Feb 3, 2011 12:36 AM
702	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in the Lanterman Act Section 4646 (a) – (d).	Feb 3, 2011 12:50 AM
703	I am a single mother to a 9 yr old boy with autism. Because of the California state budget now, his services are being cut. NOW you want to cut his services even more! Behavorial services are extremely important to children with autism. The goal of intervention and continued therapy is to help these children become productive citizens in society. By continuing to reduce benfits, you are increasing the odds that they will be in the system for life therefore costing the state more money. They will not be able to provide for themselves because they won't know how to cope and or deal with their feelings in social situations.	Feb 3, 2011 12:59 AM
704	Behavioral services should only be provided if proven effective for specific consumer's to meet their needs. I also believe they should only be provided if parents are FULLY participating in the program at least 50% of the time. If they are not present or collectiong required data then I do not believe that it should take the long, NOA process to terminate services. I believe that ALL funded services need to be time-limited and completely enforced by Regional Centers and Vendors, no excuses. I believe the time limit of 30 months is sufficient, but that at 24 months all vendors should be stating a full fade out plan of services. I also believe that ALL parents need to have a share of cost based on income even those receiving Medi-CAl or on waiver in order to share in the burden of these economic times, but also I believe strongly that it will increase their motivation to participate if they are paying for some of their services.	Feb 3, 2011 12:59 AM
705	Emphasis should be placed on prior performance and EFFICIENCY...who can do the job with the least amount of hours demanded. There should even be an opportunity/incentive to RAISE rate charged if an agency can do a better job needing fewer contract hours.	Feb 3, 2011 1:08 AM
706	those who exhibit behavioral issues as noted by school teachers, aides, and parents	Feb 3, 2011 1:17 AM
707	Anyone will a disability that is in need of behavioral services should receive them	Feb 3, 2011 1:19 AM
708	Children with Autism need to be include in receiving Behavioral Services.	Feb 3, 2011 1:19 AM
709	Any regional center consumer who has behavioral issues for which they need support.	Feb 3, 2011 1:26 AM
710	Kids with qualifying diagnosis and over 33 % delay in areas of speech, language, social skills etc.	Feb 3, 2011 1:37 AM
711	people diagnosed with autism.	Feb 3, 2011 1:59 AM
712	Service Standard should be clear that this is a service for training parents how to work with their children, therefore only children whose parents participate in the training should receive these services. There should be separate service standards for different ages of children Parents should be required to take group classes and orientation before they begin to receive the in-home services.	Feb 3, 2011 2:02 AM
713	They shouldn't leave the referral of services all up to a service coordinator whose been instructed to cut on services due to budget cuts. They should allow parents/family the right to meet with the committees that supposedly are denying or cutting on the services.	Feb 3, 2011 2:03 AM
714	Special needs children and adults	Feb 3, 2011 2:14 AM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
715	Cost participation should be higher. I don't think that making the system a means tested system is a good idea, but many families can afford to pay a higher share of cost for all services. None exempted..	Feb 3, 2011 2:29 AM
716	Services should be provided based on need. Need should be determined by an evaluation from a trained competent professional with input from the consumer or their guardian. These services are essential support for consumers that wish to avoid out of home placement and hope to have any independence as adults. Standards cannot be based on age since some consumers needs are assessed at different ages or may change. Sometimes a diagnosis and the related needs are not immediately clear for a variety of reasons including dual diagnosis that may include medical/physical conditions. If a diagnosis is delayed or a consumers need is not appropriately assessed, that consumer should not lose their opportunity to learn skills necessary for independence or even partial independence because they have reached a certain arbitrarily set age.	Feb 3, 2011 2:37 AM
717	Children / adults who exhibit great need for this service and have no other means for obtaining behavioral services.	Feb 3, 2011 2:42 AM
718	The children needing these services along with any family member parent or caregiver involved in the raising of the the child with special needs services.	Feb 3, 2011 2:51 AM
719	It should be determinded on a case by case basis.	Feb 3, 2011 2:53 AM
720	These services are very hard to get. It has been a real struggle for us to recieve them.	Feb 3, 2011 3:36 AM
721	A child that has been evaluated by an expert in the field of behavioral sciences, or by a regional center specializing in early intervention, and has been identified as needing services.	Feb 3, 2011 4:25 AM
722	children from 3 to 18	Feb 3, 2011 4:26 AM
723	Any tax paying family who has a child with a regional center qualified disability should have access to the services needed to help their child become a contributing independent adult.	Feb 3, 2011 4:28 AM
724	Individual clients whose accessibility to normalized experiences can be facilitated through a positive change in behavior.	Feb 3, 2011 4:33 AM
725	Any individual w/ disability and parents or guardians should recieve these services	Feb 3, 2011 4:41 AM
726	All students and clients exhibiting behavioral challanges from 0-death.	Feb 3, 2011 4:56 AM
727	specify clearly eligibility for rc related to autism spectrum /aspergers. Is it in or out. Make it clear. Require Insurance providers to provide behavioral services statewide.	Feb 3, 2011 5:02 AM
728	Children, Teens and Young Adults	Feb 3, 2011 5:15 AM
729	Low income families should be the 1st priority. Use graduated income to set up fees.	Feb 3, 2011 5:18 AM
730	Anyone who needs these services should be able to get them. If they are found in need, then they should not be denied.	Feb 3, 2011 5:21 AM
731	Many of these Intensive Behavior services, Floor Time, or DTT are way over exaggerated and waste of tax payers money.	Feb 3, 2011 5:43 AM
732	IT IS VERY IMPORTANT THAT CHILDREN RECEIVE EARLY INTERVENTION IN THE BEHAVIOUR ISSUES WITH A WELL SERVICED ABA PLAN TO ALLOW THEM TO LIVE A DECENT LIFE STILE	Feb 3, 2011 5:48 AM
733	Autistic children who require aids in school or in public	Feb 3, 2011 5:53 AM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
734	Service standards should include assessment of concerned parents to measure the delays their children are experiencing in reaching behavioral, emotional and physical milestones. After assessment, services to help children reach their milestones should be facilitated. Early intervention in behavioral modification would help in preventing or eliminating inappropriate or disabling behaviors before children reach the typical age when they begin schooling. The developmental delays of children grossly affect a family dynamic and if a child doesn't receive the intervention needed, it will then overwork/tax the school system.	Feb 3, 2011 5:56 AM
735	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in the Lanterman Act Section 4646 (a) – (d).	Feb 3, 2011 5:59 AM
736	All children, adolescents, and adults with disabilities that require services.	Feb 3, 2011 6:00 AM
737	I had a behavioral therapist come to help me with my developmentally disabled daughter when she was 5 years old. She is now 32 years old. She has tantrums at times but basically she is a very happy person. She hits and pinches me when she is upset. I think this behavior is not uncommon. I would like to see Adult behavioral intervention/therapy to be available.	Feb 3, 2011 6:00 AM
738	Clients in need of these services	Feb 3, 2011 6:00 AM
739	Although I am now retired, I can say without reservation that the consumers I saw benefitted by coming to my office for counseling. They need therapy on a regular basis. If the state has mismanaged the tax money we gave them, then consumers may need to go to twice/monthly services, but they need the mental health care. I also feel parents or whomever is the primary family member taking care of the consumer should be allowed a "check-in session" perhaps once a month (12 x/year).	Feb 3, 2011 6:07 AM
740	People diagnosed with autism and their younger siblings	Feb 3, 2011 6:09 AM
741	I think children identified with developmental disabilities, whether they are non-verbal or verbal children. I also think children whose families are undergoing major transitions and losses should also receive service. Children whose parents are divorcing and who have experienced trauma should get services.	Feb 3, 2011 6:22 AM
742	I am a parent of an autistic son. I have utilized Behavioral Services provided by the RC. I have a friend who has also used these services. In my experience, the parents that have sought these services, including me, have done so because the behavior of their children is DANGEROUS. Dangerous to client AND those around him/her. It is cost effective because the behavior training will keep the child in their home and provide that child with a decent life. The service is only for 4 months 2hrs a week (including reports). The training goes a long way. Even working parents would find it difficult to fund these services if income is considered. A initial report is done and if the reporter finds challenging and difficult behaviors services should be funded.	Feb 3, 2011 6:28 AM
743	Regional center clients and their families who struggle with behaviors that are destructive or maladaptive, or clients who are expected to make developmental, skill, or educational progress if behavioral intevention services are used. This should be evaluated by professional staff including psychologists.	Feb 3, 2011 6:32 AM
744	Infants, toddlers, children and adults with Autism and their families, and all people with developmental disabilities.	Feb 3, 2011 6:35 AM
745	Infant, toddlers, children and adult and their families who have developmental disabilities	Feb 3, 2011 6:37 AM
746	Children diagnosed with Autism Spectrum Disorder should receive ABA services to address self-help skills, behavior, communication deficiency, etc.	Feb 3, 2011 6:45 AM
747	my son has cerabel palasy .he is learning from this service how eat by him self change cloth tiolet training he just start to say his name and says family member name.this service very very helpful for my son i wish they offerd me sooner that my child will get better and better faster.	Feb 3, 2011 6:50 AM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
748	Any child with developmental disabilities and those who can not receive help through other programs that offer assistance. It is the duty of each state/community to provide safe and beneficial tools necessary for these children to be able to function to their fullest potential as they are our vulnerable neighbors.	Feb 3, 2011 7:09 AM
749	Behavioral services should be made available to anyone whose child has been diagnosed with one or more disorders and who exhibits behavioral difficulties. Too often, children exhibiting violent behavior towards family members fall through the cracks with insufficient "disabilities" to warrant services under the current system. These children are more likely to wind up in an institutional setting in their teen years, having been removed from the home because of their violent behavior.	Feb 3, 2011 7:35 AM
750	when behaviors are beyond control by all who need it.	Feb 3, 2011 7:38 AM
751	Parents of any childen with disabilities whether it be mild to moderate to severe. Behaviors stem from lack of ability to communicate and frustration with physical and cognitive limitations, and other systemic issues that arise from underlying condition.	Feb 3, 2011 8:03 AM
752	I believe all consumers of the Regional Center system should be eligible for this service if a behavior interferes with their ability to learn, causes a danger to themselves or others, or can cause a social stigma (ie: socially unacceptable behaviors). Autism treatment is also considered a behavioral service. Children over the age of 3 years should access their intensive intervention & learning through the education system. The intensive 1:1 services that occur daily in the home are not necessarily needed if they can access it through their school district. The family should be able to access the consultation services in the home where the parent is the one providing the daily teaching.	Feb 3, 2011 8:23 AM
753	Open communication with parent/caregiver of standard operating procedures should individual qualify for services. Parent/caregiver involvement is important in determining best services, interventions and programs that best suit the individual.	Feb 3, 2011 8:29 AM
754	Beginning with those who cannot afford services are those who participate in governmental provided services first, I believe the most needy should go first. However, for this demographic to be involved, they need much support to be informed, invited and enlisted. The services should not exclude dual income families who cannot afford privatized services.	Feb 3, 2011 1:39 PM
755	All children who currently qualify for services	Feb 3, 2011 2:21 PM
756	Services should be provided to any consumer who has behavioral deficits. These services should not be age limited.	Feb 3, 2011 3:25 PM
757	Both consumers and their direct contact people, such as family and caretakers. The school teachers and caretakers are not aligned in their approaches with the consumer's needs. IEP structures are more for the school's benefit than the consumer. It takes a village, so the village should benefit from the services. As schools seem to have less days that they are working, it is vital that the caretakers are also educated to somewhat of a "teacher" level.	Feb 3, 2011 3:40 PM
758	Trauma- Psycho thearpy	Feb 3, 2011 3:57 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
759	Ages 3- adult who have behaviors that effect development socially and emotionally. Sever behavior effect not only the child, but the family as a whole. Without behavioral services, families become isolated from the community. This impairs the function of the family and keeps the community as a whole from understanding and excepting individuals with sever disabilities.	Feb 3, 2011 4:12 PM
760	Anyone that has severe behaviors effect their life to the point that it is one of the most important item that a family is dealing with.	Feb 3, 2011 4:30 PM
761	Autism - excluding mild autism.	Feb 3, 2011 4:31 PM
762	All consumers who fit the current service standard needs, the current evaluation process is working well.	Feb 3, 2011 4:39 PM
763	Consumers with needs for behavioral services should receive services in the areas of need.	Feb 3, 2011 4:50 PM
764	Should be available to all consumers and families	Feb 3, 2011 5:07 PM
765	A behavioralist should be mandatory and provided as early as possible for children with autism. Often this benefit is either withheld or not addressed until a child manifests unfavorable behavior, lacks the ability to interact with society in a positive manner, and this retards normal social development.	Feb 3, 2011 5:10 PM
766	Behavioral services should be given to those with extreme behaviors. These behavioral services also need to be tailored to the individual consumers and centered around self injuroious behaviors, physical and/or verbal threats, and parents who maybe do not understand the diagnosis (primarily cultural differences).	Feb 3, 2011 5:12 PM
767	Children before the age of 8 should receive these services only. Parents should be required to be at every interaction witht he behaviorist and services should not go beyond two years. Adults should not get this service as if parents have not been able to learn these techniques by now it is doubtful they would be beneficial.	Feb 3, 2011 5:16 PM
768	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 3, 2011 5:16 PM
769	Children who suffer from Autism or have developmental delays.	Feb 3, 2011 5:20 PM
770	Yes	Feb 3, 2011 5:20 PM
771	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 3, 2011 5:21 PM
772	1. Consultation monthly for parents or care givers of of children or adults livng in their home who exhibit maladaptive or excessive behaviors such as tantrums, self injury, elopement, aggression, screaming, property destruction, pica or smearing. 2. Direct adaptive skill training for children or youths who are asocial but communicatitve and would benefit from instruction on increasing socialization and conversational skills in a peer group setting. 3. One to one weekly behavioral assistance for children, youth or adults in their home with maladaptive or excessive behaviors that are not decreased with the consultative model as above. 4. Parent/caregiver ABA instruction in a group setting offered by a behavioral agency.	Feb 3, 2011 5:31 PM
773	Child should receive early intervention plans and trainings to allow them and their families the ease and support they need for having a child with a developmental disorder. It should also allow families help in his or her transition into adult life.	Feb 3, 2011 5:31 PM
774	For young families and adult disabled people who have low to middle income.	Feb 3, 2011 5:34 PM
775	Eliminate 5th catogory from Reg Ctr eligibility Only research based and time limited services. - DDS to list criteria for vendorization.	Feb 3, 2011 5:42 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
776	Children diagnosed with Autism Spectrum Disorder should receive ABA	Feb 3, 2011 5:43 PM
777	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 3, 2011 5:47 PM
778	families of children with disabilities especially those including language function caregivers children themselves schoolwide attendants If the entire community is	Feb 3, 2011 5:50 PM
779	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 3, 2011 5:53 PM
780	Parents of children who are exhibiting behavioral difficulties	Feb 3, 2011 5:54 PM
781	Children and adults for whom mal-adaptive or anti-social behaviors resulting from the disabling conditions making them eligible for RC services.	Feb 3, 2011 6:02 PM
782	All disabled children with Behavioral problems.	Feb 3, 2011 6:03 PM
783	Children with true behavioral excesses and dangerous behaviors (hitting, biting, kicking, self injurious, or unsafe behaviors such as eloping in the community). Children who have more minor behaviors, talking back, non-compliance, difficulty in social situations should also recieve services but at a limited level.	Feb 3, 2011 6:11 PM
784	Many children like mine who have Autism and related disorders have to learn how to regulate themselves. Some of their behaviors are dangerous to themselves and others and early intervention is paramount. Older persons may also need behavioral support depending on the severety of their problems.	Feb 3, 2011 6:26 PM
785	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 3, 2011 6:26 PM
786	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) – (d).	Feb 3, 2011 6:27 PM
787	Those individuals whose Individual Program Plan team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 3, 2011 6:28 PM
788	I think there should be a set time limit to how long one is able to receive services... i.e. no longer than let's say 2 years or even shorter. But that will be determined case by case. This way when a case worker discusses the behavior programs with family they are able to state up front that service is time limited to "2 years" etc. This would in retrospect help with the fade process. Even though workers tell families the services is time limited, they never provide a time line. Esentially some families have services for 3 or more years due to this and it really is not apporpriate. Secondly, to continue to have parents attend Parent Group Behavior Training prior to recieving an in home service.	Feb 3, 2011 6:29 PM
789	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 3, 2011 6:29 PM
790	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 3, 2011 6:31 PM
791	Those individuals whose Individual Program Plan (IPP) team has identified as a needed service for the individual, as described in The Lanterman Act Section 4646(a) - (d)	Feb 3, 2011 6:34 PM
792	those who have an identified need.	Feb 3, 2011 6:38 PM
793	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 3, 2011 6:45 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
794	Provide services if parent of school requests them with back-up documentation -- ie data indicating behaviors counter to the best interest of the consumer (or society). Allow anecdotal data and parents' lists of their observations. Do not require lengthy discrete trial or other observation processes. Best behavioral services are administered sooner, not later.	Feb 3, 2011 6:53 PM
795	Behavior services should be available to all not just children. However there has to be a limit. I ran an ABA program for 2+ years and clearly all families should be REQUIRED to attend a training for them prior to receiving any in home services. In home services should be limited. There is no research suggesting that ABA hours above 20 impact anyhting other than academic performance (slightly) It is to much you create a prompt dependent person. ABA should be limited to 20 or less hours per week. Parents must be able to follow through. The reg. center can not "fix" the consumer this is not the intent. Parents must accept that and learn skills to work with their child. The diagnosis of autism should not drive the access to behavior services. Parent education is the key not more ABA.	Feb 3, 2011 7:00 PM
796	People with developmental disabilities	Feb 3, 2011 7:04 PM
797	RC consumers with diagnosis of Autism Spectrum disorders ,ages 3-18 and their family members.	Feb 3, 2011 7:07 PM
798	First of all, all families need to know that there are even quality behavioral services available! At first glance, Who should receive behavioral services seems like a odd question. Don't all of us who deal with with disability issues need these services from time to time??? All parents who request behavoir services certainly should be given the opportunity to have behavoir services whether or not some evaluator from the outside think they need it or not.	Feb 3, 2011 7:21 PM
799	any child under the age of three presenting at risk behavior	Feb 3, 2011 7:27 PM
800	Any client that exhibits inappropriate behavior at home, school or in society, or any client that exhibits violent behavior in home or in school/society should receive these services.	Feb 3, 2011 7:43 PM
801	Behavioral services should be offered to all special needs children and adults who have a difficult time dealing with their feelings and behaviors. I can say that for my severely autistic son, he appears to be removed from our world and shows a lot of aggressive behaviors towards not only his family but also himself. Caregivers must learn how to properly shape the behaviors so that they do not become a lifetime problem. When many mentally retarded individuals are not taught the proper tools to handle their anger or frustrations then too many of them will grow up to be out of control indiviuals which will help populate our already over-crowded prisons. I know that personally, without the help of behavioral services, we would be lost and would have limited tools in helping our son someday becoming an independent, productive citizen. What kind of adults do we want to raise?	Feb 3, 2011 7:47 PM
802	a person qualifing under the Lanterman Act who has with behavior concerns	Feb 3, 2011 7:47 PM
803	Parents of children with severe disabilities should have the right to recive counseling services at home for a period of time from 0-36 month.	Feb 3, 2011 7:58 PM
804	For young children (ages 6 and younger), research supports intensive early intervention. It is important that young children, particularly receive ABA therapy, in order to have the best long-term outcome.	Feb 3, 2011 7:59 PM
805	Autistic; cognitive, developmental delays; mentally ill	Feb 3, 2011 8:02 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
806	Anyone that is a Regional Center client and can not drive should services of transportation. Anyone that needs a day program should have access - it should be safe and aim to educate about managing life and safety to the highest level the consumer can undertake.	Feb 3, 2011 8:03 PM
807	A child that needs help with dealing with their feelings and behavior	Feb 3, 2011 8:06 PM
808	All children that a parent is having any behavioral issue with and is asking for additional help.	Feb 3, 2011 8:08 PM
809	Services should be provided for individuals with CURRENTLY active behavioral challenges that cannot be managed in a less restrictive environment. Service should not be based upon a HISTORY of behvioral challenges that an individual has not exhibited regularly in the most recent past (such as a year).	Feb 3, 2011 8:09 PM
810	Clients with severe behavior issues but having parents/family members that are cooperative and willing to participate in the intervention process. Clients with behavior problems without having family support should explored other means of relevant services.	Feb 3, 2011 8:13 PM
811	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646(a)-(d).	Feb 3, 2011 8:16 PM
812	A person who would benefit from supports should receive supports directly for their own needs. Age does not mean a person can not do better and or continue to learn. Many people that have different abilities may need to take more time and different instruction to learn that is different than typical learners. We live in a world filled with differences, that is how the United States became a country. It is still a place that needs to take all citizens as part of the society.	Feb 3, 2011 8:17 PM
813	Anyone who needs them	Feb 3, 2011 8:24 PM
814	All children with maladies that are unable to manage or control their behaviors for various reasons; inability to communicate their needs/wants, what to do before they lash out and become dangerous to themselves and others. There should be no age limit put upon these services as puberty does exacerbate the situation however, the behaviors can start at any age. After the parent has taken the training provided by the Regional Center, it is incumbent upon them to provide home services in Behavioral Management to the client for as long as the client needs in order to learn how to manage their behaviors so they can maintain staying in their home.	Feb 3, 2011 8:33 PM
815	A service standard would be to not cut the service to the consumer. Cutting people low on the food chain is Darwinistic and wrong. People reply on services to help them. Take from the Capitalist. This Government is not working for the people but only for Capitalism. Anyone who is in need of the service should and must receive them, all of them.	Feb 3, 2011 8:37 PM
816	These services should be provided for consumers that threaten the health/safety/welfare of themselves and/or others. These services should FIRST be provided in the educational setting. Many Public and Non-Public schools do not/will not assess for Behavior(s) and therefore do not address Behavior Plans and/or Positive Behavior Interventions.	Feb 3, 2011 8:41 PM
817	Adults with developmental disabilities (age 18+) and children (age 0-18) with any type of developmental diagnosis should be able to access behavioral services at any point in their life.	Feb 3, 2011 8:48 PM
818	all that need it	Feb 3, 2011 8:50 PM
819	NO NEW restrictions should be placed upon consumers of behavioral services, and the current restrictions should also not be made tighter. These services are critical to the success of the individuals receiving them, their families, and our entire community.	Feb 3, 2011 8:51 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
820	My child is diagnosed with Chromosomal abnormalities secondary to seizures, Macrophaly,ADHD, hypotonia and OCD. It is very difficult that the county program school that he attends do not know how to deal with his OCD. He is currently taking medication for his OCD. His Dr. feels that the Behavioral Plan that he has reviewed should be changed to serious. But I have been informed by his physcologist that the teachers need to be taught. I feel educated professionals need to know their students before they start to re-invent the wheel.	Feb 3, 2011 8:54 PM
821	Anyone with a developmental disability that exhibts deficits in their behavior.	Feb 3, 2011 8:54 PM
822	Behavioral services should be determined on a case by case, individual basis, as stated in the client's IPP and guaranteed by the Lanterman Act. There are many different typed of behavioral therapies; not all work with all clients. Not every client is going to meet the same requirements. Establishing a universal requirement is assuming that all clients are going to have the same behavioral need. A service standard will actually limit what behavioral services are available, and who is eligible to receive those services.	Feb 3, 2011 8:59 PM
823	Service standards should be developed by social workers to address specific needs of clients.	Feb 3, 2011 8:59 PM
824	All persons with a developmental disability who have shown behavioral problems with their family and/or caregivers.	Feb 3, 2011 9:00 PM
825	per the IPP	Feb 3, 2011 9:05 PM
826	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 3, 2011 9:07 PM
827	Services should be provided to families and children with disabilities - including but not limited to autism, MR, Down Syndrome and others. Parents are in great need of support and children are in great need of developing skills that will make their daily life routines easier. Services can range from early start, in home or center based services to school age programs. Including parent education and training, DTT and Intensive Behavior programs. In addition, language and speech and occupational therapy services are necessary in order to fulfill the needs of the consumers.	Feb 3, 2011 9:15 PM
828	Behavioral services should not be standardized! It is an individual need, different from person to person.	Feb 3, 2011 9:19 PM
829	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 3, 2011 9:23 PM
830	Answer: Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 3, 2011 9:33 PM
831	Children and adults.	Feb 3, 2011 9:37 PM
832	My understanding is that this service is for early intervention. My heart just broke when I read that there is proposed 750 million cut from this program. It just doesn't make logical sense to me. As Autism is on the rise, let's cut funding????? We need more not less.	Feb 3, 2011 9:48 PM
833	Every child and family should be assessed to see if these are needed services.	Feb 3, 2011 9:51 PM
834	children who are beyond the age of early start should be evaluated regarding their social and emotional needs and have services provided as appropriate. This should be automatic, we know this works, especially for children with autism, don't wait for parents to figure out what they should be asking for.	Feb 3, 2011 10:01 PM
835	Cont with at home ABA, my child gets more out of his Home ABA that his school	Feb 3, 2011 10:01 PM
836	Any child or adult identified with a disability that could benefit from such service.	Feb 3, 2011 10:03 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
837	Any individual who has behaviors that affect his/her safety (i.e. eloping, tantrums that lead to injuries for the individual or those who care for him or her, inability to communicate needs and wants, etc.).	Feb 3, 2011 10:06 PM
838	N/A	Feb 3, 2011 10:08 PM
839	ANY PERSON WITH PHYSICAL AND/OR DEVELOPMENTAL DISABILITIES	Feb 3, 2011 10:13 PM
840	Parents starting with early start and on up to parents of adults. This needs to include training in the setting where the person is most often or most comfortable. A class just doesn't get it done, needs to be hands on training with trainers well versed in teaching then working to a point of NO hands on when people become comfortable with the methods.	Feb 3, 2011 10:13 PM
841	Any individual whose behavior is challenging enough to require on going 1-1 or 2-1 support on a regular basis. Behaviors should not be limited to property distruction, agression or Self injurous behaviors.	Feb 3, 2011 10:13 PM
842	behavior modification for self, parents training	Feb 3, 2011 10:15 PM
843	Inidivuals who, without intensive behavioral support services, are at risk of losing either their continuum of care in their home, school, or day program placement.	Feb 3, 2011 10:17 PM
844	Any disabled person should receive services as identified through the IPP, per the Lanterman Act.	Feb 3, 2011 10:27 PM
845	Consumers who have difficulty in managing their behavior in a regular home, school or work environment.	Feb 3, 2011 10:28 PM
846	Intensive services for children under the age of 5 (with 100% parent participation). After age of 5 training for parents and assistance to trouble shoot certain behaivors. Also, there should be an end date in mind for services not have them open ended....	Feb 3, 2011 10:37 PM
847	All current consumers, and others who may need in the future.	Feb 3, 2011 11:06 PM
848	Any Regional Center consumer or their self-defined family memebr shoudl be eligible for services prior to an identification of "behavioral problems". Perhaps if caretakers were trained in behavior modification immediately, long term costs could be saved. Regional Center should develop intensive 12-week long educational opportunities for family members specific to disability. Additionally, immediate priority should be given to consumers who are both developmentally disabled and mentally ill, as they are at the highest risk of institutionalization.	Feb 3, 2011 11:10 PM
849	Parents/Guardians/Conservators of a person with a developmental disability. I understand that my suggestion is broad but the regional centers goal as well as a parents goal is to maintain the consumer within the family home. Remaining in the family home is much more cost effective for the state. Residential services are costly.	Feb 3, 2011 11:19 PM
850	Autistic Children & adults need lots of support from Behavior based programs; respite etc	Feb 3, 2011 11:24 PM
851	Those who are in need. Individuals who suffer from mental illness or some type of cognitive disability which they cannot willingly control their behavior. These indiivduals need early intensive intervention to best be able to assist these individuals with managing their behavior issues. This benefits society in the long run.	Feb 3, 2011 11:26 PM
852	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d)	Feb 3, 2011 11:35 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
853	I believe it is a greatly required service as early intervention provides education for the parents, adults and educators involved. It gives a baby/child a fighting chance to be integrated into the mainstream and live a productive life. It helps othes to understand the struggles of parents, siblings and caretakers with behavioral differences and/or difficulties that arise as a child grows. I truly believe it helps to reduce the abuse level as the person with the disability and their families have a support system that professionally trained.	Feb 3, 2011 11:35 PM
854	diagnoses with antism	Feb 3, 2011 11:36 PM
855	I belive that any child or adult that has a diagnosis of emotional distributed, and any development delays such as autism, down syndrome, mental retardation and Fragile X should be eligible to recieve Behavioral Services. All can benefit and improve quality of living for clients, family and comunity members. These services are to provide indivduals the opportunity to maintain socially expectable lives in the community.	Feb 3, 2011 11:49 PM
856	All Autistic clients should receive behavioral intervention and training, if necessary. It is of an utmost importance that these individuals be integrated into the community and in order to do so, they must have control of their inappropriate behaviors, if there is potential for that, to be integrated and to function to their best ability in the community.	Feb 3, 2011 11:57 PM
857	Ifsp & iep & speach	Feb 3, 2011 11:58 PM
858	Individuals that has an explosive behavior that are very hard to deal with specifically in a level 4 facilities specializing in behavior management.	Feb 4, 2011 12:01 AM
859	Criteria should be clear and clearly stated. Families should be able to move from on county to another and receive same level of service and criteria. Parental involvement from the onset of the referral is a Must! Expectations of parents are that others will come in and cure or fix their child for them. Parents of any DD child should receive the services including intensive b-mod or aba services. I personally believe that consumers with Autism are provided much more supports from the RC system and are favored. All others are excluded from receiving intensive behavioral services which many consumers on my caseload would benefit from and cannot receive. Families with Autistic children often milk the system and demand behavioral services that are not proven effective and want same services for years.	Feb 4, 2011 12:09 AM
860	All families should receive parent education adn training that includes learning about their child's developmental issues as well as how to facilitate development and deal with behavioral challenges. This parent education should include coaching and feedback working directly with a child. Children with autism and other severe disorders s hould also be eligible for in-home services (behavioral and developmental) from a trained service provider to ensure developmental potential and reduce burden on parents. these serices should be available in the child's natural environment or in a center based setting.	Feb 4, 2011 12:12 AM
861	A consumer's IPP team identifies a need for services - the earlier the better for Intensive Behavioral Interventions. The Lanterman Act Section 4646 (a) - (d).	Feb 4, 2011 12:15 AM
862	Services should be provided to the most needy based on an assessment of the individual. Tools, such as the CDER, are already in place in the RC system that could determine who fits in the criteria of needing the most assistance. This avoids the "parents who are the most squeeky wheel get the most services" syndrome.	Feb 4, 2011 12:26 AM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
863	Re training for consumers and/or parents on the use of behavioral intervention techniques and home-based behavioral intervention programs that are implemented by parents for their children.. Require parents to attend orientation training prior to home services. Hold parents accountable to learning and applying behaviorial intervention techniques. Hold service providers/vendors accountable for compliance with service contract requirements-example...hold payment to vendors if they are not submitting treatment plans and progress reports per contract. At this time, parents and providers are not held accountable...services continue without needed parental committment and/or vendors are paid even though behavior treatment plan and/or progress reports are not submitted in a timely manner.	Feb 4, 2011 12:31 AM
864	I strongly believe behavioral services should be provided to those who needs of behavioral modification, training and support to implement and who has an Individual Program Plan as described in The Lanterman Act Section 4646	Feb 4, 2011 12:41 AM
865	In my adult population, we use behaviors for clients who have mental health issues. We sometimes need a behaviorist to work out the routines in the home. I believe autistic adults and clients with dual diagnosis should have a behaviorist for their program design.	Feb 4, 2011 12:46 AM
866	Seems to me that the mental health component of having special needs or having a child with special needs is critical and should be provided.	Feb 4, 2011 12:46 AM
867	Children whose main problem is behavioral and social skills as well as the parents in order to help their children cope up w/ these kind of problems.	Feb 4, 2011 12:47 AM
868	Yes- Should be open to all clients (all ages) that have behavioral challenges.	Feb 4, 2011 12:52 AM
869	ABA theraphy has done wonders for my daughter. Now that she has lost her old medical through the military we cannot afford this. She learned a lot but cannot get this service now because of budgets.	Feb 4, 2011 12:53 AM
870	Any child 0-18 who is delayed in development or struggling in school or community.	Feb 4, 2011 12:55 AM
871	Children, Teens and Adults with developmental disabilities who are exhibiting behavioral problems at home, school and the community.	Feb 4, 2011 1:03 AM
872	Children who have behavioral issues	Feb 4, 2011 1:04 AM
873	1.) Families - parents, grandparents, anyone who cares for the child on a routine basis. Parents/care providers need to understand this is not an expensive glorified baby sitting session. They should be mandated to participate in the program and demonstrate competency in the program as the program phases out and parents/care providers take over. Parents/care providers would require differing levels of directed services based on educational level/ mental health level/ and ability level. 2.) The child should recieve a direct service as well as the families.	Feb 4, 2011 1:30 AM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
874	This is a type of service that can really help families teach their children appropriate behavior and self-help skills, as well as delimit maladaptive behaviors. Tiered services should exist, whereby most families of minors needing help with behaviors or emotional regulation would first attend a series of group classes, as now mandated. (If the consumer were to be endangering self or in immediate need of more serious intervention, this first level could perhaps be skipped or done concurrently with more intensive intervention.) Consumers with mild behavioral and self-help deficits could receive in-home services for 5 hours per month over several months. Consumers with more difficult behaviors could have a behavioral assessment completed, and they and their families could perhaps receive 10-20 hours per month over several months. There are consumers whose diagnoses and difficulties may requires them to have wrap around services that include a behavioral management component. Namely, parents of minor children need to be willing to work diligently under the tutelage of a specialist in order to see improvement in their child. Consumers with certain diagnoses may need to have behavioral services intermittently throughout their lives, as different behaviors may appear and families may need assistance to develop a behavioral plan to support appropriate alternative behaviors and to extinguish maladaptive behaviors. It would be expected that as parents work on the behaviors, additional behavioral intervention sessions may not need to be as frequent or over as long a span, but rather be more like consultations.	Feb 4, 2011 1:35 AM
875	Kids with developmental disabilities and their families. For example autism spectrum disorder.	Feb 4, 2011 1:42 AM
876	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 4, 2011 1:43 AM
877	First of all, i think that inorder for anyone to receive services they should be a citizen, that would cut the cost. They can offer services for a set amount of time unless the behavior changes and needs to be addressed.	Feb 4, 2011 1:54 AM
878	Provide absolutely NO services to Illegal Aliens! Only provide services to US citizens!	Feb 4, 2011 2:00 AM
879	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 4, 2011 2:04 AM
880	All persons with intellectual disabs including all persons who are regioanl center clients. Services should include toddlers up to persons who are in older ages.	Feb 4, 2011 2:13 AM
881	All children with disabilities should receive Regional Services. It helps them to become productive people and they achieve so much through the service. Without the service they will grow to rely on society to care for them. When they can learn to achieve for themselves and be productive through Regional Services it gives them a sense of pride and accomplishment.	Feb 4, 2011 2:31 AM
882	poeple with disability who are unable to behave within the normal means should receive behavioral intervention service.	Feb 4, 2011 2:36 AM
883	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 4, 2011 2:40 AM
884	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 4, 2011 2:46 AM
885	While parents have obligation with the other member of their family to expect a couple hours per day Will help is extending the agony. More time is needed particularly when the problem is discovered at younger age.	Feb 4, 2011 2:47 AM
886	All children and parents with autistic and mental diabilities who can not otherwisw afford it themselves.	Feb 4, 2011 2:58 AM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
887	Any child having behavior issues interfering with them to be able to function at home, school, or work environment. Therapy needed so learn to function and be independent.	Feb 4, 2011 3:01 AM
888	If a regional center client is leans toward becoming harmful to self and others.....we need to take care of the problem of course. Home-based training a must for every client showing a worrisome behavioral personality. We can't slim down on the most severe cases and the regional center counselor (as always) will need to help parents in the moderate cases. Until we can get this State back in shape--and it may take a long time--we will have to manage as we did back in the early 1990s.	Feb 4, 2011 3:07 AM
889	The rise in autism is threatening to swamp the entire system and the need for services will ultimately come from the State. The success of early intervention is very well established. You should not quibble about what agency pays for exactly what services. The services should be started ASAP and in an aggressive manner. Don't let time and opportunity slip away while you try to divvy up who will do what. If you do not pay now, you will pay MUCH more latter.	Feb 4, 2011 3:18 AM
890	All children with Autism should recieve ABA. Research has shown that early intervention with ABA as it's corner stone, to dramatically improve these children's outcomes. Early intervention is absolutely key!!	Feb 4, 2011 3:21 AM
891	Autistic children and other clients who have behavior problems	Feb 4, 2011 3:31 AM
892	ANY ADULT or CHILD with a diagnois of ASD	Feb 4, 2011 3:37 AM
893	Behavior Specialists to assist teachers implementing Behavior Support Plans.	Feb 4, 2011 3:40 AM
894	Clients that have behavioral or emotional issues, need set plans or behavior mod plans, so that they can live safely and fit in with the community in which they participate. Also, if they want to have a job, they would also have these plans in motion to maintain their jobs. All of this should be stated in their IPP.	Feb 4, 2011 3:51 AM
895	Children and Parents. Children with autism, learning disabilities or ppd-nos specifically.	Feb 4, 2011 4:03 AM
896	provide consultations with the specialists	Feb 4, 2011 4:08 AM
897	As described in the Lanterman Act, individuals have the right to Individual Program Plan, directed by their IPP team. It took decades and the efforts of thousands of activists and families to arrive at this level of respect for the individual person and their needs. THIS IS ESSENTIAL! Respect the wisdom and vision of the Lanterman Act.	Feb 4, 2011 4:19 AM
898	As a residential service provider, I can verify that the behavioral consultant hours for level four facilities are not effective. Many of the consultants are taking advantage of the residential facilities by collecting money without delivering services. If the rates for residential facilities are cut the number of consultant hours should also be reduced. The behavioral consultants are getting away with signing contracts and not delivering services. They are taking advantage of both the consumers and residential facilities. The state should enforce on set rate for behavioral consultants. My opinion regarding individual and group therapy is different. The consumers actually get the services they need. I have witness a decrease in behaviors and an increase in functioning in consumers who have weekly therapy. Therapy is a important component, especially in consumers who are on medication. I suggest the state cut behavioral consultant hours and increase funding for individual and group therapy. I also suggest therapy be granted only to consumers with severe mental disorders.	Feb 4, 2011 4:38 AM
899	My daughter with autism needs behavioral services so that she can be successful and assimilate in the community	Feb 4, 2011 4:38 AM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
900	Clients with health and safety concerns and delays in areas that are not matching their overall developmental level (for instance a 5 year old child with autism who is high functioning but not independent with toileting).	Feb 4, 2011 5:05 AM
901	It is not only essential for children with special needs to be allowed to continue any servixes which enable them to succeed to their greatest potential but also saves the saves millions of dollars in assistance later for these children. These services enable many children to learn and grow as well as learning to count, function and work in society, helping to eliminate some of the financial burden from the state. My son has been receiving speech, physical therapy and child specialist since he was about 7 months old. We, as parents have learned from these teachers how to appropriately teach our son to reach goals that he would not likely have obtained otherwise. He is now preparing to start preschool in the fall once he turns three.	Feb 4, 2011 5:09 AM
902	That needs to be determined during the IPP meeting, based on the consumer's individual needs.	Feb 4, 2011 5:43 AM
903	Any RC consumer/family that need help with behavior issues.	Feb 4, 2011 5:46 AM
904	Every child with special needs until age 6, then as needed until proven that there s no benefit to the child. The most intensive care must be given to these youngest children, this has proven to show the greatest results, which saves money as they become school age nd older.	Feb 4, 2011 6:18 AM
905	Those individuals whose IPP team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 4, 2011 6:25 AM
906	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in the Lanterman Act Section 4646 (a) – (d).	Feb 4, 2011 7:21 AM
907	Each patient have different issues and concerns. persons diagnosed with autism spectrum, ADHD, asperger , mental health problems.	Feb 4, 2011 7:25 AM
908	Income based eligibility/share of cost Provide the service in the child's native language Only continue service if there is progress and parent involvement 100%	Feb 4, 2011 9:16 AM
909	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 4, 2011 3:10 PM
910	Individuals whose IPP team has carefully identified the need for these services per the Lanterman Act's applicable Section. These decisions need to be made by the IPP team who is familiar with the individual and who can ensure that their personal needs are met. Our son greatly benefits from the continuity and familiarity provided by the IPP team decisions.	Feb 4, 2011 3:35 PM
911	Parents should have access to affordable and culturally appropriate support systems. Many parents do not receive any support, resources or respite due to lack of insurance, funding or information. Service should be person centered, not organization or vendor centered. person centered planning should include ethical standards of counseling for all individuals within the scope of planning and implementing wrap- around and comprehensive service.	Feb 4, 2011 3:43 PM
912	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 4, 2011 3:55 PM
913	I believe that any person(s), adults and/or minors, should have access to basic services when behavioral problems are suspected or diagnosed. We all know that the earlier intervention and treatment can occur, the less likelihood that the problems may get worse or escalate.	Feb 4, 2011 4:06 PM
914	Anyone for whom the Service coordinator perceives a needs based on their vist to the family situation.	Feb 4, 2011 4:10 PM
915	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in the Lanterman Act section 4646(a)-(d)	Feb 4, 2011 4:30 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
916	Give assistance to ALL parents of children newly in regional center system. RIght now, Alta gives NO services to help parents deal with their children's out of control behaviors and the parents' understandable feelings of being overwhelmed with new diagnosis. They fight tooth and nail to avoid giving autistic kids ABA services--most parents I know are so demoralized and depressed by weeks or months of fighting to prove how bad their child is. THe parents are too overwhelmed to get the services they have a right to and the delay is so long that almost all the families have lost the support of friends because of their children's out of control behavior. I think in the end, the system will suffer because these kids will fail in life and end up in prison or homeless due to they and their parents not getting behavioral services ASAP.	Feb 4, 2011 4:32 PM
917	Those individuals whose IPP team has identified a need for these services.	Feb 4, 2011 4:43 PM
918	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in the Lanterman Act section 4646 (a)-(d)	Feb 4, 2011 4:49 PM
919	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 4, 2011 4:51 PM
920	Any person who lists those services on there ipp.	Feb 4, 2011 4:58 PM
921	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 4, 2011 4:58 PM
922	Individuals whose IPP team has identified as having a need for services as decribed in the Lanterman Act	Feb 4, 2011 5:04 PM
923	I think anyone with a disability needs these services.	Feb 4, 2011 5:07 PM
924	those individuals whose IPP team has a identified a need for these services as described in the Lanterman Act section 4646 (a)-(d)	Feb 4, 2011 5:15 PM
925	Developmentally disabled individuals	Feb 4, 2011 5:34 PM
926	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 4, 2011 5:38 PM
927	This should be determined by the IPP team based on identified need.	Feb 4, 2011 5:40 PM
928	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act	Feb 4, 2011 5:50 PM
929	Individuals whose IPP has identified a need for these services, as defined by the Lanterman Act Sections 4646 a-d	Feb 4, 2011 5:59 PM
930	Those individuals whose IPP team has identified as having a need for these services, as described by the Lanterman Act, Section 4646.	Feb 4, 2011 6:00 PM
931	The child and parents.	Feb 4, 2011 6:05 PM
932	People identified as being autistic or mentally retarded with challenging behaviors and dual-diagnosed people with mental illness and or mental retardation/autism	Feb 4, 2011 6:18 PM
933	Those individuals whose Individual Program Plan (IPP) team has identified a a need for those services, as described in The Lanterman Act Section 4646 (a) - (d)	Feb 4, 2011 6:29 PM
934	Children with Autism and related disorders	Feb 4, 2011 6:38 PM
935	Those individuals whose IPP team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 4, 2011 6:47 PM
936	Individuals with developmental disabilities.	Feb 4, 2011 6:56 PM
937	Children of the Military that EFMP qualified.	Feb 4, 2011 6:57 PM
938	Those children who are behind in their communication and deportment so that they cannot meaningfully interact wtih other children, their family or with adults to progress further.	Feb 4, 2011 7:05 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
939	Developmentally disabled children and adults who have been properly evaluated by behaviorists and/or psychologists would benefit from continued or even on an as-needed basis behavioral services.	Feb 4, 2011 7:12 PM
940	All developmentally disabled persons should have these services.	Feb 4, 2011 7:15 PM
941	Any regional center client should receive behavior services if behaviors/activities prevent a client from making progress in areas that a similar client without behavior concerns would normally make progress. Behavior Services should be implemented after evaluation that determines if all intervention approaches are in place. These approaches should include: behavior interventions at home, at school and in the community; parent and staff training regarding positive behavior management and the reasons for behavior; communication support (picture boards, cards, augmentative devices, sign language); behavior plans with specific targets that are measurable; documentation of antecedent behaviors and payoff.	Feb 4, 2011 7:23 PM
942	I HAVE FOUND THAT THIS SERVICE CAN HELP TREMENDOUSLY. People with IEPs.	Feb 4, 2011 7:33 PM
943	Single parents/families that are having difficulty with parenting and are not familiar with newer and better methods or having trouble dealing with difficult children and their distructive/disturbing behavior.	Feb 4, 2011 7:36 PM
944	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in the Lanterman Act Section 4646 (a) – (d).	Feb 4, 2011 7:42 PM
945	Children with autism Clients with behavior issues Staff in integrated settings that need consultation and assitance on managing a client in their integrated activity or program who has interfering behaviors	Feb 4, 2011 8:03 PM
946	All consumers with an ISP/IPP that determines behavioral services are necessary for the health and wellbeing of the consumer.	Feb 4, 2011 8:08 PM
947	Children, adolescents, teenagers, young adults living at home (based on appropriate standards of clinical practice)	Feb 4, 2011 8:09 PM
948	Anyone who would benefit from this services and would reach an higher level of self suffiency and self help skills in their future. All individuals diagnosed with autism or an ASD should be automatically granted behavioral services.	Feb 4, 2011 8:09 PM
949	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 4, 2011 8:09 PM
950	stressing the importance of helping those who need it the most. continuing to provide continuity and support.	Feb 4, 2011 8:17 PM
951	A person/child who has IPP that indicates the need.	Feb 4, 2011 8:23 PM
952	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 4, 2011 8:32 PM
953	Behavioral support can be useful for the individuals we serve (adults and children) who are exhibiting behavior that interferes with their ability to be as independent as possible.	Feb 4, 2011 8:36 PM
954	Those who are identified as needing these services. Those whose IPP team has identified a need.	Feb 4, 2011 8:43 PM
955	Those individuals whose Individual Program Plan (IPP) has identified a need for these services,as described in The Lanterman Act - Section 4646 (a) - (d)	Feb 4, 2011 8:45 PM
956	Those individuals whose IPP team has identified a need for these services, as described in the Lanterman Act Section 4646 (a)-(d)	Feb 4, 2011 8:47 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
957	Per the Lanternman Act, receipt of services should be determined by the IPP team. If the team finds a consumer in need of, and could benefit from, behavior services, those services must be made available to consumers.	Feb 4, 2011 8:56 PM
958	Provide services if parent of school requests them with back-up documentation -- ie data indicating behaviors counter to the best interest of the consumer (or society). Allow anecdotal data and parents' lists of their observations. Do not require lengthy discrete trial or other observation processes. Best behavioral services are administered sooner, not later.	Feb 4, 2011 8:57 PM
959	Consumers who have behavior problems that interfere with their ability to participate in their daily life. People who have autism.	Feb 4, 2011 8:59 PM
960	the IPP team has identified a need for for theses services, as described in the lanterman act.	Feb 4, 2011 9:05 PM
961	Those who should receive these services are those who's circle of support has determined these services will best support the individual.	Feb 4, 2011 9:08 PM
962	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 4, 2011 9:12 PM
963	Any child with a diagnosis of autism spectrum should recieve these services. They have help my child so much in the past two years. He still isn't close to where a 4 year old should be but he has come so far in the past 2 years.	Feb 4, 2011 9:18 PM
964	Anyone who's child is diagnosed with PDD-NOS, or Autism	Feb 4, 2011 9:20 PM
965	If this is the correct spot and answer, my response is simply this. We must begin to put in place and do those things that teach children how to live in, deal with, and cope in a real world with real world situations. If this is not mastered, nothing else matters.	Feb 4, 2011 9:20 PM
966	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d)	Feb 4, 2011 9:25 PM
967	This is a frequently requested service and can be costly. As with any service, it should be individualized to meet the individual consumer's needs. However, the type of behavior(s) and the severity of these behavior(s) must be taken into consideration with these authorizations. There should be "tiers" of service provision related to the type and severity of the problem(s) identified, and a designated range of service hours for different tiers. All behavioral services should start with an assessment from a qualified individual certified or licensed to do that service. Providers of service should always have the required training needed to conduct the service. Agencies should show proof (accountability) that their staff have completed ongoing inservice trainings and/or CEUs in order to provide behavioral modification or DTT services. There has to be checks and balances about all who claim to be able to provided such services and DDS should consider running the background checks on these providers including their staff. The names of each service agency's staff (employed or contracted) should be reviewed by the State, and not the individual regional centers, to avoid misinterpretation of the requirements. Also, because behavior modification and DTT have different intentions, the designated behavioral consultant to each regional center should be able to say which service is appropriate. Many behavioral service providers receive referrals for behavior modification to address problematic behaviors, but when the assessment report is reviewed, these providers are targeting adaptive skill development, or DTT.	Feb 4, 2011 9:27 PM
968	Any child who has behaivors which interfere with development Any adult who has behaviors that prevent them from or put them at risk of living is a more restrictive environment.	Feb 4, 2011 9:31 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
969	I would like to see my daughter have a Behavioral Specialist come to our home and work with her. She has Three disabilities and needs a lot of help as she is struggling with behavior issues in kindergarten. She is going to be 6 years old in March of 2011 and still wears diapers as she will not use the toilet. My wife, [redacted] needs someone who can come to the house and go over goals and help her to achieve these goals, such as how to grocery shop, how to cook, how to clean the house, how to have good hygiene, how to eat properly, and how to deal with stress.	Feb 4, 2011 9:33 PM
970	The consumer should received the services. The bevaviorist needs to desing a plan and employ a method that will mostly likely benefit to the consumer.	Feb 4, 2011 9:37 PM
971	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services as described in The Lanterman Act section 4646 (a) (d).	Feb 4, 2011 9:38 PM
972	.All clients who have a need for these kind of services.	Feb 4, 2011 9:47 PM
973	The individuals that may recieve these services should be the ones that want help.	Feb 4, 2011 9:49 PM
974	It is impossible to set a standard or requirement for INDIVIDUALIZED services which is what the Regional Center purports to provide. Service Standards fly in the face of the Lanterman Act (limiting what people have access to and the number of people who can access a service in an ENTITLEMENT system). If you really want to save money CLOSE THE DEVELOPMENTAL CENTERS, cut down on the bureaucracy (which would only increase with service standards), and keep the cuts away from the lives of the actual people DDS is supposedly here to protect and serve!!!!	Feb 4, 2011 9:51 PM
975	ALL children with developmental disabilities including autism and their families should receive these services. Behavioral services are VITAL to these childrens' and families existence, as many families do not know how to deal with many behaviors. Specialists are needed to help families cope and children grow. Please do not take away these services!	Feb 4, 2011 9:57 PM
976	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 4, 2011 10:01 PM
977	Individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act.	Feb 4, 2011 10:09 PM
978	Answer: Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) – (d).	Feb 4, 2011 10:13 PM
979	Any family with a child exhibiting behavioral difficulties that cannot be addressed through an IEP should be able to access services designed to improve behaviors.	Feb 4, 2011 10:14 PM
980	Any individual affected by a dd in a way that disrupts day to day functioning for that individual and/or family members.	Feb 4, 2011 10:20 PM
981	All children with a diagnosis of autism and problems with behavior need these services. Eligibility for Regional Center services in our area currently requires that a child not only have a qualifying diagnosis such as autism, but is also based on cognitive level. Thus, many children with significant autism and associated behaviors are denied access to these services because they are not also mentally retarded. Some children with "high functioning" autism, meaning with "normal" cognitive ability and with ability to communicate have the MOST CHALLENGING behavior problems and need behavioral intervention. These children are currently EXCLUDED from Regional Center programs. Children with significant behavior problems that do not qualify for mental health support due to their autism diagnosis also need Regional Center supported behavior / emotional treatments.	Feb 4, 2011 10:23 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
982	All youth that are in a program of out of home placement and care from 0 to 21 also all youth with developmental delays. Provide for thorough evaluation to determine the medical need for care.	Feb 4, 2011 10:24 PM
983	any person who is struggling with expressing their feelings and demonstrating behavioral issues consistently.	Feb 4, 2011 10:26 PM
984	EIBT is essential in training not only children who have autism but those who have exhibiting significant behaviros at an early stage. They need to be given to children ages 3 to 7 or 8 years of age with a maximum length for the program of 2 to 3 years.	Feb 4, 2011 10:27 PM
985	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 4, 2011 10:29 PM
986	Children and adults with autism and other related developmental disorders that impact sensory regulation, impulsiveness, anxiety, and social and emotional challenges.	Feb 4, 2011 10:36 PM
987	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 4, 2011 10:38 PM
988	especially 3-6 years old kids with autism.	Feb 4, 2011 10:49 PM
989	hose individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 4, 2011 10:52 PM
990	Regional Center clients displaying maladaptive behavior and/or whose family members do not have sufficient trainng to manage such behavior	Feb 4, 2011 10:53 PM
991	Individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d) should receive these services.	Feb 4, 2011 10:53 PM
992	Services for young children especailly are essential.	Feb 4, 2011 10:59 PM
993	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 4, 2011 11:05 PM
994	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in the Lanterman Act Section 4646 (a) – (d).	Feb 4, 2011 11:16 PM
995	For sure, newly diagnosed clients and their families need information and training. There's more information in the general press about autism now than when my child was diagnosed, but it's overwhelming, and guidance from the Regional Center is invaluable. Then, when the client hits puberty, further intervention would be useful. Behavioral challenges can be extreme at that time. Counseling families about useful strategies would be very helpful. Transition out of the home in adulthood is another crisis moment when individuals and their families could use extra support.	Feb 4, 2011 11:25 PM
996	The person who the IPP team has identified as need this service. Lanterman Act. Sec 4646	Feb 4, 2011 11:38 PM
997	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646(a) - (d).	Feb 4, 2011 11:39 PM
998	Any individual receiving regional center services whose ID team determines that a need for behavioral services exists.	Feb 4, 2011 11:44 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
999	As a Service Coordinator, I truly feel that in all areas of services delivery and program design, that there shall be consistency in all areas. While I know from my work that each family and consumer is unique with their own needs, we must set forth standards which are implemented consistently. This may mean having to say "no", having to say, "there are NO exceptions to these/this policy/policies". The vendors must also know that they are accountable to help the Regional Center implement and support the standards that are set forth. We work as a team and must be able to support one another. I feel that teh Trailer Bill Language has been integral in starting this dialogue and halping people understand that standards need to be set, and implemented.	Feb 4, 2011 11:50 PM
1000	Chidlren between the ages of 3-6 who can benefit from ABA services due to a dx of full spectrum Autism. Children between ages of 6 -10 who have a dx of full spectrum Autism and with significant behavioral challenges that are severe enough to threaten the health and safety of the child. Older children receive only short term services (0-3 months) to ameliorate behaviors that pose a threat to health and safety. Services to be provided only when parents are able/willing to participate and learn skills needed to support to their child. All goals are to be parent-training goals	Feb 4, 2011 11:53 PM
1001	Those individuals whose IPP team has identified a need for these services, as described in The Lanterman Act Secton 4646 (a)-(d).	Feb 4, 2011 11:56 PM
1002	Every person who is diagnosed as being on the autism spectrum including Aspergers, PDD, PDD-NOS, etc. Parents and caregivers of people on the spectrum should also receive training and support services so that they have the resources necessary to continue caring for individuals with developmental disabilities.	Feb 5, 2011 12:07 AM
1003	All parents should receive a minimum amount. I took an 8 week class to receive Floor Time Services. I thought that was the minimum that should be required. All parents should be required to have at least an hour a month to be trained in how to implement services that are being taught to their children. In addition I think a support group for parents once a month should be available with child care during that hour.	Feb 5, 2011 12:07 AM
1004	My son is on the autism spectrum. So it greatly helps children especially non verbal on the spectrum along with children who have any type of disability or challenge	Feb 5, 2011 12:54 AM
1005	Early intervention is extremely valuable. So if behaviors exist, deal with them for the child and for the parent and for the caregivers(teachers or whomever) as soon as possible. Be positive in mind and in methodologies. If the behaviors are noted later in life, deal with them vigorously and completely as soon as possible.	Feb 5, 2011 1:05 AM
1006	Children Autism Spectrum Disorders and Fragile X, Mental Retardation.	Feb 5, 2011 1:05 AM
1007	Individuals demonstrating negative behaviors that are moderate to severe in nature. The behaviors should have a substatial adverse impact on the individual's social and/or adaptive functioning.	Feb 5, 2011 1:21 AM
1008	Any child with disabilities that are serious enough to prevent him/her from having the same level of learning opportunities as a typical child. Any child that cannot independently function and demonstrate basic self-help skills.	Feb 5, 2011 1:21 AM
1009	Individuals whose Individual Program team has identified a need for these services as described in the Lanterman Act Secion 4646 (a) - (d).	Feb 5, 2011 1:22 AM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1010	Any client of the regional centers should be eligible. Age or type of disability should not matter. Special attention should be given to any clients that need assistance to ensure the safety of a client.	Feb 5, 2011 1:42 AM
1011	Services should be provided to adults and children who have been determined to require behavioral intervention by Regional Center.	Feb 5, 2011 1:51 AM
1012	: Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 5, 2011 2:10 AM
1013	These services should be available to individuals identified with severe behavioral and social-emotional condition. Severe, meaning that it significantly impacts their ability to function as well as their level of independence. Ex. Autism and those with diagnosed mental health needs, such as mental retardation existing concurrently with depression.	Feb 5, 2011 3:15 AM
1014	My son [redacted] who is 5 years old and diagnosed with Autism Spectrum Disorder	Feb 5, 2011 3:34 AM
1015	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in the Lanterman Act Section 4646 (a) – (d).	Feb 5, 2011 3:46 AM
1016	Those clients who are suffering from emotional dysfunctions.	Feb 5, 2011 3:51 AM
1017	All the above areas are so vital for supporting those with special needs. Designing, implementing, evaluating methods, consultations with specialists,, and behavioral intervention, as well as support for parents on continuing the behavioral intervention techniques through home-based intervention programs are crucial for daily survival for many clients.	Feb 5, 2011 4:07 AM
1018	All children who have behavioral disablities that reflect in the home or at school	Feb 5, 2011 4:37 AM
1019	I don't have to inform you of the rise in Autism Spectrum Disorders. Back in 2000, I had one child in my severely handicapped class. Now, in 2011, I have 14 students in my class. Additionally, with god and his sense of humor, gave me twin girls with autism, specifically PDD-NOS. My input -- if it weren't for early intervention services for they would simply not have a meaningful life. One suggestion I have about who should receive these services: everyone with an irrepairable brain disorder (brain injury, autism, cerebral palsy ; birth to death.	Feb 5, 2011 5:21 AM
1020	All children with delays on developmental milestone and those with a known family history of mental retardation, autism or other genetic disorders which have developmental delays as part of the phenotype.	Feb 5, 2011 5:36 AM
1021	These services are vital for people with Autism spectrum disorders.	Feb 5, 2011 5:46 AM
1022	Any client with behavioral issues, or family of a client with behavioral issues.	Feb 5, 2011 6:15 AM
1023	Individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 5, 2011 6:29 AM
1024	Birth- 5 not birth to 3	Feb 5, 2011 6:31 AM
1025	Children with maladaptive behaviors that are interfering with thier skill acquisition, as well as successful integration within the home and community.	Feb 5, 2011 6:40 AM
1026	Any individual whose Individual Program Plan (IPP) team has identified a need for these services, as described in the Lanterman Act Section 4646 (a) – (d)	Feb 5, 2011 6:48 AM
1027	Services should be given directly to the child and families need to participate as well as and other peolple that works, lives ar take care of the child	Feb 5, 2011 7:25 AM
1028	Every person who was given an individual program plan should get all the behavioral services that is suggested to them.	Feb 5, 2011 7:31 AM
1029	Autism, cognitive delays and consumers who are recommended behavioral therapy by their doctors or mental health professionals	Feb 5, 2011 7:43 AM
1030	autism, cognitive impairment	Feb 5, 2011 7:52 AM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1031	As stated in the Lanterman Act, each person with developmental disabilities has an IP Team which determines the services a person needs based on the individual's needs. People whose IP Team has identified a need for these services. See Lanterman Act.	Feb 5, 2011 2:41 PM
1032	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 5, 2011 3:12 PM
1033	Those individuals whose Individual Program Plann team has identified a need for these services, as described in The Lanterman Act Section 4646(a)-(d).	Feb 5, 2011 3:33 PM
1034	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 5, 2011 3:47 PM
1035	Those who have supportive environments, parents who attend trainings (even if the consumer is an adult) or careproviders who are going to be trained. It is a waste of money to provide behavior services when the individual will have nobody to support him/her.	Feb 5, 2011 3:57 PM
1036	On going therapy for infants and toddlers at risk for autism. Therapeutic support for parents.	Feb 5, 2011 4:10 PM
1037	Any child who is behind. Even if they are only a little bit behind-less than the 33%. If we don't help these kids immediately then we face long term care and services for them. Early intervention is so important and should be of highest priority.	Feb 5, 2011 4:15 PM
1038	For families struggling with behavior challenges of their loved ones, behavior services are the only hope for the quality of the family's life. Behavioral services are vital to quality of life. PLEASE DO NOT CUT FROM THIS AREA. As the parent of a child who received these services from you in the past, they made a tremendous difference in our child and our quality of relationship that we are now able to have with her. She is truly a success story of your programs and services! The developmental and behavioral screenings you did on my child were very thorough.	Feb 5, 2011 4:44 PM
1039	Any child with the Autism Diagnosis should receive these services.	Feb 5, 2011 4:53 PM
1040	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in the Lanterman Act Section 4646 (a) – (d).	Feb 5, 2011 5:12 PM
1041	ABA services for individuals who have autism are essential.	Feb 5, 2011 6:22 PM
1042	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 5, 2011 6:30 PM
1043	I have personal experience with the importance of behavioral services. I have a 26 year old daughter on the severe end of the Autism spectrum. She was previously at Fairview Developmental Center due to behavior issues. She came back into the community 5 1/'2 years ago. Because of a behavioral special working with her, she is successful living in the community. Without this support, should would be back in a DC.	Feb 5, 2011 7:23 PM
1044	Any child on the autism spectrum or who is developmentally delayed.	Feb 5, 2011 7:37 PM
1045	There should not be a lapse of service when working on certain goal and progress is being made. I have had services lapse for my son for several months. Often times the behavior we worked on regressed to the point that the service was like starting over, even thought the goal probably would have been reached had there not been a lapse, while waiting for reauthorization.	Feb 5, 2011 7:54 PM
1046	Developmentally delayed persons with self injureous or other injurious behavior; Autism	Feb 5, 2011 8:11 PM
1047	Those individuals whose Individual Education Program (IEP) or Individual Program Plan (IPP) team has identified a need for these services.	Feb 5, 2011 8:25 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1048	I am opposed to POS standards. It should be those individuals whose Individual Program plan team that has identified a need for these services as described in The Lanterman Act Section 4646 (a) - (d).	Feb 5, 2011 8:33 PM
1049	This service should be for all consumers who are regional center consumers. Training for parents in the area of behavioral intervention is a great need. The use of implementing a behavioral program for parents with consumers who have significant needs is very important.	Feb 5, 2011 9:50 PM
1050	Consumers under age 22, who are not receiving any other form of behavioral service through school, or community based resources.	Feb 5, 2011 10:16 PM
1051	Those individuals whose IPP (Individual Program Plan) team has identified a need for these services, as described in The Lanternman Act Section 4646 (a) - (d).	Feb 5, 2011 10:22 PM
1052	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in the Lanterman Act Section 4646 (a) – (d).	Feb 5, 2011 10:47 PM
1053	Individuals whose Individual Program Plan (IPP) Team has identified a need for these services, as already detailed in The Lanterman Act, Section 4646 (a) - (d).	Feb 5, 2011 11:24 PM
1054	Early Invention is crucial to the successful development of autistic children. All autistic children should receive ABA (Applied Behavior Analysis) Therapy as soon as they are diagnosed. Early Intervention should start as early as 12 months and continue until 5 years old.	Feb 5, 2011 11:56 PM
1055	I believe that most children do benefit from intensive behavioral intervention. My son was 2yrs when diagnosed with Autism.Only two word in his vocabulary and very aggressive. Now due to 40 hours a week program. He started school with the rest of his peers.He continues on receiving services and he continues on developing.	Feb 6, 2011 12:24 AM
1056	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) – (d).	Feb 6, 2011 1:20 AM
1057	children and adults that have a disability that affects behavior and ability to function in school, community, work. The behavior(s) should be evaluated according to: onset (when the behavior started) frecuency (how often throghout the day, and night) and severity (destructive, self-injury, aggression,and the like)	Feb 6, 2011 1:53 AM
1058	Based on individual need -- every person with autism is different. But it should be permissible to prioritize services for those with behaviors that make them a danger to themselves or others.	Feb 6, 2011 2:15 AM
1059	Any child having behavior problems, needs diagnostic services. Then teaching the family,teachers, other staff behavioral intervetion techinques. These services are important for a child to grow up to learn in school, enjoy social activities, work and volunteer.	Feb 6, 2011 2:47 AM
1060	Any regional center client that is in need o the service.	Feb 6, 2011 2:50 AM
1061	since great state of California has eliminated, many services for the handicapped in the last 10 years, what is a directive for those still in need. to institutionalize these people is not a question. it did not work before, therefore these places have been closed. people that would be tax payers are now care givers, they can no longer be productive in this society as such for they undertake the care of someone that must have it. and make sure it is adequate. and safe for those they love and care for what is the answer if there is no longer state support?? I see it , understand what is occurring and yet as with the homeless, WHAT IS THE ANSWER??	Feb 6, 2011 3:16 AM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1062	After all school measures have been used then behavioral intervention funded by regional centers should be used.	Feb 6, 2011 3:49 AM
1063	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 6, 2011 4:27 AM
1064	Regardless of any suggested standards, the consumer, the consumer's caregivers and consumer's teachers and other school service providers where applicable must still have input regarding behavioral services, and the entire IPP team, including the above, must retain the ability to choose the services and supports needed by the consumer.	Feb 6, 2011 5:04 AM
1065	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 6, 2011 5:50 AM
1066	Our daughter could have made great gains through behavioral therapy. She was not provided the service through Regional Center because she did not meet the criteria for autism. Children with milder or different diagnoses may be able to make great gains through behavioral therapy. It should be provided to those who need it for behavioral reasons, not based on specific diagnoses.	Feb 6, 2011 6:00 AM
1067	A person and/or caretaker(s) who are dealing with behavior issues that are clearly a major factor in the consumer being unable to function reasonably in the home or outside-of-the-home environment.	Feb 6, 2011 6:43 AM
1068	People whose Individual Planning (IP) Team has identified a need for these services. See Lanterman Act.	Feb 6, 2011 8:02 AM
1069	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 6, 2011 4:23 PM
1070	I Suggest all children with disabilities should receive these services. These children have a processing disorder which are the main causes of behavior. They have to be taught to process differently.	Feb 6, 2011 4:28 PM
1071	behaviorist provide at home to train parents and care giver.	Feb 6, 2011 5:55 PM
1072	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 6, 2011 6:45 PM
1073	Children from early intervention through at least age 18	Feb 6, 2011 7:17 PM
1074	Evaluate who is high risk. Compose a list from parents, caregiver and school to help evaluate. A collective effort between everyone should help determine who needs intervention. Most children on the Autism spectrum have some behavior problems.	Feb 6, 2011 7:18 PM
1075	Any and all consumers and families who demonstrate the need for support. Where other sources of support or funding for support is not available. As in private insurance or the public school system as supported by PL 94-142.	Feb 6, 2011 7:27 PM
1076	Behavioral intervention services should be made available immediately when families are in dire need of them. In a crisis, a behaviorist should be assigned to the home to deal with targeting dangerous or violent behaviors immediately.	Feb 6, 2011 7:41 PM
1077	Any clients of the Regional center	Feb 6, 2011 7:46 PM
1078	Any client of regional center that has behaviors that disrupt or impact their home, learning, social or work environments.	Feb 6, 2011 10:37 PM
1079	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 6, 2011 10:59 PM
1080	Any consumer who needs help to function appropriately in the community. This may be necessary to stay as independent as possible.	Feb 7, 2011 12:35 AM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1081	Behavioral services should be commensurate with the consumer's diagnosis. Appropriate professional help should be available to both the consumer and/or parents. In our case, as parents, we found the behavioral services essential to keep our child at home for as long as possible and to help us select an appropriate out-of-home placement when needed.	Feb 7, 2011 1:39 AM
1082	Behavioral Services provided by the so called “Behaviorists” are a waste of money. Given that is quite obvious that this survey is a way to ‘cut’ more from the Disabled. Here is why I say that Behaviorists are somewhat a waste; I have seen many of the behaviorists and do not help that much. Why pay about $5,000.00 per year when in many instances their services may be needed only once a quarter or on call basis. Here is one example of what I read about many clients: Client #1 (no names will be provided) …has shown a lot of progress in her ability to follow verbal commands and he speech has improved a great deal… Client #2… a Filipino woman of 54 years old has improved tremendously in her speech and communications skills… Here is the correct assessment to the above example; Client #1 is DEAF AND MUTE and CLIENT #2 IS MEXICAN AMERICAN, WITH LIMITED SPEECH …AND IS NOT 54 YEARS OLD. Why do we need to pay for this service? Reports are not read by anyone at the regional center, their excuse is pathetic, ‘we are overworked and underpaid’. My suggestion is for DDS to ask for these reports at random and read them. You will find what I say is true. Do not allow the regional center to pick and choose.	Feb 7, 2011 1:58 AM
1083	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 7, 2011 1:59 AM
1084	anyone daignosed with developmetal disabilty,sever personality disorders,depression ,psychosis and schizophrenia,also family memebers pf such individuals.	Feb 7, 2011 2:09 AM
1085	It has come to my attention that in our Regional Center (not sure about others) that there are not checks and balances with ehavioral vendors over time to make sure the standards are kept up as to what they are providing, and the trianing they provide thier staff therapists.	Feb 7, 2011 2:13 AM
1086	Early autism treatment, day programs, ext. For my four year old son.	Feb 7, 2011 2:46 AM
1087	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as describes in The Lanterman Act section 4646 (a) - (d)	Feb 7, 2011 5:01 AM
1088	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 7, 2011 5:08 AM
1089	Any consumer who exhibits physical or verbal aggression should receive these services the earlier the better. Families need coping strategies for how to handle certain behaviors in private and public spaces.	Feb 7, 2011 5:15 AM
1090	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 7, 2011 6:05 AM
1091	Consumers whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 7, 2011 6:29 AM
1092	really listen to the family and school reports before cutting the cosumer off for services. They do have good days and bad. Don't let the good fool you	Feb 7, 2011 6:42 AM
1093	both parents and other adults in charge of the client, siblings, and the client.	Feb 7, 2011 7:08 AM
1094	clients of any age, not just young children, who need behavioral services	Feb 7, 2011 7:16 AM
1095	All children who need additional help with any behavioral abnormalities. Behavior is a very important part of how a person acts in society, or if they can function and be able to contribute to their community.	Feb 7, 2011 7:40 AM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1096	The recipient of the service should be based on the types of behaviors and whether and how much the behaviors are impacting the life of the individual and those around them. Behaviors that are causing harm to self and others, and ones that are keeping, or have the potential to prevent the individual from carrying out an independent living in the long run should be considered for services.	Feb 7, 2011 10:09 AM
1097	Pre-term babies, 27 weeks early or earlier	Feb 7, 2011 2:36 PM
1098	People whose Individual Planning (IP) Team has identified a need for these services. See Lanterman Act.	Feb 7, 2011 2:44 PM
1099	Initially, parents and or caregivers.	Feb 7, 2011 5:10 PM
1100	These types of services should continue to be offered to consumers with all diagnosis and all ages.	Feb 7, 2011 5:13 PM
1101	People whose Individual Planning (IP) Team has identified a need for these services. See Lanterman Act.	Feb 7, 2011 5:41 PM
1102	People whose Individual Planning (IP) Team has identified a need for these services. See Lanterman Act.	Feb 7, 2011 6:14 PM
1103	Individuals with Individual Program Plans, whose IPP team has identified a need for these services, as described in the Lanterman Act, section 4646 (a) - (d).	Feb 7, 2011 6:16 PM
1104	Young children with autism (aged 18 months - 5 years) must receive intensive behavioral intervention.	Feb 7, 2011 6:19 PM
1105	Children between the ages of 4 and 18 living in their parents home. The need for behavioral services must be well documented as severly problematic, dangerous, and destructive. Children who exhibit temper tantrums that are within the norm for none developmentally delayed persons should not recieve this service. Perhaps the question should be asked is the behavior a result of parentling style rather than the person intellectual disability.	Feb 7, 2011 6:22 PM
1106	Every person whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 7, 2011 6:28 PM
1107	People with disabilities especially this who cannot afford the service	Feb 7, 2011 6:32 PM
1108	All people who need or already receive services to be continued.	Feb 7, 2011 6:33 PM
1109	Any person or individual that needs them. From children to teens and adults. My son is Autistic and receives ABA. Without ABA he would not be able to communicate his needs to me. He is now talking more, he can get himself dressed, brush his own teeth, he has less break-downs.	Feb 7, 2011 6:35 PM
1110	Everyone should be able to recieve the services. These services provide needed support to individuals so they may remain the the least restrictive environment and this is less costly to the state forto their overall care especially when the individual remains at home.	Feb 7, 2011 6:56 PM
1111	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 7, 2011 7:29 PM
1112	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 7, 2011 7:38 PM
1113	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 7, 2011 7:49 PM
1114	Everyone who qualifies according to diagnosis of a disability that would benefit from these services.	Feb 7, 2011 8:16 PM
1115	Children (and their parents) need to have professionals guding them through behavioral service programs. Our family has been in an ABA program for almost two years. Not only has it allowed our child to comminicate and learn independent skills, but they support his progress in school. We would hav ebeen lost without this intensive therapy. Yes it costs money and it is well worth it. Children with developmental disabilities must have the chance to use this vital services.	Feb 7, 2011 8:16 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1116	Applied Behavioral Analysis since it is the only scientifically proven method to meaningfully RESOLVE many behavioral issues for children with autism and related disorders.	Feb 7, 2011 9:19 PM
1117	Children diagnosed with Autism Spectrum Disorder should receive ABA	Feb 7, 2011 9:29 PM
1118	Legal US Citizens or residents, who meet the already defined standards.	Feb 7, 2011 9:34 PM
1119	parents reqeusting service should be required to take training themselves. they need to be active participants in any program put in place in the home.	Feb 7, 2011 9:44 PM
1120	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 7, 2011 9:59 PM
1121	Behavioral Services should be time limited. Parents need to explore generic resources such as private insurance, Medi-Cal, etc., when considering funding for behavioral services. Parental involvement in receiving behavioral services should be mandatory.	Feb 7, 2011 10:41 PM
1122	Anyone that needs the Services. The DDS should fund RC's not control them.	Feb 7, 2011 10:42 PM
1123	All of the individuals whose Individual Program Plan (IPP) team has identified a need for Behavioral Intervention Services as described in the Lanterman Act Section 4646 a-d	Feb 7, 2011 10:59 PM
1124	This should be an IPP team decision and determined according to individual need. Any consumer and his/her caregivers should receive appropriate services when behavioral needs have been documented in the IPP as described in the Lanterman Act Section 4646 (a)-(d).	Feb 7, 2011 11:00 PM
1125	Intensive behavioral services should be provided to children whose behavior warrants an exhaustive assessment, the earlier the better. They should also be available to older individuals who have clearly demonstrated an inablility to function at the most basic levels in society. And the people who provide those services should be accountable for the services they provide. Oversight is the key - and the best way to save money, ultimately.	Feb 7, 2011 11:05 PM
1126	Comsumers who have been assessed by their Planning Teams to be a danger to themselves and/or to others, or who are destructive and/or stigmatize the community of persons with disabilities while out in public. Including consumers who have planned and then acted so as to have broken laws that typical citizens are responsible for are included in the robust decision that public safety agents must make while considering filing a Police Report about human behaviors.	Feb 7, 2011 11:09 PM
1127	Let the Regional Centers make the decisions regarding program services	Feb 7, 2011 11:12 PM
1128	People whose Individual Planning (IP) Team has identified a need for these services. See Lanterman Act.	Feb 7, 2011 11:14 PM
1129	Those individuals whose IPP team has identified a need for these services- Lanterman Act, Section 4646a-d	Feb 7, 2011 11:16 PM
1130	Individuals whose Individual Program Plan (IPP) Team has identified a need for these services, as described in The Lanterman Act Section 4646 (a)- (d).	Feb 7, 2011 11:26 PM
1131	Appropriate and well standardized assessment instruments should be used along side professional recommendations from someone working directly with family to insure family voice and family directed services. Consultation and collaboration should be occurring (with time paid for such collaboration). These collaborations need to be across systems to connect children and families with appropriate behavioral/mental health services offered by DMH, Head Start, private insurance and the schools.	Feb 7, 2011 11:48 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1132	* Intervene as young as possible * Ensure parents participate in "parenting program" inconjunction with student direct services * Behavior services should be available for all ages, including school-age * Only evidence-based practices should be used as appropriate across-age levels * There should be an intervention match to the child's needs aligned with evidence-based practices	Feb 8, 2011 12:00 AM
1133	Consumers and their families who have a justified need (note from a qualified doctor, private or school psychologist/psychiatrist or therapist stating the need and the justification for that need) to at least age 25.	Feb 8, 2011 12:19 AM
1134	Kids with Autism should be receiving this Behavorial Service.	Feb 8, 2011 12:38 AM
1135	any individual who is at risk because of behavioral issues. This could be students, or adults who are at risk of losing placement of freedoms in the community	Feb 8, 2011 12:42 AM
1136	It should always be based on individual need. Every client has different behavioral needs and one size does not fit all. The standard must allow for flexibility to be determined by the IPP team.	Feb 8, 2011 12:44 AM
1137	In collaboration with school IEP staff, services should be established that are consistent in both home and school settings to address behavior related to diagnosis or disability and to implement behavioral intervention. This would include teaching behavioral interventions to both parents/caregivers and school staff who intervene with student.	Feb 8, 2011 12:47 AM
1138	Those individuals whose IPP team has identified a need for these services, as described in the Lanterman Act Section 4646(a)-(d).	Feb 8, 2011 1:00 AM
1139	All individuals with a developmental diagnosis such as Mental Retardation, Autism, all PDD diagnoses, cerebral palsy, etc.	Feb 8, 2011 1:50 AM
1140	All individuals who have disabilities are to receive these services as needed.	Feb 8, 2011 1:55 AM
1141	All reports should require long term and short term goals. No exception to this service.	Feb 8, 2011 2:02 AM
1142	All children who are diagnosed with Autism or a disorder closely related to Autism such as Fragile X Syndrome should be entitled to at least 20 hours of behavioral intervention services that are directly working one-on-one with the child. These services should not just be offered as parent support or training but actual hands on intervention for the child.	Feb 8, 2011 2:08 AM
1143	While the behavioral services are good, they fall short when attending to very young children. I feel that the regional centers would benefit from partnerships with local universities specializing in kids with special needs. Especially where behavioral meds are concerned.	Feb 8, 2011 2:12 AM
1144	All parents and children needing early intensive behavioral intervention services should receive services.	Feb 8, 2011 2:16 AM
1145	Behavior services should be provided based on need not on diagnosis. When a clients negative behavior impedes the family from doing routine functions then the client should be offered these services. Many families avoid going to family functions, birthday parties, grocery store, restaurants, or church because they can not control the clients behavior. If the clients challenges make the family avoid certain situations then it is warranted.	Feb 8, 2011 2:53 AM
1146	Clients who are classified as mentally retarded, and their siblings, parents, and/or caregivers	Feb 8, 2011 3:13 AM
1147	Any child on the autism spectrum should receive these services.	Feb 8, 2011 3:24 AM
1148	Children who have characteristics of and/or who are diagnosed with Autism Spectrum Disorder, Pervasive Developmental Disorders, Sensory Integrative Disorders, ADHD/ADD, and any mental health disorders.	Feb 8, 2011 3:41 AM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1149	Although services would be more intensive for younger children, they should be available throughout one's lifetime.	Feb 8, 2011 3:44 AM
1150	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 8, 2011 3:48 AM
1151	Consumers who are having difficulty with the basic aspects of human living: - relationships: - purposeful activity - emotional regulation	Feb 8, 2011 3:50 AM
1152	Children with special needs sould take priority. Then teens and adults.	Feb 8, 2011 3:51 AM
1153	Those clients who operate in life at an age different than their chronological age need continuous support in making all decisions regarding life, & need to be supported in the making of those decisions. They also must be allowed, as the rest of us are, to make mistakes in order to learn from those decisions. Though advice is precious & often adhered to, more than likely a consumer will err, either in part or in total, and that needs to be okay...reviewed & discussed, but okay.	Feb 8, 2011 4:07 AM
1154	I can comment on high school students with severe behavior problems. Students who are not on comprehensive campuses should be given priority. There is a REAL reason why they are not on comprehensive campuses. Students who are in special programs for behaviors can be considered a danger to themselves and/or others. After school programs are a must for these types of students. Everyone benefits. The students, community, teachers, families, etc. Even if social programs are cut, vocational programs serve a real purpose and need to be kept safe from cuts. This is how we will get them to be productive members of society.	Feb 8, 2011 4:33 AM
1155	1. Clients with behavior issues that put them in danger of losing their job. 2. Clients with behavior severe enough to jeopardize their current living arrangement.	Feb 8, 2011 4:42 AM
1156	yes	Feb 8, 2011 4:53 AM
1157	Any person with Autism or on the Autism spectrum. Being that fear is a huge detriment to their well-being along with other delayed emotions this should be of highest priority.	Feb 8, 2011 5:11 AM
1158	Those individuals whose Individual Program Plan team has identified a need for these services, as described in the Lanterman Act Section 4646 (a)-(d)	Feb 8, 2011 5:25 AM
1159	All individuals whose IPP team has identified the need for services as described in The Lanterman Act - section 4646 (a)-(d).	Feb 8, 2011 6:04 AM
1160	Children/minors with Aspergers and/or autism spectrum disorders and their families. And anyone else having behavioral challenges.	Feb 8, 2011 6:08 AM
1161	My niece has been blessed with these in-home services. The results have been amazing, for the child as well as the parents. It is an invaluable tool for those dealing with this disorder.	Feb 8, 2011 6:19 AM
1162	Any consumer that has behaviors that are difficult to deal with or that the family members or care takers are not able to handle.	Feb 8, 2011 6:40 AM
1163	People whose Individual Planning (IP) Team has identified a need for these services. See Lanterman Act.	Feb 8, 2011 6:54 AM
1164	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 8, 2011 7:19 AM
1165	Our daughter has been receiving services for most of her 51 years of life. In our case we have not needed help in this area, where others may need more, so it is an individual needs sitituation.	Feb 8, 2011 12:31 PM
1166	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 8, 2011 3:08 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1167	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 8, 2011 3:35 PM
1168	Students with autism or emotional disturbance	Feb 8, 2011 4:07 PM
1169	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d)).	Feb 8, 2011 4:16 PM
1170	Those shown to have the ability to learn and benefit from the services. For example, I have seen several REGIONAL CENTER clients with mental health issues/illnesses that cannot be addressed through a behaviorist- they require psychiatric care and have been misdiagnosed by the developmental services clinicians- example, Mild Mental Retardation because the person tested poorly due to psychosis. A behaviorist is never going to be able to modify the aggressive behavior of an individual who is hearing voices telling them to hurt others. Yet, behavioral services are continued for years with no progression.	Feb 8, 2011 4:21 PM
1171	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 8, 2011 4:21 PM
1172	I believe that anyone who cannot participate in the community without showing possible signs aggression, violence and/or any inappropriate touching should receive behavioral services. After all I see the only other option for these individuals as being institutionalization which is not a standard that we should live by in this day and age.	Feb 8, 2011 4:28 PM
1173	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d)	Feb 8, 2011 4:43 PM
1174	all families affected by a child with autism or behavioral issue.....this changes the whole family dynamics. any help is better than none	Feb 8, 2011 5:41 PM
1175	Individauls whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 8, 2011 5:46 PM
1176	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 8, 2011 5:52 PM
1177	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 8, 2011 5:58 PM
1178	Individuals diagnosed with an Autism Spectrum Disorder (e.g., Autism, Childhood Disintegrative Disorder, Asperger's, Rett's, PDD-NOS)	Feb 8, 2011 6:30 PM
1179	Children and Adults with developmental disabilities and physical handicaps need these services.	Feb 8, 2011 6:51 PM
1180	Persons who should receive these services are: persons who do not understand how our community at large communicates; using correct tone innotation, phrasing of questions and comments in a percieved correct social language. Possible consumers should include those lacking social skills to cope with school, work, and the community in a friendly and supporting compacity. May include those on the ASD, Downs Syndrome, Biopolar.	Feb 8, 2011 7:01 PM
1181	Those individuals whose Individual Program Plan (IPP) Team has identified a need for these services, as described in the Lanterman Act Section 4646 (a) - (d).	Feb 8, 2011 7:24 PM
1182	Very important for anyone at any age. Especially useful for teaching parents good behavioral interventions.	Feb 8, 2011 7:28 PM
1183	All children diagnosed with Autism Spectrum Disorders as well as those who are identified as being at risk for development of these disorders.	Feb 8, 2011 7:37 PM
1184	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) – (d).	Feb 8, 2011 7:48 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1185	Each Social Worker should have the authority to request that any of his/her clients who may need behavioral services be screened. Also, the Social Worker should have the authority to request that the parents of his/her clients be screened to qualify for behavioral services.	Feb 8, 2011 7:54 PM
1186	Those who are clearly in need.	Feb 8, 2011 8:08 PM
1187	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 8, 2011 8:14 PM
1188	As guaranteed by the Lanterman Act (Sect 4646 (a)-(d)), if any individuals who have been identified by a properly appointed Individual Program Plan team as demonstrating a need for these services, those individuals should remain eligible for these services going forward and without unnecessary limitations	Feb 8, 2011 8:19 PM
1189	I believe that these services should be provided to all families that are having difficulties helping their children cope with regulating their behavior.	Feb 8, 2011 8:24 PM
1190	In Early Start, DDS should provide mothers with mental health treatment as nearly half of all women who give birth to a special needs children exhibit symptoms of depression and anxiety. Depressed and anxious mothers are less attuned to the needs of the infant / toddler, make less eye contact and interact more on a caretaking role rather than a nurturing role and this negatively impacts children development. Currently, this is not even assessed by DDS workers.	Feb 8, 2011 8:35 PM
1191	All children that need this serivce should receive this service.	Feb 8, 2011 8:53 PM
1192	Children who qualify for Regional Center & their families	Feb 8, 2011 9:03 PM
1193	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d)	Feb 8, 2011 9:25 PM
1194	Answer: Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 8, 2011 9:42 PM
1195	I believe that children on the spectrum from ADD/ADHD all the way to Severe Autism should be able to receive behavioral services. Just because children add/adhd can understand and comprehened better than children with autism, the behavior problem is still the same. Although, children with autism my need more support, i think that the state should help those in need to be successful, instead of concentrating on the advanced.	Feb 8, 2011 9:44 PM
1196	All individuals diagnosed with a developmental or neurological disorder	Feb 8, 2011 10:01 PM
1197	Who should receive: children diagnosed with autism and mild MR. Services should have a time limited cap, I like the NLACRC 30 month service cap.	Feb 8, 2011 10:07 PM
1198	All clients of the regional center can benefit from behavioral services--this helps people learn to cope with various situations and get the skills to navigate through life. My daughter, her care provider and I greatly benefited from working with a behavioral specialist for my child's frustration and anger--we learned methods to work through her frustration and ways to avoid having her escalate to out of control.	Feb 8, 2011 10:16 PM
1199	My autistic daughter rreceives these services. They are necessary for her to growth.	Feb 8, 2011 10:19 PM
1200	As a parent of a child who has been diagnosed with Autism I can not begin to tell you how much this service is appreciated. Regional Centers should perhaps consider asking those who have the abillity to pay for the services such as Early Start out of pocket or through insurance to do so.	Feb 8, 2011 10:51 PM
1201	Current service levels should not be cut. Behavior services , parent training, and early intervention are proven keys to success. To remove or cut service wouldncost state/taxpayers waynmorenin the long run.	Feb 8, 2011 11:13 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1202	ABA is an absolutely critical, evidence-based therapy that has been proven to improve the functioning levels, possibility for assimilation and (ultimately independent living,) and quality of life for young children with autism. It is utterly imperative that all children with a diagnosis of autism be offered this service, and enough weekly hours so that it can make a difference (for very young children, I believe the National Research Council's findings suggest a minimum of 25 hours) Cutting funding for ABA programs for children with autism should never, never, never be an option. It is vital to helping these children work toward ultimately being freed from the need for further services.	Feb 8, 2011 11:25 PM
1203	Children who have been identified by school, day program, residential program... as having emotional behavioral problems or have a diagnoses as such, in tandem with a psychologists/Dr.'s recommendation or input	Feb 8, 2011 11:35 PM
1204	Strongly support Parent Choice in this area. More than one service or agency should be offered with time for parents to review and select what they consider most appropriate for their young children.	Feb 8, 2011 11:39 PM
1205	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 8, 2011 11:47 PM
1206	Group training available to all interested families in order to promote appropriate behaviors and prevent behavioral problems. More intense services for families and individuals in those situations where the behavioral challenges affect health and welfare, prevent the individual from reaching their goals and desires and/or jeopardize their preferred living arrangement. Family member participants must be willing to actively engage in the training and to use the techniques and plans in everyday life for generalization.	Feb 8, 2011 11:58 PM
1207	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 9, 2011 12:01 AM
1208	Anyone whose Individual Program Plan team thinks he or she needs the services.	Feb 9, 2011 12:13 AM
1209	Toddlers in Early Start	Feb 9, 2011 12:22 AM
1210	Parent, caregivers, and people around the client.	Feb 9, 2011 12:42 AM
1211	behavorial interventions	Feb 9, 2011 12:47 AM
1212	Consumers/clients should have the oppoutunity to live in a safe and clean housing at a low rent	Feb 9, 2011 12:51 AM
1213	all who qualify	Feb 9, 2011 1:10 AM
1214	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 9, 2011 1:12 AM
1215	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 9, 2011 1:24 AM
1216	Children with autistic disorder or ID/PDD-NOS Children with other DD who demonstrate self-injurious behaviors endangering their safety	Feb 9, 2011 1:24 AM
1217	ALL Children should be allowed access to ABA services. ALL parents should be allowed to have affordable access to services that can help them to better their parenting and thus help their child.	Feb 9, 2011 1:28 AM
1218	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 9, 2011 2:24 AM
1219	They should be available to anyone who has been identified in need of them.	Feb 9, 2011 3:13 AM
1220	Services are crucial for students/persons with behavior challenges. Often times services are denied for this population due to their behavior challenges and they are left at home or on the street to cause trouble.	Feb 9, 2011 3:21 AM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1221	the crisis team is a duplication of behavioral program homes. the service provider for the behavioral program homes and the crisis team don't work well together due to conflict of interest (on the part of the crisis team). crisis team can be eliminated to reduce costs.	Feb 9, 2011 3:34 AM
1222	see item 4	Feb 9, 2011 3:57 AM
1223	People who have been given a diagnosis and have requested services follow the guidelines set in an individual Program plan. This will vary greatly according to need.	Feb 9, 2011 4:01 AM
1224	After having the experience and exposure to ABA, I believe all children can benefit from its approach. For my child with Autism, ABA was the MOST important therapy received. It's intensive approach covers all aspects of a childs development-speach, behavior, interaction, motor skills, social skills and many more. I think any parent who needs help finding a way to motivate their child, should receive ABA services.	Feb 9, 2011 4:09 AM
1225	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 9, 2011 4:35 AM
1226	Consumers who have had difficulty managing their behavior to the point where they can no longer successfully participate regularly in normal day to day activities of work, leisure, an educational situations or have had run ins with law enforcement should be eligible to receive services. Service standards must be outcome measurable within specific short term time periods to consistently meet preset milestones of behavior recognition and improved self moderated positive modifications.	Feb 9, 2011 5:07 AM
1227	Refer to the Lanterman Act.	Feb 9, 2011 5:07 AM
1228	Keep the standards the same as currently stated.	Feb 9, 2011 5:25 AM
1229	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 9, 2011 5:35 AM
1230	Consumers with severe behavioral problems who do not qualify to receive other services (e.g., children who do not receive or have not received early intensive behavioral intervention services).	Feb 9, 2011 5:51 AM
1231	consumers and families. TBS/ ANAGRAM STANDS FOR/ THERAPUDIC BEHAVIOR SERVICES	Feb 9, 2011 6:04 AM
1232	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 9, 2011 6:42 AM
1233	This should be determined by those individuals whom directly live with the consumer, work with the consumer and/or care for (Respite for example) the consumer. When...for example.....the child's behavior is interrupting their ability to cooperate in a typical community environment, for example, dropping to the ground, inappropriately approaching people to remove a piece of their clothing, example jacket. Also if the child is at a very young age, and displays "very" non-typical behaviors (yelling very frequently, spitting, biting, pinching, running in traffic, kicking) that occur all day long....that need immediate intervention. Also when consultation isn't enough, as stated from the parents, and parents request the need for the increase of behavior intervention hours.	Feb 9, 2011 6:45 AM
1234	When an IPP team identifies and verifies a need the client (my son) qualifies for the service, and it should commence.Per the Lanterman Act Section 4646 (a) - (d)	Feb 9, 2011 7:43 AM
1235	Students whose behavior is a clearly related to their diagnosis, not just lack of parent/provider follow through	Feb 9, 2011 7:56 AM
1236	Behavior Services: When an IPP team identifies and verifies a need the client (my son) qualifies for the service, and it should commence. Per the Lanterman Act Section 4646 (a) - (d)	Feb 9, 2011 8:01 AM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1237	The behavioral service is one of the best tools, that the regional center offers to families who have love ones with special needs. This service teaches us the parents and caregivers, how to care for our love ones and be able to live a peaceful life. Besides their disabilities, some have behavorial issues. Here is my personal story and what a difference this service made in my life. In 2003 I moved in with my daughter and her son who has ADHD and autism. This child was so out of control, I really thought that one day, he was going to hurt us. He was already seeing a psychiatrist and in weekly therapy. Our worker suggested that we (my daughter and I) see a behavior specialist. The specialist taught us, how to deal with my grandson issues. We as caregivers need the help too. This service change our life. My grandson is now 14, and is the best teenager anyone could ever ask for. Without this service I don't know what our life would be like. This service is needed for all caregivers.	Feb 9, 2011 8:15 AM
1238	Clients unable to function at home or in the community (social-emotionally, lack communication, & limited ability to modulate behavior)	Feb 9, 2011 1:41 PM
1239	Behavioral services should be provided for clientele with a diagnosed and severe behavioral problem	Feb 9, 2011 3:03 PM
1240	Children with severe behaviors (self injurous, injurous to others, severe tantrumming). For Those with mild-moderate behaviors, parents should recieve training with quarterly follow-up from a behaviorist.	Feb 9, 2011 3:15 PM
1241	Families that are able to assume some costs with services, should. Families need to realize it is just not an open check book. More early intervention training, provided by Regional Center to teach families of how to better create independence from early stages. Make families and providers more accountable for what they do to create an positive and empowering situation.	Feb 9, 2011 5:14 PM
1242	Individuals should receive services when it would: help alleviate an individual's developmental disability; help the individual achieve or maintain an independent, productive and normal life; help prevent a risk to the individual's health and safety, and prevent institutionalization or receipt of services in a more restrictive setting. Moreover, the denial of behavioral services should not be arbitrary based upon disability. Studies show that individuals with different types of developmental disabilities can benefit from behavioral services. Behavioral service is an important service that helps to keep families together and prevent unnecessary and costly institutionalization of individuals with developmental disabilities. There should be no further reductions/limitations to behavioral services. The assessment process, use of group services, parental participation, and review process are already subject to restrictions as part of the Budget Trailer Bill of 2009. See W&I §4685(b) and 4686.2.	Feb 9, 2011 5:25 PM
1243	Only clients who have a diagnosis of autism should be eligible for after school ABA autism programs. This should not be a service Kern RC funds for because "the parent is a vendor who does a lot for our clients" The POS standards need to be followed.	Feb 9, 2011 5:36 PM
1244	Age 5 and above. Forthose younger than 5, there must be a demonstrated need. Toileting should not be inclued in behavioral management.	Feb 9, 2011 6:22 PM
1245	Developmental disabled people who is identified as those who need services. Regional Center to determine these people who needs service	Feb 9, 2011 6:23 PM
1246	People whose Individual Plainning (IP) Team has identified a need for these services. See Lanterman Act.	Feb 9, 2011 6:25 PM
1247	all clients and families that need the assistance and do not have other reosurces such as through the school or their health insurance	Feb 9, 2011 6:42 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1248	Should have clear age appropriate behavior goals/standards that should be addressed for each child. For example at age 3 a child should be potty trained, should be able to play interactively with other children, etc..... I believe these standards should be developed by the Regional Center and all service providers should be working off the same standards. Additional behavioral issues can be customized for the client.	Feb 9, 2011 7:06 PM
1249	Those individuals who Individual Program Plan (IPP) team has identified a need for these services, as described in the Lanterman Act Section 4646(a) - (d).	Feb 9, 2011 7:08 PM
1250	I feel that if the state had required parents to go throught their insurance companies first, then receive help via regional centers, our budget might be a little better. But insurance companies have to improve their guidelines and approve more services for families. If there is a need for a child to receive early intervention therapies, no one should be excluded. Some states dont even have these services available and I can only imagine how it affects the child later. I've been working for Progressive Steps, inc. for over two and half years as an office assistant and Ive miracles made. Kids will come in screaming and crying for the first month for the entire duration of therapy and after a while, they're a completely different child.	Feb 9, 2011 7:21 PM
1251	Children with Autism and severe behaviors in the home.	Feb 9, 2011 7:26 PM
1252	people whose Individual Program Plan team has identified a need for these services, as described in The Lanterman Act Section 4646 (a)-(d)	Feb 9, 2011 7:27 PM
1253	I think consumer that can't keep a job or jobs needs to be redirected to behavior mod that will teach them behavior that are acceptable at work sites	Feb 9, 2011 7:32 PM
1254	The one who should receive this service is a consumer who is displaying out of the ordinary behaviors for his/her age.	Feb 9, 2011 7:34 PM
1255	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 9, 2011 7:53 PM
1256	those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in the Lanterman Act Section 4646 (a)-(d).	Feb 9, 2011 8:26 PM
1257	It appears there are some very intensive and extensive behavior services for young children (3-7 yrs old) but when it comes to older children +7 and teens there is not much. I would also like to see a standard set so that the amount that is paid out for these services is not exorbitant as it appears some of them are, especially with more and more children with a diagnosis of autism coming into our system.	Feb 9, 2011 8:30 PM
1258	Floortime DIR is a critical choice. Parental input into choices of services and the providers is also of paramount importance. Regional centers must assist parents, not steer or limit them.	Feb 9, 2011 8:34 PM
1259	All families affected by autism-aspergers and PDD-NOS.	Feb 9, 2011 8:37 PM
1260	These services should be provided as determined by the IPP team and as necessary.	Feb 9, 2011 8:55 PM
1261	I think that all families with children who have a disability should be eligable for behavioral services. I think there could be a SMALL family fee that the parents could pay to help offset the cost to the state and ensure parent envolvment.	Feb 9, 2011 8:57 PM
1262	Consumer need help with sexuality issues. They are sexually assaulted at a higher rate. It should be mandatory that receive sex education training.	Feb 9, 2011 9:12 PM
1263	As described by the Lanterman Act Section 4646 (a) - (d), the individuals whose Individual Program Plan (IPP) team has identified a need for these services.	Feb 9, 2011 9:20 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1264	Decisions made as to who qualifies for services should be made by Clinicians and/or trained therapists as opposed to case supervisors. Often the case supervisor is making their decisions based on budget constraints as opposed to the needs of the consumer. While it is important to stay on budget, if the Regional Centers are not providing services to their consumers, then why do they exist?	Feb 9, 2011 9:37 PM
1265	These services should be avaiable to parents, caregivers, or group homes who have a child with behavior problems. For A child/adult who is at risk for placement. These services should also serve consumers who fit a criteria set forth by behavior specialist for example the person must meet certain criteria in order to get services. A child might have behaviors typical for his age and development, the public might confuse normal typical behavior as a behavior, in this case behavior services would be useless.	Feb 9, 2011 9:48 PM
1266	anyone with a child that has behavior issues and learning issues	Feb 9, 2011 9:51 PM
1267	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in the Lanterman Act Section 4646 (a) – (d).	Feb 9, 2011 9:54 PM
1268	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 9, 2011 10:30 PM
1269	Children who have behavioral difficulties, Autism, social communication disorders.	Feb 9, 2011 10:35 PM
1270	Any person of any age who needs assistance in order to live in a natural - not institutionalized- setting: including children living with parents or guardians, or adults with family members, supported shared residence, or independantly in an apt. or house. At the LEAST, services should be offered to those with difficulty in basic functions such as eating, toiletting, hygiene & personal safety and those whose behavior interferes with others' hygiene and personal safety. Persons of any age who cannot communicate without assistance should receive PRIORITY CARE in funding!	Feb 9, 2011 10:37 PM
1271	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 9, 2011 10:37 PM
1272	Individuals who have been identify with the need of the services through their IPP.	Feb 9, 2011 10:38 PM
1273	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 9, 2011 10:47 PM
1274	Eye and vision examination for all persons with disabilities.	Feb 9, 2011 10:56 PM
1275	Those individuals whose IPP team has identified a need for these services, as described in the Lanterman Act Section 4646 a-d.	Feb 9, 2011 11:28 PM
1276	Anyone with developmental disabilities who has this identified as a need in their IPP	Feb 9, 2011 11:32 PM
1277	Must continue to provide behavioral Intervention Services for Level 4 A to Level 4 I - Adults with Developmental Disabilities and also those diagnosed with mental iIlnesses.	Feb 9, 2011 11:48 PM
1278	Parents, caregivers or service providers that interact directly with the consumer.	Feb 9, 2011 11:53 PM
1279	The IPP team who has a need for these services.	Feb 10, 2011 12:04 AM
1280	Consumers and their relatives and caregivers. Consumers who have behavioral deficits, including skills deficits that impact their functioning at home and in the community.	Feb 10, 2011 12:10 AM
1281	Services should be available to all familes of consumers and required to continue receiving RC services for behavioral needs. However, they should be provided on a regular basis in group settings where possible, and with co-pay for those not on MediCal or Disability.	Feb 10, 2011 12:18 AM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1282	I honestly think that HBOT should be a part of the treatment. This form of Therapy has over 30,000 research studies but the treatments are not included with any clinical diagnosis, only medical. This is why this needs to change from within. We are not MD's, PHD's or Research Genetics. We need Lobbying and Change for healthcare These Children are our Future. They deserve it. So does California. It shouldnt matter if a person has a clinical diagnosis of Autism or any other brain disorder to receive any medical treatment. This problem places all people with disabilities in Limbo for medical treatment because the insurance industry wont acknowledge a clinical diagnosis provided with medical diagnosis on the same UB92.	Feb 10, 2011 2:32 AM
1283	ALL THOSES WITH DEVELOPMENTALY DISABLITIES	Feb 10, 2011 7:31 PM
1284	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 10, 2011 7:34 PM
1285	people who are having difficulties interfacing with other people in the same facility and authoritive personel. The peraonal should also be held to task	Feb 10, 2011 7:36 PM
1286	Services should be based on Dr. orders and diagnosis.	Feb 10, 2011 7:42 PM
1287	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646	Feb 10, 2011 7:50 PM
1288	Anyone who is need of these services.	Feb 10, 2011 7:59 PM
1289	Those whom the IPP team determine are identified as having a need for such services.	Feb 10, 2011 7:59 PM
1290	Those Individuals whose individual program plan (IPP) team has identified a need for those services, as described in the Lanterman Act Section 4646 (a)- (d).	Feb 10, 2011 8:01 PM
1291	hose individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 10, 2011 8:10 PM
1292	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 10, 2011 8:15 PM
1293	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 10, 2011 8:48 PM
1294	Age appropriate group counselling for understanding peers	Feb 10, 2011 9:11 PM
1295	children with autism-spectrum disorder	Feb 10, 2011 9:15 PM
1296	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 10, 2011 9:16 PM
1297	Children whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 10, 2011 9:25 PM
1298	Anyone with a qualifying diagnosis that is in need of Behavioral Services.	Feb 10, 2011 9:36 PM
1299	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 10, 2011 9:47 PM
1300	Those individuals who whose IPP team has identified a need for these services.	Feb 10, 2011 10:40 PM
1301	Any consumer who has a developmental problems.	Feb 10, 2011 10:59 PM
1302	Services should be determined during the IPP process based upon the current needs of the consumer per the Lanterman Act.	Feb 10, 2011 11:04 PM
1303	any consumer with issues of behavioral problems.	Feb 10, 2011 11:12 PM
1304	Disabled children ages 3 to 12 - depending on severity of disability	Feb 10, 2011 11:30 PM
1305	All adults or children presenting behavior issues.	Feb 10, 2011 11:36 PM
1306	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 10, 2011 11:37 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1307	Provide professional assistance in the form of direct support, training and education to parents and families whose members are DD and need adaptive skills to reduce the burden on the families and increase the skill development of DD clients to reduce future burdens on the State's resources.	Feb 10, 2011 11:43 PM
1308	Regional Center standard should include funding counseling, crisis prevention teams, and training if the client needs.	Feb 10, 2011 11:51 PM
1309	My Autistic son would not be where he is today, in a normal 5th grade class doing well if not for the intensive early intervention and behavioral services the regional center provides. If this service is cut you are giving up on wonderful children who could grow up and become tax payors.	Feb 10, 2011 11:55 PM
1310	There should be more help for children in regular schools. One on one. more shadow time. There should also be more education for children without disabilities so they chould learn to be more understanding.	Feb 10, 2011 11:59 PM
1311	Children with developmental disabilities such as autism, mental retardation, down syndrome, etc. Parents that are willing to participate and follow through.	Feb 11, 2011 12:08 AM
1312	Anyone with a child with special needs, chronic illness, autism spectrum, or mental health diagnoses deserves participation.	Feb 11, 2011 12:33 AM
1313	please do not cut the services it means more to them help them, thanks	Feb 11, 2011 12:38 AM
1314	Due to the budget cuts, only those with critical needs should receive this funding.	Feb 11, 2011 12:58 AM
1315	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in the Lanterman Act Section 4646 (a) – (d).	Feb 11, 2011 1:05 AM
1316	Any and all childern who need it to function. Without this crucial service , kids will fall through the cracks	Feb 11, 2011 1:12 AM
1317	Those individuals whose Individual Program Plan (IPP) team has indentified a need for these services, as described in The Lanterman Act Section 4646 (a)-(d).	Feb 11, 2011 1:43 AM
1318	Supports should remain the same or increase.	Feb 11, 2011 1:46 AM
1319	The rate of autism is climbing dramatically---including those with high functioning autism. Increase the services to these consumers to increase their ability to be productive citizens.	Feb 11, 2011 1:55 AM
1320	young children with age range from 15 months to 10 years old	Feb 11, 2011 1:59 AM
1321	Any clients and families who are deemed in need of this support.	Feb 11, 2011 2:04 AM
1322	There should be a sliding scale based on income level and intensity of disability.	Feb 11, 2011 2:07 AM
1323	All parents, family members, that are involved with people with Behavioral issues. This is vital to help families deal with the changes and differences.	Feb 11, 2011 2:07 AM
1324	Consumers that need it or if it is in a IPP	Feb 11, 2011 2:43 AM
1325	Those individuals whose Individual Program Pln team has identified a need for these services as described in the Lanterman Act Section 4646 (a)-(d), therefore, if the IPP had identified these services as one of the services to be given to that particular individal, he or she should get it.	Feb 11, 2011 3:05 AM
1326	In the service for Early Intensive Behaviorial Services, it is vidal for early intervention so that the individuals with these special needs are addressed immediately to plan accordingly.	Feb 11, 2011 3:21 AM
1327	To actually fund and provide services to children with a diagnosis of autism disorder until they are functionally independant - including but not limited to speech (NPI), OT Clinic based, BII in schools and in home ABA therapy	Feb 11, 2011 3:42 AM
1328	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 11, 2011 3:44 AM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1329	Behavior plan developed by professional such as psychologist. Person who have diagnosis of mental health condition or autism. For persons who are not able to be served in educational or residential setting with routine services.	Feb 11, 2011 3:59 AM
1330	Any client of Reg. Centers who is in need of Behavioral Services should have these services that use proven methods of intervention while at the same time involving all who work with, care for or teach the client once and for all. These services should be offered b y Regional Center while clients are young. Parents should not have to guess for themselves what it is that is needed, since they may not know what is available. I, personally didn't know to ask and now we are trying to play catch-up which takes longer.	Feb 11, 2011 4:05 AM
1331	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) – (d).	Feb 11, 2011 4:34 AM
1332	All children with learning delay. Services should be administered as early as possible.	Feb 11, 2011 4:39 AM
1333	all children and adults with special needs.	Feb 11, 2011 4:56 AM
1334	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in the Lanterman Act Section 4646 (a) – (d).	Feb 11, 2011 5:00 AM
1335	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 11, 2011 5:19 AM
1336	I would like to see more behavioral services focus to the sibilings, how they should behave, how they should socialy treat their brother or sister reciving services. Besides, they are the ones socially interacting with the child after the behavioral therapist is gone.	Feb 11, 2011 5:29 AM
1337	consumers need help in behavioral understanding and intervention in a positive way. now if behaviors are noted they are axed from programs and schools instead of helped thru a situation and redirecte. superviors are too quick to judge and offer no supervision. need more supervision at day programs and more positive reinforcement. Older consumers have no place to go and nothing to do. Parading around in malls and stores is not the answer. Parents could use behavioral intervention techniques and home-based behavioral intervention programs	Feb 11, 2011 5:39 AM
1338	individuals with diagnosed developmental disabilities	Feb 11, 2011 5:54 AM
1339	When it is determined a child has needs for these services and will stand a chance of benefiting from them they should be given but not just speculating that they could have a good result. Not as a last resort but early onn when behaviors are first noticed and mentioned.	Feb 11, 2011 5:58 AM
1340	Any child that has been diagnosed by a licensed professional (M.D. or Psychiatrist, etc.) to have some form of disability that hinders them from "normal" activity and/or behaviors.	Feb 11, 2011 6:03 AM
1341	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in the Lanterman Act Section 4646 (a) – (d).	Feb 11, 2011 6:05 AM
1342	Consumers who have been shown to benefit from such programs	Feb 11, 2011 6:06 AM
1343	individuals with a qualifying diagnosis -- autism, mental retardation, epilepsy, down syndrome, etc.	Feb 11, 2011 6:17 AM
1344	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 11, 2011 6:32 AM
1345	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 11, 2011 6:41 AM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1346	Behavioral Services should be provided if the individual served by the Regional Center requests them, or if their family members and other people who serve as part of the ISP Team, such as teachers and care providers, find such services necessary. All services should be provided according to the Lanterman Act, which is the law.	Feb 11, 2011 6:56 AM
1347	All kids on the autism spectrum as well as other disabilities	Feb 11, 2011 12:49 PM
1348	Why are there not any cuts to the welfare and section 8 people. they chose their lifestyle. as a mom of special needs kids I did not choose this situation. there is nothing wrong with our services. they were already cut once. leave them alone.	Feb 11, 2011 1:03 PM
1349	Any indivudual who is at risk for living in the least restrictive setting.	Feb 11, 2011 2:17 PM
1350	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d)	Feb 11, 2011 3:12 PM
1351	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 11, 2011 4:09 PM
1352	Children with diagnoses of Autism or other children in the regional center system with severe problem behavior.	Feb 11, 2011 4:29 PM
1353	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646	Feb 11, 2011 4:34 PM
1354	All autistic spectrum children should be offered these services as early in life as possible. This is the only treatment that has been demonstrated, through repeated scientific trials, to be effective in teaching autistic spectrum children, and is most effective when begun as early as possible.	Feb 11, 2011 4:37 PM
1355	The Regional Center has to monitor and control the quality the services on a weekly bases.	Feb 11, 2011 4:48 PM
1356	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section	Feb 11, 2011 4:53 PM
1357	People that require behavioral services that require the attention and intervention for their disabilities.	Feb 11, 2011 5:08 PM
1358	Individuals with a diagnosis of an autism spectrum disorder within the timeframe supported by empirical data (i.e., not past the age of 8 years, at the very latest). I realize there is a current mandate that all parents attend a 16-hour training course prior to receiving intensive services. This is a fantastic idea, but it isn't sufficient. Parents should also receive mandatory training about autism, and about how to scrutinize scientific studies, evidence-based practices, and the internet in general. Also, a brief period of grief counseling should be available to all parents right out of assessment - upon receiving the news about their child's diagnosis (for all clients, not just those with an ASD).	Feb 11, 2011 5:32 PM
1359	Adult consumers must be seen by psychiatrist and psychotherapist in order to help them with their behaviors/emotional needs. Adults who continue to live with their families MUST be held responsible to deliver these services to their dependent adult child in order to make life more stable for the dependent child and not keep the child home because the family is after their SSI benefit. The needs of the dependent adult is not met, and therefore, the authorities should have the right to move them from the family home. With continued monthly visits to the psychiatrist and psychotherapist, the need for ER visits will be eliminated drastically which is a money saving for the county.	Feb 11, 2011 5:34 PM
1360	I think that if behavioral services are denied by a family's health insurance, Regional Center should only provide the service to families who meet income guidelines.	Feb 11, 2011 5:37 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1361	services should be provided for any qualify individuals that need the support in this area. conduct and behaviors--good or bad is what makes a person unique, successful and independent. behavior managmet is essential to any client who may need this support.	Feb 11, 2011 5:51 PM
1362	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 11, 2011 5:54 PM
1363	consumer or family with a child/individual with severe behavior challenges directly as a result of the disability.	Feb 11, 2011 5:56 PM
1364	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services	Feb 11, 2011 6:03 PM
1365	People with disabilities need both one on one and group type BI services. They need to learn how to deal with their own issues in a safe and private enviornment but at the same time they need to learn to interact with the world around them.	Feb 11, 2011 6:08 PM
1366	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 11, 2011 6:18 PM
1367	I feel all persons with disabilities should receive these services in order for them to participate in daily functions,i.e. shopping, taking the bus. Everyone should learn basic manners.	Feb 11, 2011 6:30 PM
1368	IF THERE ARE MANY MORE CUTS, SOME OF THE PROGRAMS SUCH AS BEHAVIORAL SERVICES MAY DISOLVE! MY SON IS A CLIENTS OF ALTA REGIONAL AND UTILIZES ALOT OF THEIR PROGRAMS THAT HELP HIM IN HIS DAILY LIVING NEEDS. IHSS IS AT RISK TOO. I WISH THESE GOVERNMENT OFFICIALS WOULD CONSIDER HOW OUR FOLKS REQUIRE THESE SUPPORTS IN THEIR LIVES TO LIVE SAFELY AND HEALTHY IN OUR COMMUNITY.	Feb 11, 2011 6:33 PM
1369	Our daughter is severely autistic. As you know health insurance is not covering or being forced to provide coverage for this health epidemic. Our daughter should be receiving a minimum of 40 hours a week of behavior therapy, but only receives 8 hours a week. If these services get cut any more, the behavior problems will worsen, and the kids will never have a chance to be mainstreamed. If this happens, they will continue to require more intense services throughout their lives.	Feb 11, 2011 6:35 PM
1370	Anyone eligible to receive, extremely helpful to clients and for families	Feb 11, 2011 6:51 PM
1371	Children who are in danger in failing in school due to behavior issues that have arised within there household or if they have been diagnosed withe a developmental disability. Parents need to receive servcies as well to learn how to cope with the issues there child has encountered.	Feb 11, 2011 6:56 PM
1372	Only United States citizens	Feb 11, 2011 6:56 PM
1373	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 11, 2011 7:01 PM
1374	Children and their caretakers who are identified as having behavioral challenges. Adults who are identified as having behavioral challenges.	Feb 11, 2011 7:02 PM
1375	I suggest that clients with behavioral issues that endanger their life or the life of others be able to use this service. Also, client's who have behavioral problems associated with Autism be able to use these services.	Feb 11, 2011 7:05 PM
1376	Early intervention is critical for children with Autism. A much higher success rate - % achieving a normalcy standard correlates with early intervention. Also with this, allows the parents to live a happier and more productive life. All Autism spectrum require early intervention.	Feb 11, 2011 7:08 PM
1377	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 11, 2011 7:12 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1378	Parents should received these services so they can learn how to help their children.	Feb 11, 2011 7:24 PM
1379	Children with a diagnosis of autism, parents of children with autism, individuals of any age who engage in behaviors that threaten the safety of themselves or others and who have a diagnosis of a developmental disability or are otherwise disabled (e.g. may have chromosomal abnormalities but not meet criteria for specific diagnoses).	Feb 11, 2011 7:26 PM
1380	TBI and TBI after 18 years of age, Developmentally Disable, Mental Health Clients, Physically Disabled, CP, Autism, and ADHD.	Feb 11, 2011 7:28 PM
1381	Current standards prior to parent receiving a behavior intervention includes 16 hours of parent orientation is appropriate. Also there should be a standard that client has a full diangostic/medical eval by primary physician to rule out any medical causes affecting the behavior. After the classes and if parent continues to need behavioral services, the behavior analyst will go into the home to provide services. It should be short term/time limited. This is already in the regs at this time. However there should be a provision that after so many months, if there is no progress, that service should be reviewed/modified as needed or ending as it would appear that it is not as effective.	Feb 11, 2011 7:40 PM
1382	Behavioral Services to children and families are CRUCIAL are three main reasons: A. 1:1 Help to develop and/or to enhance basic and pivotal developmental, emotional, social and intellectual skills on atypical children and young individual from 0 to adults. B. Parent consulting (PC): Is extremely important, as it main goal is to train parents and families member to: 1. Learn, implement ABA techniques 2. Develop, maintain and strength children' skills that were developed on 1:1 3. Learn 1:1 techniques so they, on consistency basis, help their own children. C. It will reduce future fundings that the government has to spend on re-establishing skills at school level. In a few words TRAINING PARENTS/FAMILIY IS THE KEY	Feb 11, 2011 8:02 PM
1383	Behavioral services should be provided to thoseclients and their familys/caregivers who require it for maladaptive behaviors or for social skill aquisition.	Feb 11, 2011 8:03 PM
1384	Not only children, any consumer who has difficulty with with any area of day to day life (assuming of course that those difficulties are not caused by physical or medical limitations) Behavioral services are paramount for two key reasons: First, by and large, society and communities are not as accepting of others differences as we would hope them to be; the best hope for consumers to become active members of the community and to lead full lives is the ability to regulate themselves and their behaviors, to be adaptable to the best of their abilities. Second and most importantly is the consumers own happiness and well being; emotional turmoil not only makes it rough to go to school, out in the community, etc; it makes it rough just to live in your own body.	Feb 11, 2011 8:17 PM
1385	Those individuals whose IPP team has identified a need for these services as described in the Lanterman Act Section 46-46(a)-(d).	Feb 11, 2011 8:31 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1386	All people with Autism, including high function and aspergers. We want the best opportunity for these people to learn the skills they need so they can become tax payers.	Feb 11, 2011 8:39 PM
1387	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a)-(d).	Feb 11, 2011 8:45 PM
1388	People with it in their IPP, a decision come to as a team	Feb 11, 2011 8:49 PM
1389	All young kids should receive eye exam to ensure their vision is adequate. It is known that 86% of learning is visual. Without proper vision, learning will be impaired and directly will affect their behavior is school and at home. When kids are not doing well in school, their self-esteem is low and they will start showing behavior problems.	Feb 11, 2011 8:57 PM
1390	Families--parents, children, siblings should receive services to improve coping skills. Adolescent consumers need especial care.	Feb 11, 2011 9:09 PM
1391	Based on individual need and IPP	Feb 11, 2011 9:29 PM
1392	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 11, 2011 9:30 PM
1393	Even the consumers who seem not as severe as others benefit from receiving services. All of those who are referred or recommended for services should be evaluated for access to services. Severe cases, should be serve first. But, there should also be allocation for moderate to mild cases. Remember...cuts hurts all of us...services should be provided for anyone in need.	Feb 11, 2011 9:35 PM
1394	Consumers with developmental disabilities should receive behavioral therapy and training in order for them to be accepted in the community. Parents should also get training to assist the therapy.	Feb 11, 2011 9:39 PM
1395	1.Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). 2.Consumers who displays behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction). 3.Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence.	Feb 11, 2011 9:41 PM
1396	1.Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). 2.Consumers who displays behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction). 3.Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence.	Feb 11, 2011 9:42 PM
1397	.	Feb 11, 2011 9:43 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1398	1.Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). 2.Consumers who displays behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction). 3.Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence.	Feb 11, 2011 9:43 PM
1399	Any person who needs these services as determined by their Individual Program Plan, according to the Lanterman Act.	Feb 11, 2011 9:44 PM
1400	1. Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). 2. Consumers who displays behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction). 3. Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence.	Feb 11, 2011 9:44 PM
1401	1. Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). 2. Consumers who displays behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction). 3. Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence	Feb 11, 2011 9:45 PM
1402	1.Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). 2.Consumers who displays behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction). 3.Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence.	Feb 11, 2011 9:46 PM
1403	1. Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). 2. Consumers who displays behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction). 3. Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence.	Feb 11, 2011 9:47 PM
1404	All family members	Feb 11, 2011 9:49 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1405	1. Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). 2. Consumers who displays behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction). 3. Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence.	Feb 11, 2011 9:50 PM
1406	1. Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). 2. Consumers who displays behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction). 3. Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence.	Feb 11, 2011 9:52 PM
1407	Consumers and their families should be able to receive these services	Feb 11, 2011 9:53 PM
1408	1.Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). 2.Consumers who displays behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction). 3.Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence.	Feb 11, 2011 9:55 PM
1409	This is a very important service for parents with autistic kids. Their needs and challenges change as they get older, especially when they hit the teenage years. No family should be faced with a teenager having meltdowns due to their developmental delays, and not be offered individualized instructions and help at home.	Feb 11, 2011 10:03 PM
1410	1.Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). 2. Consumers who displays behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction). 3.Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence.	Feb 11, 2011 10:08 PM
1411	1. Those would who be unable to reside in the family home otherwise. 2. Consumers who displays behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction).	Feb 11, 2011 10:14 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1412	1. Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). 2. Consumers who displays behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction). 3. Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence.	Feb 11, 2011 10:17 PM
1413	Families should receive basic behavioral training through RCOC classes prior to funding for intensive behavioral services in the home.	Feb 11, 2011 10:19 PM
1414	1. Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). 2. Consumers who display behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction). Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence.	Feb 11, 2011 10:20 PM
1415	Above is mentioned that behavioral services help people with their feelings and behavior; however there are other developmental approaches that exsist that are effective and seem overlooked in this discussion. I believe children with any type of developmental delay and/or disorder can benefit from a deveopmental approach to treatment including special therapist such as: speech, occupational, physical and music therapy. Children who are very low functioning and require extensive training to become successful with tasks or daily living may be more appropriate for a behavioral approach. A combined approach is possibly the most effective for all children.	Feb 11, 2011 10:25 PM
1416	children/adults with behavioral problems should receive these services.	Feb 11, 2011 10:27 PM
1417	1. Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). 2. Consumers who displays behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction). 3. Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence.	Feb 11, 2011 10:29 PM
1418	RC funding for services should only be granted to those clients who have an "eligible" Regional Center diagnosis: Borderline MR, Mild MR, Moderate MR, etc., CP, Epilepsy, and Autism related diagnosis. The service funded for must relate to the "eligible" diagnosis. Even if the vendor is a parent of the particular client. No favoritism! It's not fair to other parents/clients.	Feb 11, 2011 10:32 PM
1419	People whose Individual Planning (IP) Team has identified a need for these services. See Lanterman Act.	Feb 11, 2011 10:37 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1420	RC funding for services should only be granted to those clients who have an "eligible" Regional Center diagnosis: Borderline MR, Mild MR, Moderate MR, etc., CP, Epilepsy, and Autism related diagnosis. The service funded for must relate to the "eligible" diagnosis. Even if the vendor is a parent of the particular client. No favoritism! It's not fair to other parents/clients. Its not fair when a vendor (who happens to be a RC parent) get's special treatment because his/her child is a client; especially when the son/daughter doesn't have an eligible diagnosis for the service that is being paid for.	Feb 11, 2011 10:38 PM
1421	1. Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). 2. Consumers who displays behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction). 3. Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence.	Feb 11, 2011 10:50 PM
1422	Continue to be determined by the IPP.	Feb 11, 2011 10:51 PM
1423	Individuals who live in residential settings, and those that live in-home with parent ONLY if the parent is willing to be involved in the behavioral training.	Feb 11, 2011 10:55 PM
1424	everyone that needs it between the ages of 0-3 years, early intervention is the key!!!!	Feb 11, 2011 10:58 PM
1425	People with disabilities especially in my case,my son has autism. The sooner my kid gets help the better chances of him being a very viable member of the society. If we look the other way and neglect these group of people,we contribute to them by not helping them make a special part of the society.	Feb 11, 2011 11:04 PM
1426	Individuals challenged by what is appropriate behavior in the world in which we live. AKA boundaries (personal space) keeping clothing on. Staying seated in certain situations... The list is individual and endless.. but so important to the safety and well being on these individuals!	Feb 11, 2011 11:07 PM
1427	Children formally diagnosed with Autism.	Feb 11, 2011 11:13 PM
1428	1.Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). 2.Consumers who displays behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction). 3.Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence.	Feb 11, 2011 11:19 PM
1429	Consumers and their families who have behavioral issues defined in the DSM-IV, including V-Codes. This includes emerging, subclinical dysfunctions which are likely to progress to diagnosable clinical pathologies.	Feb 11, 2011 11:25 PM
1430	Children with developmental disabilities	Feb 11, 2011 11:39 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1431	I strongly feel that Behavioral services should not be cut because there are too many families who do not know how to deal with their disable chilren who may or may not have behaviors per say, but need assistance. If they can work with thier behaviors early, it would prevent needing more services when their older and bigger and need more intensive services because their behaviors weren't addressed when they were younger. We have seen them come to the adult units needing more services and even ending up in Jail or needing to go into locked facilities because they don't know who to deal with some of the emotions and they learn to hurt themselves and others.	Feb 11, 2011 11:50 PM
1432	1.Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). 2.Consumers who display behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction). 3.Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence.	Feb 11, 2011 11:51 PM
1433	Those who require additional supports and services above what is needed to maintain their independence in the least restrictive environment.	Feb 12, 2011 12:12 AM
1434	Individuals of any age with a developmental disability including those with a dual diagnosis as indicated by the Lanterman Act.	Feb 12, 2011 12:22 AM
1435	ANYONE regardless of diagnosis that is experiencing these issues should have the ability to get these services.	Feb 12, 2011 12:23 AM
1436	Thoses individuals whose Individual Programs Plain 9ipp0 team has identifid a need for these sevices , asdecribed in the Lanterman Act Section 4646.5(a)-(d).	Feb 12, 2011 1:00 AM
1437	Customer, parents, caregivers, family members and even friends should receive behavioral services.	Feb 12, 2011 1:23 AM
1438	The consumers that receive behavioral therapy should include those who have trouble communicating, those who have violent aggression toward themselves or others and those whose focus cannot be maintained on one single task or assignment at a time.	Feb 12, 2011 1:27 AM
1439	THOSE INDIVIDUALS WHOSE INDIVIDUAL PROGRAM PLAN (IPP) TEAM HAS INDENTIFIED A NEED FOR THESE SERVICES, AS DESCRIBED IN THE LANTERMAN ACT SECTION 4646 (a) - (d).	Feb 12, 2011 2:03 AM
1440	Those individuals whose Individual Program Plan(IPP)team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d)	Feb 12, 2011 2:09 AM
1441	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 12, 2011 2:11 AM
1442	It it important that children with challenging behaviors and/or diagnose of Autism should be able to receive behavioral services.	Feb 12, 2011 2:38 AM
1443	All children, any age, who consistently have behaivor problems or is in need of self care and life skills due to a disability.	Feb 12, 2011 3:08 AM
1444	Please include Asperger's and high-functioning autistic children. If these kids learn emotion control, their employability as adults in the competitve marketplace increases dramatically.	Feb 12, 2011 3:09 AM
1445	I think the services should be make available for all children who are in need of them, specially the ones that are on lower end of the spectrum who are the ones that need most intensive intervention.	Feb 12, 2011 3:31 AM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1446	consumers on the autistic spectrum and their families need specific directed qualified services aimed at helping the consumer learn to regulate their emotions and behavior. Families need the support in understanding their social and emotional needs and how to best help them. Cognitive Behavior Therapy should be offered.	Feb 12, 2011 3:36 AM
1447	Anyone whose diagnosis or school psych evaluation determines that they are in need of these services due to lack of the ability to naturally cope with these issues. This includes people with Asperges Syndrome or HFA.	Feb 12, 2011 3:38 AM
1448	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 12, 2011 3:38 AM
1449	High functioning Autistic kids of all ages need to always work on their social skills. Sometimes these are pushed to the side with our high functioning kids.	Feb 12, 2011 3:45 AM
1450	Every child with a diagnosis of autism or PDD/NOS should recieve behavior therapy each week The long term pay off is such that not providing these services shortchanges the tax payers in the form additional needed services and dependency on the state as the child ages and enters adulthood.	Feb 12, 2011 4:08 AM
1451	I feel children at least at the age of 12 should begin learning appropriate social behavior and life skill training,sex education and social skills to be able to cope in our society.	Feb 12, 2011 4:28 AM
1452	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 12, 2011 4:43 AM
1453	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services as described in tThe Lanterman Act Section 4646a-d	Feb 12, 2011 4:47 AM
1454	Autistic children and their parents	Feb 12, 2011 4:48 AM
1455	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as the Lanterman Act Section 4646 (a) - (d).	Feb 12, 2011 4:50 AM
1456	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 12, 2011 5:10 AM
1457	The child as well as the parents and family who are working and living with the child.	Feb 12, 2011 5:36 AM
1458	Clients with behavior problems such as hitting, biting, yelling, hurting themselves.	Feb 12, 2011 5:55 AM
1459	Autism Spectrum Disorder	Feb 12, 2011 5:57 AM
1460	As required by IPP	Feb 12, 2011 6:13 AM
1461	Those individuals whose Individual Prograam Plan (IPP) team has identified a need fort these services, as described in The Lanterman Act Section 4646(a) -(d).	Feb 12, 2011 6:22 AM
1462	Parents of children with autism and other developemental disabilities need to have behavior services as they are at the immediate mercy of the brain's lack of structure and the community's lack of how to handle the behaviors safely. The more intervention they receive at every age level, the better the prognosis and furtherance of the developing of the brain. That reduces the disability itself one step at a time. These services are also responsible for accurate diagnosis between autiam and mental illness, thereby almost eliminating misdiagnosis, wrong treatment and false institutionalization of those with autism being wrongfully handled as a mental illness.	Feb 12, 2011 6:44 AM
1463	I believe that all kids with special needs can benefit from this type of service	Feb 12, 2011 6:59 AM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1464	There are many internet resources or books on the subject to be bought or checked out of a library. Parents or residential service providers can research this topic and personalize intervention.. Currently, some behavioral techniques are not endorsed by Community Care Licensing. That being the case, service providers may have consultation provided by IRC and be cited for implementing those techniques by CCL. This service seems inconsistent to me. Psychiatrists have always been a better resource for my consumers.	Feb 12, 2011 7:25 AM
1465	even children not yet in school, parents need to be told to bring them for testing- proper testing at the regional center.	Feb 12, 2011 7:33 AM
1466	Regional Center should only be financial responsible for a patient if they have no funding. Those patients with any type of funding (private ins, Medi-Cal, or Medicine) should utilize services through those sources. Regional Center should not be paying for services that should or could be covered by another resource simply because the parents choose to go through the Regional Center instead of their insurance because they either did not like the services they received or got to see the provider of their choice as the Regional Center would pay for it.	Feb 12, 2011 7:35 AM
1467	For people deemed disabled that have behavioral issues that interfere with how the person copes with a typical day or with stress or adverse reactions to sensitive issues whereas the person cannot handle their own emotions without a professional intervention. Therefore allowing such person to live a life that is not only acceptable, doable and safe for the person but also for people they interact or come in contact with. For people with disabilites that cause harm to themselves or others or materialistic items used to express anger and confusion not knowing any better how to handle adverse feelings.	Feb 12, 2011 7:39 AM
1468	Eliminate any potential fraud in the system.	Feb 12, 2011 8:06 AM
1469	Any person with a disabiity that who's parent or caregiver is struggling with various behaviors. It has been my experience that it is very difficult to obtain behavioral services. When it "is" approved, the parents/caregivers have an abundant amount of additional work to do.	Feb 12, 2011 8:36 AM
1470	Mental Disabilities, Autism Down Syndrome	Feb 12, 2011 9:18 AM
1471	Family, disability aide support, school counselor and CCS therapy.	Feb 12, 2011 1:32 PM
1472	Any child who requires such services in California	Feb 12, 2011 1:53 PM
1473	my son who has autism	Feb 12, 2011 1:53 PM
1474	Young children with developmental disabilities especially Autistic children should be a high priority when services are considered. Early intervention with young chidlren diagnosed with Autism leads to substantial gains in appropriate behaviors as well as decreases in the Autistic-like behaiors. Research shows significant long term financial savings when children receive early intensive intervention.	Feb 12, 2011 2:08 PM
1475	My son is autistic and new problems come up as he gets older	Feb 12, 2011 3:08 PM
1476	Depends onthr specific need	Feb 12, 2011 3:24 PM
1477	every family that desires to have the service shoud be provided	Feb 12, 2011 3:31 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1478	Well-diagnosed children recommended by the child's school and adults within the mental-health system. The schools should have clear guidelines for identifying children in need; and access to professionals to provide diagnosis. Currently parents with insurance can get diagnosis. Children whose parents have the same ailment may not have access to professionals because poor or mentally-challenged parents may not be able to pay or know how. Behavior services are most effective if parents are also trained to model/reinforce the behavior. Adults within the mental-health system also respond best in restricted environments that model desired behaviors.	Feb 12, 2011 3:43 PM
1479	Services MUST be provided in the clients language.	Feb 12, 2011 3:45 PM
1480	Every consumer should have these services available, not just the younger ones. Nothing... for adults for either consumer or parents	Feb 12, 2011 3:54 PM
1481	In the school age population, kids who have behaviour services noted/deemed neccessary in their IEP or behaviour contract with the school.	Feb 12, 2011 3:56 PM
1482	Have more locations available like in irvine for people who have add/ADHD who needs medication for it.	Feb 12, 2011 4:07 PM
1483	Children with high functioning autism and Asperger's syndrome to receive social skills training in groups through the regional center	Feb 12, 2011 4:09 PM
1484	I believe that behavioral services are an important component for persons with disabilities. I believe that parents and families should have opportunities for training, as well as teachers of people with disabilities. I believe that an outside independent agency should be set of to monitor the reporting of behaviors, as sometimes these services are determined more due to cost than need.	Feb 12, 2011 4:14 PM
1485	Children on the autism spectrum should be included as recipients of these services, particularly those having difficulties dealing with their feelings. Those which have difficulties dealing with their feelings and resultant behaviors often become socially isolated.	Feb 12, 2011 4:22 PM
1486	Disable adults who are trying to transcition into society on their own and need help from others to help parents to understand and let go	Feb 12, 2011 4:51 PM
1487	Suggested that there be a team in-house at the regional center to 'triage' non-emergent behavioral referral. This would be helpful in ruling out related underlying problems such as medical or psychiatric issues first. This is something that should be done prior to starting any behavioral program. From there, the team can then make recommendation for follow up by the SC. This team could also be used for follow up on cases where there is limited progress. The reality is that not all SC have a behavioral background and this could be additional support for them. Providing some basic training to SC's in behavioral analysis is a very important part of this as well as SC's are the first line who are actually seeing what is happening in a home and need to be able to recognize what they are seeing.	Feb 12, 2011 5:10 PM
1488	children with disabilities such as Autism and ADHD	Feb 12, 2011 5:13 PM
1489	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) (d).	Feb 12, 2011 5:13 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1490	Any child in need of services whether they are diagnosed or not should receive these services. We received them for my child under early intervention but because he was undiagnosed we had to fight and it took a lot longer to get the services. Today he still receives services, however with the budget cuts we have concerns of losing these services. Take a non-verbal, undiagnosed 10 year old, receiving minimun services... as a parent I think every day about his future and what will happen to him, and then add in the budget cuts... and that future becomes frightening! My son receives minimum services because he is undiagnosed. I wish those in charge in the State of California realized that not every child is Autisic and would recognize these children as needing just as much services if not more!!!! I fight for every little thing I get, yet kids with mild to moderate autism receive 10 times the amount of services. For what? A trendy diagnosis? So what happens to my child? I teach as much as I can, and make do with what little we receive.	Feb 12, 2011 5:25 PM
1491	These services have proven helpful for families with children under 3 and over 3. Many of these children have severe behavioral issues as a sequlae to their developmental disabilities and it is imperative that families receive the support and direction that a skilled behaviorist can provide. Personally, my niece, a single mom, could not have handled her severly autistic child without these services.	Feb 12, 2011 5:31 PM
1492	All cases should be supervised by a person with a BCBA degree and overseen by a Ph.D/Psy.D.	Feb 12, 2011 5:35 PM
1493	Children & Adults who have problems performing basic tasks like self care, play, getting along with others, accepting no, dealing with new environments, staying with a group, safety issues (not watching for cars) and who have tantrums. My son has autism and has problems with all of these areas (at one time or another).	Feb 12, 2011 5:44 PM
1494	Everyone with Autism should receive these services. In addition, the family members also need to be trained and educated in behavioral services to provide a well-rounded environment for the consumer of the services.	Feb 12, 2011 5:44 PM
1495	Parents of client children who need help with behavior problems at home. Some of these services could be provided by the school districts or health care plans.	Feb 12, 2011 5:46 PM
1496	clients who cannot function properly in a school enviornment	Feb 12, 2011 5:49 PM
1497	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) – (d).	Feb 12, 2011 6:06 PM
1498	Early intensive behavioral services are currently the only well established treatment for children with autism. Additionally, these services have resulted in children with PDD making very large developmental gains.	Feb 12, 2011 6:11 PM
1499	I believe that any person of any age that is in need of having behavioral services should receive them.	Feb 12, 2011 6:11 PM
1500	Properly diagnosed children. Unability to pay due to hardship, should qualify for a yearly service and reviewed yearly Low income families should receive this assistance	Feb 12, 2011 6:15 PM
1501	Children under 2 years old Children over 2 years old-18 years old who got the autism diagnosis. Children with autism who have impulsive behavior such as biting, hitting. Children with autism who is eloping Children with autism who is non-verbal, not potty train. Children with autism who keep fighting with sibling	Feb 12, 2011 6:21 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1502	Any consumer with a history of 'problem behaviors' whose behaviors occur on a daily, weekly, or monthly basis. Particularly, consumers who are dual diagnosed and living in the care home system (many would benefit from behavioral interventions and independence skills training).	Feb 12, 2011 6:22 PM
1503	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d)	Feb 12, 2011 6:23 PM
1504	Any client of the regional center and their caregivers should be eligible to receive BIS except for clients residing in group homes. Group homes are required to provide BIS to their clients according to the group home level. This comment reflects the current system; no change is suggested. It should be noted that clients with an ASD or PDD diagnosis should fall under this eligibility AFTER they have passed the age limits for EIBT.	Feb 12, 2011 6:35 PM
1505	Prior to school to help develop school readiness. Transition from school to community if needed to increase independence. For adults who have never received intervention. For adults who have received intervention, but continue to have disruptive behaviors only if proven to work, and only if it generalizes to other settings. To many consumers are in behavior programs without any improvement documented. Try something else.	Feb 12, 2011 7:03 PM
1506	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 12, 2011 7:11 PM
1507	People should receive services based on level of impairment	Feb 12, 2011 7:15 PM
1508	Behavioraln services should be continued for consumers who are adults in group homes to tach them hwo to be more social and to stop poor behaviors which might cause them to require a higher leval of care.	Feb 12, 2011 7:17 PM
1509	Adults with disability have changes in the lifes that caused them to have behavior problems that they had never had before. Classes or training for care providers on how to deal with this changes and her the adult with the disability will be a great tool to help care providers and family to deal with this changes.	Feb 12, 2011 7:18 PM
1510	Autistic and other behavior challenged individuals should receive these services. Service standards should include ABA intervention services at the very least.	Feb 12, 2011 7:25 PM
1511	Children from 1-3, or longer, with the diagnosis of, but not limited to Autisum, autism spectrum disorder, processing disorder, or asberugers. These individuals are at the most risk of not becoming productive individuals of society unless taught how to handle and process their thoughts, feelings, behaviors, or senses. Once taught how to properly react and process these factors, they can move to becoming as integrated into "normal" life as possible. Having two children that have greatly benefited from these services, I can, and will attest to the need of this important aspect of early intervention. My children have learned coping mechanism that without would have lead to their downfall and inability to learn and enjoy education and socialization.	Feb 12, 2011 7:50 PM
1512	individuals with autism spectrum disorder, children with behavioral issues that have develpmental delay	Feb 12, 2011 7:55 PM
1513	Anyone who needs them!	Feb 12, 2011 7:57 PM
1514	Help parents with teaching their children appropriate behavior that helps them in the home setting, school setting and in the community. Developmental delays, Autism are in great need of this help.	Feb 12, 2011 8:10 PM
1515	All persons with disabilities that displays behavioral issues.	Feb 12, 2011 8:11 PM
1516	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 12, 2011 8:14 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1517	As the parent of a child considered to be on the Autism Spectrum, we are unable to receive services through the Inland Regional Center. This needs to be changed! We have no support services as our mental health providers are limited in their scope also.	Feb 12, 2011 8:16 PM
1518	I feel strongly that our tax dollars should be reserved for training parents rather than consumers directly, unless the family situation is such that the parents cannot benefit from training or carry out a beneficial program for their child. It is important for the child to maintain a primary remedial relationship with the parent rather than an outsider whenever possible, and I know too many families who despite the rules, use the time provided by an in-home ABA person to go shopping or do their personal things. I know firsthand that life with a DD kid is rough, but this is not right.	Feb 12, 2011 8:22 PM
1519	families of consumers	Feb 12, 2011 8:32 PM
1520	Standards are often measures that should be met in an expected way after meeting predetermined criteria. Determining who should receive these services must be changed to developing an holistic approach to the determination and not just a norm. One must remember that a norm is only developed after many observations of similar behavior. My triplegic son, (Cerebral Palsy Spastic Triplegia), does not fit a norm. His "standards" are many standards. My son, an adult consumer, cannot be effectively evaluated regarding the services he needs, because the method of evaluation is not holistic and completely objective.	Feb 12, 2011 8:52 PM
1521	All persons with Autism, High Functioning Autism, and Aspergers Disorder. Also those with emotional disturbance such as Bipolar Disorder.	Feb 12, 2011 9:08 PM
1522	People whose Individual Planning (IP) Team has identified a need for these services. See Lanterman Act.	Feb 12, 2011 9:12 PM
1523	children and adults with autism	Feb 12, 2011 9:18 PM
1524	Behavioral Assessments to determine the functions of behaviors - observations, interviews with person's circle of supports. Plan developed to support the individual and intervention strategies to assist in decreasing unwanted behaviors while offering / teaching replacement skills for more appropriate ways to get their needs met. - this takes about 15-20 hours depending on the complexity of the case. On going management to determine the effectiveness of the plan and direct supervision and training of those providing the intervention; initially more hours and then fade out plan as benchmarks are met.	Feb 12, 2011 9:34 PM
1525	I guess this service is nessessary to my autistic son, it should improve his behavior at home or in comunity	Feb 12, 2011 9:36 PM
1526	There is clear evidence to support the efficacy of implementing behavioral interventions consistently for children who are on the autism spectrum. Moreover, there is also research which strongly correlates disruption or delay of services as inconsistent in generating progress for this population. Our experience thus far has been that the RCOC has consistently attempted to avoid providing services for children in need despite a mission to the contrary. While the RCOC may be short of funding currently, our experience has been that many resources are promised and none ever followed through on. A more efficient intake process is essential.	Feb 12, 2011 9:37 PM
1527	Kids with Special Needs should be assessed and depending on there disability they should receive these services	Feb 12, 2011 9:50 PM
1528	Behavioral intervention is crucial for kids and adults to function safely and appropriately in society. Any regional center client who has behavioral issues and who would benefit from Behavioral services should receive them	Feb 12, 2011 10:04 PM
1529	All children diagnoes with Autism or a realted disorder such as PDD NOS or Aspergers.	Feb 12, 2011 10:09 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1530	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 12, 2011 10:25 PM
1531	any and all people who need it. People who are dealing with "special needs" people have to be guided some how or we will have more problems from the stress of the unknown.	Feb 12, 2011 10:28 PM
1532	Children and Adults with Developmental Delays, especially Autism.	Feb 12, 2011 10:31 PM
1533	I read about governor Brown taking away services from our children...this is so wrong not all of us can afford $150 an hour...proven studies show children with asd need a min of 40 hrs per week of aba to get the best outcome...my son only gets 10 hrs per week paid by the rc...we could not afford to pay this on our own. Why should my son not have the right to receive treatment that could benefit his quality of life. We should charge extra taxes on luxuries...going out to eat,movies,cigarettes,alcohol etc. An extra dollar here an extra dollar there for EVERYBODY is not going to affect anyone..me coming up with $6000 a month for aba will put make my son and I homeless! We have kaiser but kaiser is a corporation and will not pay for anything long term...they won't even pay for ot once a month...to kaiser having autism is a lost cause...please don't say the same thing governor Brown.	Feb 12, 2011 10:33 PM
1534	Early intervention services are a must 0-3	Feb 12, 2011 10:35 PM
1535	Early intervention is key to the success of a child with autisum or similiar behavior challenges. Parents or guardians need support as well, especially once the child has been diagnosed. Please continue to provide early diagnosis so that care givers, parents, guardians can receive support and guidance as soon as possible.	Feb 12, 2011 10:36 PM
1536	cw should present this option to every family at the IEP/IPP yearly. If the family feels that they need this service they can then ask for said service.	Feb 12, 2011 10:44 PM
1537	Young children and low-functional level older children and youth.	Feb 12, 2011 10:51 PM
1538	Consumers with behavioral deficits need service, but consumers with behavioral, cognitive, and developmental deficits like autism should be provided more services because they are more impacted, and they will continue to be through out their lifetimes. The only proven treatment for autism is ABA based services, and should include much more than parent training. Intensive therapy provided early and consistently will not only improve the lives of the consumer, but lessen the amount of funding the state is required to pay in the future when the parents of consumers with autism pass away. Any functional and communication skills that the consumer can learn will lessen the cost of paying for people to care for that person and reduce the likelihood that the consumer will be abused in a residential facility. Being able to toilet, dress, and feed yourself reduces the financial burden of state funded residential care in the future. Being independent and able to communicate you basic human needs and emotions improves quality of life and reduces costs to the state by reducing the number of staff required to support these consumers.	Feb 12, 2011 11:12 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1539	Those who cannot make positive decisions, or are physically inable to perform actions regarding their well-being. A mentally affected person has a demonstrated inability to understand, comprehend, and act on influences that negatively affect themselves. Primarily due to mental state, disability, or lack of understanding, person affected continues to make decisions they do not understand, nor do they compehend negative impact of poor decisions. A physically affected person has a dibilitating injury or other mechanical reason thaey are unable to act in their own interests, or perform simple tasks.	Feb 12, 2011 11:31 PM
1540	Children with autism who have behavioral issues	Feb 12, 2011 11:56 PM
1541	Individuals who demonstrate repetitive behaviors, self-injurious behaviors or aggressive behaviors should receive intervention and support, as should their caregivers. Identification of individuals who are depressed should also be identified and provided intervention.	Feb 13, 2011 12:12 AM
1542	people with behavior issues which are due to their developemental disablilities	Feb 13, 2011 12:20 AM
1543	Anyone with a family member that has a disability and they seek services.	Feb 13, 2011 12:29 AM
1544	Should be available to anyone with a behavioral problem which inhibits their ability to become an active, contributing member of society. Without behavioral intervention services an affected individual is resigned to a life of dependency on government financed assistance programs instead of becoming a contributing (and tax paying) member of society.	Feb 13, 2011 12:42 AM
1545	the service should be to everyone that really needs them not wants them.	Feb 13, 2011 12:48 AM
1546	families who have asked for help	Feb 13, 2011 1:13 AM
1547	Home based services for families who qualify	Feb 13, 2011 1:28 AM
1548	Any children diagnosed on the spectrum that can benefit from these services.	Feb 13, 2011 1:40 AM
1549	Children between the ages of 3-10 with a diagnosis of autism and/or other pervasive developmental disabilities They must exhibit maladaptive behaviors such as aggression, elopement, and self-injurious behaviors that impact daily living and ability to access the community. They should also have deficits in communication and self-help skills.	Feb 13, 2011 2:02 AM
1550	After Early Intensive Behavioral Services, consultation with school staff and intervention is still necessary for many who are afflicted with Autism.	Feb 13, 2011 2:03 AM
1551	These services need to be available for people, including children, who desperately need and count on these services. My daughter is severely handicapped/special needs and utilizes these services for her survival as well as for our family who struggles with her needs daily.	Feb 13, 2011 2:16 AM
1552	Parents should first go through the parent training program provided by an approved vendor of the regional center. They should pass the requirements of this program prior to receiving further behavior services.	Feb 13, 2011 2:20 AM
1553	I think someone should take a hard look at providing behavior sevices for children with diagnosis of conditions such as Fetal Alcohol Syndrome Disorder, Epilepsy, or ODD, and other disorders that have behavior deficits that aren't curretly considered to need services.	Feb 13, 2011 2:35 AM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1554	Focused Applied Behavior Analysis (ABA) Services: Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). Consumers who displays behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction). Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence. Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Children over age 3: Consumers between the ages of 3 years through 8 years of age with a diagnosis of Autism Spectrum Disorder are appropriate for comprehensive intensive ABA autism treatment. Intensive comprehensive ABA programs have research support for children up to age 8 years. This age range assumes that children started treatment before age 5 and assumes services are fading in terms of intensity between the ages of 6 and 8 years of age. If child is not fully independent, transition to school district supports is the goal.	Feb 13, 2011 2:36 AM
1555	All persons with developmental disabilities who exhibit significant delays in the areas of communication, social skills, self-care skills, or other pivotal skill areas should receive behavior intervention services. Persons with developmental disabilities who engage in socially inapproriate behaviors such as aggression, elopement, property abuse/destruction, or self-injurious behavior should receive behavior intervention services.	Feb 13, 2011 2:43 AM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1556	Focused Applied Behavior Analysis (ABA) Services: Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). Consumers who displays behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction). Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence. Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Children over age 3: Consumers between the ages of 3 years through 8 years of age with a diagnosis of Autism Spectrum Disorder are appropriate for comprehensive intensive ABA autism treatment. Intensive comprehensive ABA programs have research support for children up to age 8 years. This age range assumes that children started treatment before age 5 and assumes services are fading in terms of intensity between the ages of 6 and 8 years of age. If child is not fully independent, transition to school district supports is the goal.	Feb 13, 2011 2:55 AM
1557	Individuals with a developmental disability diagnosis.	Feb 13, 2011 3:06 AM
1558	Consumers and their families that experience significant impediments to their quality of life due to the existence of challenging behaviors	Feb 13, 2011 3:07 AM
1559	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) – (d).	Feb 13, 2011 3:08 AM
1560	People whose Individual Planning (IP) Team has identified a need for these services, See Lanterman Act.	Feb 13, 2011 3:14 AM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1561	As a behavioral specialist and therapist, (PHD., LMFT) and one who provides direct care to children with autism it is important to remember that ABA is only a methodology and only one form of treatment. There is JumpStart, there is DIR-Floortime and lots of others who have helped 'to a degree'. In my experience in working with this population over 22 yearas, in helping the very young ones, DIR Floortime has more impact then anything else, because IT IS THE PARENTS who are doing the training! after they have been taught of course. That being said, the children that are benefited from ANY intensive kind of support or training are those who are NOT diagnosed with mental retardation, which sadly many are, and those that are able to 'generalize' what they have learned from the clinic or structured classroom 1:1 session into the outside world or environment are few and far between. This is where ABA falls short. Though the stats support 'learning' and improving in some areas, often parents are unable or worse, unwilling to follow through with what is being learned in an intensive setting back into the home or other environment. If there should be those who get intensive 1:1 training and support through ABA, DIR Floortime, JumpStart, etc. then it should be for children who can best benefit from it and those would be children that have no mental retardation or children that already have language and present with the more higher functioning Autism and that would be Asperger's and not Autism. Then next you should be asking yourselves, what is fair? Down's syndrome'? Mental Retardation? Cerebral Palsy? Where does it stop? All children would love to have the benefits of intensive supports, but there is no program that meets all children with Autism or any other disability for that matter as each child is so uniquely different and learns so completely differently depending upon their IQ, their ability to relate to the world, and their family structure and supports that are in place for parenting appropriately. Just because they have a diagnosis, what one child presents another child will be completely different. ABA is way too intensive, way too expensive, way to difficult to implement without constantly relying on professional intervention with someone like myself. Using a program for those that can benefit, would be more productive in using a program that is easy and simple, and in my professional opinion that would be DIR Floortime. Why? Parents do it! It would be best to train parents in a group format through group teaching using video's and then have parents at home use the same training with their own child. They are the best teachers. Implementing parenting support programs for support would be helpful adn money wisely spent. Too many parents just want to turn over the teaching to us 'professionals' and hope that somehow miraculously there child will begin to 'lose' their diagnosis or become more normalized. It is very sad to say, but most wont' Many dollars will be spent to help those few who can go on and lead semi-independent lives. Most will never. They will continue to live at home, supported by their parents and many will not even be able to work in a supported work program because of the difficult social behaviors that they typically manifest.	Feb 13, 2011 3:25 AM
1562	After a licensed behavioral therapist or MD has determined that a particular child has a behavioral problem or difficulty, it is my opinion that any such child should receive treatment.	Feb 13, 2011 3:30 AM
1563	Any child who engages in problematic behavior that causes injury to oneself or others, results in property damage, interferes with his/her learning, or causes stigmatization in the community because the behaviors violate social norms.	Feb 13, 2011 3:33 AM
1564	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) – (d).	Feb 13, 2011 3:34 AM
1565	school districtrs should take this responsibility on until graduation and after that it goes to the state. When parents ask for help with behaivor, this service should be given.	Feb 13, 2011 3:36 AM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1566	Focused Applied Behavior Analysis (ABA) Services: 1. Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). 2. Consumers who displays behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction). 3. Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence. # # Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Children over age 3: 1. Consumers between the ages of 3 years through 8 years of age with a diagnosis of Autism Spectrum Disorder are appropriate for comprehensive intensive ABA autism treatment. 2. Intensive comprehensive ABA programs have research support for children up to age 8 years. 3. This age range assumes that children started treatment before age 5 and assumes services are fading in terms of intensity between the ages of 6 and 8 years of age. 4. If child is not fully independent, transition to school district supports is the goal.	Feb 13, 2011 3:37 AM
1567	When typical child rearing practices fail to help establish boundaries for the child or the parents struggles with setting those boundaries and the family unit is experincing undo stress.	Feb 13, 2011 3:40 AM
1568	The format of this survey is confusing. I am not sure exactly what you are asking... but please continue to include Relationship Development (RDI) services for people with autism and their families in the standards. It has been of paramount importance to our son and our family. RDI is a developmentally-focused, family-driven therapy. It helped our son to LIKE social interaction and to seek it out. Autistic people and their families need to have both RDI and ABA available. Please note that the RDI is much less expensive.	Feb 13, 2011 3:58 AM
1569	Those in which are having behavior problems	Feb 13, 2011 3:58 AM
1570	All children and adults whos behavior negatively impacts their daily lives.	Feb 13, 2011 4:01 AM
1571	families who have children with signficant behavioral problems that interfere with the families quality of life. By denying these families behavioral services, we are creating a larger defict in the budget due to families wanting to give up and place their children in group homes, etc. It is more expensive to provide for a child in a group home than it is to keep the child in their home environment. These children who can get the right services to help with their challenges can become part of our working society.	Feb 13, 2011 4:08 AM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1572	individual with developmental disabilities including autism, adhd, anyone on the ZSpectrum	Feb 13, 2011 4:10 AM
1573	I believe the implementation of the Individualized Budget would reduce costs to the state while allowing parents to get the help for their children be it floortime, behavior modification, social skills, etc.	Feb 13, 2011 4:12 AM
1574	Any child in need of behavioral services if their behavioral issues are disrupting their school, learning, relationships or daily living and home life.	Feb 13, 2011 4:24 AM
1575	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 13, 2011 4:24 AM
1576	I believe children should get these at least through the age of 5	Feb 13, 2011 4:28 AM
1577	We have an autistic child who has greatly benefited from ABA services provides through th Regional center which we would have otherwise never had access to. It has saved our lives. Most autistic children seem to need some sort of ABA therapy. Without it we as a state will have to pay a much steeper price when they are adults	Feb 13, 2011 4:37 AM
1578	Those diagnosed with developmental disorders including but not limited to autism, PDD NOS, Mental retardation, and other pervasive developmental disorders.	Feb 13, 2011 4:41 AM
1579	Consumers who are under age 3 and "at risk" for an ASD diagnosis or already have a diagnosis on the autism spectrum are appropriate for an early start applied behavior analysis (ABA) treatment program. Children are able to be diagnosed earlier, meaning intervention can begin sooner; "at risk" conditions including having an older sibling on the spectrum; decreased social referencing, loss of or delay in language combined with decreased social referencing are all "at risk" conditions.	Feb 13, 2011 4:48 AM
1580	Pre teens with disabilities there are a lot of kids out there that are not getting any help	Feb 13, 2011 4:53 AM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1581	Focused Applied Behavior Analysis (ABA) Services: Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). Consumers who displays behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction). Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence. Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Children over age 3: Consumers between the ages of 3 years through 8 years of age with a diagnosis of Autism Spectrum Disorder are appropriate for comprehensive intensive ABA autism treatment. Intensive comprehensive ABA programs have research support for children up to age 8 years. This age range assumes that children started treatment before age 5 and assumes services are fading in terms of intensity between the ages of 6 and 8 years of age. If child is not fully independent, transition to school district supports is the goal.	Feb 13, 2011 4:53 AM
1582	BCBA certified	Feb 13, 2011 4:56 AM
1583	Individuals that have been screen and selected by regional center (RC) staff fully trained in diagnostic parameters and POSITIVE BEHAVIORAL SUPPORTS (PBS) methodologies. Individuals will meet DDS standards and interviewers will be keenly aware of borderline cases - errors should be on the side of compassion and expanded parameters! All eligible individuals will be referred to herein as Qualified Individual Recipients (QIR) and will be be eligible for RC services.	Feb 13, 2011 4:59 AM
1584	All children who needed even ones about age 3.	Feb 13, 2011 5:00 AM
1585	Help family of teenn with developmental disability cope with behavior problems like eat , sleeping, socialization	Feb 13, 2011 5:01 AM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1586	Focused Applied Behavior Analysis (ABA) Services: Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). Consumers who displays behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction). Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence. Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Children over age 3: Consumers between the ages of 3 years through 8 years of age with a diagnosis of Autism Spectrum Disorder are appropriate for comprehensive intensive ABA autism treatment. Intensive comprehensive ABA programs have research support for children up to age 8 years. This age range assumes that children started treatment before age 5 and assumes services are fading in terms of intensity between the ages of 6 and 8 years of age. If child is not fully independent, transition to school district supports is the goal.	Feb 13, 2011 5:04 AM
1587	Lots of patience do not at any time try to hurry a child to learn they will learn. This is my teaching methods. Lots of affection LOVE. No teacher should be allowed to teach who does not have this qualities.	Feb 13, 2011 5:27 AM
1588	Any child under three with a developmental delay in more than one developmental domain should receive services. Children under three are the most influenced by intensive ABA services because the brain has the most plasticity when very young. Therefor, no matter what the problem is, intensive early intervention will result in the best long term results. Obviously, children of any age should receive services if they are diagnosed with classical autism. As well as any person with a severe behavioral issue, no matter what the diagnosis. If there is a severe behavioral issue, then there needs to be an equal amount of time devoted to parent training. 50-50. Parents should also show effort to receive these services before being given the services to ensure parent participation.	Feb 13, 2011 5:29 AM
1589	child and parent	Feb 13, 2011 5:33 AM
1590	Those with a diganosis of autism PDD, Asperger's Disorder based on the daignostic criteria set forth by the DSM-IV and completed by a qualified Psychologist.	Feb 13, 2011 5:40 AM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1591	Consumers of any age who exhibit behavioral challenges that may prove to be a barrier to community integration, optimal development given the abilities of the individual, or pose the risk of harm to self or others. Behavioral services are appropriate both for consumers who are children, living at home, children living in out of home placement, and adults living with family members or in the community.	Feb 13, 2011 6:08 AM
1592	My son has very aggressive behaviors. Without, Behavioral Services he will most likely end up as a statistic. Services are needed to help these children learn how pertisipate in daily living. Also, how not to aggress to himself or others. And be tought to express that fustration in an acceptable way in the community plus, at home. Functional skills are needed such as potty training, dressing , feeding, brushing their teeth. Things we take for granted. Each child should be in the LEAST RESTRICTED INVIORMENT!	Feb 13, 2011 6:22 AM
1593	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 13, 2011 6:23 AM
1594	Individuals with developmental disabilities and parents of individuals with developmental disabilities who demonstrate behaviors that impede their oportunities to participate in family and community activities and who are at risk for injury to themselves or others and at risk for placement in more restrictive settings then individuals who do not engage in such behaviors.	Feb 13, 2011 6:36 AM
1595	School districts should have payment and services that handle this during the time that the consumer is in school. In adulthood, any family that has their adult consumer living at home should be told of this service and all services every year in letter form from DDS. The family should be told how to get the service and should receive this service if they ask their case worker for it. Any adult living in a group home should have capable and experienced people managing behaivors on site in the group home and that payment should be part of the care of the home.	Feb 13, 2011 6:55 AM
1596	Persons with developmental delays who would benifit.	Feb 13, 2011 6:57 AM
1597	People whose Individual Planning (IP) Team has identified a need for these services. See Lanterman Act.	Feb 13, 2011 7:19 AM
1598	Any child who is displaying a need for services should be eligible for treatment. When a childs temperment puts themselves or others at risk should be a determining factor for how invasive the treatment should be. Parents should also be able to reach out to the Regional Center for help even if their child/ren do not quilify for intervention. They could be redirected with hand outs, or quarterly seminars on behavioral training.	Feb 13, 2011 7:24 AM
1599	Any consumer who presents severe and challenging behaviors. Specifically, behavior challenges that put the safety of the child, siblings, peers, caretaker/staff in physical danger/ at risk and/or the needs of child are significantly greater than what the parent or care takers can safely mediate. (This also includes areas of inappropriate social/sexual behavior, which could lead to a person having judicial involvement).	Feb 13, 2011 7:39 AM
1600	People who have deficits in skills required for adequate daily social interactions (facial expression, gestures, etc.), or who have trouble developing peer relationships appropriate to proper developmental level, or who lack social and/or emotional skills to deal with negative situations, or who have deficits in receptive/expressive communication skills.	Feb 13, 2011 9:35 AM
1601	All children needing these services	Feb 13, 2011 10:42 AM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1602	Everyone who has behavioral concerns. I am concerned my son could wind up in jail in the future if we cannot get help for improving his syndrome related behaviors, and violent outbursts	Feb 13, 2011 1:31 PM
1603	I don't know the wide spectrum of people who need this service, but my 2 year old son has autism; he surely needs these services in order to learn how to function socially. Without it there is a chance he will not be mainstreamed into society.	Feb 13, 2011 3:11 PM
1604	kiddos with severe behaviors (self-injur) other maladaptive behaviors -complinace diagnosed with ASD some delays	Feb 13, 2011 3:38 PM
1605	Behavior Services are crucial in the development of children who have speech delays, require social skills training, need assistance with self help skills, have behavior concerns. Additionally , in my experience children on the autism spectrum benefit from these services. Parent involvement is extremely important in the amount of progress children receiving services make. This type of intervention is extremely beneficial for parents as well. When a child is born with disabilities many parents do not know how to deal with the challenges that come along with the disability; especially when it relates to maladaptive behaviors. Parent education is needed to help foster the most successful, productive lives of children who have developmental delays. Getting to children at an early age helps eliminate many issues that could be faced by families in the future if they do not receive much needed services. When children are young their brain has the most plasticity and is open to change. ABA is one of the only empirically validated (research supported) interventions for children with special needs. Cutting these types of services would be extremely detrimental to the state!	Feb 13, 2011 4:02 PM
1606	The people who need the services.	Feb 13, 2011 4:05 PM
1607	Documented legal citizens Children whose parents complete a 10 week (1x week) parenting training would be eligible for assessment and not before completing the basic parenting class Children who have been evaluated by professionals (MD, Psychologist, SLP, OT, PT, Behavior) and found to be at risk due to an identified need.	Feb 13, 2011 4:09 PM
1608	Consumers who are developmentally disabled from birth or have become developmentally disabled due to illness or accident.	Feb 13, 2011 4:24 PM
1609	anyone who needs them	Feb 13, 2011 4:36 PM
1610	Anyone like my two children with autism should be able to recieve this service from a certified behavior analyst, not a licensed psychologist with no experience with people with autism.	Feb 13, 2011 5:09 PM
1611	Any child who demonstrates any delay(s) in any area of development.	Feb 13, 2011 5:12 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1612	Focused Applied Behavior Analysis (ABA) Services: Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). Consumers who displays behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction). Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence. Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Children over age 3: Consumers between the ages of 3 years through 8 years of age with a diagnosis of Autism Spectrum Disorder are appropriate for comprehensive intensive ABA autism treatment. Intensive comprehensive ABA programs have research support for children up to age 8 years. This age range assumes that children started treatment before age 5 and assumes services are fading in terms of intensity between the ages of 6 and 8 years of age. If child is not fully independent, transition to school district supports is the goal.	Feb 13, 2011 5:21 PM
1613	These standards should be set according to diagnosis. Those with developmental disabilities that can not or will not be able to be independent.	Feb 13, 2011 5:25 PM
1614	Any child that has been diagnosed and requires help in order to live as any other child his.her age should receive services. Many of these children that are diagnosed have behavioral challenges which make their lives, and the life of those who care for them, more difficult.	Feb 13, 2011 5:34 PM
1615	As the parent of a consumer, as well as a high school teacher of students with moderate-to-severe disabilities, I know first-hand that behaviors can cause as much stress and difficulty as the underlying disability. Behavioral interventions are a necessary service. They, along with related intervention techniques, should be administered in a manner that treats consumers with the respect that they deserve. The behavior intervention techniques should also be limited to activities that are clearly thought out, are effective and recognize the respect that each consumer deserves.	Feb 13, 2011 5:59 PM
1616	Any one and any child under age 3 that shows developmental delay in any domain. To include any child that shows a symptom of a behavioral issue to include child(ren) that don't have a medical diagnosis.	Feb 13, 2011 6:24 PM
1617	Behavior intervention saves dollars down the line and has huge impacts on life quality. Biggest bang for the buck and is an essential component to services.	Feb 13, 2011 6:35 PM
1618	Our family has been very pleased that our son (high functioning autistic) is eligible for servies, and are satisfied with those services. We have CAS and respite. Both are invaluable to us.	Feb 13, 2011 6:45 PM
1619	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 13, 2011 6:58 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1620	children under age 5 who are diagnosed with from mild to server disabilities	Feb 13, 2011 7:07 PM
1621	consumers who display behaviors that restrict him/her-self and/or family members to participate in community life; threaten his/her health or safety or that of others; lack developmentally-appropriate skills to function independently.	Feb 13, 2011 7:26 PM
1622	Everybody can benefit from these services, especially the developmental disbilities population.	Feb 13, 2011 7:37 PM
1623	Autism is on the rise so it should be intervened early. The clinical psychologist suggested my son needs an intensive intervention of 25 hours or more. The regional center can only provide 15 hours a week. I was willing use insurance to pay for it but no centers take insurance. They only accept funding from the regional center. It is extremely frustrating because I want to help my son and there are obstacles preventing it. Then experts say it is importance to get treatment early but there are those who are educated about autism yet cannot get treatment due to policies.	Feb 13, 2011 7:43 PM
1624	Low income residents	Feb 13, 2011 7:46 PM
1625	Parents and children should receive.	Feb 13, 2011 8:03 PM
1626	Consumers who are under age 3 and "at risk" for an ASD diagnosis or already have a diagnosis on the autism spectrum are appropriate for an early start applied behavior analysis (ABA) treatment program. Children are able to be diagnosed earlier, meaning intervention can begin sooner; "at risk" conditions including having an older sibling on the spectrum; decreased social referencing, loss of or delay in language combined with decreased social referencing are all "at risk" conditions.	Feb 13, 2011 8:17 PM
1627	We have to keep Early Start Services for delayed children. Without the service, we as a family, would not have even known where to begin any treatment with our severly diabled child.	Feb 13, 2011 8:17 PM
1628	Clients who have been diagnosed with a disability at an early age. Clients diagnosed at school ages should receive services from the school with complementary services in the home to reinforce techniques and gains made in school.	Feb 13, 2011 8:19 PM
1629	Children with global delay and/or autism under age 3.	Feb 13, 2011 8:24 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1630	Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). Consumers who displays behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction). Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence. Consumers between the ages of 3 years through 10 years of age with a diagnosis of Autism Spectrum Disorder are appropriate for comprehensive intensive ABA autism treatment. Intensive comprehensive ABA programs have research support for children up to age 8 years. This age range assumes that children started treatment before age 5 and assumes services are fading in terms of intensity between the ages of 6 and 8 years of age. If child is not fully independent, transition to school district supports is the goal.	Feb 13, 2011 8:24 PM
1631	All persons in need of these services should be eligible to receive them promptly and locally.	Feb 13, 2011 8:27 PM
1632	Individuals with behavioral needs. Parents of individuals with behavioral needs so that they know how to support their children and young adult children.	Feb 13, 2011 9:00 PM
1633	Any individual or family, who upon evaluation by a qualified professional, is determined to exhibit behaviors that interfere with functional living skills, impede their ability to learn or are a detriment to family function.	Feb 13, 2011 9:05 PM
1634	Lessening and/or eliminating maladaptive behavior is part of the normalization principle. 1/3 of the DD population is mentally ill. When they aren't in mental health crisis, there is an undercurrent of anger/aggression due to the difficulty of having a dual diagnosis.	Feb 13, 2011 9:29 PM
1635	Children with developmental delays and severe behavior and emotion problems.	Feb 13, 2011 9:51 PM
1636	all consumers who have behaviors which interfere with their quality of life and the quality of life of those people with whom they live or who care for them	Feb 13, 2011 9:57 PM
1637	These services should not be withheld from anyone in need and should be provided freely	Feb 13, 2011 10:01 PM
1638	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services as described in the Lanterman Act Section 4646 A-D	Feb 13, 2011 10:02 PM
1639	Children with Autism and other children with disabilites that have behavioral issues.	Feb 13, 2011 10:09 PM
1640	Those individuals whose Individual Program Plan (IPP) has identified a need for these services, as described in the Lanterman Act section 4646 (a)-(d)	Feb 13, 2011 10:38 PM
1641	CLIENTS PARENTS AND CARE PROVIDERS SHOULD BE TRAINED HOW TO DEAL WITH DIFFICULT CLIENTS	Feb 13, 2011 10:41 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1642	The best hope for success seems to be through the earliest detection and intervention. This should be done through licensed specialists in the field of concern, however it should not necessarily be totally restricted as problems are not always that clear and solutions can come from other specialities in related or overlapping fields. Ultimately the parent of the client should have the most control over determining what works as they are with the child 24-7.	Feb 13, 2011 10:55 PM
1643	Children and adults who are disabled should receive the services.	Feb 13, 2011 11:48 PM
1644	Children who are diagnosed with Autism Spectrum Disorder Adults who are diagnosed with Autism Spectrum Disorder Parents/Caregivers/Family members of individuals on the spectrum to help them cope with the issues that come with caring for their loved one as well as tools and training in their loved ones daily care.	Feb 13, 2011 11:49 PM
1645	Parents who are in need of behavioral services are often those whose children are diagnosed with severe learning disabilities, autism, and other behaviorally-impacting diagnoses. Whether the child is a former Early Start consumer, or new to the system, I have found that parents need on-going support from specialists as their child goes through different developmental stages.	Feb 13, 2011 11:49 PM
1646	Children with developmental delays.	Feb 14, 2011 12:07 AM
1647	the time line to get Behavior services need to be quicker, sometimes it can take 6 months or more we need it quicker. Behavior help is so importent, when someone calls it is the last point they need it quick	Feb 14, 2011 12:12 AM
1648	Behavioral services should be delivered to any RC consumer whose behavior interferes with his/her full participation in his/her community. This should not be limited to "anti-social" or "inappropriate" behaviors, but should be construed to include the lack of development of appropriate pro-social and adaptive behaviors. If a child does not know how to safely get around a public place, such as a park, that needs to be addressed. If a teenager has no friends, due to lack of social pragmatics, a targeted behavior program should be implemented to help him develop and maintain the skills necessary to have age-appropriate and mutually beneficial relationships.	Feb 14, 2011 12:30 AM
1649	Children in need....Floortime	Feb 14, 2011 12:49 AM
1650	All children on the spectrum could benefit from some form of behavioral services. Some children will need more support than others at varying different degrees of intensity. ABA has proven to be the only truly clinically supported form of treatment for children with autism. It should not be based on high or low functioning, low income or moderate income.....all kids should have the equal right and opportunity to this service. This is the age to help these children and "retrain" the brains, giving them the opportunity to truly have a chance at "recovering" from this disorder. This treatment could give them opportunity to never need to attend a special day class or private school because they were able to gain the skills necessary for mainstream education.	Feb 14, 2011 1:04 AM
1651	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in the Lanterman Act Section 4646 (a) - (d).	Feb 14, 2011 1:10 AM
1652	Consumers whose behaviors may/will prevent them from staying in their family's home, living independently, accessing community activities, impede their learning or put them at risk for progressively difficult behaviors in the future (i.e. young consumers).	Feb 14, 2011 1:11 AM
1653	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in the Lanterman Act Section 4646 (a) - (d).	Feb 14, 2011 1:21 AM
1654	if a regional center client does not practice appropriate behavior and the result has been, or is likely to be, potential danger to client or others, then a consistent program of behavior monitoring and behavior modification must be put in place.	Feb 14, 2011 1:23 AM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1655	Children who have problems with relating and interacting with children, adults or animals. Children who display angry emotions. Biting, kicking, hitting, spitting and so on. Any child who has a broken family and has a hard time with dealing with the facts.	Feb 14, 2011 1:40 AM
1656	Implementation of the Individualized Budget - while this will in fact represent a reduction in actual dollars spent - it will give you CHOICE and will return suspended social-recreational services including camp	Feb 14, 2011 1:45 AM
1657	Anyone who meets the existing criteria for services.	Feb 14, 2011 1:47 AM
1658	Any child with behavioral issues. Also, any child 36 months or younger without a diagnosis.	Feb 14, 2011 2:18 AM
1659	Individuals who qualify for regional services	Feb 14, 2011 2:22 AM
1660	A child that hits,bites,screams, or so on. A child that needs corrective and constructive behavior modifications.	Feb 14, 2011 2:23 AM
1661	Focused Applied Behavior Analysis (ABA) Services: Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). Consumers who displays behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction). Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence. Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Children over age 3: Consumers between the ages of 3 years through 8 years of age with a diagnosis of Autism Spectrum Disorder are appropriate for comprehensive intensive ABA autism treatment. Intensive comprehensive ABA programs have research support for children up to age 8 years. This age range assumes that children started treatment before age 5 and assumes services are fading in terms of intensity between the ages of 6 and 8 years of age. If child is not fully independent, transition to school district supports is the goal.	Feb 14, 2011 2:35 AM
1662	The people whose IPP team has identified a need for these services should receive them.	Feb 14, 2011 2:56 AM
1663	Services should be provided to any person in need as it states in the Lanterman Act.	Feb 14, 2011 3:13 AM
1664	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 14, 2011 3:18 AM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1665	1. Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive settings and/or may be limited his/her ability to participate in family and community life. 2. Consumers who display behaviors that may be a barrier to his/her health or safety or the health or safety of others. 3. Consumers who have failed to acqure developmentally-appropriate adaptive or functional skills that are fundamental to the attainment of social inclusion and increase independence.	Feb 14, 2011 3:26 AM
1666	It should NOT take the family one year to get services without jumping through hoops to get the servies that are needed even with physician(s) prescriptions.	Feb 14, 2011 4:25 AM
1667	This service is vital for parents to work through their own feelings to be better able to help their children. This would be for parents of any special needs child or a child with emotional/behavioral disorders. this can also be for the child to help the child learn proper behavior and learn how to deal with his/her own emotions and behavior.	Feb 14, 2011 4:30 AM
1668	Based on a priority of needs,RC staff shall provide requested services.	Feb 14, 2011 4:56 AM
1669	I believe the vast majority of kids on the ASD spectrum should receive behavioral services, especially those int he early years.	Feb 14, 2011 4:56 AM
1670	behavior services should be a must 1-1 ABA for children with severe communication issues and also enable them to access the community services safely.	Feb 14, 2011 5:14 AM
1671	Any individual with a disability whose behavior dramatically impacts the quality of life for the entire family. For example: Going to a store, restaurant or event is extremely difficult because of behavior. This should extend beyond the autism spectrum.	Feb 14, 2011 5:15 AM
1672	persons who have difficulty in monitoring or understanding the effect of their behavior on others in both home and public environments, these would include both minors and adults	Feb 14, 2011 5:17 AM
1673	I agree with the service standards that have been set up to this point.	Feb 14, 2011 5:28 AM
1674	Have resources that actually could assist consumers and their families.	Feb 14, 2011 5:39 AM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1675	Health and safety issues understandably loom large during a fiscal crisis, the longer-term view requires that the State fund services so that children no longer need services, or require less services, from regional centers as they transition into adolescence and adulthood. Focused Applied Behavior Analysis (ABA) Services: 1. Consumers who display behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction). 2. Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). 3. Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence. Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Children over age 3: 1. Consumers between the ages of 3 years through 8 years of age with a diagnosis of Autism Spectrum Disorder are appropriate for comprehensive intensive ABA autism treatment. 2. Intensive comprehensive ABA programs have research support for children up to age 8 years. 3. This age range assumes that children started treatment before age 5 and assumes services are fading in terms of intensity between the ages of 6 and 8 years of age.	Feb 14, 2011 5:44 AM
1676	Those Consumers and parents who meet behavior assessment requirements.	Feb 14, 2011 6:04 AM
1677	Individuals with a diagnosis of autism spectrum disorder or other developmental disorder who display behavior that is a barrier to the health and safety of others or self, or to his/her inclusion in a least restrictive social or educational setting.	Feb 14, 2011 6:39 AM
1678	THESE SERVICES SHOULD BE AVAILABLE ON AN "AS NEEDED" BASIS TO CONSUMERS AND THEIR IMMEDIATE FAMILY MEMBERS WHO HAVE RELATED PROBLEMS WHICH INVOLVE THE CONSUMER.	Feb 14, 2011 6:48 AM
1679	Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). Consumers who display behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction). Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence.	Feb 14, 2011 7:59 AM
1680	Regional Center clients who meet the criteria for functional impairments in the areas of Learning; Receptive & Expressive Language; Mobility; Self-care; Self-direction; Independent Living; and Economic Self-sufficiency.	Feb 14, 2011 8:14 AM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1681	Consumers who engage in behaviors (e.g., aggression, self-injury, noncompliance,property destruction) that interfere with his or her safety and safety of others, with his or her learning, and daily functional activities (such as toileting, dressing, feeding) and participation such as within the family and community life (e.g., social inclusion). In addition, children with developemental delays such as with the diagnosis of Autism Spectrum Disorders are appropriate candidates for benefiting from comprehensive intensive ABA treatments. Intensive comprehensive ABA programs have valid research supporting effectiveness of treatment with Children with Autism between the ages of 3 years through 8 years of age.	Feb 14, 2011 8:49 AM
1682	[redacted]	Feb 14, 2011 8:49 AM
1683	Everyone that needs the services should receive them.	Feb 14, 2011 9:16 AM
1684	Any consumer that is having adjustment difficulties. However, since all of our consumers are cared for by semi-professional staff, some barely out of high school or less, it is extremely important that behavioral training is available for staff as well as parents that deal with this population. Contrary to your definition of behavioral services, emotional problems, which are often at the root of behavioral problems, are NOT dealt with by behaviorist, or BCBAs. They are treated by real psychologists who have training in this area. Financially, there is no difference to DDS in that these Master's level behaviorists are charging the same price. The difference is that they treat everything as if it was a behavior when often times it is an emotional problems that needs to be treated with different tactics than a behavior plan.	Feb 14, 2011 1:22 PM
1685	The whole family	Feb 14, 2011 2:38 PM
1686	It seems to me that anyone who could contribute to society should be given a chance to do so. Some people can contribute with just a bit of supervision, and that minor supervision is a small price to pay for a contribution, especially if the alternative is just to park people in limbo, which benefits no one.	Feb 14, 2011 2:56 PM
1687	All Special needs Adults and children are in far need to be help in a world that can be so harsh for them	Feb 14, 2011 3:02 PM
1688	All regional Center Clients	Feb 14, 2011 3:05 PM
1689	Consumer's who reside in Developmental Centers, consumers who attend Work Activity Programs, and especially those consumers who are employed in the community. The consumers in the community are contributing memebers of society and need to have all available services to maintain their employment.	Feb 14, 2011 3:21 PM
1690	Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). Consumers who displays behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction). Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence.	Feb 14, 2011 3:48 PM
1691	Any person with a diagnosed developmental disability.	Feb 14, 2011 4:07 PM
1692	Private insuarance should be billed for behavior services. Require parents to take Behavior Management classes along with the provision of individualized service.	Feb 14, 2011 4:16 PM
1693	Any person with a developmental disability that has a behavioral issue that affects their ability to interact within society.	Feb 14, 2011 4:19 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1694	1.Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). 2.Consumers who displays behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction). 3.Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence.	Feb 14, 2011 4:20 PM
1695	All children & adults with learning disabilities should receive behavioral service.	Feb 14, 2011 4:22 PM
1696	ABA therapy for autistic children.	Feb 14, 2011 4:36 PM
1697	This should be an available services as needed. There are many children and adults who are delayed, but do have significant mental health needs and these need to be addressed.	Feb 14, 2011 4:42 PM
1698	Autistic children	Feb 14, 2011 4:44 PM
1699	1. Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). 2. Consumers who displays behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction). 3. Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence.	Feb 14, 2011 4:46 PM
1700	People with developmental disabilities and people with an emotional disturbance or other mental health disorder diagnosis; special education students	Feb 14, 2011 4:47 PM
1701	Consumers who displays behaviors that may be a barrier to his/her health or safety or the health or safety of others and who have failed to acquire developmentally-appropriate adaptive or functional skills that are fundamental to the attainment of social inclusion and increased independence.	Feb 14, 2011 4:49 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1702	Focused Applied Behavior Analysis (ABA) Services: Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). Consumers who display behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction). Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence. Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Children over age 3: Consumers between the ages of 3 years through 8 years of age with a diagnosis of Autism Spectrum Disorder are appropriate for comprehensive intensive ABA autism treatment. Intensive comprehensive ABA programs have research support for children up to age 8 years. This age range assumes that children started treatment before age 5 and assumes services are fading in terms of intensity between the ages of 6 and 8 years of age. If child is not fully independent, transition to school district supports is the goal.	Feb 14, 2011 4:49 PM
1703	I guess I'm hung up on "service standards". This should be defined. I don't really understand what this means to DDS/RC's. Anyone who exhibits behavior issues should have access to services so they can function better in society and lead more productive lives.	Feb 14, 2011 4:50 PM
1704	Services should be available to children with Asperger's.	Feb 14, 2011 5:00 PM
1705	1.Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). 2.Consumers who displays behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction). 3.Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence.	Feb 14, 2011 5:01 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1706	When parents find out that their children have some disabilities, they naturally feel frustrated, sad, embarrased, lonely, etc. They don't know what to do and need somebody with whom they can share their feelings. Especially when their children start to display some behavioral problems, they need help from professionals. It's so important to keep consistency from consumers' early ages so that they wouldn't develop further problems later.	Feb 14, 2011 5:04 PM
1707	Focused Applied Behavior Analysis (ABA) Services: Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). Consumers who display behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction). Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence. Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Children over age 3: Consumers between the ages of 3 years through 8 years of age with a diagnosis of Autism Spectrum Disorder are appropriate for comprehensive intensive ABA autism treatment. Intensive comprehensive ABA programs have research support for children up to age 8 years. This age range assumes that children started treatment before age 5 and assumes services are fading in terms of intensity between the ages of 6 and 8 years of age. If child is not fully independent, transition to school district supports is the goal.	Feb 14, 2011 5:06 PM
1708	Children between the ages of 3 years through 8 years of age with a diagnosis of Autism Spectrum Disorder should receive comprehensive intensive ABA autism treatment.	Feb 14, 2011 5:08 PM
1709	Children and young adults with a demonstrated need for Behavioral Services. Fading services due to age isn't reasonable, nor is the cessation of services due to budgetary issues; this is pervasive at our Regional Centers and in our schools. Students who benefit from the service should continue to receive it, whether they are 2 or 16. Any child who is "at risk" for or has received a diagnosis of an ASD (Autism Spectrum Disorder). Need should be based on the the existence of the following behaviors and assessments: Behaviors that include: aggression, non-compliance, are off-task, can't interact with peers in a constructive, meaningful or socially acceptable way, have difficulty controlling their own emotional reactions/responses. Low or now self-help/daily living skills. Self-injurious behaviors.	Feb 14, 2011 5:12 PM
1710	Families with children with Autism and other related areas.	Feb 14, 2011 5:14 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1711	Focused Applied Behavior Analysis (ABA) Services: Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). Consumers who display behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction). Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence. Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Children over age 3: Consumers between the ages of 3 years through 8 years of age with a diagnosis of Autism Spectrum Disorder are appropriate for comprehensive intensive ABA autism treatment. Intensive comprehensive ABA programs have research support for children up to age 8 years. This age range assumes that children started treatment before age 5 and assumes services are fading in terms of intensity between the ages of 6 and 8 years of age. If child is not fully independent, transition to school district supports is the goal. These services can take place in the child's home or center based program.	Feb 14, 2011 5:14 PM
1712	All parents, children or person who has a Behavioral issue and need support for develop an independent living in his/her community. It should be base on a clinical Psychologist assessment in order to identify in an objective and standardized way the areas to be serve.	Feb 14, 2011 5:15 PM
1713	At risk children under the age of 3 and individuals with a diagnosis of autism or related disorder should receive early start ABA services by qualified (i.e. Board Certified) professionals.	Feb 14, 2011 5:17 PM
1714	Any child who is diagnosed with special needs and need behavior modification to improve his/her quality of life as well as the family's.	Feb 14, 2011 5:23 PM
1715	1) Persons who exhibit challenging behaviors (e.g., aggression, self-injurious behavior, property destruction, non-compliance) that: (a) impede their ability to participate or to be independent in least restrictive home and community settings; or (b) significantly pose a danger to self or others. 2) Persons who demonstrate substantial deficits in functional/adaptive life skills (e.g., self-care, communication, socialization, self direction) that limit independence in home and community settings. 3) Persons with a diagnosis of ASD during the ages in which early intensive behavioral intervention (EIBI) have shown the best success (i.e., between the ages of 3-8).	Feb 14, 2011 5:31 PM
1716	ABA should be a service standard for kids with Autism. Respite for family of children with Autism. Metal health support in the form of family therapy.	Feb 14, 2011 5:31 PM
1717	Individualized Behavioral Services or Intensive Intervention, in my opinion shall be provided only after family member(s) have attended a prior training on the topic. Many of our families and even staff have a wrong idea about what these services are about. And even if they do know, the intensive intervention requires from participants to understand the language used, the expectations, and have the committment to endure the consistency of the intervention. If the family does not understand the basics of a Functional Analysis and ABA, they most likely will not carry on with the intervention.	Feb 14, 2011 5:34 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1718	1.Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). 2.Consumers who displays behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction). 3.Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence.	Feb 14, 2011 5:35 PM
1719	Children under the age of three who are at risk at or are diagnosed with ASD are appropriate candidates for recieving ABA treatments. At risk may include children whose older siblings have been diagnosed with ASD, or children with language delays, social delays.	Feb 14, 2011 5:46 PM
1720	We should continue to provide EIBIS to children who needd it and help families educate them. With these types of services we can see great outcomes and results at an early age.	Feb 14, 2011 5:59 PM
1721	They should follow the needs of the person - directly following an IPP.	Feb 14, 2011 5:59 PM
1722	Anyone with a developmental disability.	Feb 14, 2011 6:00 PM
1723	Children with a clear developmental disability diagnosis of any type.	Feb 14, 2011 6:00 PM
1724	People and children who need help and do not have means to pay for it.	Feb 14, 2011 6:02 PM
1725	consumers who have been identified as having a developmental disability and their parents/families.	Feb 14, 2011 6:03 PM
1726	1. Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). 2. Consumers who displays behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction). 3. Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence.	Feb 14, 2011 6:05 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1727	Focused Applied Behavior Analysis (ABA) Services: Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). Consumers who display behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction). Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence. Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Children over age 3: Consumers between the ages of 3 years through 8 years of age with a diagnosis of Autism Spectrum Disorder are appropriate for comprehensive intensive ABA autism treatment. Intensive comprehensive ABA programs have research support for children up to age 8 years. This age range assumes that children started treatment before age 5 and assumes services are fading in terms of intensity between the ages of 6 and 8 years of age. If child is not fully independent, transition to school district supports is the goal. These services can take place in the child's home or center based program.	Feb 14, 2011 6:05 PM
1728	Everyone giving services to the person like; parent, relatives, program employee, and others.	Feb 14, 2011 6:06 PM
1729	Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence.	Feb 14, 2011 6:09 PM
1730	1.Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). 2.Consumers who displays behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction). 3.Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence.	Feb 14, 2011 6:14 PM
1731	1.Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). 2.Consumers who displays behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction). 3.Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence.	Feb 14, 2011 6:20 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1732	Focused Applied Behavior Analysis (ABA) Services: Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). Consumers who display behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction). Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence. Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Children over age 3: Consumers between the ages of 3 years through 8 years of age with a diagnosis of Autism Spectrum Disorder are appropriate for comprehensive intensive ABA autism treatment. This age range assumes that children started treatment before age 5 and assumes services are fading in terms of intensity between the ages of 6 and 8 years of age.	Feb 14, 2011 6:20 PM
1733	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 14, 2011 6:20 PM
1734	Behavioral services must be reserved for those with behavior problems so severe that they endanger an individual's placement. Many families are indulged by their service coordinators for relatively minor behavior problems if they just keep asking for help.	Feb 14, 2011 6:21 PM
1735	1.Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). 2.Consumers who displays behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction). 3.Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence.	Feb 14, 2011 6:21 PM
1736	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d)	Feb 14, 2011 6:24 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1737	Focused Applied Behavior Analysis (ABA) Services: Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). Consumers who display behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction). Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence. Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Children over age 3: Consumers between the ages of 3 years through 8 years of age with a diagnosis of Autism Spectrum Disorder are appropriate for comprehensive intensive ABA autism treatment. Intensive comprehensive ABA programs have research support for children up to age 8 years. This age range assumes that children started treatment before age 5 and assumes services are fading in terms of intensity between the ages of 6 and 8 years of age. If child is not fully independent, transition to school district supports is the goal. These services can take place in the child's home or center based program.	Feb 14, 2011 6:24 PM
1738	Make it mandatory for families to attend behavioral service workshop as an orientation to services	Feb 14, 2011 6:29 PM
1739	Intensive Behavioral Treatment should be provided for children between 3-8 years old, who have a diagnosis of Autism Spectrum Disorder, PDD-NOS, or Asbergers Syndrome. These services are research backed, and scientifically proven to result in less cost over the lifetime of the individual. However, these children should begin these types of programs prior to age 5 and should be fading services between 6-8 years old. If fading is unable to occur by this age, and child is not fully independent, then he/she should have a transition plan in place to transfer to school district supports.	Feb 14, 2011 6:30 PM
1740	Here are a couple of suggestions about who should receive these services: Consumers who are under age 3 and "at risk" for an ASD diagnosis or already have a diagnosis on the autism spectrum are appropriate for an early start applied behavior analysis (ABA) treatment program. Children are able to be diagnosed earlier, meaning intervention can begin sooner; "at risk" conditions including having an older sibling on the spectrum; decreased social referencing, loss of or delay in language combined with decreased social referencing are all "at risk" conditions.	Feb 14, 2011 6:30 PM
1741	Consumers who are under age 3 and "at risk" for an ASD diagnosis or already have a diagnosis on the autism spectrum are appropriate for an early start applied behavior analysis (ABA) treatment program. Children are able to be diagnosed earlier, meaning intervention can begin sooner; "at risk" conditions including having an older sibling on the spectrum; decreased social referencing, loss of or delay in language combined with decreased social referencing are all "at risk" conditions.	Feb 14, 2011 6:32 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1742	A consumer that has behaviors that are beyond typical behaviors of an child their particular age development. Some behaviors are typical for all children in particular age groups and do not need specialized services to address them. Consumers that displays behaviors that cause danger or harm to themselves or others. Behaviors that cause significant barriers to a child's education and ability to learn.	Feb 14, 2011 6:34 PM
1743	There should be a focus on applied behavior analysis as this is an empirically validated treatement methodology that has proven effective for individuals with autism, and other developmental disabilities. The people who receive these services are individuals with impairments in adaptive/social functioning. Also, it is important for people who are aggressive, self-injurious, to receive these services as they are a danger to themselves and their environment without services.	Feb 14, 2011 6:35 PM
1744	Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). Consumers who display behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction). Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence. Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Children over age 3: Consumers between the ages of 3 years through 8 years of age with a diagnosis of Autism Spectrum Disorder are appropriate for comprehensive intensive ABA autism treatment. Intensive comprehensive ABA programs have research support for children up to age 8 years. This age range assumes that children started treatment before age 5 and assumes services are fading in terms of intensity between the ages of 6 and 8 years of age. If child is not fully independent, transition to school district supports is the goal.	Feb 14, 2011 6:35 PM
1745	A variety of individuals with developmental disorders should receive these services. We work mostly with children with Autism, Aspergers, Down Syndrome and Attentional Disorders and these services have proven to be exceptionally effective in treating behavioral challenges and supporting the overall development of the individuals.	Feb 14, 2011 6:41 PM
1746	The client, parents, siblings and staff workers. Everyone should be included in the growth process. Language and attitude towards our disabled community is limited. Schools that mainstream should have awareness classes for all students and staff. Understanding the disabled community aids in growth and compassion	Feb 14, 2011 6:45 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1747	Focused Applied Behavior Analysis (ABA) Services: Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). Consumers who display behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction). Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence. Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Children over age 3: Consumers between the ages of 3 years through 8 years of age with a diagnosis of Autism Spectrum Disorder are appropriate for comprehensive intensive ABA autism treatment. Intensive comprehensive ABA programs have research support for children up to age 8 years. This age range assumes that children started treatment before age 5 and assumes services are fading in terms of intensity between the ages of 6 and 8 years of age. If child is not fully independent, transition to school district supports is the goal.	Feb 14, 2011 6:45 PM
1748	All persons with developmental disabilities should receive services. The importance of education and visibility within the "able bodied" community is critical to quality of life.	Feb 14, 2011 6:46 PM
1749	Consumers who are under age 3 and "at risk" for an ASD diagnosis or already have a diagnosis on the autism spectrum are appropriate for an early start applied behavior analysis (ABA) treatment program. Children are able to be diagnosed earlier, meaning intervention can begin sooner; "at risk" conditions including having an older sibling on the spectrum; decreased social referencing, loss of or delay in language combined with decreased social referencing are all "at risk" conditions.	Feb 14, 2011 6:52 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1750	Focused Applied Behavior Analysis (ABA) Services: Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). Consumers who display behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction). Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence. Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Children over age 3: Consumers between the ages of 3 years through 8 years of age with a diagnosis of Autism Spectrum Disorder are appropriate for comprehensive intensive ABA autism treatment. Intensive comprehensive ABA programs have research support for children up to age 8 years. This age range assumes that children started treatment before age 5 and assumes services are fading in terms of intensity between the ages of 6 and 8 years of age. If child is not fully independent, transition to school district supports is the goal.	Feb 14, 2011 6:56 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1751	Focused Applied Behavior Analysis (ABA) Services: Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). Consumers who display behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction). Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence. Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Children over age 3: Consumers between the ages of 3 years through 8 years of age with a diagnosis of Autism Spectrum Disorder are appropriate for comprehensive intensive ABA autism treatment. Intensive comprehensive ABA programs have research support for children up to age 8 years. This age range assumes that children started treatment before age 5 and assumes services are fading in terms of intensity between the ages of 6 and 8 years of age. If child is not fully independent, transition to school district supports is the goal.	Feb 14, 2011 6:59 PM
1752	Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). Consumers who displays behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction). Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence	Feb 14, 2011 7:03 PM
1753	Individuals should be helped that require it through assessment and the IPP process	Feb 14, 2011 7:05 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1754	Children (18 months-12 years old), teenagers and parents/caregivers of children and teenagers who display behavior deficits and excesses should receive behavioral services. Behavioral deficits and excesses for participants should be socially significant for the participant: social, language, academic, daily living, self-care, vocational, and/or recreation and leisure behaviors that improve day-to-day life experiences. Individuals with autism under the age of 6 years should receive a minimum of 30 hours per week of ABA intervention from qualified providers.	Feb 14, 2011 7:05 PM
1755	Children with age under 5 who are diagnosed with autism spectrum disorder, ADD/ADHD, speech delay and emotional problems should receive this service.	Feb 14, 2011 7:11 PM
1756	1. Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). 2. Consumers who display behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction). 3. Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence. Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Children over age 3: 1. Consumers between the ages of 3 years through 8 years of age with a diagnosis of Autism Spectrum Disorder are appropriate for comprehensive intensive ABA autism treatment. 2. Intensive comprehensive ABA programs have research support for children up to age 8 years. 3. This age range assumes that children started treatment before age 5 and assumes services are fading in terms of intensity between the ages of 6 and 8 years of age. 4. If child is not fully independent, transition to school district supports is the goal.	Feb 14, 2011 7:12 PM
1757	1.Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). 2.Consumers who displays behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction). 3.Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence.	Feb 14, 2011 7:13 PM
1758	Children 5-18 who need help, especially what goes on in the schools and at home nowadays.	Feb 14, 2011 7:24 PM
1759	The individuals whose IPP team has identified a need for these services, as described in the Lanternman Act Sections 4646.5 (a)(6).	Feb 14, 2011 7:25 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1760	At the minimum, this should be available to all children with an autism spectrum identification/diagnosis.	Feb 14, 2011 7:31 PM
1761	Children with severe behavioral issues	Feb 14, 2011 7:36 PM
1762	Children at the school age who are diagnosed with autism spectrum disorder, ADD/ADHD, speech delay and emotional problems should receive this service.	Feb 14, 2011 7:36 PM
1763	1.Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). 2.Consumers who displays behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction). 3.Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence.	Feb 14, 2011 7:39 PM
1764	Early Start is a great program to me and my family.please perserve funding for ABA treatment for children with ASD. Roll back the size of the budget cuts to the regional center services.	Feb 14, 2011 7:42 PM
1765	Consumers who are under age 3 and "at risk" for an ASD diagnosis or already have a diagnosis on the autism spectrum are appropriate for an early start applied behavior analysis (ABA) treatment program. Children are able to be diagnosed earlier, meaning intervention can begin sooner; "at risk" conditions including having an older sibling on the spectrum; decreased social referencing, loss of or delay in language combined with decreased social referencing are all "at risk" conditions.	Feb 14, 2011 7:51 PM
1766	Children and adults that exhibit irrational (yelling/screaming) and/or violent and/or self endangering behaviors.	Feb 14, 2011 7:54 PM
1767	Any consumer or family who needs them. Long term care begins with knowing how to deal with the spectrum of care and setting it up very early.	Feb 14, 2011 7:54 PM
1768	Autistic, People with learning dissability	Feb 14, 2011 7:54 PM
1769	1.Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). 2.Consumers who displays behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction). 3.Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence.	Feb 14, 2011 7:58 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1770	Focused Applied Behavior Analysis (ABA) Services: Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). Consumers who display behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction). Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence. Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Children over age 3: Consumers between the ages of 3 years through 8 years of age with a diagnosis of Autism Spectrum Disorder are appropriate for comprehensive intensive ABA autism treatment. Intensive comprehensive ABA programs have research support for children up to age 8 years. This age range assumes that children started treatment before age 5 and assumes services are fading in terms of intensity between the ages of 6 and 8 years of age. If child is not fully independent, transition to school district supports is the goal.	Feb 14, 2011 7:58 PM
1771	anyone with a disability	Feb 14, 2011 8:05 PM
1772	There should be consistent benchmarks to denote whom receives services. For instance: various behavioral issues and skill deficits should be identified as priority to allow clear delineations to be made so as to ensure individuals are being served based on need and not do to other factors such as parent advocacy or issues of favoritism.	Feb 14, 2011 8:13 PM
1773	Anyone with an identified need. For parents who do not follow through with the teaching, services should be limited.	Feb 14, 2011 8:18 PM
1774	Only should be available for children living at home, with parental co-pay.	Feb 14, 2011 8:18 PM
1775	Consumers with Behaviors	Feb 14, 2011 8:21 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1776	Focused Applied Behavior Analysis (ABA) Services or one-event consult: -Consumers who engage in specific behaviors that may be a barrier to his/her ability to participate in least restrictive settings (e.g., aggression, self-injury, noncompliance). -Consumers who display specific behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction). Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services - Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence. -Consumers between the ages of 3 years through 8 years of age who have failed to aquire the developmentally appropriate pre-requisite skills to learn from natural teaching settings and least restrictive environments. -Consumers whose behavioral excesses and behavioral deficits have been successfully targetted and effectively changed through intensive comprehensive ABA programs documented by behavioral researchers and supported in the literature. Goal of the intensive behavior program would be to decrease behavior excesses while simultaneously working on behavioral deficts through consult and collaborations with parents/caregivers and one-on-one therapy with consumers when the needs for behavior change require one-on-one therapy.	Feb 14, 2011 8:26 PM
1777	* Consumers who are under age 3 and "at risk" for an ASD diagnosis or already have a diagnosis on the autism spectrum are appropriate for an early start applied behavior analysis (ABA) treatment program. * Children are able to be diagnosed earlier, meaning intervention can begin sooner; "at risk" conditions including having an older sibling on the spectrum; decreased social referencing, loss of or delay in language combined with decreased social referencing are all "at risk" conditions.	Feb 14, 2011 8:36 PM
1778	any child that has some sort of disability. These children/adults will eventually have to care for themselves at a later date and help is definitely needed to assit them in making it on their own because parents/guardians, etc. do not live forever. It will be cheaper in the long run to have care for the special needs children/aduls now rather than later. The idea of cutting services is absolutely unacceptable. Newpaper article suggested mismanagement of fundsl. These people should be penalized severly. If Gov.Brown had a relative who was a special needs child, he would think twice about cutting funds. He should take the time to observe some of these children/adults so he can first-hand realize they NEED HELP.	Feb 14, 2011 8:41 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1779	Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). Consumers who display behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction). Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence. Consumers between the ages of 3 years through 8 years of age with a diagnosis of Autism Spectrum Disorder are appropriate for comprehensive intensive ABA autism treatment. Intensive comprehensive ABA programs have research support for children up to age 8 years. This age range assumes that children started treatment before age 5 and assumes services are fading in terms of intensity between the ages of 6 and 8 years of age. If child is not fully independent, transition to school district supports is the goal.	Feb 14, 2011 8:45 PM
1780	families need consultation, training and behavior interventions. Especially with specific disabilities Autism has increased the past 10 years. I have an autistic consumer whose family are involved in his life very closely. He"s 26yrs old. There needs to training on these specific disorders more frequently than they have been and in all regional center. Sclarc vendors must pray that westside regional center allows us in their trainings. Most always you here "Our training are for our vendors and families" if we have space available, you are welcome most of the time only 1 or 2 staff will be allowed to attend.	Feb 14, 2011 8:48 PM
1781	1. Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). 2. Consumers who displays behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction). 3. Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence.	Feb 14, 2011 8:50 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1782	Focused Applied Behavior Analysis (ABA) Services: Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). Consumers who display behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction). Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence. Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Children over age 3: Consumers between the ages of 3 years through 8 years of age with a diagnosis of Autism Spectrum Disorder are appropriate for comprehensive intensive ABA autism treatment. Intensive comprehensive ABA programs have research support for children up to age 8 years. This age range assumes that children started treatment before age 5 and assumes services are fading in terms of intensity between the ages of 6 and 8 years of age. If child is not fully independent, transition to school district supports is the goal.	Feb 14, 2011 8:51 PM
1783	Behavioral services should continue through adolescents and into adulthood for disabled consumers. Their family, caregivers and employers should receive training in behavioral intervention programs, so that the message is consistent between work, school and home.	Feb 14, 2011 8:52 PM
1784	Those Individuals whose IPP team has identified a need for these services, as described in the Lanterman Act Section 4646 (a) - (d).	Feb 14, 2011 8:53 PM
1785	Assessments determining need for intensive behavioral services for children with autism shall be completed by an agency which is not the provider of the recommended service. Intensive behavioral services can only be provided if the child's private insurance has denied this service AND the denial has been appealed by the parent.	Feb 14, 2011 8:54 PM
1786	Any child/adult that is considered special needs. Autism,.etc	Feb 14, 2011 8:57 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1787	Focused Applied Behavior Analysis (ABA) Services: Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). Consumers who display behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction). Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence. Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Children over age 3: Consumers between the ages of 3 years through 8 years of age with a diagnosis of Autism Spectrum Disorder are appropriate for comprehensive intensive ABA autism treatment. Intensive comprehensive ABA programs have research support for children up to age 8 years. If child is not fully independent, transition to school district supports is the goal.	Feb 14, 2011 8:58 PM
1788	All persons who have been found eligible for services through DDS should receive them. That being said, what services they should receive should be determined on an individual basis, according to the nature and severity of the client's disability	Feb 14, 2011 9:02 PM
1789	Consumers with behavior problems of any diagnosis. As well as for parents to learn the different methods and trainings to help with the behavior intervention.	Feb 14, 2011 9:05 PM
1790	Children under 4 years of age w/ speech delays of 4-6 months.	Feb 14, 2011 9:07 PM
1791	People whose Individual Planning Team (caregivers, instructors, parents, individual, consultants and behavior specialists). It is imperative that all persons involved have access to Behavioral Intervention. Please see Lanterman Act, which is the LAW.	Feb 14, 2011 9:09 PM
1792	Any client whose behavior significantly affects their ability to integrate with others at home, in the workplace, or public environments; when that behavior is maladaptive and has not responded to other attempts to correct it.	Feb 14, 2011 9:14 PM
1793	Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance).	Feb 14, 2011 9:15 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1794	Any Regional Center consumer who needs these services. Ex: Consumer has Autism and is presenting with challenging and inappropriate behaviors; consumer should get those services so behaviors can be re-directed.	Feb 14, 2011 9:28 PM
1795	I think that all children and adults with menatl disabilites should have these servces available to them.	Feb 14, 2011 9:33 PM
1796	Major emphasis for higher level 1:1 in home service should focus on children age 3-6 years old. Then transition to Parent Consultation and Program implementation only.	Feb 14, 2011 9:35 PM
1797	pre-school to 12th grade, and college freshman & soph if needed	Feb 14, 2011 9:44 PM
1798	Kids with Autism	Feb 14, 2011 9:49 PM
1799	children and students demonstrating a need in the areas of behavior excess and need for functional skill development especially between age 3-6.	Feb 14, 2011 9:52 PM
1800	Maintain service standards as they currently are. Children who have a need should receive these services. Children who are having difficulty with coping with daily activities, following directions, or who exhibit negative behaviors that are impacting their functional performance to succeed in their daily life.	Feb 14, 2011 9:54 PM
1801	All who are determined in need of behavioral services, as determined by the IFSP or IEP team, should receive these services.	Feb 14, 2011 10:00 PM
1802	It is critical to have parents in the loop with therapy because many times the practices that occur at home are completely antithetical to what the child needs. Therapeutic intervention and/or psycho-education with the family /parents is essential.	Feb 14, 2011 10:05 PM
1803	Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance).	Feb 14, 2011 10:06 PM
1804	My child is a consumer of ABA provided by Early Start. I will provide my comments in that secion as suggested above.	Feb 14, 2011 10:08 PM
1805	Those individuals whose IPP team has identified a need for these services, as described in The Lanterman Act Section 4646 (a)-(d).	Feb 14, 2011 10:11 PM
1806	People should continue to have their needs identified through the IPP process,on an individual basis, as described in The Lanterman Act Section 4646 (a)-(d).	Feb 14, 2011 10:21 PM
1807	The family and consumer's should still be able to utilize the behavior services program however, it is imperative that the agencies each Regional Center decides to vendor should be fully capable of providing the service to the family. In addition, each Regional Center should continue to reiterate the importance of parent involvement and follow up once the agency is outside of the home.	Feb 14, 2011 10:23 PM
1808	Anyone with developmental disability who needs the service to be safe in their homes and able to participate in the community. Besides the ethics of providing the care individuals needs to live in their homes, the service standards must consider that it's most cost effective for the developmentally disabled to live at home. All services should be allocated fairly throughout the state. It's so unfair that parents in rural areas are being told their child *could* have a service that is 75 miles away from their house. But the regional center will do nothing to try to make the service available in the parent's area or county. Parents in rural areas pay taxes just like parents in big cities - they deserve the same level of services and providers.	Feb 14, 2011 10:28 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1809	Regional Center clients who have a demonstrated need for services expressed in an IPP or amended IPP. The IPP needs should arise out of a support team discussion, the support team including family and or care provider, school or day program, or ILS or IHSS representative.	Feb 14, 2011 10:29 PM
1810	Children (18 months-12 years old), teenagers and parents/caregivers of children and teenagers who display behavior deficits and excesses should receive behavioral services. Behavioral deficits and excesses for participants should be socially significant for the participant: social, language, academic, daily living, self-care, vocational, and/or recreation and leisure behaviors that improve day-to-day life experiences. Individuals with autism under the age of 6 years should receive a minimum of 30 hours per week of ABA intervention from qualified providers.	Feb 14, 2011 10:32 PM
1811	People that have been found to have developmental delay's and those that are suspected to have development delay's.	Feb 14, 2011 10:33 PM
1812	My daughter and her care provider are receiving help from a behavioral consultant and I would like this to continue.	Feb 14, 2011 10:35 PM
1813	children with clear behavioral issue due to biological disability or mental trauma	Feb 14, 2011 10:36 PM
1814	childern with autism disorder	Feb 14, 2011 10:38 PM
1815	persons supervising these services should have a background not only in behavior modification but also parent training. Provision of these services should not be limited to persons holding a BCBA. it is also important that providers do not provide advice and services which encroach on those of other professionals undermining their programs e.g speech therapy, occupational therapy	Feb 14, 2011 10:39 PM
1816	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 14, 2011 10:43 PM
1817	Focused Applied Behavior Analysis (ABA) Services: 1. Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). 2. Consumers who display behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction). 3. Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence. Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Children over age 3: 1. Consumers between the ages of 3 years through 8 years of age with a diagnosis of Autism Spectrum Disorder are appropriate for comprehensive intensive ABA autism treatment. 2. Intensive comprehensive ABA programs have research support for children up to age 8 years. 3. This age range assumes that children started treatment before age 5 and assumes services are fading in terms of intensity between the ages of 6 and 8 years of age. 4. If child is not fully independent, transition to school district supports is the goal.	Feb 14, 2011 10:44 PM
1818	with autism diagnosis	Feb 14, 2011 10:44 PM
1819	The consumer's employees, and staff who work directly with the clients	Feb 14, 2011 10:46 PM
1820	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) – (d).	Feb 14, 2011 10:46 PM
1821	This type of service is critical for children with autism and shouldn't be cut.	Feb 14, 2011 10:48 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1822	Direct consultation with other service providers in all environments; i.e. Regional Center with LEA, Sheltered Workshops with Group Homes... Recipients should be children and adults with behaviors that impede their ability to function at work, at home, at school, during transitions, during social events (across all enviornments).	Feb 14, 2011 10:54 PM
1823	Focused Applied Behavior Analysis (ABA) Services: Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). Consumers who display behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction). Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence. Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Childrenover age 3 Consumers between the ages of 3 years through 8 years of age with a diagnosis of Autism Spectrum Disorder are appropriate for comprehensive intensive ABA autism treatment. Intensive comprehensive ABA programs have research support for children up to age 8 years. This age range assumes that children started treatment before age 5 and assumes services are fading in terms of intensity between the ages of 6 and 8 years of age. If child is not fully independent, transition to school district supports is the goal.	Feb 14, 2011 10:54 PM
1824	1. Clients exhibiting anger with uncontrolled outbursts 2. Clients that hit, punch or kick 3. Clients that have anxiety that causes them not to be able to concentrate 4. Clients with dual/diagnosis 5. Staff at agencies serving these clients should receive training and ongoing support services to deal with difficult behaviors	Feb 14, 2011 11:00 PM
1825	Consumers who are under age 3 and "at risk" for an ASD diagnosis or already have a diagnosis on the autism spectrum are appropriate for an early start applied behavior analysis (ABA) treatment program. Children are able to be diagnosed earlier, meaning intervention can begin sooner; "at risk" conditions including having an older sibling on the spectrum; decreased social referencing, loss of or delay in language combined with decreased social referencing are all "at risk" conditions.	Feb 14, 2011 11:09 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1826	Focused Applied Behavior Analysis (ABA) Services: Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). Consumers who display behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction). Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence. Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Children over age 3: Consumers between the ages of 3 years through 8 years of age with a diagnosis of Autism Spectrum Disorder are appropriate for comprehensive intensive ABA autism treatment. Intensive comprehensive ABA programs have research support for children up to age 8 years. This age range assumes that children started treatment before age 5 and assumes services are fading in terms of intensity between the ages of 6 and 8 years of age. If child is not fully independent, transition to school district supports is the goal.	Feb 14, 2011 11:16 PM
1827	Persons who engage in serious behaviors (e.g., aggression, self-injury, noncompliance) that may limit his ability to remain in the least restrictive setting, or pose a risk to his safety or the safety of thers, and persons who need additional functional skills training for social inclusion and increased independence. Children between the ages of 3 years through 8 years of age with a diagnosis of Autism Spectrum Disorder are appropriate for comprehensive intensive ABA autism treatment.	Feb 14, 2011 11:25 PM
1828	Consumers who are under age 3 and "at risk" for an ASD diagnosis or already have a diagnosis on the autism spectrum are appropriate for an early start applied behavior analysis (ABA) treatment program. Children are able to be diagnosed earlier, meaning intervention can begin sooner; "at risk" conditions including having an older sibling on the spectrum; decreased social referencing, loss of or delay in language combined with decreased social referencing are all "at risk" conditions.	Feb 14, 2011 11:25 PM
1829	people who have complex lives that may have to be forced into segregated, institutional settings without proper supprt	Feb 14, 2011 11:31 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1830	Consumers who are under age 3 and "at risk" for an ASD diagnosis or already have a diagnosis on the autism spectrum are appropriate for an early start applied behavior analysis (ABA) treatment program. Children are able to be diagnosed earlier, meaning intervention can begin sooner; "at risk" conditions including having an older sibling on the spectrum; decreased social referencing, loss of or delay in language combined with decreased social referencing are all "at risk" conditions.	Feb 14, 2011 11:31 PM
1831	Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance).	Feb 14, 2011 11:38 PM
1832	Children who need these services- not just children under 3, but older children who are also receiving services through the school, should be able to receive behavioral therapy if they need it.	Feb 14, 2011 11:40 PM
1833	Focused Applied Behavior Analysis (ABA) Services: Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). Consumers who display behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction). Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence. Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Childrenover age 3: Consumers between the ages of 3 years through 8 years of age with a diagnosis of Autism Spectrum Disorder are appropriate for comprehensive intensive ABA autism treatment. Intensive comprehensive ABA programs have research support for children up to age 8 years. This age range assumes that children started treatment before age 5 and assumes services are fading in terms of intensity between the ages of 6 and 8 years of age. If child is not fully independent, transition to school district supports is the goal.	Feb 14, 2011 11:44 PM
1834	1.Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). 2.Consumers who displays behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction). 3.Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence.	Feb 14, 2011 11:44 PM
1835	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 14, 2011 11:45 PM
1836	These services should be made avaialble to children who an identified service need i.e children diagnosed with autism is one example.	Feb 14, 2011 11:49 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1837	Patients newly enrolled in Regional Center services should have an initial evaluation. All patients with a chronic medical condition should be screened for depression on an annual basis	Feb 14, 2011 11:51 PM
1838	individual who have intensive behavior challenges/aggressions that can lead to various outcomes. Property abuse, self injury, outbursts, physical aggression etc..	Feb 14, 2011 11:51 PM
1839	I think both children and parents should receive these services. And while it is valid that parents receive instruction, the recent trend with Harbor Regional Center to only provide ABA services to parents denies the fact that parents are not trained behavioral therapists and that there is value to children receiving direct services from behavioral services to improve the child's outcomes, as well as providing instruction to parents so that they can help provide continuity and generalization throughout the rest of the week.	Feb 14, 2011 11:53 PM
1840	Consumers who are under age 3 and "at risk" for an ASD diagnosis or already have a diagnosis on the autism spectrum are appropriate for an early start applied behavior analysis (ABA) treatment program. Children are able to be diagnosed earlier, meaning intervention can begin sooner; "at risk" conditions including having an older sibling on the spectrum; decreased social referencing, loss of or delay in language combined with decreased social referencing are all "at risk" conditions.	Feb 14, 2011 11:54 PM
1841	All who have behaviors of concern & have not received behavior intervention support in 3 years	Feb 14, 2011 11:58 PM
1842	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) – (d).	Feb 15, 2011 12:02 AM
1843	Children diagnosed with Autism Spectrum Disorder should receive ABA	Feb 15, 2011 12:02 AM
1844	Focused Applied Behavior Analysis (ABA) Services: Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). Consumers who display behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction). Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence. Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Childrenover age 3: *Consumers between the ages of 3 years through 8 years of age with a diagnosis of Autism Spectrum Disorder are appropriate for comprehensive intensive ABA autism treatment. Intensive comprehensive ABA programs have research support for children up to age 8 years. This age range assumes that children started treatment before age 5 and assumes services are fading in terms of intensity between the ages of 6 and 8 years of age. If child is not fully independent, transition to school district supports is the goal.	Feb 15, 2011 12:04 AM
1845	Those individuals whose Individual Program Plan team has identified a need for these services, as described in The Lanterman Act section 4646 (a) - (d)	Feb 15, 2011 12:13 AM
1846	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in the Lanterman Act Section 4646 (a) – (d).	Feb 15, 2011 12:14 AM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1847	All consumers with significant behaviors should receive behavior medification. This educates consumers, service providers and parents on effective ways to modify maladaptive behavior.	Feb 15, 2011 12:15 AM
1848	ANY child who is referred as possibly needing early intervention should receive these services. For every dollar invested in these clients early, the state can save millions over the lifetime of that child. Not only that but the quality of life for these kids and their families greatly improve. Without intervention, you will definately see more child abuse from nontrained frustrated parents and children dropped at the states door because they are too much of a handful. It is assinign to believe that cutting money from early intensive behavioral services will save the state money.	Feb 15, 2011 12:31 AM
1849	No changes should be made to further limit the eligibility requirements set forth in the California Code of Regulations, Title 17, Division 2, Chapter 3 - Community Services, SubChapter 1 - General, Article 1 - Definitions for "Developmental Disability" (S54000) or "Substantial Diability" (S54001). In particular, it is extremely important that individuals with a diagnosis of Autistic Disorder (299.00) continue to receive behavior services. Please see the research studies below that found that individuals with autism benefit from behavior services. Cohen, H., Amerine-Dickens, M., & Smith, T. (2006). Early intensive behavioral treatment: Replication of the UCLA model in a community setting. Journal of Developmental and Behavioral Pediatrics, 27(2), 145-155 Eikeseth, S., Smith, T., Jahr, E., & Eldevik, S. (2002). Intensive behavioral treatment at school for 4- to 7-year-old children with autism. Behavior Modification, 26, 49-68; Eikeseth, S., Smith, T., Jahr, E., & Eldevik, S. (2007). Outcome for children with autism who began intensive behavioral treatment between ages 4 and 7: A comparison controlled study. Behavior Modification, 31, 264-278. Howard, J., Sparkman, C., Cohen, H., Green, G., & Stanislaw, H. (2005). A comparison of intensive behavior analytic and eclectic treatments for young children with autism. Research in Developmental Disabilities, 26, 359-383. Lovaas, O. I. (1987). Behavioral treatment and normal educational and intellectual functioning in young autistic children. Journal of Consulting and Clinical Psychology, 55, 3-9; McEachin, J. J., Smith, T., & Lovaas, O. I. (1993). Long-term outcome for children with autism who received early intensive behavioral treatment. American Journal on Mental Retardation, 97, 3569-372. Remington, B., Hastings, R. P., Kovshoff, H., degli Espinosa, F., Jahr, E., & Brown, T. (2007). Early intensive behavioral intervention: Outcomes for children with autism and their parents after two years. American Journal on Mental Retardation, 112, 418-438. Sallows, G. O., & Graupner, T. D. (2005). Intensive behavioral treatment for children with autism: Four-year outcome and predictors. American Journal on Mental Retardation, 110, 417-438. Smith, T., Groen, A. D., & Wynn, J. (2000). Randomized trial of intensive early intervention for children with pervasive developmental disorder. American Journal on Mental Retardation, 105, 269-285.	Feb 15, 2011 12:36 AM
1850	All children diagnosed with an Autism Spectrum Disorder!!	Feb 15, 2011 12:41 AM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1851	All those who are determined through an Interdisciplinary Team (IT) decision may benefit from such service(s). A historical perspective appears to placate otherwise inappropriate service selection based upon strong demand from certain advocates.	Feb 15, 2011 12:42 AM
1852	Children and adults with behavioral excesses that limit their inclusion in community settings. Prior to implementing any service, a qualifed professional should assess the consumer's need for the service and their ability to benefit. Families and other primary caregivers must commit to supporting behavior change in all environments.	Feb 15, 2011 12:42 AM
1853	All children/families who are experiencing behavioral challenges that impede growth and development, pose a health and safety risk or compromise access to family and community should qualify for these services. The question is should everyone with a qualifying diagnosis be "entitled" to services. The difficulty is that if means testing is the avenue to determine eligibility the folks who likely lose out are those who are "middle class". If means testing is to be used, the high end of means should be the cutoff or at least the level at which a co-payment might be assessed.	Feb 15, 2011 12:45 AM
1854	Consumers with qualifying diagnoses and deficits in one of the Lanterman Areas	Feb 15, 2011 12:45 AM
1855	The service that should be provided is ABA intervention, which is the only intervention that has empiral research of being effective. ABA has been proven time and time again to be the ONLY effective intervention for children who are diagnosed with ASD. Children who are non-verbal, cannot communicate their needs and wants or engage in behaviors that are dangerous to themselves or others. Children who display behaviors that may hinder their health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction). Children from the ages of 2.5 years through 8 years of age with a diagnosis of Autism Spectrum Disorder are appropriate for comprehensive intensive ABA autism treatment.	Feb 15, 2011 12:47 AM
1856	Those individuals whose IPP team has identified a need for these services, as described in The Lanterman Act Section 4646 (a)- (d).	Feb 15, 2011 12:55 AM
1857	Any children who meet the diagnostic criteria for Autism Spectrum disorders would be appropriate candidates for intensive behavioral intervention (either direct intervention and/or parent-consultation programs). Additionally children who demonstrate delays in social communication and challenging behaviors, even without a diagnosis of autism, may benefit from this type of service.	Feb 15, 2011 1:13 AM
1858	Any student who needs such services to level the playing field in order to perform to his/her potential.	Feb 15, 2011 1:13 AM
1859	Re-directing socail and aggressive behaviors early on is criticial unless you want a bunch of uni-bombers on your hands when these kids reach puberty and adult hood. Its an important service. Please dont cut the budget on this one.	Feb 15, 2011 1:13 AM
1860	Early intervention is so important. Everyone who is receiving ABA and who is in the EIBT program.	Feb 15, 2011 1:14 AM
1861	All people with autism should receive one on one ABA training.	Feb 15, 2011 1:16 AM
1862	I believe anyone who has significant issues in school or public (suspensions and/or arrests) which call for a behavior support plan etc.	Feb 15, 2011 1:16 AM
1863	Focus on children and their families to develop skills and techniques that can hopefully prevent greater problems as the person gets older. Also need to provide when the person is a risk for losing their preferred living arrangement or other situation such as employment, day activities.	Feb 15, 2011 1:22 AM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1864	Consumers who are under age 3 and "at risk" for an ASD diagnosis or already have a diagnosis on the autism spectrum are appropriate for an early start applied behavior analysis (ABA) treatment program. Children are able to be diagnosed earlier, meaning intervention can begin sooner; "at risk" conditions including having an older sibling on the spectrum; decreased social referencing, loss of or delay in language combined with decreased social referencing are all "at risk" conditions.	Feb 15, 2011 1:23 AM
1865	For a long time, the pilot study of self-determination proved to be the most economical, and cost-effective mode of service delivery. Now than ever adopting it is the best solution. For the best use of taxpayers' money, please change the way of funding all service to self-determination.	Feb 15, 2011 1:24 AM
1866	Those affected by autism, down syndrome or other disorder which requires asisstance in molding the behavior so that person can get along at home, school and in society. Any person prev. described and their family should be eligible throughout their lives esp. in the younger years (under 20). meaning more intensive so as to help the individual understand how to comply and repsond to later intervention and behav. services	Feb 15, 2011 1:25 AM
1867	Parents MUST participate in behavior management training program before any services are approved.	Feb 15, 2011 1:25 AM
1868	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 15, 2011 1:26 AM
1869	All clients of the Regional Centers and/or individuals with behavioral imparement disorders who are having behavioral issues that impact daily life at school and/or home.	Feb 15, 2011 1:33 AM
1870	All consumers in need of behavioral service ought to receive these services. Were it not for these services, my son might still be unreachable and unable to attend a public school in a typical classroom, not to mention the toll in home/family life/interactions. Prior to these services, we could not even take him to the grocery store due to undesired/unacceptable behaviors. Although my son graduated ABA, we continue to implement the training as new situations arise. Our insurance does not cover these services and we could have never paid for them out of pocket.	Feb 15, 2011 1:37 AM
1871	Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). Consumers who display behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction). Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence	Feb 15, 2011 1:43 AM
1872	Those individuals whose IPP team has identified need the services	Feb 15, 2011 1:44 AM
1873	Community related/ enviroment services	Feb 15, 2011 1:44 AM
1874	Consumers who are under age 3 and "at risk" for an ASD diagnosis or already have a diagnosis on the autism spectrum are appropriate for an early start applied behavior analysis (ABA) treatment program. Children are able to be diagnosed earlier, meaning intervention can begin sooner; "at risk" conditions including having an older sibling on the spectrum; decreased social referencing, loss of or delay in language combined with decreased social referencing are all "at risk" conditions.	Feb 15, 2011 1:47 AM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1875	Autistic	Feb 15, 2011 1:49 AM
1876	I believe that all children with Autism and Aspherger should receive these services. It truly helps.. My child has had it for 5 years. 1:1 in home..	Feb 15, 2011 1:50 AM
1877	# Focused Applied Behavior Analysis (ABA) Services: 1. Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). 2. Consumers who display behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction). 3. Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence. # Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Children over age 3: 1. Consumers between the ages of 3 years through 8 years of age with a diagnosis of Autism Spectrum Disorder are appropriate for comprehensive intensive ABA autism treatment. 2. Intensive comprehensive ABA programs have research support for children up to age 8 years. 3. This age range assumes that children started treatment before age 5 and assumes services are fading in terms of intensity between the ages of 6 and 8 years of age. 4. If child is not fully independent, transition to school district supports is the goal.	Feb 15, 2011 1:51 AM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1878	Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). Consumers who display behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction). Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence. Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Childrenover age 3: Consumers between the ages of 3 years through 8 years of age with a diagnosis of Autism Spectrum Disorder are appropriate for comprehensive intensive ABA autism treatment. Intensive comprehensive ABA programs have research support for children up to age 8 years. This age range assumes that children started treatment before age 5 and assumes services are fading in terms of intensity between the ages of 6 and 8 years of age. If child is not fully independent, transition to school district supports is	Feb 15, 2011 1:52 AM
1879	Children under 7 years old	Feb 15, 2011 1:54 AM
1880	consumers and parents/caregivers of consumers	Feb 15, 2011 1:56 AM
1881	All people with autism and their families	Feb 15, 2011 1:57 AM
1882	All human beings that have the potential to function independently as adults should receive these services. All human beings that have the potential to function in a group setting should receive these services. All human beings that will need to be cared for by another human being should receive these services so that the caretaker might have less to care for at a later date. All human beings need a chance. All human beings want and desire connection to other human beings. It is should be a fundamental responsibility of government to provide the services so that all human beings can work toward independence and connection with other humans.	Feb 15, 2011 1:58 AM
1883	service needs should be assessed and provided according to the individuals needs determined by those working with that individual after appropriate evaluations have been done	Feb 15, 2011 2:08 AM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1884	Research supports behavioral services across a variety of populations in two main service delivery models (as determined by needs and goals), Focused ABA services, and Comprehensive ABA services: * Focused Applied Behavior Analysis (ABA) Services: 1. Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). 2. Consumers who display behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction). 3. Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence. * Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Children over age 3: 1. Consumers between the ages of 3 years through 8 years of age with a diagnosis of Autism Spectrum Disorder are appropriate for comprehensive intensive ABA autism treatment. 2. Intensive comprehensive ABA programs have research support for children up to age 8 years. 3. This age range assumes that children started treatment before age 5 and assumes services are fading in terms of intensity between the ages of 6 and 8 years of age. 4. If child is not fully independent, transition to school district supports is the goal.	Feb 15, 2011 2:23 AM
1885	My son is 4 1/2 and is Autistic and receives ABA, Speech and Occupational therapy through the Alta Regional Center. Without these services, my son would not be where he is today. He has come such a long way due to these services. All children who are diagnosed with Autism and other developmental disorders should receive these services.	Feb 15, 2011 2:23 AM
1886	Continued at home ABA services for children aged 5 +-PLEASE!!!!!!!!!!!!!!!	Feb 15, 2011 2:24 AM
1887	Clients who only have speech delay will not qualified, need to go to private insurance.	Feb 15, 2011 2:28 AM
1888	Children who are diagnosed with Autism Spectrum Disorder and other learning disabilities.	Feb 15, 2011 2:31 AM
1889	Anyone who qualifies for these services.	Feb 15, 2011 2:42 AM
1890	Services should be provided to families or other caregivers who have family members with developmental disabilities where behavior is a major hinderance to thier daily functioning and living. The staff and administrators of group homes would also benefit from recieveing behavioral intervention services to help manage the behaviors of consumers in the home and help promote indpendent living skills.	Feb 15, 2011 2:47 AM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1891	Our son is 38 years old. These services were helpful when he was a child, but as an adult these services are not a priority for us. Any services required for behavior management services are supplied by his day program, Employment and Community Options and Regional Center.	Feb 15, 2011 2:49 AM
1892	All families who are receiving EIBT and also older children in effort to make optimal use of the program and to make 'continuity of care' most beneficial for the recipient. -It is vital to programs to have a wrap around type of service to help the families maximize program potential.	Feb 15, 2011 2:52 AM
1893	Conumers who have behavioral health issues that affect them and/or their caregivers' daily activities and cause significant emotional stresses. Either the consumer or the caregivers, at least one party needs to recognize the importance of making changes and is commited to the process.	Feb 15, 2011 2:58 AM
1894	Children with autism needs this intervention to function at a higher level and reduce burden on state system in future.	Feb 15, 2011 3:01 AM
1895	Any individual with a developmental/neurological disability that impacts there ability to function appropriately and independently with others at home and in their community.	Feb 15, 2011 3:05 AM
1896	consumers parents providers	Feb 15, 2011 3:10 AM
1897	* Focused Applied Behavior Analysis (ABA) Services: 1. Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). 2. Consumers who display behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction). 3. Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence. * Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Children over age 3: 1. Consumers between the ages of 3 years through 8 years of age with a diagnosis of Autism Spectrum Disorder are appropriate for comprehensive intensive ABA autism treatment. 2. Intensive comprehensive ABA programs have research support for children up to age 8 years. 3. This age range assumes that children started treatment before age 5 and assumes services are fading in terms of intensity between the ages of 6 and 8 years of age. 4. If child is not fully independent, transition to school district supports is the goal.	Feb 15, 2011 3:10 AM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1898	Consumers who engage in behavior that may cause harm to themselves or others. Consumers who do not engage in the functional skills that would allow them to interact socially with others their own age.	Feb 15, 2011 3:12 AM
1899	Autistic children who need strategies to deal w/ their surrounding. The family of these children to learn how to help their children to survive in the outside world i.e. work, school	Feb 15, 2011 3:14 AM
1900	Those children who have a disability in which behavior can be a challenge. This would include mental retardation and autism. However, I'm sure their are other disabilities as well.	Feb 15, 2011 3:16 AM
1901	People whose Individual Planning (IP) Team has identified a need for these services. See Lanterman Act.	Feb 15, 2011 3:16 AM
1902	My son receive behaviore service from regional center. He is autistic child and so much behaviore issue. I'm glad to have this service. He will have many problem without these program. Please continue these services for autistic children.	Feb 15, 2011 3:22 AM
1903	I think as soon as a child is diagnosed they should recieve them. We are always learning that early intervention is key.	Feb 15, 2011 3:23 AM
1904	The behavioral services should receive every cllient who is need and by his family request.	Feb 15, 2011 3:24 AM
1905	Focused Applied Behavior Analysis (ABA) Services: Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). Consumers who display behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction). Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence. Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Childrenover age 3: Consumers between the ages of 3 years through 8 years of age with a diagnosis of Autism Spectrum Disorder are appropriate for comprehensive intensive ABA autism treatment. Intensive comprehensive ABA programs have research support for children up to age 8 years. This age range assumes that children started treatment before age 5 and assumes services are fading in terms of intensity between the ages of 6 and 8 years of age. If child is not fully independent, transition to school district supports is the goal.	Feb 15, 2011 3:41 AM
1906	Consumers who are under age 3 and "at risk" for an ASD diagnosis or already have a diagnosis on the autism spectrum are appropriate for an early start applied behavior analysis (ABA) treatment program. Children are able to be diagnosed earlier, meaning intervention can begin sooner; "at risk" conditions including having an older sibling on the spectrum; decreased social referencing, loss of or delay in language combined with decreased social referencing are all "at risk" conditions.	Feb 15, 2011 3:48 AM
1907	Any child, adolescent or adult who's behavior interferes with thier ability to learn and/or function in their world.	Feb 15, 2011 3:54 AM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1908	People who are identified as needing these services by their IP.	Feb 15, 2011 3:54 AM
1909	all consumers with autism spectrum disorder	Feb 15, 2011 3:58 AM
1910	All consumers who have a diagnosis of autism should receive services.	Feb 15, 2011 3:58 AM
1911	Every disabled person (especially chils!) experiencing behavioral difficulties	Feb 15, 2011 3:59 AM
1912	Many children need behavioral services. Children with Autism and other related disorders.	Feb 15, 2011 4:02 AM
1913	any child with a behavior disorder and any child under 36 months old without a diagnosis for their disorder.	Feb 15, 2011 4:05 AM
1914	Services should be provided to those that have been determined to have a need by a qualified and state certified expert in this field.	Feb 15, 2011 4:13 AM
1915	Persons with delays in communication, social skills, plays skills, self-help and independent living skills, developmental delays, and delays in play skills. Persons whose behaviors are impediments to: building relationships, learning, social/community inclusion. Persons whose behaviors are a risk to themselves or others. Persons diagnosed with Autism	Feb 15, 2011 4:14 AM
1916	Anyone who has behavior problems and takes the necessary steps to receive the help. My son has made amazing progress thanks to these services.	Feb 15, 2011 4:16 AM
1917	People who have maladaptive behavior problems. People whose behavior puts themselves or others in danger. People who do not acquire skills at the same rate as non-disabled people. People who need assistance in learning how to dork with others in the community.	Feb 15, 2011 4:18 AM
1918	Whoever feels that it is needed.	Feb 15, 2011 4:19 AM
1919	Behavioral Services should be offered to all families within the Regional Centers. BUT, IT SHOULD BE THE CLIENT'S/CLIENT'S FAMILIES CHOICE OF WHICH AGENCY TO CHOSE FROM; EVEN IF THE AGENCY IS CONSIDERED "EXPERIMENTAL"...IT IS IMPORTANT TO ALLOW THE CLIENT TO HAVE THE BEHAVIORAL SERVICES FROM THE AGENCY WHICH HELPS THEM THE MOST; WHICH DOESN'T NECESSARILY MEAN THOSE THAT ARE VENDORED BY THE REGIONAL CENTER OR PROVEN TO BE "NON-EXPERIMENTAL".	Feb 15, 2011 4:28 AM
1920	I believe children of all ages can benefit from behavior intervention. My son is twelve and still shows progress with ABA therapy. Naturally, he progresses at a slower pace than perhaps a young child. Still, there is progress and there is hope.	Feb 15, 2011 4:29 AM
1921	Students who are exhibiting non-compliance behavior at school that is impacting their ability to learn and progress on their IEP goals. Parents who ask for help because the child's behavior is impacting family life and if behavior is agressive and where there may be safety issues involved. The stress level of the family should also be considered.	Feb 15, 2011 4:30 AM
1922	As soon as a child is determined likely to have the diagnosis of Autism Spectrum Disorder (even during the evaluation period) some form of ABA therapy should be started for the child and the parent(s) or guardian(s). Precious time is lost during the evaluation period while no services are offered. Parents should be given all the information about what therapies are out there and how to receive them if they seem appropriate for their child. Children and parents should receive initial training to become familiar with positive reinforcement and ABA techniques.	Feb 15, 2011 4:32 AM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1923	Children and adults with a diagnosis and or doctors recommendation that benefit from this type of service should receive support so that they have a chance to lead an independent and productive life. Eg ASD.	Feb 15, 2011 4:32 AM
1924	Individuals with developmental disabilities, including autism, and individuals with challenging behaviors.	Feb 15, 2011 4:35 AM
1925	Focused Applied Behavior Analysis (ABA) Services: Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). Consumers who display behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction). Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence. Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Childrenover age 3: Consumers between the ages of 3 years through 8 years of age with a diagnosis of Autism Spectrum Disorder are appropriate for comprehensive intensive ABA autism treatment. Intensive comprehensive ABA programs have research support for children up to age 8 years. This age range assumes that children started treatment before age 5 and assumes services are fading in terms of intensity between the ages of 6 and 8 years of age. If child is not fully independent, transition to school district supports is the goal.	Feb 15, 2011 4:35 AM
1926	Consumers affected by Autism should receive these services. Our child was diagnosed in 2003 when he was 2.5 years old. No on ever told us about ABA, eventhough it was available, he definitely qualified and needed it. That window of opportunity for early intervention was missed.	Feb 15, 2011 4:36 AM
1927	families with children that have severe behavior problems and possibly children on the spectrum ONLY when determined service could help family life	Feb 15, 2011 4:40 AM
1928	The numbers of children with autism are increasing daily. Special Ed. Programs are working hard to maintain services while the children are in school. However, the families need in-home behavioral supports to help them cope and alleviate some of the behaviors that occur in the community and impact families during daily activities. Long-term, these supports are more cost effective than out of home care as the children get bigger and stronger.	Feb 15, 2011 4:41 AM
1929	I suggest children in the Autism Spectrum and parents that have children on the Autism Spectrum.	Feb 15, 2011 4:48 AM
1930	Parents with children with severe behavioral challenges need help in identifying strategies on 1. identifying and recognizing their own reactions to how they handle behaviors of their child and learning strategies on how to manage their children's behaviors. CDER should be used to determine eligibility. Targeted behaviors: disruptiveness, safety awareness, aggression, self-injurious behaviors, emotional outbursts all should be a combinations of 1's and 2's.	Feb 15, 2011 5:00 AM
1931	Every child in need of them. It is the of utmost importance that every child have these services accessible to them. For example, my child has autism and has utilized these services and due to his young age continues to need these services. This is a NEED, not simply a want.	Feb 15, 2011 5:00 AM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1932	No changes should be made to further limit the eligibility requirements set forth in the California Code of Regulations, Title 17, Division 2, Chapter 3 - Community Services, SubChapter 1 - General, Article 1 - Definitions for "Developmental Disability" (S54000) or "Substantial Diability" (S54001). In particular, it is extremely important that individuals with a diagnosis of Autistic Disorder (299.00) continue to receive behavior services. Please see the research studies below that found that individuals with autism benefit from behavior services. Cohen, H., Amerine-Dickens, M., & Smith, T. (2006). Early intensive behavioral treatment: Replication of the UCLA model in a community setting. Journal of Developmental and Behavioral Pediatrics, 27(2), 145-155 Eikeseth, S., Smith, T., Jahr, E., & Eldevik, S. (2002). Intensive behavioral treatment at school for 4- to 7-year-old children with autism. Behavior Modification, 26, 49-68; Eikeseth, S., Smith, T., Jahr, E., & Eldevik, S. (2007). Outcome for children with autism who began intensive behavioral treatment between ages 4 and 7: A comparison controlled study. Behavior Modification, 31, 264-278. Howard, J., Sparkman, C., Cohen, H., Green, G., & Stanislaw, H. (2005). A comparison of intensive behavior analytic and eclectic treatments for young children with autism. Research in Developmental Disabilities, 26, 359-383. Lovaas, O. I. (1987). Behavioral treatment and normal educational and intellectual functioning in young autistic children. Journal of Consulting and Clinical Psychology, 55, 3-9; McEachin, J. J., Smith, T., & Lovaas, O. I. (1993). Long-term outcome for children with autism who received early intensive behavioral treatment. American Journal on Mental Retardation, 97, 3569-372. Remington, B., Hastings, R. P., Kovshoff, H., degli Espinosa, F., Jahr, E., & Brown, T. (2007). Early intensive behavioral intervention: Outcomes for children with autism and their parents after two years. American Journal on Mental Retardation, 112, 418-438. Sallows, G. O., & Graupner, T. D. (2005). Intensive behavioral treatment for children with autism: Four-year outcome and predictors. American Journal on Mental Retardation, 110, 417-438. Smith, T., Groen, A. D., & Wynn, J. (2000). Randomized trial of intensive early intervention for children with pervasive developmental disorder. American Journal on Mental Retardation, 105, 269-285.	Feb 15, 2011 5:00 AM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1933	No changes should be made to further limit the eligibility requirements set forth in the California Code of Regulations, Title 17, Division 2, Chapter 3 - Community Services, SubChapter 1 - General, Article 1 - Definitions for "Developmental Disability" (S54000) or "Substantial Diability" (S54001). In particular, it is extremely important that individuals with a diagnosis of Autistic Disorder (299.00) continue to receive behavior services. Please see the research studies below that found that individuals with autism benefit from behavior services. Cohen, H., Amerine-Dickens, M., & Smith, T. (2006). Early intensive behavioral treatment: Replication of the UCLA model in a community setting. Journal of Developmental and Behavioral Pediatrics, 27(2), 145-155 Eikeseth, S., Smith, T., Jahr, E., & Eldevik, S. (2002). Intensive behavioral treatment at school for 4- to 7-year-old children with autism. Behavior Modification, 26, 49-68; Eikeseth, S., Smith, T., Jahr, E., & Eldevik, S. (2007). Outcome for children with autism who began intensive behavioral treatment between ages 4 and 7: A comparison controlled study. Behavior Modification, 31, 264-278. Howard, J., Sparkman, C., Cohen, H., Green, G., & Stanislaw, H. (2005). A comparison of intensive behavior analytic and eclectic treatments for young children with autism. Research in Developmental Disabilities, 26, 359-383. Lovaas, O. I. (1987). Behavioral treatment and normal educational and intellectual functioning in young autistic children. Journal of Consulting and Clinical Psychology, 55, 3-9; McEachin, J. J., Smith, T., & Lovaas, O. I. (1993). Long-term outcome for children with autism who received early intensive behavioral treatment. American Journal on Mental Retardation, 97, 3569-372. Remington, B., Hastings, R. P., Kovshoff, H., degli Espinosa, F., Jahr, E., & Brown, T. (2007). Early intensive behavioral intervention: Outcomes for children with autism and their parents after two years. American Journal on Mental Retardation, 112, 418-438. Sallows, G. O., & Graupner, T. D. (2005). Intensive behavioral treatment for children with autism: Four-year outcome and predictors. American Journal on Mental Retardation, 110, 417-438. Smith, T., Groen, A. D., & Wynn, J. (2000). Randomized trial of intensive early intervention for children with pervasive developmental disorder. American Journal on Mental Retardation, 105, 269-285.	Feb 15, 2011 5:00 AM
1934	Consumers under age 3 and also those that are considered "at risk" for an autism diagnosis or already have been diagnosed are appropriate for an early start ABA treatment program. The earlier the diagnosis, the faster treatment can begin to provide intervention for the at risk behaviors that are being exihibited.	Feb 15, 2011 5:02 AM
1935	Children with physical and developmental delays.	Feb 15, 2011 5:02 AM
1936	Children under the age of 3 with or at risk of ASD should have acess to ABA.	Feb 15, 2011 5:02 AM
1937	Children that have Autism and parents of children on the Spectrum.	Feb 15, 2011 5:03 AM
1938	any individuals with disabilities with behavior issues	Feb 15, 2011 5:05 AM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1939	People that should qualify for Behavioral Services are those who engage in behaviors that may be a barrier to his ability to participate in family and community life (e.g., agression, noncompliance). People who display behaviors that may be a barrier to their health or safety or health and safety of others.(e.g., self-injury, property destruction). Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills such as toileting, dressing, feeding, that are fundamental to the attainment of social inclusion and increased independence.	Feb 15, 2011 5:07 AM
1940	This service should be proivide to sick and ill and disabled commuity	Feb 15, 2011 5:09 AM
1941	Every having such a need should have these services. My child with autism has utilized these services and would still continue to need these services. These services allow a child to engage in the community by receiving help in dealing with their feelings and behavior. Such services can be provided not via the ABA (Applied Behavior Analysis) model, but also via Floortime or RDI (Relationship Development Intervention) depending on the level of need of the individual child.	Feb 15, 2011 5:20 AM
1942	Famlies whom have choildren with delays in development, noted as early as possible. Private Dr. Diagnosis should be the requirenment, or Regional center	Feb 15, 2011 5:21 AM
1943	I think behavioral services should be given to children who actually have behavioral issues- ie. self injurious behavior . I think too much time is being given to higher level autistic kids for aba or ibi.	Feb 15, 2011 5:31 AM
1944	Early Intervention Behavioral Services because these type of services has resulted in very large gains for children with PDD. Also, this type of service is empirically supported.	Feb 15, 2011 5:31 AM
1945	Those individuals whose Individual Program Plan (IPP) Team has identified a need for these services, as described in the Lanterman Act.	Feb 15, 2011 5:31 AM
1946	Early intensive Behavioral Services should be a standard and start as early as the child is diagnosed in order to see the greatest results. We have seen this worked personally when our son was started in the Early Intensive Behavioral Intervention at the age of 18 months. He started out with no form of communication (verbal/nonverbal) and we were told that he would function as if he has mild retardation. He is now five and we will not be utilizing ABA or an educational aide when he enters kindergarden this year. It should be intensive and start as early as possible which will help an hopefully avoid having ABA and school aide on a long term basis.	Feb 15, 2011 5:40 AM
1947	All children with Autism and any other client who needs behavior support	Feb 15, 2011 5:40 AM
1948	Every child whose Individual Program Plan (IPP) team has identified the need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 15, 2011 5:46 AM
1949	Children diagnosed with or suspect for the diagnosis of ASD, this is the population that there is evidence on.	Feb 15, 2011 5:47 AM
1950	Everybody who needs them,	Feb 15, 2011 5:49 AM
1951	Every child diagnosed with a learning disability.	Feb 15, 2011 5:51 AM
1952	Kids with all levels of autism, including those diagnosed with high-functioning. Our regional center tells us that they don't care about the diagnosis, only whether (in their opinion) the person will be disabled for life. Autism is a life-long condition. They need to stop discriminating. They acted like they were doing me a favor by giving my son one behavioral goal and parent training.	Feb 15, 2011 5:52 AM
1953	Any person, adult or child that requires facilitation in meeting socially appropriate behaviors. The behaviors addressed should include but not be limited to living in the family's home, accessing health care, meeting self-care goals, meeting educational goals, and allowing socially appropriate interactions with community members.	Feb 15, 2011 5:56 AM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1954	Any consumer or family member who is struggling with behavioral or social emotional issues should receive these services.	Feb 15, 2011 5:59 AM
1955	Behavioral Services I would suggest that Regional Center Continue to support and fund Relationship Development Intervention RDI. This is a parent, child development. It brings a child on the 'Spectrum' (Autism) through different stages of devlopment and trains the parent techniques to help the child	Feb 15, 2011 6:05 AM
1956	Those with developmental disabilities that also have behaviors that significantly impact their ability to integrate into community enviornments and social relationships.	Feb 15, 2011 6:06 AM
1957	Consumers who are under age 3 and "at risk" for an ASD diagnosis or already have a diagnosis on the autism spectrum are appropriate for an early start applied behavior analysis (ABA) treatment program. Children are able to be diagnosed earlier, meaning intervention can begin sooner; "at risk" conditions including having an older sibling on the spectrum; decreased social referencing, loss of or delay in language combined with decreased social referencing are all "at risk" conditions.	Feb 15, 2011 6:10 AM
1958	Consumers who are under age 3 and "at risk" for an ASD diagnosis or already have a diagnosis on the autism spectrum are appropriate for an early start applied behavior analysis (ABA) treatment program. Children are able to be diagnosed earlier, meaning intervention can begin sooner; "at risk" conditions including having an older sibling on the spectrum; decreased social referencing, loss of or delay in language combined with decreased social referencing are all "at risk" conditions.	Feb 15, 2011 6:11 AM
1959	Anyone who qualifies after being evaluated by a licensed professional.	Feb 15, 2011 6:17 AM
1960	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in the Lanterman Act Section 4646 (a) – (d).	Feb 15, 2011 6:19 AM
1961	FOCUSED APPLIED BEHAVIOR ANALYSIS (ABA) SERVICES: Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). Consumers who display behaviors that may be a barrier to his/her health or safety of the health or safety of others (e.g., aggression, self-injury, property destruction). Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence. COMPREHENSIVE APPLIED BEHAVIOR ANALYSIS (ABA) AUTISM TREATMENT SERVICES FOR CHILDREN OVER AGE 3: Consumers between the ages of 3 years through 8 years of age with a diagnosis of Autism Spectrum Disorder are appropriate for comprehensive intensive ABA Autism Treatment. Intensive comprehensive ABA programs have research support for children up to age 8 years. This age range assumes that children started treatment before age 5 and assumes services are fading in terms of intensity between the ages of 6 and 8 years of age. If child is not fully independent, transition to school district supports is the goal.	Feb 15, 2011 6:23 AM
1962	Every child whose Individual Program Plan (IPP) team has identified the need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 15, 2011 6:24 AM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1963	Those who should receive behavioral services are those who: 1. need to learn adaptive living skills to improve independence. 2. receive all direct teaching from caregivers who live with the consumer	Feb 15, 2011 6:25 AM
1964	Focused Applied Behavior Analysis (ABA) Services: Consumers whose problem behaivors may be a danger to themselves or others, interfere with their ability to remain in the least restrictive setting, limit their participation in family and community activities. Consumers who have not acquired adaptive or functional skills (such as toileting, dressing, feeding) that are critical for increased independence. Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Children over age 3: Consumers ages 3-8 years of age with a diagnosis of Autism Spectrum Disorder are appropriate for comprehensive intensive ABA autism treatment. Intensive comprehensive ABA programs have research support for children up to age 8 years. Children generally start services before age 5 and services begin to fade as they approach 6-8 years of age. Transitions to district support is recommended If the child is not fully independent within the school environment.	Feb 15, 2011 6:32 AM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1965	FOCUSED APPLIED BEHAVIOR ANALYSIS (ABA) SERVICES: Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). Consumers who display behaviors that may be a barrier to his/her health or safety of the health or safety of others (e.g., aggression, self-injury, property destruction). Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence. COMPREHENSIVE APPLIED BEHAVIOR ANALYSIS (ABA) AUTISM TREATMENT SERVICES FOR CHILDREN OVER AGE 3: Consumers between the ages of 3 years through 8 years of age with a diagnosis of Autism Spectrum Disorder are appropriate for comprehensive intensive ABA Autism Treatment. Intensive comprehensive ABA programs have research support for children up to age 8 years. This age range assumes that children started treatment before age 5 and assumes services are fading in terms of intensity between the ages of 6 and 8 years of age. If child is not fully independent, transition to school district supports is the goal.	Feb 15, 2011 6:33 AM
1966	FOCUSED APPLIED BEHAVIOR ANALYSIS (ABA) SERVICES: Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). Consumers who display behaviors that may be a barrier to his/her health or safety of the health or safety of others (e.g., aggression, self-injury, property destruction). Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence. COMPREHENSIVE APPLIED BEHAVIOR ANALYSIS (ABA) AUTISM TREATMENT SERVICES FOR CHILDREN OVER AGE 3: Consumers between the ages of 3 years through 8 years of age with a diagnosis of Autism Spectrum Disorder are appropriate for comprehensive intensive ABA Autism Treatment. Intensive comprehensive ABA programs have research support for children up to age 8 years. This age range assumes that children started treatment before age 5 and assumes services are fading in terms of intensity between the ages of 6 and 8 years of age. If child is not fully independent, transition to school district supports is the goal.	Feb 15, 2011 6:38 AM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1967	It is documented that in many cases dealing with families who struggle with their children's disabilities divorce is quite common. In my personal case, my husband died at a young age when our son was 18 mos. old. My son had a stroke at birth. It resulted in epilepsy uncontrolled with medication. He received a left hemispherectomy at the age of six followed by years of multiple therapies to give him a level of independence. During the adolescent years his behaviour was compounded by his TBI and without the assistance of a behaviour therapist through Reg. Ctr. we could have escalated to a level of abuse. That is a hard thing to admit to, but a fact when dealing with the challenges of life out of control and no one to help. Thank God for both the home intervention and the series of parenting classes when he was a teenager.	Feb 15, 2011 6:48 AM
1968	Services should be divided into: I. Focused Applied Beahvior Analysis (ABA) Services II. Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Children over age 3 I. Focused Applied Behavior Analysis (ABA) Services: Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). Consumers who display behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction). Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence. Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Children over age 3: Consumers between the ages of 3 years through 8 years of age with a diagnosis of Autism Spectrum Disorder are appropriate for comprehensive intensive ABA autism treatment. II. Intensive comprehensive ABA programs have research support for children up to age 8 years. This age range assumes that children started treatment before age 5 and assumes services are fading in terms of intensity between the ages of 6 and 8 years of age. If child is not fully independent, transition to school district supports is the goal.	Feb 15, 2011 6:55 AM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1969	individuals whose behaviors affect their social lives, school, function in community, and family lives.	Feb 15, 2011 6:58 AM
1970	Parents with children with learning disabilities because empowering parents will provide a continous care often in the most effective way	Feb 15, 2011 7:08 AM
1971	As a single mom of a special needed child, I can see the huge different of the early start program before my child turn into 3 years old. I saw the different that the early start program did to my child. My child was able from totally ignore anyone to able to seek for help and learn one sign language; from avoid to touch anything to willing to pick just one toy and one game that she preferred. Without this early start, it might take a few years therapies to just make up the one years help from the early start program	Feb 15, 2011 7:11 AM
1972	All families with children on the autism spectrum should be offered in-home behavioral support/training from age 3 thru age 5. It saved our family.	Feb 15, 2011 7:12 AM
1973	Behavioral services should be provided to consumers combined with communication services and regulation services whom have an identified need which includes but not limited to safety of self and others, home/community functional growth, self care needs, parental/caregiver(s) training and support, etc.	Feb 15, 2011 7:16 AM
1974	Consumers of any age and their families can benefit from behavioral services as long as the persons delivering the service are at least supervised by a BCBA who specializes in the area of the disability for which the behavioral services are needed. The service model needs to include tutors who will work directly with the person while also instructing the parents. Parents or caregivers are responsible for implementing the behavior plan throughout the day, but they need someone to work directly with their child or adult. Absent quality behavioral services for all ages, the number of out of home placements will increase, which is a greater cost for the state.	Feb 15, 2011 7:19 AM
1975	People with developmental delay whi are unable to control their behavior when interacting with teachers or other people	Feb 15, 2011 7:20 AM
1976	This service is and has been a cornerstone of our family's early intervention services. Our daughter's life was dramatically changed by having access to these services from 22-36 months.	Feb 15, 2011 7:45 AM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1977	Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). Consumers who display behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction). Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence. Consumers between the ages of 3 years through 8 years of age with a diagnosis of Autism Spectrum Disorder are appropriate for comprehensive intensive ABA autism treatment. Intensive comprehensive ABA programs have research support for children up to age 8 years. This age range assumes that children started treatment before age 5 and assumes services are fading in terms of intensity between the ages of 6 and 8 years of age. If child is not fully independent, transition to school district supports is the goal.	Feb 15, 2011 7:49 AM
1978	Any child that shows any bahaviors that could keep him or her from paticipating in family, school, and community life. Like aggression, self-injury, and noncompliance. Also children who show behavior that could keep them form learning the fundamental social skills.	Feb 15, 2011 7:53 AM
1979	all individuals diagnosed with ASD and family members of individuals diagnosed with ASD (parent training)	Feb 15, 2011 8:01 AM
1980	-US citizen -with development disability (e.g. autism) -co payment portion if covered by insurance -cost if not covered by insurance	Feb 15, 2011 8:13 AM
1981	Children with Autism	Feb 15, 2011 8:46 AM
1982	Bis should be made available in a timely manner to parents who struggle with their child behavior, who's SC, regonises the need and is able to receive the services in the home for for a variety of needs not to exclude tantrums, severe feeding behaviors, etc,	Feb 15, 2011 8:54 AM
1983	People whose Individual Planning Team has identified as needing these services.	Feb 15, 2011 10:28 AM
1984	DDS should continue providing services to children/family with children suffering from autism	Feb 15, 2011 10:46 AM
1985	Children with autism has behavioral problems that is a problem when they go out to community.	Feb 15, 2011 12:02 PM
1986	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 15, 2011 12:40 PM
1987	Chldren at risk and developmentally delayed	Feb 15, 2011 1:25 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1988	Children of all ages should receive these services. Children develop at different rates, the develop behaviors at different times; behaviors can develop from out of no where or have to be readdressed when the come back.	Feb 15, 2011 1:41 PM
1989	Children and adults with autism	Feb 15, 2011 3:02 PM
1990	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 15, 2011 3:46 PM
1991	Children roughly between the agens of 2 1/2 to 7 years of age, primarily with autism. I have seen the progress such programs can make.	Feb 15, 2011 3:50 PM
1992	Consumers who are under age 3 and "at risk" for an ASD diagnosis or already have a diagnosis on the autism spectrum are appropriate for an early start applied behavior analysis (ABA) treatment program. Children are able to be diagnosed earlier, meaning intervention can begin sooner; "at risk" conditions including having an older sibling on the spectrum; decreased social referencing, loss of or delay in language combined with decreased social referencing are all "at risk" conditions.	Feb 15, 2011 3:50 PM
1993	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 15, 2011 3:58 PM
1994	The level of service should be based upon a psychologist determined need. This determination should be made by a psychologist who isn't influenced by Regional Center budget concerns. Meaning a psychologist from the private sector. The parents should be able to choose the psychologist from a large list, not a list of psychologists put together by the regional centers.	Feb 15, 2011 4:02 PM
1995	My son has severe autism/epilepsy. We have never been offered behavior services although he has had severe behaviors with almost up 20 tantrums a day.His behavior prevents him and our family from going almost anywhere in public because of his lack of safety for himself and others.	Feb 15, 2011 4:03 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1996	1. Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). 2. Consumers who display behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction). 3. Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence. 4. Consumers between the ages of 3 years through 8 years of age with a diagnosis of Autism Spectrum Disorder are appropriate for comprehensive intensive ABA autism treatment. 5. Intensive comprehensive ABA programs have research support for children up to age 8 years. 6. This age range assumes that children started treatment before age 5 and assumes services are fading in terms of intensity between the ages of 6 and 8 years of age. 7. If child is not fully independent, transition to school district supports is the goal.	Feb 15, 2011 4:04 PM
1997	Those individuals whose Individual Program Plan team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d)	Feb 15, 2011 4:06 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
1998	Focused Applied Behavior Analysis (ABA) Services: Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). Consumers who display behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction). Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence. Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Children over age 3: Consumers between the ages of 3 years through 8 years of age with a diagnosis of Autism Spectrum Disorder are appropriate for comprehensive intensive ABA autism treatment. Intensive comprehensive ABA programs have research support for children up to age 8 years. This age range assumes that children started treatment before age 5 and assumes services are fading in terms of intensity between the ages of 6 and 8 years of age. If child is not fully independent, transition to school district supports is the goal.	Feb 15, 2011 4:07 PM
1999	Services should be provided to anyone diagnosed with a learning disability.	Feb 15, 2011 4:13 PM
2000	Children (18 months-12 years old), teenagers and parents/caregivers of children and teenagers who display behavior deficits and excesses should receive behavioral services. Behavioral deficits and excesses for participants should be socially significant for the participant: social, language, academic, daily living, self-care, vocational, and/or recreation and leisure behaviors that improve day-to-day life experiences. Individuals with autism under the age of 6 years should receive a minimum of 30 hours per week of ABA intervention from qualified providers.	Feb 15, 2011 4:15 PM
2001	people with behavioral attention should recieve this service as well as parents or any other person who requieres the services	Feb 15, 2011 4:16 PM
2002	Children under the age of 5 should get standard service because it it very crucial at that age to intervene.	Feb 15, 2011 4:18 PM
2003	Children and adults with physical and/special needs	Feb 15, 2011 4:23 PM
2004	Behavioral services should be provided to clients when their behavior prevents the client from learning, socializing or being accepted in a social setting and/or disrupts their home life.	Feb 15, 2011 4:28 PM
2005	those with disabilities should receive services. Early intensive intervention should be encouraged to give the greatest chance at a "normal" life. Improving young children's issues so that they can become contributing members of society will also save the State and Country money in the long term.	Feb 15, 2011 4:35 PM
2006	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 15, 2011 4:40 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
2007	Services should be available and funded for all consumers (across the lifespan) who engage in behaviors that may be a barrier to his/ her health, a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life. The more independent these individuals can be, the more they can participate in society, contribute to the community and be less of a burden on the state financially. Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence. The reduction in services to individuals who are at-risk has resulted in older children and young adults who do not possess the required social skills and self-management techniques to function independently. Children betweeen the ages of 3 and 8 with a diagnosis of ASD should be eligible for intensive ABA treatments. Providing 3 hours a week is not sufficient to achieve necessary gains for these individuals. If these children do not receive intensive services to address these needs, the behaviors escalate and become far more dangerous in adolescence. The research supports the use of intensive ABA for children through age 8. This age range assumes that children started treatment before age 5 and assumes services are fading in terms of intensity between the ages of 6 and 8 years of age.	Feb 15, 2011 4:42 PM
2008	I believe that behavioral services should be greatly reduced if not eliminated altogether. Such services are better provided through private insurance and/or Medi-Cal. These services are, from my experience, too short in duration and, over the long term, arguably ineffective.	Feb 15, 2011 4:42 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
2009	TO: California Department of Developmental Services FROM: Just A Mom DATE: 2011 February 15 Tuesday RE: BUDGET CUTS 2011 On behalf of my family, I answer this survey all at once versus going from section to section as I've tried several times with computer email connectivity issues. Our family appreciates the dedicated advocacy and daily work the regional centers do for our loved ones (out of our 4 children, 2 have autism on severe ends of the spectrum). Our son '[redacted] with the severe side of autism lives in a 4-I level group home outisde our rural community and county and tagged "catchment area" because of very, very limited successful services. [redacted] is 19 years old and has lived in three group homes; two of which were investigated for abuse & neglect with findings. His third placement has been excellent the last two years due to the high standards of the group home to maintain a consistent and well trained staff AND the frequent visitations of the assigned social worker. Our son will require long term care. It is a heartbreaking reality, yet a painful decision to make for his quality of care and for our family functioning to regain & re-discover a sense of common normalcy. We love him dearly yet it is specialized services that he needs and requires. Naturally, we wish we could do this ourselves. Some disabilities are emotionally and physically time consuming to the point of exhaustion. We tried for over a decade to love and care for him at home, yet our rural location posed numerous outreach and limited quality programs & supports (including school) and, in the maintenance to try to balance happiness for our family life, our devoted love and acts of years of advocacy began to implode. Our pride, our love, our hope, our desire to show our strength, our desire to be responsible for a severely impacted child began to tear at the threads of our other children's lives. AND Families shouldn't have to beg for much needed services & assistance; especially when it's obvious to professionals who are to provide such services. A true golden social worker can provide much needed support; behavioral, speech, physician referral to specialists, etc. The sincere helping hand is what us families need. Help us embrace our child with challenges and laugh through our pain. Come to our home and have coffee with us to show us how to do some of this ... Help us understand what lays ahead. Help us understand our own personal insurance, state and federal benefits to help us out in the long term. We're not looking to be the parent martyr -- we love our child unconditionally and want help in integrating their abilities into the community for a happy life like anyone else. I have both witnessed and read of numerous parents who care for their fragile/high need family member. And, then seemingly (the parent) die from exhaustion; i.e., poor health, poor nutrition, poor mental health, heart attack, diabetes, etc. etc. The "special" family member is then shipped off to another community and bounced from group home to group home with no other extended family member caring to get involved or be responsible. Family is family. Just help. Our sincere best to you and your team of social workers. legislators, advocates. The team support (family, friends, agency, state & federal) is vital. Our children who become adults are not throw away children -- we love all our children. Some just take more time and energy as is normal in any family. It is with fear the budget cuts may cause a mass homelessness of already fragile citizens. And homelessness causes the mean vulgar thugs of the world to take advantage of our babies -- beatings, rape, prostitution, slavery. Please protect the safety of my fragile adult children when I'm dead and gone. Make social services plain, "transparent" AND yes, increase the taxes specifically for DSS use. I am not a victim of circumstance. I am just a mom loving all my children who accepts them as they are and who has tried to give them what they need. I need the system of our social services to continue with a path of good health and safe programs	Feb 15, 2011 4:48 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
2010	The Lanterman Act is based on an Individuals Needs, therefore to dedicate time and effort to what has already been passed last year with Trailer Bill, The Individual Choice Budget. This model has demonstrated through the self determination pilot that it saves money. I urge you to work on the ICB.	Feb 15, 2011 4:50 PM
2011	When you have a child with autism, it is so important for a BCBA to help parents, teachers and all staff dealing or interacting with that child. If a child has a consistant environment of people that know how to help them with behavior intervention, that child will learn how to behave more appropriately and will do much better in the long run.	Feb 15, 2011 4:56 PM
2012	Behavior services should not be cut off at a cerain age as it is currently, rather the child should be assessed to see wether behavior services are still needed.	Feb 15, 2011 4:58 PM
2013	People with developmental disabilites.	Feb 15, 2011 4:59 PM
2014	All including anyone who has immediate contact with clients especially parents, siblings, family, caregivers, staff, etc...	Feb 15, 2011 5:05 PM
2015	I believe that care providers such as aids/shadows, daycare providers should have the proper training to follow through with what is being taught at home by the therapists. Most parents with children have jobs and are forced to place their children in a day care. Unfortunately most of these day cares don't have the proper training to handle or reinforce behaviors.	Feb 15, 2011 5:07 PM
2016	All caregivers of regional center services should receive these services. The caregivers are much better able to address and help the consumer if they have more information and knowledge. The majority of the caregivers do not have any education/training or expertise with children who have special needs. They are also hampered a great deal by emotion.	Feb 15, 2011 5:29 PM
2017	I feel that even children in group homes should receive the behavioral services in order for them to have better transitions from the home to the parents home.	Feb 15, 2011 5:35 PM
2018	Consumers who are under age 3 and "at risk" for an ASD diagnosis or already have a diagnosis on the autism spectrum are appropriate for an early start applied behavior analysis (ABA) treatment program. Children are able to be diagnosed earlier, meaning intervention can begin sooner; "at risk" conditions including having an older sibling on the spectrum; decreased social referencing, loss of or delay in language combined with decreased social referencing are all "at risk" conditions.	Feb 15, 2011 5:38 PM
2019	Regarding Autism and Autism Spectrum Disorders: Behavioral Services are critically important for ANY child with ANY level of Autism Spectrum disorder who NEEDS them. Services should NOT be limited to "lower-functioning" individuals on the false assumption that only the most severely involved individuals have behavioral issues that require intervention. Some of the most challenging and frightening and daunting behaviors I have seen in families of children with autism and autism spectrum disorders involve the highest-functioning kids - these so-called borderline kids who many people who prefer not to serve. But behavioral services can be most effective in these individuals and are often needed for fewer years because the child learns so quickly. If individuals are not making gains, don't continue to pay for expensive, intense intervention, but find other ways to support the family by helping schools develop quality programs.	Feb 15, 2011 5:45 PM
2020	Children diagnosed with autism or autism spectrum disorder	Feb 15, 2011 5:45 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
2021	As a parent of an 18 year old son with autism I was concerned of his increased aggression to himself as well as to others. He has an undiagnosed auditory processing delay which I knew he had but the school districts as well as regional did not know how to test. I took him to the Drake Institute just last year to have his brain mapped and found he had major deficits in his brain. after only 1 neuro-feedback treatment his aggression stopped and over a course of 30 treatments his auditory processing delay has improved so much that he can now hear what is being said to him so he can respond appropriately. My point is that if this was caught when he was younger he would be further along in his development. We're just now finding out we can teach him to read. So early detections of auditory processing delays should be a requirement in order to defuse behavioral problems created as a by product of this.	Feb 15, 2011 5:47 PM
2022	Over 300 studies in peer-reviewed journals have shown that ABA can produce effective, significant benefits to individuals with autism and developmental disabilities. Other studies have shown that these treatments actually SAVE money. Budget cuts are inevitable but they should not include services that research has proven effective and will actually result in long term savings. The younger these services are provided the better the outcome. Children who are recieving intense behavioral services at younger ages are the children who can eventually be mainstreamed into school and not require adult services!	Feb 15, 2011 5:48 PM
2023	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 15, 2011 5:53 PM
2024	Anyone on the Autism Spectrum (including PDD-NOS & Asperger's) and other special needs whose daily behavior negatively effects the family. For example, if a family can not live in an apartment, because of constant noisy tantrums. If parents can not go into public for general errands or participate in social activities, because of challenging behaviors. Not going out in public or not particating in social events further alienates these special needs children and makes it harder for them to cope in the real world.	Feb 15, 2011 6:05 PM
2025	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) – (d).	Feb 15, 2011 6:12 PM
2026	People whose Individual Planning (IP) Team has identified a need for these services. See Lanterman Act.	Feb 15, 2011 6:14 PM
2027	Those with cognitive challenges. Those who have impaired or no sense of behavior and consequence Those	Feb 15, 2011 6:14 PM
2028	Parents, child(ren in school, school aides working with the children. So little training and information is known by the people who work these special need children the most during the day. We would go so much further if people, such as parents and classroom aides were assisted with training.	Feb 15, 2011 6:18 PM
2029	All persons diagnosed with developmental disabilities and other co-morbid diagnosis.	Feb 15, 2011 6:20 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
2030	No changes should be made to further limit the eligibility requirements set forth in the California Code of Regulations, Title 17, Division 2, Chapter 3 - Community Services, SubChapter 1 - General, Article 1 - Definitions for "Developmental Disability" (S54000) or "Substantial Diability" (S54001). In particular, it is extremely important that individuals with a diagnosis of Autistic Disorder (299.00) continue to receive behavior services. Please see the research studies below that found that individuals with autism benefit from behavior services. Cohen, H., Amerine-Dickens, M., & Smith, T. (2006). Early intensive behavioral treatment: Replication of the UCLA model in a community setting. Journal of Developmental and Behavioral Pediatrics, 27(2), 145-155 Eikeseth, S., Smith, T., Jahr, E., & Eldevik, S. (2002). Intensive behavioral treatment at school for 4- to 7-year-old children with autism. Behavior Modification, 26, 49-68; Eikeseth, S., Smith, T., Jahr, E., & Eldevik, S. (2007). Outcome for children with autism who began intensive behavioral treatment between ages 4 and 7: A comparison controlled study. Behavior Modification, 31, 264-278. Howard, J., Sparkman, C., Cohen, H., Green, G., & Stanislaw, H. (2005). A comparison of intensive behavior analytic and eclectic treatments for young children with autism. Research in Developmental Disabilities, 26, 359-383. Lovaas, O. I. (1987). Behavioral treatment and normal educational and intellectual functioning in young autistic children. Journal of Consulting and Clinical Psychology, 55, 3-9; McEachin, J. J., Smith, T., & Lovaas, O. I. (1993). Long-term outcome for children with autism who received early intensive behavioral treatment. American Journal on Mental Retardation, 97, 3569-372. Remington, B., Hastings, R. P., Kovshoff, H., degli Espinosa, F., Jahr, E., & Brown, T. (2007). Early intensive behavioral intervention: Outcomes for children with autism and their parents after two years. American Journal on Mental Retardation, 112, 418-438. Sallows, G. O., & Graupner, T. D. (2005). Intensive behavioral treatment for children with autism: Four-year outcome and predictors. American Journal on Mental Retardation, 110, 417-438. Smith, T., Groen, A. D., & Wynn, J. (2000). Randomized trial of intensive early intervention for children with pervasive developmental disorder. American Journal	Feb 15, 2011 6:20 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
2031	autism kids especially 3~5years old	Feb 15, 2011 6:22 PM
2032	Only maximum qualified individuals whom the Regional Center, and Professionals have assessed. Also, those who do not receive any other options, or their options have exhausted.	Feb 15, 2011 6:24 PM
2033	Focused Applied Behavior Analysis (ABA) Services: Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). Consumers who display behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction). Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence. Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Children over age 3: Consumers between the ages of 3 years through 8 years of age with a diagnosis of Autism Spectrum Disorder are appropriate for comprehensive intensive ABA autism treatment. Intensive comprehensive ABA programs have research support for children up to age 8 years. This age range assumes that children started treatment before age 5 and assumes services are fading in terms of intensity between the ages of 6 and 8 years of age. If child is not fully independent, transition to school district supports is the goal. These services can take place in the child’s home or center based program.	Feb 15, 2011 6:27 PM
2034	Consumers who are under age 3 and "at risk" for an ASD diagnosis or already have a diagnosis on the autism spectrum are appropriate for an early start applied behavior analysis (ABA) treatment program. Children are able to be diagnosed earlier, meaning intervention can begin sooner; "at risk" conditions including having an older sibling on the spectrum; decreased social referencing, loss of or delay in language combined with decreased social referencing are all "at risk" conditions.	Feb 15, 2011 6:32 PM
2035	The BCBA standards should be used to determine the service standard for behavior. Parents / Consumers can self purchase and self "case manage" as long as Behavioral service providers are held accountable to the BCBA standard regardless of regional center client's qualifying diagnosis	Feb 15, 2011 6:34 PM
2036	Children should be screened to evaluate the nature of the behavior and sources of behavior to determine what services are most appropriate. Many bahaviors stem from communication needs or sensory challenges and would most optimally be treated by either a Speech language pathologist or occuptaional therapist. For example if a child has communication challenges and uses behaviors to communicate - it would be best to have a speech pathologist provide appropriate communication strategies.	Feb 15, 2011 6:38 PM
2037	DDS needs to develop a evaluation form to determine who needs the servcies depend on how severs the behaviors and how long teh parents can committ. Autisitc clients need more services.	Feb 15, 2011 6:40 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
2038	These services should recieved by the eligible caandidates for services.regional center decides this by an evaluation process(team).This team include people who are specialised in their own areas to find out different behavioural problems in the candidate.	Feb 15, 2011 6:42 PM
2039	Consumers with Behavioral problems. Including and especially those with Autism. Do not limit the age requirement on service.	Feb 15, 2011 6:44 PM
2040	All who need them to become an active part of our society.	Feb 15, 2011 6:46 PM
2041	ANYONE with a diagnosis of PDD-NOS and higher should be covered. I understand there were issues with the way the DSM manual defined autism, however, as anyone knows, even those with PDD-NOS can have severe behavioral issues that require constant remediation. I am no expert on the types of behavioral techniques or anything along those lines, however, I am just putting this out there. I understand that behavioral services are covered, even for my 8 year old son who has relapsed into some poor behavior as of late.	Feb 15, 2011 6:52 PM
2042	Any developmentally disabled person who, after evaluation from a clinical psychologist, should have access to these services. These behavioral services should be fully accessible by individuals diagnosed with Autism. They should NOT however be made available to people who do not clinically warrant the treatment.	Feb 15, 2011 6:53 PM
2043	1.Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). 2.Consumers who displays behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction). 3.Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence.	Feb 15, 2011 6:53 PM
2044	Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). Consumers who displays behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction). Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence.	Feb 15, 2011 6:54 PM
2045	It is my understanding that a child can recieve services even if they can not prove that they are legal citizens. People are aware that California basically gives away services and they move from other states and countires to get services here. I am sorry but this is my tax payer dollars at stake and I believe that a person should be "legal" in order to receive the services that I as a taxpayer am paying for.	Feb 15, 2011 6:57 PM
2046	1. Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). 2. Consumers who displays behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction). 3. Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence.	Feb 15, 2011 6:58 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
2047	Behavioral Services	Feb 15, 2011 6:59 PM
2048	clients who are a danger to themselves or others due to their aggressive, acting out, etc behavior clients whose ability to function as independently as possible is compromised by their behavioral issue, e.g., children who cannot be tolet trained because of hteir tantruming whenever an attempt is made.	Feb 15, 2011 7:01 PM
2049	Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). Or Consumers who display behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction).	Feb 15, 2011 7:03 PM
2050	Because Behavioral Services help people deal with their feelings and behavior it is MOST important to continue these services to all who need them. Direct services should be for parents and their children, consultants, specialists and community vendors (designing, implementing and evaluating teaching methods, behavioral interventions) to give our children and future generation a quality life.	Feb 15, 2011 7:09 PM
2051	Children diagnosed with autism and pervasive developmental disorders (PDD) would benefit from receiving Behavioral Services. Research supports that currently it is the only well-established treatment for children with autism.	Feb 15, 2011 7:17 PM
2052	Continue to fund/support these important services for kids in need as long as is possible/affordable - our almost-8 year old son is on the Autism spectrum and has benefited TREMENDOUSLY from these services over the last 4 years... We want these services to continue, and for other families to get the same benefits we have enjoyed.	Feb 15, 2011 7:18 PM
2053	Everyone who needs it, as recommended by a professional and required under disabilities law.	Feb 15, 2011 7:23 PM
2054	RCOC should provide behavior services to those people with disabilities that affect their daily functioning. Many children on the autistic spectrum may have high adaptive beahvior scores in some areas but not be able to go out in public due to tantrums, dont sleep at night, or elope. Many children who dont qualify for RCOC services despeartely need the help.	Feb 15, 2011 7:28 PM
2055	Children with identifiable behaviour disturbances as validated by a certified behavioral therapist.	Feb 15, 2011 7:29 PM
2056	My son, age 5 with autism spectrum disorder and severe expressive speech delay greatly benefits from behavioral services. I feel that persons with diagnosed need that are achieving set objects in a behavioral program should receive these services to help them integrate into society and be productive.	Feb 15, 2011 7:30 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
2057	HELLO..I AM A PARENT WITH TWO CHILDREN WITH AUTISM. MY DAUGHTER IS NOW 7 1/2 YEARS OF AGE. SHE HAS BENEFITED FROM THIS SERVICE. MY DAUGHTER AT A VERY EARLY AGE HAD SEVERE SENSORY ISSUES. MY DAUGHTER WOULD HEAD BANG HERSELF AGAINST DOORS, WALLS, TABLES ON THE FLOOR. AS A PARENT, I THOUGHT MY WORLD HAD ENDED,,THAT I WAS BEING PUNISHED. I FELT HOPELESS AND HELPLESS WATCHING MY DAUGHTER DEALING WITH THESE ISSUES. I THANK GOD AND OF COURSE, OUR RESOURCES THAT ARE GIVEN TO PARENTS AS MYSELF TO HELP OUR CHILDREN TO DEAL WITH THIS DISORDER. PLEASE,,MY GOD,,,PLEASE HELP OTHER PARENTS WITH THIS ISSUE, DON'T STOP FUNDING THESE TYPES OF PROGRAMS, WE AS PARENTS, HUMAN-BEINGS, WE WANT THE BEST FOR OUR CHILDREN,,EVERY CHILD, ADULT WITH A DISABILITY DESERVE A GOOD EDUCATION, GOOD PROGRAMS SO THEY CAN BETTER THEMSELVES AND DEAL WITH THE CHALLENGES OF OUR SOCIETY...THANK YOU,,AND GOD BLESS,,	Feb 15, 2011 7:31 PM
2058	Parents, guardians, caregivers, close family members (siblings) be provided education and assistance to deal with behavioral issues.	Feb 15, 2011 7:32 PM
2059	All children with disabilities	Feb 15, 2011 7:33 PM
2060	I am a mother of a child who is on the Autism Spectrum. I believe that every child who is evaluated by the regional center to have a diagnosis of Autism should be provided immediately with Behavioral Services, not to wait until the parent finds out they need it. But just provide it to every client. I don't feel their should be an age limit to those who receive this benefit, Autism doesn't have age limit boundaries to it.	Feb 15, 2011 7:34 PM
2061	Children and adults with autism or other developmental disorders such a down syndrome	Feb 15, 2011 7:34 PM
2062	Autistic children	Feb 15, 2011 7:34 PM
2063	Children (18 months-12 years old), teenagers and parents/caregivers of children and teenagers who display behavior deficits and excesses should receive behavioral services. Behavioral deficits and excesses for participants should be socially significant for the participant: social, language, academic, daily living, self-care, vocational, and/or recreation and leisure behaviors that improve day-to-day life experiences. Individuals with autism under the age of 6 years should receive a minimum of 30 hours per week of ABA intervention from qualified providers.	Feb 15, 2011 7:37 PM
2064	These service are so much needed for children who have mild to severe behaviors and that only with the help of a specialized behaviorist can improve. Children of all ages are in need of several types of behavior interventions, speciallu in-home behavior intervention because it is in the home where they are most of the time, and the behavior therapists serve as role models for both consumers and parents or care-givers, due to the continuous participation and observation during the sessions in their enviornment. Reputable agencies and their therapists are to show benefit from their interventions: they are the ones who specialize in Behavior Analisys and how to implement its principles.	Feb 15, 2011 7:39 PM
2065	As an ABA provider who has worked with individuals from 6 months to late twenties. I have found that when ABA techniques are applied correctly and and individualized to the person recieving the services objectives, environments, and community that the person is better able to maintain appropriate behavior, develop working relationships, and advance their own personal goals with in the community. I feel that all individuals should be afforded the right to recieve these services.	Feb 15, 2011 7:44 PM
2066	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in the Lanterman Act Section 4646 (a) - (d).	Feb 15, 2011 7:47 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
2067	Consumers living in licensed residential facilities who are in need of behavioral services should continue to receive these supports.	Feb 15, 2011 7:47 PM
2068	Disabled people	Feb 15, 2011 7:50 PM
2069	Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (ex: agression, self-injury, noncompliance). Consumers between the ages 3 years through 8 years of age with a diagnosis of Autism Spectrum Disorder are appropriate for comprehensive intensive ABA autism treatment.	Feb 15, 2011 7:54 PM
2070	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 15, 2011 7:56 PM
2071	Children with dx of autism between the ages of 18 months and 8 years of age. Children over 8 years of age need to be funded by school district and private insurance. DDS MUST PURSUE THE LEGISLATIVE MANDATE FOR PRIVATE INSURANCE TO COVER BEHAVIORAL SERVICES AND DDS NEEDS TO COMPLETE AND RELEASE THE REPORT ON EVIDENCE BASED PRACTICE GUIDELINES	Feb 15, 2011 7:57 PM
2072	Clients with autism should be able to receive respite, funded 1:1 assistance to attend after school, camp or weekend respite and at home based on the behavioral needs of the client and or the needs of the family. It should be significantly easier to obtain in home and other services than it is to send a client off to a group home or institution. there is great disparity on individual respite hours among clients and families often do not know what services might be available to them. This should be remedied. it is wonderful that there is a provider for crisis behavior needs but companies like CBEM must distinguish themselves has superior than to just have families call 911 which is not optimal. All autism clients should be able to have some supported aftercare especially at school breaks and summer. With out these supports a family is not able to hold jobs, provide insurance coverage and provide a home for the affected family member.	Feb 15, 2011 8:01 PM
2073	All special needs	Feb 15, 2011 8:07 PM
2074	Any client who meets the eligibility criteria to be a RC client and: (1) cannot effectively function at an age appropriate level in any area of functioning including, but not limited to: dressing and grooming, functional communication, eating toileting, accessing the community, social interaction & play skills, imitation skills, attending skills, safe functioning the community and home environments, cognitive functioning and reasoning skills; (2) has the capacity to improve functioning skills through these services (This should not be assumed. Failure to have this capacity should be demonstrated unless obvious (i.e. client is in a coma) (3) has the desire to receive these services. Behavioral services should not be denied due to the need for both parents to work, if a parent is too ill to participate or any other problem that prevents full parent/caretaker participation.	Feb 15, 2011 8:09 PM
2075	Any client/ family that needs specialized assistance in these areas should qualify. Personally speaking, if I had not been given the Parenting class tools when my son was in his teens it could have been a tragedy within our family.	Feb 15, 2011 8:10 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
2076	As parents of a child with Asperger's/PDD, I will speak about the importance of having all children in the autism spectrum receive intervention as well as home based behaviorial intervention. This area impacts all individuals in the spectrum, their families and friends and work associates. More programs need to be accessible to everyone in the spectrum. Children on the fringes suffer just as much as those in the spectrum. Let's have more programs to help these children, with better trained professionals who can truly make a difference in the lives of those individuals affected. Do not discriminate against anyone in the spectrum. That's like saying that if your are totally blind, the Regional Center wll offer you services, but if you are 90% blind, then those services are not available. Have a heart.	Feb 15, 2011 8:14 PM
2077	Children with autism, ages 3-8/9 should be elligible for EIBT services.	Feb 15, 2011 8:15 PM
2078	Children, teens, adults on the Autism Spectrum	Feb 15, 2011 8:16 PM
2079	Those developmentally disabled persons with specific behavioral problems.	Feb 15, 2011 8:18 PM
2080	consumers who engage in behaviors that may be a barrier to theri ability to remain in the least restrictive environment or that it may limit his/her ability to participate in family and community life (e.g. aggression, self-injury, noncompliace). Consumers who display behaviors that may be barriers to their health or safety or the health and safety of others. (e.g. aggression, self-injury, and property distruction).	Feb 15, 2011 8:18 PM
2081	A. Focused Applied Behavior Analysis Services: 1. Consumers who engage in behaviors (e.g. aggression, self-injury, noncomplaince) that may limit their ability to participate in a least restrictive environment and/or impede their ability to participate in community/family activities. 2. Consumers who engage in behaviors that may harm him/herself and or the safety of others. 3. Consumers who have failed to meet developmentally adaptive or functional skills (e.g. self-help, toileting) that are critical to social inclusion and independence. B. ABA Autism Treatment Services for Children over age 3: 1. Consumers between age of 3 and 8 years of age with diagnosis of Autism Spectrum Disorder who are appropriate for comprehensive intensive ABA autism treatment. 2. Intensive ABA autism treatment programs specifically with research to support the success of such intervention up to age 8 years. 3. Age range assumes that the children start intervention before age 5 and assumes services are faded in intensity (hours) between the ages of 6-8 years. 4. If child is not fully independent by 8 years of age, transition should occur to school district.	Feb 15, 2011 8:26 PM
2082	Consumers who are under age 3 and "at risk" for an ASD diagnosis or already have a diagnosis on the autism spectrum are appropriate for an early start applied behavior analysis (ABA) treatment program. Children are able to be diagnosed earlier, meaning intervention can begin sooner, "at risk" conditions including having an older sibling on the spectrum; decreased social referencing, loss of or delay in language combined with decreased social referencing are all "at risk" conditions.	Feb 15, 2011 8:29 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
2083	1. Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). 2. Consumers who display behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction). 3. Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence.	Feb 15, 2011 8:30 PM
2084	My son is 16 years old and has autism. Part of his disabilty involves severe behavioral eruptions based in several factors including sensory issues, lack of expressive language and factors that he cannot verbally describe. These behavior issues have gotten him consistantly kicked out of after school programs, school and other environments, even though 99% of the time, he is fine but when he is not he unintentionally hurts people and destroys property. I have to work outside of the home for income and have problems finding caregivers for him. I and others like me desperately need help and we are not getting it from Regional Center. We need training, respite programs, both after school and week-ends, help with finding caregivers, expert assessment and training for first responders as his behavioral eruptions may involve calling the police and they mishandle these situations due to lack of training.	Feb 15, 2011 8:30 PM
2085	Children with autism has made large developmental gains from early intensive behavioral services. In addition, children with PDD has shown great benefits as well.	Feb 15, 2011 8:31 PM
2086	Focused Applied Behavior Analysis (ABA) Services: Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). Consumers who display behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction). Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence. Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Children over age 3: Consumers between the ages of 3 years through 8 years of age with a diagnosis of Autism Spectrum Disorder are appropriate for comprehensive intensive ABA autism treatment. Intensive comprehensive ABA programs have research support for children up to age 8 years. This age range assumes that children started treatment before age 5 and assumes services are fading in terms of intensity between the ages of 6 and 8 years of age. If child is not fully independent, transition to school district supports is the goal. These services can take place in the child’s home or center based program.	Feb 15, 2011 8:33 PM
2087	Children age 2 and up No specific age cut off date, as individuals may need behavior services at different times in their life	Feb 15, 2011 8:41 PM
2088	developmentally disabled adults	Feb 15, 2011 8:43 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
2089	Any consumer with autism spectrum disorder should at least be *offered* this service. Should the parents decline, it is their choice. We have this service with our child and it has helped both him and us, his parents, so much. We feel that our son is much easier to handle at home now than before receiving behavior support services.	Feb 15, 2011 8:46 PM
2090	Special Education students should receive these services, especially when they present behavior challenges: e.g., Autism, Aspergers Syndrome, Oppositional Definance Disorder, OCD, Emotional Disturbance, Mental Illness, ADD, ADHD	Feb 15, 2011 8:48 PM
2091	any consumer who would meet a criteria for services as determined by the law and needs of the consumer /family and determined by the IPP team	Feb 15, 2011 8:49 PM
2092	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in the Lanterman Act	Feb 15, 2011 8:51 PM
2093	Any individual &/or family member who requests needed services from the Regional Center.	Feb 15, 2011 8:54 PM
2094	All children with developmental disabilities who are exhibiting behavioral problems that interfere with their education (or that of their classmates) or family relationships. My son did not receive behavioral intervention 'til the age of 12, though he was frequently suspended from school and asked to leave numerous day care, preschool and school settings. This was the most valuable service we have ever received. Had we known about it earlier, I believe my son would have made much more progress academically, and acquired skills more rapidly that would contribute to his ability to live more independently. The need for family counseling to cope with inappropriate behaviors might also have been lessened.	Feb 15, 2011 8:58 PM
2095	Person who is diagnosed with a disability that keeps them from being able to care for themselves. Also, a person with behaviors that keep them from functioning in society.	Feb 15, 2011 9:01 PM
2096	Anyone on the Autism spectrum that has negative behaviors	Feb 15, 2011 9:01 PM
2097	Children who are not able to learn and modify behaviors through regular parent teachings.	Feb 15, 2011 9:09 PM
2098	Should be determined by the IPP Process	Feb 15, 2011 9:10 PM
2099	Those who have difficulty managing behavior, even after behavior management classes.	Feb 15, 2011 9:14 PM
2100	I think that families shoud have to pay a share of cost for service, or a percentage for behavioral services.	Feb 15, 2011 9:19 PM
2101	Each person is an individual with individual needs and require different support to address this. This should be discussed in the IPP meetings to decide what service the individual needs (and how much) and what service will benefit the individual.	Feb 15, 2011 9:20 PM
2102	I am totally against the idea of service standards..this goes against the intrinsic belief that all persons with a developmental disability need "individual" plans for their interventions, regardless of age or disability. Federal law does also mandate this	Feb 15, 2011 9:20 PM
2103	a child past the age of 3y.o. should continue to recieved intensive behavioral intervention. Many times childern are not diagnosed until the later part of their 2nd year of life and by the time evualuation and services began...CHILD is now 3y.o. and you no longer qualify for early intervention. Off to a school district, who is not willing to provide the apporpriate intensive services required for the better of a child,especially one diagnosed with Autism.	Feb 15, 2011 9:23 PM
2104	Those individuals whose IPP teams has identified a need as definedby the Lanterman Act Section 4646 a-d.	Feb 15, 2011 9:23 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
2105	Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to particiapate in family and community life Consumers between the ages 3 years through 8 years of age with a diagnosis of Autism Spectrum Disorder are appropriate for comprehensive intensive ABA autism treatment.	Feb 15, 2011 9:26 PM
2106	Since it is research based: People with autism who: 1. Have functional needs in the areas of independent living, socialization, communication, etc. 2. Respond to ABA-based intervention, and can make progress I believe there should be no cut-off of service until the individual no longer has needs or is no longer responsive to treatment. ---------- Parents should not be given "training" and then have services turned over to them to do single-handedly while trying to run a busy household with other kids. That is what TCRC is pushing for.	Feb 15, 2011 9:29 PM
2107	Behavioral services are currently not available to children over about 5 years of age unless you go to due process. This does a huge disservice to people dealing with developmental disabilities and to their families. Behavioral services make a critical difference in helping regional center consumers have a greater ability to interact in public and succeed in life. I know that in the case of my 9 year old son with autism, his behavioral issues were very positively impacted by ABA therapy and we have had many more behavioral issues since he lost this service.	Feb 15, 2011 9:32 PM
2108	Children with any learning and/or physical disabilities should receive services so that they may integrate into society and be as independen as possible. Making them self-reliant as soon as possible lessens the chance that they will be dependent upon government services at a later age.	Feb 15, 2011 9:37 PM
2109	People who qualify with a diagnosis, as they do right now! I do not believe anyone asks to go through the rigorous qualification process just for fun, looking for a free handout they don't need. I've been through the process of having a child diagnosed with autism. It was a hard, laborious process. I do not see a need to change this standard.	Feb 15, 2011 9:41 PM
2110	All consumers in need of these types of services, not just children, teenagers and young adults are also in need of these types of services although several consumers are declined of these services by RCOC or other organizations.	Feb 15, 2011 9:41 PM
2111	As the only scientifically proven method that helps children on the autism spectrum (including PDD-NOS), these children should obviously receive these services.	Feb 15, 2011 9:41 PM
2112	I oppose the issuance of service standards, because categorical limits without regard to the needs of the individual consumer violate the entitlement to services, and the consumer rights and consumer choice provisions of the Lanterman Act.	Feb 15, 2011 9:42 PM
2113	Should be run by agency that has quality training in applied behaioral analysis	Feb 15, 2011 9:43 PM
2114	Mandatory parent involvement at all times.	Feb 15, 2011 9:56 PM
2115	those individulas where the behavior support service is related to the developmental disability	Feb 15, 2011 10:06 PM
2116	Parents of children with developmental needs are in dire need of these services. From young children just diagnosed to older children who have been in and out of the system remain in need of the services. DIR Floortime can be a great match for people with developmental needs of all ages.	Feb 15, 2011 10:09 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
2117	Focused Applied Behavior Analysis (ABA) Services: Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). Consumers who display behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction). Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence. Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Children over age 3: Consumers between the ages of 3 years through 8 years of age with a diagnosis of Autism Spectrum Disorder are appropriate for comprehensive intensive ABA autism treatment. Intensive comprehensive ABA programs have research support for children up to age 8 years. This age range assumes that children started treatment before age 5 and assumes services are fading in terms of intensity between the ages of 6 and 8 years of age. If child is not fully independent, transition to school district supports is the goal.	Feb 15, 2011 10:11 PM
2118	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 15, 2011 10:11 PM
2119	My child needed behavioral intervention at an early age. So many parents and family members just do not know where to turn to seek help when it comes to the unusual behavior of their child. This service should be provided to all who have a need for it.	Feb 15, 2011 10:17 PM
2120	Those recommended by a BCBA, and/or by the DSM. People with autism.	Feb 15, 2011 10:23 PM
2121	People whose Individual Planning (IP) Team has identified a need for these services. See Lanterman Act.	Feb 15, 2011 10:24 PM
2122	Autism, clients with behaviorial challenges	Feb 15, 2011 10:25 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
2123	No changes should be made to further limit the eligibility requirements set forth in the California Code of Regulations, Title 17, Division 2, Chapter 3 - Community Services, SubChapter 1 - General, Article 1 - Definitions for "Developmental Disability" (S54000) or "Substantial Diability" (S54001). In particular, it is extremely important that individuals with a diagnosis of Autistic Disorder (299.00) continue to receive behavior services. Please see the research studies below that found that individuals with autism benefit from behavior services. Cohen, H., Amerine-Dickens, M., & Smith, T. (2006). Early intensive behavioral treatment: Replication of the UCLA model in a community setting. Journal of Developmental and Behavioral Pediatrics, 27(2), 145-155 Eikeseth, S., Smith, T., Jahr, E., & Eldevik, S. (2002). Intensive behavioral treatment at school for 4- to 7-year-old children with autism. Behavior Modification, 26, 49-68; Eikeseth, S., Smith, T., Jahr, E., & Eldevik, S. (2007). Outcome for children with autism who began intensive behavioral treatment between ages 4 and 7: A comparison controlled study. Behavior Modification, 31, 264-278. Howard, J., Sparkman, C., Cohen, H., Green, G., & Stanislaw, H. (2005). A comparison of intensive behavior analytic and eclectic treatments for young children with autism. Research in Developmental Disabilities, 26, 359-383. Lovaas, O. I. (1987). Behavioral treatment and normal educational and intellectual functioning in young autistic children. Journal of Consulting and Clinical Psychology, 55, 3-9; McEachin, J. J., Smith, T., & Lovaas, O. I. (1993). Long-term outcome for children with autism who received early intensive behavioral treatment. American Journal on Mental Retardation, 97, 3569-372. Remington, B., Hastings, R. P., Kovshoff, H., degli Espinosa, F., Jahr, E., & Brown, T. (2007). Early intensive behavioral intervention: Outcomes for children with autism and their parents after two years. American Journal on Mental Retardation, 112, 418-438. Sallows, G. O., & Graupner, T. D. (2005). Intensive behavioral treatment for children with autism: Four-year outcome and predictors. American Journal on Mental Retardation, 110, 417-438. Smith, T., Groen, A. D., & Wynn, J. (2000). Randomized trial of intensive early intervention for children with pervasive developmental disorder. American Journal on Mental Retardation, 105, 269-285.	Feb 15, 2011 10:28 PM
2124	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 15, 2011 10:28 PM
2125	infants and children who have been diagnosed with autism.	Feb 15, 2011 10:33 PM
2126	Behavioral services must be time limited. Families must actively participate in the behavioral services and not solely rely on the vendor. The family should be able to demonstrate knowledge about behavioral principles and application of the principles. There should be a clear methodology to evaluate the success of the behavioral interventions.	Feb 15, 2011 10:37 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
2127	Focused Applied Behavior Analysis (ABA) Services: Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). Consumers who display behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction). Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence. Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Children over age 3: Consumers between the ages of 3 years through 8 years of age with a diagnosis of Autism Spectrum Disorder are appropriate for comprehensive intensive ABA autism treatment. Intensive comprehensive ABA programs have research support for children up to age 8 years. This age range assumes that children started treatment before age 5 and assumes services are fading in terms of intensity between the ages of 6 and 8 years of age. If child is not fully independent, transition to school district supports is the goal.	Feb 15, 2011 10:38 PM
2128	Children that impact due to no fault of their's, all of above children.	Feb 15, 2011 10:42 PM
2129	Consumers with mental health diagnoses in conjunction with their developmental disabilites; consumers exhibiting maladaptive and/or socially uncacceptable behaviors.	Feb 15, 2011 10:43 PM
2130	I think people that have learning disabilities and aren't at the same level of their peers should get the assistance they need.	Feb 15, 2011 10:49 PM
2131	All children, not dependent on Dx. Appears that 99% of children that receive behavior services that I am aware of have autism. I believe that there are many other children that could benefit who do not have autism.	Feb 15, 2011 10:49 PM
2132	autistic children	Feb 15, 2011 10:53 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
2133	Children (18 months-12 years old), teenagers and parents/caregivers of children and teenagers who display behavior deficits and excesses should receive behavioral services. Behavioral deficits and excesses for participants should be socially significant for the participant: social, language, academic, daily living, self-care, vocational, and/or recreation and leisure behaviors that improve day-to-day life experiences. Individuals with autism under the age of 6 years should receive a minimum of 30 hours per week of ABA intervention from qualified providers.	Feb 15, 2011 10:53 PM
2134	extreme cases only. also if both parents are working, they should also pay for a portion of these services.	Feb 15, 2011 10:57 PM
2135	I think people that have learning disabilities and aren't at the same level of their peers should get the assistance they need to help them develop as much as they can.	Feb 15, 2011 10:59 PM
2136	Any individual who is impaired in their daily functioning by bheavioral issues	Feb 15, 2011 11:01 PM
2137	Focused Applied Behavior Analysis (ABA) Services: Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). Consumers who display behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction). Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence. Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Children over age 3: Consumers between the ages of 3 years through 8 years of age with a diagnosis of Autism Spectrum Disorder are appropriate for comprehensive intensive ABA autism treatment. Intensive comprehensive ABA programs have research support for children up to age 8 years. This age range assumes that children started treatment before age 5 and assumes services are fading in terms of intensity between the ages of 6 and 8 years of age. If child is not fully independent, transition to school district supports is the goal.	Feb 15, 2011 11:03 PM
2138	My teenager has never been able to secure behavioral services despite a clear need for them. In fact, a number of services dried up because vendors do not like to work with teenage clients. The suggested service standard is that better availability be provided for teenagers. This is an absolutely a critical time for transition to the adult world. The lack of behavioral services is distressing.	Feb 15, 2011 11:06 PM
2139	Children who have been diagnosed with a type of autism.	Feb 15, 2011 11:09 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
2140	ABA and discrete trial training is the only empirically validated method for treating children, adolescents and adults on the autism spectrum and with other developmental disabilities. Without this intensive treatment at home and school, people with these disabilities will not be able to function in our society with any increased independence. Research has shown that early intervention is CRITICAL to the long-term success of children and adolescents with autism.	Feb 15, 2011 11:10 PM
2141	Children with special needs that have been evaluated by the regional center.	Feb 15, 2011 11:11 PM
2142	Consumers diagnosis of Autism Spectrum Disorder are appropriate for comprehensive intensive ABA autism treatment. Intensive comprehensive ABA programs have research support for children.	Feb 15, 2011 11:11 PM
2143	Focused Applied Behavior Analysis (ABA) Services: Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). Consumers who display behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction). Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence. Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Children over age 3: Consumers between the ages of 3 years through 8 years of age with a diagnosis of Autism Spectrum Disorder are appropriate for comprehensive intensive ABA autism treatment. Intensive comprehensive ABA programs have research support for children up to age 8 years. This age range assumes that children started treatment before age 5 and assumes services are fading in terms of intensity between the ages of 6 and 8 years of age. If child is not fully independent, transition to school district supports is the goal. These services can take place in the child's home or center based program.	Feb 15, 2011 11:13 PM
2144	Services should be consistent between RC offices. Los Angeles County Regional Center is more open to feedback regarding referrals and will accept information regarding MMR diagnosis and/or medical conditions from treatment providers. Regional Center of Orange County is incredibily difficult to work with, they deny children that are easily accepted by other counties (Los Angeles), they challege intelligence testing, and make it difficult for service providers find services for disabled children.	Feb 15, 2011 11:15 PM
2145	There are not adequate behavioral services for teenagers. This is a critical time of transition to the adult world but many vendors do not like to work with this age group and it is an area which is severely underserved. If a vendor provides services for a younger population perhaps they could be encouraged/required to provide continuity of service for clients through their teen years.	Feb 15, 2011 11:27 PM
2146	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 15, 2011 11:46 PM
2147	Early childhood intervention (ages 3-8) parent training AND direct intervention services for children of all disabilities	Feb 15, 2011 11:55 PM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
2148	Behavior intervention is very valuable to persons with developmental disabilities. My daughter has a diagnosis of autism and with behavior intervention strategies offered through regional center achieved potty training, ability to go to public places and not run away or run into dangerous situations, eat vegetables, and participate in social peer interactions.	Feb 15, 2011 11:55 PM
2149	Family-child behavioral training/ treatment.	Feb 15, 2011 11:55 PM
2150	I think that these services should be offered to families who live in low income areas. Many of the children that live in these areas are unsupported and their parents are uneducated. The parents are sometimes unable to advocate and seek out these services for their children because they are unaware of what their children need. They also cannot afford to search for these services or pay for them.	Feb 16, 2011 12:00 AM
2151	Children on the Autism Spectrum	Feb 16, 2011 12:05 AM
2152	Children with Autism and their parents at the earliest age possible until they don't need the services any longer.	Feb 16, 2011 12:07 AM
2153	Children/kids who are diagnosed with ASD.	Feb 16, 2011 12:09 AM
2154	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in the Lanterman Act Section 4646 (a) – (d).	Feb 16, 2011 12:11 AM
2155	consumers, family members, children, youth, adults, older adults. who ever needs it.	Feb 16, 2011 12:17 AM
2156	All children 5-18 who a licensed physician feels would benefit from these services.	Feb 16, 2011 12:18 AM
2157	It should be understood that determining the need for services must be individualized. Taking into account the individuals needs including what supports they have or need in order to meet the goals they have for their life.	Feb 16, 2011 12:20 AM
2158	There should be some limit on the age of persons with autism who receive these services - they should phase oiut when progress has stopped and analysis suggests that a plateau has been reached. These services should be primarily delivered in a parent training model. Back up should be provided but the RC's should not support the concept of "sending in the cavalry to fix a kid" -- it should be the family's obligation with help from the RC's exceptions to be made of course as needed. This also gives the family the option of continuing to provide this support in the event the RC ends the service.	Feb 16, 2011 12:20 AM
2159	Peolpe with disabilities such as autism	Feb 16, 2011 12:26 AM
2160	The service standards should be maintained by the standards already in place by Title 17.	Feb 16, 2011 12:28 AM
2161	Behavioral services should be provided for any individual whose problem behaviors or deficits prevent them from being an active member of society (e.g., prevent them from getting and holding a job, building social relationships, or utilizing community services such as restaurants, mechanics, etc.). A person should also receive behavioral services if their behavior puts themselves or others in danger (e.g., aggression, self-injurious behavior, elopement, etc.).	Feb 16, 2011 12:29 AM
2162	As presented by the IPP team, client should be evaluated and identified as needing on-going service (ex. daily medication/charting effect/results for submission at ISP Qtrly/semi-annual/annual mtgs.) for behaviors that are injurious to self or others (check Special Incident Reports), major compromise to maintaining physical/mental health (check ISP reports) or "as needed" emergency interventional services. The latter MUST be available to anyone "at risk" of institutionalization at a reasonable distance (less than the distance to the nearest Developmental Ctr.	Feb 16, 2011 12:47 AM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
2163	Children and adults who are at risk of out-of-home placement or more restrictive program options. Decisions should be made in IPP meeting that includes consumer's circle of support. Goal should be to shape behaviors so consumer can live in least restrictive environment and participate in community life.	Feb 16, 2011 12:48 AM
2164	Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). Consumers who display behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction). Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence.	Feb 16, 2011 12:56 AM
2165	* Consumers who are under age 3 and "at risk" for an ASD diagnosis or already have a diagnosis on the autism spectrum are appropriate for an early start applied behavior analysis (ABA) treatment program. * Children are able to be diagnosed earlier, meaning intervention can begin sooner; "at risk" conditions including having an older sibling on the spectrum; decreased social referencing, loss of or delay in language combined with decreased social referencing are all "at risk" conditions.	Feb 16, 2011 1:01 AM
2166	people who need it	Feb 16, 2011 1:05 AM
2167	* Focused Applied Behavior Analysis (ABA) Services: 1. Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). 2. Consumers who display behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction). 3. Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence. * Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Children over age 3: 1. Consumers between the ages of 3 years through 8 years of age with a diagnosis of Autism Spectrum Disorder are appropriate for comprehensive intensive ABA autism treatment. 2. Intensive comprehensive ABA programs have research support for children up to age 8 years. 3. This age range assumes that children started treatment before age 5 and assumes services are fading in terms of intensity between the ages of 6 and 8 years of age. 4. If child is not fully independent, transition to school district supports is the goal.	Feb 16, 2011 1:07 AM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
2168	I believe the proposed budget cut would negatively affect the numerous families and children who have benefitted from Behavioral Intervention Services. The program has helped countless children reach their potential and so many individuals would not receive services if this budget cut passes. Autistic children would be placed into mainstream classes and struggle constantly because they did not receive the proper services they so desperately needed. It is not fair or ethically right for government officials to dictate who receives services, especially when they have never worked with and/or been in contact with an Autistic child. EVERY child who is diagnosed should be able to receive the proper services!	Feb 16, 2011 1:10 AM
2169	The earlier and more extensive the services for children with Autism the better the outcome for a significant number of them	Feb 16, 2011 1:12 AM
2170	Applied Behavioral Analysis has made a TREMENDOUS difference in the life of our Autistic child. She is learning to use her voice, expressing her needs instead of using aggressive behavior. I think anyone receiving these services on the Autism Spectrum can benefit greatly and become a part of society, therefore not needing adult supervision or institutionalization, which causes stress on the national debt.	Feb 16, 2011 1:17 AM
2171	1. Consumers who display behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction). 2. Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). 3. Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence.	Feb 16, 2011 1:23 AM
2172	Yes. Our son is older than 3 now but younger than 8. Due to his Autism diagnosis he is very much still in need of behavioral services. While the amount will hopefully go down as he progresses in progress and independence he will still need them for the time being. These services can make the life difference for these children please do not exclude them from this much needed service! It has continued to make a world of difference for our son and many others in his situation. The current regional center and its support are vital to his success without them we and he would have been lost. I would like to see all the children from ages 0-18 given the chance to maintain this type of service as it greatly enhances thier lives down the road. With early help some kids may even fall out of needing services down the road. We have such aspirations for our son too.	Feb 16, 2011 1:29 AM
2173	Assessments performed by professional across domains, behaviors, environments and for the immediate family using appropriate and standardized on the population to be assessed are needed. Assessment and observation results need to be presented to parents, professionals and interventionists in an environment that promotes understanding and options.	Feb 16, 2011 1:33 AM
2174	Consumers who are under age 3 and "at risk" for an ASD diagnosis or already have a diagnosis on the autism spectrum are appropriate for an early start applied behavior analysis (ABA) treatment program. Children are able to be diagnosed earlier, meaning intervention can begin sooner; "at risk" conditions including having an older sibling on the spectrum; decreased social referencing, loss of or delay in language combined with decreased social referencing are all "at risk" conditions.	Feb 16, 2011 1:33 AM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
2175	Applied Behavioral Analysis has made a TREMENDOUS difference in the life of our Autistic child. She is learning to use her voice, expressing her needs instead of using aggressive behavior. I think anyone receiving these services on the Autism Spectrum can benefit greatly and become a part of society, therefore not needing adult supervision or institutionalization, which causes stress on the national debt.	Feb 16, 2011 1:38 AM
2176	o Consumers who are under age 3 and "at risk" for an ASD diagnosis or already have a diagnosis on the autism spectrum are appropriate for an early start applied behavior analysis (ABA) treatment program. o Children are able to be diagnosed earlier, meaning intervention can begin sooner; "at risk" conditions including having an older sibling on the spectrum; decreased social referencing, loss of or delay in language combined with decreased social referencing are all "at risk" conditions.	Feb 16, 2011 1:51 AM
2177	As it stands now, a child is not diagnosed by Alta until age 3 and then there is a lengthy process before in-home services actually start, often up to a year or more. While I am grateful that this process is in place, it needs to be faster; in-home ABA needs to start sooner. As far as WHO should receive these services, the answer is ALL of them. There are now two generations worth of children who will NEVER lead independent lives because ABA wasn't implemented early enough in their lives.	Feb 16, 2011 1:54 AM
2178	These services are imperative to regional center consumers of all functioning levels and can greatly have an impact on quality of life. It is unfortunate that the services are discouraged for consumers after the age of six.	Feb 16, 2011 1:54 AM
2179	1. Consumers who are under age 3 and "at risk" for an ASD diagnosis or already have a diagnosis on the autism spectrum are appropriate for an early start applied behavior analysis (ABA) treatment program. 2. Children are able to be diagnosed earlier, meaning intervention can begin sooner; "at risk" conditions including having an older sibling on the spectrum; decreased social referencing, loss of or delay in language combined with decreased social referencing are all "at risk" conditions.	Feb 16, 2011 1:59 AM
2180	Above all other standards is one requiring the use of an empirically validated treatment. I have spent over 20 years working with children with autism and their families. We know a lot about what works for these kids. Specifically, there are many, many research studies demonstrating the effectiveness of early intensive behavioral intervention (EIBI). These are contrasted by studies showing that other methods are not effective (such as the more eclectic programs more widely offered to families). Funding should continue to be applied toward EIBI programs, and programs should be of a sufficient intensity to result in sufficient and meaningful progress. *I encourage you to form a committee of BCBA's who are specialists in the field of autism to help you develop service standards. They are familiar with the research and can guide you to apply your budget wisely (i.e., towards validated treatments).	Feb 16, 2011 2:01 AM
2181	people with delays that inhibit their ability to comfortably or properly interact with other people	Feb 16, 2011 2:15 AM
2182	I think that any child/adult that is having behavioral issues at home or in the community should be able to rcv these services. I think that a child whose behavior is outside a "typical" child of the same age should be able to rcv behavioral services.	Feb 16, 2011 2:16 AM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
2183	Any child deemed "at risk" or with a diagnosis for developmental delays, including but not limited to autism spectrum, sensory processing disorder, ADHD, and the like. Nobody should be denied including those who do not have an official diagnosis yet, as it often takes time to go through assessments, etc.. Time that could be spent in intensive early intervention.	Feb 16, 2011 2:20 AM
2184	No changes should be made to further limit the eligibility requirements set forth in the California Code of Regulations, Title 17, Division 2, Chapter 3 - Community Services, SubChapter 1 - General, Article 1 - Definitions for "Developmental Disability" (S54000) or "Substantial Diability" (S54001). In particular, it is extremely important that individuals with a diagnosis of Autistic Disorder (299.00) continue to receive behavior services. Please see the research studies below that found that individuals with autism benefit from behavior services. Cohen, H., Amerine-Dickens, M., & Smith, T. (2006). Early intensive behavioral treatment: Replication of the UCLA model in a community setting. Journal of Developmental and Behavioral Pediatrics, 27(2), 145-155 Eikeseth, S., Smith, T., Jahr, E., & Eldevik, S. (2002). Intensive behavioral treatment at school for 4- to 7-year-old children with autism. Behavior Modification, 26, 49-68; Eikeseth, S., Smith, T., Jahr, E., & Eldevik, S. (2007). Outcome for children with autism who began intensive behavioral treatment between ages 4 and 7: A comparison controlled study. Behavior Modification, 31, 264-278. Howard, J., Sparkman, C., Cohen, H., Green, G., & Stanislaw, H. (2005). A comparison of intensive behavior analytic and eclectic treatments for young children with autism. Research in Developmental Disabilities, 26, 359-383. Lovaas, O. I. (1987). Behavioral treatment and normal educational and intellectual functioning in young autistic children. Journal of Consulting and Clinical Psychology, 55, 3-9; McEachin, J. J., Smith, T., & Lovaas, O. I. (1993). Long-term outcome for children with autism who received early intensive behavioral treatment. American Journal on Mental Retardation, 97, 3569-372. Remington, B., Hastings, R. P., Kovshoff, H., degli Espinosa, F., Jahr, E., & Brown, T. (2007). Early intensive behavioral intervention: Outcomes for children with autism and their parents after two years. American Journal on Mental Retardation, 112, 418-438. Sallows, G. O., & Graupner, T. D. (2005). Intensive behavioral treatment for children with autism: Four-year outcome and predictors. American Journal on Mental Retardation, 110, 417-438. Smith, T., Groen, A. D., & Wynn, J. (2000). Randomized trial of intensive early intervention for children with pervasive developmental disorder. American Journal on Mental Retardation, 105, 269-285.	Feb 16, 2011 2:22 AM
2185	BEHAVIORAL CONSULTANTS SERVICES SHOULD ONLY BE REQUIRED IF CLIENTS ARE NOT ON MEDICATION FOR BEHAVIORS AND/OR SEE A DOCTOR FOR BEHAVIORAL ISSUES.	Feb 16, 2011 2:23 AM
2186	Early intensive behavioral services are currently the only scientifically validated and established treatment for children with autism. Large developmental gains are also seen by children with PDD and other developmental delays..	Feb 16, 2011 2:24 AM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
2187	This is the most valuable tool in the toolbox. Please make it less difficult to receive these benefits. These children don't get early enough interventions and then as they age the natural changes of growing up change them into more difficult behavior problems. If for no other reason than their physical size and the medications that increase their size. We should be working on this very early on and not as a last resort. Of course individual circumstances must be taken into account but I am appalled at the numbers of children that are being put into group homes instead of solving the problems. They can grow up to be productive members of society but if we don't do it while they are young then you can plan on lifelong dependency. I hate to have to play the lawyer card but it seems to be the only way.	Feb 16, 2011 2:30 AM
2188	Those who engage in behaviors which inhibit his or her ability to remain in the least restrictive setting, which limit his or her ability to participate in family activities or activities in the community (i.e., aggression, self-injurioius behaviors, noncompliant behaviors), or which may inhibit his or her health and safety (aggression, self-injury, and property distruction) Those who do not appropriately develope functional skills or age appropriate adaptive skills (potty training, feeding, dressing, etc) Those with an Autism Spectrum Disorder 3-8 years of age who are appropriate for intensive ABA treatment	Feb 16, 2011 2:35 AM
2189	Early Intensive behavioral services are the only current well documented treatment for children with the autism diagnosis. There is also research supporting children with PDD making significant gains with early intensive behavioral therapy.	Feb 16, 2011 2:39 AM
2190	1. Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and/or community life (e.g., aggression, self-injury, noncompliance, etc.). 2. Consumers who display behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction, etc.). 3. Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding, and other daily living skills) that are fundamental to the attainment of social inclusion and increased independence. 4. Consumers between the ages of 3-8 years of age with a diagnosis of Autism Spectrum Disorder are appropriate for comprehensive intensive ABA treatment. Research demonstrates that children up to the age of 8 years can significantly benefit from Intensive comprehensive ABA programs. (This age range assumes that children started treatment before the age of 5, and assumes services fade in terms of intensity between the ages of 6 and 8 years of age.)	Feb 16, 2011 2:40 AM
2191	ABA therapy is essential for special needs children and young adults. It helps to work on correct behaviors: social skills behavior, recreation therapy, family therapy (parents learn behavioral techniques) Home base service programs are essential to have so parents can work on the problems in home first then transition into community.	Feb 16, 2011 2:58 AM
2192	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 16, 2011 2:59 AM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
2193	children who are having trouble talking/communicating--who are unable to express their selfs and/or become fustrated easly -who self injure or out of fustratioin cause harm to others around them. parents and other family members who will be involved in the childs life in dealing with delayed learning and self harm--	Feb 16, 2011 3:17 AM
2194	Require insurance to be accessed	Feb 16, 2011 3:19 AM
2195	Anyone who can benefit from or continues to benefit from these services. There should be NO age restriction..period!	Feb 16, 2011 3:23 AM
2196	Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). Consumers who display behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction). Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence. Consumers between the ages of 3 years through 8 years of age with a diagnosis of Autism Spectrum Disorder are appropriate for comprehensive intensive ABA autism treatment.	Feb 16, 2011 3:26 AM
2197	Adult clients with Autism.	Feb 16, 2011 3:30 AM
2198	Children with mental disabilities who have difficulty expressing themselves verbally. Parents who desire to develop a better communication system with their child.	Feb 16, 2011 3:31 AM
2199	Children/family units identified via the IPP process that are struggling to manage the behavior of the child. Evaluation is a minimum requirment to assess the individual needs of the child and family. In addition, an opportunity to participate in a parent group training seminar series regarding behavior strategies would assist many families in gaining knowledge of approaches and techniques that could work effectively with their child.	Feb 16, 2011 3:33 AM
2200	Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). Consumers who display behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction). Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence. Consumers between the ages of 3 years through 8 years of age with a diagnosis of Autism Spectrum Disorder are appropriate for comprehensive intensive ABA autism treatment. Intensive comprehensive ABA programs have research support for children up to age 8 years. This age range assumes that children started treatment before age 5 and assumes services are fading in terms of intensity between the ages of 6 and 8 years of age. If child is not fully independent, transition to school district supports is the goal.	Feb 16, 2011 3:41 AM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
2201	Children under age 3 who are "at risk" of a diagnosis of Autism or any client who has a diagnosis of Autism or a related disorder such as PDD- NOS	Feb 16, 2011 3:44 AM
2202	In our experience, behavioral services are only given to people who are a danger to themselves or their family (except for ABA). Both of these are necessary for the recipients. My only suggestions is that ABA, in particular, should be tailored to every child -- and insurance funding should be used for ABA whenever possible (and EPSDT/insurance for behavioral services). This might save quite a bit and force insurance companies to pay their share. But parents would need help pursuing this funding -- and case workers are not helpful about insurance (in my experience).	Feb 16, 2011 3:54 AM
2203	those deemed as "necessary" by a respectable professional--early interventionist, therapist, teacher, etc. if it's inhibiting the child's development and ability to socialize, learn, etc.	Feb 16, 2011 3:55 AM
2204	Anyone with Autism, MR, Cerebral Palsy, Delay Early Intervention, ABA, parent training, respite care	Feb 16, 2011 3:56 AM
2205	Children diagnosed as early as age two. All autistic children should be able to receive services from their local Regional Center.	Feb 16, 2011 3:59 AM
2206	parents	Feb 16, 2011 4:03 AM
2207	No changes should be made to further limit the eligibility requirements set forth in the California Code of Regulations, Title 17, Division 2, Chapter 3 - Community Services, SubChapter 1 - General, Article 1 - Definitions for "Developmental Disability" (S54000) or "Substantial Diability" (S54001). In particular, it is extremely important that individuals with a diagnosis of Autistic Disorder (299.00) continue to receive behavior services. Please see the research studies below that found that individuals with autism benefit from behavior services	Feb 16, 2011 4:25 AM
2208	Focused Applied Behavior Analysis (ABA) Services: Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). Consumers who display behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction). Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence. Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Children over age 3: Consumers between the ages of 3 years through 8 years of age with a diagnosis of Autism Spectrum Disorder are appropriate for comprehensive intensive ABA autism treatment. Intensive comprehensive ABA programs have research support for children up to age 8 years. This age range assumes that children started treatment before age 5 and assumes services are fading in terms of intensity between the ages of 6 and 8 years of age. If child is not fully independent, transition to school district supports is the goal.	Feb 16, 2011 4:26 AM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
2209	Focused Applied Behavior Analysis (ABA) Services: Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). Consumers who display behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction). Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence. Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Children over age 3: Consumers between the ages of 3 years through 8 years of age with a diagnosis of Autism Spectrum Disorder are appropriate for comprehensive intensive ABA autism treatment. Intensive comprehensive ABA programs have research support for children up to age 8 years. This age range assumes that children started treatment before age 5 and assumes services are fading in terms of intensity between the ages of 6 and 8 years of age. If child is not fully independent, transition to school district supports is the goal	Feb 16, 2011 4:27 AM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
2210	No changes should be made to further limit the eligibility requirements set forth in the California Code of Regulations, Title 17, Division 2, Chapter 3 - Community Services, SubChapter 1 - General, Article 1 - Definitions for "Developmental Disability" (S54000) or "Substantial Diability" (S54001). In particular, it is extremely important that individuals with a diagnosis of Autistic Disorder (299.00) continue to receive behavior services. Please see the research studies below that found that individuals with autism benefit from behavior services. Cohen, H., Amerine-Dickens, M., & Smith, T. (2006). Early intensive behavioral treatment: Replication of the UCLA model in a community setting. Journal of Developmental and Behavioral Pediatrics, 27(2), 145-155 Eikeseth, S., Smith, T., Jahr, E., & Eldevik, S. (2002). Intensive behavioral treatment at school for 4- to 7-year-old children with autism. Behavior Modification, 26, 49-68; Eikeseth, S., Smith, T., Jahr, E., & Eldevik, S. (2007). Outcome for children with autism who began intensive behavioral treatment between ages 4 and 7: A comparison controlled study. Behavior Modification, 31, 264-278. Howard, J., Sparkman, C., Cohen, H., Green, G., & Stanislaw, H. (2005). A comparison of intensive behavior analytic and eclectic treatments for young children with autism. Research in Developmental Disabilities, 26, 359-383. Lovaas, O. I. (1987). Behavioral treatment and normal educational and intellectual functioning in young autistic children. Journal of Consulting and Clinical Psychology, 55, 3-9; McEachin, J. J., Smith, T., & Lovaas, O. I. (1993). Long-term outcome for children with autism who received early intensive behavioral treatment. American Journal on Mental Retardation, 97, 3569-372. Remington, B., Hastings, R. P., Kovshoff, H., degli Espinosa, F., Jahr, E., & Brown, T. (2007). Early intensive behavioral intervention: Outcomes for children with autism and their parents after two years. American Journal on Mental Retardation, 112, 418-438. Sallows, G. O., & Graupner, T. D. (2005). Intensive behavioral treatment for children with autism: Four-year outcome and predictors. American Journal on Mental Retardation, 110, 417-438. Smith, T., Groen, A. D., & Wynn, J. (2000). Randomized trial of intensive early intervention for children with pervasive developmental disorder. American Journal	Feb 16, 2011 4:27 AM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
2211	Anyone with a diagnosis of autism or any autism-spectrum disorder, including PDD-NOS and Asperger's.	Feb 16, 2011 4:34 AM
2212	I think anyone one would has behaviors get an assaeement no matter the age	Feb 16, 2011 4:35 AM
2213	Children with a diagnosis of autism should receive Behavioral therapy. This is the most important tool they have for shaping a higher-functioning future.	Feb 16, 2011 4:41 AM
2214	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services as described in the Lanterman Act Section 4646(a)-(d).	Feb 16, 2011 4:43 AM
2215	•Focused Applied Behavior Analysis (ABA) Services: • •Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). •Consumers who display behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction). •Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence. •Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Childrenover age 3: •Consumers between the ages of 3 years through 8 years of age with a diagnosis of Autism Spectrum Disorder are appropriate for comprehensive intensive ABA autism treatment. •Intensive comprehensive ABA programs have research support for children up to age 8 years. •This age range assumes that children started treatment before age 5 and assumes services are fading in terms of intensity between the ages of 6 and 8 years of age. •If child is not fully independent, transition to school district supports is the goal.	Feb 16, 2011 4:45 AM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
2216	Focused Applied Behavior Analysis (ABA) Services:	Feb 16, 2011 4:55 AM

Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance).

Consumers who display behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction).

Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence.

Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Children
over age 3:

Consumers between the ages of 3 years through 8 years of age with a diagnosis of Autism Spectrum Disorder are appropriate for comprehensive intensive ABA autism treatment.

Intensive comprehensive ABA programs have research support for children up to age 8 years.

This age range assumes that children started treatment before age 5 and assumes services are fading in terms of intensity between the ages of 6 and 8 years of age.

If child is not fully independent, transition to school district supports is the goal.

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
2217	FOCUSED APPLIED BEHAVIOR ANALYSIS (ABA) SERVICES: Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). Consumers who display behaviors that may be a barrier to his/her health or safety of the health or safety of others (e.g., aggression, self-injury, property destruction). Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence. COMPREHENSIVE APPLIED BEHAVIOR ANALYSIS (ABA) AUTISM TREATMENT SERVICES FOR CHILDREN OVER AGE 3: Consumers between the ages of 3 years through 8 years of age with a diagnosis of Autism Spectrum Disorder are appropriate for comprehensive intensive ABA Autism Treatment. Intensive comprehensive ABA programs have research support for children up to age 8 years. This age range assumes that children started treatment before age 5 and assumes services are fading in terms of intensity between the ages of 6 and 8 years of age. If child is not fully independent, transition to school district supports is the goal.	Feb 16, 2011 4:56 AM
2218	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 16, 2011 4:59 AM
2219	FOCUSED APPLIED BEHAVIOR ANALYSIS (ABA) SERVICES: Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). Consumers who display behaviors that may be a barrier to his/her health or safety of the health or safety of others (e.g., aggression, self-injury, property destruction). Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence. COMPREHENSIVE APPLIED BEHAVIOR ANALYSIS (ABA) AUTISM TREATMENT SERVICES FOR CHILDREN OVER AGE 3: Consumers between the ages of 3 years through 8 years of age with a diagnosis of Autism Spectrum Disorder are appropriate for comprehensive intensive ABA Autism Treatment. Intensive comprehensive ABA programs have research support for children up to age 8 years. This age range assumes that children started treatment before age 5 and assumes services are fading in terms of intensity between the ages of 6 and 8 years of age. If child is not fully independent, transition to school district supports is the goal.	Feb 16, 2011 4:59 AM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
2220	Anyone with a diagnosis of Autism Spectrum Disorder, or who has behavioral issues that interfere with family, school or community interactions.	Feb 16, 2011 5:03 AM
2221	first should be the actual people that needed secondly the family	Feb 16, 2011 5:05 AM
2222	FOCUSED APPLIED BEHAVIOR ANALYSIS (ABA) SERVICES: Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). Consumers who display behaviors that may be a barrier to his/her health or safety of the health or safety of others (e.g., aggression, self-injury, property destruction). Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence. COMPREHENSIVE APPLIED BEHAVIOR ANALYSIS (ABA) AUTISM TREATMENT SERVICES FOR CHILDREN OVER AGE 3: Consumers between the ages of 3 years through 8 years of age with a diagnosis of Autism Spectrum Disorder are appropriate for comprehensive intensive ABA Autism Treatment. Intensive comprehensive ABA programs have research support for children up to age 8 years. This age range assumes that children started treatment before age 5 and assumes services are fading in terms of intensity between the ages of 6 and 8 years of age. If child is not fully independent, transition to school district supports is the goal.	Feb 16, 2011 5:06 AM
2223	Why not everybody ? especially those who have been abused in anyway.	Feb 16, 2011 5:09 AM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
2224	FOCUSED APPLIED BEHAVIOR ANALYSIS (ABA) SERVICES: Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). Consumers who display behaviors that may be a barrier to his/her health or safety of the health or safety of others (e.g., aggression, self-injury, property destruction). Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence. COMPREHENSIVE APPLIED BEHAVIOR ANALYSIS (ABA) AUTISM TREATMENT SERVICES FOR CHILDREN OVER AGE 3: Consumers between the ages of 3 years through 8 years of age with a diagnosis of Autism Spectrum Disorder are appropriate for comprehensive intensive ABA Autism Treatment. Intensive comprehensive ABA programs have research support for children up to age 8 years. This age range assumes that children started treatment before age 5 and assumes services are fading in terms of intensity between the ages of 6 and 8 years of age. If child is not fully independent, transition to school district supports is the goal.	Feb 16, 2011 5:09 AM
2225	FOCUSED APPLIED BEHAVIOR ANALYSIS (ABA) SERVICES: Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). Consumers who display behaviors that may be a barrier to his/her health or safety of the health or safety of others (e.g., aggression, self-injury, property destruction). Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence. COMPREHENSIVE APPLIED BEHAVIOR ANALYSIS (ABA) AUTISM TREATMENT SERVICES FOR CHILDREN OVER AGE 3: Consumers between the ages of 3 years through 8 years of age with a diagnosis of Autism Spectrum Disorder are appropriate for comprehensive intensive ABA Autism Treatment. Intensive comprehensive ABA programs have research support for children up to age 8 years. This age range assumes that children started treatment before age 5 and assumes services are fading in terms of intensity between the ages of 6 and 8 years of age. If child is not fully independent, transition to school district supports is the goal.	Feb 16, 2011 5:13 AM
2226	Those individuals whose Individual Program Plan (IPP) team has identiied a need for these services, as described in The Lanterman Act Section 4646 (a) -(d).	Feb 16, 2011 5:18 AM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
2227	Individuals whose individual program plan team has identified a need for these services as described in The Lanterman Act	Feb 16, 2011 5:20 AM
2228	Individuals with autism spectrum disorder	Feb 16, 2011 5:25 AM
2229	Behavioral services have been beneficial for clients who have been diagnosed with autism and related PDD disorders. Children have made gains by accessing quality behavioral services.	Feb 16, 2011 5:26 AM
2230	any kids they have difficulty and disabilty need to get this help.	Feb 16, 2011 5:28 AM
2231	Any person diagnosed with ASD, PDD-NOS, Aspergers, or any other developmental delay or disability.	Feb 16, 2011 5:32 AM
2232	current standards are acceptable	Feb 16, 2011 5:36 AM
2233	Behavior intervention services for families with children should be provided for those families where having in-home behavior intervention services will enable the child to remain in the home, when it will improve the lives or safety of family members , and in situations where other types of intervention have not been successful. Parent should be required to participate in a workshop or group training on behavior management techniques prior to receiving in-home services whenever possible. Parent participation should be required, with a focus on teaching the parent how to manage targeted behaviors.	Feb 16, 2011 5:38 AM
2234	o Focused Applied Behavior Analysis (ABA) Services: 1. Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). 2. Consumers who display behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction). 3. Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence. o Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Children over age 3: 1. Consumers between the ages of 3 years through 8 years of age with a diagnosis of Autism Spectrum Disorder are appropriate for comprehensive intensive ABA autism treatment. 2. Intensive comprehensive ABA programs have research support for children up to age 8 years. 3. This age range assumes that children started treatment before age 5. 4. If child is not fully independent, transition to school district supports is the goal.	Feb 16, 2011 5:48 AM
2235	Any child or adult that is on the spectrum should recieve services since it has been proven in many cases that behavioral services has made a huge difference for the better in peoples lives.	Feb 16, 2011 5:53 AM
2236	Clients with extraordinary behavioral challenges as determined by the interdisciplinary planning team should receive behavioral services.	Feb 16, 2011 5:53 AM
2237	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 16, 2011 5:58 AM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
2238	Consumers whose behaviors may/will prevent them from staying in their family's home, living independently, accessing community activities, impede their learning or put them at risk for progressively difficult behaviors in the future (i.e. young consumers).	Feb 16, 2011 6:09 AM
2239	Parents, siblings, and caregivers	Feb 16, 2011 6:13 AM
2240	Focused Applied Behavior Analysis (ABA) Services: Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). Consumers who display behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction). Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence. Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Childrenover age 3: Consumers between the ages of 3 years through 8 years of age with a diagnosis of Autism Spectrum Disorder are appropriate for comprehensive intensive ABA autism treatment. Intensive comprehensive ABA programs have research support for children up to age 8 years. This age range assumes that children started treatment before age 5 and assumes services are fading in terms of intensity between the ages of 6 and 8 years of age. If child is not fully independent, transition to school district supports is the goal.	Feb 16, 2011 6:25 AM
2241	Kids with developmental disabilities (austism, PDD, etc) Help them to have a better quality life. Home-based behavioral intervention programs are great, because not only help the kids but the parents.	Feb 16, 2011 6:48 AM
2242	Those who seek help for their children and those cases where a behavior is clearly a severe problem.	Feb 16, 2011 7:03 AM
2243	regional center childr3en and other chilren that qualify	Feb 16, 2011 7:13 AM

Behavioral Services

1. Suggested service standards about who should receive these services:

	Response Text	
2244	Every consumer who exhibits excesses and deficits in behavior should be elibigle for services. The job of the service coordinator should be to convey this to family members or guardians of the consumer. This is often NOT DONE. And we as parents/guardians of special needs individuals are very exhuasted most of the time because we have to deal with these inappropriate/challenging behaviors.....and need to be REMINDED of the TYPES of Behavioral Services that can addresses these challenging behaviors. Based upon my observations (as a bilingual parent advocate, parent of 2 autistic girls , sister of a consumer with mental retardation, special education teacher and participant in over 250 IEP meetings) Regional Center does not mention that this service exists when they are told by the consumer's parent/guardian that #1 Behavioral Services are offerred in the school setting, #2 Parent states that they are "used to" handling the challenging behaviors even after the Parent also states THEY are only getting only 2-3 hours of sleep each night. I believe the Functional Analysis of Behavior should be done as part of the IN-TAKE Process for all consumers. Period. And parents should be given, at the time of IN-TAKE and at subsequent IPP meetings specific information regarding the TYPES of vendors that are providing Behavioral Intervention for their child/adult age group.	Feb 16, 2011 7:28 AM
2245	People with developmental disabilities as the law provided over 30 years ago. A LOT of services for those who need it. EVEN MORE for children.	Feb 16, 2011 7:32 AM
2246	I have a child with autism. Intensive ABA services are proven to be effective, especially when started early, but ALSO when CONTINUED until the child no longer needs the service. It should be determined in the IPP process, NOT be a standard that is not individual. There should be ways in which costs are shared. school districts, health insurance, etc. and NOT limited by age. Intensive therapy is proven to save dollars down the road. It is well known that institutionalizing a person costs MUCH more than keeping them in the community and with family members.	Feb 16, 2011 7:33 AM
2247	Consumers with a clearly identified need.	Feb 16, 2011 7:52 AM

2. Suggested service standards about how often a specific service should be

	Response Text	
1	As often as needed to improve the behavior	Jan 28, 2011 12:35 AM
2	It should start out as frequent as possible until the child is able to develop the special skills needed to cope.	Jan 28, 2011 12:39 AM
3	Services should be provided with the frequency the experts in the case recomend and that the family can live with.	Jan 28, 2011 12:50 AM

2. Suggested service standards about how often a specific service should be

	Response Text	
4	this training can be done by modeling and then coaching parents or care givers and teaching them the techniques of applied behavior analysis. This should be able to be accomplished over not more than 6 months with not more than 10 hours per month of training and consultation. Early months may be more intensive and later months may be much less intensive.	Jan 28, 2011 12:53 AM
5	Regional center dispatches a behaviorist to the home or place of care to determine need.	Jan 28, 2011 12:53 AM
6	Limit the number of 6 month behavior services contracts a family may have. Require parental training and participation.	Jan 28, 2011 12:59 AM
7	The service must be provided with a balance. it can not overwhelm the family; it must recognize the needs of everyone to remain a family; it must be provided in the intensity, duration and frequency that is needed for a specific person. No more and no little	Jan 28, 2011 1:00 AM
8	services should be based on a childs needs but amny parents want a small group setting and are unable to receive that unless they are with a LEA	Jan 28, 2011 1:02 AM
9	A) individual support to parents, approximately 20-30 hours per month B) group support to parents, approximately 10 hours total	Jan 28, 2011 1:03 AM
10	There should be no established limit to the amount of services provided, services should be provided under best practices guidelines as established by the Blue Ribbon committee several years ago.	Jan 28, 2011 1:08 AM
11	INDIVIDUAL CHOICE BUDGET, THIS WILL CUT COSTS AND ALLOW THE FAMILIES TO SELECT THE SERVICE THAT IS ADEQUATE FOR THE CONSUMER AND STAYING WITHIN A YEARLY BUDGET.	Jan 28, 2011 1:09 AM
12	Intensity must match the referring problem, which is of course individualized.	Jan 28, 2011 1:11 AM
13	Behavior services should be available in through small group instruction and they should also be provided individually for follow-up and when new problems arise.	Jan 28, 2011 1:14 AM
14	Initially many of these therapies must occur five times per week, with a reduction in the number of hours and days as appropriate for the individual. Daily practice is needed to learn new behaviors when one has developmental delays.	Jan 28, 2011 1:19 AM
15	1 hour twice a week (two hours per week)	Jan 28, 2011 1:20 AM
16	As much as necessary according to one's needs	Jan 28, 2011 1:27 AM
17	Services should be time limited and consistent with practice that would allow for therapeutic intervention to occur. Depending on structure of service delivery, several models could be used: 1. 100 hour model (change in neuro-receptors)- consumer is seen 25 hours per week intensively in structured manner. 2. Denver Model- provide intervention and track positive improvement which is demonstrated in upward trending every 2 weeks. Intensive parent training- interventions weaned in 18 months... 3. Adjunct to parent training- perhaps consider new service category- "behavioral coaching"- parents can have a bank of set hours to access professionals to assist them in parent coordinated behavioral plans.	Jan 28, 2011 1:28 AM

2. Suggested service standards about how often a specific service should be

	Response Text	
18	Behavior intervention services should be implemented on a case by case basis, thus the amount of time needed to reach goals must be determined first by the Functional Behavior Assessment and thereafter by the periodic review of progress. No maximum cap of time should be formally established as cases vary in need, intensity, and complexity, rather the graduation criteria from a behavior program should be based the clear demonstration of documented progress toward goal achievement as well as whether the program has fostered a diminishing need for other funded services (such as respite and daycare) within the Regional Center and for outside supports (such as special education, AFDC, and the like).	Jan 28, 2011 1:29 AM
19	Assessment of individual and family needs and realistic long term goals should be made by a master's level behavior specialist. Based on assessment specific objectives and recommendations should be made for how often and how long the specific service should be provided. Reauthorization would depend on individual long term goals, identified needs; objectives, including maintenance objectives, realistic objectives. For example, if the realistic long term goal is for the person to be successful in a particular setting, the objectives and service should be based on the person gaining the skills needed to be successful in that setting.	Jan 28, 2011 1:33 AM
20	1:1 staffing is not always necessary and can often become detrimental. But funding for some hours at 1:1 is a creative solution that allows staff to give some individualized attention to the person without getting them dependent on always having 1:1.	Jan 28, 2011 1:36 AM
21	daily by parents	Jan 28, 2011 1:36 AM
22	Services like DTT/ABA should be limited to younger children and to max. of 2 years and aprox. 20 hours per week. IF scientific data can prove that it will benefit the child. Most treatments are not PROVEN, even DTT is of little benefit to many children with autism, yet costs thousands of dollars. ABA is a good ongoing intervention for any age consumer with behavior problems. The supervisor/trainer should be certified BCBA and able to supervise and meet with staff/parents on a regular basis for training and updating.	Jan 28, 2011 1:40 AM
23	ICB	Jan 28, 2011 1:40 AM
24	As often as the behaviorist and/or physician recommends	Jan 28, 2011 1:42 AM
25	one or two times a week	Jan 28, 2011 1:42 AM
26	when requested by the family of the client.	Jan 28, 2011 1:53 AM
27	The service should only be for children and their parents. Adults are already getting this service from providers	Jan 28, 2011 1:54 AM
28	Services should be provided weekly or at the very least every other week	Jan 28, 2011 2:05 AM
29	a monthly or biweekly allowance should be available to participating individuals.	Jan 28, 2011 2:26 AM
30	as often as necessary based on the individuals needs	Jan 28, 2011 2:27 AM
31	These services should mirror the 5 day M-F day program. Services that have been provided by this model for years did so because it was the right thing to do. We didnt get more money to move to community based services in the 80's but did it because it offered more opportunities for our consumers. We offered supports for the people with the most complex lives in integrated surroundings.	Jan 28, 2011 2:35 AM
32	3-5 hours per week caregiver training and incentive programs for unlimited duration. Training by DDS vendors should only be for ADLs, not academic skills.	Jan 28, 2011 2:41 AM
33	Depends on the degree of need. So the person can function as normal as possible. Also move toward a higher standard of having more behavioral analyst set up standards for the staff working with the consumers.	Jan 28, 2011 2:49 AM

2. Suggested service standards about how often a specific service should be

	Response Text	
34	ACTIVE, ASSERTIVE individual assessment of client abilities, followed by proactive local job identification with government-enhanced inducements for hiring. Local governments should be encouraged to hire clients - especially school districts (who, after all, prepared our children to enter the community).	Jan 28, 2011 2:50 AM
35	Services should be at maximum intensity when beginning as recommended by a trained and licensed professional. They can be cut back as progress allows.	Jan 28, 2011 3:03 AM
36	Several hours a week year round. 6 hours a week minimum.	Jan 28, 2011 3:05 AM
37	Need should determine frequency.	Jan 28, 2011 3:06 AM
38	Quarterly for on-going staff. No new employee should be able to start care of clients until they have received training.	Jan 28, 2011 3:06 AM
39	A minimum of 25 hours per week all year round.	Jan 28, 2011 3:11 AM
40	Standards and times vary from client to client.	Jan 28, 2011 3:21 AM
41	The service needs to be continued at a level that is consistent with his needs and progress. While progress is often slow day-t--day, in the long run, we have a person who can manage communication and social interactions so that he can get and keep a job or to get and keep an apartment. Fading out the service is not what is needed! What is needed is to have the service at a level that benefits him. After all, the goal is to have a person who can function in society, and that takes time and many stages to get through. Quality of life is important. This is our goal for our son and the stated goal of RDI.	Jan 28, 2011 3:22 AM
42	1 time per year per person. Charge a nominal fee.	Jan 28, 2011 3:24 AM
43	As long as the individual needs it.	Jan 28, 2011 3:25 AM
44	Standards should NEVER address "how often"? Services should be provided until the outcome is achieved. If a provider can do that in 3 hours, fine. If a provider needs 30 hours to do that fine. I once was the Chair of the Consent Decree for the USDOJ suit against Oregon for the conditions in its institution at Fariview (now closed). Oregon wanted to provide 24 hours a month of neurology hours for those who had seizures; USDOJ wanted them to provide 96 hours -- and the battle went on. I solved the issue by deciding on outcomes (e.g., every person with a seizure was seen once every six months; physicians would strive for monotherapy and, if unable to achieve, justify why, etc.). I didn't care whether it took Oregon 4 hours, 24 hours, 48 hours of 96 hours but the outcomes much be achieved. This is the same approach that we took on numbers of staff, which we did not specifiy. The provider is required to achieve the outcomes, regardless of whether it took the provider 1 staff or 10 staff. DDS pays a good deal to providers with the assumption that they know HOW to do their job. The only standard left for the state to pursue is whether they indeed accomplished their job in terms of outcomes to the individual.	Jan 28, 2011 3:28 AM
45	as needed	Jan 28, 2011 3:28 AM

2. Suggested service standards about how often a specific service should be

	Response Text	
46	A behavior assessment should be completed of the individual's behavior, the behavior of the parents/caregivers, and the interactions between the parents/caregivers and the individual. The behavior assessment should be completed by someone with a minimum of a master's degree in psychology, education or a related field who has extensive training and experience in applied behavior analysis (ABA) (for example, 45 credit hours of coursework in applied behavior analysis, plus 1800 hours of supervision by either a licensed psychologist; a board certified behavior analyst, or someone who meets the criteria to become a board certified behavior analyst, regardless of whether they are actually certified by the Behavior Analyst Certification Board). Specific goals and objectives for the intervention should be determined for the parent/caregiver and the individual. If the behavior assessment determines that the individual's behavior is a threat to themselves or others such that their community setting is at risk because the parents/caregivers do not have the parenting skills to reduce the frequency or intensity of the behavior problems to acceptable levels, then 1:1 services from a BA level interventionist trained in ABA teaching techniques, and supervised by a MA level behavior analyst, should be used as required up to 5 days per week as needed to reduce the individual's behavior to acceptable levels, if and only if the parent/caregiver is receiving a reasonable commensurate amount of training in ABA teaching techniques, such that once the child's behavior problems improve and the parents/caregiver's parenting skills improve so services can end. As the child's behavior improves (as goals and objectives are met) the 1:1 services provided by the BA level teacher are faded out completely until weekly, then monthly consultation sessions are provided by the MA level supervisor alone. When the services of the BA level teacher are required the MA level Supervisor should provide 2 hours of supervision for every 10 hours of 1:1 instruction. Contracts for services should be reviewed every 6 months by Regional Center. Services toward any one 'family' should not exceed 12 months, unless there are unusual circumstances. Typically services should end within 12 months of service.	Jan 28, 2011 3:32 AM
47	This should be provided according to need; as the child begins to develop other skills they should be moved into other therapuetic areas. Initial services should be provided no more than 15 hours per week.	Jan 28, 2011 3:33 AM
48	As often as clinically shown to be necessary, especially with children who display aggressive or self-injurious tendencies. Our boy would react in different ways and to different stimuli, and it was helpful to have someone to turn to in those situations.	Jan 28, 2011 3:39 AM
49	Lanterman Act. Needs of the consumer as written in the IPP	Jan 28, 2011 3:43 AM
50	Behavioral services/training should be offered once a month as a rule, or more often as needed when existing techniques do not appear to work.	Jan 28, 2011 3:46 AM
51	This should be determined by the team overseeing each case, as each case has individual needs	Jan 28, 2011 3:53 AM
52	As needed based on outcomes. The current system requires too many behavioral specialist hours in level 4 facilities especially when consumers living there have been there for a long time and are stable in that environment. The I'd team should decide if the hours are actually needed or not. This could save a lot of money in the long run.	Jan 28, 2011 4:05 AM
53	To meet recommended guidelines by independent professionals that have no conflict of interest.	Jan 28, 2011 4:05 AM
54	It should compliment the school system. These services should ne provided on a daily basis.	Jan 28, 2011 4:08 AM

2. Suggested service standards about how often a specific service should be

	Response Text	
55	Maximum 8 hours for assessment, with a maximum of twenty hours of training over a three month period for the people who will work directly with the consumer to implement the behavior plan (trainer to trainer model). Additional training of 10 hours over a two month period may be authorized, if a report from the vendor establishes that this is necessary and likely to be effective in achieving the behavioral objectives. This determination must be made by the Regional Center Director or their designee.	Jan 28, 2011 4:10 AM
56	1x month	Jan 28, 2011 4:14 AM
57	As often as necessary. If the child shows the slightest improvements after behavior services, then services should be continued in the manner that has proven effective.	Jan 28, 2011 4:15 AM
58	Therapies should be research-proven, as is currently required by Lanterman. Review process in place to monitor effectiveness of therapy.	Jan 28, 2011 4:22 AM
59	Weekly counselling sessions should be offered to the consumer with a behavioral health issue. They should have the opportunity to receive intervention regardless of any involvement with their local mental health center.	Jan 28, 2011 4:26 AM
60	as needed	Jan 28, 2011 4:31 AM
61	As often or for the duration that said person requires services as dictated by the person's behavior plan.	Jan 28, 2011 4:38 AM
62	If the following were applied then you would know how often the service should be provided. We waste to much time fighting for services instead of just providing what a family needs. The state also pays our Regional Center employees to fight each family for these needed services instead of just giving them wheat they need based on the IPP. This is especially true of the Inland Regional Center.	Jan 28, 2011 4:41 AM
63	10 hours per month	Jan 28, 2011 4:55 AM
64	First and foremost, parent education and support. Helping families set practical and attainable expectations of behavior supports and services and what outcomes should be attainable. To advise them that it may take a few different methodologies before finding the key to their child's behavior. To explore if the child's lack of communication or other frustrations are the triggers for behaviors that are presenting and referring to appropriate services while working on extinguishing undesired behaviors.	Jan 28, 2011 5:19 AM
65	As often as a child needs it. It is much more cost effective to provide delayed children services so they can develop into much more "normal" adults.	Jan 28, 2011 5:31 AM
66	The necessary hours, taking in consideration the reports of the provider.	Jan 28, 2011 5:31 AM
67	All services should meet the definition of positive behavior support No negative intervention or punishment should be used at any time	Jan 28, 2011 5:47 AM
68	Starting with higher intensity and reducing service levels once the family/caregivers and teachers are consistently able to respond to the behavior and positive changes are seen in the consumer and family. At least weekly to begin.	Jan 28, 2011 6:09 AM
69	It is not possible to set up a cap on this type of service. How much and what kind of supports a person will need depends on the level and frequency of the behavioral issues faced by each person.	Jan 28, 2011 6:30 AM
70	Use of any enjoyable creative activity activities to get their attention which helps in long term learning progress. a) Outside the classroom experiences to find out what really INTERESTS them INDIVIDUALLY. b) Art is a good tool to discover what is going on personally and provide a mode of FOCUSING their attention on a subject, event or situation.	Jan 28, 2011 6:36 AM
71	Let Low income get back pschiatric help. Same with Disabled people!	Jan 28, 2011 6:42 AM

2. Suggested service standards about how often a specific service should be

	Response Text	
72	See answer # 1	Jan 28, 2011 6:52 AM
73	Perhaps 25 hours per month should be the standard. Extreme circumstances may warrant extra hours with Exception. Intensive in-home behavioral services shall not extend beyond one year barring extreme circumstances and Special Exception. Family may request a 10 hour one-time refresher after one year without service in the event new behaviors develop.	Jan 28, 2011 6:53 AM
74	Maximum of 5 hours per week. DTT or BIS at 15-20 per week is excessive.	Jan 28, 2011 7:51 AM
75	At least monthly.	Jan 28, 2011 1:29 PM
76	It could be done with a series of classes for consumers/staff/family with follow-up consultations.	Jan 28, 2011 2:22 PM
77	Only people that want them and are satisfied with what they receive. Families should be able to supervise their childrens' programs without having to fear coercive intervention into family custody and control. Children must not become hostages to DDS bureaucrats. Much money is unnecessarily wasted imposing services on families they do not want or need and denying those that do. The laws are ignored every day. Regional center workers are arrogant and power - centered. DDS should clean house and clean up its act. Clients who are wanted at home should be sent home to save money for the ones that have real needs. The system is not working the way it was designed. Too many workers are on power trips. Conservatorship is a responsibility not a right.	Jan 28, 2011 2:47 PM
78	Behavioral services need to be measurable so they will not continue on indefinitely. perhaps a regional center psychologist or a third party behavioral specialist can do an assessment on a regular basis to see if the service is still needed. The vendors that provide the service are biased when making that decision.	Jan 28, 2011 2:52 PM
79	As necessary	Jan 28, 2011 2:53 PM
80	Trainning seminars should be at least once a year mental health physical should occure at least once a year	Jan 28, 2011 2:58 PM
81	Competent trainers should be available to help the family provide behavioral supports when younger.	Jan 28, 2011 3:13 PM
82	Social Skill classes need to be offered, no matter the age of the child. When food issues are involved there needs to be intensive work with the child on this issue, meaning 5 days a week. Observng at school, at least once a month, will help give a full picture.	Jan 28, 2011 3:29 PM
83	As often as needed - need determined by staff	Jan 28, 2011 3:46 PM
84	Behavioral services need to be impliemnted in a timely manner. A timeline for implementation needs to be established. A shorter process can cut admin costs and time regional center communicates with parent. Waiting 9 months or longer for the parent training, evaluation, and report seems to long.....	Jan 28, 2011 3:49 PM
85	To the very young children who reguire this type of service, but parent education need to be a part of the service. These services should not last more than 6 months.	Jan 28, 2011 3:51 PM
86	This depends upon the needs of the individual. Severe behaviors may require multiple contacts per week at first. Others may only require weekly or monthly contacts. I believe these should be outcome based though. If there is no change or progress after a reasonable amount of time (e.g. 6 months) then the service should be discontinued.	Jan 28, 2011 3:59 PM
87	Time limits for length of services for ongoing behavioral services. Strict guidelines on the use of one-to-one services for children.	Jan 28, 2011 4:05 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
88	Services should be delivered at current hourly standards of no more than 25 hours/month unless exceptional service is required and justified.	Jan 28, 2011 4:08 PM
89	as needed. NO CUTS. These kids need these services - why are you NOT cutting YOUR salaries instead	Jan 28, 2011 4:10 PM
90	I found behavioral services to be most effective when my son received them 5 days a week (a minimum fo 3 hours a day).	Jan 28, 2011 4:17 PM
91	In the event of a crises. Not routine	Jan 28, 2011 4:27 PM
92	after evaluation anything that shows up as a being behind 33% or greater	Jan 28, 2011 4:27 PM
93	• Behavioral services should be allocated across settings until the consumer is demonstrating rates of inappropriate behavior that can be maintained by a ratio of care providers deemed appropriate for their cognitive capabilities. • School aged children should receive no less than 20 hours of behavioral training per week in the home and 20 hours per week in school • Adults should receive no less than 10 hours of behavioral training per week in the home and placement within an appropriate day program	Jan 28, 2011 4:28 PM
94	This needs to be provided one on one as each person behaviors are unique, how they need support with challenging behaviors is unique.	Jan 28, 2011 4:29 PM
95	it should be adult who have mild to bad behavior	Jan 28, 2011 4:34 PM
96	Depending on the case and the age of the client I think that at leaset up to onece every week in high stressed cases and once every other week for them if its not as bad. Of course if their is sevier mental issues this could need more attention then the others.	Jan 28, 2011 4:37 PM
97	Services should be based on functional assessment with clear target behaviors and strategies. Service should be time-limited based on client age, severity of behaviors, family capacity to implement what is taught, and cognitive level of client (e.g. lower functioning clients may need more time; family limited capacity to learn what is being taught may need more time) Parent needs to be active participants Parent non-compliance could possibly end service	Jan 28, 2011 4:38 PM
98	As determined by the IPP	Jan 28, 2011 4:47 PM
99	Establish Behavioral Analyst Assistants who work under Behavioral Analysts.	Jan 28, 2011 4:47 PM
100	By a trained ABA provider.	Jan 28, 2011 4:53 PM
101	Implement a consistent rate for these services. Some parents get more money for the same services based on what provider and/or service code is used.	Jan 28, 2011 4:59 PM
102	Services should be based on need. They need to be prompt and consistent. There is a huge turnover of behaviorists that often lead to haphazard service provision. Structured in home programs, overseen by behaviorists hav ethe most consistency, and best results.	Jan 28, 2011 5:02 PM
103	Each ABA service should be provided as often as necessary, with a cap of three years maximum for DTT services. Adaptive Skills Training and ABA services should be offered no more than three times each over the course of an indivual's lifetime, albiet extenuating curcumstances.	Jan 28, 2011 5:04 PM
104	At least once a week until behavior subsides.	Jan 28, 2011 5:05 PM
105	As much as necessary according to one's needs	Jan 28, 2011 5:06 PM
106	reviewed every three months, create a range depending on intensity of behavior	Jan 28, 2011 5:07 PM
107	Each person and family has different needs and this should be decided upon through dialog with the family and the behavioral health professional, not to exceed three times per week, 1 hour each.	Jan 28, 2011 5:09 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
108	up to 20 hours per week and/or as determined by an individualized assessment by a qualified assessor	Jan 28, 2011 5:09 PM
109	On the same schedule as IPPs.	Jan 28, 2011 5:13 PM
110	Research based methods with maximum # of hours available.	Jan 28, 2011 5:22 PM
111	The needs should drive service. THe minimum number of hours of an evidence based program should be 12 hours per week up to 40 hours per week. Supervision should be at the ratio of 1 hour of supervision for 5 hours of direct service	Jan 28, 2011 5:31 PM
112	Let the professionals/doctors/researchers decide, and not the penny pinchers at the regional center!	Jan 28, 2011 5:31 PM
113	Screening. Sincere and open minded probing to seek out the reality of a family's situation. Seek input from other involved providers of service and weigh equitably. Do not pass the responsibility off to school or other involved providers until RC responsibilities have been addressed. Make sure parents are given meaningful referrals to individuals or organizations that can help them if they need advocacy. Allow time within contracts for behavior vendors to attend IEP meetings and create coordinated plans for maximum effectiveness. Do not limit services to "parent education" - sometimes direct service is the most appropriate option Establish emergency protocols to get services in quickly when needed. Streamline the decision making process at RC's so families do not get stuck with the officer of the day who does not have a sense of urgency when problems are challenging and dangerous. Establish and facilitate group parent education, make it convenient, provide respite or child care, etc...to assist parents in learning and supporting one and other in the most difficult job of managing persistent behavior challenges.	Jan 28, 2011 5:33 PM
114	I would like to see a share of cost plan developed between mental health services and the regional center. If a consumer is in need of counseling, in addition to traditional behavioral service, then there should be a tiered level of shared cost between county and state. If the regional center takes the full cost, then you can anticipate a longer length of time trying to provide behavioral services, without mental health professionals. In regards to mental health, if the county pays the full cost, they can anticipate difficult and ineffective sessions if the mental health professional does not have experience with developmentally disabled people. If both the regional center and mental health services work together, they can practice quick, solution-focused, CBT based therapy to address depression, anxiety, and other mental health conditions that lend to the behaviors that many of our consumers have.	Jan 28, 2011 5:38 PM
115	These services should be provided 5 days/wk or depending on how severe the behavior(s) is.	Jan 28, 2011 5:40 PM
116	Level of service should be provided based on degree of impairment as assessed by a liscensed profesional in collaboration with a BCBA. Behavioral services should be provided at an intensity required to effectively address all areas of need as ifentified by the assessment team. Children under the age of 8 should be permitted to receive the highest intensity of services as frequently as every day in order to give them the opportunity to catch up with their typically developing peers. As children get older and the gap gets larger, frequency of intervention can decrease as the individual's ability to function effectively within his environment and care for his/her basic needs improves over time.	Jan 28, 2011 5:41 PM
117	Anywhere from 6 months to 2 years	Jan 28, 2011 5:41 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
118	*once a week is worthless -- if my son gets only 2 hours of behavior therapy a week, he gets less than 100 hours in a year. I'm not sure that I could learn to ski in less than 100 hours or master skateboarding or learn a new language or become a proficient draftsman . . . why do we expect our kids to master whole new skills in that small amount of time?	Jan 28, 2011 5:44 PM
119	Progress should be monitored monthly	Jan 28, 2011 5:45 PM
120	Detemination of service delivery should be determined by an asssessment prior to the onset of services.	Jan 28, 2011 5:48 PM
121	10 hours per month	Jan 28, 2011 5:48 PM
122	Each consumer's need will be differennt so how often the service is provided should be determined by the intensity of the need (e.g. they are in danger of harming themselves or someone else).	Jan 28, 2011 5:54 PM
123	Because the behavior is individualized to each child, then it needs to be delivered as an individual service. Saying for example that all children with Autism get these many hours of behavior therapy is not effective when each child with Autism is very different. The Behaviorist should be the one to make the determination of what and how often it is needed and put in the IPP through the regional center	Jan 28, 2011 5:55 PM
124	For children: based on clinical advice For adults: Short term intensive services (three months?) with the goal of integration into small group ongoing support.	Jan 28, 2011 5:58 PM
125	No more than one time per year	Jan 28, 2011 5:58 PM
126	Continually and on an as needed basis once a consumer is able to be more independent.	Jan 28, 2011 6:00 PM
127	Most individuals benefit from an analysis of challenging behaviors and a specific replacement behavior training plan. To be successful, this must be done on a frequent, regular basis. Families need to be trained in these techniques and individuals must have the effective intervention of the behaviorist to help establish the behavior support plan and evaluate its effectiveness.	Jan 28, 2011 6:08 PM
128	These services should be provided 3 to 4 days a week, because research has shown that multiple days in a row, or more days throughout the week, has better results in retainment and true changes.	Jan 28, 2011 6:08 PM
129	At least remain at the current level. Absolutely not decreasing. They cannot function.....	Jan 28, 2011 6:09 PM
130	Should require parent training as prerequisite and parent involvement during all intervention sessions.	Jan 28, 2011 6:12 PM
131	This needs to be negotiated individually with emphasis on providing adequate support to those with behavior that is a danger to themselves or others. This is an extremely demanding caregiver job and they need adequate help. There must be different standards and methods for different levels of need. .	Jan 28, 2011 6:14 PM
132	Frequency of service provision should depend upon specific consumer need	Jan 28, 2011 6:16 PM
133	A MINIMUM OF 3 TIMES A WEEK FOR DIRECT SERVICES TO CLIENT MINIMUM OF ONCE A MONTH FOR PARENT OR CAREGIVER TRAINING	Jan 28, 2011 6:21 PM
134	The services should be tailored to fit the needs of the family and child and should be determined by the child's treatment team (Parent, therapist and coordinator).	Jan 28, 2011 6:21 PM
135	At least 3 times a week.	Jan 28, 2011 6:29 PM
136	once a week, 3 months	Jan 28, 2011 6:33 PM
137	This should be determined by a BCBA with a plan to fade out services in 24-36 months	Jan 28, 2011 6:34 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
138	Behavior services should be applied 1 on 1 with the child initially, then faded when the skills have been learned or the parent feels competent in providing the intervention whicever comes first.	Jan 28, 2011 6:35 PM
139	Services should be provided as long as the family needs the help. This can be a short time for some families or longer for others that are having a difficult time understanding what they need to do.	Jan 28, 2011 6:36 PM
140	as long as it is helping the individual	Jan 28, 2011 6:38 PM
141	After consulting with parents and understanding their delayed response to the activity, professionals should be able to determine how often services should be provided.	Jan 28, 2011 6:41 PM
142	PRN	Jan 28, 2011 6:41 PM
143	as often as needed	Jan 28, 2011 6:43 PM
144	A minimum of 3 hours a week	Jan 28, 2011 6:45 PM
145	Training should be on-going, both one on one and in workshop setting depending on the parents needs. At least 4 workshops per year should be offered to parents at times they can attend. Someone should then follow-up with parents at least monthly until they no longer need it.	Jan 28, 2011 6:46 PM
146	Behavioral services should be implemented and revisited monthly	Jan 28, 2011 6:46 PM
147	Specific services should be based on an evaluation of need and current research for the specific diagnosis, taking other services and their effectiveness into consideration. For example, current research demonstrates that young children with Autism Spectrum Disorders benefit from intensive ABA services that address needs across school, home, and community environments. With parent involvement and commitment, often these services alleviate needs for longer term services throughout the individual and family's life.	Jan 28, 2011 6:52 PM
148	There should be an initial period of intense support which fades over time. Any standards should recognize that behaviors are not static. Though an individual may have successfully completed a fading pattern, life circumstances may aggravate past behaviors; in such cases, an individual should be able to receive intense support again.	Jan 28, 2011 6:52 PM
149	Needs to be prescriptive	Jan 28, 2011 7:02 PM
150	Current methods are good but also reimbursement for private certified clinicians would be helpful.	Jan 28, 2011 7:02 PM
151	what is suggested in their IPP	Jan 28, 2011 7:04 PM
152	For ABA, research shows that it is ineffective if it's not provided more than 30-40hrs/ per week for a MINIMUM of two years. Sometimes it takes longer. Anything that is less than that is considered useless. Our regional center (tri-counties) only gives 10hrs/week and they often times give it to companies who do not have qualified therapists. My child started with one of their recommended companies and was with them for a year. She made very little progress. Once she was with a qualified company (CARD) at 35 hours/week, she made 24 month gains in some areas! Please remember that research also shows that if people with autism receive early behavioral intervention, it cuts the cost of lifetime support IN HALF. Given that it costs anywhere from $2million to $5 million to support someone with autism, that is a huge savings.	Jan 28, 2011 7:06 PM
153	Once or twice a week	Jan 28, 2011 7:11 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
154	Frequency of service should be offered within a range, depending on the needs of the Consumers or indivdual needing behavioral services. The higher the need, the more frequent the service is provided. Services should continue for as long as they are productive and show that goals are being attained. This should be the decision of the IPP team.	Jan 28, 2011 7:15 PM
155	Again - you are in such a tough spot here because even if I can demonstrate why someone doesn't need 5 days of this service there invariably is a stake holder (parent, SC, Behavior Program provider) that will argue he/she needs the continued support of a Behavior Program.	Jan 28, 2011 7:17 PM
156	Specific services should be provided based by the individual needs of the clients as decided between ALTA and the Service Organizations that provide care to their clients based on their decided individual needs.	Jan 28, 2011 7:18 PM
157	As deemed appropriate by a behaviorist/ psychologist.	Jan 28, 2011 7:18 PM
158	Need a daily day program designed soley to meet the needs of "high functioning" Autistic consumers who are dealing with social barriers. They do not fit into standard work activity programs and often do not view themselves as disabled. They may attempt to attend college or try to get a job on their own. However they first need the skills to deal with their social barriers caused by their disability.	Jan 28, 2011 7:20 PM
159	The ID team should agree on how often behavioral services are needed for a particular individual. It is crucial that decision makers have firsthand experience with the individual being served.	Jan 28, 2011 7:21 PM
160	Up to 20 hours/week with family present and actively involved for at least 50% of intervention time	Jan 28, 2011 7:22 PM
161	Service should be provided as it is appropriate for age of child - regardless of race or economic level.	Jan 28, 2011 7:23 PM
162	Service should be provided to the maximum of need.	Jan 28, 2011 7:27 PM
163	As often as recommended in the IPP	Jan 28, 2011 7:29 PM
164	individualized	Jan 28, 2011 7:30 PM
165	Weekly	Jan 28, 2011 7:31 PM
166	Some children will need the service weekly, some less frequently. It should be an IPP decision	Jan 28, 2011 7:39 PM
167	These services should not be ongoing. As a parent of a disabled child, we need to realize that not matter how many services we provide to our children they are still going to be disabled.. I believe the decision should be made as to weither they will have a benefit to the consumer in the shortcome instead of the longcome.	Jan 28, 2011 7:41 PM
168	Have specific resources for child with autism	Jan 28, 2011 7:43 PM
169	how many hours per week of direct services with parents active participation. No hours for direct services without parents as active participants, defined as the parent actually being the implementer of the behavior intervention with the behavior vendor watching, mentoring, and providing immediate feedback TO THE PARENT. NO MORE USE OF BEHAVIOR SERVICES AS RESPITE!!!!!!!!	Jan 28, 2011 7:50 PM
170	Services should be tailored to the individuals needs.	Jan 28, 2011 7:54 PM
171	Services should be provided at no less than 25 hours per week of behavior intervention services. This includes helping consumers in the home and community settings.	Jan 28, 2011 7:58 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
172	Write appropriate goals for the kids. inculde the mom's concern in the IPP and follow through. Have mom or any parent video tape the sessions without asking questions . Have them properly trained and be educated to teach . Have the ABA provider do the ABBLE assessment and be supervised by a doctor level to make sure the deficits are addressed. Have parents set goals and help the kids with all areas of social, communication, self helpskills. Every progress report should go to the mom before sending it to IRC. Have the therapist leave their paperwork in home and the team meeting should include all team including the therapist, mom and supervisor and troubleshoot if there is a change needs to be implemented. Write all the team concern in a paper during the team meeting and leave it in the house and do not take the binder with them. and record the behavior at the moment and don't write it later.	Jan 28, 2011 8:00 PM
173	Service should occur at least monthly, but not more than twice weekly, depending on frequency and intensity of the maladaptive behaviors.	Jan 28, 2011 8:03 PM
174	Blocks of time (perhaps 25 hours over a three month period) should be authorized, with additional blocks authorized when the vendor is able to document significant progress toward measurable objectives, and it is expected that additonal time will continue to yield substantial results.	Jan 28, 2011 8:07 PM
175	A Daily program of attention and cooperation is important.	Jan 28, 2011 8:07 PM
176	Based upon the recommendations of health care providers/other professionals that have worked with the consumer that are not in any way reimbursed or paid for financially by regional centers or school districts. Regional center staff should not have the authority to determine or reduce types or amount of services made available to the consumer that is in contradiction to recommendations of health care providers/other professionals.	Jan 28, 2011 8:20 PM
177	Individualized to need - there is no other way to do it.	Jan 28, 2011 8:26 PM
178	a) Sex education programs for DD clients, with an emphasis on teaching the changes of puberty and positive behavior skills for dealing with teenage issues. b) Emergency response teams need to be made available 24/7 for families in extreme crisis.	Jan 28, 2011 8:32 PM
179	When caregiver/family member needs the help. This is important to keep the child/adult at home which I believe is cheaper than having the child institutionalized. I think safety for consumer and people living with them is important.	Jan 28, 2011 8:43 PM
180	Whats recommended by the clinician certified in ABA services.	Jan 28, 2011 8:43 PM
181	This should be more of a short term service, not long term.	Jan 28, 2011 8:44 PM
182	As long as your department focuses on buying houses for long-term care living arangements for people coming out of the Regional Center Facilities, in say, the Bay Area, then nothing else can be addressed because you spent all the money on a few privilaed individuals, losing site of your responsibility to reach the most with what we have collectively.	Jan 28, 2011 8:45 PM
183	As per the IPP	Jan 28, 2011 8:45 PM
184	This depends on nature of situation and should be on an as-needed basis. Initially the consumer might need daily intervention As time progresses, (a) this intervention can be taught to parents, teachers, aides and other members of the support team, and (b) intervention might be less frequent as consumer moves towards goals.	Jan 28, 2011 8:50 PM
185	Maintain the current rate of service and/or INCREASE.	Jan 28, 2011 8:50 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
186	Service standard should achieve the promise that people with intellectual and developmental disabilities will have an individualized program plan and access to the services and supports best suited to them throughout their lifetime, to enable them to live an independent, self-directed, and typical life.	Jan 28, 2011 8:54 PM
187	Set a range of hours dependent upon the functional behavioral analysis and provide a mandatory program for families that requires them to demonstrate knoweldge and competence in the methods	Jan 28, 2011 8:56 PM
188	It depends on each individual. Services should be as much as necessary according to one's needs.	Jan 28, 2011 9:03 PM
189	The services should be provided for as long as they are needed. People with developmental disabilities often make progress very slowly. The services may not seem like they are helping, but as long as the person is willing to continue trying, I think the services should be able to continue.	Jan 28, 2011 9:04 PM
190	90 days after initial assessment (assessment should be for 30 days -- in 30 dyas a plan should be developed)	Jan 28, 2011 9:04 PM
191	Services should be provided consistent with a client's needs, perhaps up to 5 days a week.	Jan 28, 2011 9:05 PM
192	Behavioral therapy should be presented as often as possible, up to two or three times a week at the beginning. Other providers and family should be given training in how to operate consistently with the behavioral trainer.	Jan 28, 2011 9:09 PM
193	Services should be provided in an amount assessed by a behavioral therapist (BCBA certified) and which when added to other structural activties the client/consumer already follows will be in excess of 40 hours per week.	Jan 28, 2011 9:10 PM
194	N/A due to lack of services	Jan 28, 2011 9:11 PM
195	Initial assessment once needs are identified. Behavior consultant agency/provider makes recommendation for monthly hours based on the individual with a justification of need supported by the assessment and a concrete description of the goal (how will we know when goal is met). Perhaps evaluation of progress by ID team in 6 or 12 months after ongoing behavior services begin to determine if service needs to adjust up or down or discontinue due to goal met.	Jan 28, 2011 9:19 PM
196	at least once a week	Jan 28, 2011 9:23 PM
197	Behavior services should happen on an as needed basis and have a time/hour limit. The limit would need to be based on the severity of need but if solid plans and follow through are utilized - the need for behavioral support can be limited. Average suggestion = 10 hours per month for severe behavioral cases - hours decrease over time until faded.	Jan 28, 2011 9:27 PM
198	The services MUST be provided in the home.	Jan 28, 2011 9:28 PM
199	Each case should stand on its own merit. Some of these children we work with are overly impulsive, inclined to develop inappropriate behaviors at any time and temperamentally unstable that there is not a specific standard that can be recommended. Also, some of these families are so volatile due to their financial abilities, generations of disfunction, that this must be taken into consideration. A rule of thumb could be every three years or when a major disruption or change in the child/families life, such as moving, change of school, major illness or death in the family, divorce etc.	Jan 28, 2011 9:29 PM
200	Weekly.	Jan 28, 2011 9:30 PM
201	definite limit to 12 hrs per month. not subject to appeal.	Jan 28, 2011 9:31 PM
202	Individually driven.	Jan 28, 2011 9:37 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
203	I find that 1-2 times a week is generally enough. 90% or more, once a week is enough and up to 15 hours per month is usually pretty effective. The services need to be 6 months in length so that people have time to learn new patterns of behavior with an extension of 3 months if current productivity can indicate the likelihood that longer time would be successful and even more productive. On rare occasions, services on a daily basis, or almost daily, may be needed to thwart placement. These services should be used sparingly but when it is indicated that placement could be avoided with more contact, up to 20 hours per week for up to 2 months and then conversion to the standard behavioral methods. This would save a lot of money since placement is very expensive. In addition, the quality of life each of these services would offer far outweighs the monetary gains, though both programs would prevent extensive and expensive interventions in other areas.	Jan 28, 2011 9:38 PM
204	Individual receiving ABA Therapy should be at a minimum of a 40-hour week program....50 weeks a year. Any break in service is to ensure that it is non-continuous as well.	Jan 28, 2011 9:45 PM
205	This should be determined by the regional centers administrative behavioral staff and not by parents, as parents are often not specialist in this field..	Jan 28, 2011 9:45 PM
206	20 hours for the initial service over a three month period, then re-evaluate if more service is needed.	Jan 28, 2011 9:45 PM
207	The services should be available continously and on an as needed basis. Client=1x's week; 3x's monthly; every other week.Services should be available to parents/guardians on a continuing basis (2 to 1 ration-4 to 1 ratio). Behavior training and intervention needs to be consistent. Everything needs to be going in the same direction for the child's success.	Jan 28, 2011 9:47 PM
208	Inpatient psych units could have small DDS teams that handle DDS consumers both outpatient and inpatient. That would provide continuous care at a smal and reasonable cost.	Jan 28, 2011 9:49 PM
209	3-5 days per week	Jan 28, 2011 9:51 PM
210	Services should be provided based on the severity of the disability. Those that require more intervention should receive more services, more frequently and for many this will mean on a daily basis. Day program services should be provided on a daily basis as for many this is the only structured socialization and productive component in their life.	Jan 28, 2011 9:52 PM
211	it may be different case to case thta should be deceided by the family, RC and agency hired to provede service	Jan 28, 2011 9:52 PM
212	Regular BIS: An initial assessment, not to exceed 10 hours with an option for concurrent services in the event of a situation that jeopardizes continued placement in the existing living situation or in which the behavior is a danger to self and/or others. A maximum of 40 hours consultation and intervention over a 6-month period with review at 3 months. Should behavioral goals be met, service would end at the 6-month mark. Should the IDT recommend any further service, the service can be extended for a maximum of 6 months with a review at the 3-month marks. Potty Training Boot Camp: 48-72 intensive hours of in-home potty training with the identified child. Provider must be a BCBA or BCaBA under supervision of a BCBA.	Jan 28, 2011 9:56 PM
213	Must be Individualized. This is not a "one-size-fits-all" area of service delivery.	Jan 28, 2011 10:03 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
214	The need determines the standard, and this will have to allow for some individualized evaluation,as not everyone will require the same service.	Jan 28, 2011 10:11 PM
215	I am deeply concerned about the recent development with requiring parents and family members to attend "required" classes for a specified period of time before even being granted behavioral support. She has 2 children on the spectrum (one non-verbal who peed on the walls of the house and another who was HFA needing social skills assistance). She's a single mom on govt assistance and was "required" (we would call it coerced or forced) to attend parenting classes on behavior before even being allowed the service she needed. She is a savvy mom and involved with our CAC. She already knew and had utilized the techniques being offered and they hadn't worked - which is why she requested "in-home behavioral support" in the first place. Meanwhile, her son continued peeing on the walls and time was lost. It took nearly 6 months to complete "required" classes before any service was "granted" - then another wait period for the service to be "approved". Parents need help NOW or they wouldn't ask for it when they do. They've usually tried everything else on their own before asking for the help and are usually pretty desperate when they do call. This nonsense of requiring classes before services kick-in is just a way to "weed out" those unable to attend and thus ensure less spending at the RC's end. It's a nasty way to "budget". Grant the service and provide the classes at the same time so there is help while a family is learning how to modify behaviors. As for how often a specific service should be provided: it should be "as needed" without time restrictions. I understand the need to authorize services for a period of time, but specifically with my son and his autism - his needs are ongoing and constantly changing as different situations occur. We could utilize a behaviorist for the rest of his life and while he'd show "improvement" he'd need constant assistance regarding social/job/living skills. The needs of the disabled aren't like a faucet that's turned on and off - it's more like a constantly flowing river.	Jan 28, 2011 10:17 PM
216	Under three 10 hours a week. Over three 10-30 depending on the childs needs.	Jan 28, 2011 10:23 PM
217	Provide service to those with Asperger Syndrome each month. Job skills, interviewing skills. This is a major part of treatment that the Regional Centers seem to miss. Children grow up into adults and no one thinks about this until the child is 17. That is not good management of the childs time. You need to think of the implications of treatment (such as a child that is 14 with classic Autism) and start asking questions such as "Will we have funding for such and such when this child is 17?" People with classic Autism can still work (it may be a very simple job) you need to realize this.	Jan 28, 2011 10:23 PM
218	How often a specific service should be provided should be individual to the needs of each consumer.	Jan 28, 2011 10:26 PM
219	Services should be evaluated through IDT process with CSC, Psychologist, Psychiatrist, consumer, family and provider	Jan 28, 2011 10:26 PM
220	as needed between ages 7 to 15 years old	Jan 28, 2011 10:27 PM
221	This depends on nature of situation and should be on an as-needed basis. Initially the consumer might need daily intervention As time progresses, (a) this intervention can be taught to parents, teachers, aides and other members of the support team, and (b) intervention might be less frequent as consumer moves towards goals.	Jan 28, 2011 10:29 PM
222	This depends on nature of situation and should be on an as-needed basis. Initially the consumer might need daily intervention As time progresses, (a) this intervention can be taught to parents, teachers, aides and other members of the support team, and (b) intervention might be less frequent as consumer moves towards goals.	Jan 28, 2011 10:30 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
223	It should be as needed (on-demand) since each case scenerio is different. But it should be at least once a week and 30 - 1 hour long each time.	Jan 28, 2011 10:37 PM
224	This depends on nature of situation and should be on an as-needed basis. Initially the consumer might need daily intervention As time progresses, (a) this intervention can be taught to parents, teachers, aides and other members of the support team, and (b) intervention might be less frequent as consumer moves towards goals.	Jan 28, 2011 10:37 PM
225	child and parents as needed teachers at least once a school year	Jan 28, 2011 10:39 PM
226	DEPENDING ON EVALUATION AND FAMILY'S FEED BACK ON HOW THE PROGRAM IS WORKING OUT.	Jan 28, 2011 10:46 PM
227	Should be time-limited but number of times the services are provided should not be capped.	Jan 28, 2011 10:48 PM
228	5 days per week for 3 weeks. Refresher training 1 hour/week faded to 1 hour/month. Total cap of hours 25/year	Jan 28, 2011 10:49 PM
229	guidelines regarding time frames for how long the service can be provided.	Jan 28, 2011 10:49 PM
230	Services should be provided on a schedule determined by the severity of the diagnosis, but no less than semi-monthly.	Jan 28, 2011 10:51 PM
231	Follow up support should be available to parents who are actually using the behaviorists plan. We are currently cut off once we reach a max of hours.	Jan 28, 2011 10:54 PM
232	As necessary to ensure participation in activities of daily living.	Jan 28, 2011 10:54 PM
233	For kids with autism there should be 25-30 hours a week of one on one behavioral intervention. There should be support provided for playdates to help children develope socially as well.	Jan 28, 2011 10:59 PM
234	t he professional is better able to address but a normal standard is one that will not allow the client to regress to the poaint of "no return"	Jan 28, 2011 11:04 PM
235	At least weekly.	Jan 28, 2011 11:05 PM
236	This is where the Regional Center wastes money. In some situations, behavioral support might be needed as a followup to an on-going issue that may change and evolve as the client gets older. In some cases a caregiver or client may just need some phone counseling for a short time. To establish a service on how often the service should be provided assumes that all behavioral issues are of the same intensity.	Jan 28, 2011 11:19 PM
237	It should be provided often enough to be of benefit and follow the recommendations of qualified evaluators.	Jan 28, 2011 11:23 PM
238	What can we afford? Everyone screaming we are cutting services. Practially, one huge improvement would be seen if young families understood how critical it is that they don't teach their young autistic child they gain things they want by "bullying" their parents or tantrums that they give into. I get them when they are 16 or older and they have learned to control everyone through behaviors that injure others and provide them with power! Then the system has to spend big bucks just to control them!	Jan 28, 2011 11:26 PM
239	Services should be tailored to each child's needs - some will initially need 6 hrs/day, 5 days a week; some may only need 3 hrs/day, 5 days or less a week; some will do best in a special day class, while others may do fine in a "typical" preschool setting with aide support Aides need to be trained in the general behavioral intervention techniques, which an then be modified for the specific child's needs Services may need to include speech, occupational, and/or physical therapies	Jan 28, 2011 11:27 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
240	Provide training to caregivers twice a month or so. Then have phone support, similar to a crisis line, where they can call and reach a trained person to get advice or deal with frustration.	Jan 28, 2011 11:40 PM
241	This should be a team decision on the severity of the specific persons behaviors.	Jan 28, 2011 11:48 PM
242	This should obviously be determined on a case by case basis	Jan 28, 2011 11:50 PM
243	As needed or directed/recommended by the behavioral specialist	Jan 28, 2011 11:56 PM
244	Highly dependent on the level and difficulty of behaviors being addressed.	Jan 28, 2011 11:59 PM
245	The orientation required before services are provided unfairly limits access to behavioral services. Depending on family schedules, these orientations are sometimes impossible for families to attend, and hence the behavioral service is unaccessible. Client managers should determine whether or not their is a need and should set up appointments for in-home behavioral evaluations when appropriate.	Jan 29, 2011 12:05 AM
246	Based on evaluation AND input from reional center on hours and length os service	Jan 29, 2011 12:09 AM
247	That would depend on the severity of the problems. The behavior specialist could make a plan that is best for the client and train the staff how to react and what actions should be taken.	Jan 29, 2011 12:10 AM
248	One-on-one behaviorial interventions should begin with more intensive services up to 7 days per week if needed and should occur in a variety of settings including the home setting. As parents/caregiver learn skills to assist the child/adult in managing the behavior, the services could decrease with the goal of ending the more intense one-on-one services. Counseling services for children and adults should occur weekly or every other week.	Jan 29, 2011 12:12 AM
249	It would be depended on the professional reccomendation of the provider and taking into consideration the age of the consumer as well as other programming across the week. All services including school, regional center services should not exceed 40 hours per week.	Jan 29, 2011 12:27 AM
250	Should be provided once a month for a year	Jan 29, 2011 12:30 AM
251	Depends on the severity of behavior per client , if clients have mellowed down because of a structured environment , then the requirement should be reduced. It's a case to case basis that could be assessed by the group home, case manager , parents and school input.	Jan 29, 2011 12:50 AM
252	As needed.	Jan 29, 2011 12:54 AM
253	Maximum 2 years of intenstive services with parent trainings.	Jan 29, 2011 1:07 AM
254	would depend on the needs of the child, minimum 2-3 times per month.	Jan 29, 2011 1:07 AM
255	Level of service and number of hours required is entirely individual. However, consistency is key and the most severe behaviors typically need intensive (i.e., daily) daily intervention. all of the consumer's providers and caregivers should be trained to use the same techniques within a behavior program across environments.	Jan 29, 2011 1:09 AM
256	These services should be based on the needs of the child.	Jan 29, 2011 1:35 AM
257	It depend on the consumer's need, but children and teenager should have priority and quantity of services, since it will benefit their long future.	Jan 29, 2011 1:51 AM
258	Suggest that Regional Centers have CARF reviews as CARF sets excellent standards already. CARF should review regional centers criteria for establishing vendirzations with service design reviews as well as survey to all stakeholders..... This costs must be deferred from vendors as the costs are exorbinent and many vendors choose to be reviewed for only a certain amount of areas they serve.	Jan 29, 2011 1:56 AM
259	1. Duration should be no more than 2 years. Anything more than this amount of time would need an exception.	Jan 29, 2011 2:34 AM

2. Suggested service standards about how often a specific service should be

	Response Text	
260	For children ages 3-5, 30-40 hours per week total of 1:1 therapy.	Jan 29, 2011 2:50 AM
261	Everyone should at minimum get some consult with a behaviorist. I have been denied this. Consult allows a parent to get advice on how to manage situations. ABA is also very effective and it is difficult to generalize how much a kid should get. 2-4 hours a week would be great for me.	Jan 29, 2011 2:52 AM
262	For kids with autism PDD, and other related spectrum issues, twice per week	Jan 29, 2011 2:56 AM
263	Sometimes it has to be intensive. Often, an ongoing infrequent consultative model will work and allow the consumer and/or family to deal with issues as they arise, before they get serious.	Jan 29, 2011 3:02 AM
264	never	Jan 29, 2011 3:08 AM
265	Should be based on the indivdule need	Jan 29, 2011 3:14 AM
266	None	Jan 29, 2011 3:28 AM
267	As often as the therapist feels it is needed.	Jan 29, 2011 3:39 AM
268	The service should be no less than 3 times a week, 30-60 mins each session for a period of 6 months to 2 years, adjusted based on progress. Behavior changes and learning how to handle emotion needs consistent training. Also, parents usually are emotionally attached to their children and would need as much help and training themselves in order to help their children with the ailment.	Jan 29, 2011 3:46 AM
269	one to two times per week	Jan 29, 2011 3:46 AM
270	I believe the data shows that behavioral change is correlated with intensity and frequency of services. So, for behavioral services, it seems daily or every other day would be best.	Jan 29, 2011 4:07 AM
271	Until set goals are complete, close to complete or until the parent decides they are fine without the service.	Jan 29, 2011 4:31 AM
272	10 plus hours per week is essential and to be provided daily M -F	Jan 29, 2011 4:35 AM
273	That would have to be on a case by case. Let's say 5 to 10 hours a week for a moderate case and 10 to 20 hours a week for sevier	Jan 29, 2011 4:40 AM
274	I firmly believe that the professionals evaluating the child with the disablity should determine the number of hours the service should be provided. Specifically what I mean is that if a child receives a diagnosis of Autism, for example, and is then eligible for EIBIS, the agency that the family chooses should evaulate the child and determine the appropriate number of hours that would be best for this child. Of course, there determination should be based on the following items: their experience, evidence based practices in the field of Autism (or whatever the disabilty is), and the age of the child. For example, a child must be 3 to receive 40 hours of therapy. Again, as a mother of a child with Autism, I think that is reasonable. My child received 30 hours of therapy at 2 and 1/2, and was fine with it, and I believe it benefitted him greatly. So, to recap: I think that the agencies should use severity of disabiltiy, evidence based practices and/or and child's age as service criteria. However, I firmly believe that a great deal of latitude should be given to the NPA's that are serving these children.	Jan 29, 2011 4:54 AM
275	As needed through proper behavior evaluation process.	Jan 29, 2011 4:57 AM
276	For the hours that is recommended, for that specific consumer, by a qualified specialist. Individualized programs. Please, no more one size fits all mentality. No time constraints (for example a 2 yr cap on ABA services). Give service to the consumer for as long as the consumer is benefitting (showing progress) with therapy services.	Jan 29, 2011 5:12 AM

2. Suggested service standards about how often a specific service should be

	Response Text	
277	A rating scale of severity is imperative. How often the service is provided will increase with degree of severity, or the impact on family. If family is disintegrating, intensive service. If behaviors are considered mild, at least once a week.	Jan 29, 2011 5:27 AM
278	At least once a week	Jan 29, 2011 5:49 AM
279	At least an initial 90 day period with reassessment to determine longer needs with no cap if services are determined to be necessary by professional	Jan 29, 2011 6:20 AM
280	As Needed,Especially With Severe Autistic Children!, And Their Family.	Jan 29, 2011 6:25 AM
281	Once a family or consumer is qualified for behavioral services, the extent of services should be determined by the behaviorist and IPP team. Number of hours should be those that are needed for the consumer to learn safe and productive ways to behave at home and in the community.	Jan 29, 2011 6:27 AM
282	Until the consumer meets the goals in his/her plan.	Jan 29, 2011 7:05 AM
283	Applied Behavioral Analysis therapy. Speech therapy. Occupational therapy. Physical therapy. should be provided in home-base at least 10 hours per week to 25 hours per week depend on the behavioral of the children needed service.	Jan 29, 2011 7:24 AM
284	Until replacement behaviors are established and the person is no longer using problem behavior, and the family of children are evaluated to have the necessary skills to support their child to use replacement behaviors. Services should be renewed anytime new problem behaviors are reported.	Jan 29, 2011 7:30 AM
285	Eliminate set hours of an offer of service such as offering 20 hours of X and then forcing the parents to fight for additional help. Instead plan and offer "module" type strategies with pre published information about what would be in each successive module so the family knows that if they request additional services/training they understand what would be provided and then they can determine whether it will meet their needs. It is absurd for all families, regardless of the level of need, to be offered set hours and if they need more assistance, find out after the fact what they will receive and cause more stress if it is not helpful or what they actually need.	Jan 29, 2011 7:45 AM
286	As long as needed to help the child and families.	Jan 29, 2011 7:51 AM
287	3 times per week.	Jan 29, 2011 7:55 AM
288	support has needed per evaluation of service team - in other words based on needs.	Jan 29, 2011 8:36 AM
289	Lower the required Behavioral Consultant hours per consumer per six month period. You mandate RSPs to provide such services to level 4A and higher but have cut our rates considerably within the last 2 years with NO consideration about the consultant services we are still required to pay for.	Jan 29, 2011 3:44 PM
290	This should be based on individual needs, but no more than 20 hours per week.	Jan 29, 2011 4:20 PM
291	Transportation	Jan 29, 2011 5:22 PM
292	Families need alot of support especially with autistic children, I think in the beginning they should have services provided 1 day a week for 2 hrs at the minimum. the child should be observed at different times of the day and in different environments to really be able to see where the family is struggling to help their child. Each child and family is different and so are their needs. The family would benefit from being able to have the therapist available to consult with school personel and also other people who are caring for their children, including respite workers and daycare providers.	Jan 29, 2011 5:28 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
293	Once the diagnosis has occured, implementation of intervention services must begin. Eight hours a day, five days a week. Again research proves "early intervention" is recommended.	Jan 29, 2011 5:40 PM
294	When needed depending on comsumers change in behavior. My experience is behavior can get worse when a big change in residence,day program or medical happens. My daughter of down's doesn't do will with changes and behavior occurs.	Jan 29, 2011 5:46 PM
295	This will vary based on the individual and circumstance. Assessment, evaluation, recommendations, training, implementation and follow up should be considered through this process. The goals should be to ultimately transfer the responsibilities to the consumer or their direct caregivers, but the time required to do that will vary. In the early stages of intervention, bi-weekly meetings/training/support would be necessary and appropriate. As the process progresses, less frequent support or indirect support over phone or email might be sufficient. With each new issue/behavior to be addressed there will need to be more intense support early on.	Jan 29, 2011 5:53 PM
296	This must remain individualized to the person served/supported.	Jan 29, 2011 6:09 PM
297	As needed basis. There should not be a limited amount of time dictated by rules rather than of needs	Jan 29, 2011 6:15 PM
298	Support groups for parents, teaching them how to cope with a childs behavior that has a disability	Jan 29, 2011 7:07 PM
299	These services as IBI tutoring and respite care also daycare centers for the adults should continue until the individual has shown improvment or can no longer attend center due to decrease in health.	Jan 29, 2011 8:14 PM
300	Service for behavioral issues should be offered until the behavior is resolved.	Jan 29, 2011 8:58 PM
301	There should be an annual assessment of how the services are working/not working and needing modification. An individualized plan should be made identifying what behavioral services are needed to support healthy participation in the home, at school and in the community. Certain service minimums might be set, but there should be some flexibility to address specific needs of the particular child or adult with disabilities.	Jan 29, 2011 8:59 PM
302	Group parent behavior training should be provided to ALL parents of children with Autism and other neurologically based disabilities regardless of whether that child is currently demonstrating maladaptive behavior. Parents often cannot admit that their own reactive behavior is adding to the maladaptive behaviors their child demonstates. Parents have difficulty identifing what behaviors are maladaptive and the child's behavior patterns become entrenched as years go by. Group parent training that lasts 4-6 weeks should be MANDATORY for all parents receiving services from the State of California. These groups need to be ongoing and intensive. Vendors should be held to a standard of care for each modality presented whether it be ABA , Pivotal Response training, or behavior modification. The STATE of CA should make an effort to find vendors that are versed in the EARLY START DENVER MODEL as well as ABA Board Trained clinicians to work together to set clear services standards for group parent behavior training.	Jan 29, 2011 9:03 PM
303	1) Detailed family training should be provided initially and then assistance only in crisis situations thereafter.	Jan 29, 2011 9:04 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
304	0-5 10 hours per week Thereafter, needs and level of service should be determined by way of functional assessment checklists to determine if progress has been made and based on newly developed goals. Programs should be individualized based on demonstrated rate of learning and acquiring new skills demonstrated by the individual. At any age: service standard sshould not be applied across all disabilities served by the regional center but based on the diagnostic criteria of the individual developmental disability the child has been diagnosed with. It is inappropriate to use the same standards for a child with autism as you would for a child with Down Syndrome because the unique needs based on disability are different.	Jan 29, 2011 9:06 PM
305	AS OFTEN AS NEEDED	Jan 29, 2011 11:31 PM
306	The service standard should keep in mind that parents need to participate in the service or, if not available due to work, that there is a consistent primary caregiver who is engaged in learning the treatment methods (not a revolving door of childcare workers). It's hard to believe that a parent or caregiver could participate in services 10, 15, 20 or 25 hours per week(re there really parents who have two to four hours every day after school to work with a behaviorist?). These levels of service seem extreme given the demands of daily life, other children, single parenting, etc. However, there should be a consistent method of determining when it is necessary to go above the service standard.	Jan 30, 2011 12:12 AM
307	I would go to the regional center for trainings if I knwe I would meet peop;le who could help me. And people who would listen to me.	Jan 30, 2011 12:13 AM
308	This would need to be determined by treatment professionals	Jan 30, 2011 12:14 AM
309	For the youngest children, I believe they should receive about 4-6 hrs. per day to be sure the learning is clear and taking place in an effective manner. For older children, it's much more difficult when combined with the hours of a traditional school day.	Jan 30, 2011 12:22 AM
310	These services should be provided for the duration of the person's disability. Some disabilities are temporary and others are for life.	Jan 30, 2011 12:25 AM
311	Services should be provided in accordance with the peer-reviewed research and general standards and practices set by associations of service providers. For example, the National Research Council recommends 26 hours of intense intervention for autism. Standards set by the research recommend as much as 40 hours of intensive intervention per week for autism.	Jan 30, 2011 12:51 AM
312	The recommendations of the professional ABA provider should be followed.	Jan 30, 2011 1:02 AM
313	Would depend on the severity of the behavior.	Jan 30, 2011 1:19 AM
314	1) Service should be short term, no more than 3 months. 2) To be provided, family, caregivers, and other support providers should all be involved. 3) If parents know service is short term, they may be more vested to invest their time.	Jan 30, 2011 2:11 AM
315	depends on the severity of the person, for autism should be at least 20 hours per week and at least 4hours a day.	Jan 30, 2011 2:41 AM
316	ONLY WHEN NEEDED.	Jan 30, 2011 2:54 AM
317	until the problem is resolved.	Jan 30, 2011 3:49 AM

2. Suggested service standards about how often a specific service should be

	Response Text	
318	Behavioral coaching and training can be once weekly for a certain set amount of time, e.g., six months, to be extended until the child or adult with a developmental disability exhibits desired behaviors and extinguishes problematic behaviors. In-home coaching should be available intensively for short periods of time, e.g., for five consecutive days, in order to make sure that both child and parents are fully supported in this task. Additionally, after a training or coaching, parents must have access to behavioral experts who can answer questions that arise and help to problem-solve as inevitable new challenges come up.	Jan 30, 2011 4:02 AM
319	Services should be proven to be effective and not experimental.	Jan 30, 2011 4:12 AM
320	Based on the recommendations of the specialists in behavior interventions.	Jan 30, 2011 4:45 AM
321	None if possible.	Jan 30, 2011 4:45 AM
322	sevices provided should be depending on their needs.	Jan 30, 2011 4:47 AM
323	2 x week max	Jan 30, 2011 5:31 AM
324	Should depend on the individual child and their family. A minimum of 5 hours per week.	Jan 30, 2011 7:58 AM
325	As often as needed, with the goal of earning trust and help families learn to do things on their own to the extent possible. Some families - mine included, will always need someone to check in with. When we get to check in now, even if it is only once every couple of months, we know that we can keep doing what we need to do. But we all know families where there are big, aggressive kids who can hurt themselves or family members and they need a lot more help, maybe every day while things are getting figured out. We had that situation at times, and when the help wasn't responsive it made things worse. When we got more help - therapy, people to talk with, etc. - well, now we've settled back to very little, infrequent use. I guess another to look at this is that most families do not have the extended family to help, and so when there is a child with challenges, you just do not have the help. And even with extended family, they often do not understand or have their own issues that make them unable to help. Regional Centers, at their best, are like a smart, supportive extended family, and the best case managers I've met act that way and we are so much more comfortable and able to help ourselves when that happens.	Jan 30, 2011 3:42 PM
326	this should be based upon the team's findings and are contauned in the IPP	Jan 30, 2011 4:48 PM
327	ABA needs are so individual that it is difficult to set a ceiling. That said, we did consult with a family receiving an in-home program of 7 hrs/day and suggested that, with that many hours given to the child, it would make sense for the parent to offer to take 1-3 additional children into their home during the ABA service hours to share the program. We don't know if this was pursued as an option, or if potential liability issues would preclude such an arrangement. The parent was amenable, as it would also bring some missing peer interaction to her child.	Jan 30, 2011 5:32 PM
328	A good behavioral and/or developmental service should be provided 1-3 times per week with the expectation that it is not the service itself that will really yield the result the family is working towards but rather the combination of the service and the carry-over work done by the family. Intensive services that occur every day for 2-4 hours per day only encourage families to become dependent upon behavioral providers and they may take a less active role in carrying out the coaching.	Jan 30, 2011 6:14 PM
329	-Services should be in place if a child continues to present significant delays (birth- 3 years) -however, each vendor that provides behavioral services at the onset of beginning the program, should be discussing with family and service coordinators about a "plan" to decrease # of hours or length of program.	Jan 30, 2011 8:06 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
330	Depends on the child. ABA - approx. 3 years Behavior intervention - as needed in order to keep child in the home.	Jan 30, 2011 8:28 PM
331	Behavior modification services should be provided according to the needs of the consumer. The number of hours should be reduced as the negative behaviors decrease. Services should be reviewed for effectiveness & appropriateness every quarter.	Jan 30, 2011 9:03 PM
332	People do not make progress or suddenly not require services. Time frames are completely unique to the person receiving the services.	Jan 30, 2011 10:06 PM
333	Behavioral services are a keystone to the success for people with developmental disabilities who live on their own in their own communities. It should be assumed that they need them at some point or another in their lives, and some people will need them all of their lives. Their should be people trained as behaviorists who specialize in people with developmental disabilities available to the his population @ all times.	Jan 30, 2011 10:20 PM
334	Broadening the implementation to permit tutors, and adaptive skill trainers, under the tutelage of the licensed professional to provide hands-on involvement with individuals.	Jan 31, 2011 12:00 AM
335	It seems that some providers are not qualified according to Title 17. In my area, there is an accountant as a provider. However he is a vendor under a service code for individuals and does not meet the qualification and hire people who do and makes a profit. The regional centers should follow the Title 17 service code definitions and pay accordingly.	Jan 31, 2011 1:00 AM
336	Behavioral services should be provided in the form of consultation and 1:1 direct hours as needed.	Jan 31, 2011 2:43 AM
337	limit services available to children with autism- traditional 40 hr/wk programs and tutor based programs have no evidence for effectiveness beyond early childhood. For older children and teens, they are almost as restrictive as out of home care, in that they limit an individual's ability to make choices, access peers, and typical environments.	Jan 31, 2011 3:33 AM
338	behaviorial services usually need to be provided on a regular basis in order to be effective. For young children, 25-40 hours/week are recommended. For older children, 10-15 hours/week can be effective in combination with other structured educational programs.	Jan 31, 2011 3:55 AM
339	Behavioral consultations vary with each client. Sometimes more than 2 hours is needed for one and not even an hour needed for another. I am not sure a blanket requirement of 2 hours really covers the issue.	Jan 31, 2011 4:08 AM
340	Behavioral intervention training for parents should be provided at a minimum weekly; the results are quick, and the cost-savings are significant. For example, teachning a parent hiow to toilet - train an 8 year old autistic child provides the child with greater experiences in the school and societal setting; teaching a parent how to stop annoying or ritualistic behaviors like pounding on walls or rolling on the flooror "flicking" enables the child to achieve broader opportunities (such as in the workplace) and reduces stigma in the general society.	Jan 31, 2011 6:28 AM
341	Frequently a parent needs another strong person to help them get through a behavioral training exercise. A paraprofessional could do the job, but funding is only available for the highly educated person who often wants to spend all there time on theoretical approaches, developing goals rather than assisting in the nitty gritty carrying out of an program and it can be physically impossible for the parent to do so on their own. So oodles of time will be spent on interviewing and evaluating and no hours will be left to carry out the intended goals.	Jan 31, 2011 8:18 AM
342	Behavioral services should be time limited to not to exceed 1 year of BRIA and 1 year of parent training.	Jan 31, 2011 2:37 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
343	For ABA services: first purchase for children over 3, a max of 3 years up to 40 hours a week	Jan 31, 2011 3:06 PM
344	The length and duration of a service would depend on the severity of the behavior and the associated underlying diagnosis.	Jan 31, 2011 3:22 PM
345	More intensive initally (possibly everyday for children) than fading.	Jan 31, 2011 3:38 PM
346	One time a week for Speech, PT, and OT - with no exceptions.	Jan 31, 2011 3:43 PM
347	weekly classes	Jan 31, 2011 3:47 PM
348	Based on need of individual.	Jan 31, 2011 3:54 PM
349	Varies widely by deficit level of the consumer. From 40 hours/week of 1:1 behavioral intervention to once a week skill training classes for one hour each week (likely in combination with other services, such as speech therapy and occupational therapy). It is impossible to set one standard to cover the range of these services and would take a detailed essay to outline all the different potential levels of service various consumers would require. Flexibility should be the goal here.	Jan 31, 2011 3:56 PM
350	cap number of hours time limited	Jan 31, 2011 3:58 PM
351	1. Parent education should be conducted in a group setting such as the 15 week programs offered to families with autistic children. 2. Parent training for adaptive skills or behaviors should undergo an assessment and bi-monthly meeting over the course of three months. If the parent demonstrates that the services are beneficial and that behaviors continue to improve, monthly consultations for three additional months should be considered. 3. Wraparound services should be completed within a year or once the family has demonstrated marked inprovements. Follow up consultation at the 3 month and 6 month following the end of services should be conducted to provide maintenance support.	Jan 31, 2011 4:02 PM
352	Depends on the severity of the behavior, but is should not exceed 6 hours per week.	Jan 31, 2011 4:03 PM
353	Parent training cycle, generally 6-8 week 1 time/wk program. Parents should be offered 1 cycle and then repeat only if they need additional support. We find many paretns go to the training, but do not implpement any of the interventions.	Jan 31, 2011 4:15 PM
354	As often as clinically necessary, as determined by the proper medical authority and research given the best practice standards.	Jan 31, 2011 4:25 PM
355	I dont see to many changes with this and feel that it is case-by-case... I think changes should be made in the areas below.	Jan 31, 2011 4:29 PM
356	If a person has a day program/job or goes to school, services should be limited to 2 - 5 hours per week. The severity of the behavior(s) should also be considered.	Jan 31, 2011 4:33 PM
357	As per the IPP.	Jan 31, 2011 4:33 PM
358	Research says intensive behavioral therapy is the best. 25 to 40 hours a week. My Alta worker pushed us to take fewer ABA hours for my son because she said that is a lot of work for a child. I did not listen and took 25 hours a week (the most I could do with my own work schedule). My son is a different child. No more banging his head into the walls or thrashing around on the floor. He is talking more and is so much happier every day. It is a miracle. More is better. Autistic children do not learn by just being around people. They must be actively engaged to learn. If they are not actively being taught they are engaging in stims.	Jan 31, 2011 4:36 PM
359	No more than once a week.	Jan 31, 2011 4:45 PM
360	parents need to participate more in the provision of intensive services as not all families do so	Jan 31, 2011 4:58 PM
361	several times a week	Jan 31, 2011 4:58 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
362	As needed, determined by agreement of the individual/family, regional center case manager, and professional providing the behavioral service.	Jan 31, 2011 5:00 PM
363	as often as it's deem necessary or benefitial by the assessment of the team.	Jan 31, 2011 5:02 PM
364	In order to encourage full participation in behavioral services, an authorization for behavioral services should be no more often than once a year and the length of service should be no more than 4 - 6 months.	Jan 31, 2011 5:04 PM
365	Ask the clinicians.	Jan 31, 2011 5:15 PM
366	Service should only be provided as often as family can realistically be available to participate, given individual family's circumstances, such as employment, obligations to other children, etc.	Jan 31, 2011 5:29 PM
367	Every three months a follow up should be made.	Jan 31, 2011 5:29 PM
368	This would depend on the presenting issues and concerns with specific guidelines in place to prevent abuse.	Jan 31, 2011 5:33 PM
369	Atleast twice a week	Jan 31, 2011 5:40 PM
370	Prior to funding a behavioral service, family and/or provider must attend an orientation Family and/or selects the provider to complete an inclusive assessment as well as attending group traning simultaneously Family and/or provider must be full participant(s)	Jan 31, 2011 5:42 PM
371	Pending the assessment recommendation and CSC/Clinical department of each Regional Center. Pending needs of the child.	Jan 31, 2011 5:47 PM
372	expansion of parent trainings that explain early childhood development to include strategies to help your child communicate - from the typical to the exceptional. Re: the exceptional, it has its own spectrum: the very bright who act out in early childhood to the most involved child with DD. Both experience frustrations that cause outbursts; the typical/bright child will grow out of it, but the child with DD will need additional supports - like (starting with) PECS, in addition to coaching the child to "use their words" to replace inappropriate behavior. Nice thing is that the service would be of benefit for all families with young children.	Jan 31, 2011 5:54 PM
373	Daily interventions.	Jan 31, 2011 5:54 PM
374	daily if needed.... no one can make progress with out help whenever needed	Jan 31, 2011 5:54 PM
375	That would depend on a professionals opinion. Some would need it once a month, others once a week, and still others 3 days a week. This is too broad of a question. I believe the service should be on a need be basis.	Jan 31, 2011 5:56 PM
376	I would suggest that it depends on the evaluation of professionals on their field who suggested to enforce this service.	Jan 31, 2011 6:08 PM
377	A client should receive a minimum of 8 hours per week for his/her behavior session. Behavior intervention is effective is it is given for at least 8 hour per week and for one to two years.	Jan 31, 2011 6:14 PM
378	The frequency depends on the intensity of need.	Jan 31, 2011 6:16 PM
379	-No more than 10 hours in home, pending parents availability to participate in all of the hours (this includes calculation of school in-home hours).	Jan 31, 2011 6:16 PM
380	Quarterly and as needed	Jan 31, 2011 6:17 PM
381	N/A	Jan 31, 2011 6:32 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
382	For children up to age 3, cap on hours of 10 hours per week of direct service, no more than 5 hours per month of supervision. Limit length of services to 6 months intensive, then drop down to a lower cost, lower intensive model - perhaps parent education at that point and limit to 5 hours of parent training per week for 3 months. Services are not to be reauthorized again for another 6 months to give the parent time to implement what was learned. If after 6 months, more services are needed, authorize in a similar manner but the second time, limit to 3 months intensive and 2 months parent training. Require direct service authorizations by week only, not by month, limited to 4.3 weeks per month. For missed sessions - allow makeup sessions at half of the authorized amount - to be completed in the month - no carry over to the next month. For children who are school aged up to age 8, limit hours to 5 hours/week of direct and 2 hours per month of supervision, for 6 months intensive and then drop down to a lower intensive, lower cost parent education model. After age 8, all services authorized are to be by exception, limited to what is allowed for kids between 3 and 8 as outlined above.	Jan 31, 2011 6:33 PM
383	As a parent of two children with Autism, I believe that the behavioral intervetnions provided early to the child is crucial. However, after a certain amount of time the SDRC stops purchasing these much needed services for the consumer who still is experiencing the behaviors and requires the interventions. SDRC should strive to continue the on going purchase of the services needed by the consumer until there is significant improvement and/or the behaviors have ceased. Thank you.	Jan 31, 2011 6:37 PM
384	Offered quarterly or bi-annually. It should be noted that once an assessment is made, and treatment or instruction provided, there should be time to followup and see how the plan worked and the behaviors were modified. This would help instill best practices, ensure the service was delivered, and increase the effectiveness of the service.	Jan 31, 2011 6:43 PM
385	The amount of hours and frequency of the services should be determined by both the level of severity of the consumer's disability and the demonstration of progress under the program. If a moderate to severely disabled child is making great strides under a program and meeting goals such that the quality of his life is markedly improved due to his progress, he should not have hours cut, rather it should be recognized that the program is working. However, if a child with a mild disability, for example high functioning Asperger's disorder, does not demonstrate significant progress under the program, that's child's hours should be cut. The parent's ability to participate and implement the program independently should also be factored in, which should be determined by the program manager, regional center service coordinator, and the parents' own input. If a parent is not implementing the program, the it is a wasted program. However, this should NOT be determined by a parent filling out forms or keeping records as those can be faked. The service coordinator and program manager ought to be able to determine if a parent is committed to implementing the program, or is instead just looking for two years of glorified babysitting.	Jan 31, 2011 6:45 PM
386	At times these services may need to be intensive--even daily for a period of time. They have to be individualized as the behaviors that children exhibit are unique to each child.	Jan 31, 2011 6:51 PM
387	8 or more hours per week, depending on the severity and frequency of the behavior.	Jan 31, 2011 6:56 PM
388	As often as is necessary, based upon assessed needs and progress on goals.	Jan 31, 2011 7:11 PM
389	As often as needed.	Jan 31, 2011 7:18 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
390	I feel that the Regional Centers offer too many hours for direct service to fill the 30-40 recommended hours of ABA intervention for children on the spectrum. I have a child with severe Autism and if I took all of those hours offered to me I would never spend time with my child myself. Parents need to be instructed on how to work with their child and the RC needs to not spend so much money on "tutors". 10 -15 hours per week would be plenty of weekly ABA. 10+ hours for an evaluation and 16 hour of training is also a waste of money. I sat through a 4 hr orientation and was dismissed. It was plenty of information to get me started.	Jan 31, 2011 7:30 PM
391	A person centered plan should be developed after a careful functional behavioral assessment is completed by a qualified behavioral provider. The rate and intensity of service should be based on the specific needs of the person served and their family. This can vary from daily intervention to weekly or monthly consultation services.	Jan 31, 2011 7:35 PM
392	In-home consultation no longer than one year and 18 months for ABA. I feel RDI is questionalble as an effective services.	Jan 31, 2011 7:46 PM
393	Services frequency and duration should be determined based on the necessity. A thorough evaluation should determine frequency and duration of services.	Jan 31, 2011 8:04 PM
394	weekly	Jan 31, 2011 8:19 PM
395	My son was receiving 10 hours per week of ABA training, but he could have benefitted from more intensity (i.e., more hours) early on, I think. He is now at a reduced rate of hours, because his transitioning into adaptive skills. But, this training works so well for our kids with Down syndrome that they should be getting more hours, not less!	Jan 31, 2011 8:39 PM
396	Weekly as needed, then can phase out to biweekly as things stabalize.	Jan 31, 2011 8:39 PM
397	This should depend on the severity of challenging behaviors, the consumer's other services in place and the recommendations of the service provider.	Jan 31, 2011 8:40 PM
398	While there has been a push to ensure that families receiving services are engages, there are still situations where they try to obtain services in a setting other than the home in order to get out of participating. I have also seen situations where families are provided behavioral services several times, but are unwilling to follow the recommendations of the service provider. They seem to want someone to "fix it" for them. If it cannot be shown that they are actively trying to follow the recommendations, then services should be stopped. It seems wasteful to provide service in this situation.	Jan 31, 2011 8:41 PM
399	This would need to be determined on a case by case basis. Determination should be based on the level of severity or the impact the behavior has on the individual's life. Providing services up to a set number of times per year, say 20 - 40 sessions may cost less overall if they help keep a client in their current level of placement rather than losing that placement and moving into a place that is more expensive.	Jan 31, 2011 8:46 PM
400	Active In-home behavioral services should last no more than 8 to 16 visits (1-2 months/1 to 2 visits a week) while parents/care-providers are given hands on training on how to work with consumer to decrease behavior(s). After the in-home visits, a written recommendation/assessment should be provided to parent/care-provider for review and reference and phone consultation could be provided for the next three months as needed.	Jan 31, 2011 8:49 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
401	I think the first component for all is to have the group parent training. I think 16 hours of parent training is appropriate. I think then, if the need is greater than the parent can handle, an in home assessment be completed. I think the recommendations should then be for either intensive in home ABA at the rate of 3 days per week or consultation at the rate of 2 hours per week. I think there should be a cap of two years total for behavior services. I think if in the future, the need for more intervention is needed, parents or family members can attend the group parent training again.	Jan 31, 2011 8:52 PM
402	Max once per week	Jan 31, 2011 9:06 PM
403	It would need to be a minimum of 2 times a month. Those who are more severe would need daily service.	Jan 31, 2011 9:07 PM
404	Behavioral services should be provided on an ongoing basis, with assessment promptly given, a behavior plan devised, and proper follow-up to monitor the effectiveness of that behavior plan, with a team meeting at least once every two weeks as long as the behavior is continuing to disrupt the health and safety of the consumer and/or those in the consumer's environment. As the behavior reduces, meetings can be held less frequently, until possibly only an annual review is necessary.	Jan 31, 2011 9:13 PM
405	As per the IPP	Jan 31, 2011 9:20 PM
406	Services should be provided on a need base. Parents should receive assistance as long as they are actively engaged in the change process.	Jan 31, 2011 9:31 PM
407	Develop the skills list and implement beginning at 14 to families and consumer.	Jan 31, 2011 9:51 PM
408	varies depending on the severity of the situation.	Jan 31, 2011 9:55 PM
409	I believe it has been helpful to require parents to attend an orientation, as well as group parent training. It might also be helpful to have ongoing courses on specific topics, such as toilet training, that parents could pay a small fee to attend.	Jan 31, 2011 10:06 PM
410	1x for overview and explaination of plan then follow-up 1x per qtr.	Jan 31, 2011 10:11 PM
411	Three times per week at a maximum of three hours each time.	Jan 31, 2011 10:14 PM
412	Weekly until behaviors more controled then tapered off until no longer needed.	Jan 31, 2011 10:14 PM
413	as needed.	Jan 31, 2011 10:14 PM
414	As needed based on the individual.	Jan 31, 2011 10:18 PM
415	according to the recommendations of the psychiatrist, psychologist, behavior specialist. at least annually for medication management	Jan 31, 2011 10:32 PM
416	As often as it is needed.	Jan 31, 2011 10:35 PM
417	Parents need to participate in the in-home behavior services, in-home services should be faded if parents refuse to participate (and seem to utilize the service either as baby-sitting or to "fix" child's behavior without parent having to make the necessary changes to make the child's gains stay in place in the home). If parents request intensive services with less than 2 years from the completion of the last service, parents should be required to attend a parent training class prior to reimplementation of the service (exceptions for emergency situations).	Jan 31, 2011 10:38 PM
418	Minimally...less is more. If the provider offers the service in an effective manner there should not be a need for numerous hours of intervention. Also, the idea should be to train others in the circle of support to help the individual be more successful.	Jan 31, 2011 10:38 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
419	This needs to be based on the individual and the circumstances surrounding the given concerns. The standards should be based less on specific hours of service and more on a maximum duration. For behavior change to occur a specific frequency is usually required to make progress. What regional centers need to be looking at is that they are time limited and not life long services.	Jan 31, 2011 10:58 PM
420	This should be determined on a case by case basis. Parents should be offered group training classes (and required to attend such classes) to see if they can learn strategies to address the behavior. A one time consultant visit could be included during those classes. For adults who live in their own home or in ARF's, the consultant should work with care providers to meet consumer's needs.	Jan 31, 2011 11:00 PM
421	multiple modalities	Jan 31, 2011 11:13 PM
422	I think behavioral services, including ABA and other autism interventions, should be delivered at the frequency of other interventions that have high intensity like occupational and physical therapy. My suggestion would be NO MORE THAN TWO SESSIONS PER WEEK.	Jan 31, 2011 11:29 PM
423	Intervention plans are implemented on a continuous cycle until behaviors exhibited are replaced by the skills learned.	Jan 31, 2011 11:43 PM
424	A purchase order should be made for a certain about of time, as needed, for client and family.	Jan 31, 2011 11:44 PM
425	Frequency of services should be guided by parent choice, but with guidelines based on reasonable cost.	Jan 31, 2011 11:53 PM
426	As often as required to ensure a consumers needs are met.	Feb 1, 2011 12:02 AM
427	At least twice a week.	Feb 1, 2011 12:03 AM
428	Services need to be time limited. Current studies indicate that services over 3 years are not effective.	Feb 1, 2011 12:07 AM
429	Individual basis	Feb 1, 2011 12:13 AM
430	Adult Behavioral.Autism service by a consultant once a month and as needed to avoid/manage consumers' aggressive behavior. Too many adults with autism in stupid antiqated "behavor " programs that isolate them from the world and their choices. A choice based program works best with a beh modification program for adilts with autism.. Defund program which promote isolation and "sitting" of consumers---give consumers a real life!	Feb 1, 2011 12:32 AM
431	Services for children require family participation - services reviewed at 6 months for effectiveness and family participation. Adult services reviewed at 6 months with assessment to determine if targeted behaviors have decreased with planning/clinical team to determine length of service beyond 6 months.	Feb 1, 2011 1:10 AM
432	Depends on the individual, but many times it needs to be daily.	Feb 1, 2011 1:11 AM
433	Fairly and evenly...game playing (by people who should serve as resources) should be kept to a minimum and the priority should be to get the services to the children as efficiently as possible so as to minimize needs that escalate and become problematic later.	Feb 1, 2011 1:12 AM
434	g	Feb 1, 2011 1:12 AM
435	n/a	Feb 1, 2011 1:20 AM
436	I feel more non-profit providers need to be utalized- so that we don't have people making money off of another families tragic occurance of behavioral or disability.	Feb 1, 2011 1:20 AM
437	This depends on the needs of the individuals and cannot have a specific timetable, however, early intervention is obviously the best method	Feb 1, 2011 1:34 AM

2. Suggested service standards about how often a specific service should be

	Response Text	
438	day program = 5 times a week social program = 1 or 2 times a week	Feb 1, 2011 1:51 AM
439	at the beginning, children need to receive this service early, and intensively, up to 6 hours per day. Once they enter school, the intervention must be consistently carried out at school in order to ensure consistency of behavior plan as well as generalization of skills to natural, social and educational environment. The child should simultaneously receive in home ABA intervention in order to continue acquiring skills in social language, functional behavior, adaptive living skills, etc. The behavior intervention goals/objectives should be to foster independent daily living skills, therefore, parents, caregivers, and other family members must be involved and provide consistent care. Over time, the intensity of the 1:1 program should decrease, learned and acquired skills should be generalized into the child's social environment with peers. We must also consider that behavior intervention can be delivered to help teach life skills and social adaptive daily living skills for individuals with developmental disorders throughout different stages of the lifespan. It is not just beneficial for children, but we must plan to design and implement the supports during various developmental stages (i.e., how to maintain friendships, how to interview for a job, what to expect and how to behave on a job, on a date, etc.).	Feb 1, 2011 1:59 AM
440	Based upon professional recommendations unique to each child	Feb 1, 2011 2:26 AM
441	Behavior Services should be provided at a frequency that works for the family and child's schedule. If progress is not being made with provided hours then another service or provider should be considered rather than increasing hours: something is not working! More is not always better.	Feb 1, 2011 3:39 AM
442	Behavioral Intervention Services should be provided as often as is needed for the affected client to make progress in resolving the behavioral deficit/excess until the behavior in question is at a manageable level, as deemed by the IPP team, including input from the parent(s)/guardian/caregiver.	Feb 1, 2011 3:55 AM
443	Frequency of behavioral services should be determined by the scientific literature in ABA (not opinion).A	Feb 1, 2011 4:39 AM
444	t The amount of service needed would depend on the clients needs, some clients need way more indiviual attention and effort to maintain a productive lifestyles than others	Feb 1, 2011 4:50 AM
445	ABA may need to be provided daily. Other, less clinically intensive behavioral intervention likie Floortime and RDI can be administered less frequently but should be at the discretion of the child's primary medical provider.	Feb 1, 2011 4:52 AM
446	If a consumer is achieving a goal then the service should be continued. However, if there is a point that the behavior intervention only needs a repetitive mode then there should be different standards based on a persons ability to learn. At least 2 hours per day. Not to be used as a baby sitting service.	Feb 1, 2011 4:57 AM
447	I believe that it depends on the situation at hand. Of course the more serious the issue, the intervention should be at least every other week. The less severe once or twice a month.	Feb 1, 2011 5:00 AM
448	as needed	Feb 1, 2011 5:07 AM
449	As much as the children can receive, the more the better.	Feb 1, 2011 5:17 AM
450	The department of Mental Health should provide an assessment prior to regional center review of service request to rule out Mental Health diagnosis. If Mental Health diagnosis, the department of Mental Health shall provide services. If no Mental Health diagnosis regional center can fund as follows: caregiver group behavior classes only with 3 tiers depending on the severity of behaviors presented. Eliminate in home behavior intervention.	Feb 1, 2011 5:35 AM

2. Suggested service standards about how often a specific service should be

	Response Text	
451	All standards within behavioral education should be upheld everyday at the consumer's facility and at home.	Feb 1, 2011 5:38 AM
452	everyday	Feb 1, 2011 5:49 AM
453	ABA therapy should be provided daily, a minimum of 5 days/week, with reinforcement by parents.	Feb 1, 2011 6:21 AM
454	At the least 10 hours a week.	Feb 1, 2011 6:42 AM
455	N/A	Feb 1, 2011 7:03 AM
456	It should be no more than twice a week with parent participation. It should be expected that parents will carry on activities with the child at home after training and consultation.	Feb 1, 2011 7:21 AM
457	Weekly & consistently are best. Intense therapy should be 2 times per week	Feb 1, 2011 7:23 AM
458	The younger the child, the more intensive the services, up to daily for several hours if needed.	Feb 1, 2011 8:01 AM
459	The standard about how often service should be provided should be left up to the service provider through assessment of the individual needing services.	Feb 1, 2011 8:14 AM
460	Behavioiral services can't be provided serially e.g. can't keep adding different behavioral goals so that services go on months or years. Parents/caretakers need to be taught behavioral concepts that can be taken from one behavior and applied to others, with some allowance for occasional, time-limited follow up consultations to ensure they are in the right direction.	Feb 1, 2011 8:21 AM
461	Weekly access to a therapist thru email or voicemail or continuing education. This is not provided for level 2 care	Feb 1, 2011 9:25 AM
462	2x's week	Feb 1, 2011 10:33 AM
463	I believe this should be provided so that the parent will learn how to address the situation with the consumer, not that the behavior specialist will "fix" the issue and then the parent not know how to handle the same behavior when teh specialist is not there.	Feb 1, 2011 4:04 PM
464	As often as the child needs it. Two times at the least per week.	Feb 1, 2011 4:04 PM
465	I believe that these services should be provided in specific time limited increments. I think that consumer/parents should be able to get these services multiple time but that distinct periods should be allowed in between services in order to assess parental/care provider skills and learning.	Feb 1, 2011 4:07 PM
466	Behavior management skills for families and self management for kids	Feb 1, 2011 4:14 PM
467	Services should be provided in a consistant manner for no longer than it is necessary for change to occur on a case by case basis with a limit of two years.	Feb 1, 2011 4:38 PM
468	People are currently being placed in these programs and never leave or graduate. These services are very expensive. Service should be time limited with specific, time limited goals set. Alternative day programs could achieve similar outcomes at a fraction of the cost.	Feb 1, 2011 4:45 PM
469	as much as needed based on individual	Feb 1, 2011 5:10 PM
470	As often as needed with consideration from family involvement and case management collaboration.	Feb 1, 2011 5:21 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
471	In infancy once or twice a week for one hour using parent training models like DIR/ floortime or Project Impact a 12 week parent training course. THen assess and make an informed decision about how the course of intervention proceeds. Hanen More Than Words is also a beneficial short term training for parents in support of communication. Positive Behavioral support is need to help families deal with challenging behaviors. At two more structured teaching in a discrete trial format is of great benefit with PECS, or PRT and continued work on social emotional development with DIR /floorime and Michelle Garcia Winners Work in Social thinking..a model for group or individual work in working on the core challenge which is social development. We have an infant program and see dynamic changes in children and families with 10 hours of Discrete Trail Training, PECS, DIR/flooritme with our goal to prepare the children and families for school. So more is not always the solution, but what works for the child and familiy, especially when young children are napping, have sleep and feeding problems adding numerous hours of intervention in less effective. Important to have SPeech and OT consultation to educational team to individualize programing. Often individual OT , PT and SPeech are beneficial with experienced providers.	Feb 1, 2011 5:22 PM
472	Quality behavior services should be provided on a weekly basis in order to ensure that the skills being taught are reinforced to families, staff, and consumers on a consistent basis.	Feb 1, 2011 5:36 PM
473	as often as necessary to address the need if the treatment, especially with medication, does not improve in due time.	Feb 1, 2011 5:46 PM
474	ABA 30 HOURS A WEEK FOR SEVERLY AUTISIC CHILDREN SPEECH 2 HOURS OT 2 HOURS PHYSICAL THERAPY 1 HOUR A WEEK	Feb 1, 2011 5:47 PM
475	regularly and at crisis times	Feb 1, 2011 6:03 PM
476	Ocassional Behavior support for level 2 & 3 residents should be available no more than once every 2 years.	Feb 1, 2011 6:03 PM
477	This all depends on the individual. How can any one predict this without being assessed?	Feb 1, 2011 6:16 PM
478	as required/	Feb 1, 2011 6:17 PM
479	Should be provided according what research shows is most effective.	Feb 1, 2011 6:28 PM
480	If it is needed and not in the support circle already in place in past or present. Behavioral support services are one of the most important to physical care.	Feb 1, 2011 6:32 PM
481	for it to be effective, it should be constant!	Feb 1, 2011 6:42 PM
482	don't know	Feb 1, 2011 6:42 PM
483	on acute need	Feb 1, 2011 6:49 PM
484	Behavioral services must be given on a daily basis to make a difference in the child's future. The more time you spend with the child when they're young the better impact it will have and less time will be spent.	Feb 1, 2011 6:52 PM
485	Based on an assessemnt by a qualified provider	Feb 1, 2011 7:07 PM
486	These specific services should be provided until the consumer is able to cope with their emotional and behavioral choices and aren't being held back due to them.	Feb 1, 2011 7:12 PM
487	The level of support should be as is currently with perhaps a minimal cutback of no more than 10% in current levels.	Feb 1, 2011 7:20 PM
488	The amount of sessions authorized for consumenrs is inadequate to address their needs, and reauthorizations are very difficult to obtain.	Feb 1, 2011 7:25 PM
489	Varies depending upon the intensity and severity of the behavior(s) being demonstrated.	Feb 1, 2011 7:30 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
490	No more than 10 hours per week direct services. Duration of services should not exceed a period of 24 months, regardless of progress. Currently there are no standards to address this and parents keep asking for extension of services to the point where they continue for years.	Feb 1, 2011 7:34 PM
491	This would depend upon the need of the child/adult. Intensive therapy is recommended.	Feb 1, 2011 7:34 PM
492	Services should be provided as often as is necessary to provide a positive and forward-moving outcome. Speech therapy and occupational therapy need to be provided when recommended without a long and drawn out fight between a family and regional centers. Unfortunately, this is too often the case for many families. In fact, there are many that do not even know this might be available to them through other resources (also covered by regional centers). These children should not have to sit and wait on a list indefinitely for the support they deserve and require.	Feb 1, 2011 7:36 PM
493	Daily	Feb 1, 2011 7:39 PM
494	R. N. & Psy Tech sholud providedmedications and behaviors treatment.	Feb 1, 2011 7:45 PM
495	We oppose statewide purchase of service "standards." There is no "one size fits all" solution. Purchase of service standards for each individual are defined by the IPP.	Feb 1, 2011 7:50 PM
496	I think clear POS standards must be established to address all 1:1 services beyond Early Start and EIBI. Given that the adaptive deficits of individuals with disablity is a life long goal, the services should be consultation only and should be provided by highly skilled individuals. POS guidelines must also be provided for behavioral services under adaptive skills. Again the focus on these programs must be on teaching the caregiver how to address one or two behavior deficits or behavior excesses. The duration of the program should also be indicated and should not be more than one year of consultation. The problem is that if there is progress, the provider requests to stay longer and if there is no progress, the provider wants to stay longer or the parent wants a different provider. Parents are going through two or three agencies before they are done with one set of IPP goals. The time-limited nature of these services must be defined. All behavioral services should be 3-5 hours per week of consultation and should be reviewed every 3 months. The focus must be one or two goals at any given time.	Feb 1, 2011 7:53 PM
497	The service should be compatible with the child's school schedule and dependent upon how aggressive of a program schedule the parent(s) are willing to agree to. At minimum, it should be at least once a day, two days a week. It should not exceed twice a day, five days a week.	Feb 1, 2011 8:01 PM
498	Should be determined by a professional and based ont he severity of the behavior.	Feb 1, 2011 8:01 PM
499	This is the most difficult to assess due to the nature of behavior. However, I would like to stress that Providers SHOULD NOT be penalized for doing a good job with consumers. By this I mean when we receive someone who is unstable, and work them over time until they get stable only to have that consumer then have to change programs. When this happens it hurts the provider, and I believe it also hurts the consumer. We should reward good programs, not penalize them.	Feb 1, 2011 8:07 PM
500	Every day excluding weekends or no less than 4 times per week	Feb 1, 2011 8:11 PM
501	Every three months or PRN.	Feb 1, 2011 8:36 PM
502	DIR/floortime model treatment, in home therapy and other therapies as needed such as DIRE/Floortime based speech therapy, OT, PT, etc.	Feb 1, 2011 8:39 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
503	Services should be provided as needed. We are talking about my children, your children, real human beings here. Not just numbers, people with real feelings. Therefore, early intervention/behavioral services should continue as long as the client is showing progress, even if it is slow, they are headed in the right direction and should not be denied the help they need. Parents, guardians etc.. need to be held accountable for being active and consistant in the behavioral therapy programs as well. This should absolutely be a team effort, and needs to tie in to what the teachers at school are doing with our special needs individuals as well. If they don't have the training, any special ed teacher should be trained to know what the specific target behaviors are and how the situations should be handled.	Feb 1, 2011 9:05 PM
504	This should be determined by an objective and formal measurement, preferably provided by an experienced 3rd party licensed psychologist.	Feb 1, 2011 9:11 PM
505	There should be no standards as this will limit the service.	Feb 1, 2011 9:11 PM
506	1) "Purchase of Service Limits" is a more appropriate name than "standards." 2) We oppose statewide purchase of service "standards." 3) There is no "one size fits all" solution. Purchase of service standards for each individual are defined by the IPP. 4) For questions 3 & 4: These standards already exist. 5) "Up to but not to exceed the cost to house one individual in a Developmental Center."	Feb 1, 2011 9:13 PM
507	We oppose statewide purchase of service "standards."	Feb 1, 2011 9:16 PM
508	In regards to how often the need of a specific service I believe it should be based on a clinical assessment from a professional. Furthermore, behavioral strategies follow the common Baseline of the maldaptive behavior, frequency, and the duration of the behavior. based on those models the data will clearly show the need for intervention. The prevention portion of a specific service will be under the assessment, interviews, reveiwing the data, etc.	Feb 1, 2011 9:17 PM
509	Current service standards are appropriate	Feb 1, 2011 9:22 PM
510	This should NOT be determined by any staff or administration at Regional Centers. Regional Centers are forcing Behavior Psychologists and BCBA's into professional breach of ethics by mandating these limits be imposed. The BCBA's and Behavior Psychologists should be making the recommendations for hours provided, and where they should be provided. Just as hospitals should not determine how much medication a patient should have, those decisions should be left to the professionals. DDS would be much better off to create a system that REQUIRED school districts to collaborate at joint meetings when requested (IPP's / IEP's) and COFUND needed services. There needs to be some way to ensure interagency cooperation!!! Currently this ONLY happens at intake, and transition ages. There need to be interagency cooperation at all ages. Also, AB88 is supposed to require insurers to cover certain services. DDS should stay engaged with Department of Insurance to ensure consumers who have insurance are getting the insurers to meet their responsibility. Not just impose restrictions on consumer to go to insurance first, and require denials... this is equivalent to denying consumer care.	Feb 1, 2011 9:26 PM
511	When necessary, after behavior modification doesn't work, and when requested.	Feb 1, 2011 9:32 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
512	I think each child is different and learns at a different pace. A certain amount of hours should be given and then reevaluated after that time to see if it is working for the child.	Feb 1, 2011 9:32 PM
513	As determined by the IPP. For consumers who receive other services, a plan to train the staff of those service providers and fade the behaviorist or alternative support should be in place.	Feb 1, 2011 9:41 PM
514	Should be decided by the team and Regional Center per case and client	Feb 1, 2011 9:59 PM
515	Services should be provided on a weekly basis in the first month so as to help parents acquire the skills needed and be monitored on their ability to implement the skills. After the first month, the schedule can be slowly thinned out to a bi-weekly schedule. The last month of service should be thinned out further as a monthly check-in to avoid any unforeseeable problems.	Feb 1, 2011 10:03 PM
516	All vendors of behavior programs need to be health insurance providers so that under the Mental Health Parity Act, the insurance companies are billed for ABA services. Parents should no longer be vendored to be reimbursed for providing behavior services.	Feb 1, 2011 10:10 PM
517	As needed basis (up to several times weekly if necessary)	Feb 1, 2011 10:28 PM
518	Two times per year or on an annual basis would support the process.	Feb 1, 2011 10:30 PM
519	My son needs this service as much as possible for as many hours as he can handle in a day.	Feb 1, 2011 10:35 PM
520	Children/adults should receive practice everyday.	Feb 1, 2011 10:39 PM
521	The service standard should be flexible to allow modification based on emerging best practices and evidence based research on intervention for qualified conditions. The services should be modified to the level of intensity currently described by ABA /OT/ Speech type combinations that are helping kids with ASDs, at levels of service up to 30 hours per week.	Feb 1, 2011 10:51 PM
522	Meetings from service Coordinators every quarter for 2 years. If get better then 6 months for 4 years and 1 year for 8 years for the servere.	Feb 1, 2011 10:53 PM
523	I believe that my child benefited from intense and frequent therapies only when OT and ST were give in conjunction with ABA services. OT and ST taught me more about my child than ABA ever could.	Feb 1, 2011 11:01 PM
524	Each should be specific to the needs of the child. A nonverbal child obviously needs more intervention than a verbal child but both may struggle with social or public settings. No more than 40 hours a week.	Feb 1, 2011 11:11 PM
525	Services should address the needs of these people and assist them in accessing theri community in the same manner as their typically developing peers.	Feb 1, 2011 11:11 PM
526	Bi-monthly	Feb 1, 2011 11:14 PM
527	Behavioral intervention should be provided through comprehensive evaluation with specific goals and interventions outlined to address behavioral complexities and difficulties. There should not be an expiration of services until behavioral issues are improved and managable for the person experiencing these difficulites that may be impacting their functioning and daily life. If services are needed throughout their lifetime, these services should be provided on an ongoing basis with ongoing evaluation to readdress goals and to create new goals as needed	Feb 1, 2011 11:24 PM
528	Services should be provided daily, to model for parents, or staff, strategies that will work for the individual. When working with individuals with cognitive impairments, the training cannot work if it is not continuously modeled, consistent, and on-going for many months. You can't have "buy in" if the caregiver doesn't see progress.	Feb 1, 2011 11:33 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
529	These goals should drive services similarly to the IEP in the education system. After the goals and objectives are agreed upon THEN, the duration and frequency should be agreed upon. There should be quarterly status given to the CLIENT and/or their representative. Then, at the annual IPP the should be discussed. Each goal should have a "met" or "not met" status with reasons why clearing presented on the IPP. Goals that have not been met need to be revisited and conversations had as to why.	Feb 1, 2011 11:39 PM
530	Daily	Feb 1, 2011 11:44 PM
531	It should be based on needs (perhaps it should be determined through assessment). In order to change or minimize intensity and frequency of behaviors daily services should be provided.	Feb 1, 2011 11:58 PM
532	Services should be case by case, depending upon the severity of the disability.	Feb 2, 2011 12:00 AM
533	It can be provided at any time as long as parents are able to demonstrate that they are committed to implementing behavior interventions. If parents ask for services but do not follow up on 3 occasions, this should be noted in the file and services should not be offered again unless there are significant changes to the family.	Feb 2, 2011 12:09 AM
534	For every hour of service, the parent should be require to attend some type of training to ensure the service is successful	Feb 2, 2011 12:09 AM
535	The service should be provided to the child according to the needs and the hours availability by parents not the RC budget.The provider should not blame the parents for changing the schedule , they should be flexible with the hours.	Feb 2, 2011 12:21 AM
536	The service should be provided on an as needed basis until the behaviors are modified. Services should be offered at least once a week if not more and then on an as needed basis based on progress.	Feb 2, 2011 12:22 AM
537	Each child should be entitled to a max of $25k a year in behavioral services. The core model should be based on parents hiring their own help and running their own programs. They should be able to draw from a variety of intervention models, and not just ABA, which is ineffective for most children.	Feb 2, 2011 12:22 AM
538	The effective therapy outlined by Dr. Hanson reported that "Parents were visited at home at first weekly and then every two weeks by a parent adviser from the Down's Syndrome Infant-Parent Program."	Feb 2, 2011 12:26 AM
539	In perfect world, quarterly would be great. Realistically, maybe annually?	Feb 2, 2011 12:42 AM
540	Once a week initially until a plan is being implemented. Then follow weekly or monthly as necessary.	Feb 2, 2011 12:54 AM
541	Base frequency on child needs not parental needs. Consider other activities school schedules etc. Have short and long term goals set during assessment period, and have a limit or cap.	Feb 2, 2011 1:15 AM
542	Services such as sexuality groups and parenting groups can be provided by the regional centers but not counseling or mental health services. Regional center workers are social workers, not mental health professionals.	Feb 2, 2011 1:42 AM
543	When there is a need.	Feb 2, 2011 1:48 AM
544	in small amounts giving time to use, then more added when needed.	Feb 2, 2011 2:17 AM
545	This should be based on the child's deficits. Whatever it takes.	Feb 2, 2011 2:27 AM
546	That would be determined by case by case but only if family is participating and following through	Feb 2, 2011 2:36 AM
547	As often/much a client's needs are, until they show that they are not benefiting from our services.	Feb 2, 2011 2:38 AM

2. Suggested service standards about how often a specific service should be

	Response Text	
548	Services and recommendations should be evidence-based. Recommendations should be consistent with what the research says is effective, the allocation of time should be consistent with the required time to address the adopted goals, and should consider the unique needs of the individual (e.g. their health, their family resposibilities, severity of need). The hours delivered should not be less than what is clinically and ethically appropriate based on the above guidelines. How often the service is provided should not be determined by fiscal considerations. However, ensuring that the services are quality and evidence-based the consumer will have better odds of achieving gains and DDS reduce future expenses by the reduction of need on part of the consumer. Service providers should be adequately certified and liscensed and provide service that are consistent with the ethics of their field. Additionally, these service providers should employ a scientific-practioner model whereby, the individual's progress toward goals is systemically monitored and changes in interventions are empirically supported. It should be noted that these evidence-based strategies should allow for empirical investigation at the individual level (i.e. allow for the evidence-based large body of supported single-case design research). These services should be consistent with high quality and accountable clincians. These clinicians should not be employing a "trial-and-error" approach but rather a systematic clinical deliver that is consistent with the scientific-practioner model. All services that are funded should have empirical support and not be based on circular-logic research. The consumers outcomes should be measured on observable scales of behavior.	Feb 2, 2011 2:41 AM
549	Whenever it is needed because the behaviors of some clients are unpredictable and flairs up at any given time. Consumers of regional centers often act out because they are expressing a need or desire. When they are not verbal it is even more difficulty to discern what is going on. In some cases, they become frustrated and violent because they can't have their way and have learned to manipulate to get their behavior. This happens a ot after hours and their is no set criteria I know of that states when to call the crisi unit or take them to a facility. When this occurs no one seems to know what to do, even mental health or medical professionals. They appear to be afraid to make secision if they are disabled and mentally ill.	Feb 2, 2011 2:58 AM
550	As recommended by the vendor not the regional center's opinion.	Feb 2, 2011 3:03 AM
551	A class 4 times a year or 2 hour evening sessions.	Feb 2, 2011 3:10 AM
552	I believe this would depend on the specific behaviors that need to be addressed - more intensive behaviors would need more frequent visits/sessions.	Feb 2, 2011 3:29 AM
553	This has to be done on a case by case basis. Sometimes when you address one behavior another one emerges to take its place. Also as a person becomes more independent & gets older you encounter more things that can effect you. Changes in the household & school can bring new behaviors & experiences that need to be addressed.	Feb 2, 2011 3:39 AM
554	This should all be individualized. Really, if you have intelligent, well meaning, caseoworkers with critical thinking skills, they should be able to assess who needs what and when. When services are given out on an individual basis and as needed, they can be more effective and may decrease the chances for situaitons escalating or increased services being needed in the future.	Feb 2, 2011 3:46 AM
555	Social skills training and or intensive training for individuals who are severly effected and have serious regulatory issues.	Feb 2, 2011 3:47 AM
556	day programs should be 5 days a week or based on IPP. my friends would have to send their children to group homes without day programs	Feb 2, 2011 4:05 AM
557	as often as needed in each individual case.	Feb 2, 2011 4:08 AM

2. Suggested service standards about how often a specific service should be

	Response Text	
558	i think it should be offered to those who are truly committed to a program. i know of parents who currently are regional center clients who are HO HUM about there services. they are scheduled to meet with a behavioral spec. at scheduled time and they are consistanly late, non pareticipant, not interested or following the advisment of the behaviorist, yet there POS are still reissued with beahviorist discrestion and reporting showing regional centers inconsistancy to monitor. You take a parent like myself who has had to justfy to her regional case worker ar each renewal period over three + years the need for services and i get interrogated for asking for continuance of services. obviously all my requestes are warrented with resonable proof and documentation.	Feb 2, 2011 4:55 AM
559	The parent workshops suggested in previous TBL was a good start, however there needs to be a set limit as to how long the service is provided. Most research supports 2, maybe 3 years. Research shows that Intensive ABA is no longer an appropriate service after the age of 7 or so. It also needs to be 100% parent participation, so as to provide the carry over - this would also help reinforce the duration.	Feb 2, 2011 4:58 AM
560	6 to 9 hours a week	Feb 2, 2011 5:17 AM
561	As often as needed to be effective. If the services are not implemented and followed up on a frequent basis the services will not work at all.	Feb 2, 2011 5:40 AM
562	Behavioral services should be provided: - When an area of behavior is identified as a need by the IPP team and -when the individual, and parents if a minor, indicate a commitment to the service	Feb 2, 2011 5:52 AM
563	Services need to be provided based on the need of the individual, whether it be monthly, weekly or daily.	Feb 2, 2011 5:54 AM
564	1.ON GOING AND AT LEAST YEARLY. 2. ADDITIONAL SUPPORTS SHOULD REMAIN IN PLACE UNTILL THE PERSON HAS GONE A YEAR WITH OUT AGRESSIVE/ASSULTIVE INCIDENTS OCCURRING THEN BE PHASED OUT UNLESS THE CONSUMER REQUEST SUPPORTS TO CONTINUE.	Feb 2, 2011 6:01 AM
565	For young children under the age of 7, it should be provided intensively at 15-20 hours a week for children who attend school, so they are less needy later in life.	Feb 2, 2011 6:27 AM
566	should be based on individual needs through a personalized assessment.	Feb 2, 2011 6:31 AM
567	Individuals, families of those in need, supervisors, consultants, tutors, in other words the whole team, come together to determine how much a specific service should be provided per individual. Sometimes individuals need assistance all day, some a few times a week, some monthly. Every case is different and should be determined as such.	Feb 2, 2011 7:56 AM
568	Based on a schedule that correlates with severity of condition/need - monitoring of progress by qualified professionals	Feb 2, 2011 1:45 PM
569	You work on that one, you are in charge in putting your brains to work and re write the entire Title 17 regulations	Feb 2, 2011 1:52 PM
570	really is contingent upon the availabililty of a consumer.	Feb 2, 2011 2:29 PM
571	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 2, 2011 3:26 PM
572	Time limited. No longer than 2 months.	Feb 2, 2011 3:31 PM
573	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 2, 2011 4:46 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
574	Hour limits per week 10 for up to 3 years and 5 per week for over 3 Lots of hours authorized that are not currently used due to scheduling issues between families and providers	Feb 2, 2011 4:53 PM
575	ABA services should be provided based on assessment. For most cases, 1-2 session per week of consultation is adequate. Cases with severe challenging behavior that pose saftey and health consideration may require daily behvaior intervention.	Feb 2, 2011 5:15 PM
576	Emphasis should be on training parents to work with their children, moving away from the expectation of paid staff in the home for 40hr/wk or even 25hr/wk. In most cases significant improvement can be achieved with 10hr/wk and fading within 2 years.	Feb 2, 2011 5:17 PM
577	It depends on the individual need. However, DDS should constantly follow and check guidelines with either Pediatric associations or Mental health associations and other such professional agencies to come up with a good service standard. They should have person centered thinking approach.	Feb 2, 2011 5:20 PM
578	Should be time limited...period. Too often, families and vendors develop a mindset of "forever."	Feb 2, 2011 5:25 PM
579	depends on each individual..	Feb 2, 2011 5:32 PM
580	The services shall be provided as deemed appropriate by the IPP Team.	Feb 2, 2011 5:33 PM
581	Based on the IPP	Feb 2, 2011 5:44 PM
582	On case by case basis, but no less than four hours per week.	Feb 2, 2011 5:50 PM
583	At least once a month for counseling.	Feb 2, 2011 5:51 PM
584	per Consumer need	Feb 2, 2011 6:09 PM
585	As often as needed to help the individual gain more independence and increase his or her quality of life.	Feb 2, 2011 6:11 PM
586	2 to 5 hours per week	Feb 2, 2011 6:29 PM
587	Services should be provided no more than 3-4 times per week and no more than 2-3 hours per day. No longer than 2 years to work on target behavior. If new behavior aries in the future that needs attention, the clock should start over.	Feb 2, 2011 6:30 PM
588	It really depends on the client. 25 hours a month might be plenty for many. Others might need 15 or 20 per week.	Feb 2, 2011 6:40 PM
589	Services should be provided to target specific family skills, and services should be provided to meet family's needs. If the need is severe, perhaps a daily or every other day session would be helpful. Intensive intervention is helpful because it really helps the family get on track quickly.	Feb 2, 2011 6:41 PM
590	Behavioral therapy should be available for 25-40 hours for children up to age three, and 10-20 hours per week for school age children.	Feb 2, 2011 6:49 PM
591	As often as the IPP team dertermins is necessary, as decribed in the Lanterman Act Section 4646.5 (a) (4)	Feb 2, 2011 6:51 PM
592	The standards would be dependant on the level and type of service provided. For example; service staff in SLS should be trained to meet the level of needs they support. For some individuals, assistance with their basic needs, feeding, dressing, delivery to day program does not require extensive training. For other individuals extensive training in behavioral support should be required. Not only the techniques of behavioral intervention, but any hazards in using a behavioral intervention. All staff should be thoroughly trained in emergency proceedures, first aide and CPR, along with a committment to use those aides as required.	Feb 2, 2011 7:00 PM
593	Flexible; possibly provide different levels of service (e.g., 20 hours over 2 months, 40 hours over 4 months, and 60 hours over 6 months), depending on level of behaviors and family dynamics.	Feb 2, 2011 7:10 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
594	this should be dependent on the specific case, children with very severe behavioral problems may need daily behavioral interventions but in other cases with less severe problems the parents could be trained on how to handle the problems and have necessary consultations with a professional on an as needed basis	Feb 2, 2011 7:17 PM
595	This would depend largely on the specific behavioral need and frequency of behaviorally challenging occurrences. For individuals who are displaying aggressive tendencies they should be receiving services at regular intervals and a minimum of bi-monthly services. Recommend weekly services as some individuals require more structure to learn and retain a replacement pattern of behavior.	Feb 2, 2011 7:33 PM
596	the service should be offered as much as needed (ie: three times a week for an aggressive child)	Feb 2, 2011 7:35 PM
597	Twice a month preferrable, once a month minimum.	Feb 2, 2011 7:40 PM
598	It depends on the severity of delays/ and symptoms. Our son benefitted from 2 hours per week... as he also had speech 2 hours a week this seemed a good fit	Feb 2, 2011 7:52 PM
599	The service standard should be what the team decides would be most helpful. At the least once a week in the begining or more depending on the type of behavior that is being worked on. As a behavior is changed and the change is sustained then a reduction is services would be required. If the the behavorial service is working as it should then change should come and be able to be maintained. Behavorial services should never be a permanant service, but it would be something that is used throughout the person's life as behaviors manifest themselves that make it difficult for the person to function in the different enviroments that the live, i.e. work, home, school, social activities or does injury to themselves or others.	Feb 2, 2011 8:03 PM
600	Educate the parent Behavior plan ABA coming to the home to teach the child and help the parent learn how to deal with the child.	Feb 2, 2011 8:05 PM
601	This should be determined by the IPP team, with equal input from the family members, medical professionals and behavioral professionals. A bank of hours should be established and the family determines how best to use those hours - what fits their family's schedule the best, what social opportunities are coming down the pipe, etc..	Feb 2, 2011 8:08 PM
602	Specialists providing service would be expert on how often service should be provided.	Feb 2, 2011 8:34 PM
603	As often as the IPP team determines is necessary, as described int eh lanterman Act Section 4646.5 (a) (4)	Feb 2, 2011 9:12 PM
604	As often as the IPP team determines is necessary for the benefit of the individual and in compliance of Lanterman Act Sec. 4645.5 (a) (4)	Feb 2, 2011 9:19 PM
605	ABA Therapy- direct delivery service to the consumer including monthly consultation services to the parents, and bi-monthly clinic mettings w/therapy provider team and parents.	Feb 2, 2011 9:20 PM
606	I don't believe this is something that you can put a standard on and should look at it per case and per individual. Some individual require very aggressive treatments in order to benefit for this service while others might benefit the same with less hours of the same treatment. Improvement and/or extintion in behaviors can only show when you provide the individual with a consistent treatment.	Feb 2, 2011 9:27 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
607	As much as the parents can participate, if a parent does not participate the child should not be allowed services. Behavioral training is just as much for the child as it is for the family, the therapist are not there to babysit.	Feb 2, 2011 9:30 PM
608	should be provided for children & adults with behavioral issues that create a risk of injury or damage to themselves and others.	Feb 2, 2011 9:31 PM
609	As needed.	Feb 2, 2011 9:31 PM
610	as requested by consumer and immediate family and suggestions by provider	Feb 2, 2011 9:32 PM
611	Again, this is based upon the clinical assessment. More service days in the beginning and tapering off as behavior improves. There should be intensive services and less intensive services and the cost of each should be reflected in the care provided.	Feb 2, 2011 9:33 PM
612	DAY PROGRAM FOR PEOPLE WHO NEEDS IT SHOULD BE AVABLE FOR THEM. WHO SAID IT IS OKAY FOR A PERSONS OR PEOPLE TO TAKE AWAY FROM THEM. THAT IS NOT FAIR.	Feb 2, 2011 9:35 PM
613	Until the consumer could function without the service.	Feb 2, 2011 9:36 PM
614	Behavioral care should be weekly and should be according to assessment by a professional.	Feb 2, 2011 9:38 PM
615	Deoending on the severity of Diagnosis and indiviual behavioral issues so people may just need to be taught basic stratagies for a set people of time while others like Autism diagnosis may need very early interventions that will need to be weekly for them to learn and them continue as they are maturing and dealing with new situations until they are able to self maintain or need additional services	Feb 2, 2011 9:41 PM
616	As needed, depending on the child's need.	Feb 2, 2011 9:41 PM
617	It depends on the issue. I feel there aren't enough services for the teens who are developmentally disabled. There are many programs for young children, but when puberty hits and this is when they have an opportunity to learn right from wrong and function in society without harming others, yet we don't have the services for them.	Feb 2, 2011 9:45 PM
618	The services should vary according to need; however it is always better to offer more services when children are young and extend services for families experiencing difficulty or in crisis! No child/adult should lose anyservices currently offered. We are not doing enough now!	Feb 2, 2011 9:53 PM
619	This should depend in the severity of the case, there are cases that call for as much as 5hrs per day total of 25 hrs per week but there are other cases that this is not appropriate. There is a need for supervision to verify the need for services.	Feb 2, 2011 9:55 PM
620	It should be provided depending on the severity of that disability.ifvthe child has autism and is below 5 hrs then every waking hour shoould keep the child engaged. Approximate 45 hours per week.again this should depend on severity..if the child is hfa,aergers or PDF nos..then lesser is better.	Feb 2, 2011 9:58 PM
621	The frequency of services should be determined by the child's team wit consideration of evidence based research. For example, my son started with ABA when he was 16 months old and had fewer than the recommended number of hours because of his naps and other services. I DO NOT think that DDS or regional centers should impose a frequency limit or requirement since all children with disabilities are different and need to have individualized treatment plans.	Feb 2, 2011 10:01 PM
622	Services should be provided every day for those that are more sevier	Feb 2, 2011 10:02 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
623	Weekly bases to identify fucntion of the behavior and have behaviorist successfully implement strategies prior to education family members. Once a successful plan has been identified 1x week training for family for one month 2x month to support family implementing plan for 1 month 1x month to continue suppport 4x year check in	Feb 2, 2011 10:03 PM
624	25 to 40 hours a week	Feb 2, 2011 10:08 PM
625	It should be determined on a case by case basis.	Feb 2, 2011 10:13 PM
626	Service standard should be based on the the needs of the child and recommendation of the experts on this field.	Feb 2, 2011 10:15 PM
627	Like the IDEA, behavioral services should be required to follow research-based limits -- both high and low -- for effective strategies. If the DDS funds too little, they are throwing their money away because they are taking an effective strategy and then narrowing it down the point that it's ineffective. For ABA services, for example, there is no data to support that 15 or 20 hours per week constitutes and effective program. In fact, data demonstrates that this is a waste of our dollars in the immediate moment and then much more long-term expensive. The limit should be on both the high and low end.	Feb 2, 2011 10:17 PM
628	Individuals should receive services "as needed" to maximize potential of independence or the greatest degree of independence that can reasonable by expected until reaching adulthood (through 21 years of age). No less than 10 hours week minimum (approx. 2 hours day/5 days week). Below a threshold of intensity, approximately 10 hours per week, it will probably not be effective. Goal writing should be collaborative: family members proposed goals need to be included in tx plans. -Again families/Caregivers need constant help in dealing with the ever-changing behaviors of individuals with autism & should be provided video, practical skills training & support (Q&A with a specialist) for the equivalent of 1 hour week. Currently the parent/caregiver portion of services seems to have a punitive tone. It should be empowering & even pleasant for those doing the care. The current MO seems to be punitive to these individuals -- as if they are not doing something right.	Feb 2, 2011 10:18 PM
629	Each service should be based on the individual person and evaluation.	Feb 2, 2011 10:19 PM
630	Services should be provided 10 hours a week and 2 hours a day!	Feb 2, 2011 10:19 PM
631	As often as needed. If a particular service provided does not help, parents/clients should have the option of using another provider or service.	Feb 2, 2011 10:20 PM
632	It depends on the issues and ages, however at least 10 hours per week service would be necessary.	Feb 2, 2011 10:23 PM
633	daily to provide the child with tools repetatively in order to stop the negative behavior	Feb 2, 2011 10:23 PM
634	It depends on the child some daily others not so often	Feb 2, 2011 10:32 PM
635	As needed. Should also include allowances for follow-up and continued support.	Feb 2, 2011 10:35 PM
636	Initially intensive behavior support might be appropriate, however if a parent has some level of training in behavior having had a class, a periodic consultation might meet there needs. Training for a support staff might only need to be part of their orientation.	Feb 2, 2011 10:40 PM
637	Following a complete assessment, the frequency should be determined based on the level of intervention needed. Could be more frequently at the beginning, decreasing it to more of a monitoring method toward the end.	Feb 2, 2011 10:40 PM
638	a child under the age of 10 should receive at least 15 hours of services a week	Feb 2, 2011 10:41 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
639	3 to 4 times a week	Feb 2, 2011 10:42 PM
640	How often services are provided should be dependent on individual need determined through the person-centered plan and development of a functional behavior assessment. Services may need to be provided in a flexible manner depending on the needs of the individual or family. For example, some people have chronic health problems which affect their ability to participate consistently in services. More services are provided when the child is healthy and strong; services are interrupted or reduced when the child is ill. It may take longer for a child to reach goals under these circumstances.	Feb 2, 2011 10:53 PM
641	aba theropy should be 4 to 5 times a week.	Feb 2, 2011 10:55 PM
642	2-4 hours per week	Feb 2, 2011 11:07 PM
643	The services should not be provided indefinitely. Parents could recieve one basic training class and if needed a follow up refresher or advanced class to continue developing their level of skill and confidence. Regional Centers could offer periodic workshops on topics related to various age groups, such as how to promote good interpersonal behavior for teens, etc.	Feb 2, 2011 11:12 PM
644	This depends on the individual and should be evaluated as such.	Feb 2, 2011 11:17 PM
645	As needed but who whould make that decision? The parent, service corodinator or compelting a form and hope you score high enough.	Feb 2, 2011 11:26 PM
646	Government should fund all services,,no cut backs	Feb 2, 2011 11:29 PM
647	Frequency should be set as per recommendation of behavioral professional following assessment.	Feb 2, 2011 11:29 PM
648	respite should be at least 06 hrs per month so care takers stay strong and healthy too behavior program at least 20 hrs a week so it is effective parent training at least 4 hrs per month so they know how to effectively help there disabled person	Feb 2, 2011 11:38 PM
649	This depends on nature of situation and should be on an as-needed basis. Initially the consumer might need daily intervention As time progresses, (a) this intervention can be taught to parents, teachers, aides and other members of the support team, and (b) intervention might be less frequent as consumer moves towards goals.	Feb 2, 2011 11:38 PM
650	The standard should be based on the severity of the diagnosis vs. the potential effectivity to the patient's needs.	Feb 2, 2011 11:38 PM
651	children do best with 40 hrs of ABA types of service some of the younger children may take some time to be about to take that much so HRC should let the provided have more input on how many hrs a kid can take.but they must be working at getting up to 40 hrs	Feb 2, 2011 11:41 PM
652	Frequency of a behavioral service should be based in part on whether or not the intended behavioral service limits the behavior to be changed to skills that can be applied immediately to the individual's daily life or routine. For example, the state spends millions on "socialization" skills building that for most programs offering this service the stated goal is complete realization of age-appropiate social abilities. Goals written this broadly require years of programming and typically very little generalization to the real world. This type program is very cost INeffective.	Feb 2, 2011 11:46 PM
653	frequency of services should be provided as needed, including according to risk to health & safety.	Feb 2, 2011 11:47 PM
654	Individual assessments are necessary to gauge this, however, I find once or twice a week depending on the severity of the disability is appropriate.	Feb 2, 2011 11:51 PM
655	It should be based on case by case	Feb 3, 2011 12:03 AM

2. Suggested service standards about how often a specific service should be

	Response Text	
656	The behavioral therapist should determine the frequency of services.	Feb 3, 2011 12:03 AM
657	Services should be determined based on a child's individual needs.	Feb 3, 2011 12:03 AM
658	25 hours a week is what is recommended all of the experts... less than this and we will pay for it, much more, later.	Feb 3, 2011 12:12 AM
659	ABA services should be time limited and for specific behaviors that have been identified as critical to maintaining the child in the family's home. When a child is eligible for school, the behavioral services should not total more than 10 hours per week. This includes all services including 1:1 , consult, and case supervision provided by the vendor. The number of hours provided should be based on a set scale that considers the specific behaviors to be addressed. All services should be provided with a projected plan to fade them. Services should end within 2 years, with consideration for interruption in services due to lack of availability of a vendor or a family emergency or life changing event. If a new behavioral concern arises that the family is unable to address with the basic skills they learned during the previously provided services, a limited consultation contract can be considered; maybe 10 hours of time total, over a 3 month period of time.	Feb 3, 2011 12:16 AM
660	Current research shows that in order to be most effective, children should receive 40 hours per week of combined Early Intensive Behavioral Intervention services. This can include services provided through special education day classes.	Feb 3, 2011 12:24 AM
661	based on an evaluation from a behavioral specialist on how many hours the child needs to receive	Feb 3, 2011 12:30 AM
662	Behavioral Consultants as described above. Behavioral Programs when needed for those whose behaviors are too aggressive or violent for adult day programs or social development centers.	Feb 3, 2011 12:30 AM
663	It depends on severity level...often 10 to 15 hours a week.	Feb 3, 2011 12:30 AM
664	As much is determinedto be needed by professionals	Feb 3, 2011 12:36 AM
665	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 3, 2011 12:50 AM
666	Every child is different and therefore I can't speak for everyone . . only for my child. I feel cutting a child off after 3 years of therapy is criminal! Children change so much especially when they start puberty . . the change of life. They need even more support as well as their families. I can see cutting back on hours [reducing weekly sessions] however completely fading out children with autism who need behavioral therapy is WRONG!	Feb 3, 2011 12:59 AM
667	None	Feb 3, 2011 12:59 AM
668	The key should be placed on FADING services gradually. Typically, an intervention should start more intensively and then be faded...but there should be no problem with a low-level intervention that continues for a long period of time...this is an EFFICIENT way to use money.	Feb 3, 2011 1:08 AM
669	as needed	Feb 3, 2011 1:17 AM
670	they should receive them as often as is necessary	Feb 3, 2011 1:19 AM
671	The Behavioral Services need to be provided daily until an individual with Autism is able to live an independent life.	Feb 3, 2011 1:19 AM
672	The service should be provided early (age wise) and often enough during the week to effectively reduce the behaviors and help the consumer access his educational, home and community environment.	Feb 3, 2011 1:26 AM
673	Based on providers or qualified assessors' recommendation.	Feb 3, 2011 1:37 AM
674	based upon clinical necessity and service plans. Potentially could be 5x per week or once per month	Feb 3, 2011 1:59 AM
675	No more than 4 to 6 hours per week	Feb 3, 2011 2:02 AM

2. Suggested service standards about how often a specific service should be

	Response Text	
676	Regional Center definitely needs more support in this area. When there is a shortage of people knowledgable in behavioral services, they then end up relying on service coordinators and other upper level management to make decisions on behavioral services for which they are not qualified to do so. You end up with judgemental decisions, and services are not being given according to need. The justification of how often should be based on assessments made by professionals in the area of behavior and it should be allowed that if a parent wants to contest a decision by way of documentation and professional support, that the advocating of services should not just be limited to Regional Center hired staff but to allow parents to be able to face the committee during this advocating process. At present, parents are not allowed to meet the commitees or to address them directly regarding the denial or the abrupt decrease in services. Their cutting of services and hours were done across the board and the unique individual needs of their consumers were ignored. The fear of staff and administrator's salaries was the #1 priority of the Regional Center.	Feb 3, 2011 2:03 AM
677	On an idividual basis - no two children are a like who have the same special needs. You need to observe and take data to see how much services need to be privided so each child can grow up independent (as much as they can be) and not need future services from the state	Feb 3, 2011 2:14 AM
678	service should be on a quaterly basis, not on a monthly basis. specially for level 4 clients. Then again, the regional center does not read any of the reports. The answer is NO.	Feb 3, 2011 2:21 AM
679	Behavioral services including functional skills programs, ABA programs, parent training, etc. should be given on an as needed basis. Again, this need cannot be set arbitrarily, but needs to assessed on an individual basis. No person of a certain culture is exactly the same as another of that culture. Likewise, no person of a certain diagnosis is exactly the same or has the same needs as another of that same diagnosis. This includes persons of the same age since developmental ages can vary within diagnosis and within skills for each individual. To say that every child with one diagnosis needs a set amount of ABA hours may not be always true, as it is not true that every 3 year old or 12 year should lose services. To do so, we are risking out of home placement for a large percentage of our population.	Feb 3, 2011 2:37 AM
680	In addition to regular weekly authorized services you may also consider the option of providing services in stages. For Example: A client is determined to be borderline in eligibility or just barely qualifies for services under the eligibility guidelines, possibly this family should recieve reduces services at different periods. Initially recieve weekly services for a period of 1-2 months. During this time the client & family would gain tools and resources to utilize regarding the clients behavioral needs. Initial goals would also be established at this time. Then reduce the services to 1x/mth for 3 mths to monitor the clients progress toward established goals. Then go back to the weekly services for a period of 1 mth to encourage further progress and work towards facilitating the next steps. Then again, reduce service to allow time for the family to put the tools they learned in the 1 mth time frame to work with the client. You can rotate this or a similar schedule of hours as long as the client may need the service.	Feb 3, 2011 2:42 AM
681	Depending on the individuals needs but as much as needed by given assessments.	Feb 3, 2011 2:51 AM
682	Each child is different therefore, the specific service will vary.	Feb 3, 2011 2:53 AM
683	A specific service should be provided at least once a week and will depend on the severity of the identified needs of the child.	Feb 3, 2011 4:25 AM

2. Suggested service standards about how often a specific service should be

	Response Text	
684	depending on the severity or the need but there needs to be an implementation of some sort of behavioral intervention especially as the child is from 4-10 years old before the problem becomes bigger and then there will be a need for a bigger amount of services that will be needed. This service is crucial to the well being of these children, and the families. There is an amazing amount of chaos that happens in families homes and there ar so many behaviors that can be put out before it affects the children at school then requiring school districts and Regional centers more funding.	Feb 3, 2011 4:26 AM
685	There are already standards in place with all therapies where a minimum frequency of therapy sessions should be administered each week to be most effective. I believe each and every child of a tax paying family should be entitled to the minimum therapy sessions to make effective progress. For example most behavioral modifications takes repetitive practice. Many times it requires 3 times a week of more of training with a profession and then daily home practice. Parents need to be trained to maintain practice at home. Profession therapy needs to be 3 times a week. We rely on the Regional Center to be our guide for services and to help our children be responsible self efficient adults. Better to invest in them while they are preparing to be an adult than to have them living unproductive lives in the future. Everyone deserves to have a life as normal as possible.	Feb 3, 2011 4:28 AM
686	These services should be provided based on the individual clients needs. For some it may be intensive at first, for others change may happen with consistent intermittent intervention. Only positive/non adversive behavior interventions should be allowed and evaluated not less than each month for effectiveness. If change is not happening, another plan should be developed.	Feb 3, 2011 4:33 AM
687	as needed each individual case is different, daily at school and at home	Feb 3, 2011 4:41 AM
688	on an as needed basis for each person: examples... transition to school puberty transition out of school	Feb 3, 2011 4:56 AM
689	ages 3 to 7 no more than 10 hours DTT max plus parental training for future implementation. After age 7, only parental training if needed. DTT for no more than 24 months.	Feb 3, 2011 5:02 AM
690	Should be dependent on age and level of maturity as chronological age an emotional age aren't the same. Goals and time to master should be set up.	Feb 3, 2011 5:15 AM
691	Once a week.	Feb 3, 2011 5:18 AM
692	Depending on the trama or disability they should receive services as often as they need.	Feb 3, 2011 5:21 AM
693	Clients can get non-intensive behavioral services (i.e. 10 hours per month for six months)... same effectiveness and perhaps a lot more cost-effective.	Feb 3, 2011 5:43 AM
694	3-4 times per week for 2-4 hours to help shape behavior	Feb 3, 2011 5:53 AM
695	Service standards should assess if behavior intervention is needed on a yearly basis. If there is a need for behavioral intervention, it should be provided on a weekly basis, a given set of hours spread out throughout the week. Consistency in treatment and record of improvement would not be successful without daily/weekly provision of services.	Feb 3, 2011 5:56 AM
696	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 3, 2011 5:59 AM
697	Services should be provided as needed, with possible limits to prevent abuse.	Feb 3, 2011 6:00 AM
698	Once a week in the begining....then once a month. Finally, I think a consumer should see the therapist one every 3 months for their life time.	Feb 3, 2011 6:00 AM

2. Suggested service standards about how often a specific service should be

	Response Text	
699	Behavioral services as needed according to the client's annual plan or updated as need arises	Feb 3, 2011 6:00 AM
700	Consumers: 1-4 times/monthly Caregivers: one time/month (it's a tough role to take on...they need it)	Feb 3, 2011 6:07 AM
701	Behavioral services should be serviced minimum 30 hrs per week according to research done by dr lovaas	Feb 3, 2011 6:09 AM
702	I don't think there is a formula to say that each child benefits from a plan that can be generalized. I think that programs need to be tailored to each child, such that if a child needs play therapy services once a week, that should be what is provided. If a child needs early intervention speech three times a week, then that child should be getting that.	Feb 3, 2011 6:22 AM
703	This depends on each individual child...once a day for severe cases. My child has had behavioral intervention before and i have been trained...so once a week works well and he is older and goes to a non-public school.	Feb 3, 2011 6:28 AM
704	Daily when provided to a client up to 5 or 6 days per week and for up to 5 hours per day. When family training is part, there should be tapering off as skills are learned.	Feb 3, 2011 6:32 AM
705	as often as needed by the person and his/her family.	Feb 3, 2011 6:35 AM
706	as long or as often as it is needed.	Feb 3, 2011 6:37 AM
707	ABA services should be every day of the week for consistency, follow-through, and acquiring of skills. Autistic kids need lots of practice opportunities. It should be an average of 4-7 hours per day at the earliest age possible.	Feb 3, 2011 6:45 AM
708	behavioral service my son get 15 hours a week and this intensive service help him alot i see much progration with my child in all areias.	Feb 3, 2011 6:50 AM
709	As needed to provided for the needs of each individual. This should be done at least once a year or more often if there is evidence of instability in the family life of the individual.	Feb 3, 2011 7:09 AM
710	Typically services are provided once a week. Once a week is not enough for some cases. Severe behavior difficulties requires three services per week, if not more.	Feb 3, 2011 7:35 AM
711	intensive training for parent or caregiver then weekly follow-up	Feb 3, 2011 7:38 AM
712	As needed. Weekly.	Feb 3, 2011 8:03 AM
713	It's difficult to put a limit on this type of service. For services that are strictly addressing behaviors, perhaps the behaviorist should target a max of 3 behaviors (that's standard). After those behaviors are maintained at the target level for the specified period of time (ie: 2 mos), the service should end. The parents should have the skills necessary to target new behaviors. Currently, service providers may then target new behaviors which cause this service to be ongoing. Exceptions should be made in the case of dangerous behaviors. Regarding the Autism treatment over the age of 3 years: A consultant should be in the home 2x/wk for up to 3 hrs a visit to provide ongoing parent teaching on targeted living skills and behavior reductions.	Feb 3, 2011 8:23 AM
714	Open communication with caregiver or parent. More parent involvement. Based on assessment meetings to determine best ways to address individual. If one qualifies for services and have options, one should have the right to review the options before making a choice about treatment.	Feb 3, 2011 8:29 AM
715	In our family's experience, weekly behavioral services have been necessary for two of our family members who needed services. Though not severe in one case, another child has needed daily developmental attention. Such services can only be offered 'case-specific.'	Feb 3, 2011 1:39 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
716	Whatever is appropriate for the child's need, based on assessments	Feb 3, 2011 2:21 PM
717	It has been found that behavioral services are effective up to 3 years. After that time, the consumer and family should have made significant progress. No behavioral contract should be allowed to go beyond 3 years.	Feb 3, 2011 3:25 PM
718	Services should overlap the school programs, so when the consumer is not in school, they are getting the same structure from the caretaker/families.	Feb 3, 2011 3:40 PM
719	3-4 hours 3-4 days a week	Feb 3, 2011 3:57 PM
720	Services should be provided as a in-home care service.	Feb 3, 2011 4:12 PM
721	Based on sound research, services are most efficient when individualized.	Feb 3, 2011 4:30 PM
722	At least a few times per week.	Feb 3, 2011 4:31 PM
723	As needed per vendor assessment and as recommended per each progress report.	Feb 3, 2011 4:39 PM
724	After the allotted time (i.e. every 3 months) there should be some type of assessment to see if the consumer still needs more time for this behavior or other behaviors that have come up. But the terminations need to have merit and not just be canceled because of budget cuts. Considerations should be taken from parents and the service provider.	Feb 3, 2011 4:50 PM
725	Time limited - regular reports from provider identifying progress and whether service should be continued.	Feb 3, 2011 5:07 PM
726	There should be a maximum amount of hours per year a consumer could use. Currently I see a lot of 20 hours over four months, so a total of 40 hours a year would decrease the amount of money used.	Feb 3, 2011 5:12 PM
727	one time per week with parental documentation of their interventions with the child.	Feb 3, 2011 5:16 PM
728	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 3, 2011 5:16 PM
729	Various therapies should be provided at least twice a week.	Feb 3, 2011 5:20 PM
730	Seems dependent upon both needs and funding	Feb 3, 2011 5:20 PM
731	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 3, 2011 5:21 PM
732	1. Consultation: initial functional analysis and assessment with behavior intervention plan to be completed in 3 months in up to 15 hours. On going monthly consultation to be authorized in periods of up to six months at between 4 adn 8 hours per month. Analyst to be ABA certified and/or Master's level training. 2. Skill training: Groups of up to 12 peers in a once weekly session for up to 2 hours provided by a behavioral agency by facilitators with Master's level training. Progress reports with data to be submitted after each 6 - 12 week session is completed. 3. One to one assistants to be Bachelor's level and supervised by Master's or Phd level analyst. Service to be up to 15 hours per week with specific intervention plan and gradual fading of services as benchmarks for objectives is reached. Progress reports with data to be submitted quarterly. 4. Group instruction: One time purchase for a weekly class offered in the evenings for up to six weeks provided by ABA and/or Master's level instructor.	Feb 3, 2011 5:31 PM
733	As often as a child needs it. It should not be based on how much money is allotted for a certain client.	Feb 3, 2011 5:31 PM
734	It depends on the severity of the patient but each case should be allowed a certain number of hours per week.	Feb 3, 2011 5:34 PM
735	Intensive Beh services only through age 5.	Feb 3, 2011 5:42 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
736	ABA services should be every day of the week. It should be an average of 4-7 hours per day at the earliest age possible.	Feb 3, 2011 5:43 PM
737	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 3, 2011 5:47 PM
738	one-on-one behavioral specialist who can design a program for the child and the family and carry it out until the child and family can operate independently.	Feb 3, 2011 5:50 PM
739	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 3, 2011 5:53 PM
740	The class that parents are required to take before receiving BIS services should be administered on the weekend. In IEP meetings (I am a school psych), I often hear the complaint that parents don't want to leave their children with a respite person. I think more parents would attend if a class was offered during school hours.	Feb 3, 2011 5:54 PM
741	Children and adults with autism and intellectual disabilities particularly require more frequent and longer intervention in this area. There is a need to ask parents/caregivers to work daily with behavioral issues, which is useful, but this can turn into an argument for monthly or bi-,monthly professional intervention which is not enough.	Feb 3, 2011 6:02 PM
742	Hours would vary based on need.	Feb 3, 2011 6:03 PM
743	ABA style services should not exceed 15 hours per week of RC funded service and that high level of service should be timelimited. An entire ABA program should last (from assesment to termination) 2-3 years. It is not reasonable (although it happens) for parents to expect a high level ABA program to continue for 5-10 years with regional center funding the service.	Feb 3, 2011 6:11 PM
744	It depends on the consumer and whether or not progress is or has been made during a course of treatment. My chil recieves a behavioral support person for a few hours daily to work on skills he has not yet mastered,	Feb 3, 2011 6:26 PM
745	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 3, 2011 6:26 PM
746	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 3, 2011 6:27 PM
747	As often as the IPP team determines is necessary as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 3, 2011 6:28 PM
748	Only as needed on a case by case basis. Many programs are just not appropriate for certain things and families need to understand that just because their "friend's" are receiving a specific service that does not mean their family will.	Feb 3, 2011 6:29 PM
749	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 3, 2011 6:29 PM
750	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 3, 2011 6:31 PM
751	As often as the IPP team determines is necessary, per The Lanternman Act Section 4646.5 (a) (4)	Feb 3, 2011 6:34 PM
752	monthly or more often when needed	Feb 3, 2011 6:38 PM
753	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 3, 2011 6:45 PM
754	This depends on nature of situation and should be on an as-needed basis. Initially the consumer might need daily intervention As time progresses, (a) this intervention can be taught to parents, teachers, aides and other members of the support team, and (b) intervention might be less frequent as consumer moves towards goals.	Feb 3, 2011 6:53 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
755	Should always be time limited until it is determined if family or careprovider will be following through with plans that are implemented.	Feb 3, 2011 7:00 PM
756	A behavioral plan should be written as a guideline for parents etc. A follow-up app. in 6mos. In a year if it is evident that, the family etc. is not following up with the plan than these services should no longer be available for this family .	Feb 3, 2011 7:04 PM
757	How many hours the service is provided should depend on the intensity and number of behaviors occuring and how it is effecting hte daily functioning of child and family. Servcies should be time limited with an initial plan with a time line to meet goals.	Feb 3, 2011 7:07 PM
758	As often as needed to resolve issues plus ongoing on-site professional support to make them integrated into everyday life. If that means everyday for a person, then it's everyday!	Feb 3, 2011 7:21 PM
759	5 times per week 2 hours per day	Feb 3, 2011 7:27 PM
760	These services should be available to any person with disabilities that is displaying any inappropriate or dangerous behavior on an "as-needed" basis. Perhaps it may be required during cirsis behavior. If an ongoing problem, then an in-home "therapist" should be available 24/7.	Feb 3, 2011 7:43 PM
761	This will vary depending on the severity of the behavioral problems. Younger children should receive the most intensive services since their behaviors are more easily molded as children rather than adults. The more we give our children then the less we will spend on them as adults.	Feb 3, 2011 7:47 PM
762	I think it would be fair to have an inital training and then quarterly group seminars or online classes for parents or caregivers who would like to continue their education	Feb 3, 2011 7:47 PM
763	It should be provided by sessions, 3 sessions at the begining, when the child is starting to receive the Early Start Services, meaning it should be included in the IFSP as a choice to the parents. Then 3 other sessions given to the parents before the child turns 3.	Feb 3, 2011 7:58 PM
764	The research shows 25-40 hours of intensive therapy/week.	Feb 3, 2011 7:59 PM
765	AS behavioral issues are identified and based on professional team , caretakers, and client	Feb 3, 2011 8:02 PM
766	Numbers are always the best of before and after. Transportation should is overseen by the CA Patrol and so on. Day Program and transportation should be daily and maybe for medical appointments too.	Feb 3, 2011 8:03 PM
767	therapies provide through a therapist within the child's daily environment. preschool, school, or day care or a public places the child visits, the library, playground, or playgroups.	Feb 3, 2011 8:06 PM
768	It should be as often as a family is requesting or comparable to it. The family's needs should be taken into consideration, (ex: come to the home, daycare, grocery store, etc).	Feb 3, 2011 8:08 PM
769	The services provided need to be client specific. We recently needed assistance with a physical behavior issue. The response was some generic therapies which help midigate slightly, but failed to resolve the core issue	Feb 3, 2011 8:08 PM
770	It seems to me, at least for consumers who live in a funded care home, that the care home could provide the services the consumers currently receive by going to a day program. Why can't they just set up a "day program" at home? This would provide desperately needed consistency in how behavioral challenges are addressed. It would also probably be more cost effective for the state.	Feb 3, 2011 8:09 PM
771	It should time limited to target measurable objectives.	Feb 3, 2011 8:13 PM
772	As often as the IPP team determines is necessary, as decribed in The Lanterman Act Section 4646.5 (a) (4).	Feb 3, 2011 8:16 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
773	As often as needed to reach the goal.	Feb 3, 2011 8:17 PM
774	As often as needed for the child	Feb 3, 2011 8:24 PM
775	These services are generally needed daily, with a minimum of 2 hours per session. Sometimes week-ends are necessary to help provide the client with stratagies to manage their behaviors in public.	Feb 3, 2011 8:33 PM
776	Services should be provided as needed per individual needing the service.	Feb 3, 2011 8:37 PM
777	As needed by the consumer/client, and requested by caregiver/parent to continue until no longer necessary. Supplemental 'referesher' services as needed to ensure continued success.	Feb 3, 2011 8:41 PM
778	Amount of services provided should be determined by the vendors who assess the consumer and determine the necessary hours for each individual.	Feb 3, 2011 8:48 PM
779	as needed	Feb 3, 2011 8:50 PM
780	The frequency of services must be on an individual case by case basis and cannot be mandated otherwise the services will risk becoming ineffective.	Feb 3, 2011 8:51 PM
781	See above	Feb 3, 2011 8:54 PM
782	As needed per each indviduals needs.	Feb 3, 2011 8:54 PM
783	As stated in the client's IPP	Feb 3, 2011 8:59 PM
784	Frequency should be based on the severity of the behavior; the capacity to learn (or unlearn) an appropriate replacement behavior---it should be specific to the individual, the severity of the behavior, and consideration of the consequences if the behavior is not properly managed (i.e. institutionalization/or persecution).	Feb 3, 2011 9:00 PM
785	per the IPP	Feb 3, 2011 9:05 PM
786	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 3, 2011 9:07 PM
787	daily, weekly, monthly - as needed based on the programs. Depending on severtiy of the case, some cases might need 12 months to 36 months. Protocols for extended services past 36 months should be developed, for those exceptional cases.	Feb 3, 2011 9:15 PM
788	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 3, 2011 9:23 PM
789	Answer: As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 3, 2011 9:33 PM
790	Every day.	Feb 3, 2011 9:37 PM
791	As much as is beneficial	Feb 3, 2011 9:51 PM
792	Services should be given in 6 month blocks, at which point a re-assessment of need would be performed and then, if neeed another 6 month block of services given.	Feb 3, 2011 10:01 PM
793	I think children should receive at least 10hr of inhome ABA	Feb 3, 2011 10:01 PM
794	This should be provided as often as deemed necessary by a behavioral professional.	Feb 3, 2011 10:03 PM
795	The amount of support should be proportional to the needs of the individual.	Feb 3, 2011 10:06 PM
796	Should be one one if appropriate but only for a limited amount of time. Care providers should be an integral part of the services.	Feb 3, 2011 10:08 PM
797	AS OFTEN AS NECESSARY AND FOR AS LONG AS THIS PARTICULAR SERVICE IS NEEDED	Feb 3, 2011 10:13 PM
798	Training should occur rather intensely at first to acquaint (parent) with ideas and techniques that are non invasive and practice least to most restrictive patterns exclusively. Can then be "weaned" to less frequent contact with monitoring.	Feb 3, 2011 10:13 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
799	one on one service for individuals with challenging behaviors should be permitted for a minimum of 9 months.	Feb 3, 2011 10:13 PM
800	1/week	Feb 3, 2011 10:15 PM
801	As often as the IPP team determines is necessary for the disabled person, per the Lanterman Act.	Feb 3, 2011 10:27 PM
802	Based upon the need of the individual as recommended by the Clinical team and specialists who work with the consumer, as well as the primary caregivers of the consumer.	Feb 3, 2011 10:28 PM
803	Intensive before the age of 5 (up to 20 hours per week). After age of 5 a 10 hour per week program that should quickly be faded out (6-8 months). Also these should be the maximum amount. For parent training - 40 hours over 4 months.	Feb 3, 2011 10:37 PM
804	As the stamndard has been set in the past, and more often if possible.	Feb 3, 2011 11:06 PM
805	Consumers and family members should have access to ALL contracted vendors and be able to "shop" for the services they believe woudl be most beneficial and applicable for their lives. There is no sense in not knowing what types of services are available and having to use a third party to decide what is most appropriate. Also, this may improve the quality of services/improve standards.	Feb 3, 2011 11:10 PM
806	Services should be based on a consumers need but must be useful and effective. Continue mandatory group training requirement and require group training particpation to be completed each time in-home BIS service is requested. Progress must be made and an end date specficied.	Feb 3, 2011 11:19 PM
807	Dependent upon the need of the indivdual and their condition.	Feb 3, 2011 11:26 PM
808	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 3, 2011 11:35 PM
809	Each case and severity is individualized so it is hard to say anything is well timed/determined in pen general swoop.	Feb 3, 2011 11:35 PM
810	at least 30hours a week for 2~5years old per lots of survey suggestion	Feb 3, 2011 11:36 PM
811	I believe that the most important component of Behavior intervention services is consistency, these services should be provided on a weekly basis for a 6 month period of time. With the acepect of in- home programs that teach important skills to developement which should be provided on a daily basis.	Feb 3, 2011 11:49 PM
812	A minimum of twice a week or as necessary according to their needs	Feb 3, 2011 11:57 PM
813	As needed	Feb 3, 2011 11:58 PM
814	Behavior analyst will spend time to observe the individuals and write up a plan for the staffs to implement. Behaviorist service should only be authorized as PRN or as needed only. Also, Regional should discontinue the requirements for a level 4 facilities to have behavior analyst or consultants to work 64 hours every 6 months, they should require it to the evel 4 facilities as needed only. Residential facilities had been tremendously affected with the 4.25% budgert cut and with the continuous increase of cost of living, it is very hard for the residential service providers to afford to pay for behavior analyst because they charged too much.	Feb 4, 2011 12:01 AM
815	B-mod consult services to be accessed no more than 2xs per year (2- 6 month contracts). If they don't get the basics in that time, it means parents are not implementing plans and not working close with specialists. ABA-proven therapies that are proven to work. No room for alternative and costly therapies that have not been proven effective. Limit of 3 six month contracts with full fledged parental involvement at each session (not just babysitter or caretaker) and separate groups that parents must attend. Hold parents responsible for reporting weekly to ABA agency and documenting when interventions are applied.	Feb 4, 2011 12:09 AM

2. Suggested service standards about how often a specific service should be

	Response Text	
816	Parent education should begin with a relatively intensive intial training (1-2 x per week for 12 weeks for example) and then taper off, to perhaps 1x m onth and then to booster sessions bi annually. Intensive behavioral/developmental services intensity should be based o n the needs of the child, but be about 10-15 hrs/week.	Feb 4, 2011 12:12 AM
817	The only way to determine frequency of delivery of service is through the professional advice of the IPP Team for the consumer as described in Lanterman Act Section 4646.5 (a) - (4) Frequency of delivery for one to eliminate long term expense may be completely differnt for another consumer.	Feb 4, 2011 12:15 AM
818	The amount of services should be based on the CDER assessment (see above). Individuals who are at greatest risk of institutionalization would receive the greatest amount of service.	Feb 4, 2011 12:26 AM
819	Service should be given per needs of individual, as often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5	Feb 4, 2011 12:41 AM
820	Would like to see guidelines and expected outcomes with a time line.	Feb 4, 2011 12:46 AM
821	At least once a month but each case could be different and weekly sessions might be required in many cases	Feb 4, 2011 12:46 AM
822	for children- at least twice a month for parents- at least once a month	Feb 4, 2011 12:47 AM
823	Yes- Should be time limited, but depending on client should be re-evaluated for a refresher courses.	Feb 4, 2011 12:52 AM
824	My daughter's doc. says she should have around 30 to 40 hours a week.	Feb 4, 2011 12:53 AM
825	30 hours/week for under 3. 40 hrs/week over 3	Feb 4, 2011 12:55 AM
826	Training, support and monitoring of disruptive behaviors should be provided for as long as the person requires it and it should be offered again when next situations arise or if situations change in their lives.	Feb 4, 2011 1:03 AM
827	Current ABA theory should be closely followed. We understand this is an expensive option for the State but failing to do anything is far more expensive on the back end. The SCHOOL system should be MANDATED to provide PROPER ABA in the classroom/school setting for 10-40 houurs per week from a qualified BCBA and not a skeptical school psychologist/teacher. DDS needs to work with Dept. of Education to make this happen. The school systems are the primary funding agency for school age children and since they know they can beat the majority of parents in a due process hearing or trick them into agreeing to IEPs when their Regional Center case workers are not around thye dodge having to provide a proper education to students with Autism and other behavioral needs.	Feb 4, 2011 1:30 AM
828	Children and adults should be seen weekly, with their parents or care providers, initially. The behavioral specialist needs to see the behaviors in action, and they need to be able to model and trouble shoot responses. Depending on the behavior, they may need to be seen more frequently. ABA services (as for the young autistic child) would be more frequent and of a different nature, in that they also focus on helping the child develop skills in multiple domains, rather than focusing just on social behavior.	Feb 4, 2011 1:35 AM
829	It depends on the needs of the consumer or family but should be as often as needed, such as 20 hours a week.	Feb 4, 2011 1:42 AM
830	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 4, 2011 1:43 AM
831	service should be provided one a week for 3 months, and unless the child shows behavior changes that are serious to be addressed then they parent will have to wait till the next year.	Feb 4, 2011 1:54 AM

2. Suggested service standards about how often a specific service should be

	Response Text	
832	On a need based standard.	Feb 4, 2011 2:00 AM
833	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 4, 2011 2:04 AM
834	for a three month to six month period of time; weekly sessions.	Feb 4, 2011 2:13 AM
835	It depends on how disabled a person is for how often a service should be provided. The person should be evaluated for their needs and only given the service to accomplish those needs.	Feb 4, 2011 2:31 AM
836	the frequency of services should be based on needs.	Feb 4, 2011 2:36 AM
837	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 4, 2011 2:40 AM
838	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 4, 2011 2:46 AM
839	Intensive help for a longer time might save a lot for the family and the regional center latter if the intervention is done again in the early age.	Feb 4, 2011 2:47 AM
840	I believe each case would neeed to be determined by the level of disability	Feb 4, 2011 2:58 AM
841	This will depend on the age and severity.	Feb 4, 2011 3:01 AM
842	When a child is diagnosed with ASD	Feb 4, 2011 3:21 AM
843	As often as necessary until the behavior is modified or lessen.	Feb 4, 2011 3:31 AM
844	As often as needed, daily if needed	Feb 4, 2011 3:37 AM
845	When a student is being evaluated.	Feb 4, 2011 3:40 AM
846	The service should be provided as often as needed. It differs with each case because of the age of the child or adult. It should be offered right away.	Feb 4, 2011 4:03 AM
847	to be determined by behaviour specialist	Feb 4, 2011 4:08 AM
848	As often as needed as determined by the IPP team working with the individual. Lanterman Act, section 4646.5 a ,4. Would YOU settle for mass generic standards of service for yourself or your children?	Feb 4, 2011 4:19 AM
849	Since many of the consumers suffer from severe mental disorders and developmental disabilities they should recieve therapy on a weekly bases. For consumers with axis I and II disorders therapy can actually save the state money. Therapy keeps these high risk consumers out of state hospitals and other costly crisis prevention programs.	Feb 4, 2011 4:38 AM
850	2-4 hours per week	Feb 4, 2011 5:05 AM
851	This would depend on the need of the child.	Feb 4, 2011 5:09 AM
852	As often as the consumer needs, and with people with DDs, that might be daily over the course of their lifetimes. Again, the frequency needs to be determined at the IPP level and be based on the consumer's needs.	Feb 4, 2011 5:43 AM
853	At least one or two programs a year.	Feb 4, 2011 5:46 AM
854	This must depend on the service and the need. Allowing the doctors and teachers and therapist and parents who know the children best to determine the frenquecy would be best.	Feb 4, 2011 6:18 AM
855	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 4, 2011 6:25 AM
856	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 4, 2011 7:21 AM
857	Depend on the issues and concerns, safety of the patient or consumer. 2-4 weeks intensive services needed immediately and need to reassess after.	Feb 4, 2011 7:25 AM
858	No more than 3x/wk during no more that 2 hrs/session for Behavioral Services	Feb 4, 2011 9:16 AM

2. Suggested service standards about how often a specific service should be

	Response Text	
859	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 4, 2011 3:10 PM
860	As often as determined necessary per the Lanterman Act provisions. A one size fits all model is clearly not appropriate. I can't even imagine how one would think that needs could be standardized when our son's needs vary with his medical complications.	Feb 4, 2011 3:35 PM
861	Service standards should be based upon the individual needs of the family and need for continued support and resources. Frequency of service should be based upon outcomes, and reflect avenues that include a support network instead of simply based upon economic considerations. Methods for service delivery should be based upon an intake of how the whole family is impacted due to disability or limiting condition, providing service solely upon developmental needs does not provide an ethical service model.	Feb 4, 2011 3:43 PM
862	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 4, 2011 3:55 PM
863	Services should be provided ASAP when a problem is suspected or diagnosed, and continued in a timely manner so that the treatment can be evaluated for its effectiveness and appropriateness for both the "patient" and the problem. Sometimes small changes can affect early outcomes!	Feb 4, 2011 4:06 PM
864	Wholey dependent on level of need. This should be determined by a proessional in the field of behavioral intervention.	Feb 4, 2011 4:10 PM
865	As often as the IPP team determines is necessary, as decribed in the Lanterman Act Section 4646.5(a)(4)	Feb 4, 2011 4:30 PM
866	I had been on the waiting list for behavioral services for my child with cerebral palsy for 6 months when I called the provider to see how much longer the wait would be. THe provider told me that they had kids that had been waiting for a year and a half and not gotten behavioral services yet. WHen I told ALta, they got mad at the provider for revealing the length of the waiting list. My son was 4 at the time. I think that was way too long for him to have to wait to start behavioral services, with Alta offering nothing interim (I had to quit my job because his behavior got too out of control for the daycare provider).	Feb 4, 2011 4:32 PM
867	As often as the IOO team determines is necessary.	Feb 4, 2011 4:43 PM
868	As often as the IPP team determines is necessary, as decribed in the Lanterman Act section 4646.5 (a) (4)	Feb 4, 2011 4:49 PM
869	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 4, 2011 4:51 PM
870	As often as the ipp states.	Feb 4, 2011 4:58 PM
871	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 4, 2011 4:58 PM
872	As often as the IPP team determines is necessary for improvement as described in the Lanterman Act	Feb 4, 2011 5:04 PM
873	It needs to be 5 days a week for at least 2 hours.	Feb 4, 2011 5:07 PM
874	as often as the IPP team decides is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 4, 2011 5:15 PM
875	Daily	Feb 4, 2011 5:34 PM
876	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4). Bearing in mind that assessments and need should drive services and this would be identified as part of the IPP team determination.	Feb 4, 2011 5:38 PM
877	This should be based solely on what the IPP team determines the need is, as defined by Lanterman.	Feb 4, 2011 5:40 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
878	As often as the IPP team determines is necessary	Feb 4, 2011 5:50 PM
879	As often as the IPP team determines is necessary as defined by the Lanterman Act Section 4646.5 a 4	Feb 4, 2011 5:59 PM
880	As often as the IPP Team determines is necessarey, as described in the Lanterman Act, Section 4646.5	Feb 4, 2011 6:00 PM
881	Depends on the child's needs.	Feb 4, 2011 6:05 PM
882	It should depend on the severity of the behavior.	Feb 4, 2011 6:18 PM
883	As often as the IPP team determines necessary as described in The Lanterman Act Section 4646.5 (a) (4)	Feb 4, 2011 6:29 PM
884	Atleast two hours per week minimun	Feb 4, 2011 6:38 PM
885	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 4, 2011 6:47 PM
886	This is dependent on the severity of the consumer's disability.	Feb 4, 2011 6:56 PM
887	Until the age of 18.	Feb 4, 2011 6:57 PM
888	This should vary for each child but should be at a minimum twice a week and at a maximum 5 times a week when the case is severe.	Feb 4, 2011 7:05 PM
889	Developmentally disabled individuals should be assessed as often as they need to be. At the beginning, these individuals may require more attention but as time passes by, and with improvement, they can be seen on a lesser frequency. When behaviors have stabilized, then they can be seen on an as-needed basis. These behaviors almost always improve w/ behavioral intervention, especially if started early on.	Feb 4, 2011 7:12 PM
890	As needed for each individual.	Feb 4, 2011 7:15 PM
891	The frequency of services should be determined by the progress of the client. If there is good follow through on the part of parents and teachers, behavior services could be limited to monitoring. In most cases the services need to be weekly and include home visits and classroom visits in the beginning.	Feb 4, 2011 7:23 PM
892	At least at the beginning with one follow up. Telephone counceling would be good, also.	Feb 4, 2011 7:33 PM
893	Evaluation can be initialized through the school counciling services. Open to parents who are experiencing trouble at home/school with children. After evaluation, duration can then be determined.	Feb 4, 2011 7:36 PM
894	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 4, 2011 7:42 PM
895	For young children with autism, ages 2 to 6, it can be provided at an intensive level, 6 to 15 hours per week and should be supplementing the school program. The intense level should last 2-3 years. For children over 6, the foucs should be on parent training and be 3-5 hours per week. For staff of integrated programs and activities, the training should be primarily for the staff, and more housr in the beginnning months, then transition to a consultation model for a few months. ,	Feb 4, 2011 8:03 PM
896	As deemed necessary by the IDT	Feb 4, 2011 8:08 PM
897	Frequency of visits and intensity of intervention (session time in-home) to be determined by provider using appropriate clinical and research based guidelines (no experimental or anecdotal evidence) to address the client's needs, with final determination of proposed intervention to be completed through review by independent clinical review process developed by Regional Center (not to be based on the provider's claims or recommendations, or claims or recommendations of outside experts)	Feb 4, 2011 8:09 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
898	This should be looked upon on a individual basis without a minimum and a maximum. There needs to be a consistency and continuity in services in order for the treatment to be succesfull.	Feb 4, 2011 8:09 PM
899	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 4, 2011 8:09 PM
900	As often as the IPP team determines is necessary	Feb 4, 2011 8:23 PM
901	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 4, 2011 8:32 PM
902	This should be determined on an individual basis, depending upon the severity/intensity of the behavioral challenge the individual is having.	Feb 4, 2011 8:36 PM
903	As often as needed by the identified individual.	Feb 4, 2011 8:43 PM
904	As often as the IPP Team determines is necessary - as described in The Lanterman Act section 4646 5 (a) (4)	Feb 4, 2011 8:45 PM
905	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 4, 2011 8:47 PM
906	Per the Lanterman Act, the IPP team should decide how a specific servicesis provided, from consultation to intensive 1:1 consumer service.	Feb 4, 2011 8:56 PM
907	This depends on nature of situation and should be on an as-needed basis. Initially the consumer might need daily intervention As time progresses, (a) this intervention can be taught to parents, teachers, aides and other members of the support team, and (b) intervention might be less frequent as consumer moves towards goals.	Feb 4, 2011 8:57 PM
908	Consumer should be assessed for his level of severity and then have a behavior plan written up for them with timelines included.	Feb 4, 2011 8:59 PM
909	as described in the lanterman act, as to how often the IPP team see's necessary.	Feb 4, 2011 9:05 PM
910	The individual program planning process should help define the specific needs of the individual, this should include outcomes desired and points of review for progress. As per Lanterman Act, the IPP identifies the supports needed for the individual.	Feb 4, 2011 9:08 PM
911	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 4, 2011 9:12 PM
912	That depends on the child. Every child on the autism spectrum is so different.	Feb 4, 2011 9:18 PM
913	using the exact teaching of Applied Behavior Analysis from Dr. Lovas.	Feb 4, 2011 9:20 PM
914	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 4, 2011 9:25 PM
915	See info above about "tiers" with range of service hours!	Feb 4, 2011 9:27 PM
916	ABA Parent Training: - two 2-hr sessions a week for 3-6 months based on the difficulty of the client (not a blanket policy) + supervisor & reporting time (don't take it from our sessions, then once a week + Sup & Reporting 3-6 months, Then bi-weekly, etc... (don;t just cut it off). An idea would be a support group session once a month after in-home is complete.	Feb 4, 2011 9:30 PM
917	As long as there are measurable, observable positive outcomes	Feb 4, 2011 9:31 PM
918	I would like to have someone either come out to our home and work with [redacted] or teach my wife and I how to teach our daughter how to use the toilet and do better in school with her behaviors. In our home twice a week.	Feb 4, 2011 9:33 PM
919	it should be 2 times a week at least one hour per sesseion.	Feb 4, 2011 9:37 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
920	As often as the IPP team determines necessary as described in The Lanterman Act section 4646.5 (a) (4)	Feb 4, 2011 9:38 PM
921	My sister is a client of Alegria assisted living. They have a behavioral specialist who visits her home on a regular basis. I hope that this service will continue	Feb 4, 2011 9:47 PM
922	As much as is needed for the individual to intragrate back into thier normal place in society.	Feb 4, 2011 9:49 PM
923	Isn't this already in place with the set hours of a POS?	Feb 4, 2011 9:51 PM
924	After a review by regional center case managers and/or IPP documentation, the service provider is subcontracted by the regional center on behalf of the client. If the services are needed, a purchase order is issued. This system seems to work well.	Feb 4, 2011 9:57 PM
925	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 4, 2011 10:01 PM
926	As often as the IPP team determines is necessary, as described in The Lanterman Act.	Feb 4, 2011 10:09 PM
927	Answer: As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 4, 2011 10:13 PM
928	Services should be provided based on needs identified in a treatment plan after observation/consultation with the family.	Feb 4, 2011 10:14 PM
929	Program recommendations should be individualized and determined by the service providers.	Feb 4, 2011 10:20 PM
930	The service standard should be flexible to allow modification based on emerging best practices and evidence based research on intervention for qualified conditions.	Feb 4, 2011 10:23 PM
931	In accord with recognized standard of best practice medical care.	Feb 4, 2011 10:24 PM
932	In order for EIBI to be effective, it needs to be given consistently for a certain period of time. What is imperative is to know cognitive levels before hand in order to match goals with abilities. Many parents who have children diagnosed with autism refuse to know cognitive levels. I do not think EIBI needs to be given to parents who do not cooperate with standards. EIBI needs to be given by professionals who will train parents to ensure consistency. Parent training also needs to be formulated in a way that parents understand and can implement. Training core groups that can train other parents on a voluntary basis may help save money.	Feb 4, 2011 10:27 PM
933	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 4, 2011 10:29 PM
934	Individuals require different levels of support, depending on their specific challenges. To maximize resources and effectiveness, a multi-disciplinary team who is familiar with the child or adult should make that determination. The frequency of service should correspond to the IPP	Feb 4, 2011 10:36 PM
935	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646 (a) (4).	Feb 4, 2011 10:38 PM
936	30~40 hours aba service per week.	Feb 4, 2011 10:49 PM
937	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 4, 2011 10:52 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
938	Intensive Behavior Services (DTT) for children should not exceed 10 hours per week. Many programs claim they have to have 15 to 40 hours per week, yet we have numerous vendors who consistently acheive the same quality results with a maximum of 10 hours per week. Parent consultation programs should not exceed 48 hours over four months	Feb 4, 2011 10:53 PM
939	As often as the IPP team determines is necessary for the individual, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 4, 2011 10:53 PM
940	At least weekly - more if warranted.	Feb 4, 2011 10:59 PM
941	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 4, 2011 11:05 PM
942	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 4, 2011 11:16 PM
943	Intensive timing at first diagnosis - 10-20 hours over a week. Puberty - probably 2-3 hour long sessions, with follow up as needed. Transition to adult services - monthly meetings for a year in advance?	Feb 4, 2011 11:25 PM
944	As often as the need is present as determined by the IPP team. Lanterman Act 4646	Feb 4, 2011 11:38 PM
945	As often as the Individual Program Plan (IPP) team determines is necessary, as described in The Lanterman Act Section 4646.5(a)(4).	Feb 4, 2011 11:39 PM
946	The term of the service should be based on the need identified in the assessment provided by the behavioral consultant. Individual needs will vary as will responses to behavioral interventions.	Feb 4, 2011 11:44 PM
947	It is important that specific services have a start and end date, age ranges, caps on the number of hours, parent participation and continued collaboration.	Feb 4, 2011 11:50 PM
948	Including all time spent in school and other structured settings (including speech therapy, occupational therapy) behavioral services are not to exceed 20 hours/week. No more than 2 hours/day 4 days/week to be paid by the Regional Center.	Feb 4, 2011 11:53 PM
949	As often as IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 4, 2011 11:56 PM
950	I believe that the services should be provided as recommended by the professional rendering the services. Some interventions require daily services, some weekly, etc. There is no one answer to this question because it depends on the individual, their specific needs and severity of disability and the family situation.	Feb 5, 2011 12:07 AM
951	I think for every 30 hours a child receives in services, a parent should receive 1 hour.	Feb 5, 2011 12:07 AM
952	I believe children who require this service need it more than twice a week. My son got 2 hours twice a week which just wasn't enough time when you factor in tantrums and teaching the parent different strategies. My son wasn't approved for more than 12 hours a month and that included evals and time for reports. It just seemed rediculous to me. Then after 3 months he was cut even though we hadn't finished our goals.	Feb 5, 2011 12:54 AM
953	Positive methods, attitiiudes. Believe in progress and follow through- do not stop too soon. The child (client) needs to have learned, figured out, how to help himself or herself to get into an appropriate response. They have disabilities, they needed to learn what is appropriate and to find out what in them will help them to gain personal control in challenging situations. Make sure the person is able to reach this point, don"t pull out supports too soon.	Feb 5, 2011 1:05 AM
954	The amount of service or intervention depends on the severity of the child.	Feb 5, 2011 1:05 AM

2. Suggested service standards about how often a specific service should be

	Response Text	
955	As consensually determined (by the interdisciplinary team process) to be necessary to effect positive change.	Feb 5, 2011 1:21 AM
956	As offten as required by the level of impairment or disability, ideally every day, several hours a day.	Feb 5, 2011 1:21 AM
957	As often as the Individual Program Plan team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 5, 2011 1:22 AM
958	Active intervention services should be frequent enough to address the challegne at hand after a formal analysis of the function of the behavior. Consultation and training can be less frequent, to give the parents time to practice and implement new skills and receive feedback. Frankly, I find this question concerning. You know with the variety of clients, their challenges, their disabilities, etc. it is ridiculous to set a hard core number. The fequency should be driven by a professional's assessment of the challenge. Make the assessor independent from the provider so that they will not bias the recommendation on frequency. Put emphasis around the assessor's credentials and process; not the number.	Feb 5, 2011 1:42 AM
959	Frequency of services should be determined by Regional Center.	Feb 5, 2011 1:51 AM
960	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 5, 2011 2:10 AM
961	Will need to be determined on a case by case basis. Should be reviewed every 6 months. Provider/vendor should be held accountable to demonstrate why the service is no longer needed as well as justify why the service should be re-authorized if that's their recommendation. Their are individuals who initially demonstrate a need, but continue to receive the same level of service even though their level of need is not the same as when they initially were authorized. This is expensive to the State. It also means there are some receiving more than what they need while others are going without.	Feb 5, 2011 3:15 AM
962	Once or twice a week for about 90 minutes/per session	Feb 5, 2011 3:34 AM
963	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 5, 2011 3:46 AM
964	Weekly	Feb 5, 2011 3:51 AM
965	4 days a week for 3 hrs a day	Feb 5, 2011 4:37 AM
966	Weekly monitorings, with the exception of the fully-assisted living consumers.	Feb 5, 2011 5:21 AM
967	Service frequency should be recommended and determined by the specialists in each service required to benefit each child and should take into consideration the family constellation and support level for following through on recommendations for home-continued therapy exercises by family at home.	Feb 5, 2011 5:36 AM
968	One hour, three times per week would be sufficient.	Feb 5, 2011 5:46 AM
969	As often as needed.	Feb 5, 2011 6:15 AM
970	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 5, 2011 6:29 AM
971	3-5 times a week	Feb 5, 2011 6:31 AM
972	1 year, with a clinical review to determine benifit and future needs.	Feb 5, 2011 6:40 AM
973	As often as the IPP team determines is necessary to accomplish the the goals identified in the IPP	Feb 5, 2011 6:48 AM
974	As needed base on the childs needs not on the needs of the organization.	Feb 5, 2011 7:25 AM
975	Specific services should be provided as much as needed according to their individual program plan.	Feb 5, 2011 7:31 AM

2. Suggested service standards about how often a specific service should be

	Response Text	
976	Based on recommended services from the providers.	Feb 5, 2011 7:43 AM
977	Based on providers' recommendation, as much as necessary according to the needs	Feb 5, 2011 7:52 AM
978	As often as the IPP team determines is necessary, as described in The Lanterman Act.	Feb 5, 2011 2:41 PM
979	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 5, 2011 3:12 PM
980	As often as the IPP team determines is necessary, as describied in The Lanterman Act Section 4646(a)(4).	Feb 5, 2011 3:33 PM
981	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 5, 2011 3:47 PM
982	no	Feb 5, 2011 3:57 PM
983	Aba, floortime, social skills groups, and parent support and couples counseling and respite should be offered weekly. Research shows early intervention is key and majority of special needs children's parents divorce. Parents should be educated and supported during the vulnerable years as the amount of therapy which is critical abd required for healthy development is time consuming and emotionally draining on the family.	Feb 5, 2011 4:10 PM
984	At least 3x a week if not more to promote consistency.	Feb 5, 2011 4:15 PM
985	I think this totally depends on the child's needs and readiness. I think that in clinlc srevices would be better than home based, cheaper, and more effective in most instances. However, your programs are tailored around the needs of the child and family. That is very important!	Feb 5, 2011 4:44 PM
986	The service should be always available and to continue on until the child shows some improvement.	Feb 5, 2011 4:53 PM
987	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 5, 2011 5:12 PM
988	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 5, 2011 6:30 PM
989	The depends on the needs of each individual. My daughter benefits from 1X/ week.	Feb 5, 2011 7:23 PM
990	Up to 40 hours per week if necessary	Feb 5, 2011 7:37 PM
991	As needed as long as measured progress is being made.	Feb 5, 2011 7:54 PM
992	Psychiatrist with medication support Behavioral specialist with plan and teaching implimentation of plan to family or providers Increase Pay to higher educationed trained individuals	Feb 5, 2011 8:11 PM
993	As often as determined by the IEP or IPP.	Feb 5, 2011 8:25 PM
994	As often as the IPP plan determines is necessary as described in The Lanterman Act 4646.5 (a) (4).	Feb 5, 2011 8:33 PM
995	There should be training that parents can go to to help with their special needs child in the area of behavior. Respite and or childcare should be there for them. Consultants are needed when everything has been tried with consumers (any age) for the caregiver to have an assessment and plan to use in the home.	Feb 5, 2011 9:50 PM
996	Group parent/provider training in basic behavioral strategies - 6 times per year Individual access to in-home behavioral services - 1 time per year - maximum total of 60 hrs per year	Feb 5, 2011 10:16 PM
997	As often as the IPP team determines is necessary , as described in The Lanternmen Act Section 4646.5 (a) (4)	Feb 5, 2011 10:22 PM

Behavioral Services

2. Suggested service standards about how often a specific service should be

	Response Text	
998	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 5, 2011 10:47 PM
999	As often as the IPP Team determines is necessary, as described in The Lanterman Act, Section 4646.5 (a) (4).	Feb 5, 2011 11:24 PM
1000	Research has proven that intensive early intervention is 25-40 hours of ABA therapy per week.	Feb 5, 2011 11:56 PM
1001	40 hours a week!! the point is to be intensive. The more we help our children now the less we'll need to support and help them in the future.	Feb 6, 2011 12:24 AM
1002	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 6, 2011 1:20 AM
1003	services should be provided also evaulating onset, severity and frecuency, when the behavior is targeted for intervention, the services should be more often, aiming at teaching the parents or caregivers how to understand and respond to the behavior, fading services to quarterly consultations	Feb 6, 2011 1:53 AM
1004	Based on individual need -- every person with autism is different	Feb 6, 2011 2:15 AM
1005	Such a service should be tailered to each childs needs and their family. Some will need more services and some will need less.	Feb 6, 2011 2:47 AM
1006	As determined by the ID Team; non-intensive 2-3 hrs p week; intensive 10-15 hrs per week	Feb 6, 2011 2:50 AM
1007	I cannot answer this question, there are more better skilled than I, yet I do know the need is great!!	Feb 6, 2011 3:16 AM
1008	In attempting to modify behavior shoud be receiving services often. At least one time a week.	Feb 6, 2011 3:49 AM
1009	: As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 6, 2011 4:27 AM
1010	Regardless of any suggested standards, the consumer, the consumer's caregivers and consumer's teachers and other school service providers where applicable must still have input regarding behavioral services, and the entire IPP team must retain the ability to determine how often the services and supports needed by the consumer should be provided.	Feb 6, 2011 5:04 AM
1011	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 6, 2011 5:50 AM
1012	At least a once weekly consultation/visit when starting out, with consultation allowed to continue over time, maybe at farther intervals, so the behavior specialist can guide the consumer/family as the behavior is evolving.	Feb 6, 2011 6:43 AM
1013	As often as the IP team determines is necessary, as described in the Lanterman Act.	Feb 6, 2011 8:02 AM
1014	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 6, 2011 4:23 PM
1015	I believe that behavior services should be provided daily. Unlike typical children, those with disabilities need daily reminders.	Feb 6, 2011 4:28 PM
1016	Behaviorist should be provide all models to individual who needs such as ABA to help individual and care giver with their behaviors.	Feb 6, 2011 5:55 PM
1017	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 6, 2011 6:45 PM
1018	Weekly at the minimum	Feb 6, 2011 7:17 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
1019	If it is a small child in school, it should be Monday -Friday. Parents should attend training classes. This will help with the behavior program at home. The behavioral professional should also go to the home at least one time a week to keep the plan in place and make adjustments as needed. The home is a lot different then school and public places.	Feb 6, 2011 7:18 PM
1020	As needed, determined by IEP or IPP. Ongoing consultation for support with specialists.	Feb 6, 2011 7:27 PM
1021	To make people wait through orientation, finding and agency with a workable time schedule, waiting for the seminar, scheduling, and 16 hours of parent training can be a nightmare. When you have a behavioral crisis in your family you should be able to get immediate help. Afterward, the rest can follow. When a family is exhausted and exasperated from dealing with a member's problems, they often do not have the stamina to follow this lengthy procedure.	Feb 6, 2011 7:41 PM
1022	This depends on the specific needs of the client, A plan should be negotiated with the clients support team and Medical professionals asd appropriate.	Feb 6, 2011 7:46 PM
1023	should be supplied to scientific research backed levels.	Feb 6, 2011 8:02 PM
1024	As needed for the client to function at their potential as long as recommendations are followed through on by all involved.	Feb 6, 2011 10:37 PM
1025	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 6, 2011 10:59 PM
1026	At least monthly but in our case we utilized behavioral services on a weekly basis.	Feb 7, 2011 1:39 AM
1027	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 7, 2011 1:59 AM
1028	that should be assessed on case by case basis and intensity of behavorial problems encountered by family and school not by diagnosis.alone	Feb 7, 2011 2:09 AM
1029	20-40 hrs per week.	Feb 7, 2011 2:46 AM
1030	As often as the IPP team determines is necessary as described in The Lanterman Act section 4646.5 (a) (4)	Feb 7, 2011 5:01 AM
1031	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 7, 2011 5:08 AM
1032	Weekly would be best. Behavior Modification Services could save the state a lot of money in the long run.	Feb 7, 2011 5:15 AM
1033	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 7, 2011 6:05 AM
1034	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 7, 2011 6:29 AM
1035	it depends on the intensity, frequency, and/or the potential danger of the behavior. Mostly one or two times per week	Feb 7, 2011 7:08 AM
1036	ideally frequently enough to make a difference in the clients life. should be based on research and best practices	Feb 7, 2011 7:16 AM
1037	The child could use the help on the days they are in school, or 2 to 3 times a week, with additional information to continue teaching their child throughout the week.	Feb 7, 2011 7:40 AM
1038	Twice a week, one hour each	Feb 7, 2011 2:36 PM
1039	As often as the IP team determines is necessary, as described in the Lanterman Act.	Feb 7, 2011 2:44 PM
1040	When required.	Feb 7, 2011 5:10 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
1041	Behaviro Intervention should be provided when there is a need to address specific types of behaviors of concern, especially if there is a health and safety concern. Adaptive Skills training should be provided when there is specific daily living skills that consumers lack. Social Skils training should be provided when the consumer shows social skills deficits. All 3 of these services should be short term and focus on the specfific need. They should be evaluated to show effectiveness. If parents/caregivers are not participating in either type of program then these parents/caregivers should not be given the opportunity to try other vendors or continue the service. As consumers progress in life all 3 of these services can be provided again is the need is there.	Feb 7, 2011 5:13 PM
1042	As often as the IP team determines is necessary, as described in the Lanterman Act.	Feb 7, 2011 5:41 PM
1043	As often as the IP team determines is necessary, as described in the Lanterman Act.	Feb 7, 2011 6:14 PM
1044	As often as the IPP team determines is necessary, as described in the Lanterman Act section 4646.5 (a) (4).	Feb 7, 2011 6:16 PM
1045	toddlers with autism need 40 hours a week of behavior intervention delivered both at home and in the community and in preschool/kindergarten. Both ABA and floortime intervention should be allowed under this criteria depending on which treatment modality the child responds to.	Feb 7, 2011 6:19 PM
1046	Short term. Parents should be trained and demonstrate hands on behavior competency.	Feb 7, 2011 6:22 PM
1047	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 7, 2011 6:28 PM
1048	Early start, In-home and community coaching development to help the person with disability be an independent and effective individual. Family support.	Feb 7, 2011 6:32 PM
1049	Receive ancillary service monthly or as needed. Have Physiological reviews every 1-3 years.	Feb 7, 2011 6:33 PM
1050	They should be provided in the home, school, community- expanding to every day life so individuals can use real life experiences and be taught how to cope.	Feb 7, 2011 6:35 PM
1051	As often as necessary as determined by the Individual Program Plan (IPP) to keep the individual and family safe. With regualar evaluations of progress. Individuals served are not stagnent, they evolve and change as you and I. Therefore their behaviors change, as one issue is resolved other come to the surface, so there may be an ongoing need for services. Ongoing services are important to keep people out of crisis.	Feb 7, 2011 6:56 PM
1052	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 7, 2011 7:29 PM
1053	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 7, 2011 7:38 PM
1054	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 7, 2011 7:49 PM
1055	Research has been done to show how often a specific service should be given in order for it to be effective - those are the standards that should be followed.	Feb 7, 2011 8:16 PM
1056	Based on progress this service needs to be available and reviewed in a timely manner. It should not be removed prematurely.	Feb 7, 2011 8:16 PM
1057	Daily at the start to immediately immerse the consumer in behavior modification. Then, on an as needed basis.	Feb 7, 2011 9:19 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
1058	ABA services should be every day of the week. It should be an average of 4-7 hours per day at the earliest age possible.	Feb 7, 2011 9:29 PM
1059	It would depend on the needs of the people being serviced, time studies or other tools could be used to assess these needs.	Feb 7, 2011 9:34 PM
1060	hours should be realistic based on the age of the child. A 40 hour program for a two year old is not realistic.	Feb 7, 2011 9:44 PM
1061	: As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 7, 2011 9:59 PM
1062	As much as is needed for the person to live as independent lives as possible.	Feb 7, 2011 10:42 PM
1063	Services should be provided as often as the IPP team determines as necessary, as described in the Lanterman Act Section 4646 a-d	Feb 7, 2011 10:59 PM
1064	As often as the IPP team determines necessary, as described in the Lanterman Act Section 4646.5 (a)(4).	Feb 7, 2011 11:00 PM
1065	As recommended by an expert after exhaustive assessment.	Feb 7, 2011 11:05 PM
1066	I imagine that this service is a life line for some parents and providers. Each person is unique so it is hard to establish how often this service be required.	Feb 7, 2011 11:05 PM
1067	How often any services should occur must depend upon results from a comprehensive assessment by specialists who are vendored for the purpose. The results from the comprehensive assessment should be considered to be a prescription for service delivery roughly similarly to how physicians' prescriptions are treated by CCL.	Feb 7, 2011 11:09 PM
1068	Let the Regional Centers make the decisions regarding program services	Feb 7, 2011 11:12 PM
1069	As often as the IP team determines is necessary, as described in the Lanterman Act.	Feb 7, 2011 11:14 PM
1070	As often as the IPP team deems necessary-Lanterman Act Sec.4646a,4	Feb 7, 2011 11:16 PM
1071	As often as the IPP team determines is necessary for the individual as specified in The Lanterman Act Section 4646.5 (a) (4).	Feb 7, 2011 11:26 PM
1072	Frequency must depend upon individual need and intensity of the issue. Should NEVER be a specified and rigid amount of time or frequency.	Feb 7, 2011 11:48 PM
1073	* More intense services based on the needs of the child, should be provided for younger students (3-5 yr old) * There should be a smooth transition between in-home and school behavior services * The frequency should be influenced by the parents skills and knowledge	Feb 8, 2011 12:00 AM
1074	At least twice a month to 4 times a month if there is an extreme need. For instance, if the child is getting suspended from school several times a year or when law enforcement has had to be involved due to violent or possible criminal behaviors.	Feb 8, 2011 12:19 AM
1075	Base it on an the individual's needs and who is supplying the services	Feb 8, 2011 12:42 AM
1076	Look at evidenced based data for behavioral interventions and go with what is proven to work.	Feb 8, 2011 12:44 AM
1077	A standard should be set based on the severity of behaviors, using an effective tool to measure behavioral changes and improvements. Services to be adjusted after re-evaluation every 6 months to 1 years or as requested by parents or school.	Feb 8, 2011 12:47 AM
1078	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 8, 2011 1:00 AM
1079	As often as needed for that individual. Daily, for some children they might need multiple sessions per day.	Feb 8, 2011 1:50 AM
1080	As often as needed.	Feb 8, 2011 1:55 AM

2. Suggested service standards about how often a specific service should be

	Response Text	
1081	20 hours per week minimum with at least 3 -4 days of service each week to be broken down as appropriate. Up to 40 hours should be offered initially to help in educating the parent and working one-on-one with the child/individual regardless of age	Feb 8, 2011 2:08 AM
1082	A specific service should be offered based on the severity of the behavioral issues that are present.	Feb 8, 2011 2:12 AM
1083	five to three days a week	Feb 8, 2011 2:16 AM
1084	If there is a specific diagnosis like autism then best practice should be provided. This would be based on the literature. However, I've seen children with diagnosis such as down syndrome that need behavior services and they do not get it because they don't have a diagnosis such as autism. If a child presents with mild behavior X number of hours, mild-moderate X number of hours, moderate x number of hours and so on... The definition for the severity should be given by the professional that specialize in that area based on an initial assessment.	Feb 8, 2011 2:53 AM
1085	Weekly for family, daily if incorporated into a day or afterschool care program	Feb 8, 2011 3:13 AM
1086	Behavioral services should be provided at a MINIMUM of 25 hours per week.	Feb 8, 2011 3:24 AM
1087	Depending on the degree of the child and the family's needs...it should be at the very least 3x a day to 5x a day with hours between 1-2 hours each.	Feb 8, 2011 3:41 AM
1088	If a family is having therapists come to their house to do ABA for 20 - 30 hours a week, there should be some accountability with progress measured every six months. This is a very expensive service and I think families sometimes want people to come to their house to "fix" their child while they abdicate their parental role.	Feb 8, 2011 3:44 AM
1089	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 8, 2011 3:48 AM
1090	How often should be determined by non-Regional Center (objective) licensed medical or psychological professional recommending the needed service based on severity of the consumer's compromises in functioning. Frequency should also be determined by standard effective levels of intensity for a particular service, also determined by the licensed medical or psychological professional. For example, Regional Centers should not specify how many hours they like to fund a particular service. Behavioral Services need to be intensive for there to be significant change and growth, 10-12 hours per week.	Feb 8, 2011 3:50 AM
1091	As often as needed. Each case needs to be evaluated on an individual basis.	Feb 8, 2011 3:51 AM
1092	This would depend on what service is being discussed. Waiting for a year is a very long time to address changing needs. Or if nothing has changed for a long period of time, perhaps becoming entrenched in a schedule is not the best predictor of life as it actually works. Rather than waiting for a complaint, perhaps being proactive is a better form of support than simply waiting for fallout.	Feb 8, 2011 4:07 AM
1093	Service for behavior students needs to be everyday. It needs to be an option of year round as well. Behavior students do make progress. One thing is for sure, breaks in service set them back. They go backwards quickly as well. It may take months to make meaningful progress in an area, but days to revert back to their old ways.	Feb 8, 2011 4:33 AM

2. Suggested service standards about how often a specific service should be

	Response Text	
1094	1. Intervention at the jobsite to inlcude the job coach or suoervisir and the case manager. 2. Parents must firs get behavioral intervention training, before the intervention in the home is provided. Parents must be willing to be part of the behavior intervention team and learn interventions that can be done by parents after the profeddional intervention stops.	Feb 8, 2011 4:42 AM
1095	This is one area that should be cut back on. This service was used once and I did not see any benefit. There may be some need for it, but it should be much more selective.	Feb 8, 2011 5:09 AM
1096	Daily	Feb 8, 2011 5:11 AM
1097	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 8, 2011 5:25 AM
1098	As often as the IPP team determines is necessary - again as described in The Lanterman Act - section 4646.5(a) (4).	Feb 8, 2011 6:04 AM
1099	Case dependent, but ideally every day. Parents can implement through training, but close work with a qualified professional is preferable. Minimum 2x week.	Feb 8, 2011 6:08 AM
1100	I believe several times a month. The people offer this service have amazing patience and talent in reach these troubled children. They have been working with my family approximately one year. The child they started with had no social skills, made no social contact and had severe problems in focusing on mechanical objects. He had no speach. That is not the child of today. Today, he is happy, loving and is learning to speak.	Feb 8, 2011 6:19 AM
1101	The service standards should be provided as often as the consumer needs the service. Consumers exhibit different behaviors at different times and/or situations.	Feb 8, 2011 6:40 AM
1102	As often as the IP team determines is necessary, as described in the Lanterman Act.	Feb 8, 2011 6:54 AM
1103	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 8, 2011 7:19 AM
1104	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 8, 2011 3:08 PM
1105	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 8, 2011 3:35 PM
1106	Minimum of 3x weekly	Feb 8, 2011 4:07 PM
1107	As often as the IPP team determines is necessary, as described in The Lanterman Act Secetion 4646.5 (a) (4)	Feb 8, 2011 4:16 PM
1108	Not as often as currently utilized. Supposedly, the basic standard is that the parents/family are present and being trained how to use the techniques that the behaviorist defines as effective. Therefore, the behaviorist can fade out quickly and the family has a valuable tool. This rarely occurs. Families often use the behaviorist as yet another babysitter, put little effort into learning the techniques and are angry when asked to participate. So- regardless of whethe rit is disabilities related many families are keeping behaviorists for years via complaining that new behaviors have come up and old behaviors have never been addressed.	Feb 8, 2011 4:21 PM
1109	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 8, 2011 4:21 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
1110	I think this depends on the individual. If someone is consistently showing signs of aggression or an inability to interact with others in a positive manner than they should consistently receive support. The question is how often do you think someone should be able to leave their home. My answer is whenever they want, but a minimum of 5 days a week is more appropriate from a budgeting perspective.	Feb 8, 2011 4:28 PM
1111	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 8, 2011 4:43 PM
1112	2x a month	Feb 8, 2011 5:41 PM
1113	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 8, 2011 5:46 PM
1114	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 8, 2011 5:52 PM
1115	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 8, 2011 5:58 PM
1116	Daily	Feb 8, 2011 6:30 PM
1117	All of the above stated services are required. Early intervention programs which include teachings and teaching methods. Consultations with experts in this area in an effort to come up with individualized education plans, as well as help with the ongoing execution of those plans. Trainings for parents, teachers, care givers should also be included. In-home programs also need to be included as part of this intervention and ongoing service plan to help Children and Adults with these disabilities.	Feb 8, 2011 6:51 PM
1118	Services should be provided once a week for a minimum of 90 minutes, with opportunities for the consumer to practice taught/learned skills in the community.	Feb 8, 2011 7:01 PM
1119	As often as the IPP Team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4).	Feb 8, 2011 7:24 PM
1120	LCSW should be involved.	Feb 8, 2011 7:28 PM
1121	Research indicates that children with Autism require an intensive model of service delivery in order for the intervention to be effective. The number of hours they attend school can be factored into this as well, but one to one teaching as well as parent training in the home is a critical part of they need. There should be a minimum of 10 hours per week of intervention and up to 20 hours per week, depending on other services the child has in place.	Feb 8, 2011 7:37 PM
1122	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 8, 2011 7:48 PM
1123	The person who screened the client and the Social Worker in consultation with the client's parents should have the authority to determine how often the behavioral service should be provided to the client.	Feb 8, 2011 7:54 PM
1124	As often as the need would have to be addressed.	Feb 8, 2011 8:08 PM
1125	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 8, 2011 8:14 PM
1126	As further provided in the Lanterman Act (Section 4646.5(a)(4)), individuals with developmental and intellectual disabilities should be afforded these services as often as is deemed necessary by a duely appointed IPP team	Feb 8, 2011 8:19 PM
1127	The specific service should be provided daily and reviewed by the funding provider (Regional Centers) as often as possible to determine it's effectiveness.	Feb 8, 2011 8:24 PM
1128	Assess all mothers of special needs children using the Edinburgh or the Mill Depression and Anxiety Checklist and then refer to a provider for treatment if the mother scores high on either of these non-copyrighted tools.	Feb 8, 2011 8:35 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
1129	For as long as the service is helping the client	Feb 8, 2011 8:53 PM
1130	at least 1-2x wkly	Feb 8, 2011 9:03 PM
1131	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 8, 2011 9:25 PM
1132	Answer: As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 8, 2011 9:42 PM
1133	Depending on the severety of the behavior. Children with Severe Autism would benefit from daily intervention, while children with add/adhd would benefit from weekly or even consultation basis.	Feb 8, 2011 9:44 PM
1134	Services should be provided in increments no less than 1.5 hours each and at least three times weekly.	Feb 8, 2011 9:55 PM
1135	As often as service providers recommend. Oftentimes up to 3 times weekly per service.	Feb 8, 2011 10:01 PM
1136	How often: No more than 10 hours per week with 100% parent participation/ involvement/ presence. Families should not receive intensive behavioral services more than one time in their life time. Can follow up with parent consultation as needed. Services should have a time limited cap, I like the NLACRC 30 month service cap.	Feb 8, 2011 10:07 PM
1137	Very difficult to be specific since it varies with each client's needs.	Feb 8, 2011 10:16 PM
1138	Daily	Feb 8, 2011 10:19 PM
1139	In the development of a young child, it is my belief that every child should have the same opportunities. Regional Centers Early Start programs allow those children who may have developmental problems that chance to catch up to their peers(if possible).	Feb 8, 2011 10:51 PM
1140	Behavioral early intervention 20 hrs per week. The standards are out there and easy to research and find. Why recreate the wheel?	Feb 8, 2011 11:13 PM
1141	That decision should be made from a either a doctor psychologist or trained clinician who works within the area of behavioral services. It should be a "team decision" between the service providers and the family or whoever the client resides with	Feb 8, 2011 11:35 PM
1142	Should have a very strong parent component, one that empowers the parent in the direct relationship with their child. This can be very cost effective, parent training in the home, parent participation with the interventionist or guide and 2x monthly supervision hours. Direct service should be a minimum of 10-15 hours, not including supervision hours. Parents commit to practicing the concepts on a daily basis. This process may take place in the child's early intervention program with all collaborative specialists working with the family and child as a team.	Feb 8, 2011 11:39 PM
1143	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 8, 2011 11:47 PM
1144	Time-limited course of intervention with objective assessment of the effectiveness of the service.	Feb 8, 2011 11:58 PM
1145	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 9, 2011 12:01 AM
1146	As often as the IPP team thinks is necessary.	Feb 9, 2011 12:13 AM
1147	Twice a week	Feb 9, 2011 12:22 AM
1148	At least twice a week specially at the begining.	Feb 9, 2011 12:42 AM
1149	when needed	Feb 9, 2011 12:47 AM
1150	monthly low rents should be given to clients/consumers	Feb 9, 2011 12:51 AM
1151	as needed	Feb 9, 2011 1:10 AM

2. Suggested service standards about how often a specific service should be

	Response Text	
1152	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 9, 2011 1:12 AM
1153	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 9, 2011 1:24 AM
1154	There should be a time limit on the duration of services, 12-15 hours/week, for a maximum of two years up to age six. Require the family to explore funding from generic resources and to disclose to the Regional Center when they have such coverage.	Feb 9, 2011 1:24 AM
1155	EIBT programs and ABA programs should maintain the same hours of help that they are providing their consumers.	Feb 9, 2011 1:28 AM
1156	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 9, 2011 2:24 AM
1157	That should be determined by the team.	Feb 9, 2011 3:13 AM
1158	This population should be the number one priority. Services should be available 5-7 days a week. Not only are they the most challenging to work with, but left alone or at home, they can cause trouble with the law etc.	Feb 9, 2011 3:21 AM
1159	see item 4	Feb 9, 2011 3:57 AM
1160	as set up by the ipp team	Feb 9, 2011 4:01 AM
1161	Intensive services was vital in our case. We averaged about 25 hours a week from an agency. But I did my best to continue the same approach during the hours that it was just the family at home. Consistency was very important.	Feb 9, 2011 4:09 AM
1162	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 9, 2011 4:35 AM
1163	Consumers actually need custom designed individual case by case implementation depending on the severity of both their needs and their behavior deficits, however I certainly do not see how fewer than four hours a week would be effective.	Feb 9, 2011 5:07 AM
1164	Refer to the Lanterman Act.	Feb 9, 2011 5:07 AM
1165	This should be dependant upon the individual and his/her specific needs.	Feb 9, 2011 5:25 AM
1166	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 9, 2011 5:35 AM
1167	6 months with the option to extend if goals have not been met.	Feb 9, 2011 5:51 AM
1168	protocol of the agency.	Feb 9, 2011 6:04 AM
1169	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 9, 2011 6:42 AM
1170	For example, as a parent myself, when presented/given 10 hours a month for behavior services, and the parents and behavior specialist and supervisor haven't seen much improvement in behaviors, then it should be determined to increase the hours, and the level of support for the family/child.	Feb 9, 2011 6:45 AM
1171	The service frequency and duration is as often and as long as necessary, based on the individual's need and his/her ability to adapt to intervention, as determined by the IPP team. For one person it might take 6 weeks, for my son it might take 6 months to a year to accomplish the same goal. Per The Lanterman Act Section 4646.5 (a) (4).	Feb 9, 2011 7:43 AM
1172	Recommendation should be made as to how many hrs are needed after initial visit with BIS worker, rather than flat rate up front. Seems that BIS hrs should only include face to face visits & caps on report writing & calling times...these seem to take up to many of the total hours used.	Feb 9, 2011 7:56 AM

2. Suggested service standards about how often a specific service should be

	Response Text	
1173	Behavior services: The service frequency and duration is as often and as long as necessary, based on the individual's need and his/her ability to adapt to intervention, as determined by the IPP team. For one person it might take 6 weeks, for my son it might take 6 months to a year to accomplish the same goal. Per The Lanterman Act Section 4646.5 (a) (4).	Feb 9, 2011 8:01 AM
1174	Depends on the needs of the caregiver. I believe we had 4 to 6 sessions.	Feb 9, 2011 8:15 AM
1175	Individually determined, based on evaluation from qualified professional	Feb 9, 2011 1:41 PM
1176	One session per week if the behavior is serious, otherwise, no more than 2 times per month. Also, family members need to demonstrate their participation in working with their family member to adapt the behavior, not assume the specialist will solve the problem alone.	Feb 9, 2011 3:03 PM
1177	Severe: weekly with HEAVY parent/family involvement mild-mod: weekly classes for parents/families for 6-8 weeks, quartely consult in-home	Feb 9, 2011 3:15 PM
1178	Services are for the independence of each individual. They should be for that only. They should not be used as a baby sitting service. They should have services they can hire on their own to provide that service. If you look at normalization, well normal families are always expected to find babysitters for their kids, why not the disabled.	Feb 9, 2011 5:14 PM
1179	See above (A). How often a specific service should be provided must meet Lanterman, Medicaid, ADA and Due Process standards. Therefore, any POS Standards must consider the following elements: 1. Decisions about what services an individual needs including any services allowed by exceptions must be made by the IFSP team. 2. Consumers and their family must receive written notice of any reduction in service including notification of any exceptions. 3. Services which exceed the POS standards must be provided when necessary to: a) Protect the consumer’s health and safety; b) Prevent out of home placement or placement in an institution; c) Prevent the provision of services in a more restrictive setting; d) Meet extraordinary consumer or family needs.	Feb 9, 2011 5:25 PM
1180	everyday of the week	Feb 9, 2011 6:23 PM
1181	As often as the IP team determines is necessary, as described in the Lanterman Act.	Feb 9, 2011 6:25 PM
1182	serivces should be provded ina group if at all possble so that parents can learn from eachother and continue to support eachother after the training ends. Services should always be time limited and focus on empowering the client and their support team	Feb 9, 2011 6:42 PM
1183	The Regional Center needs to develop baseline standards for how often behavioral intervention is need for each behavior; additional intervention can be approved based on client need.	Feb 9, 2011 7:06 PM
1184	Suggested service standards as often as the IPP Team determines is necessary, as described in the Lanterman Act Section 4646(a)(4).	Feb 9, 2011 7:08 PM
1185	Services should be available on a case by case basis. Some children need only one time a week or several times. It depends on their severity and need. But some parents have to be on board just as much as the therapists.	Feb 9, 2011 7:21 PM
1186	I feel it should be provided no more than 3 days in the home because it turns into a crutch for the parents to get a break. The parents don't ever want it to end because they like having someone in the home all the time.	Feb 9, 2011 7:26 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
1187	as often as the IPP team deems it necessary per Lanterman Act section 4646.5 9A0 940	Feb 9, 2011 7:27 PM
1188	I think it depends on the indivual progress toward there ulitmate goal.	Feb 9, 2011 7:32 PM
1189	This serivce should be provided according to need not a generic number.	Feb 9, 2011 7:34 PM
1190	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 9, 2011 7:53 PM
1191	As often as the IP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4).	Feb 9, 2011 8:26 PM
1192	On an individual basis but there should also be some accountability on the parents. If they aren't following through with suggestions from the behavior specialist then services should be discontinued. It appears that some parents use this service as a "babysitting" time and don't particularly care to be a part of the process.	Feb 9, 2011 8:30 PM
1193	As often as medically or professionally recommended. Decisions about frequency must be made by people who know the child and not by staff psychologists that only review files.	Feb 9, 2011 8:34 PM
1194	A minimum of 10 hours a week.	Feb 9, 2011 8:37 PM
1195	These services should also be provided as often as the IPP team recommends.	Feb 9, 2011 8:55 PM
1196	I would like to see services given on an as needed basis. I think the level of services should be determined based on the childs disability and not just given out based on what the service coordinator FEELS is appropiate.	Feb 9, 2011 8:57 PM
1197	Weekly, or as a separate program. A support group that meets a few times a week for about 6 months to a year to address sex education and social behaviors.	Feb 9, 2011 9:12 PM
1198	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4).	Feb 9, 2011 9:20 PM
1199	Again, I strongly believe these decisions should be made by qualified therapists, doctors and/or clinicians. Often the case supervisor is making their decisions based on budget constraints as opposed to the needs of the consumer. While it is important to stay on budget, if the Regional Centers are not providing services to their consumers, then why do they exist?	Feb 9, 2011 9:37 PM
1200	Behavior services should be provided on as needed basis fo the reasons states in number one. Each client has different needs.	Feb 9, 2011 9:48 PM
1201	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 9, 2011 9:54 PM
1202	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 9, 2011 10:30 PM
1203	Depending on individual needs should include either of the following: +direct behavioral intervention (example: ABA therapy) +periodic consult with specialist (example: psychologist, ABA supervisor or mental health specialist). +Training of parents would be a cost effective way to provide this service.	Feb 9, 2011 10:35 PM
1204	For persons of any age with minimal abillity to communicate verbally or otherwise , and for those needing direct help with basic functions of eating, toiletting, hygiene and mobility - a live provider should check in on them DAILY at the least, for as long as it takes to set up meal options, change diapers & bathe, and assist with physical movement, stimulation or exercises ordered by the Dr.to maintain minimal functioning and rehabilitation. For those with behavioral issues and who are able to live alone there should be phone, email or personal contact made at least 1-2x week for problem-solving, coaching and help with cognitive tasks. Additional appt. times should be allowed in the provider's schedule to assist with bill-paying, paperwork for services, evaluation of functional levels & needs.	Feb 9, 2011 10:37 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
1205	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 9, 2011 10:37 PM
1206	As often as the individual requires it; which can be determine in their IPP.	Feb 9, 2011 10:38 PM
1207	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 9, 2011 10:47 PM
1208	At least annually.	Feb 9, 2011 10:56 PM
1209	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4).	Feb 9, 2011 11:28 PM
1210	As per the IPP	Feb 9, 2011 11:32 PM
1211	First three hours of assessment, evaluation and implementation of interventions and follow up visit once a month for one hour interaction with the client involved.	Feb 9, 2011 11:48 PM
1212	As often as needed.	Feb 9, 2011 11:53 PM
1213	As often as the IPP team determines is necessary.	Feb 10, 2011 12:04 AM
1214	The service should be provided as often as is required to affect the needed changes. Some consumers need service at least 5 days per week.	Feb 10, 2011 12:10 AM
1215	If provided by staff, services can be repeated as necessary.	Feb 10, 2011 12:18 AM
1216	Services should be provided as long as necessary, time restrictions on programs doesnt benefit kids who obviously are so severe that it is without question a fulltime lifelong need. These people take up alot of time for single parent families and funds should be allocated to cover additional cost to support the family better as whole.	Feb 10, 2011 2:32 AM
1217	AS NEEDED FOR THE INDIVIDUAL, ALL DAY OF THE WEEK . EXISTING STANDARDS	Feb 10, 2011 7:31 PM
1218	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 10, 2011 7:34 PM
1219	when ever a situation arises that warrants intervenmtion to avoid serious communication problems	Feb 10, 2011 7:36 PM
1220	In the least intrusive enviroment with the most possible support available.	Feb 10, 2011 7:42 PM
1221	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 10, 2011 7:50 PM
1222	As often as an individual needs these services in order to grow developmentally and socially.	Feb 10, 2011 7:59 PM
1223	As often as the IPP team determines is necessary.	Feb 10, 2011 7:59 PM
1224	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 10, 2011 8:01 PM
1225	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 10, 2011 8:10 PM
1226	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 10, 2011 8:15 PM
1227	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4)	Feb 10, 2011 8:48 PM
1228	maximum of 10 hours per week in conjuction/collaboration with Occupational Therapy and Speech Therapy NOT INSTEAD of other therapies. It is the combination and collaborative efforts of addressing multiple areas of development which allows Behavioral Therapy to be effective	Feb 10, 2011 9:15 PM
1229	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 10, 2011 9:16 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
1230	As often as the IPP team determines is necessary because they are the experts, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 10, 2011 9:25 PM
1231	Behavioral Serivces should be based on case needs and "how often" these services are provided should be based on provider's clinical recommendation.	Feb 10, 2011 9:36 PM
1232	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 10, 2011 9:47 PM
1233	As often as the IPP team determines is necessary as descried in the Lanterman Act.	Feb 10, 2011 10:40 PM
1234	It should be taught on a daily basis, if they are in a day program the provider should make behavor of the consumer routine.	Feb 10, 2011 10:59 PM
1235	Frequency and duration of services should be determined by the IPP process per Lanterman Act.	Feb 10, 2011 11:04 PM
1236	The program should provide this help on a daily basis, so the consumer will think of it as routine, to not do certain acts that are not apporpriate.	Feb 10, 2011 11:12 PM
1237	4 to 5 days per week depending on Severity of disability	Feb 10, 2011 11:30 PM
1238	Services should be provided based on individual needs as often as needed.	Feb 10, 2011 11:36 PM
1239	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 10, 2011 11:37 PM
1240	Most cases benefit from 3-5 sessions (approximately 2 hours) per week.	Feb 10, 2011 11:43 PM
1241	Counseling, crisis prevention teams, and training should be ongoing. A client who needs these services at one time most likely will need the services on going as preventitive measures.	Feb 10, 2011 11:51 PM
1242	This should be daily.	Feb 10, 2011 11:59 PM
1243	Lower functioning children with autism should receive up to approximately 20 hours per week.	Feb 11, 2011 12:08 AM
1244	At least weekly but at the discretion of the M.D. or behavioral therapist.	Feb 11, 2011 12:33 AM
1245	to understand them and they feel something if it is cut and not there for them	Feb 11, 2011 12:38 AM
1246	Documented history of problems in order to provide funding.	Feb 11, 2011 12:58 AM
1247	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 11, 2011 1:05 AM
1248	At lease weekly	Feb 11, 2011 1:12 AM
1249	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 11, 2011 1:43 AM
1250	Supports should remain the same or increase.	Feb 11, 2011 1:46 AM
1251	At least weekly until age 20.	Feb 11, 2011 1:55 AM
1252	40 hours per week, intensive one-one-one, both home-based and school-based with gradual fading out	Feb 11, 2011 1:59 AM
1253	Service should be provided directly to clients, families and are providers. Monthly, until client is stabilized and then quarterly or by consult monthly.	Feb 11, 2011 2:04 AM
1254	home base ABA should be limited for scholl age children to 5hours weekly. Infants and todllers should recieved no more than 15 hours weekly due totheird age and attention span and nao needs.	Feb 11, 2011 2:07 AM
1255	It should be provided as often is truely needed as evaluated by the experts in that field.	Feb 11, 2011 2:07 AM
1256	Services should be provided per what the IPP indicates	Feb 11, 2011 2:43 AM
1257	The specific service should be provided to the specific individual as often as the IPP team had determined to be necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 11, 2011 3:05 AM

2. Suggested service standards about how often a specific service should be

	Response Text	
1258	As soon as birth and as needed throughout life. Providing an assesment at an earky stage will assist the individual in living a some what normal life,	Feb 11, 2011 3:21 AM
1259	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 11, 2011 3:44 AM
1260	Provided by trained licensed professional or under direction of professional with specific supervision. To be provided in office of professional. Should not be required to be in home of persons. Should offer parent or staff training.	Feb 11, 2011 3:59 AM
1261	Intense services initially as needed, to establish a positive pattern if intervention. If it needs to be done daily for a period of time, so be it. The demand that the parents stay involved from the beginning should stay mandatory.	Feb 11, 2011 4:05 AM
1262	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 11, 2011 4:34 AM
1263	Intensive ABA should be the standard rather than services like OT, PT and others sect provided only moderate improvement.	Feb 11, 2011 4:39 AM
1264	as often as needed.	Feb 11, 2011 4:56 AM
1265	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 11, 2011 5:00 AM
1266	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 11, 2011 5:19 AM
1267	I think that after the first assestment is done. The therapist should be more intense first, then as he progress to be able to be less and less intense. Also, they should be able to go outside because that way the costumer would be able to work socially with other children.	Feb 11, 2011 5:29 AM
1268	weekly services, part time programs	Feb 11, 2011 5:39 AM
1269	as needed per the recommendation of the consumer's physicians and professional therapists.	Feb 11, 2011 5:54 AM
1270	Speaking of behavioral consulatations, perhaps twice a month.	Feb 11, 2011 5:58 AM
1271	Depending on the disability, the more frequent the better. The early years are supposed to be very helpful in certain disabilities, like Autism. Children with autism should receive daily services...and their parents need training in the beginning on how to interact with their child(ren).	Feb 11, 2011 6:03 AM
1272	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 11, 2011 6:05 AM
1273	The frequency of the service needs to be determined by a trained professional (i.e. a certified behavior analyst) following a period of assessment of the individual's needs. Following this assessment period, goals should be formulated to be attained within the contract duration (6 months) and then a frequency of services can be recommended.	Feb 11, 2011 6:17 AM
1274	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 11, 2011 6:32 AM
1275	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 11, 2011 6:41 AM
1276	As often as necessary as pertaining to each individual, therefore as ascertained by the ISP team.	Feb 11, 2011 6:56 AM
1277	For autistic kids they need services daily and often. Consistency and many hours of early intervention are crutial to their futures!	Feb 11, 2011 12:49 PM
1278	As often as determined by the individual need to maintain them in the least restrictive setting.	Feb 11, 2011 2:17 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
1279	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 11, 2011 3:12 PM
1280	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 11, 2011 4:09 PM
1281	For children with autism, it should be 5 days per week and 6 hours per day.	Feb 11, 2011 4:29 PM
1282	25-40 hours per week, as established by the scientific literature. 40 hours is the standard known to be effective in teaching autistic children, 10 hours per week is known to be ineffective, 25 hours per week is the suggested minimum.	Feb 11, 2011 4:37 PM
1283	As needed. Every individual is different. M son for example is big boy and very aggressive and he needs 2 on 1 staff.	Feb 11, 2011 4:48 PM
1284	As often as the IPP team determines is necessary, as described in The Lanterman Act Section	Feb 11, 2011 4:53 PM
1285	As often as an IPP team deems necessary. According to the Lanterman Act.	Feb 11, 2011 5:08 PM
1286	No more than 2 years of intensive services (defined as more than 40 hours per week of total programming, including school), and then a transition period where the vendor makes recommendations for the parent to pursue the next level of less intensive services.	Feb 11, 2011 5:32 PM
1287	Psychiarist and psychotherapist visits to be determined by seeing Doctor. May be 6-8 visits per year.	Feb 11, 2011 5:34 PM
1288	I don't think these services should be cut back at all. I think the maximum which is authorized by any of the Regional Centers should be the maximum set as the standard. I think the Regional Centers that typically authorize less services would remain authorizing what they have been normally authorizing. I don't think there should be any cut backs in this area because it is such a vital service for any family dealing with someone who has a disorder which responds to behavioral intervention services. We all know that the earlier an intervention is implemented, the better the person's response.	Feb 11, 2011 5:37 PM
1289	the service should be provided as necessary depending on the person's behavior level.	Feb 11, 2011 5:51 PM
1290	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 11, 2011 5:54 PM
1291	As often as the IPP team determines is necessary, as described in The Lanterman Act	Feb 11, 2011 6:03 PM
1292	Neither of these are delt with overnight and giving these folks like 10 hours of direct and 20 hours of group is crazy ... you might as well not give them any....	Feb 11, 2011 6:08 PM
1293	I feel service should be provided until the child/persons behaviors hve decreased/ended.	Feb 11, 2011 6:11 PM
1294	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 11, 2011 6:18 PM
1295	As often as possible, at least twice a week at the day programs.	Feb 11, 2011 6:30 PM
1296	SERVICES DEPEND ON THE SPECIFIC CLIENTS AND HIS/HER NEEDS.	Feb 11, 2011 6:33 PM
1297	Come up with a state and/or national standard for behavior services based upon the data available from the experts in the field of autism.	Feb 11, 2011 6:35 PM
1298	The earlier intervention and services the better. Preschool age or sooner recommended	Feb 11, 2011 6:51 PM
1299	Services should be provided at least 3 times per week for at least an hour.	Feb 11, 2011 6:56 PM
1300	Intense and based on need at a minimum of 2-3 times a week for 1 hour sessions.	Feb 11, 2011 7:02 PM
1301	I suggest that behavioral intervention should not be provided over a six month period.	Feb 11, 2011 7:05 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
1302	Daily full year.	Feb 11, 2011 7:08 PM
1303	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 11, 2011 7:12 PM
1304	In home services are helpful.	Feb 11, 2011 7:24 PM
1305	For children with diagnoses of autism: Parent training services: once per week minimum 1:1 intensive services for children: 4-6 times per week For all others, depending on the frequency and severity of the behaviors, 2-4 times per week may be necessary initially, and then once per week until the parents or other caregivers are able to manage the behaviors on their own.	Feb 11, 2011 7:26 PM
1306	Dental 2 times yearly Education Supported Living Independent Living Behavioral Therapies Independent Work Programs IPP	Feb 11, 2011 7:28 PM
1307	As indicated earlier, the service should be time limited and a set # of hours.	Feb 11, 2011 7:40 PM
1308	I stated above	Feb 11, 2011 8:02 PM
1309	For toddlers under the age of 3 services should not be provided for more than 20 hours per week inclusive of both home and program services. For children between the ages of 3 to 5 services should not be provided for more than 10 hours per week in the home and services should be for both the client and their family/caregivers. For children between the ages of 6-8 services should not be provided for more than 5 hours per week in the home and services should be for both the client and their family/caregivers. Family participation should drive the amount of hours being provided as family participation should not fall below 80%.	Feb 11, 2011 8:03 PM
1310	Not a valid question as each consumers needs vary; however when making any determination about services, natural supports need to be considered as does not overburdening consumers with services (as many parents do). All kids, teens, and adults need some time free time.	Feb 11, 2011 8:17 PM
1311	As often as the IPP team determines is necessary,as described in the Lanterman Act Section 4646.5(a) (4)	Feb 11, 2011 8:31 PM
1312	the appropriate amount for the person in need.	Feb 11, 2011 8:39 PM
1313	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a)(4).	Feb 11, 2011 8:45 PM
1314	As often as the IPP team deem necessary	Feb 11, 2011 8:49 PM
1315	Kids should have their eyes check yearly starting the age of 3 since that's when the vision system developed the most.	Feb 11, 2011 8:57 PM
1316	Based on individual need	Feb 11, 2011 9:29 PM
1317	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 11, 2011 9:30 PM
1318	Services should be provided based on how often it was recommended by a doctor or specialist.	Feb 11, 2011 9:35 PM
1319	three times a week for young adults and once a week for younger children.	Feb 11, 2011 9:39 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
1320	Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. Behavioral services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s).	Feb 11, 2011 9:41 PM
1321	Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. Behavioral services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s).	Feb 11, 2011 9:42 PM
1322	Set guideline of hours to be established just as a start, then after 30, 60, or 90 days determine if additional needs require additional hours. At that point, the provider/vendor would know what needs the consumer and family require	Feb 11, 2011 9:43 PM
1323	Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. Behavioral services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s).	Feb 11, 2011 9:43 PM
1324	As often as the IPP team determines is necessary, as described in the Lanterman Act.	Feb 11, 2011 9:44 PM
1325	Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. Behavioral services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s).	Feb 11, 2011 9:44 PM
1326	Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. Behavioral services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s).	Feb 11, 2011 9:45 PM
1327	Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. Behavioral services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s).	Feb 11, 2011 9:46 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
1328	Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. Behavioral services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s).	Feb 11, 2011 9:47 PM
1329	This service should be made available to families if and when a crisis occurs, even if their previous behavioral services have expired. For example: my 13 year old son had services for many years and then we stopped. Now that he's begun middle school and is a teenager, different issues has arisen and we are having terrible issues in the home.	Feb 11, 2011 9:48 PM
1330	Weekly	Feb 11, 2011 9:49 PM
1331	Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. Behavioral services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s).	Feb 11, 2011 9:50 PM
1332	Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. Behavioral services may range from 2 hours per week of consultation and parent education/training to 15 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s).	Feb 11, 2011 9:52 PM
1333	The frequency of the services should be decided on a case by case basis. Based on individual client needs.	Feb 11, 2011 9:53 PM
1334	Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. Behavioral services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s).	Feb 11, 2011 9:55 PM
1335	A family can go for a year or two or three without needing therapy at home and then at age 12 or 13 puberty hits and there's a huge problem. Other things can trigger behavioral problems such as a divorce or death in the family, a new school, new medications - parents need to be able to access behavioral services at this time and not feel like they are cut off.	Feb 11, 2011 10:03 PM
1336	Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. Behavioral services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s).	Feb 11, 2011 10:08 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
1337	1. Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. 2. Parent participation should remain "A Must". 3. Parents should be required to take a behavior modificaton workshop prior to their child receiving direct services. Services should entail a parent consultation model and increase to direct services once that model has proven to be ineffective depending on the function, frequency, duration and severity of the problem behavior(s).	Feb 11, 2011 10:14 PM
1338	Behavioral services should be individualized to the needs of the consumer and may include consultation or consultation and 1:1 services. Both types of services should be direct to consumer and family and should include consumer and family in all hours. Hours may range depending on the function, frequency, duration and severity of the problem behavior(s).	Feb 11, 2011 10:17 PM
1339	This should be done for every family prior to intensive behavioral services in the home.	Feb 11, 2011 10:19 PM
1340	Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. Behavioral services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s).	Feb 11, 2011 10:20 PM
1341	Services should be provided at least 2 or 3 times and week for 1 hour, as long as a parent teaching program is part of the program. The parents should then be carrying over learned skills into their daily routine. If that is not possible therapies 5x a week for 1 hour would be ideal.	Feb 11, 2011 10:25 PM
1342	Depending on how severe the behavior is.	Feb 11, 2011 10:27 PM
1343	Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. Behavioral services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s).	Feb 11, 2011 10:29 PM
1344	As often as the IP team determines is necessary, as described in the Lanterman Act.	Feb 11, 2011 10:37 PM
1345	Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. Behavioral services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s).	Feb 11, 2011 10:50 PM
1346	Determine the Statewide average for this category, per consumer, per type of behavioral services. Use that number to set a yearly fiscal limit per individual or family. Let the person or family determine how much and when to use. Require specific justification for exceptions to the yearly allowance and make those exceptions time limited only.	Feb 11, 2011 10:51 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
1347	No change to the current amount. The current amount is hard for providers even because more use of behavioral services would be helpful to address these serious issues, but they should stay the same.	Feb 11, 2011 10:55 PM
1348	everyone that needs it between the ages of 0-3 years, early intervention is the key!!!!	Feb 11, 2011 10:58 PM
1349	Each person should be entitled to have at the minimum 12 hours of instensive therapy especially if the area in question is behavior.It is so valuable to teach these people how to express their emotions ,their needs and wants. It will make their life and those people caring for them,interacting with them,helping them more liveable.	Feb 11, 2011 11:04 PM
1350	At least once a week/1hour depending on severity	Feb 11, 2011 11:07 PM
1351	One hour per week per child.	Feb 11, 2011 11:13 PM
1352	Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. Behavioral services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s).	Feb 11, 2011 11:19 PM
1353	The services should be received at the ideal frequency for resolving the behavioral pathology, which can vary over time and in regard to the distance from the clinical provocation. Early interventions with a recent PTSD experience or crisis situation are most effective with intensive services (daily, for example) until the consumer can benefit from a fading of service frequency to once a week or less as he/she makes progress toward resolving the clinical issues. The use of weekly 50-minute counseling session is a one-size fits all does not take into account the severity or immediacy of the clinical issues, nor the optimal rate at which the consumer can participate in such remedial services. To be consumer-centered, flexibility needs to be build into the provision of services--e.g., frequent brief sessions v infrequent long sessions as the consumer processes the clinical material.	Feb 11, 2011 11:25 PM
1354	Should be based on the needs of the consumer and their family. There should be a data and progress review every 6 months to determine future services at at what level. If the service is provided for a specific target behavior then the service should be provided contingent on addressing the target behavior and a termination goal should be developed prior to the start of services.	Feb 11, 2011 11:39 PM
1355	This is consumer specific, per their IEP/IFSP and IPP.	Feb 11, 2011 11:50 PM
1356	Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. Behavioral services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s).	Feb 11, 2011 11:51 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
1357	40 hours per week of a particular category of service. Services that fall under a different category should not be subtracted from the 40 hours per week. Certain individuals have extreme needs, and therefore, exceptions should be allowed for these individuals to receive services above the 40 hours per week to meet their needs as a way to ensure health and safety for the individual, family, and community. Intensive Behavioral Services that meet individual needs. Criteria for such exceptions would include: A.)cerain behavioral issues-such as severe physical aggression, self-injury, property destruction, PICA. These should have a severity scale based on 1.) frequency, duration, intensity 2.) harm/damage caused 3.) health and safety. B.)certain family circumstances 1.) careproviders have a disability 2.) family has limited natural supports 3.) health emergencies of careprovider 4.) health and safety issues exit in home due to the behavioral issues	Feb 12, 2011 12:22 AM
1358	I don't think that one diagnosis should get more services over another. For example, a child with Autism gets 20 hours a week of behavioral vs a child with Down syndrome getting one hour a week of behavioral. I think there should be equality of services and the frequency should be based on need not DIAGNOSIS!!!!	Feb 12, 2011 12:23 AM
1359	As often as the IPP team determines is nessary . decribed 8in the Lanterman Act Section 4646(a) (4).	Feb 12, 2011 1:00 AM
1360	This should be base on a case to case basis.....depending on the severity of the customer.	Feb 12, 2011 1:23 AM
1361	This should depend on what is best needed for the consumer according to the IPP and/or IEP data. A consumer's hours should not be reduced during a week because of financial reasons but should instead be gradually reduced according to their overall improvement through time according to the most recent data collected.	Feb 12, 2011 1:27 AM
1362	AS OFTEN AS THE IPP TEAM DETERMINES IS NECESSARY, AS DESCRIPED IN THE LANTERMEN ACT SECTION 4646.5 (a) (4).	Feb 12, 2011 2:03 AM
1363	As often as the IPP team determines is necessary as described in The Lanterman Act Section 4646 (a) (4)	Feb 12, 2011 2:09 AM
1364	It is a scientific fact that ABA services are effective, research indicates therapy of 30 to 40 hrs a week of behavioral intervention should be provided for it to be effective.	Feb 12, 2011 2:38 AM
1365	At least three hours a week.	Feb 12, 2011 3:08 AM
1366	It should be based on the specific needs of each individual.	Feb 12, 2011 3:31 AM
1367	2 - 4 times per month	Feb 12, 2011 3:36 AM
1368	Standards should include providing the service in a way that will benefit the person in the future, such as life skills, job skills and functioning in society as a contributing adult.	Feb 12, 2011 3:38 AM
1369	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 12, 2011 3:38 AM
1370	This should depend on the need of the child. Of course a younger child would need much more intervention. By the time the child is in their teens they need help with more specific social problems/situations. The older a child gets hopefully the less this service need to be administrated.	Feb 12, 2011 3:45 AM
1371	Only use services that are proven effective by peer reviewed scientific studies.	Feb 12, 2011 4:08 AM
1372	I think a 3 day program per 3 hours would help a great deal . One day of perrsonal appearance and manners. One day of sex education. One day of appropriate social behavior.	Feb 12, 2011 4:28 AM

2. Suggested service standards about how often a specific service should be

	Response Text	
1373	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 12, 2011 4:43 AM
1374	As often as the IPP team determines	Feb 12, 2011 4:47 AM
1375	Ten to 20 hours per week with less reports which take a great deal of time. Ten to 20 hours per week. Reports should be every six months instead of three.	Feb 12, 2011 4:48 AM
1376	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 12, 2011 4:50 AM
1377	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 12, 2011 5:10 AM
1378	It should be provided as often as needed. Such as daily or three times per week.	Feb 12, 2011 5:36 AM
1379	Depends on the severity i.e., mild could be every 3 mos. Severe behavior could be every month.	Feb 12, 2011 5:55 AM
1380	Weekly	Feb 12, 2011 5:57 AM
1381	As per IPP	Feb 12, 2011 6:13 AM
1382	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 12, 2011 6:22 AM
1383	On a individual basis and as long as it's needed. The level of function should not be the criteria as those who are high functioning in the community need supports to remain safe and less vulnerable, the same as a person would be protected in a residence home. Equal Protection for all persons with disability.	Feb 12, 2011 6:44 AM
1384	depending on the severity of the child's diagnosis up to 30 hours a week would be a good starting point.	Feb 12, 2011 6:59 AM
1385	Those interested can always obtain information needed. If day programs and service providers are on the same page with supervision and intervention plans, the consumer would be more likely to overcome maladaptive behaviors. Currently, day programs aren't held to the same standards as residential care. Day programs are supposed to be able to intervene with maladaptive behaviors, but in fact, aren't required to do so.	Feb 12, 2011 7:25 AM
1386	If they are legimate medical services they should be provided as medically necessary.	Feb 12, 2011 7:35 AM
1387	Depending on diagnosis and observation or witnesses to extreme harmful behaviors either through self harming, harming to others, depression, severe depression, etc. beginning with 1x per week, to every other week, to once a month depending on progression of behavior as monitored by a professional and or caretaker/family member and continuous until the effected person has shown great improvement.	Feb 12, 2011 7:39 AM
1388	Specific service should be provided based on independent doctor/behavioral specialist.	Feb 12, 2011 8:06 AM
1389	2 x per week and less pressure on parent/caregiver.	Feb 12, 2011 8:36 AM
1390	10-40 hours a week	Feb 12, 2011 9:18 AM
1391	My son's (disabled twins) do not have the necessary support services necessary to meet life basic physicological needs first step in Maslow's hierachy of needs. Their ability to participate and build to second tier is being impeded by lack of resources and support from IHSS and RCOC.	Feb 12, 2011 1:32 PM
1392	As often as required.	Feb 12, 2011 1:53 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
1393	monthly	Feb 12, 2011 1:53 PM
1394	Intensive intervention for children diagnosed with Autism should be both in-home and school based. the totla number of hours that seems towork best is around 15-20 hours per week for about 2 years.	Feb 12, 2011 2:08 PM
1395	the Regional cenrer has stepped in and help with problems in behavor and with dealing with everyday task. They provide education for our son and for the parents so they can carry on the lesson.	Feb 12, 2011 3:08 PM
1396	Depends on severity of specific need	Feb 12, 2011 3:24 PM
1397	when needed	Feb 12, 2011 3:31 PM
1398	A specific service should be provided as often as necessary for the individual. Decreasing frequency should be described to the individual as progress; i.e. should be celebrated as the individual is able to self-regulate.	Feb 12, 2011 3:43 PM
1399	In the clients primary language.	Feb 12, 2011 3:45 PM
1400	People who have add/ADHD they should be able to have more locations in there area so they don't have drive far and also wouldn't be a inconvenience to them or there parents.	Feb 12, 2011 4:07 PM
1401	Several times per month to several times per week	Feb 12, 2011 4:09 PM
1402	These services should be provided based on behavioral needs to be determined by an independent psychiatrist.	Feb 12, 2011 4:14 PM
1403	These services should be provided 5 days a week, Monday thru Friday. The current six hours is the minimum amount of time per day that should be provided. . Besides the consumers themselves entitled to some kind of work and or activities out in the community, a decrease in hours in adult programing would have a huge effect on the families for those consumers that are still living with their family members. They would need to find other options for the hours during the work day which are not always available so that they could continue to work to help support their families.	Feb 12, 2011 4:22 PM
1404	This could vary by individual, but should be at a frequency appropriate for the current emotional and behavioral level of the individual.	Feb 12, 2011 4:22 PM
1405	This service should be offer at the time adult is ready after showing the maturity that they are ready to join society on their own . After high school would be the first step or after work experience showing the need,	Feb 12, 2011 4:51 PM
1406	In case of Autism, in most cases everyday.	Feb 12, 2011 5:13 PM
1407	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 12, 2011 5:13 PM
1408	Services should be based on the child's needs, not his diagnosis alone. Again, my child would receive more if he was "labeled" differently. He currently receives 8 hours of therapy in the home. I am divorced so that is 4 hours a week per home. 4 hours. That's it. No more no less... or should I say no less for now. When I asked for more hours I was told by the provider that he has to show more progress to receive more services. When I spoke to my case worker he said he has to show less improvment to recieve more services. In the end, his case worker, who was the best one we had to date, who actually advocated for my child, was laid off due to the budget. Why dont we lay off those in Sacramento making these trivial decisions??? Then maybe the children would receive the services they require. Or is that just too much to ask?	Feb 12, 2011 5:25 PM
1409	It is really dependent on each child's individual needs. That is for the behaviorist to determine after they assess the family and child's needs.	Feb 12, 2011 5:31 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
1410	Recent research by Eldevik and colleagues, 2010, shows that 36 or more hours per week of intensive behavioral intervention predicted improved cognitive and adaptive skills. Parent involvement is a key factor in success during and outside of therapy time.	Feb 12, 2011 5:35 PM
1411	At least three days per week, depending on the severity of the problem. However, consistency is necessary. If the service is too sporadic (once a week) you may be starting over each time.	Feb 12, 2011 5:44 PM
1412	The service should be provided as frequently as recommended by a behavioral services professional such as a Psychologist, BCBA, Psychiatrist.	Feb 12, 2011 5:44 PM
1413	Depends on the severity of the need. Some parents may need daily help and others an occasional class.	Feb 12, 2011 5:46 PM
1414	as determined by the regional center professional	Feb 12, 2011 5:49 PM
1415	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 12, 2011 6:06 PM
1416	Data on the effectiveness of intensive behavioral intervention reveal two things. First, there is a clear dose-response relationship with developmental gains rising in proportion to the number of treatment hours delivered each week. Eldevik et al., 2010 demonstrated that in a large sample of children who received 36 or more hours per week of intensive behavioral intervention that the intensity of treatment predicted both gains in intellectual development and adaptive skills. Secondly, we know that for treatments to be maximally effective, families must create a 24/7 therapeutic environment at home and in the community. Families must be supported in this endeavor. In addition, each consumer must be evaluated individually.	Feb 12, 2011 6:11 PM
1417	Once a week at a minumum with a maximum of 3 times a week. Each individual should be assessed for need. For example: When my 7 year old daughter was exhibiting tremendous anxiety, screaming fits that would interfere with all activities and even cause her to vomit, we started using ACES behavioral therapy provided by SARC. In the beginning we required 3 x a week, now 1 year later we are only seen 2 x a week and are in the process of ending services. My daughter has a diagnosis of Rett Syndrome. This is a dibilitating nuerological condition that makes the child unable to talk or use her hands. Many of the children cannot walk and suffer from intractable seizures. We are blessed because my daughter can walk and only has a few seizures a month.	Feb 12, 2011 6:11 PM
1418	It should have a 6 month review period.	Feb 12, 2011 6:15 PM
1419	minimum 8 hours	Feb 12, 2011 6:21 PM
1420	These services should generally be provided on a weekly basis (less often would make them much less effective). If a behavior is occurring very frequently and it is disrupting the consumer's ability to follow a regular routine, the services may need to temporarily occur on a more frequent basis.	Feb 12, 2011 6:22 PM
1421	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 12, 2011 6:23 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
1422	As provider of BIS for nearly 5 years, a tiered service model was determined to work best for our families. This model should have a 9-month duration with 60 direct service hours. The frequency and duration of sessions should be intense at the beginning of services when client/caregiver training and program implementation and modification occur. Once behavior has stabilized, both the frequency and duration of visits should be decreased. The following table is a best case scenario of this model: BIS model of service 9 month PO with 60 hours of service Month of Service Frequency of visits Length of visits 1st-2nd 2 to 3 visits per week 1.5 to 3 hours 3rd-6th 1 visit per week 1 to 2 hours 7th-8th 2 visits per month 1 to 2 hours 9th Wrap-up visit 1 hour	Feb 12, 2011 6:35 PM
1423	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 12, 2011 7:11 PM
1424	This should be based on doctor's & therapist's assessment - it should be tailored to the individual's needs	Feb 12, 2011 7:15 PM
1425	By a specialist visiting the group home regularly for behavior trainnig.	Feb 12, 2011 7:17 PM
1426	monthly	Feb 12, 2011 7:18 PM
1427	ABA services at least 15 hours a week.	Feb 12, 2011 7:25 PM
1428	Behaviorists currently can provide in home support for years. I believe it should be time limited - for example 3 months. Parents and caregivers need to take an active role and learn the techniques for full time implementation. Currently, this can be ongoing, thus, it becomes less educational for the caregivers and more of a respite itself.	Feb 12, 2011 7:48 PM
1429	Behavioral services cannot invoke much change in an individual or child unless given, at min, 2-3 days a week at approximately 1-2 hours those days. So to invoke any improvement, and make the services worth while to spend on, a child or individual, qualifying for these services, should receive no less then 4 hours a week of behavioral services.	Feb 12, 2011 7:50 PM
1430	more intensive in the early years 2 years-6 years; shift to behavioral respite when older 10 years and older	Feb 12, 2011 7:55 PM
1431	Continuity is a must for these clients. Time off hurts everyone. It costs more to replace the time off then to keep up the continuity. Also builds self respect and self esteem in everyone. The general population has higher respect for the special needs population when they are mainstreamed in our daily lives.	Feb 12, 2011 7:57 PM
1432	At the start at least 2 times a month. This can change as needs change. Hopefully decrease to once a month, several times a year and consult as changes occur.	Feb 12, 2011 8:10 PM
1433	As needed and should be monitored.	Feb 12, 2011 8:11 PM
1434	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 12, 2011 8:14 PM
1435	There should be various options for services. I do not know how many families and individuals are affected in this way in our area I cannot give an estimate for how often services should be provided.	Feb 12, 2011 8:16 PM
1436	It needs to be individualized.	Feb 12, 2011 8:22 PM
1437	provide referrals to counseling to help families work together	Feb 12, 2011 8:32 PM
1438	This statement is presumptive and is not designed with the best interest of consumers at the forefront of the needed service.	Feb 12, 2011 8:52 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
1439	In home behavioral program coordinated with school program, with as much emphasis on Mainstreaming high functioning individuals as possible. Protocol should include tangible rewards that the individual appreciates and respects. Construct should be Verbal re-interpretation of meaning (rephrasing for intent), Visual charting so that the individual can monitor his or her progress, and Rewards in the form of Motivating for Regular peer interaction. Whole group motivating ideas representing group behavior can be applied in the regular classroom, such as the "thermometer" effect-: a jar which fills up as POSITIVE BEHAVIORS ARE NOTED. This can then be modeled by Develomentally Delayed individuals. Professional evaluations such as neuropsych, speech and language, and occupational/physical Therapy evaluations should be explained by the parent or private practice professional to the teachers and INTEGRATED. For example, this parent explained how her son didn't have tandem vision to a P.E. teacher whose aim was to have students hit a certain target. When the boy was positioned sideways, with his shoulders toward the target, there was 100% accuracy. When frontally positioned, the same child missed every time. In the same light, this child needed visual accommodations such as low flourescent lighting, tracking with fingers or guides so that he wouldn't lose his place, and re-phrasing and summarization of ideas. None of these accommodations were integrated by public classroom teachers over attendance in grades K-12 even though the family opthamologist took off from his private practice to attend an IEP team meeting to explain strabismus, etc. Only in a private school setting were these problems noticed and addressed. All behavior problems then melted away. All of the above can be presented to classroom teachers as beneficial and specific to their existing behavioral program, In other words, a good behavioral program that addresses motivation will benefit all because it promotes and acknowledges intelligent decision making and good deeds.	Feb 12, 2011 9:08 PM
1440	As often as the IP team determines is necessary, as described in the Lanterman Act.	Feb 12, 2011 9:12 PM
1441	in home	Feb 12, 2011 9:18 PM
1442	Initial Assessment (udapted yearly) Behavior Support Plan (change only if the function of the behavior changes / or is modified) On going consultation - at least 2 hours per week. Progress Reports - quarterly	Feb 12, 2011 9:34 PM
1443	few times per week	Feb 12, 2011 9:36 PM
1444	Depending on the child's need some need it daily some just need it weekly	Feb 12, 2011 9:50 PM
1445	To be determined by a profressional	Feb 12, 2011 10:04 PM
1446	For those with a moderate to severe diagnosis both over and under 3 yrs of age the minimum should be 20 hours per week of 1:1 intervention with the child.	Feb 12, 2011 10:09 PM
1447	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 12, 2011 10:25 PM
1448	This totally depends on each persons needs.	Feb 12, 2011 10:28 PM
1449	After School and During Weekends provided by persons with BCBA credentials and/or Master's and Doctorate Degrees in the field of special education.	Feb 12, 2011 10:31 PM
1450	As often as deemed necessary by qualifying pediatricians and therapists	Feb 12, 2011 10:35 PM
1451	At minimum a review should be conducted once a year, for more severe challenges, once every 6 months.	Feb 12, 2011 10:36 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
1452	No provider should be in anyones home telling the parents how to be parents unless they are parents. Your providers need to have an understanding about actually living with a disabled adult. You are not going to change behaivors with one hour visit once a week. This service should be every day five days a week with 1.5 hours a day. One hour of behaivor train with consumer and .5 teaching with the parents. But if no change has taken place within a a 25 day period the service should stop. Only one behaivor should be delt with at one time. After that behaivor changes then sit with the parents and have them put together a program that they will be the service provider for and keep phone contact once a day during that period. Pay the parents for this service, again only for 25 days.	Feb 12, 2011 10:44 PM
1453	20-25 per week	Feb 12, 2011 10:51 PM
1454	Services should be provided based on the functioning level and specific needs of the child. In 17 years of working with children with autism, the most successful interventions are the ones that have 2-5 sessions per week to build the necessary skills for the child to move forward developmentally and functionally, and then strengthened and maintain them.	Feb 12, 2011 11:12 PM
1455	More often than now. Current DDS agents and service providers use a lack of understanding as a means to dismiss effective reinforcement of positive decisions. 'Do you really want to do this', 'What do you think of your father', and the like are used as ammunition against any requirement on the part of the affected person or the DDS for accountability. Whan an individual under assistance AND the DDS have accountability for progress - progress will be sooner made, with a distinct possibility of lowering demands on the DDS. While not every affected person can be functional in mainstream society, significant effort should be made to determine that progress towards independence is not possible.	Feb 12, 2011 11:31 PM
1456	Around 20 hours per week	Feb 12, 2011 11:56 PM
1457	Initially, services to the individual and their caregivers should be provided 2-3 times a week for up to 3 hours. As the individual and their caregivers start to incorporate techniques, intervention should be provided in their community so that it is ensured that these more positive behaviors are generalized. Develop an individualized plan that includes specific goals that are relevant to the individual.	Feb 13, 2011 12:12 AM
1458	through one on one behavioral therapist or through group sessions	Feb 13, 2011 12:20 AM
1459	Depends upon the child: speech would need more meetings, OT would need time, and play group/social group would depend upon the desire of the child and availability of the family.	Feb 13, 2011 12:29 AM
1460	Specific services should be available as often as necessary to achieve positive results with the individual. And should be changed if positive results are not achieved.	Feb 13, 2011 12:42 AM
1461	as needed	Feb 13, 2011 12:48 AM
1462	as needed	Feb 13, 2011 1:13 AM
1463	as is necessary	Feb 13, 2011 1:28 AM
1464	40 hours of ABA a week. It is essential to the childs learning develop at the beggining of treatment.	Feb 13, 2011 1:40 AM
1465	Depending on severity of child's behavioral excesses and deficits, services should range from 2 hrs per week of parent training to 20 hrs per week of 1:1 support and parent training combined	Feb 13, 2011 2:02 AM
1466	Specific services should be provided as long as the individual requires them as determined by a collaborative team.	Feb 13, 2011 2:03 AM

2. Suggested service standards about how often a specific service should be

	Response Text	
1467	The State needs to find cut backs on other services, not cut back on those who need them to survive. These people should not have to suffer because our government has not been able to make their budget for years. Where will these people go to get help? We can't afford to loose these services that have helped my daughter her entire life.	Feb 13, 2011 2:16 AM
1468	as needed	Feb 13, 2011 2:33 AM
1469	I think what you have specified is great.	Feb 13, 2011 2:35 AM
1470	Focused Applied Behavior Analysis (ABA) Services: Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. ABA treatment services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s). Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Children over age 3: Initially 30-40 hours per week (6-7 hours daily, 5 -6 days/week) of 1:1 applied behavior analytic treatment co-funded with public schools or other secondary funding agency (i.e., health insurance) are what is supported by research and is appropriate for this age level. Treatment is initially 1:1 in a very structured teaching session, incorporating naturalistic teaching techniques as soon as child demonstrates s/he benefits from this type of teaching. As child progresses and is meeting established criteria for placement in small group settings, s/he will receive treatment in a group setting (i.e. preschool).	Feb 13, 2011 2:36 AM
1471	Behavior intervention services should be based upon a consumer's level of need as determined by the behavior analyst coducting the initial and on-going assessments.	Feb 13, 2011 2:43 AM

2. Suggested service standards about how often a specific service should be

	Response Text	
1472	Focused Applied Behavior Analysis (ABA) Services: Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. ABA treatment services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s). Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Children over age 3: Initially 30-40 hours per week (6-7 hours daily, 5 -6 days/week) of 1:1 applied behavior analytic treatment co-funded with public schools or other secondary funding agency (i.e., health insurance) are what is supported by research and is appropriate for this age level. Treatment is initially 1:1 in a very structured teaching session, incorporating naturalistic teaching techniques as soon as child demonstrates s/he benefits from this type of teaching. As child progresses and is meeting established criteria for placement in small group settings, s/he will receive treatment in a group setting (i.e. preschool).	Feb 13, 2011 2:55 AM
1473	25 hours a week including any school.	Feb 13, 2011 3:06 AM
1474	Emphasis on Parent Education that involves teaching parents not just what to do, but how to understand the nature of their family member's (Consumer's behavior)	Feb 13, 2011 3:07 AM
1475	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 13, 2011 3:08 AM
1476	As often as the IP team determines is necessary, as determined in the Lanterman Act.	Feb 13, 2011 3:14 AM
1477	Initially, taught by professionals in a group format to parents in a timed weekly format, say 6 to 10 sessions 1 x a week with family goals for implementation. Each family could be paired with a Regional Center CSC to determine how they are managing at home with the training. If parents need further training, then they repeat the 6 to 10 week training cycle. Perhaps a test should be given to determine if they are applying what they are learning. Then parents provide to their own children. AND....to children who will best benefit by it as determined by what their strengths and their ability to assimilate the information...in essence children without MR or who are mildly impacted, Mild Mental Retardation	Feb 13, 2011 3:25 AM
1478	It depends on what cause that behavior problem. The number and frequency of service should determine by specialist.	Feb 13, 2011 3:30 AM
1479	As determined by data.	Feb 13, 2011 3:33 AM
1480	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 13, 2011 3:34 AM

2. Suggested service standards about how often a specific service should be

	Response Text	
1481	this service should be given 5 days a week for 30 days. the session should be 1.5 hours long - one hour for the consumer and 1.2 hour for the parents to be taught. the service should only be for one behaivor or up to 3 behaivors that are interrelated to each other. at the end of 30 days the behaivor service should stop.	Feb 13, 2011 3:36 AM
1482	# Focused Applied Behavior Analysis (ABA) Services: * Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. * ABA treatment services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s). # Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Children over age 3: * Initially 30-40 hours per week (6-7 hours daily, 5 -6 days/week) of 1:1 applied behavior analytic treatment co-funded with public schools or other secondary funding agency (i.e., health insurance) are what is supported by research and is appropriate for this age level. * Treatment is initially 1:1 in a very structured teaching session, incorporating naturalistic teaching techniques as soon as child demonstrates s/he benefits from this type of teaching. As child progresses and is meeting established criteria for placement in small group settings, s/he will receive treatment in a group setting (i.e. preschool).	Feb 13, 2011 3:37 AM
1483	A minimum of 1/week until the service provider is confident of sufficient progress in the family to establish safe boundaries and engage in appropriate behavior management techniques.	Feb 13, 2011 3:40 AM
1484	As often as each case needs determined on an individual basis	Feb 13, 2011 3:58 AM
1485	Always based on the individuals needs. Some need a few hours a day some a few hours a week or month.	Feb 13, 2011 4:01 AM
1486	Once there is an identified problem, the next step is to determine if the problem is affecting the child and the families quality of life. If so, then services are set up with a Board Certified Behavior Analyst who can list out the steps that are needed to correct the problem. Behavioral Services should not be a long term. A behavioral assessment is completed (2 weeks), behavior plan is written with the family (one week) and implementation of the plan is implemented with the family while receiving feedback from the BCBA (3 weeks). The final stage is the family implementing the plan on their own. There could be a one time consult with family after consistent implementation from the family to make sure plan is working.	Feb 13, 2011 4:08 AM
1487	3-4 times a week.	Feb 13, 2011 4:10 AM
1488	36-50 hours per month.	Feb 13, 2011 4:24 AM
1489	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 13, 2011 4:24 AM
1490	at least once a week	Feb 13, 2011 4:28 AM
1491	I believe they should be provided at least a few times a week to have the proper repetition and consistentsy	Feb 13, 2011 4:37 AM

2. Suggested service standards about how often a specific service should be

	Response Text	
1492	specific hours of services should be individualized to each person's need as identified by qualified behavior analysts rather than a funding agency and delivered on a consistence basis 5-6 days per week and should include some aspect of parent and caregiver training in addition to 1:1 services.	Feb 13, 2011 4:41 AM
1493	Young children who are "at risk" for an autism spectrum disorder are appropriate for 10-18 hours of 1:1 applied behavior analytic (ABA) treatment. Children awaiting diagnosis should receive fewer hours of intervention. Time spent away from therapy is considered time where children may move even farther away from the desired developmental trajectories. Therefore, children with an autism spectrum diagnosis should have increasing hours of treatment up to 25 hours as they near age 3. Child's availability for therapy (endurance, need for naps, etc.) is one guide to therapy length and duration. Sessions of 2 to 2 ½ hours in length are appropriate. Treatment is provided in their home, unless for some reason this is not possible. Treatment can also be effectively provided in a treatment center that is set up for young children.	Feb 13, 2011 4:48 AM
1494	As needed bases, but any amount is better then none	Feb 13, 2011 4:53 AM
1495	ocused Applied Behavior Analysis (ABA) Services: Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. ABA treatment services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s). Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Children over age 3: Initially 30-40 hours per week (6-7 hours daily, 5 -6 days/week) of 1:1 applied behavior analytic treatment co-funded with public schools or other secondary funding agency (i.e., health insurance) are what is supported by research and is appropriate for this age level. Treatment is initially 1:1 in a very structured teaching session, incorporating naturalistic teaching techniques as soon as child demonstrates s/he benefits from this type of teaching. As child progresses and is meeting established criteria for placement in small group settings, s/he will receive treatment in a group setting (i.e. preschool).	Feb 13, 2011 4:53 AM
1496	Daily intervention	Feb 13, 2011 4:56 AM
1497	First, training should take place in small homogenious groups of identified parents that have been screen and selected by trained Regional Center staff (Trained in PBS methods and interviewing techniques). Second, the parents return to their homes and introduce their QIR child(ren) of any age to new ways of interacting and living using PBS. I would suggest having training methods being taught available in DVD format that can be checked out and used in the home. Thrid, after the QIR have been introduced to PBS by the parents, a trained RC staff familiar with the case will visit the home and shadow the progress and methods employed and set up telephone support. Fourth, after the correct methods are being employed by parents are being consistent annual visits and follow-ups.	Feb 13, 2011 4:59 AM

2. Suggested service standards about how often a specific service should be

	Response Text	
1498	5 x a week	Feb 13, 2011 5:00 AM
1499	Once a year seminars or camps for disable teens	Feb 13, 2011 5:01 AM
1500	Focused Applied Behavior Analysis (ABA) Services: Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. ABA treatment services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s). Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Children over age 3: Initially 30-40 hours per week (6-7 hours daily, 5 -6 days/week) of 1:1 applied behavior analytic treatment co-funded with public schools or other secondary funding agency (i.e., health insurance) are what is supported by research and is appropriate for this age level. Treatment is initially 1:1 in a very structured teaching session, incorporating naturalistic teaching techniques as soon as child demonstrates s/he benefits from this type of teaching. As child progresses and is meeting established criteria for placement in small group settings, s/he will receive treatment in a group setting (i.e. preschool).	Feb 13, 2011 5:04 AM
1501	every other day	Feb 13, 2011 5:27 AM
1502	It really depends on the child. Any deficit that a child has can lead to behavioral issues. To use ABA services as a true preventative measure, the maximum amount of hours should be alloted, but that is unrealistic. Yet, it does not make sense to wait until the behavior emerges and/or gets worse to intervene. Maybe there can be a way to ensure parent participation, the more parent participation, the more hours they may receive. In general a minimum of ten hours and a max of 30 depending on what other services they have as well.	Feb 13, 2011 5:29 AM
1503	Follow thru from 16-18 years of age for the child	Feb 13, 2011 5:33 AM
1504	According to Lovaas (1987), UCLA study on early intervention, 30-40 hours a week is the recommended. Anything less should be done so at a level as high as possible.	Feb 13, 2011 5:40 AM
1505	Behavior consultation serives should be provided as much as is needed to ensure the necessary changes in behavior for consumer safety, the safety of others, optimal development, and optimal community integration. The timing and frequency of services may vary depending on the specific needs of the consumer receiving the services, and the availability of staff or other caregivers receiving training in behavioral intervention techniques for the benefit of the consumer.	Feb 13, 2011 6:08 AM
1506	Studies have shown that children between the ages of 3 years and 8 years benifet from an ABA program. At some point around the age of 8 years. Transition to the school district should be recommended for support and goals for the child	Feb 13, 2011 6:22 AM

2. Suggested service standards about how often a specific service should be

	Response Text	
1507	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 13, 2011 6:23 AM
1508	The frequency and intensity of such sevices should be determined by assessed need. The age of the individual, intensity of the behaviors, risk of placement, length of time the individual has been engaging in the behavior and other factors identified during a Functional Analysis Assessment should guide the decision around how often a specific service should be provided. Generally, parent consultation and training by a qualified behavior analyst could range from 4 to 6 hours a month initially with direct 1:1 instruction and training of the consumer for an additional 6 to 20 hours per week by a qualified behavior assistant.	Feb 13, 2011 6:36 AM
1509	the process of changing behaivor is a constant maintance of procedures that will direct the behaivor. The actual service of changing behaivor should be done five days a week, for 1.5 hours each day with a experienced behaivorist. One hour spent with the consumer and .5 hours with the staff or parents teaching them. This should continue on a five day week for five to six weeks. Behaivors addressed should be limited to behaivors that are interconnected to each other only. One major behaivor at a time.	Feb 13, 2011 6:55 AM
1510	However much is needed all people are different aswell as their needs.	Feb 13, 2011 6:57 AM
1511	As often as the IP team determines is necessary, as described in the Lanterman Act.	Feb 13, 2011 7:19 AM
1512	Services should be at an as needed per child basis, each case is uniqe and it would be hard to determain across the board how much time each child should receive.	Feb 13, 2011 7:24 AM
1513	Services should be allowed to be conducted in both the home and community settings. Parental involvement required by being present at least 50% during services, attend & participate in clinic meetings and show measurable progress on parental goals. Services should be based on NEED and not held to "cookie cutter" standards which are time limited, based upon a person's age, tied to budgetary factors etc.	Feb 13, 2011 7:39 AM
1514	A few days per week depending on the severity of the deficit of the consumer.	Feb 13, 2011 9:35 AM
1515	Daily	Feb 13, 2011 10:42 AM
1516	Outpatient behavioral evaluation and intervention plans and follow up support for families, schools, and workplace home placements into adulthood	Feb 13, 2011 1:31 PM
1517	Ideally, this therapy should take place for at least 20 hours a week. Due to budget cuts, my son is not getting what he needs (6 hours is all he receives).	Feb 13, 2011 3:11 PM
1518	more parent ed less 1:1	Feb 13, 2011 3:38 PM
1519	The service should be provided as often as needed. At first, more hours per week are necessary to model and properly educate parents. As parents become more confident and capable the services can be provided less frequently with more consultation.	Feb 13, 2011 4:02 PM
1520	When necessary	Feb 13, 2011 4:05 PM
1521	How often a specific service should be provided: It is suggested that there be a standard range for each service...(1-5 hours per week with a maximum of 20 hours) individualized for each child's need.	Feb 13, 2011 4:09 PM
1522	No less than biweekly.	Feb 13, 2011 4:24 PM
1523	children in early childhood need constant therapy in order for it to work. I think that services should be every day if needed.	Feb 13, 2011 4:36 PM
1524	Services should be based on the level of challenges that a child. We all have different criterias for support and should be based on level of needs.	Feb 13, 2011 5:09 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
1525	As often as possible. Daily, if necessary.	Feb 13, 2011 5:12 PM
1526	Focused Applied Behavior Analysis (ABA) Services: Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. ABA treatment services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s). Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Children over age 3: Initially 30-40 hours per week (6-7 hours daily, 5 -6 days/week) of 1:1 applied behavior analytic treatment co-funded with public schools or other secondary funding agency (i.e., health insurance) are what is supported by research and is appropriate for this age level. Treatment is initially 1:1 in a very structured teaching session, incorporating naturalistic teaching techniques as soon as child demonstrates s/he benefits from this type of teaching. As child progresses and is meeting established criteria for placement in small group settings, s/he will receive treatment in a group setting (i.e. preschool).	Feb 13, 2011 5:21 PM
1527	There are too many variables to consider to be able to provide a brief survey comment. Frequency of services should be based on a comprehensive assessment completed by certified/degreed professionals.	Feb 13, 2011 5:25 PM
1528	Depending on the case, the child should receive more hours of help if a more intensive therapy is required.	Feb 13, 2011 5:34 PM
1529	Services must be administered in a setting in which the consumer can grasp the concepts (alternate behaviors, etc.). The services also must be repeated enough times for the consumer to learn how to generalize what's being learned during the lesson, so the new or modified behavior can be utilized in the community.	Feb 13, 2011 5:59 PM
1530	As needed and as early in years as possible. The more hours in earlier years than latter. The earlier the attention provided the more success is the possibility.	Feb 13, 2011 6:24 PM
1531	Minimum 2 times a week or behavior assessment and plan that home care provides, family members, work programs, and instructors can then implement.	Feb 13, 2011 6:35 PM
1532	6-8 hours per week	Feb 13, 2011 7:07 PM
1533	individualized according to needs and levels of functioning; treatment plan should be based on the function of problem behaviors For adults, up to 20-hours one on one services or 2 hours weekly consultation. For younger kids, one on one services may need about 30-40 hours per week.	Feb 13, 2011 7:26 PM
1534	Services should be tailored to clients. However, intensive intervention had proven to be more effective. I agree with the 40 hours per week standards, including school and home based services.	Feb 13, 2011 7:37 PM
1535	Autism should be treated individually. It seems like it is treated as a whole. There are high and low functioning and the center wants to cater around the high functioning because these kids are able learn faster, thus, it can easily show through data that treatment is working. Everyone forgets about the low functioning...it seems loke a lost cause.	Feb 13, 2011 7:43 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
1536	Monthly	Feb 13, 2011 7:46 PM
1537	Services should be received as often as needed. RDI should be provided to families with children on the spectrum if they request it. Education therapy should also be provided to children and families who need it.	Feb 13, 2011 8:03 PM
1538	Young children who are "at risk" for an autism spectrum disorder are appropriate for 10-18 hours of 1:1 applied behavior analytic (ABA) treatment. Children awaiting diagnosis should receive fewer hours of intervention. Time spent away from therapy is considered time where children may move even farther away from the desired developmental trajectories. Therefore, children with an autism spectrum diagnosis should have increasing hours of treatment up to 25 hours as they near age 3. Child's availability for therapy (endurance, need for naps, etc.) is one guide to therapy length and duration. Sessions of 2 to 2 ½ hours in length are appropriate. Treatment is provided in their home, unless for some reason this is not possible. Treatment can also be effectively provided in a treatment center that is set up for young children.	Feb 13, 2011 8:17 PM
1539	Without Behavioral Services to children and family of disabled (Including Autistic Children) this country will be in for a tsuanmi of problems years from now.	Feb 13, 2011 8:17 PM
1540	Behavioral services like many services are available and need to be delivered based on evidence of improvement not on a philosophy that more services will produce improvement. More is not necessary better. In fact there are studies that demonstrated that clients (i.e.,early intervention) who received fewer than 40 hours a week made significant gains. How often should be based on case by case and use of recent research should be considered.	Feb 13, 2011 8:19 PM
1541	Everyday of the week. Currently, most children under the age of 3 are receiving 10-12 hours Monday through Friday and this includes 10-15 mins to set up, 10-15 min break and 10-15 minutes for notes at the end of session as well as any parent training. With a diagnosis of autism, most kids need far more hours and they should be getting ABA therapy everyday.	Feb 13, 2011 8:24 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
1542	Focused Applied Behavior Analysis (ABA) Services: Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. ABA treatment services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s). Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Children over age 3: Initially 30-40 hours per week (6-7 hours daily, 5 -6 days/week) of 1:1 applied behavior analytic treatment co-funded with public schools or other secondary funding agency (i.e., health insurance) are what is supported by research and is appropriate for this age level. Treatment is initially 1:1 in a very structured teaching session, incorporating naturalistic teaching techniques as soon as child demonstrates s/he benefits from this type of teaching. As child progresses and is meeting established criteria for placement in small group settings, s/he will receive treatment in a group setting (i.e. preschool).	Feb 13, 2011 8:24 PM
1543	This has to be individually determined by the caretaker and social worker	Feb 13, 2011 8:27 PM
1544	Frequency of services should be provided based on the individual needs of the individual as evidenced by a thorough behavioral assessment. Each individual's needs are different.	Feb 13, 2011 9:00 PM
1545	Frequency should be determined by severity of need and in order for continued service to be provided the individual/family recording service should be demonstrating continued progress as well as continued need.	Feb 13, 2011 9:05 PM
1546	No more than 2 weeks every 2-3 years. It's the daily supervision/implementation which is affective.	Feb 13, 2011 9:29 PM
1547	Depends on the situation and the child.	Feb 13, 2011 9:51 PM
1548	as needed no less than once a week	Feb 13, 2011 9:57 PM
1549	Services should be provided as needed, per advise of teacher, dr. or caseworker	Feb 13, 2011 10:01 PM
1550	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 13, 2011 10:02 PM
1551	In home for the recommended number of hours that current research supports.	Feb 13, 2011 10:09 PM
1552	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 13, 2011 10:38 PM
1553	SERVICES SHOULD BE ON A NEED BASIS AS EVERYONE IS DIFFERENT AND MAY NEED JUST A SHORT TERM DIRECTION	Feb 13, 2011 10:41 PM
1554	The Ideal solution is a trained set of parents because the Child get 24-7 service. This would be overseen by a trained , knowledgeable and/or licensed professional in the needed fields.	Feb 13, 2011 10:55 PM
1555	The consumers should get an adequate time, so it can be consistant and the consumer can benefit from the services.	Feb 13, 2011 11:48 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
1556	Intensive intervention is best. depending on the consumer's age, a 5 day a week program for younger children (3-6) is appropriate, and then tapering off to weekly, then monthly, parent consultation is best.	Feb 13, 2011 11:49 PM
1557	For moderate to severe, 16 hours per week, minimum	Feb 14, 2011 12:07 AM
1558	This question is best answered by the IPP team and guided by available best practices data. In the case of autism, behavioral services programs have proven to be effective when implemented at 25-40 hrs/wk, year around. People live every day, they confront challenges every day, and they need adaptive and pro-social behavior skills every day. Why should they not receive support in the form of behavioral services every day (or nearly every day)?	Feb 14, 2011 12:30 AM
1559	5 days a week	Feb 14, 2011 12:49 AM
1560	There are a great amount of variances that determine what is appropriate for each child diagnosed on the spectrum. Some kids may only require 10 hours a week of ABA, however others may need as much 35hrs. To someone unfamiliar with ABA or autism, 35 hours seems extreme and unwarranted. A child with autism, needs consistency and needs to a great deal of intensive behavioral support. Two hours a day is typically not enough, although what one considers typical is out of the ordinary to another person. A thorough evaluation is needed to really determine what the child can tolerate and what amount of support they will truly benefit from. It should start out gradual and ABA should not be the soul basis of support; including occupational therapy, physical therapy and speech therapy have their place, but they too have varying different standards as well. If we are discussing early intervention services, and an intensive level, 25 hours should be the abusolute minimum. When you consider a typical day for a child, that is equal to 2 hours in the morning and 3 hours in the afternoon (5 day week) or 4 hours (2 in the morning, 2 in the afternoon) 7 days a week. All of this is dependent on the age of the child, degree of autism, and how much time/effort the family can put in to this very intensive program.	Feb 14, 2011 1:04 AM
1561	As often as the IPP team determines is necessary, as described in the Lanterman Action Section 4646.5 (a) (4).	Feb 14, 2011 1:10 AM
1562	This question can only be answered on an individual basis and should be determined by an assessment by an appropriate service provider (see question #4 for definition of “appropriate service provider”). Services should be provided as often as the severity of the behavior and family’s ability to support the intervention dictates.	Feb 14, 2011 1:11 AM
1563	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4).	Feb 14, 2011 1:21 AM
1564	As needed and as determined by the case care team (client, RCOC worker, RCOC team lead, employer, conservator, parent, guardian, or group home administrator)	Feb 14, 2011 1:23 AM
1565	The services should be based on the individual's individual needs and ability to gain by the services. ie children need the services to learn the proper behaviors while young adults may need the services to remove a newly picked up inappropriate behavior as they go through puberty. The frequency would be based on the severity of the behavior and the ability to benefit from it, but in any case it should always state a time frame for the services and a time frame in which it will be re-evaluated to see the benefits or to stop the service, (ie: [redacted] is to receive behavioral services twice a week for six weeks with xxxxxx, to address his feelings and frequent masturbation during the onset of puberty. The goal is to decrease [redacted]s masturbation in public and help [redacted] understand where and when masturbation is acceptable and how to deal with the feelings surrounding this issue. At the end of six weeks xxxx and service provider will re-elvaulate the need for continued behavioral services for this situation).	Feb 14, 2011 1:47 AM

2. Suggested service standards about how often a specific service should be

	Response Text	
1566	As needed and the recommendation by an individual with at least a masters in the relative field.	Feb 14, 2011 2:18 AM
1567	As required for client's best adaptability and functioning	Feb 14, 2011 2:22 AM
1568	Twice or three times per week for two hours each time.	Feb 14, 2011 2:23 AM
1569	Focused Applied Behavior Analysis (ABA) Services: Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. ABA treatment services may range from 2 hours per week of consultation and parent education/training to 30 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s). Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Children over age 3: Initially 30-40 hours per week (6-7 hours daily, 5 -6 days/week) of 1:1 applied behavior analytic treatment co-funded with public schools or other secondary funding agency (i.e., health insurance) are what is supported by research and is appropriate for this age level. Treatment is initially 1:1 in a very structured teaching session, incorporating naturalistic teaching techniques as soon as child demonstrates s/he benefits from this type of teaching. As child progresses and is meeting established criteria for placement in small group settings, s/he will receive treatment in a group setting (i.e. preschool).	Feb 14, 2011 2:35 AM
1570	As often as the IPP team determines is necessary	Feb 14, 2011 2:56 AM
1571	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 14, 2011 3:18 AM
1572	1. Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as it frequency, duration and severity. 2. ABA trreatment services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s).	Feb 14, 2011 3:26 AM
1573	When the family member tells the Case Manager incidents, and that the family member needs help, it should occur within a timely manner. What does it take? A tradegy!	Feb 14, 2011 4:25 AM
1574	This services would be provided either in the home or in a clinic/office setting. I think the service provider and the parent together should make that decision based on the needs of the parent and child.	Feb 14, 2011 4:30 AM
1575	Should be provided in the home setting after successful completion of group training classes by the parent/caregivers. Should be no more than 2 hours per week and not to continue more than 6 months.	Feb 14, 2011 4:42 AM
1576	see above	Feb 14, 2011 4:56 AM
1577	Up to the age of 3--20/30 hours per week, after age 3, depending on other services being offered by the school district (preschool programs, speech therapy), up to 20 hours. I have seen first hand how due to cuts some severely autistic children age 3 and up receive 7 hours of ABA, that is a joke!	Feb 14, 2011 4:56 AM

2. Suggested service standards about how often a specific service should be

	Response Text	
1578	at least 2 -3 times a week for 2 hours 1-1 ABA support at home and community	Feb 14, 2011 5:14 AM
1579	Families should be provided with a junior behaviorist that works with the child and a parent consultant to advise on how to carry on a program. Services should last while making progress or until all help has been exhausted and no progress is capable. Junior behaviorist - 2 x per week for 1-2 hours so they can fully understand the child and help the family Parent consultant - 1 x each week or every 2 weeks	Feb 14, 2011 5:15 AM
1580	the service should be provided both in the home environment and through support in public settings	Feb 14, 2011 5:17 AM
1581	I agree with the service standards about how often a specific service should be provided up to this point.	Feb 14, 2011 5:28 AM
1582	Focused Applied Behavior Analysis (ABA) Services: Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. ABA treatment services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s). Services are typically provided for 6 months to 2 years depending on the severity of the behavior. Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Children over age 3: Initially 30-40 hours per week (6-7 hours daily, 5 -6 days/week) of 1:1 applied behavior analytic treatment are what is supported by research and is appropriate for this age level. These services may be co-funded with public schools or other secondary funding agency (i.e., health insurance). Duration of comprehensive treatment for children with autism is 2-4 years, with the intensity of services fading at that time. The research indicates that effective treatment is initially 1:1 in a very structured teaching session, incorporating naturalistic teaching techniques as soon as child demonstrates s/he benefits from this type of teaching. As child progresses and is meeting established criteria for placement in small group settings, s/he will receive treatment in a group setting (i.e. preschool). If the child is not able to show progress towards independence, then transition to school district supports may be the appropriate goal.	Feb 14, 2011 5:44 AM
1583	As recommended by Regional Center behavior specialist and the provider behavior specialist.	Feb 14, 2011 6:04 AM
1584	I suggest that the regional center follow the recommendations of the qualified provider (e.g. board certified behavior analyst) or the general guidelines of the California Association for Behavior Analysis.	Feb 14, 2011 6:39 AM
1585	SUGGEST 1-3 SESSIONS WITH A QUALIFIED PERSON TO ASSIST ON AN "AS NEEDED " BASIS ONLY.	Feb 14, 2011 6:48 AM
1586	Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. ABA treatment services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s).	Feb 14, 2011 7:59 AM

2. Suggested service standards about how often a specific service should be

	Response Text	
1587	Frequency and intensity of service should be determined based on functional impairment, a thorough assessment, and the availability of staff to adequately delivery the necessary service (i.e. treatment planning and implementation).	Feb 14, 2011 8:14 AM
1588	Behavioral services should take into account the consumers particular needs and functions of the challenging behaviors based on severity and frequency in order to assign an appropriate set of treatment hours per week. ABA treatment services may start at a minimal range of 2 hours per week of consultation and parent-caregiver education/training to a maximum of 20 hours per week of 1 to1 direct services imbedded with consultation and parent-cargiver education/training depending on the function, frequency, duration and severity of the challenging behavior(s). For children within the Autism Spectrum (over 3 years old), should have 30 to 40 hours a week of structured learning (6-7 hours daily, 5 -6 days/week) with a portion of it inclusively 1 to 1 applied behavior analytic treatment co-funded with public schools or other secondary funding agency (i.e., health insurance) which is supported by research. Initially treatment should be 1:1 in a very structured teaching session gradually increasing naturalistic teaching techniques within a small group settings(i.e. preschool/daycare).	Feb 14, 2011 8:49 AM
1589	We receive Respite and Other Family Suppots once a month.	Feb 14, 2011 8:49 AM
1590	Depend on the severity of each individual.	Feb 14, 2011 9:16 AM
1591	Training in behavioral approaches and the OVERALL health of our consumers should be ongoing. A suggested schedule of training and services should be once every two months, in addition to reviewing behavioral plans, data, and the overall adjustment of the individual involved.	Feb 14, 2011 1:22 PM
1592	4 times a week.	Feb 14, 2011 2:38 PM
1593	Once a week or more. It depends on the individual	Feb 14, 2011 3:02 PM
1594	This is a bogus question. YOU need to list the services that are possible. RDI needs to be provided weekly for years.	Feb 14, 2011 3:05 PM
1595	Services should be provided on an as needed basis.	Feb 14, 2011 3:21 PM
1596	Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. Behavioral services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s).	Feb 14, 2011 3:48 PM
1597	The intesity of the services should vary based on the history of learning acquisition rates and the level of parent involvement. If a child	Feb 14, 2011 4:07 PM
1598	Treatment plans must be individualized.	Feb 14, 2011 4:16 PM
1599	A licensed practitioner, such as a BCBA, should determine the person's level of need. This should not be determined by one BCBA who works for the Regional Center, it should be determined by professionals trained in the appropriate guidelines for their field.	Feb 14, 2011 4:19 PM
1600	Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. Behavioral services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s).	Feb 14, 2011 4:20 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
1601	Minimum two - three session per week.	Feb 14, 2011 4:22 PM
1602	20+ hours per week by trained agencies who work specifically with Autistic children.	Feb 14, 2011 4:36 PM
1603	As needed, but by providers who understand the complexities of dual needs.	Feb 14, 2011 4:42 PM
1604	At least 25 hours per week	Feb 14, 2011 4:44 PM
1605	Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. Behavioral services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s).	Feb 14, 2011 4:46 PM
1606	Counseling, medication management, day treatement, day rehabilitation, case management should be provided according to the level an IEP or ISP team determines is most beneficial.	Feb 14, 2011 4:47 PM
1607	Behavioral services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s).	Feb 14, 2011 4:49 PM
1608	Focused Applied Behavior Analysis (ABA) Services: Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. ABA treatment services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s). Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Children over age 3: Initially 30-40 hours per week (6-7 hours daily, 5 -6 days/week) of 1:1 applied behavior analytic treatment co-funded with public schools or other secondary funding agency (i.e., health insurance) are what is supported by research and is appropriate for this age level. Treatment is initially 1:1 in a very structured teaching session, incorporating naturalistic teaching techniques as soon as child demonstrates s/he benefits from this type of teaching. As child progresses and is meeting established criteria for placement in small group settings, s/he will receive treatment in a group setting (i.e. preschool).	Feb 14, 2011 4:49 PM
1609	The frequency should be graded on level of severity and perhaps on type of behavior (i.e. mental illness vs. something like autism). From my experience there are periods where intense work is required and then there should be a maintenance level which possibly prevent future crises.	Feb 14, 2011 4:50 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
1610	Once a week	Feb 14, 2011 5:00 PM
1611	Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. Behavioral services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s).	Feb 14, 2011 5:01 PM
1612	Once a week for three to six months will be enough.	Feb 14, 2011 5:04 PM
1613	Focused Applied Behavior Analysis (ABA) Services: Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. ABA treatment services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s). Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Children over age 3: Initially 30-40 hours per week (6-7 hours daily, 5 -6 days/week) of 1:1 applied behavior analytic treatment co-funded with public schools or other secondary funding agency (i.e., health insurance) are what is supported by research and is appropriate for this age level. Treatment is initially 1:1 in a very structured teaching session, incorporating naturalistic teaching techniques as soon as child demonstrates s/he benefits from this type of teaching. As child progresses and is meeting established criteria for placement in small group settings, s/he will receive treatment in a group setting (i.e. preschool).	Feb 14, 2011 5:06 PM
1614	Initially 30-40 hours per week (6-7 hours daily, 5 -6 days/week) of 1:1 applied behavior analytic treatment co-funded with public schools or other secondary funding agency (i.e., health insurance) are what is supported by research and is appropriate for this age level.	Feb 14, 2011 5:08 PM
1615	Goals and objectives need to be reviewed at least every three months. Children shouldn't be expected to do more than 2 to 2.5 hours per day. There should be at least a monthly review with parents/guardians to go over specific issues. This can be a phone call or in-home visit with the therapist and a supervisor.	Feb 14, 2011 5:12 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
1616	Focused Applied Behavior Analysis (ABA) Services: Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. ABA treatment services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in addition to 12 hours per month of consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s). Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Children over age 3: Initially 30-40 hours per week (6-8 hours daily, 5 -6 days/week) of 1:1 applied behavior analytic treatment. Treatment is initially 1:1 in a very structured teaching session, incorporating naturalistic teaching techniques as soon as child demonstrates s/he benefits from this type of teaching. As child progresses and is meeting established criteria for placement in small group settings, s/he will receive treatment in a group setting (i.e. preschool). At this point, treatment may be co-funded with public schools or other secondary funding agency (i.e., health insurance) are what is supported by research and is appropriate for this age level. Services should not be co-funded with public schools until the child is able to reduce to a less intensive treatment model.	Feb 14, 2011 5:14 PM
1617	As recommended by a professional qualified to assess the needs in Behavior or Emotional need.	Feb 14, 2011 5:15 PM
1618	At risk children should receive about 10 hours a week. Children with a diagnosis should receive 10-25 hours a week of ABA services.	Feb 14, 2011 5:17 PM
1619	As needed, depending on the severity of the child's need.	Feb 14, 2011 5:23 PM
1620	The amount and durations of behavioral services should be individualized for each person based on the intensity of challenging behavior (i.e., frequency, duration, severity), and/or the percentage delays in functional/adaptive life skills areas. In the case of EIBI services for persons with ASD, a minimum of 25 hrs/wk of 1:1 ABA-based services should be provided across the school/home settings.	Feb 14, 2011 5:31 PM
1621	ABA based on the service providers recommendation. Respite- minimum of 40 hours a month for low functioning. Weekly or bi monthly family therapy.	Feb 14, 2011 5:31 PM
1622	A new set of Policies & Guidelines should be developed to determine #1 Are the degree of Behaviors justify intensive intervention? #2 Have the family members or primary care provider(s) been trained on udderstanding why the consumer displays non acceptable behaviors. #3 Is there another behavioral intervention in place (school behavioral plans, etc...) which that can be extended onto home environment. In other words, why pay twice for the same services ? # 4 There are many Parenting Classes out in the community, and this should be considered a Generic Resource, often times, our families deal with "typical behaviors" displayed by "atypical children/ individuals" but the approach to its improvement is usually the same. Many of our families they have not even tried this local coomunity resources.	Feb 14, 2011 5:34 PM
1623	Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. Behavioral services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s).	Feb 14, 2011 5:35 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
1624	Children who are at risk for ASD would be appropriate candidates to recieve 1:1 ABA services. Duration, frequency, and amount services provided will depend on the needs of each child. 10-25 hours per week of services, again, depending on the child's needs.	Feb 14, 2011 5:46 PM
1625	Depending on the client services should be Monday - Friday. 15 to 35 hours a week	Feb 14, 2011 5:59 PM
1626	This should directly be based on a person's needs/situation, not some generalized standard.	Feb 14, 2011 5:59 PM
1627	This is a case by case basis. Every person is different. I have two with a diagnosis of Autism and they are complete opposites and each require a different level of service. Behavior also includes social interactions and transitions into adult hood. Speech is a major component of social interactions.	Feb 14, 2011 6:00 PM
1628	Once evaluated - services should remain in place with yearly consults by either doctor or case manager.	Feb 14, 2011 6:00 PM
1629	On a case by case basis, but atleast twice a week.	Feb 14, 2011 6:02 PM
1630	continue with the current set of services being offered - those that have proven efficacy - evidance based services.	Feb 14, 2011 6:03 PM
1631	Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. Behavioral services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s).	Feb 14, 2011 6:05 PM
1632	Focused Applied Behavior Analysis (ABA) Services: Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. ABA treatment services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in addition to 12 hours per month of consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s). Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Children over age 3: Initially 30-40 hours per week (6-8 hours daily, 5 -6 days/week) of 1:1 applied behavior analytic treatment. Treatment is initially 1:1 in a very structured teaching session, incorporating naturalistic teaching techniques as soon as child demonstrates s/he benefits from this type of teaching. As child progresses and is meeting established criteria for placement in small group settings, s/he will receive treatment in a group setting (i.e. preschool). At this point, treatment may be co-funded with public schools or other secondary funding agency (i.e., health insurance) are what is supported by research and is appropriate for this age level. Services should not be co-funded with public schools until the child is able to reduce to a less intensive treatment model.	Feb 14, 2011 6:05 PM
1633	At least every quarter or every three months.	Feb 14, 2011 6:06 PM
1634	Behavioral services should range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s).	Feb 14, 2011 6:09 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
1635	Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. Behavioral services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s).	Feb 14, 2011 6:14 PM
1636	Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. Behavioral services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s).	Feb 14, 2011 6:20 PM
1637	Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. ABA treatment services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s).	Feb 14, 2011 6:20 PM
1638	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 14, 2011 6:20 PM
1639	Vendor's providing BIS should have their BCBA for at least two years before being eligible to work independently with consumers and their families.	Feb 14, 2011 6:21 PM
1640	Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. Behavioral services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s).	Feb 14, 2011 6:21 PM
1641	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 14, 2011 6:24 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
1642	Focused Applied Behavior Analysis (ABA) Services: Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. ABA treatment services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in addition to 12 hours per month of consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s). Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Children over age 3: Initially 30-40 hours per week (6-8 hours daily, 5 -6 days/week) of 1:1 applied behavior analytic treatment. Treatment is initially 1:1 in a very structured teaching session, incorporating naturalistic teaching techniques as soon as child demonstrates s/he benefits from this type of teaching. As child progresses and is meeting established criteria for placement in small group settings, s/he will receive treatment in a group setting (i.e. preschool). At this point, treatment may be co-funded with public schools or other secondary funding agency (i.e., health insurance) are what is supported by research and is appropriate for this age level. Services should not be co-funded with public schools until the child is able to reduce to a less intensive treatment model.	Feb 14, 2011 6:24 PM
1643	Early Intensive Behavioral Treatment should be 35-40 hours per week (6-7 hours a day, 5+ days per week), as the literature supports. REgional Centers and school districts should work collaboratively to cofund these programs. Treatment is initially 1:1 in a very structured setting, incorporating naturalistic teaching techniques as son as child demonstrates that he/she benefits from this type of teaching. As child progresses and is meeting established criteria for placement in small group settings, he/sh will receive treatment in a group setting, in addition to continuing 1:1 as needed (e.g. half day in preschool, half day 1:1). Typically, support is required in at least the initial stages of school inclusion, typically in the form of a shadow, or "tutor" to accompany him/her to school and provide prompting and reinforcement to train appropriate behavior.	Feb 14, 2011 6:30 PM
1644	1) Young children who are "at risk" for an autism spectrum disorder are appropriate for 10-18 hours of 1:1 applied behavior analytic (ABA) treatment per week. Children awaiting diagnosis should receive fewer hours of intervention. 2) Time spent away from therapy is considered time where children may move even farther away from the desired developmental trajectories. Therefore, children with an autism spectrum diagnosis should have increasing hours of treatment up to 25 hours as they near age 3. Child's availability for therapy (endurance, need for naps, etc.) is one guide to therapy length and duration. Sessions of 2 to 2 1/2 hours in length are appropriate. 3) Treatment is provided in their home, unless for some reason this is not possible. Treatment can also be effectively provided in a treatment center that is set up for young children.	Feb 14, 2011 6:30 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
1645	Young children who are "at risk" for an autism spectrum disorder are appropriate for 10-18 hours of 1:1 applied behavior analytic (ABA) treatment per week. Children awaiting diagnosis should receive fewer hours of intervention. Time spent away from therapy is considered time where children may move even farther away from the desired developmental trajectories. Therefore, children with an autism spectrum diagnosis should have increasing hours of treatment up to 25 hours as they near age 3. Child's availability for therapy (endurance, need for naps, etc.) is one guide to therapy length and duration. Sessions of 2 to 2 ½ hours in length are appropriate. Treatment is provided in their home, unless for some reason this is not possible. Treatment can also be effectively provided in a treatment center that is set up for young children.	Feb 14, 2011 6:32 PM
1646	Services should be based upon need and severity of behaviors as observed by RCOC staff, behavioral agencies as well as parents. Parents often exaggerate and make up behaviors to keep services in place.	Feb 14, 2011 6:34 PM
1647	Every individual and their program is unique, and service delivery should be no different. Services can range from 2 hours per week of parent consultation to 20 hours per week of direct intervention, and these numbers should be indivudalized based on the client needs.	Feb 14, 2011 6:35 PM
1648	Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. ABA treatment services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s). Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Children over age 3: Initially 30-40 hours per week (6-7 hours daily, 5 -6 days/week) of 1:1 applied behavior analytic treatment co-funded with public schools or other secondary funding agency (i.e., health insurance) are what is supported by research and is appropriate for this age level. Treatment is initially 1:1 in a very structured teaching session, incorporating naturalistic teaching techniques as soon as child demonstrates s/he benefits from this type of teaching. As child progresses and is meeting established criteria for placement in small group settings, s/he will receive treatment in a group setting (i.e. preschool).	Feb 14, 2011 6:35 PM
1649	Depending on the age of the individual, young children would require at least 20 hour per week, whereas older children, adolescents and adults, depending on the severity of the challenges and the level of functioning, would require about 10 to 12 hours per week.	Feb 14, 2011 6:41 PM
1650	Behavioral services should be short term, outcomes based. To maximize the opportunity for consistency within the behavioral program, 5 - 7 days a week should be offered. However, there should be limits of 30, or 60 days for the service.	Feb 14, 2011 6:43 PM
1651	There is only so much a group can absorb at one time. At the first introduction of a disabled person to any new service there should be an awareness forum held at least a week.	Feb 14, 2011 6:45 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
1652	Focused Applied Behavior Analysis (ABA) Services: Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. ABA treatment services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s). Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Children over age 3: Initially 30-40 hours per week (6-7 hours daily, 5 -6 days/week) of 1:1 applied behavior analytic treatment co-funded with public schools or other secondary funding agency (i.e., health insurance) are what is supported by research and is appropriate for this age level. Treatment is initially 1:1 in a very structured teaching session, incorporating naturalistic teaching techniques as soon as child demonstrates s/he benefits from this type of teaching. As child progresses and is meeting established criteria for placement in small group settings, s/he will receive treatment in a group setting (i.e. preschool).	Feb 14, 2011 6:45 PM
1653	As often as deemed necessary by the professionals involved	Feb 14, 2011 6:46 PM
1654	Young children who are "at risk" for an autism spectrum disorder are appropriate for 10-18 hours of 1:1 applied behavior analytic (ABA) treatment per week. Children awaiting diagnosis should receive fewer hours of intervention. Time spent away from therapy is considered time where children may move even farther away from the desired developmental trajectories. Therefore, children with an autism spectrum diagnosis should have increasing hours of treatment up to 25 hours as they near age 3. Child's availability for therapy (endurance, need for naps, etc.) is one guide to therapy length and duration. Sessions of 2 to 2 ½ hours in length are appropriate. Treatment is provided in their home, unless for some reason this is not possible. Treatment can also be effectively provided in a treatment center that is set up for young children.	Feb 14, 2011 6:52 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
1655	Focused Applied Behavior Analysis (ABA) Services: Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. ABA treatment services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s). Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Children over age 3: Initially 30-40 hours per week (6-7 hours daily, 5 -6 days/week) of 1:1 applied behavior analytic treatment co-funded with public schools or other secondary funding agency (i.e., health insurance) are what is supported by research and is appropriate for this age level. Treatment is initially 1:1 in a very structured teaching session, incorporating naturalistic teaching techniques as soon as child demonstrates s/he benefits from this type of teaching. As child progresses and is meeting established criteria for placement in small group settings, s/he will receive treatment in a group setting (i.e. preschool).	Feb 14, 2011 6:56 PM
1656	Focused Applied Behavior Analysis (ABA) Services: Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. ABA treatment services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s). Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Children over age 3: Initially 30-40 hours per week (6-7 hours daily, 5 -6 days/week) of 1:1 applied behavior analytic treatment co-funded with public schools or other secondary funding agency (i.e., health insurance) are what is supported by research and is appropriate for this age level. Treatment is initially 1:1 in a very structured teaching session, incorporating naturalistic teaching techniques as soon as child demonstrates s/he benefits from this type of teaching. As child progresses and is meeting established criteria for placement in small group settings, s/he will receive treatment in a group setting (i.e. preschool).	Feb 14, 2011 6:59 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
1657	Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. Behavioral services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s).	Feb 14, 2011 7:03 PM
1658	It should be provided as needed. this is the best deal in town, allowing people to live lives of dignity and respect.	Feb 14, 2011 7:05 PM
1659	ABA based interventions: • Services should be provided based on recommendations from qualified (BCBA) professionals in the field. Recommendations should be based on research and performance of the service provider as well as levels of progress being made by a child already receiving intervention (e.g., early intervention program for child with ASD - 30-40 hours per week of one to one intervention with 20-24 hours per month of support and consultation) • Consultation and support should be proportional to number of one to one service and based on the severity of client's deficits and excesses • Programs as a whole should be limited to 3-4 years of service and exit criteria should be based on client progress, client age and family participation	Feb 14, 2011 7:05 PM
1660	service should be home-based program. It should take place every weekday and 3 to 5 hours per day. In other words, at least 15 to 25 hours per week.	Feb 14, 2011 7:11 PM
1661	* Focused Applied Behavior Analysis (ABA) Services: o Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. o ABA treatment services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s). * Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Children over age 3: o Initially 30-40 hours per week (6-7 hours daily, 5 -6 days/week) of 1:1 applied behavior analytic treatment co-funded with public schools or other secondary funding agency (i.e., health insurance) are what is supported by research and is appropriate for this age level. o Treatment is initially 1:1 in a very structured teaching session, incorporating naturalistic teaching techniques as soon as child demonstrates s/he benefits from this type of teaching. As child progresses and is meeting established criteria for placement in small group settings, s/he will receive treatment in a group setting (i.e. preschool).	Feb 14, 2011 7:12 PM
1662	Behavioral services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s).	Feb 14, 2011 7:13 PM
1663	Weekly treatments.	Feb 14, 2011 7:24 PM
1664	As often as the IPP team determines is necessary, as described in the Lanternman Act Section 4646.5(a)(4)	Feb 14, 2011 7:25 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
1665	Continue home-based thru the Regional Centers 20-30 hours/week, time to be shared with classroom based services once the child turns three year old.	Feb 14, 2011 7:31 PM
1666	weekly until improvement	Feb 14, 2011 7:36 PM
1667	service should be home-based program. It should take place 2 to 3 hours per week to address the behavior issues.	Feb 14, 2011 7:36 PM
1668	Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. Behavioral services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s).	Feb 14, 2011 7:39 PM
1669	ABA services are provided in excessive amounts	Feb 14, 2011 7:42 PM
1670	Young children who are "at risk" for an autism spectrum disorder are appropriate for 10-18 hours of 1:1 applied behavior analytic (ABA) treatment per week. Children awaiting diagnosis should receive fewer hours of intervention. Time spent away from therapy is considered time where children may move even farther away from the desired developmental trajectories. Therefore, children with an autism spectrum diagnosis should have increasing hours of treatment up to 25 hours as they near age 3. Child's availability for therapy (endurance, need for naps, etc.) is one guide to therapy length and duration. Sessions of 2 to 2 ½ hours in length are appropriate. Treatment is provided in their home, unless for some reason this is not possible. Treatment can also be effectively provided in a treatment center that is set up for young children.	Feb 14, 2011 7:51 PM
1671	One to two times a week for 8 to 10 sessions to determine efficacy.	Feb 14, 2011 7:54 PM
1672	Behavioral Intervention needs to be done by a professional with both a degree from an accredited university AND has successful expertise. It would be very beneficial to have a consumer's report of the specialist much like a doctor's review. The intervention needs of the consumer and family should determine how often; daily, weekly, etc.	Feb 14, 2011 7:54 PM
1673	as needed	Feb 14, 2011 7:54 PM
1674	Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. Behavioral services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s).	Feb 14, 2011 7:58 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
1675	Focused Applied Behavior Analysis (ABA) Services: Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. ABA treatment services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s). Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Children over age 3: Initially 30-40 hours per week (6-7 hours daily, 5 -6 days/week) of 1:1 applied behavior analytic treatment co-funded with public schools or other secondary funding agency (i.e., health insurance) are what is supported by research and is appropriate for this age level. Treatment is initially 1:1 in a very structured teaching session, incorporating naturalistic teaching techniques as soon as child demonstrates s/he benefits from this type of teaching. As child progresses and is meeting established criteria for placement in small group settings, s/he will receive treatment in a group setting (i.e. preschool).	Feb 14, 2011 7:58 PM
1676	kindness, caring, helpful in a continuous healthful environment.	Feb 14, 2011 8:05 PM
1677	Based on best practice models paired with client-centered services. Interventions should be authorized according to industry standards that meet specific objectives. Health and safety issues and communication deficits need direct, frequent and consistent supports that ideally would be authorized on a daily basis until the individual is effectively meeting goals independently.	Feb 14, 2011 8:13 PM
1678	Should be case dependent with a cap.	Feb 14, 2011 8:18 PM
1679	3 one week sessions per year	Feb 14, 2011 8:21 PM
1680	Behavioral services should be individualized to the needs of the consumer and caregivers, and be based on the socially appropriate skills that must be targetted for learning as well as the function of the presenting problem behavior as well as its frequency, duration and severity. Recommendations should be made by certified behavior analysts, after comprehensive initial assessment, and should be based on evidence from literature (i.e., ABA treatment services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behaviors).	Feb 14, 2011 8:26 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
1681	* Young children who are "at risk" for an autism spectrum disorder are appropriate for 10-18 hours of 1:1 applied behavior analytic (ABA) treatment per week. Children awaiting diagnosis should receive fewer hours of intervention. * Time spent away from therapy is considered time where children may move even farther away from the desired developmental trajectories. Therefore, children with an autism spectrum diagnosis should have increasing hours of treatment up to 25 hours as they near age 3. Child's availability for therapy (endurance, need for naps, etc.) is one guide to therapy length and duration. Sessions of 2 to 2 ½ hours in length are appropriate. * Treatment is provided in their home, unless for some reason this is not possible. Treatment can also be effectively provided in a treatment center that is set up for young children.	Feb 14, 2011 8:36 PM
1682	DEPENDING ON THE CHILD/ADULT AND HIS PROGRESS,SERVICE SHOULD BE PROVIDED AS NEEDED	Feb 14, 2011 8:41 PM
1683	Focused Applied Behavior Analysis (ABA) Services: Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. ABA treatment services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s). Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Children over age 3: Initially 30-40 hours per week (6-7 hours daily, 5 -6 days/week) of 1:1 applied behavior analytic treatment co-funded with public schools or other secondary funding agency (i.e., health insurance) are what is supported by research and is appropriate for this age level. Treatment is initially 1:1 in a very structured teaching session, incorporating naturalistic teaching techniques as soon as child demonstrates s/he benefits from this type of teaching. As child progresses and is meeting established criteria for placement in small group settings, s/he will receive treatment in a group setting (i.e. preschool).	Feb 14, 2011 8:45 PM
1684	Rotation. Naturally, you address the most common problems first through education of families. ADHD and AUTISM should be offered twice a month	Feb 14, 2011 8:48 PM
1685	Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. Behavioral services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s).	Feb 14, 2011 8:50 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
1686	Suggested service standards about how often a specific service should be provided: Focused Applied Behavior Analysis (ABA) Services: Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. ABA treatment services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s). Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Children over age 3: Initially 30-40 hours per week (6-7 hours daily, 5 -6 days/week) of 1:1 applied behavior analytic treatment co-funded with public schools or other secondary funding agency (i.e., health insurance) are what is supported by research and is appropriate for this age level. Treatment is initially 1:1 in a very structured teaching session, incorporating naturalistic teaching techniques as soon as child demonstrates s/he benefits from this type of teaching. As child progresses and is meeting established criteria for placement in small group settings, s/he will receive treatment in a group setting (i.e. preschool).	Feb 14, 2011 8:51 PM
1687	The service should be provided daily as part of the curriculum while in school (preschool, elementary, middle, high and college) and then on the job through a job coach.	Feb 14, 2011 8:52 PM
1688	As often as the IPP team determines us necessary, as described in the Lanternman Act Section 4646.5 (a) (4).	Feb 14, 2011 8:53 PM
1689	See above	Feb 14, 2011 8:54 PM
1690	Service should be provided as often as needed due to the fact that these childlren/adults will have to fend for themselves in due time. Parents'/guardians do not live for ever. If the child/adult is self mainting, it will save the government an enormous amount of monies. If no good training is given, the child/adult will eventually have to rely fully on the government.	Feb 14, 2011 8:57 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
1691	Focused Applied Behavior Analysis (ABA) Services: Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. ABA treatment services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s). Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Children over age 3: Initially 30-40 hours per week (6-7 hours daily, 5 -6 days/week) of 1:1 applied behavior analytic treatment co-funded with public schools or other secondary funding agency (i.e., health insurance) are what is supported by research and is appropriate for this age level. Treatment is initially 1:1 in a very structured teaching session, incorporating naturalistic teaching techniques as soon as child demonstrates s/he benefits from this type of teaching. As child progresses and is meeting established criteria for placement in small group settings, s/he will receive treatment in a group setting (i.e. preschool).	Feb 14, 2011 8:58 PM
1692	Clients should receive services on a frequency determined by the nature of the service and the severity of the disability. For instance, some clients need weekly casemanagement. Some clients need transportation, supervision and day programs 5 days a week. Some clients need tho9se transportationa nd day services, plus 24-hour supervision at a group living facility.	Feb 14, 2011 9:02 PM
1693	Depending on consumer's ability to understand and learn consequences at a young age. As young as 3 years old perhaps 3-4 times a day. A mayor part should rely on parents participation in wanting the service and wanting to make a change in their childs behavior. Parents are the primary responsible party that need to teach their children at a young age and in order to do that they need to accept help from behavioral services.	Feb 14, 2011 9:05 PM
1694	Children should receive weekly speech thereapy until the age of 3 or max 4.	Feb 14, 2011 9:07 PM
1695	As often as the Individual Planning Team determines is necessary, as described in Lanterman Act.	Feb 14, 2011 9:09 PM
1696	Services should be initially intensive enough to determine function, develop an appropriate program, and train direct service providers (parents, employers, etc.) in implementation. Then services should be a much less intense maintenance level. Initial service: 2-5 hours/week, for 2-4 weeks Maintenance: 1 hour/week to 1 hour/month	Feb 14, 2011 9:14 PM
1697	Consumers between the ages of 3 years through 8 years of age with a diagnosis of Autism Spectrum Disorder are appropriate for comprehensive intensive ABA autism treatment.	Feb 14, 2011 9:15 PM
1698	As often as deemed necessary by a professional in that field.	Feb 14, 2011 9:28 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
1699	I think that they should have some form of counseling and therapy. These children and adults need help to help them with their emotions and feelings.	Feb 14, 2011 9:33 PM
1700	Families with 2 or more Regional Center consumers should be able to have a SIbling rate service similar to respite services. The Parent Consultation portion should not be overlapped or provided for both children. In Home Service should not be started until the Parent has completed a group training class/workshop of some sort.	Feb 14, 2011 9:35 PM
1701	Once per week, up to every school day if needed	Feb 14, 2011 9:44 PM
1702	Every Single Day	Feb 14, 2011 9:49 PM
1703	needs to be based on need, as well as goals within school program (which should compliment, but not overlap to a great degree.....often despite many concerted attempts on the part of school personnnel and NPA personnel, parents fail to implement intervention strategies outlined for their child). Also - when a child is enrolled in 1st grade and beyond, their school day increases to 5 & 6 hours per day, therefore they should not also receive 4 & 3 hours per day additional in-home by an NPA - as this is in excess of 40 hrs. per/week.	Feb 14, 2011 9:52 PM
1704	Behavioral therapy should be provided a minimum of 6 to 10 hours a week.	Feb 14, 2011 9:54 PM
1705	As often as deemed by the IFSP or IEP team	Feb 14, 2011 10:00 PM
1706	Family and/or parent therapy at least 2 times per month.	Feb 14, 2011 10:05 PM
1707	Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity.	Feb 14, 2011 10:06 PM
1708	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 14, 2011 10:11 PM
1709	As determined by the IPP team, as described by the Lanterman Act Section 4646.5 (a) (4)	Feb 14, 2011 10:21 PM
1710	Each specific service should vary based on the consumer/family needs.	Feb 14, 2011 10:23 PM
1711	it should be based on peer-reviewed research. There is plenty of good science out there which has studied the interventions. Also, the consumers themselves and as appropriate, the parents should be involved. There is often a conflict of interest among regional center staff whose promotions, bonuses, etc. are tied to sticking to specified budget numbers. They are, of course, conflicted when they are involved in determining the frequency and duration of services because they are considering what those costs mean to their job. The frequency and duration of services should always be based on the goal of increasing the independence of the individual.	Feb 14, 2011 10:28 PM
1712	When it comes to service standards for behavioral services they should be provided on a yearly basis during the yearly meetings, unless behaviors arise the jeopardize the consumers well-being at his home or work program or his ability to integrate himself into the community	Feb 14, 2011 10:29 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
1713	ABA based interventions: • Services should be provided based on recommendations from qualified (BCBA) professionals in the field. Recommendations should be based on research and performance of the service provider as well as levels of progress being made by a child already receiving intervention (e.g., early intervention program for child with ASD - 30-40 hours per week of one to one intervention with 20-24 hours per month of support and consultation) • Consultation and support should be proportional to number of one to one service and based on the severity of client's deficits and excesses • Programs as a whole should be limited to 3-4 years of service and exit criteria should be based on client progress, client age and family participation • On-going training (post intervention) should be provided for 6-18 months based on family needs and client deficits	Feb 14, 2011 10:32 PM
1714	As often as needed .	Feb 14, 2011 10:33 PM
1715	In our case, twice a month seems to be working.	Feb 14, 2011 10:35 PM
1716	between 6 hours/week to 30 hours/week depending of the age of the person and degree of disability	Feb 14, 2011 10:36 PM
1717	daily	Feb 14, 2011 10:38 PM
1718	This should be based on client needs	Feb 14, 2011 10:39 PM
1719	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 14, 2011 10:43 PM
1720	Focused Applied Behavior Analysis (ABA) Services: * Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. * ABA treatment services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s). Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Children over age 3: * Initially 30-40 hours per week (6-7 hours daily, 5 -6 days/week) of 1:1 applied behavior analytic treatment co-funded with public schools or other secondary funding agency (i.e., health insurance) are what is supported by research and is appropriate for this age level. * Treatment is initially 1:1 in a very structured teaching session, incorporating naturalistic teaching techniques as soon as child demonstrates s/he benefits from this type of teaching. As child progresses and is meeting established criteria for placement in small group settings, s/he will receive treatment in a group setting (i.e. preschool).	Feb 14, 2011 10:44 PM
1721	at least 30hours up to 40hours a week which suggested by survey	Feb 14, 2011 10:44 PM
1722	I think they should be seen monthly if behavior plan is in place, for negotiated rate homes. I think monthly and quarterly and an annual update should be done for each consumer in a negotiated rate home...	Feb 14, 2011 10:46 PM
1723	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 14, 2011 10:46 PM
1724	Consumers who live in some group home placements seem only to receive visits from their behavioral professional as often as required by law. Some consumers need more intensive interaction with thier behavioral professional.	Feb 14, 2011 10:50 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
1725	Consultation on a continuous basis when an event occurs, when changes in intervention are needed, when maladaptive behavior becomes resistent to the status quo. Direct intervention immediately when a maladaptive behavior does not respond to the current intervention.	Feb 14, 2011 10:54 PM
1726	Focused Applied Behavior Analysis (ABA) Services: Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. ABA treatment services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s). Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Childrenover age 3 Initially 30-40 hours per week (6-7 hours daily, 5 -6 days/week) of 1:1 applied behavior analytic treatment co-funded with public schools or other secondary funding agency (i.e., health insurance) are what is supported by research and is appropriate for this age level. Treatment is initially 1:1 in a very structured teaching session, incorporating naturalistic teaching techniques as soon as child demonstrates s/he benefits from this type of teaching. As child progresses and is meeting established criteria for placement in small group settings, s/he will receive treatment in a group setting (i.e. preschool).	Feb 14, 2011 10:54 PM
1727	1. One to One support 2. Written follow -up plan 3. Follow up to see if implementation standards are being met	Feb 14, 2011 11:00 PM
1728	Young children who are "at risk" for an autism spectrum disorder are appropriate for 10-18 hours of 1:1 applied behavior analytic (ABA) treatment per week. Children awaiting diagnosis should receive fewer hours of intervention. Time spent away from therapy is considered time where children may move even farther away from the desired developmental trajectories. Therefore, children with an autism spectrum diagnosis should have increasing hours of treatment up to 25 hours as they near age 3. Child's availability for therapy (endurance, need for naps, etc.) is one guide to therapy length and duration. Sessions of 3 hours in length are appropriate. Treatment is provided in their home, unless for some reason this is not possible. Treatment can also be effectively provided in a treatment center that is set up for young children.	Feb 14, 2011 11:09 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
1729	Focused Applied Behavior Analysis (ABA) Services: Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. ABA treatment services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s). Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Children over age 3: Initially 30-40 hours per week (6-7 hours daily, 5 -6 days/week) of 1:1 applied behavior analytic treatment co-funded with public schools or other secondary funding agency (i.e., health insurance) are what is supported by research and is appropriate for this age level. Treatment is initially 1:1 in a very structured teaching session, incorporating naturalistic teaching techniques as soon as child demonstrates s/he benefits from this type of teaching. As child progresses and is meeting established criteria for placement in small group settings, s/he will receive treatment in a group setting (i.e. preschool).	Feb 14, 2011 11:16 PM
1730	For disruptive/severe behaviors, the services should be individualized and consultation should occur at least once weekly. For autism ABA services, treatment should be 40 hours per week (research-based), with consultation for parent training and staff supervision occurring 20 hours per month.	Feb 14, 2011 11:25 PM
1731	Young children who are "at risk" for an autism spectrum disorder are appropriate for 10-18 hours of 1:1 applied behavior analytic (ABA) treatment per week. Children awaiting diagnosis should receive fewer hours of intervention. Time spent away from therapy is considered time where children may move even farther away from the desired developmental trajectories. Therefore, children with an autism spectrum diagnosis should have increasing hours of treatment up to 25 hours as they near age 3. Child's availability for therapy (endurance, need for naps, etc.) is one guide to therapy length and duration. Sessions of 3 hours in length are appropriate. Treatment is provided in their home, unless for some reason this is not possible. Treatment can also be effectively provided in a treatment center that is set up for young children.	Feb 14, 2011 11:25 PM
1732	services hould be provided based on needs and their plans.	Feb 14, 2011 11:31 PM
1733	Young children who are "at risk" for an autism spectrum disorder are appropriate for 10-18 hours of 1:1 applied behavior analytic (ABA) treatment per week. Children awaiting diagnosis should receive fewer hours of intervention. Time spent away from therapy is considered time where children may move even farther away from the desired developmental trajectories. Therefore, children with an autism spectrum diagnosis should have increasing hours of treatment up to 25 hours as they near age 3. Child's availability for therapy (endurance, need for naps, etc.) is one guide to therapy length and duration.	Feb 14, 2011 11:31 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
1734	Behavioral services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s).	Feb 14, 2011 11:38 PM
1735	20 hours week	Feb 14, 2011 11:40 PM
1736	Focused Applied Behavior Analysis (ABA) Services: Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. ABA treatment services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s). Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Childrenover age 3: Initially 30-40 hours per week (6-7 hours daily, 5 -6 days/week) of 1:1 applied behavior analytic treatment co-funded with public schools or other secondary funding agency (i.e., health insurance) are what is supported by research and is appropriate for this age level. Treatment is initially 1:1 in a very structured teaching session, incorporating naturalistic teaching techniques as soon as child demonstrates s/he benefits from this type of teaching. As child progresses and is meeting established criteria for placement in small group settings, s/he will receive treatment in a group setting (i.e. preschool).	Feb 14, 2011 11:44 PM
1737	Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. Behavioral services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s).	Feb 14, 2011 11:44 PM
1738	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 14, 2011 11:45 PM
1739	30-40 hours per week	Feb 14, 2011 11:49 PM
1740	eval upon enrollment and annually. for those patients appropriate for ongoing therapy, the therapist should indicate the length and frequency	Feb 14, 2011 11:51 PM
1741	As often as needed	Feb 14, 2011 11:51 PM
1742	Research supports total program intervention of at least 30-40 hours. The effectiveness of behavioral intervention is strongly tied to the intensiveness of the program, which should of course take into consideration what the child/family can tolerate.	Feb 14, 2011 11:53 PM
1743	Young children who are "at risk" for an autism spectrum disorder are appropriate for 10-18 hours of 1:1 applied behavior analytic (ABA) treatment per week. Children awaiting diagnosis should receive fewer hours of intervention. Time spent away from therapy is considered time where children may move even farther away from the desired developmental trajectories. Therefore, children with an autism spectrum diagnosis should have increasing hours of treatment up to 25 hours as they near age 3. Child's availability for therapy (endurance, need for naps, etc.) is one guide to therapy length and duration.	Feb 14, 2011 11:54 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
1744	1-3 times a week for 6 months	Feb 14, 2011 11:58 PM
1745	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 15, 2011 12:02 AM
1746	ABA services should be every day of the week. It should be an average of 4-7 hours per day at the earliest age possible.	Feb 15, 2011 12:02 AM
1747	Focused Applied Behavior Analysis (ABA) Services: Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. ABA treatment services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s). Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Childrenover age 3: Initially 30-40 hours per week (6-7 hours daily, 5 -6 days/week) of 1:1 applied behavior analytic treatment co-funded with public schools or other secondary funding agency (i.e., health insurance) are what is supported by research and is appropriate for this age level. Treatment is initially 1:1 in a very structured teaching session, incorporating naturalistic teaching techniques as soon as child demonstrates s/he benefits from this type of teaching. As child progresses and is meeting established criteria for placement in small group settings, s/he will receive treatment in a group setting (i.e. preschool).	Feb 15, 2011 12:04 AM
1748	As often as the IPP team determines is necessary, as described in the Lanterman Act section 4646.5 (a) (4)	Feb 15, 2011 12:13 AM
1749	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 15, 2011 12:14 AM
1750	The frequency of behavior services should be contingrnt on the individual needs of the consumer. Some consumers need more intervention while others may require less intervention.	Feb 15, 2011 12:15 AM

2. Suggested service standards about how often a specific service should be

	Response Text	
1751	Research studies regarding behavior services, or applied behavior analysis (ABA) for children with autism have found that children reach their maximum potential with an intensive number of hours of intervention each week. Specifically, children in studies with 32.5 to 40 hours per week of behavior intervention services had the highest gains in IQ (30 points); whereas, children who received a less intensive amount of behavior intervention services, such as 12.5 hours per week, gained fewer IQ points (8.2 points). Overall, children in studies receiving ABA gained more IQ points and reached typical levels of functioning on standardized tests, as well as placement in regular education classrooms, significantly more than control groups of children who received eclectic services, parent training services, or public special education services. Therefore, children with autism spectrum disorders should receive funding for 1:1 applied behavior analysis services for no less than 32.5 to 40 hours per week. If a generic resource such as a school district or insurance company is providing some or all of these 1:1 ABA service hours to the child, then the regional center should obviously fund fewer hours per week. A child enrolled in school setting that does not include 1:1 ABA would not count toward the total number of hours needed per week. In addition, appropriately run ABA programs require hours for supervision of the behavior intervention program and meeting time for the behavior therapy team. Children with autism should receive funding for behavior therapists to attend team meetings in which the child's behavior intervention program is reviewed and updated. These meetings should be funded for each behavior therapist on the consumer's behavior intervention team for either 1 hour each week or 2 hours every other week, unless specified differently by the behavior supervisor. Also, each child should receive approximately 8 hours per month of funding for a behavior supervisor to design and update the behavior intervention program.	Feb 15, 2011 12:36 AM
1752	depending on the age but I feel at least 30 hours a week is necessary.	Feb 15, 2011 12:41 AM
1753	Services should reflect "reasonable & customary" standards accepted in the "typical" community.	Feb 15, 2011 12:42 AM
1754	Service should be individualized; however, no consumer should have a combination of supports, including generic services provided by other agencies (i.e. school district, individual or group therapies, or other interventions,) in excess of 40 hours per week. Parents, including other primary caregivers, should be expected to participate at least 50% of the time. Parents should be expected to practice the use of interventions at a minumum of 25% of all hours served. Upon reaching the identified goals and agreement of the planning team, services are titrated and eventually are concluded.	Feb 15, 2011 12:42 AM
1755	Services should be provided on an as needed, individual basis, taking into account what is developmentaly appropriate as well as what a family can manage. No child should be receiving services that bring their daily programming to over 40 hours per week. This should include school and other therapies such as OT, Speech, PT. etc.	Feb 15, 2011 12:45 AM
1756	Service should be provided 10 hrs weekly for Consumers who are also in school placement. Service should be provided 20hrs weekly for Consumers without school placement.	Feb 15, 2011 12:45 AM

2. Suggested service standards about how often a specific service should be

	Response Text	
1757	ABA should be provided approximately 10-20 hours of ABA a week directly. There should be a supervisor to oversee the program to ensure effectiveness of the program. Supervision of a direct service hours require supervision which should be at approximately 1 hour of supervision for every 7 hours of intervention. The supervision is key to ensure parent participation and monitoring of goals and tracking success. Reports need to be generated to illustrate the child's strengths and weakness and provide a plan for that child.	Feb 15, 2011 12:47 AM
1758	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 15, 2011 12:55 AM
1759	Frequency and intensity of services should be child/family specific (e.g., 25-40 hours per week). Literature demonstrates that treatment intensity is a critical factor to treatment efficacy. Treatment should be provided daily and parents should be trained to continue the treatment in the evenings and other "non-therapy" hours.	Feb 15, 2011 1:13 AM
1760	As often as needed to support and ensure maximum success of the student.	Feb 15, 2011 1:13 AM
1761	The EIBT Program is awecome!! This program is 40 hours a week. But not all of if is behavior, but they target all needs at one time, In addition to the 40 hours he is getting, I as a parent meet with his supervisor every other week to go over goals and any behaviors that need to be addresed. We work very good together. This school/ parent / home relationship has done wonders for my chid's behavior. We could not do this with out the Regional center.	Feb 15, 2011 1:14 AM
1762	40 hours per week	Feb 15, 2011 1:16 AM
1763	As often as needed until improvement is measured and documented.	Feb 15, 2011 1:16 AM
1764	Behavior services should be time limited - 3 to 6 months for training unless this is a young person with Autism. There could be times when another 3 to 6 month session would be needed if new behaviors or situations occurred.	Feb 15, 2011 1:22 AM
1765	Young children who are "at risk" for an autism spectrum disorder are appropriate for 10-18 hours of 1:1 applied behavior analytic (ABA) treatment per week. Children awaiting diagnosis should receive fewer hours of intervention. Time spent away from therapy is considered time where children may move even farther away from the desired developmental trajectories. Therefore, children with an autism spectrum diagnosis should have increasing hours of treatment up to 25 hours as they near age 3. Child's availability for therapy (endurance, need for naps, etc.) is one guide to therapy length and duration.	Feb 15, 2011 1:23 AM
1766	Whatever ta qualified outside specialist sees beneficial. It gets so crazy when someone from the regional center who is hardly versed, let alone qualified can 'weigh in on' specific behav. programming. In fact, it harms, in my opinion, the progress of the individual. If the professionals whom TCRC has purchased service from is not actually trusted to provide recommendations how can the individual or family trust either source? Again,as often as a qualified provider/professional deems beneficial!	Feb 15, 2011 1:25 AM
1767	Not so much how often - but some progress should be evident in 3-6 months.	Feb 15, 2011 1:25 AM
1768	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 15, 2011 1:26 AM
1769	This should be scaled based on the severity and impact of the behavioral issue.	Feb 15, 2011 1:33 AM
1770	The frequency of said service ought to be based upon the evaluation of a behavioral specialist who provides such service.	Feb 15, 2011 1:37 AM

2. Suggested service standards about how often a specific service should be

	Response Text	
1771	Consumers between the ages of 3 years through 8 years of age with a diagnosis of Autism Spectrum Disorder are appropriate for comprehensive intensive ABA autism treatment. Intensive comprehensive ABA programs have research support for children up to age 8 years. This age range assumes that children started treatment before age 5 and assumes services are fading in terms of intensity between the ages of 6 and 8 years of age. If child is not fully independent, transition to school district supports is th	Feb 15, 2011 1:43 AM
1772	As often as the IPP team deems necessary, taking into account private therapists/docots recommendations and reports	Feb 15, 2011 1:44 AM
1773	at least once a week	Feb 15, 2011 1:44 AM
1774	Young children who are "at risk" for an autism spectrum disorder are appropriate for 10-18 hours of 1:1 applied behavior analytic (ABA) treatment per week. Children awaiting diagnosis should receive fewer hours of intervention. Time spent away from therapy is considered time where children may move even farther away from the desired developmental trajectories. Therefore, children with an autism spectrum diagnosis should have increasing hours of treatment up to 25 hours as they near age 3. Child's availability for therapy (endurance, need for naps, etc.) is one guide to therapy length and duration. Sessions of 2 to 2 ½ hours in length are appropriate. Treatment is provided in their home, unless for some reason this is not possible. Treatment can also be effectively provided in a treatment center that is set up for young children.	Feb 15, 2011 1:47 AM
1775	365 days	Feb 15, 2011 1:49 AM
1776	Depending on the age. We started with 25 hrs a week at the age of 3 and now at the age of 8 10 hrs a week. Depends on the childs needs.	Feb 15, 2011 1:50 AM

2. Suggested service standards about how often a specific service should be

	Response Text	
1777	# Focused Applied Behavior Analysis (ABA) Services: * Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. * ABA treatment services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s). # Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Children over age 3: * Initially 30-40 hours per week (6-7 hours daily, 5 -6 days/week) of 1:1 applied behavior analytic treatment co-funded with public schools or other secondary funding agency (i.e., health insurance) are what is supported by research and is appropriate for this age level. * Treatment is initially 1:1 in a very structured teaching session, incorporating naturalistic teaching techniques as soon as child demonstrates s/he benefits from this type of teaching. As child progresses and is meeting established criteria for placement in small group settings, s/he will receive treatment in a group setting (i.e. preschool).	Feb 15, 2011 1:51 AM
1778	Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. ABA treatment services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s). Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Childrenover age 3: Initially 30-40 hours per week (6-7 hours daily, 5 -6 days/week) of 1:1 applied behavior analytic treatment co-funded with public schools or other secondary funding agency (i.e., health insurance) are what is supported by research and is appropriate for this age level. Treatment is initially 1:1 in a very structured teaching session, incorporating naturalistic teaching techniques as soon as child demonstrates s/he benefits from this type of teaching. As child progresses and is meeting established criteria for placement in small group settings, s/he will receive treatment in a group setting (i.e. preschool)	Feb 15, 2011 1:52 AM
1779	6-10 hours/week	Feb 15, 2011 1:54 AM
1780	to train caregivers and consumers	Feb 15, 2011 1:56 AM
1781	At least 4 days a week	Feb 15, 2011 1:57 AM
1782	As often as needed by any particular human being or requested by a family to help foster independence for the consumer.	Feb 15, 2011 1:58 AM
1783	This depends on the individual's needs, response to intervention, and provider's ability to carry out needed intervention	Feb 15, 2011 2:08 AM

2. Suggested service standards about how often a specific service should be

	Response Text	
1784	Based on the model of service (which is based on needs on goals), the following standards re: intensity of service are recommended: * Focused Applied Behavior Analysis (ABA) Services: o Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. o ABA treatment services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s). * Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Children over age 3: o Initially 30-40 hours per week (6-7 hours daily, 5 -6 days/week) of 1:1 applied behavior analytic treatment co-funded with public schools or other secondary funding agency (i.e., health insurance) are what is supported by research and is appropriate for this age level. o Treatment is initially 1:1 in a very structured teaching session, incorporating naturalistic teaching techniques as soon as child demonstrates s/he benefits from this type of teaching. As child progresses and is meeting established criteria for placement in small group settings, s/he will receive treatment in a group setting (i.e. preschool).	Feb 15, 2011 2:23 AM
1785	My son receives ABA therapy 6 1/2 hours a day, 5 days a week. I think a child with Autism and other developmental disorders should be given up to 40 hours a week of ABA therapy if the child needs it. My son also receives 1 hour of speech therapy and 1 hour of occupational therapy a week. I think children with Autism and other developmental disorders should receive at least that amount if not more.	Feb 15, 2011 2:23 AM
1786	It depends on the assessment of the child by a clinical psychologist. If it is severe, then as often as possible.	Feb 15, 2011 2:31 AM
1787	As often as is needed.	Feb 15, 2011 2:42 AM
1788	Services should be provided for a course of one year and should be provided more than once such as at differing developmental stages because at each stage the need for behavioral intervention varias due to maturation experienced by the client.	Feb 15, 2011 2:47 AM
1789	Not as important for adults as for younger children.	Feb 15, 2011 2:49 AM
1790	-to meet medical necessity as delineated in IFSP/IEP/IPP's it would be a team decision ruled by FAPE; LRE; and ultimately the need of the child	Feb 15, 2011 2:52 AM
1791	From once or twice a week to once a month or as needed basis, depending on providering's recommendation after initial (and on-going) assessment, and caregiver's agreement on committing those time into the process.	Feb 15, 2011 2:58 AM
1792	Depends on age of child, but min. 10 hours per week	Feb 15, 2011 3:01 AM
1793	Services should be provided on a daily basis for direct intervention (DTT). Consultation can be provided on a weekly or monthly basis.	Feb 15, 2011 3:05 AM
1794	no specific date when needed	Feb 15, 2011 3:10 AM

2. Suggested service standards about how often a specific service should be

	Response Text	
1795	* Focused Applied Behavior Analysis (ABA) Services: o Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. o ABA treatment services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s). * Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Children over age 3: o Initially 30-40 hours per week (6-7 hours daily, 5 -6 days/week) of 1:1 applied behavior analytic treatment co-funded with public schools or other secondary funding agency (i.e., health insurance) are what is supported by research and is appropriate for this age level. o Treatment is initially 1:1 in a very structured teaching session, incorporating naturalistic teaching techniques as soon as child demonstrates s/he benefits from this type of teaching. As child progresses and is meeting established criteria for placement in small group settings, s/he will receive treatment in a group setting (i.e. preschool).	Feb 15, 2011 3:10 AM
1796	To begin with 30-40 hours of 1:1 applied behavioral analytic treatment, which has been supported by research studies. It is hopeful that the 1:1 hours will be progress into the child going into the school system with or without assistance.	Feb 15, 2011 3:12 AM
1797	as often as the ip team determines is necessary, as described in the lanterman act	Feb 15, 2011 3:14 AM
1798	3x per week about 2 hours each, also depending on the child's ability to participate.	Feb 15, 2011 3:14 AM
1799	The service should be provided as recommended by the behavior therapist. Some children need more intervention than others.	Feb 15, 2011 3:16 AM
1800	As often as the IP team determines is necessary, as described in the Lanterman Act.	Feb 15, 2011 3:16 AM
1801	I get twice on a week now. I'm very satisfied.	Feb 15, 2011 3:22 AM
1802	I think behavioral service time allottment should depend on the age. Under three should get 20 hours a week. Over three should get 35 hours a week. Over 7 should get 25. It's not fair that if a child is over 7 they are just told, "Oh well, you are too old for early intervention."	Feb 15, 2011 3:23 AM
1803	The services should be provided based on the severety of the condition of a client.	Feb 15, 2011 3:24 AM

2. Suggested service standards about how often a specific service should be

	Response Text	
1804	Focused Applied Behavior Analysis (ABA) Services: Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. ABA treatment services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s). Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Childrenover age 3: Initially 30-40 hours per week (6-7 hours daily, 5 -6 days/week) of 1:1 applied behavior analytic treatment co-funded with public schools or other secondary funding agency (i.e., health insurance) are what is supported by research and is appropriate for this age level. Treatment is initially 1:1 in a very structured teaching session, incorporating naturalistic teaching techniques as soon as child demonstrates s/he benefits from this type of teaching. As child progresses and is meeting established criteria for placement in small group settings, s/he will receive treatment in a group setting (i.e. preschool).	Feb 15, 2011 3:41 AM
1805	we should be able to choose more qualified therapist. Instead of hiring organizations such as CARDS we should be able to apply the same cost of therapy towards our own (reserched) professional therapist with either a masters or Ph.D, specializing in Autism.	Feb 15, 2011 3:42 AM
1806	Young children who are "at risk" for an autism spectrum disorder are appropriate for 10-18 hours of 1:1 applied behavior analytic (ABA) treatment per week. Children awaiting diagnosis should receive fewer hours of intervention. Time spent away from therapy is considered time where children may move even farther away from the desired developmental trajectories. Therefore, children with an autism spectrum diagnosis should have increasing hours of treatment up to 25 hours as they near age 3. Child's availability for therapy (endurance, need for naps, etc.) is one guide to therapy length and duration.	Feb 15, 2011 3:48 AM
1807	Services should be provided by a licensed professional. Even BCBA's should also have a state license along side theire certification. Services should be provided in a natural environment for the client (school, home, or community).	Feb 15, 2011 3:54 AM
1808	Follow Lanterman Act!!!	Feb 15, 2011 3:54 AM
1809	as often as determined by the qualified behavioral agency	Feb 15, 2011 3:58 AM
1810	Weekly if needed	Feb 15, 2011 3:58 AM
1811	Few hours every day	Feb 15, 2011 3:59 AM
1812	The service should be provided in a consistent manner depending on the individuals need. Some children need constant, ongoing behavior services and others benefit from consultation.	Feb 15, 2011 4:02 AM
1813	ongoing	Feb 15, 2011 4:05 AM
1814	This should be determined on a case-by-case basis. Caution should be used when applying one size fits all solutions.	Feb 15, 2011 4:13 AM
1815	Behavior services should be provided as often as is helpful. Research shows that the most helpful programs are 40 hours per week, including school hours.	Feb 15, 2011 4:14 AM
1816	As often as recommended by a specialist by evaluation. I feel my son's IEP team has done a great job placing him in the right program he has made great progress.	Feb 15, 2011 4:16 AM

2. Suggested service standards about how often a specific service should be

	Response Text	
1817	The services should be provided consistently at no less than 15 hours per week for behavioral interventions. There should be a weekly report given to the Regional Center and parent concerning progress on goals and if any other deficits were noticed. There should be monthly meetings with the Regional Center, ABA providers and parents/caregivers regarding the services implemented and goals achieved or adjusted as the individual needs. Parents/caregivers should be offered training weekly directly on the skill needs of their child. Behavior interventions should also be offered in a group environment where parents should be included.	Feb 15, 2011 4:18 AM
1818	As often as needed.	Feb 15, 2011 4:19 AM
1819	AS OFTEN AS THE AGENCY'S BEHAVIORAL PROGRAM SUGGESTS FOR OPTIMAL GROWTH.	Feb 15, 2011 4:28 AM
1820	Depends on the need. Studies have shown that the more hours, the better when a child is young and then slowly limit the hours.	Feb 15, 2011 4:29 AM
1821	Service should ideally be coordinated with both a home and school program to provide the consistency in behavior modification. Should receive at least 10 hours after school program at home until behavior goals have been reached and then gradually faded out.	Feb 15, 2011 4:30 AM
1822	ABA therapy should be provided 6-7 hours a day, 5-6 days a week as soon as the diagnosed child is able to handle that level of intensity. Evaluation and assessment should be frequent enough so no time is lost. Programs need to be monitored weekly by supervisory level behavior specialists to ensure effectiveness. Feedback and training should be available for parents/guardians as needed.	Feb 15, 2011 4:32 AM
1823	Per recommendation by doctor. No two cases are alike and service should be based on need, not a set number of hours per week.	Feb 15, 2011 4:32 AM
1824	Frequency of services depends on the diagnosis and severity of the disability. Repetition is important for teaching individuals using behavioral techniques, which may mean that a consumer may need to receive 10-40 hours/week of behavioral services, up to six days per week.	Feb 15, 2011 4:35 AM
1825	Focused Applied Behavior Analysis (ABA) Services: Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. ABA treatment services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s). Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Childrenover age 3: Initially 30-40 hours per week (6-7 hours daily, 5 -6 days/week) of 1:1 applied behavior analytic treatment co-funded with public schools or other secondary funding agency (i.e., health insurance) are what is supported by research and is appropriate for this age level. Treatment is initially 1:1 in a very structured teaching session, incorporating naturalistic teaching techniques as soon as child demonstrates s/he benefits from this type of teaching. As child progresses and is meeting established criteria for placement in small group settings, s/he will receive treatment in a group setting (i.e. preschool).	Feb 15, 2011 4:35 AM
1826	Services should be provided in home, individualized to the consumers needs.	Feb 15, 2011 4:36 AM

2. Suggested service standards about how often a specific service should be

	Response Text	
1827	has to be determined individually - case by case- but should not be all consuming of the family life	Feb 15, 2011 4:40 AM
1828	The services need to be individualized to each child and families needs. Minimum standards such as 4 hours per week, in-home could be a baseline.	Feb 15, 2011 4:41 AM
1829	1 to 2 times per week at least.	Feb 15, 2011 4:48 AM
1830	Group training of six parents per group in six week period with weekly meetings of 3 hours each session. Either in the evening or on the weekends. Must be consecutive. Upon completion of all meetings, family can receive individual home visits targeting their own situations for a total of six sessions. OR Group training of one session of 4 hours. This is easier for parents to come just for a morning or afternoon. Parents don't have time or get too overwhelmed.	Feb 15, 2011 5:00 AM
1831	As much as possible. Every child needs to be, FAIRLY, identified and given proper services. For many children, they are given a half hour a week for speech yet they are nowhere near having the ability of communication.	Feb 15, 2011 5:00 AM
1832	Research studies regarding behavior services, or applied behavior analysis (ABA) for children with autism have found that children reach their maximum potential with an intensive number of hours of intervention each week. Specifically, children in studies with 32.5 to 40 hours per week of behavior intervention services had the highest gains in IQ (30 points); whereas, children who received a less intensive amount of behavior intervention services, such as 12.5 hours per week, gained fewer IQ points (8.2 points). Overall, children in studies receiving ABA gained more IQ points and reached typical levels of functioning on standardized tests, as well as placement in regular education classrooms, significantly more than control groups of children who received eclectic services, parent training services, or public special education services. Therefore, children with autism spectrum disorders should receive funding for 1:1 applied behavior analysis services for no less than 32.5 to 40 hours per week. If a generic resource such as a school district or insurance company is providing some or all of these 1:1 ABA service hours to the child, then the regional center should obviously fund fewer hours per week. A child enrolled in school setting that does not include 1:1 ABA would not count toward the total number of hours needed per week. In addition, appropriately run ABA programs require hours for supervision of the behavior intervention program and meeting time for the behavior therapy team. Children with autism should receive funding for behavior therapists to attend team meetings in which the child's behavior intervention program is reviewed and updated. These meetings should be funded for each behavior therapist on the consumer's behavior intervention team for either 1 hour each week or 2 hours every other week, unless specified differently by the behavior supervisor. Also, each child should receive approximately 8 hours per month of funding for a behavior supervisor to design and update the behavior intervention program.	Feb 15, 2011 5:00 AM

2. Suggested service standards about how often a specific service should be

	Response Text	
1833	Research studies regarding behavior services, or applied behavior analysis (ABA) for children with autism have found that children reach their maximum potential with an intensive number of hours of intervention each week. Specifically, children in studies with 32.5 to 40 hours per week of behavior intervention services had the highest gains in IQ (30 points); whereas, children who received a less intensive amount of behavior intervention services, such as 12.5 hours per week, gained fewer IQ points (8.2 points). Overall, children in studies receiving ABA gained more IQ points and reached typical levels of functioning on standardized tests, as well as placement in regular education classrooms, significantly more than control groups of children who received eclectic services, parent training services, or public special education services. Therefore, children with autism spectrum disorders should receive funding for 1:1 applied behavior analysis services for no less than 32.5 to 40 hours per week. If a generic resource such as a school district or insurance company is providing some or all of these 1:1 ABA service hours to the child, then the regional center should obviously fund fewer hours per week. A child enrolled in school setting that does not include 1:1 ABA would not count toward the total number of hours needed per week. In addition, appropriately run ABA programs require hours for supervision of the behavior intervention program and meeting time for the behavior therapy team. Children with autism should receive funding for behavior therapists to attend team meetings in which the child's behavior intervention program is reviewed and updated. These meetings should be funded for each behavior therapist on the consumer's behavior intervention team for either 1 hour each week or 2 hours every other week, unless specified differently by the behavior supervisor. Also, each child should receive approximately 8 hours per month of funding for a behavior supervisor to design and update the behavior intervention program.	Feb 15, 2011 5:00 AM
1834	Young children who are at risk for ASD, a 10-18 hr. a week of 1:1 ABA treatment per week is recommended. Time away from therapy may move the child even farther from the desired developmental trajectories. The hrs. of intensive ABA treatment should be increased to 25 hours a week the closer the child gets to age 3. Treatment should be provided in the the childs home unless this is not possible for some reason.	Feb 15, 2011 5:02 AM
1835	This should be based upon the therapist's, parent's and physician's recommendations.	Feb 15, 2011 5:02 AM
1836	Children with or at risk of ASD should have 10-18 hours of 1:1 ABA treatment.	Feb 15, 2011 5:02 AM
1837	2 times a week	Feb 15, 2011 5:03 AM
1838	as needed, available monday thru friday	Feb 15, 2011 5:05 AM
1839	Behavioral services should be individualized to the needs of the consumer and based on function of the presenting problem behavior as well as frequency, duration and severity. ABA treatment services may range from 2 hrs. per week of consultation and parent education/training to 20 hrs.per week of one-to-one services in combination with consultationand parent education/training depending on function, frequency, duration and severityof problem behaviors.	Feb 15, 2011 5:07 AM
1840	At least every six months	Feb 15, 2011 5:09 AM
1841	Depending on the level of need such services should be offered from anywhere to 8 hours a week to 40 hours a week.	Feb 15, 2011 5:20 AM
1842	It depends on the severity of the child's needs-	Feb 15, 2011 5:31 AM
1843	Family involvement is very important in order to provide a 24/7 therapeutic environment. Also Eldevik et. al, 2010 demonstrated that children who received 36 or more hours per week of intensive behavioral intervention demonstrated gains in intellectual development and adaptive skills.	Feb 15, 2011 5:31 AM

2. Suggested service standards about how often a specific service should be

	Response Text	
1844	As often as the IPP team determines is necessary.	Feb 15, 2011 5:31 AM
1845	ABA with a reputable agency, early on should be in the home at least 20 hours a week and then bring it up to 30 to 35 hours base upon the parents and ABA input. generalized into a school setting as soon as possible. We started in home at the age of 18months, at the age of 3, we had ABA 40% of time in school setting and the rest in home setting. by the summer increased the hours to in school setting. at the age of five, it is all in school setting and rapidly decreasing ABA involvement with more teacher's involvement. As of next year when our son starts Kindergarden, we will no longer require regional/school involvement.	Feb 15, 2011 5:40 AM
1846	As determined by the professionals and the IPP team	Feb 15, 2011 5:40 AM
1847	As often as the the IPP team determines is necessary based on the specific needs of the child, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 15, 2011 5:46 AM
1848	There are different models of service using behavioral approaches which can range from a qualified professional i.e. Board Certified Behavioral Analyst working directly with family 1-2 times a month providing/instructing the family in a behavioral program to carry out at home with follow up 1-2 times a month. There are more intense models that provide 20 hours a week. As far as I know the evidence I am aware of has done a study on outcomes of different frequencies. I suggest that each child's assessments be reviewed by the regional centers licensed professionals i.e. psychologists, BCBAs, OT, ST to determine the frequency and to follow up on the outcomes.	Feb 15, 2011 5:47 AM
1849	depends form the needs of the client, behavioral services are very important to the disable kids	Feb 15, 2011 5:49 AM
1850	Seventy to eighty percent of what the child needs or what is suggested when evaluated, should be provided.	Feb 15, 2011 5:51 AM
1851	In the case of children, the service standards should meet or exceed American Academy of Pediatrics guidelines (between school hours of ABA and outside ABA)= 25 hrs+ Public preschool programs are only providing 12 hrs in my district and, due to budget cuts, the students are not even getting the full 12 hrs per week.	Feb 15, 2011 5:52 AM
1852	Services should be provided as long as measurable progress is made in relation to a set of goals. A time period of 6-12 months should be given to make said progress.	Feb 15, 2011 5:56 AM
1853	Much of the behavioral services needed may be intensive (many times per week) initially, then fade to weekly and finally monthly then stop.	Feb 15, 2011 5:59 AM
1854	Consultation with an RDI consutant is necessary at least twice a month.	Feb 15, 2011 6:05 AM
1855	Initial identification of problem behaviors and scientific application of intervention techniques may take more time in the beginning, but would be faded over time as correct interventions are used. My suggestion would be for ten hours per week for the first 6 weeks, fading to 5 hours per week in the next 6 and terminating at the point of predetermined goal achievement.	Feb 15, 2011 6:06 AM
1856	Young children who are "at risk" for an autism spectrum disorder are appropriate for 10-18 hours of 1:1 applied behavior analytic (ABA) treatment per week. Children awaiting diagnosis should receive fewer hours of intervention. Time spent away from therapy is considered time where children may move even farther away from the desired developmental trajectories. Therefore, children with an autism spectrum diagnosis should have increasing hours of treatment up to 25 hours as they near age 3. Child's availability for therapy (endurance, need for naps, etc.) is one guide to therapy length and duration.	Feb 15, 2011 6:10 AM

2. Suggested service standards about how often a specific service should be

	Response Text	
1857	Young children who are "at risk" for an autism spectrum disorder are appropriate for 10-18 hours of 1:1 applied behavior analytic (ABA) treatment per week. Children awaiting diagnosis should receive fewer hours of intervention. Time spent away from therapy is considered time where children may move even farther away from the desired developmental trajectories. Therefore, children with an autism spectrum diagnosis should have increasing hours of treatment up to 25 hours as they near age 3. Child's availability for therapy (endurance, need for naps, etc.) is one guide to therapy length and duration.	Feb 15, 2011 6:11 AM
1858	As often as needed/recommended after an evaluation.	Feb 15, 2011 6:17 AM
1859	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4).	Feb 15, 2011 6:19 AM
1860	FOCUSED APPLIED BEHAVIOR ANALYSIS (ABA) SERVICES: Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. ABA treatment services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s). COMPREHENSIVE APPLIED BEHAVIOR ANALYSIS (ABA) AUTISM TREATMENT SERVICES FOR CHILDREN OVER AGE 3: Initially 30-40 hours per week (6-7 hours daily, 5-6 days/week) of 1:1 applied behavior analytic treatment co-funded with public schools or other secondary funding agency (i.e., health insurance) are what is supported by research and is appropriate for this age level. Treatment is initially 1:1 in a very structured teaching session, incorporating naturalistic teaching techniques as soon as child demonstrates s/he benefits from this type of teaching. As child progresses and is meeting established criteria for placement in small group settings, s/he will receive treatment in a group setting (i.e. preschool).	Feb 15, 2011 6:23 AM
1861	As often as the the IPP team determines is necessary based on the specific needs of the child, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 15, 2011 6:24 AM
1862	Daily, weekly, & monthly check-ins and trainings via telemedicine (Skype, and/or Google chat). Anyone who has internet can get these video conferencing services for free.	Feb 15, 2011 6:25 AM

2. Suggested service standards about how often a specific service should be

	Response Text	
1863	Focused Applied Behavior Analysis (ABA) Services: Behavioral services should be developed to meet the needs of the individual consumer and treatment should be designed based on an assessment of function of the presenting problem behavior as well as its frequency, duration and severity. ABA treatment services may consist of 2 hours per week of consultation and parent education/training up to 20 hours per week of one-to-one services in combination with consultation and parent education/training. The number of hours per week will be based on the frequency, duration and severity of the problem behavior(s). Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Children over age 3: 35-40 hours per week of 1:1 applied behavior analytic treatment is supported by resaearch to be most effective for this age range. Treatments begin in 1:1 structured teaching sessions. When appropraite for the child, treatment will include group settings (e.g., preschool).	Feb 15, 2011 6:32 AM
1864	FOCUSED APPLIED BEHAVIOR ANALYSIS (ABA) SERVICES: Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. ABA treatment services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s). COMPREHENSIVE APPLIED BEHAVIOR ANALYSIS (ABA) AUTISM TREATMENT SERVICES FOR CHILDREN OVER AGE 3: Initially 30-40 hours per week (6-7 hours daily, 5-6 days/week) of 1:1 applied behavior analytic treatment co-funded with public schools or other secondary funding agency (i.e., health insurance) are what is supported by research and is appropriate for this age level. Treatment is initially 1:1 in a very structured teaching session, incorporating naturalistic teaching techniques as soon as child demonstrates s/he benefits from this type of teaching. As child progresses and is meeting established criteria for placement in small group settings, s/he will receive treatment in a group setting (i.e. preschool).	Feb 15, 2011 6:33 AM

2. Suggested service standards about how often a specific service should be

	Response Text	
1865	OCUSED APPLIED BEHAVIOR ANALYSIS (ABA) SERVICES: Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. ABA treatment services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s). COMPREHENSIVE APPLIED BEHAVIOR ANALYSIS (ABA) AUTISM TREATMENT SERVICES FOR CHILDREN OVER AGE 3: Initially 30-40 hours per week (6-7 hours daily, 5-6 days/week) of 1:1 applied behavior analytic treatment co-funded with public schools or other secondary funding agency (i.e., health insurance) are what is supported by research and is appropriate for this age level. Treatment is initially 1:1 in a very structured teaching session, incorporating naturalistic teaching techniques as soon as child demonstrates s/he benefits from this type of teaching. As child progresses and is meeting established criteria for placement in small group settings, s/he will receive treatment in a group setting (i.e. preschool).	Feb 15, 2011 6:38 AM
1866	These tools should be provided for as long as it takes to get the family on level ground in a stable, healthy home. Without these supports what can you imagine will happen to the child and the family unit? Following the intervention and programs there should be a way for the family to reconnect when they need some additional tools or to get back on track.	Feb 15, 2011 6:48 AM

2. Suggested service standards about how often a specific service should be

	Response Text	
1867	I. Focused Applied Behavior Analysis (ABA) Services: Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. ABA treatment services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s). II. Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Children over age 3: Initially 30-40 hours per week (6-7 hours daily, 5 -6 days/week) of 1:1 applied behavior analytic treatment co-funded with public schools or other secondary funding agency (i.e., health insurance) are what is supported by research and is appropriate for this age level. Treatment is initially 1:1 in a very structured teaching session, incorporating naturalistic teaching techniques as soon as child demonstrates s/he benefits from this type of teaching. As child progresses and is meeting established criteria for placement in small group settings, s/he will receive treatment in a group setting (i.e. preschool).	Feb 15, 2011 6:55 AM
1868	depends on the severe level. from 2 hours to 8 hours a day	Feb 15, 2011 6:58 AM
1869	as often as the child needs it!	Feb 15, 2011 7:08 AM
1870	As early as a child is dignose with the special need, it is much easier to handle a 2 year old than a 20 years old person. Even as a single parent, I still quit my job for almost 3 years in order to be with my child to help her out. Even the progress was baby step at a time but to me she had came a long way to now.	Feb 15, 2011 7:11 AM
1871	40 hours of in-home ABA until the child transitions into first grade.	Feb 15, 2011 7:12 AM
1872	If a child is considered "behavioral" receiving a behavioral support plan in the school environment, than the individual should have a long term plan in the home/community to promote consistency, predicatability and preparation for change of behavior. If child is not on a behavioral track parents/caregiver should come for an interview along with another interview with consumer to promote proper and appropriate match with intervention plan and vendor. THIS WILL SAVE WASTED TIME, FRUSTRATION AND MONEY!!! Perhaps a parent panel could help other parents with placement or rating of behaviors.	Feb 15, 2011 7:16 AM
1873	As often as the individual requires the service, based on a thorough assessment by a BCBA who specializes in the area of the disability. Without adequate behavioral supports, these persons will be unable to work or live within their home, which is the most cost effective model, and if living outside of the home, may need to move to a more costly less restrictive placement if their behaviors are not under control.	Feb 15, 2011 7:19 AM
1874	As soon as needed	Feb 15, 2011 7:20 AM
1875	She received 5 hours per week. We could have used more.	Feb 15, 2011 7:45 AM

2. Suggested service standards about how often a specific service should be

	Response Text	
1876	Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. ABA treatment services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s).	Feb 15, 2011 7:49 AM
1877	Behavioral services should be give on a case by case basis, depending on the types problem behavior, and severity. A minimum of 2 hours a week up to 30-40 hours a week again depending on the child's needs. ^-7 hours daily, 5-6 days a week)	Feb 15, 2011 7:53 AM
1878	Daily, depending on areas of needs and functional levels.	Feb 15, 2011 8:01 AM
1879	-Based on individual needs as per IPP -Based on assessment of service provider	Feb 15, 2011 8:13 AM
1880	Per IPP timelines, and a good effective observation/feedback from parent/staff/service provider that consumer has met goal per IPP.	Feb 15, 2011 8:22 AM
1881	40 hours per month at home	Feb 15, 2011 8:46 AM
1882	As needed and determined with parents, consumer, service providers (primary and ancillary)	Feb 15, 2011 8:54 AM
1883	As often as the Individual Planning Team has determined is necessary	Feb 15, 2011 10:28 AM
1884	DDS should continue providing services to children/family with children suffering from autism	Feb 15, 2011 10:46 AM
1885	They should be assessed by a professional and be given the services based on individual needs.	Feb 15, 2011 12:02 PM
1886	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 15, 2011 12:40 PM
1887	2 xs a week	Feb 15, 2011 1:25 PM
1888	It depends on how complex the behaviours are and how the inhibit the childs learning.	Feb 15, 2011 1:41 PM
1889	Daily	Feb 15, 2011 3:02 PM
1890	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 15, 2011 3:46 PM
1891	Not to exceed a total of "40 hours/week" of programming -- in conjunction with a child's education program. Therefore, a child may typically receive between 10-30 hours/week of intensive behavior services.	Feb 15, 2011 3:50 PM
1892	Young children who are "at risk" for an autism spectrum disorder are appropriate for 10-18 hours of 1:1 applied behavior analytic (ABA) treatment per week. Children awaiting diagnosis should receive fewer hours of intervention. Time spent away from therapy is considered time where children may move even farther away from the desired developmental trajectories. Therefore, children with an autism spectrum diagnosis should have increasing hours of treatment up to 25 hours as they near age 3. Child's availability for therapy (endurance, need for naps, etc.) is one guide to therapy length and duration.	Feb 15, 2011 3:50 PM
1893	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 15, 2011 3:58 PM
1894	The client should be the primary focus of the services with parent teaching secondary. The tutors should have a required level of experience and training so as to avoid clients getting stuck with 'recent graduate' employees.	Feb 15, 2011 4:02 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
1895	I should be told what behavior services are offered such as Mental Helath services,medication options and therapy.They should be purchased for my son based on his needs.	Feb 15, 2011 4:03 PM
1896	Focused Applied Behavior Analysis (ABA) Services: Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. ABA treatment services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s).	Feb 15, 2011 4:04 PM
1897	As often as the IPP team determines the services are necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 15, 2011 4:06 PM
1898	Focused Applied Behavior Analysis (ABA) Services: Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. ABA treatment services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s). Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Children over age 3: Initially 30-40 hours per week (6-7 hours daily, 5 -6 days/week) of 1:1 applied behavior analytic treatment co-funded with public schools or other secondary funding agency (i.e., health insurance) are what is supported by research and is appropriate for this age level. Treatment is initially 1:1 in a very structured teaching session, incorporating naturalistic teaching techniques as soon as child demonstrates s/he benefits from this type of teaching. As child progresses and is meeting established criteria for placement in small group settings, s/he will receive treatment in a group setting (i.e. preschool).	Feb 15, 2011 4:07 PM
1899	Professional judgement needs to be used in determining the severity of the condition and the appropriate amount of services provided.	Feb 15, 2011 4:13 PM
1900	ABA based interventions: • Services should be provided based on recommendations from qualified (BCBA) professionals in the field. Recommendations should be based on research and performance of the service provider as well as levels of progress being made by a child already receiving intervention (e.g., early intervention program for child with ASD - 30-40 hours per week of one to one intervention with 20-24 hours per month of support and consultation) • Consultation and support should be proportional to number of one to one service and based on the severity of client's deficits and excesses • Programs as a whole should be limited to 3-4 years of service and exit criteria should be based on client progress, client age and family participation • On-going training (post intervention) should be provided for 6-18 months based on family needs and client deficits	Feb 15, 2011 4:15 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
1901	services should be provide daily or as requiere	Feb 15, 2011 4:16 PM
1902	This depends on the need of the individual.	Feb 15, 2011 4:18 PM
1903	As needed	Feb 15, 2011 4:23 PM
1904	The need for continuted services should be evaluated every 3 months.	Feb 15, 2011 4:28 PM
1905	Services should be intensive where intensity is shown to be significantly more effective, with the goal of recovering children so that they do not need services when they are older. I am specifically referring to kids on the Autism Spectrum.	Feb 15, 2011 4:35 PM
1906	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 15, 2011 4:40 PM
1907	Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. ABA treatment services may range from 2 hours per week of consultation and parent education/training to 25 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s). Providers should be able to provide recommendations for service intensity with data to support the clinical recommendation. Onoing data should support program intensity and dictate fading.	Feb 15, 2011 4:42 PM
1908	See above	Feb 15, 2011 4:48 PM
1909	The Lanterman Act is based on an Individuals Needs, therefore to dedicate time and effort to what has already been passed last year with Trailer Bill, The Individual Choice Budget. This model has demonstrated through the self determination pilot that it saves money. I urge you to work on the ICB.	Feb 15, 2011 4:50 PM
1910	I would say at least once per month.	Feb 15, 2011 4:56 PM
1911	At least 20hrs a month.	Feb 15, 2011 4:59 PM
1912	Most of the recipients of these programs cannot tolerate constant changes and for their success they require long and steady results.	Feb 15, 2011 5:05 PM
1913	behavioral services should be provided as soon as possible, and when the child is diagnosed. There shouldn't be any lapse of services because of age.	Feb 15, 2011 5:07 PM
1914	The provider or their supervisors should be providing and educational/ counseling component with the direct services.	Feb 15, 2011 5:29 PM
1915	Not sure	Feb 15, 2011 5:35 PM
1916	Young children who are "at risk" for an autism spectrum disorder are appropriate for 10-18 hours of 1:1 applied behavior analytic (ABA) treatment per week. Children awaiting diagnosis should receive fewer hours of intervention. Time spent away from therapy is considered time where children may move even farther away from the desired developmental trajectories. Therefore, children with an autism spectrum diagnosis should have increasing hours of treatment up to 25 hours as they near age 3. Child's availability for therapy (endurance, need for naps, etc.) is one guide to therapy length and duration. Sessions of 2 to 2 ½ hours in length are appropriate. Treatment is provided in their home, unless for some reason this is not possible. Treatment can also be effectively provided in a treatment center that is set up for young children.	Feb 15, 2011 5:38 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
1917	The ABA standards should LIMIT THE WEEKLY INTERVENTION HOURS TO 25 instead of 40, consistent with the recommendations of the National Academy of Sciences "Educating Children with Autism." I do not know where the magic number "40" came from. While there some individual children may need 40 hours a week in certain unusual cases, I believe most 3- , 4- and 5-year-olds -- no matter what their level of impairment -- need time to nap, rest and recover, even if their "rest" looks like perseveration (spinning wheels on a bus or snapping rubber bands repeatedly). I worry that 40 hours/week is the invention of the practitioners ($) and the parents (relief). Yes, they will point to data and studies that say something like, "IQ points were 2.4 higher in children who received 40 hours vs. children who received 20"; but I would ask, how meaningful are those IQ points in terms of the child's adaptive functioning and long-term success? I have seen ABA programs so intense and demanding that it breaks my heart. They are simply too intense for the child and demand a level of perfection and compliance that would be borderline abusive for a typical child. Think about it: usually 2 or 3 adult tutors are required over the course of a one-day, 8-hour ABA session. Why? Because otherwise they will burn out! But apparently the child can do it, day, after day, after day? I encourage you to ask hard questions about the 40-hour assumption, and put the interests of children first while setting standards that allow for individual exceptions. Perhaps parents of the most challenging individuals can receive a combination of ABA and respite rather than so much intensive intervention.	Feb 15, 2011 5:45 PM
1918	As often as it has been scientifically proven to be effective.	Feb 15, 2011 5:45 PM
1919	At least 30 to 40 sessions of neuro-feedback treatments regardless of age.	Feb 15, 2011 5:47 PM
1920	Evidence has shown that intensive ABA services provided to children at a very young age can make a differnce in them having greater independence and not needing teen or adult services. Several national and state level task forces have evaluated the effectiveness treatments for autism. These include efforts by the National Autism Center (National Standards Report [http://www.nationalautismcenter.org/affiliates/] and the Centers for Medicare and Medicaid for the U.S. Department of Health and Human Services [http://www.impaqint.com/publications/project-reports/default.html]). Their findings reflect those in the peer-reviewed literature: intervention and treatments based on ABA have the strongest evidence of their effectiveness and ability to consistently produce meaningful benefits to children diagnosed with autism spectrum disorders.	Feb 15, 2011 5:48 PM
1921	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 15, 2011 5:53 PM
1922	Each child should get 1 on 1 ABA therapy to address their unique issues in their unique learning style. At least 10 hours per week for mildly effected children and more for moderately and severely effected children. My child is proof ABA therapy works. He is in regular kindergarten without an aide and doing well.	Feb 15, 2011 6:05 PM
1923	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 15, 2011 6:12 PM
1924	As often as the IP team determines is necessary, as described in the Lanterman Act.	Feb 15, 2011 6:14 PM
1925	At a minimum, once a month, but ideally once a week.	Feb 15, 2011 6:18 PM
1926	Research shows that 40hours a week of early intetervention services is the course of treatment with the highest percentage of postive outcome.	Feb 15, 2011 6:20 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
1927	Research studies regarding behavior services, or applied behavior analysis (ABA) for children with autism have found that children reach their maximum potential with an intensive number of hours of intervention each week. Specifically, children in studies with 32.5 to 40 hours per week of behavior intervention services had the highest gains in IQ (30 points); whereas, children who received a less intensive amount of behavior intervention services, such as 12.5 hours per week, gained fewer IQ points (8.2 points). Overall, children in studies receiving ABA gained more IQ points and reached typical levels of functioning on standardized tests, as well as placement in regular education classrooms, significantly more than control groups of children who received eclectic services, parent training services, or public special education services. Therefore, children with autism spectrum disorders should receive funding for 1:1 applied behavior analysis services for no less than 32.5 to 40 hours per week. If a generic resource such as a school district or insurance company is providing some or all of these 1:1 ABA service hours to the child, then the regional center should obviously fund fewer hours per week. A child enrolled in school setting that does not include 1:1 ABA would not count toward the total number of hours needed per week. In addition, appropriately run ABA programs require hours for supervision of the behavior intervention program and meeting time for the behavior therapy team. Children with autism should receive funding for behavior therapists to attend team meetings in which the child's behavior intervention program is reviewed and updated. These meetings should be funded for each behavior therapist on the consumer's behavior intervention team for either 1 hour each week or 2 hours every other week, unless specified differently by the behavior supervisor. Also, each child should receive approximately 8 hours per month of funding for a behavior supervisor to design and update the behavior intervention program.	Feb 15, 2011 6:20 PM
1928	at least 30~40hours	Feb 15, 2011 6:22 PM
1929	There should be a reasonable cutoff to the time. Since they are assessed every year, have a maximum of 5 years (like the Dept. of Human Assistance). This gives a reasonable time limit on the amount of care the state will provide. A new assessment will continue, and help in providing alternatives.	Feb 15, 2011 6:24 PM
1930	Focused Applied Behavior Analysis (ABA) Services: Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. ABA treatment services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in addition to 12 hours per month of consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s). Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Children over age 3: Initially 30-40 hours per week (6-8 hours daily, 5 -6 days/week) of 1:1 applied behavior analytic treatment. Treatment is initially 1:1 in a very structured teaching session, incorporating naturalistic teaching techniques as soon as child demonstrates s/he benefits from this type of teaching. As child progresses and is meeting established criteria for placement in small group settings, s/he will receive treatment in a group setting (i.e. preschool). At this point, treatment may be co-funded with public schools or other secondary funding agency (i.e., health insurance) are what is supported by research and is appropriate for this age level. Services should not be co-funded with public schools until the child is able to reduce to a less intensive treatment model.	Feb 15, 2011 6:27 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
1931	Young children who are "at risk" for an autism spectrum disorder are appropriate for 10-18 hours of 1:1 applied behavior analytic (ABA) treatment per week. Children awaiting diagnosis should receive fewer hours of intervention. Time spent away from therapy is considered time where children may move even farther away from the desired developmental trajectories. Therefore, children with an autism spectrum diagnosis should have increasing hours of treatment up to 25 hours as they near age 3. Child's availability for therapy (endurance, need for naps, etc.) is one guide to therapy length and duration. Sessions of 2 to 2 ½ hours in length are appropriate. Treatment is provided in their home, unless for some reason this is not possible. Treatment can also be effectively provided in a treatment center that is set up for young children.	Feb 15, 2011 6:32 PM
1932	How often service should be provided should be determined by an independent evaluation of the consumer to be performed by a BCBA psychologist	Feb 15, 2011 6:34 PM
1933	Frequency of licensed therapies is best determined through an individualized assessment of the childs needs by the licensed therapist.	Feb 15, 2011 6:38 PM
1934	For autistic client, the need at least three sessions of group therapy. Parents need to premise to go for all secssions, otherwise it should be discontinue the services.	Feb 15, 2011 6:40 PM
1935	Based on the report from the evaluation team, regional center decides how many hours in a week for a candidate to bring him/her, out of dangerous behaviour.	Feb 15, 2011 6:42 PM
1936	Should be provided up to a maximum of 30 hours a week depending one the severity of the behavioral problems. Scaling back the hours on less severe consumers up to the point that their behaviors are in a managable state for either the consumer himself or the primary caregiver.	Feb 15, 2011 6:44 PM
1937	As often as the person in need benefits from services.	Feb 15, 2011 6:46 PM
1938	Recommendations from the clinical team and input from the family should determine frequency, goals, and duration.	Feb 15, 2011 6:53 PM
1939	Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. Behavioral services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s).	Feb 15, 2011 6:53 PM
1940	Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. Behavioral services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s).	Feb 15, 2011 6:54 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
1941	Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. Behavioral services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s).	Feb 15, 2011 6:58 PM
1942	3hr/day 15hr/week	Feb 15, 2011 6:59 PM
1943	weekly with parents implementing services between weekly appts	Feb 15, 2011 7:01 PM
1944	Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. ABA treatment services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s).	Feb 15, 2011 7:03 PM
1945	These services so be given at a minimum of 40 hours and incorporated into their daily living. The theory is that as the participant learns the approriate behaviors to understand the norm of society the services will minimize.	Feb 15, 2011 7:09 PM
1946	Research on the effectiveness of intensive behavioral intervention shows that there is a relationship between the number of treatment hours a child receives on a weekly basis and the developmental gains that are made. Eldevik et al. in 2010 showed that children receiving 36 or more hours per week of intensive behavioral intervention predicted gains. Families must also be able to to implement the treatment to ensure their child learning during all waking hours.	Feb 15, 2011 7:17 PM
1947	Same as above - as often and for as long as is possible.	Feb 15, 2011 7:18 PM
1948	5 days a week	Feb 15, 2011 7:22 PM
1949	As outlined in behavior plan, IEP/IPP.	Feb 15, 2011 7:23 PM
1950	Behavior/parent training/ one to one behavior support should be at least 2 xs 2 hrs week or moe if needed. Behavior respite should pick up the slack as needed.	Feb 15, 2011 7:28 PM
1951	Varies with the type and severity of the disturbance or abnormality.	Feb 15, 2011 7:29 PM
1952	I feel up to 40 hours a week is fair and sufficient for a consumer.	Feb 15, 2011 7:30 PM
1953	IT DEPENDS ON THE CHILD'S NEEDS. EVERY CHILD HAS THEIR OWN PACE AND HOW THE THERAPY IS ABSORBED..	Feb 15, 2011 7:31 PM
1954	In home, family-centered, service.	Feb 15, 2011 7:32 PM
1955	They should receive the service as long as they need it, not stop at the age of 3. It is very difficult to live with children with disabilities, I need help as a single, working parent. Government should make ALL INSURANCE COMPANIES (blue shield, blue cross, kaiser, healthnet,etc) provide behavioral Intervention for kids in need. At this point the insurance always say no to this service.	Feb 15, 2011 7:33 PM
1956	At least until the age of 18 years old, those behavioral services should be provided through out the school years for that person.	Feb 15, 2011 7:34 PM
1957	40 hours a week to be combined with school services for children under 22 20 hours a week for moderate functioning adults 10 hours a week for high functioning adults	Feb 15, 2011 7:34 PM
1958	Daily	Feb 15, 2011 7:34 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
1959	ABA based interventions: · Services should be provided based on recommendations from qualified (BCBA) professionals in the field. Recommendations should be based on research and performance of the service provider as well as levels of progress being made by a child already receiving intervention (e.g., early intervention program for child with ASD - 30-40 hours per week of one to one intervention with 20-24 hours per month of support and consultation) · Consultation and support should be proportional to number of one to one service and based on the severity of client's deficits and excesses · Programs as a whole should be limited to 3-4 years of service and exit criteria should be based on client progress, client age and family participation · On-going training (post intervention) should be provided for 6-18 months based on family needs and client deficits	Feb 15, 2011 7:37 PM
1960	How often to provide this service cannot be standarized, because each child needs a specific amount of time according with his/her needs. It can only be specified by the agency that is doing the preliminary evaluation, and consequently, will provide the service accordingly.	Feb 15, 2011 7:39 PM
1961	Different individuals acquisition rates may vary depending on service quality, and developmental capabillity. I feel that it is imparitive for individuals to recieve services (as long as benificial) until they are not longer needed and the best out come is achieved. In the same regard, if services are not maintained and generalized to supporting staff, programs, and caregivers; and cannot be maintained other wise. Services should not be provided if the skills being taught cannot or will not be maintained. Also there needs to be a type of working ettiquite between caregivers and the service providers. It is my experience that parents with financial means, or legal capabillities and a lack of participation in program are allowed to maintain thier serviced despite the fact that the skills will never be maintained due to thier lack of participation. This needs to be stopped as there are a large amount of individuals who are in need and would benifit from this service. However, if finacially individuals as described above are taking the funds and man power, it is an inevitable waste of time and resource.	Feb 15, 2011 7:44 PM
1962	As often as the IPP team determines necessary, as described in the Lanterman Act Section 4646 (a) (4).	Feb 15, 2011 7:47 PM
1963	Behavioral services should continue until the goal has been reached. Implementing a set number of hours for each consumer in a home, even if stable, causes unnecessary financial burden to homes that have already been cut several times due to budget cuts.	Feb 15, 2011 7:47 PM
1964	As long as they need it.	Feb 15, 2011 7:50 PM
1965	ABA treatment services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one to one services in combination with consultation and parent education/training depending on the function, frequency, duration and serverity of the problem behavior.	Feb 15, 2011 7:54 PM
1966	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 15, 2011 7:56 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
1967	Services should be provided first through group parent training, and then in home settings: when child is in school, services should be provided through a combination of school and private insurance funding. All activities should be considered when scheduling frequency duration and intensity of services: more than 20 hours per week of intervention when clinically appropriate should be provided through a blending of RC, private insurance and school funding for children up to age 8. RC funding for limited staff training and consultation may be provided for children attending day care settings to supplement the parent training to enable the child to participate in community care settings with typical peers.	Feb 15, 2011 7:57 PM
1968	Due to the nature of autism, the needs for services like respite and 1:1 assistants and after school care along with behavior management fluctuate and should be provided has much has needed. Based on my experience has a family member I would say that every client needs These basic services to some degree has long has they have autism	Feb 15, 2011 8:01 PM
1969	As often as needed or recommended by MD	Feb 15, 2011 8:07 PM
1970	As frequently as needed to be efficacious without causing excessive stress, fatigue, etc. The services should be able to be varied as needed by changing the client's situation and schedule without sacrificing the potential to later readjust the frequency. For example, a school aged child may be too tired after school for services on a XXX frequency. Therefore, the child should be able to receive a lesser amount of services (XX frequency) during school times and then receive the most optimal frequency (XXX) during breaks from school when the child is less fatigued.	Feb 15, 2011 8:09 PM
1971	The professional should be the one who decides "how often" through their assessment or family discussion.	Feb 15, 2011 8:10 PM
1972	Each service should be provided at least 3 times a week and even more depending on the serverity of the disability. The evalution by a professionan in this area will determine the severity.	Feb 15, 2011 8:14 PM
1973	For children ages 3-8, 30-40 hours of EIBT per week	Feb 15, 2011 8:15 PM
1974	It depends on the individuals needs, not the budget. Please refer to scientific studies on behavior intervention for guidelines.	Feb 15, 2011 8:16 PM
1975	Five days a week Monday through Friday from 9:00am to 3:00 pm.	Feb 15, 2011 8:18 PM
1976	Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration, and severity. ABA treatment services may range from 2 hrs. per week of consultation and parent education/training to 20 hr. per week of one-to-one services in combination w/ consultation and parent education.	Feb 15, 2011 8:18 PM
1977	Our 4 year old son receives 20 hours a month. Two days a week for one hour at a time and then they sometime drop-in at his school. This is not enough. We were told how many hours we received before anyone even met our son. There needs to be an extensive evaluation in all areas of the child's environment (home, school, extracurricular) before determining the number of hours.	Feb 15, 2011 8:26 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
1978	A. Focused Applied Behavior Analysis (ABA) Services: 1. Individualized to the need of the specific consumer and be based on the function of the presenting problem behavior, as well as its frequency, duration, and severity. 2. Individualized to the specific need of the consumer but may range from 2 hours per week of consultation/parent training to 20 hours per week of one-to-one services. B. Comprehensive ABA Treatment Services for children over aage 3: 1. Initially 30-40 hours per week of direct, one-to-one ABA intervention co-funded with public schools or other secondary funding agency. Well supported by research and critical to the development of skills. 2. Treatment initially is in a one-to-one highly structured teaching environment, incorporating naturalistic teaching strategies as the child develops more skills. Goal is to develop skills such that the child can be integrated into small group school settings and learn naturally from that environment.	Feb 15, 2011 8:26 PM
1979	Yong children who are "at risk" for an autism spectrum disorder are appropriate for 10-18 hours of 1:1 applied behavior analytic (ABA) treatment per week. Children awaiting diagnosis should receive fewer hours of intervention. Time spent away from therapy is considered time where children may move even farther away from the desired developmental trajectories. Therefore, children with an autism spectrum diagnosis should have increasing hours of treatment up to 25 hours as they near age 3. Child's availability for therapy (endurance, need for naps, etc.) is one guide to therapy length and duration. Sessions of 2 to 2 1/2 hours in length are appropriate. Treatment is provided in their home, unless for some reason this is not possible. Treatment can also be effectively provided in a treatment center that is set up for young children.	Feb 15, 2011 8:29 PM
1980	Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. Behavior Intervention services may range from 2 hours per week of consultation and parent education/training to 10 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s)	Feb 15, 2011 8:30 PM
1981	training help with finding caregivers after school and respite programs assessment and programs financial help in paying for services--if a parent has to spend most of their paycheck paying for caregivers--if they can find them--it makes no sense working outside of the home Services need to be provided as often as necessary	Feb 15, 2011 8:30 PM
1982	Intensive research and data collection has shown an increased number (e.g., 36 hours or more) of treatment hours delivered each week predicts higher gains in adaptive skills and intellectual development. In addition, high levels of parent participation is essential to the child's progress and therefore families should be supported in this endeavor.	Feb 15, 2011 8:31 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
1983	Focused Applied Behavior Analysis (ABA) Services: Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. ABA treatment services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in addition to 12 hours per month of consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s). Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Children over age 3: Initially 30-40 hours per week (6-8 hours daily, 5 -6 days/week) of 1:1 applied behavior analytic treatment. Treatment is initially 1:1 in a very structured teaching session, incorporating naturalistic teaching techniques as soon as child demonstrates s/he benefits from this type of teaching. As child progresses and is meeting established criteria for placement in small group settings, s/he will receive treatment in a group setting (i.e. preschool). At this point, treatment may be co-funded with public schools or other secondary funding agency (i.e., health insurance) are what is supported by research and is appropriate for this age level. Services should not be co-funded with public schools until the child is able to reduce to a less intensive treatment model.	Feb 15, 2011 8:33 PM
1984	As determined by clinical assessment team (not RC clinical team)	Feb 15, 2011 8:41 PM
1985	as prescribed by a professional specilist or as suggested by a caretaker OR CLIENT	Feb 15, 2011 8:43 PM
1986	It depends on the severity of the consumer's disability. I would suggest a minimum of 4 hours/week, more for those who have more serious behavior issues.	Feb 15, 2011 8:46 PM
1987	the frequency would have to be determined by the IPP team based on comprehensive assessments of the need, considering specific outcomes that are achievable. Specificity is very important for accountability. Look a the research data.	Feb 15, 2011 8:49 PM
1988	As often as the IPP team determines is necessary, as described in the Lanterman Act	Feb 15, 2011 8:51 PM
1989	As often as either the Regional Center &/or the individual/family member feels that they should be provided.	Feb 15, 2011 8:54 PM
1990	As needed.	Feb 15, 2011 8:58 PM
1991	It should be provided enough to make a difference!	Feb 15, 2011 9:01 PM
1992	The service needs to be based on need not budget.	Feb 15, 2011 9:01 PM
1993	Daily. Very much like school, the more they practice, the better they get at it.	Feb 15, 2011 9:09 PM
1994	same as above	Feb 15, 2011 9:10 PM
1995	Those who's parents/caregivers are unable to provide effective behavior management daily.	Feb 15, 2011 9:14 PM
1996	Up to 12 months, and graduation from these services should be at 11 months with a 30-day transition period to allow families to demonstrate the behavioral technique they learned from the vendor/provider.	Feb 15, 2011 9:19 PM
1997	This is based on the individual and their needs. During the IPP meeting the individual needs need to be looked at and 'then' decide how often the specific service should be provided - based on need and deficits.	Feb 15, 2011 9:20 PM
1998	How can I answer this question without knowing the disability and ability of those this would impact?	Feb 15, 2011 9:20 PM

Behavioral Services

2. Suggested service standards about how often a specific service should be

	Response Text	
1999	a child requires a complete evaluation, upon those results, appropriate reccomendations to fit the needs of that child are then provided and discussed with parents. Those preforming evaluations need to has knowledge regard the child diagnosis and well versed in ABA.Example Child A may require a need for intensive ABA at 35-40hour/week program. Child B may require an intensive ABA program at 15hours/week. The standard is to help the child with intensive services early in life so they are given the skills to become productive members of our society.	Feb 15, 2011 9:23 PM
2000	As often as the IPP team decides is necessary, as defined by the Lanterman Act Section 4646.5(a)(4)	Feb 15, 2011 9:23 PM
2001	Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity.	Feb 15, 2011 9:26 PM
2002	At least 15 - 40 hours per week (depending on schedule of other services) if the individual's basic quality of life and safety are compromised (i.e., communication is still developing/progressing, but they cannot yet adequately report if something bad happens to them). If the school district refuses to provide appropriate services, then the Regional Center should step up to the plate as payor of last resort for things like Communication and OT (i.e., a child with autism and speech apraxia whose apraxia was not diagnosed until he was almost 8, and district was often grossly out of compliance in provision of speech services). Such a child will need long-term communication support, but should get services as long as s/he needs and is making progress.	Feb 15, 2011 9:29 PM
2003	These services should be provided to all consumers who need them, rather than cut off arbitrarily at a certain age.	Feb 15, 2011 9:32 PM
2004	This really depends upon the diagnosis and condition of the child; 5 days/week would be recommended.	Feb 15, 2011 9:37 PM
2005	As often as the professionals involved deem it necessary, if possible. Again, we're all aware of the budget crisis, and no one is trying to waste money! If the research-supported therapies require a certain number of repetitions in order to be successful, then that is what's necessary.	Feb 15, 2011 9:41 PM
2006	This all depends on the need of the consumers and their families.	Feb 15, 2011 9:41 PM
2007	Good, solid research shows that intensity (35 hours/wk) is required for children with autism to make quick and significant gains. There are also some literature reviews that show 20-25 hours is sufficient, unfortunately that research is flawed and was not conducted in the proper manner that that type of research should be (no ABA counsel, only one person reviewing and making recommendations). If we are only delivering research-backed services, shouldn't we also deliver with the intensity that the same research calls for?	Feb 15, 2011 9:41 PM
2008	Services should be provided as often as needed, as determined by the IPP team.	Feb 15, 2011 9:42 PM
2009	SHould provide form 30-40 hours per week	Feb 15, 2011 9:43 PM
2010	Follow standards DMH follows with behavior intervention. Should be more than is being provided.	Feb 15, 2011 9:56 PM
2011	Time limited; 6-8 weeks of parent training and 2 home visits for monitoring effectiveness of training and offering immediate enhancement of parent's skills.	Feb 15, 2011 10:01 PM
2012	Parents, direct support staff, educators must take basic course in effective parenting, behavior support plans and agreee to implement plans developed in order to receive services. With out committment fof famly, DSP and educators services are not successful. Services can take place in small groups but the Behavior Support provider must coach all persons involved in the individuals home, school and day service.	Feb 15, 2011 10:06 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
2013	Because each DIR treatment plan is specific per client, services often need to be provided for at least 3 years of 5 hours a week per client. Often, clients need more than 5 hours a week of services provided, however, in some cases, as little as 5 hours a week can be quite beneficial.	Feb 15, 2011 10:09 PM
2014	Focused Applied Behavior Analysis (ABA) Services: Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. ABA treatment services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s). Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Children over age 3: Initially 30-40 hours per week (6-7 hours daily, 5 -6 days/week) of 1:1 applied behavior analytic treatment co-funded with public schools or other secondary funding agency (i.e., health insurance) are what is supported by research and is appropriate for this age level. Treatment is initially 1:1 in a very structured teaching session, incorporating naturalistic teaching techniques as soon as child demonstrates s/he benefits from this type of teaching. As child progresses and is meeting established criteria for placement in small group settings, s/he will receive treatment in a group setting (i.e. preschool).	Feb 15, 2011 10:11 PM
2015	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 15, 2011 10:11 PM
2016	Depends on the severity of the child. My child benefits from once a week, but there was a time that more frequent services would have helped us and him.	Feb 15, 2011 10:17 PM
2017	This should be according to the research for the condition, and according to the individual's needs.	Feb 15, 2011 10:23 PM
2018	As often as the IP team determines is necessary, as described in the Lanterman Act.	Feb 15, 2011 10:24 PM
2019	Needs an individualized approach	Feb 15, 2011 10:25 PM

Behavioral Services

2. Suggested service standards about how often a specific service should be

	Response Text	
2020	Research studies regarding behavior services, or applied behavior analysis (ABA) for children with autism have found that children reach their maximum potential with an intensive number of hours of intervention each week. Specifically, children in studies with 32.5 to 40 hours per week of behavior intervention services had the highest gains in IQ (30 points); whereas, children who received a less intensive amount of behavior intervention services, such as 12.5 hours per week, gained fewer IQ points (8.2 points). Overall, children in studies receiving ABA gained more IQ points and reached typical levels of functioning on standardized tests, as well as placement in regular education classrooms, significantly more than control groups of children who received eclectic services, parent training services, or public special education services. Therefore, children with autism spectrum disorders should receive funding for 1:1 applied behavior analysis services for no less than 32.5 to 40 hours per week. If a generic resource such as a school district or insurance company is providing some or all of these 1:1 ABA service hours to the child, then the regional center should obviously fund fewer hours per week. A child enrolled in school setting that does not include 1:1 ABA would not count toward the total number of hours needed per week. In addition, appropriately run ABA programs require hours for supervision of the behavior intervention program and meeting time for the behavior therapy team. Children with autism should receive funding for behavior therapists to attend team meetings in which the child's behavior intervention program is reviewed and updated. These meetings should be funded for each behavior therapist on the consumer's behavior intervention team for either 1 hour each week or 2 hours every other week, unless specified differently by the behavior supervisor. Also, each child should receive approximately 8 hours per month of funding for a behavior supervisor to design and update the behavior intervention program.	Feb 15, 2011 10:28 PM
2021	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 15, 2011 10:28 PM
2022	Program should be at least 2 years.	Feb 15, 2011 10:33 PM
2023	Services should be evaluated quarterly for effectiveness.	Feb 15, 2011 10:37 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
2024	Suggested service standards about how often a specific service should be provided: Focused Applied Behavior Analysis (ABA) Services: Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. ABA treatment services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s). Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Children over age 3: Initially 30-40 hours per week (6-7 hours daily, 5 -6 days/week) of 1:1 applied behavior analytic treatment co-funded with public schools or other secondary funding agency (i.e., health insurance) are what is supported by research and is appropriate for this age level. Treatment is initially 1:1 in a very structured teaching session, incorporating naturalistic teaching techniques as soon as child demonstrates s/he benefits from this type of teaching. As child progresses and is meeting established criteria for placement in small group settings, s/he will receive treatment in a group setting (i.e. preschool).	Feb 15, 2011 10:38 PM
2025	Keep all services their all important for your children development.	Feb 15, 2011 10:42 PM
2026	Until the behaviors are no longer impeding the consumer's ability to integrate into society.	Feb 15, 2011 10:43 PM
2027	Well it varies by the person some people need it more then others or they struggle through out life.	Feb 15, 2011 10:49 PM
2028	Dependent on child's needs, not dictated by the caps put forth by Regional Centers. They (RC's) say they DO NOT cap, but in actuality they do. There is a max of hours that are giving to 99% of all children that I am aware of.	Feb 15, 2011 10:49 PM
2029	5 days per week, 5 hours per day	Feb 15, 2011 10:53 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
2030	Services should be provided based on recommendations from qualified (BCBA) professionals in the field. Recommendations should be based on research and performance of the service provider as well as levels of progress being made by a child already receiving intervention (e.g., early intervention program for child with ASD - 30-40 hours per week of one to one intervention with 20-24 hours per month of support and consultation) · Consultation and support should be proportional to number of one to one service and based on the severity of client's deficits and excesses · Programs as a whole should be limited to 3-4 years of service and exit criteria should be based on client progress, client age and family participation · On-going training (post intervention) should be provided for 6-18 months based on family needs and client deficits	Feb 15, 2011 10:53 PM
2031	same as above	Feb 15, 2011 10:57 PM
2032	Well it varies by the person some people need it more services then others or they struggle through out life. This is very important for them to have a safe place to go and learn.	Feb 15, 2011 10:59 PM
2033	Determined by the treatment team, including family	Feb 15, 2011 11:01 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
2034	Focused Applied Behavior Analysis (ABA) Services: Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. ABA treatment services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s). Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Children over age 3: Initially 30-40 hours per week (6-7 hours daily, 5 -6 days/week) of 1:1 applied behavior analytic treatment co-funded with public schools or other secondary funding agency (i.e., health insurance) are what is supported by research and is appropriate for this age level. Treatment is initially 1:1 in a very structured teaching session, incorporating naturalistic teaching techniques as soon as child demonstrates s/he benefits from this type of teaching. As child progresses and is meeting established criteria for placement in small group settings, s/he will receive treatment in a group setting (i.e. preschool). Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Children over age 3: Initially 30-40 hours per week (6-7 hours daily, 5 -6 days/week) of 1:1 applied behavior analytic treatment co-funded with public schools or other secondary funding agency (i.e., health insurance) are what is supported by research and is appropriate for this age level. Treatment is initially 1:1 in a very structured teaching session, incorporating naturalistic teaching techniques as soon as child demonstrates s/he benefits from this type of teaching. As child progresses and is meeting established criteria for placement in small group settings, s/he will receive treatment in a group setting (i.e. preschool).	Feb 15, 2011 11:03 PM
2035	As often as deemed necessary and effective per agreement of composed team.	Feb 15, 2011 11:09 PM
2036	A maximum of 25 hours per month is appropriate. Services should be provided for a maximum of one year. Services can be reinstated ona short term (3 months) basis if new behaviors are noted by the planning team.	Feb 15, 2011 11:09 PM
2037	I believe the standard by how often a specific servicde should be provided should be left up to the agency providing the specific service...the agency hired to provide the service should have the flexibility to avaluate and recommend the frequency & intensity of the therapy required to help the child or adult receiving it.	Feb 15, 2011 11:11 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
2038	Developing statewide service standards will impact the current IPP format of developing individualized services for each consumer as originally intended by the Lanterman Act. I believe a predetermined set of services and standards when developing IPP goals will not optimize the potential of individuals receiving regional center services. Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. ABA treatment services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s).	Feb 15, 2011 11:11 PM
2039	Focused Applied Behavior Analysis (ABA) Services: Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. ABA treatment services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in addition to 12 hours per month of consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s). Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Children over age 3: Initially 30-40 hours per week (6-8 hours daily, 5 -6 days/week) of 1:1 applied behavior analytic treatment. Treatment is initially 1:1 in a very structured teaching session, incorporating naturalistic teaching techniques as soon as child demonstrates s/he benefits from this type of teaching. As child progresses and is meeting established criteria for placement in small group settings, s/he will receive treatment in a group setting (i.e. preschool). At this point, treatment may be co-funded with public schools or other secondary funding agency (i.e., health insurance) are what is supported by research and is appropriate for this age level. Services should not be co-funded with public schools until the child is able to reduce to a less intensive treatment model.	Feb 15, 2011 11:13 PM
2040	Minimum once a week for older children.	Feb 15, 2011 11:27 PM
2041	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 15, 2011 11:46 PM
2042	Targeted intervention for 3 months and then determine whether or not behavior has improved. If not, then continue for another month and re-evaluate. There should be baseline data, goals and progress monitoring based on data collection.	Feb 15, 2011 11:55 PM
2043	Behavior Intervention service should be provided at least 3 hours a week depending on the intensity of the behavior and how much the behavior impacts the person's ability to succeed at home and in the community.	Feb 15, 2011 11:55 PM
2044	More specifically, families need retraining in working with their disabled family members. Work shops, behavioral therapy.	Feb 15, 2011 11:55 PM
2045	I beleive that this service at the very lest should be provided on a bi-weekly basis.	Feb 16, 2011 12:00 AM
2046	Daily for children on the Autism Spectrum. Older children who have had a program for several years, may not need every day intervention.	Feb 16, 2011 12:05 AM
2047	3 - 4 times per week depending on the necessity of the child. Each child is different, some need more than others.	Feb 16, 2011 12:07 AM
2048	5 days per week. Depending on severity of the ASD.	Feb 16, 2011 12:09 AM
2049	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 16, 2011 12:11 AM
2050	as long as needed.	Feb 16, 2011 12:17 AM

Behavioral Services

2. Suggested service standards about how often a specific service should be

	Response Text	
2051	2x/month, but no more than 1x/week.	Feb 16, 2011 12:18 AM
2052	A doctor or therapist that specializes in the individuals' disability and/or the service requested should be consulted.	Feb 16, 2011 12:20 AM
2053	everyday would be great, but with the talks about budget cuts, possibly 3 times a week	Feb 16, 2011 12:26 AM
2054	The service standards should be maintained by the standards already in place by Title 17. Early Start/Early Intensive Behavioral Intervention services are cruicial in providing children a chance to acquire the skills needed to function and communicate with others/peers. The developing brain from 0-3 years of age has not been mylenated, meaning it is flexible in creating new connections/pathways. This is one of the crucial aspects in providing services to the 0-3 age group because a diagnosis of Autism, Mental Retardation, or an Receptive/Expressive Language Delay, to name a few, will be able to alter to varying degrees the overall impact/severity of the diagnosis/delay. Service Standards are also important in lessening the overall burden of the state/federal monetary aid because it has been proven that the earlier the services are provided, generally, the less impact and less the child(ren) will be in the "system." These services should be provided according to the professionals who work directly with the children (i.e., treating therapists) and be determined by the IFSP team.	Feb 16, 2011 12:28 AM
2055	Frequency of service provision must be determined on an individual basis. There is no one size fits all approach when it comes to behavioral services. In general, the more severe the behaviors/deficits are, the more frequent the service will need to be provided in order to be effective.	Feb 16, 2011 12:29 AM
2056	Service needs to be within reason	Feb 16, 2011 12:47 AM
2057	Professionals should conduct an objective assessment of need and share results in IPP meeting	Feb 16, 2011 12:48 AM
2058	Focused Applied Behavior Analysis (ABA) Services: Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. ABA treatment services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s). Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Childrenover age 3: Initially 30-40 hours per week (6-7 hours daily, 5 -6 days/week) of 1:1 applied behavior analytic treatment co-funded with public schools or other secondary funding agency (i.e., health insurance) are what is supported by research and is appropriate for this age level. Treatment is initially 1:1 in a very structured teaching session, incorporating naturalistic teaching techniques as soon as child demonstrates s/he benefits from this type of teaching. As child progresses and is meeting established criteria for placement in small group settings, s/he will receive treatment in a group setting (i.e. preschool).	Feb 16, 2011 12:56 AM

2. Suggested service standards about how often a specific service should be

	Response Text	
2059	* Young children who are "at risk" for an autism spectrum disorder are appropriate for 10-18 hours of 1:1 applied behavior analytic (ABA) treatment per week. Children awaiting diagnosis should receive fewer hours of intervention. * Time spent away from therapy is considered time where children may move even farther away from the desired developmental trajectories. Therefore, children with an autism spectrum diagnosis should have increasing hours of treatment up to 25 hours as they near age 3. Child's availability for therapy (endurance, need for naps, etc.) is one guide to therapy length and duration. Sessions of 2 to 2 ½ hours in length are appropriate. * Treatment is provided in their home, unless for some reason this is not possible. Treatment can also be effectively provided in a treatment center that is set up for young children.	Feb 16, 2011 1:01 AM
2060	as much as needed	Feb 16, 2011 1:05 AM
2061	* Focused Applied Behavior Analysis (ABA) Services: o Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. o ABA treatment services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s). * Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Children over age 3: o Initially 30-40 hours per week (6-7 hours daily, 5 -6 days/week) of 1:1 applied behavior analytic treatment co-funded with public schools or other secondary funding agency (i.e., health insurance) are what is supported by research and is appropriate for this age level. o Treatment is initially 1:1 in a very structured teaching session, incorporating naturalistic teaching techniques as soon as child demonstrates s/he benefits from this type of teaching. As child progresses and is meeting established criteria for placement in small group settings, s/he will receive treatment in a group setting (i.e. preschool).	Feb 16, 2011 1:07 AM
2062	Consistency and routines are crucial for these children. They need to have therapists who work with them one-on-one on a daily basis, five times a week. This is the only way to ensure that each child is receiving the proper amount of attention in order to successful meet their goals/objectives.	Feb 16, 2011 1:10 AM
2063	40 hours of ABA. Parent Training.	Feb 16, 2011 1:12 AM
2064	I think the need for ABA depends on the deficit of each Autistic child. My daughter's services are only 15 hours a week. If more hours were available, there would be a consistency in her learning appropriate behaviors in society. When there's a lack of services, it takes longer for her to learn.	Feb 16, 2011 1:17 AM

2. Suggested service standards about how often a specific service should be

	Response Text	
2065	Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. ABA treatment services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s). Services are typically provided for 6 months to 2 years depending on the severity of the behavior.	Feb 16, 2011 1:23 AM
2066	Service standards should be provided based upon an individual need in conjunction with the service provider and the family of the affected.	Feb 16, 2011 1:29 AM
2067	To be determined by parents, professionals, assessors, interventionists.	Feb 16, 2011 1:33 AM
2068	Young children who are "at risk" for an autism spectrum disorder are appropriate for 10-18 hours of 1:1 applied behavior analytic (ABA) treatment per week. Children awaiting diagnosis should receive fewer hours of intervention. Time spent away from therapy is considered time where children may move even farther away from the desired developmental trajectories. Therefore, children with an autism spectrum diagnosis should have increasing hours of treatment up to 25 hours as they near age 3. Child's availability for therapy (endurance, need for naps, etc.) is one guide to therapy length and duration.	Feb 16, 2011 1:33 AM
2069	I think the need for ABA depends on the deficit of each Autistic child. My daughter's services are only 15 hours a week. If more hours were available, there would be a consistency in her learning appropriate behaviors in society. When there's a lack of services, it takes longer for her to learn.	Feb 16, 2011 1:38 AM
2070	o Young children who are "at risk" for an autism spectrum disorder are appropriate for 10-18 hours of 1:1 applied behavior analytic (ABA) treatment per week. Children awaiting diagnosis should receive fewer hours of intervention. o Time spent away from therapy is considered time where children may move even farther away from the desired developmental trajectories. Therefore, children with an autism spectrum diagnosis should have increasing hours of treatment up to 25 hours as they near age 3. Child's availability for therapy (endurance, need for naps, etc.) is one guide to therapy length and duration. Sessions of 2 to 2 ½ hours in length are appropriate. o Treatment is provided in their home, unless for some reason this is not possible. Treatment can also be effectively provided in a treatment center that is set up for young children.	Feb 16, 2011 1:51 AM
2071	ALL children on the autism spectrum should be given ABA for at least 1 yr. It works on ALL kids. It's the ONLY therapy out there that does work on all kids regardless of severity.	Feb 16, 2011 1:54 AM
2072	Standards should be based on improvement of quality of life, not age or ability level.	Feb 16, 2011 1:54 AM
2073	1.Young children who are "at risk" for an autism spectrum disorder are appropriate for 10-18 hours of 1:1 applied behavior analytic (ABA) treatment per week. Children awaiting diagnosis should receive fewer hours of intervention. 2. Time spent away from therapy is considered time where children may move even farther away from the desired developmental trajectories. Therefore, children with an autism spectrum diagnosis should have increasing hours of treatment up to 25 hours as they near age 3. Child's availability for therapy (endurance, need for naps, etc.) is one guide to therapy length and duration.	Feb 16, 2011 1:59 AM

2. Suggested service standards about how often a specific service should be

	Response Text	
2074	Research has shown that children with autism who receive 36 or more hours per week of EIBI can achieve substantial gains in IQ, socialization, and adaptive skills. Children receiving less intensive programs make much lesser gains, require more restrictive classroom placements, and require more long-term funding in general. Generally speaking, EIBI services should be provided 5-7 days per week (depending on the individual child) and should involve the parents.	Feb 16, 2011 2:01 AM
2075	at least 5 hours a week for young children, at least 30 hours a week, 20 a week if they are in school at least 2 hours a day if they are on vacation	Feb 16, 2011 2:15 AM
2076	I think this is on an individual basis. A child should be evaluated by a trained therapist to make the determination.	Feb 16, 2011 2:16 AM
2077	Services should be provided a minimum of 25 hours, no more than 40 hours/week.	Feb 16, 2011 2:20 AM
2078	Research studies regarding behavior services, or applied behavior analysis (ABA) for children with autism have found that children reach their maximum potential with an intensive number of hours of intervention each week. Specifically, children in studies with 32.5 to 40 hours per week of behavior intervention services had the highest gains in IQ (30 points); whereas, children who received a less intensive amount of behavior intervention services, such as 12.5 hours per week, gained fewer IQ points (8.2 points). Overall, children in studies receiving ABA gained more IQ points and reached typical levels of functioning on standardized tests, as well as placement in regular education classrooms, significantly more than control groups of children who received eclectic services, parent training services, or public special education services. Therefore, children with autism spectrum disorders should receive funding for 1:1 applied behavior analysis services for no less than 32.5 to 40 hours per week. If a generic resource such as a school district or insurance company is providing some or all of these 1:1 ABA service hours to the child, then the regional center should obviously fund fewer hours per week. A child enrolled in school setting that does not include 1:1 ABA would not count toward the total number of hours needed per week. In addition, appropriately run ABA programs require hours for supervision of the behavior intervention program and meeting time for the behavior therapy team. Children with autism should receive funding for behavior therapists to attend team meetings in which the child's behavior intervention program is reviewed and updated. These meetings should be funded for each behavior therapist on the consumer's behavior intervention team for either 1 hour each week or 2 hours every other week, unless specified differently by the behavior supervisor. Also, each child should receive approximately 8 hours per month of funding for a behavior supervisor to design and update the behavior intervention program.	Feb 16, 2011 2:22 AM
2079	BEHAVIORAL CONSULTANTS SHOULD ONLY BE AS NEEDED BASIS. IF NO RESULTS WITHIN A YR OF SERVICES, DISCONTINUE SERVICES.	Feb 16, 2011 2:23 AM
2080	Research supports a link between larger gains with more service hours. Eldevik et al., 2010 demonstrated that in a large sample of children who received 36 or more hours per week of intensive behavioral intervention that the intensity of treatment predicted both gains in intellectual development and adaptive skills. Families must also be trained and play a continuing role in their child's learning and progress by providing a round the clock therapeutic environment.	Feb 16, 2011 2:24 AM

2. Suggested service standards about how often a specific service should be

	Response Text	
2081	It should not require that the child and family crash and burn first, or several times as in our case. The paperwork to receive these services are extremely detailed and difficult. Why should everything that is already in their file have to be written out by the parent who is already in crisis. Seems almost cruel. As often as is needed for the individual child. My child needs every bit of time that he is receiving and not a any less. He probably needs more. It is saving our lives, you do not know the despair that we actually would not survive another year. If I hear budget one more time I will sue just to get them to stop. I do not believe in getting unnecessary services but if I had had a clue about what the behavioral services entail and can do I would have paid a lawyer to fight for me at the beginning but it did not exixt to me. My child has 4 days a week for either 1 1/2 or 2 hours at a time. Plus the oversight time of the behaviorist herself working with all in the family. She is critical because she works to keep everyone in the family and on the behavior team on the same page. She needs every hour she is there to design and implement the plan and to train the family and providers. We are probably in the top 1 percent of difficulty but there have to be more of the autistic kids that would be benefitted and are being underserved. This is a pandemic. Someone had better figure it out because not every parent is resilient.	Feb 16, 2011 2:30 AM
2082	Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. ABA treatment services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s). Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Childrenover age 3: Initially 30-40 hours per week (6-7 hours daily, 5 -6 days/week) of 1:1 applied behavior analytic treatment co-funded with public schools or other secondary funding agency (i.e., health insurance) are what is supported by research and is appropriate for this age level. Treatment is initially 1:1 in a very structured teaching session, incorporating naturalistic teaching techniques as soon as child demonstrates s/he benefits from this type of teaching. As child progresses and is meeting established criteria for placement in small group settings, s/he will receive treatment in a group setting (i.e. preschool).	Feb 16, 2011 2:35 AM
2083	Although the frequency and duration of services should be determined based upon each specific child's needs, research supports that children with autism make significant gains when they received at least 35 hours of behavioral therapy each week. Research shows a direct correlation between number of hours child receives and optimal outcome.	Feb 16, 2011 2:39 AM

2. Suggested service standards about how often a specific service should be

	Response Text	
2084	1. Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. 2. ABA treatment services may range from 2 hours per week of consultation and parent education/training to 30 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s). 3. Initially 30-40 hours per week (6-7 hours daily, 5 -6 days/week) of 1:1 Applied Behavior Analytic treatment co-funded with public schools or other secondary funding agency (i.e., health insurance) are what is supported by research and is appropriate for this age level. 4. Treatment should initially include 1:1 services in a very structured teaching environment, incorporating naturalistic teaching techniques as soon as the child demonstrates s/he benefits from this type of teaching. As the child progresses and is meeting established criteria for placement in small group settings, s/he should receive treatment in a group setting (i.e. preschool).	Feb 16, 2011 2:40 AM
2085	Needs to be provided to improve special needs children or young adults with their behaviors. Provide all the essential services so they can achieve independent skills.	Feb 16, 2011 2:58 AM
2086	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 16, 2011 2:59 AM
2087	4 to 5 days a week 1 1/2 to 2 1/2 hours a day-depending on the serverity of the child and programs that will need to be implemented ---not all children go into school at age 3 ///programs should be continued till the age of 5 years old when most children start kindergarden and if needed and school cannot provide these sevices they should continue on thru youth..depending on the childs needs.	Feb 16, 2011 3:17 AM
2088	Maximum of 40 hours per week combined between all those providing intervention services. Therefore if school is 25 hours, insurance 10, rc should only be 5. No exceptions	Feb 16, 2011 3:19 AM
2089	The services should be provided based on the recommendations of a qualified behavior analyst, clinical psychologist, neuropsychologist, BCBA, etc. who specializes in the field of autism and who has experience in supervising and overseeing behavioral intervnetion services..	Feb 16, 2011 3:23 AM

2. Suggested service standards about how often a specific service should be

	Response Text	
2090	Consumers between the ages of 3 years through 8 years of age with a diagnosis of Autism Spectrum Disorder are appropriate for comprehensive intensive ABA autism treatment. Intensive comprehensive ABA programs have research support for children up to age 8 years. This age range assumes that children started treatment before age 5 and assumes services are fading in terms of intensity between the ages of 6 and 8 years of age. If child is not fully independent, transition to school district supports is the goal. Initially 30-40 hours per week (6-7 hours daily, 5 -6 days/week) of 1:1 applied behavior analytic treatment co-funded with public schools or other secondary funding agency (i.e., health insurance) are what is supported by research and is appropriate for this age level. Treatment is initially 1:1 in a very structured teaching session, incorporating naturalistic teaching techniques as soon as child demonstrates s/he benefits from this type of teaching. As child progresses and is meeting established criteria for placement in small group settings, s/he will receive treatment in a group setting (i.e. preschool).	Feb 16, 2011 3:26 AM
2091	As they needed.	Feb 16, 2011 3:30 AM
2092	As often as needed.	Feb 16, 2011 3:31 AM
2093	This should reflect the needs identified by the IPP and the behavioral assessment. Some children will benefit from short term service delivery, others will require more intense services and will need to be served over a longer period of time.	Feb 16, 2011 3:33 AM
2094	Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. ABA treatment services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s). Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence. Initially 30-40 hours per week (6-7 hours daily, 5 -6 days/week) of 1:1 applied behavior analytic treatment co-funded with public schools or other secondary funding agency (i.e., health insurance) are what is supported by research and is appropriate for this age level. Treatment is initially 1:1 in a very structured teaching session, incorporating naturalistic teaching techniques as soon as child demonstrates s/he benefits from this type of teaching. As child progresses and is meeting established criteria for placement in small group settings, s/he will receive treatment in a group setting (i.e. preschool).	Feb 16, 2011 3:41 AM
2095	1:1 service should be provided about 10-25 hours per week in addition to parent consultation and training. More hours should be provided for children 0-3 and for over 3 clients, depending on the serverity of behaviors, hours should be assessed to meet the need.	Feb 16, 2011 3:44 AM
2096	approximately 1 hour per week of parent education and/or working with the child, depending on the situation. i feel parent education is a key part in behavioral services, as MANY behaviors stem from life at home. i also feel this should be made mandatory as part of the program.	Feb 16, 2011 3:55 AM

2. Suggested service standards about how often a specific service should be

	Response Text	
2097	As needed depending on delay. Three times a week to 5 days a week	Feb 16, 2011 3:56 AM
2098	Go to the Non Public Agencies who provide EIBT services and ask THEIR experts about their proffesional experiences! They work with these children and know what the standards should be, based on clinical studies and empirical data.	Feb 16, 2011 3:59 AM
2099	twice a month	Feb 16, 2011 4:03 AM
2100	Research studies regarding behavior services, or applied behavior analysis (ABA) for children with autism have found that children reach their maximum potential with an intensive number of hours of intervention each week. Specifically, children in studies with 32.5 to 40 hours per week of behavior intervention services had the highest gains in IQ (30 points); whereas, children who received a less intensive amount of behavior intervention services, such as 12.5 hours per week, gained fewer IQ points (8.2 points). Overall, children in studies receiving ABA gained more IQ points and reached typical levels of functioning on standardized tests, as well as placement in regular education classrooms, significantly more than control groups of children who received eclectic services, parent training services, or public special education services. Therefore, children with autism spectrum disorders should receive funding for 1:1 applied behavior analysis services for no less than 32.5 to 40 hours per week. If a generic resource such as a school district or insurance company is providing some or all of these 1:1 ABA service hours to the child, then the regional center should obviously fund fewer hours per week. A child enrolled in school setting that does not include 1:1 ABA would not count toward the total number of hours needed per week. In addition, appropriately run ABA programs require hours for supervision of the behavior intervention program and meeting time for the behavior therapy team. Children with autism should receive funding for behavior therapists to attend team meetings in which the child's behavior intervention program is reviewed and updated. These meetings should be funded for each behavior therapist on the consumer's behavior intervention team for either 1 hour each week or 2 hours every other week, unless specified differently by the behavior supervisor. Also, each child should receive approximately 8 hours per month of funding for a behavior supervisor to design and update the behavior intervention program.	Feb 16, 2011 4:25 AM

2. Suggested service standards about how often a specific service should be

	Response Text	
2101	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: All behavioral services should follow the principles of applied behavior analysis (ABA) and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. A behavioral assessment, functional behavioral assessment or functional analysis of the problem behavior(s), or skill deficits should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for comprehensive or focused behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. Supervision of a comprehensive treatment program for children with autism should be on a ratio of 1 hour of supervision for every 8 hours of treatment. Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills. The IPP process requires sensitivity to individual needs of consumers; however an average duration of focused behavioral services would be 3 months to one year, depending on severity of the behavior(s). Duration of comprehensive treatment for children with autism is two to four years, with the intensity of services fading at that time.	Feb 16, 2011 4:26 AM

2. Suggested service standards about how often a specific service should be

	Response Text	
2102	Focused Applied Behavior Analysis (ABA) Services: Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. ABA treatment services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s). Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Children over age 3: Initially 30-40 hours per week (6-7 hours daily, 5 -6 days/week) of 1:1 applied behavior analytic treatment co-funded with public schools or other secondary funding agency (i.e., health insurance) are what is supported by research and is appropriate for this age level. Treatment is initially 1:1 in a very structured teaching session, incorporating naturalistic teaching techniques as soon as child demonstrates s/he benefits from this type of teaching. As child progresses and is meeting established criteria for placement in small group settings, s/he will receive treatment in a group setting (i.e. preschool).	Feb 16, 2011 4:27 AM

2. Suggested service standards about how often a specific service should be

	Response Text	
2103	Research studies regarding behavior services, or applied behavior analysis (ABA) for children with autism have found that children reach their maximum potential with an intensive number of hours of intervention each week. Specifically, children in studies with 32.5 to 40 hours per week of behavior intervention services had the highest gains in IQ (30 points); whereas, children who received a less intensive amount of behavior intervention services, such as 12.5 hours per week, gained fewer IQ points (8.2 points). Overall, children in studies receiving ABA gained more IQ points and reached typical levels of functioning on standardized tests, as well as placement in regular education classrooms, significantly more than control groups of children who received eclectic services, parent training services, or public special education services. Therefore, children with autism spectrum disorders should receive funding for 1:1 applied behavior analysis services for no less than 32.5 to 40 hours per week. If a generic resource such as a school district or insurance company is providing some or all of these 1:1 ABA service hours to the child, then the regional center should obviously fund fewer hours per week. A child enrolled in school setting that does not include 1:1 ABA would not count toward the total number of hours needed per week. In addition, appropriately run ABA programs require hours for supervision of the behavior intervention program and meeting time for the behavior therapy team. Children with autism should receive funding for behavior therapists to attend team meetings in which the child's behavior intervention program is reviewed and updated. These meetings should be funded for each behavior therapist on the consumer's behavior intervention team for either 1 hour each week or 2 hours every other week, unless specified differently by the behavior supervisor. Also, each child should receive approximately 8 hours per month of funding for a behavior supervisor to design and update the behavior intervention program.	Feb 16, 2011 4:27 AM
2104	There should be NO service standards. All services should be offered/suggested on a case-by-case basis, depending on the need(s) of the individual in question.	Feb 16, 2011 4:34 AM
2105	Should be based on goals and needs	Feb 16, 2011 4:35 AM
2106	For young children, ABA should be anywhere from 15-40 hours a week. Less than 15 hours is insufficient.	Feb 16, 2011 4:41 AM
2107	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5(a)(4).	Feb 16, 2011 4:43 AM

2. Suggested service standards about how often a specific service should be

	Response Text	
2108	•Focused Applied Behavior Analysis (ABA) Services: •Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. •ABA treatment services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s). •Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Childrenover age 3: •Initially 30-40 hours per week (6-7 hours daily, 5 -6 days/week) of 1:1 applied behavior analytic treatment co-funded with public schools or other secondary funding agency (i.e., health insurance) are what is supported by research and is appropriate for this age level. •Treatment is initially 1:1 in a very structured teaching session, incorporating naturalistic teaching techniques as soon as child demonstrates s/he benefits from this type of teaching. As child progresses and is meeting established criteria for placement in small group settings, s/he will receive treatment in a group setting (i.e. preschool).	Feb 16, 2011 4:45 AM
2109	Focused Applied Behavior Analysis (ABA) Services: Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. ABA treatment services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s). Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Children over age 3: Initially 30-40 hours per week (6-7 hours daily, 5 -6 days/week) of 1:1 applied behavior analytic treatment co-funded with public schools or other secondary funding agency (i.e., health insurance) are what is supported by research and is appropriate for this age level. Treatment is initially 1:1 in a very structured teaching session, incorporating naturalistic teaching techniques as soon as child demonstrates s/he benefits from this type of teaching. As child progresses and is meeting established criteria for placement in small group settings, s/he will receive treatment in a group setting (i.e. preschool).	Feb 16, 2011 4:55 AM

2. Suggested service standards about how often a specific service should be

	Response Text	
2110	FOCUSED APPLIED BEHAVIOR ANALYSIS (ABA) SERVICES: Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. ABA treatment services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s). COMPREHENSIVE APPLIED BEHAVIOR ANALYSIS (ABA) AUTISM TREATMENT SERVICES FOR CHILDREN OVER AGE 3: Initially 30-40 hours per week (6-7 hours daily, 5-6 days/week) of 1:1 applied behavior analytic treatment co-funded with public schools or other secondary funding agency (i.e., health insurance) are what is supported by research and is appropriate for this age level. Treatment is initially 1:1 in a very structured teaching session, incorporating naturalistic teaching techniques as soon as child demonstrates s/he benefits from this type of teaching. As child progresses and is meeting established criteria for placement in small group settings, s/he will receive treatment in a group setting (i.e. preschool).	Feb 16, 2011 4:56 AM
2111	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 16, 2011 4:59 AM
2112	FOCUSED APPLIED BEHAVIOR ANALYSIS (ABA) SERVICES: Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. ABA treatment services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s). COMPREHENSIVE APPLIED BEHAVIOR ANALYSIS (ABA) AUTISM TREATMENT SERVICES FOR CHILDREN OVER AGE 3: Initially 30-40 hours per week (6-7 hours daily, 5-6 days/week) of 1:1 applied behavior analytic treatment co-funded with public schools or other secondary funding agency (i.e., health insurance) are what is supported by research and is appropriate for this age level. Treatment is initially 1:1 in a very structured teaching session, incorporating naturalistic teaching techniques as soon as child demonstrates s/he benefits from this type of teaching. As child progresses and is meeting established criteria for placement in small group settings, s/he will receive treatment in a group setting (i.e. preschool).	Feb 16, 2011 4:59 AM
2113	At least once a week for many services	Feb 16, 2011 5:03 AM
2114	well that is all different from person to person all i know minimun once a week	Feb 16, 2011 5:05 AM

2. Suggested service standards about how often a specific service should be

	Response Text	
2115	FOCUSED APPLIED BEHAVIOR ANALYSIS (ABA) SERVICES: Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. ABA treatment services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s). COMPREHENSIVE APPLIED BEHAVIOR ANALYSIS (ABA) AUTISM TREATMENT SERVICES FOR CHILDREN OVER AGE 3: Initially 30-40 hours per week (6-7 hours daily, 5-6 days/week) of 1:1 applied behavior analytic treatment co-funded with public schools or other secondary funding agency (i.e., health insurance) are what is supported by research and is appropriate for this age level. Treatment is initially 1:1 in a very structured teaching session, incorporating naturalistic teaching techniques as soon as child demonstrates s/he benefits from this type of teaching. As child progresses and is meeting established criteria for placement in small group settings, s/he will receive treatment in a group setting (i.e. preschool).	Feb 16, 2011 5:06 AM
2116	once per week	Feb 16, 2011 5:09 AM
2117	FOCUSED APPLIED BEHAVIOR ANALYSIS (ABA) SERVICES: Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. ABA treatment services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s). COMPREHENSIVE APPLIED BEHAVIOR ANALYSIS (ABA) AUTISM TREATMENT SERVICES FOR CHILDREN OVER AGE 3: Initially 30-40 hours per week (6-7 hours daily, 5-6 days/week) of 1:1 applied behavior analytic treatment co-funded with public schools or other secondary funding agency (i.e., health insurance) are what is supported by research and is appropriate for this age level. Treatment is initially 1:1 in a very structured teaching session, incorporating naturalistic teaching techniques as soon as child demonstrates s/he benefits from this type of teaching. As child progresses and is meeting established criteria for placement in small group settings, s/he will receive treatment in a group setting (i.e. preschool).	Feb 16, 2011 5:09 AM

2. Suggested service standards about how often a specific service should be

	Response Text	
2118	FOCUSED APPLIED BEHAVIOR ANALYSIS (ABA) SERVICES: Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. ABA treatment services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s). COMPREHENSIVE APPLIED BEHAVIOR ANALYSIS (ABA) AUTISM TREATMENT SERVICES FOR CHILDREN OVER AGE 3: Initially 30-40 hours per week (6-7 hours daily, 5-6 days/week) of 1:1 applied behavior analytic treatment co-funded with public schools or other secondary funding agency (i.e., health insurance) are what is supported by research and is appropriate for this age level. Treatment is initially 1:1 in a very structured teaching session, incorporating naturalistic teaching techniques as soon as child demonstrates s/he benefits from this type of teaching. As child progresses and is meeting established criteria for placement in small group settings, s/he will receive treatment in a group setting (i.e. preschool).	Feb 16, 2011 5:13 AM
2119	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 16, 2011 5:18 AM
2120	As often as IPP team determines is necessary	Feb 16, 2011 5:20 AM
2121	Several times per week	Feb 16, 2011 5:25 AM
2122	Research suggests that clients require intensive behavioral services (36 hours). Families must also be willing to be consistent with the programs, thus it is not for all families.	Feb 16, 2011 5:26 AM
2123	every day until they notice that kids can do better without help.	Feb 16, 2011 5:28 AM
2124	Based on where one lies on the spectrum, parent requests, health and safety issues, IEPs, etc. hours should be determined. Any hours the regional center can not provide shall still be available to parents if they would like to pay.	Feb 16, 2011 5:32 AM
2125	The frequency of provision of behavioral services would depend upon the severity of the behavior, age of the child, how disruptive the behavior is for the family, and availability of the parents to actively participate. These services should be time limited.	Feb 16, 2011 5:38 AM

2. Suggested service standards about how often a specific service should be

	Response Text	
2126	o Focused Applied Behavior Analysis (ABA) Services: Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. ABA treatment services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s). o Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Children over age 3: Initially 30-40 hours per week (6-7 hours daily, 5 -6 days/week) of 1:1 applied behavior analytic treatment co-funded with public schools or other secondary funding agency (i.e., health insurance) are what is supported by research and is appropriate for this age level. Treatment is initially 1:1 in a very structured teaching session, incorporating naturalistic teaching techniques as soon as the child demonstrates s/he benefits from this type of teaching. As the child progresses and is meeting established criteria for placement in small group settings, s/he will receive treatment in a group setting (i.e. preschool).	Feb 16, 2011 5:48 AM
2127	Depending on the severity of the consumer, I feel that services should be provided regularly (on a daily bases).	Feb 16, 2011 5:53 AM
2128	The frequency should be determined on a case-by case basis based upon the client's individual needs.	Feb 16, 2011 5:53 AM
2129	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 16, 2011 5:58 AM
2130	This question can only be answered on an individual basis and should be determined by an assessment by an appropriate service provider (see question #4 for definition of “appropriate service provider”). Services should be provided as often as the severity of the behavior and family’s ability to support the intervention dictates.	Feb 16, 2011 6:09 AM
2131	2 hours a week	Feb 16, 2011 6:13 AM

Behavioral Services

2. Suggested service standards about how often a specific service should be

	Response Text	
2132	Focused Applied Behavior Analysis (ABA) Services: Behavioral services should be individualized to the needs of the consumer and be based on the function of the presenting problem behavior as well as its frequency, duration and severity. ABA treatment services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior(s). Comprehensive Applied Behavior Analysis (ABA) Autism Treatment Services for Childrenover age 3: Initially 30-40 hours per week (6-7 hours daily, 5 -6 days/week) of 1:1 applied behavior analytic treatment co-funded with public schools or other secondary funding agency (i.e., health insurance) are what is supported by research and is appropriate for this age level. Treatment is initially 1:1 in a very structured teaching session, incorporating naturalistic teaching techniques as soon as child demonstrates s/he benefits from this type of teaching. As child progresses and is meeting established criteria for placement in small group settings, s/he will receive treatment in a group setting (i.e. preschool).	Feb 16, 2011 6:25 AM
2133	Service should be offer depending on the child... (as much as they need it)	Feb 16, 2011 6:48 AM
2134	As often as needed until a goal is met or improvement shown.	Feb 16, 2011 7:03 AM
2135	daily/weekly	Feb 16, 2011 7:13 AM

2. Suggested service standards about how often a specific service should be

	Response Text	
2136	Behavioral INtervention should be provided at the level that is needed by the consumer. There should be NO defined service hours set by "Policy and Procedures". My children received intensive behavioral therapy during the early intervention years, then there was a period of time that they needed less sessions and the family unit needed "Family Training" to further develop the strategies that were learned via observation of trained behaviorist working with the consumers, then, there was a period of NO SESSIONS , to see if the Family Unit could implement strategies without behavioral intervention counseling/ 1:1 support of consumer BY A BEHAVIORIST. We were successful with daughter #2, however, daughter #1 and sibling (with mental retardation) continued to need the daily 1:1 behavioral support. Hence, service standards should be presented to parents thus: 1. Start with the recommended hours based upon a professional opinions from TWO vendors, never just ONE. Provide the most INTENSIVE if this is a FIRST TIMER, or the first time Parents/Guardians have worked with a behaviorist. Many times the consumer has had behavioral support in the schools but their home support does not have a CLUE about the strategies that are implemented by a person called a BEHAVIORIST. Initial hours should be Home-based. 2. Request Progress Reports not only on the consumer's progress but also progress of the Parent Training. Vendor should provide a Training Checklist to Parents/Guardins/Family Support and request that all persons attempt to implement strategies that are being demonstrated to them via the 1:1 behavioral sessions that are occurring in the home-setting. Based upon the 2 types of progress reports, hours should be adjusted. "Adjusted" means that once a replacement behavior is learned in the home-setting, the same behavior should addressed away from the home-setting. The hours adjustment should be based upon the time it will take to work on the behavior in the "community" setting and the commitment of the parent to accompany the behaviorist into the community setting. EXAMPLE: Use of the bathroom (toileting, washing hands) may be "mastered" in the home, but not yet "generalized" in the community setting. Hours are not necessarily REDUCED at this pont but are Assigned to be used in a community setting. 3. Hours are reduced based upon the Progress Reports mentioned above. As my children progressed and met their goals in the home-setting, we "took the show on the road" and attempted to have them "generalize" these mastered skills in the community (e.g. public park, YMCA etc.). Hours were "reduced" based upon true progress in a community setting for those behaviors that were being observed in both home /community	Feb 16, 2011 7:28 AM

2. Suggested service standards about how often a specific service should be

	Response Text	
2137	clients do not receive sufficient hours for them to learn to be independent.	Feb 16, 2011 7:31 AM
2138	general get-through-the-day services should be daily other services, like how to get through a doctor's appointment should be 3-10 times before the Dr. appt to pre-teach and familiarize client with process, then during appt, and a follow-up refresher.	Feb 16, 2011 7:32 AM
2139	It should be determined by the IPP process.The investment in the child pays off exponentially in the long run. The core of the Lanterman Act must be preserved.	Feb 16, 2011 7:33 AM
2140	Services should be provided for no more than 2 hours per day for school age children. Behavior services should never replace pre-school or kinder. At this time, some parents are choosing not to send their children to pre-school and iholding them back from kindergarten and keep them home all day with 30 plus hours of DTT. This should not be an option even through exceptions. At this time, DTT services far exceed what our young consumers can handle. It is a necessary service, however there should be time limitations. There should also be a clear law on how long a service can be provided. Vendors are taking advantage over the Lanterman Act and the "needs based" system. They recommend to parents and in progress reports that services continue well over 3 years, which often leads to numerous clinical meetings, NOA's, hearing and CSC hours to resolve the conflict.	Feb 16, 2011 7:52 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1	monthly progress reports	Jan 28, 2011 12:35 AM
2	It is best if the services are customized for each individual.	Jan 28, 2011 12:39 AM
3	Quarterly reports on progress to the family and regional center	Jan 28, 2011 12:50 AM
4	Parents or care givers must understand that they are the person's primary helper and this is a teaching intervention....not a therapy. Parents/care givers must do homework, collect and maintain data, be consistent....or the traning will not be effective	Jan 28, 2011 12:53 AM
5	Make sure people are aware this exists.	Jan 28, 2011 12:53 AM
6	6 months direct behavior intervention with consumer child; up to one year of behavior consultation services/parental training Must be evidence based practices shown to be effective working with children with DD/Autism	Jan 28, 2011 12:59 AM
7	Outcomes must be indicated up front- what are we spending our time working on - why are we working on this issue and what do we want to see- do not waste time trying to eliminate autism. do not waste time trying to overcome things that are just not that important - such as hand flapping; it is dangerous and will cause harm, then interventions should be utilized; but if it is a self-regulatory behavior such as flapping or jumping - should we try and get this out of the person, i think not.	Jan 28, 2011 1:00 AM
8	Have the provider submit quarterly reports to an independent third party in order to justify the effectiveness. The third party must be neutral.	Jan 28, 2011 1:01 AM
9	A) Quarterly oversight reports and meetings. During the meeting asking the parents to describe how they utilize the techniques they have been learning B) pre and pos tests; role playing during training sessions.	Jan 28, 2011 1:03 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
10	I continue to feel standards should be raised for showing progress across vendors.	Jan 28, 2011 1:03 AM
11	Behavioral outcome objectives	Jan 28, 2011 1:07 AM
12	Progress reports should be provided to parents and RC on a quarterly basis, with the understanding that client progress will be measured on a individual basis, not a comparative to others.	Jan 28, 2011 1:08 AM
13	INDIVIDUAL CHOICE BUDGET, THIS WILL CUT COSTS AND ALLOW THE FAMILIES TO SELECT THE SERVICE THAT IS ADEQUATE FOR THE CONSUMER AND STAYING WITHIN A YEARLY BUDGET.	Jan 28, 2011 1:09 AM
14	Meaningful metrics must be established that both operationalize the referring problem as well as serve as the metric that is used to determine efficacy.	Jan 28, 2011 1:11 AM
15	Goals should be written in the IPP in a similar style to that of an IEP. The goals should be measurable.	Jan 28, 2011 1:14 AM
16	Every provider should be a licensed therapist or be a trainee or intern under the supervision of a licensed therapist. I believe that many "ABA" companies are employing poorly educated young people who do not have the education, training, or experience necessary to give adequate therapy to the RC consumers and may be at least part of the reason that it is not as successful as quickly and for as long term as it should be. The licensed therapist should have additional training above and beyond MFT, LCSW, or Psychologist training in the area of ABA and RPM.	Jan 28, 2011 1:19 AM
17	Pre and post questionnaire given to family member directly caregiving and to any school caregiver	Jan 28, 2011 1:20 AM
18	only fund services under behavioral therapy that are evidence based	Jan 28, 2011 1:27 AM
19	Accountability standards should show that daily charting is being used and data is being used to adjust interventions accordingly. Behavioral improvment should reflect every two weeks. If data shows flat line or worse after an assessment period services should cease as they are no longer effective. Follow-up surveys after a period of service has been completed- more rigorous evaluation of therapists. Referral preferences given to service providers who have shown the most effective intervention. Quality indicators should included in the survey for satisfaction and ability to generalize skills to other areas of the child's life. The less dependence families have on "professional" interventionists the more range and freedom they will have.	Jan 28, 2011 1:28 AM
20	Behavior services are most useful and effective when a tiered model is implemented. This means that at the outset of any behavior program it is significantly beneficial to have behavior interventionists working directly with the consumer, thereby modeling the appropriate interactions to the caregivers. Additionally, program supervision is needed at this level to ensure that all interventionists are following through with the written programs and that caregivers are properly participating. As caregivers gain instructional control over such programs, they can be scaled back to a consultancy model in which the direct intervention is removed and a clinician works with the caregivers for a follow up period to support the learning achieved within the direct services program.	Jan 28, 2011 1:29 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
21	Assessment, objectives, and support plan developed by a master's level behavior specialist in the context of long term goals that are realistic given the adult's level of ability. For example, if the long term goal is for the person to successfully live independently in the community, objectives should support the person having the broad, sophisticated skills and behavior required to successfully and safely accomplish this goal. If the long term goal is for the person to live in a well supported group home, objectives should insure that the person has the self care skills, social skills, etc required for this person to be successful and safe in this environment.	Jan 28, 2011 1:33 AM
22	People with behavioral issues should not all be lumped together in programs specifically geared towards people with problematic behavior because people need role models and they attention seeking and inappropriate behaviors get worse when the only role models the clients have are other people who also have behavioral problems. Instead supports, services and funding should be individualized so people with behavioral issues can be handled in "regular" programs. If more people are allowed opportunities to work, where they make at least minimum wage and to interact in their communities (not in site based centers) we would see their behavioral problems diminish as their life satisfaction is increased.	Jan 28, 2011 1:36 AM
23	Develop sandards for all regional center to follow the most cost effective model per regulation.	Jan 28, 2011 1:36 AM
24	An objective outside professional should observe the child before treatment and again later in treatment to state whether or not the objectives of the training are being met. This takes the bias of the parent and vendor out of the equation. Vendors and parents may state the treatment is working in order to keep the therapy, when in reality it is little better than baby sitting. Of course, the treatment may prove very beneficial in which case, it should continue.	Jan 28, 2011 1:40 AM
25	ICB	Jan 28, 2011 1:40 AM
26	Require quarterly reports by the service provider to ensure the appropriate services are being provided and there is progress being made.	Jan 28, 2011 1:42 AM
27	Outcome evaluation	Jan 28, 2011 1:42 AM
28	they should be specific towards what the issue is. no "class" or "meeting" should be required to obtain these services. when requested, they are usually in a crisis state already and need immediate help.	Jan 28, 2011 1:53 AM
29	There needs to be input from the family and or caregiver as well as the therapist providing the service	Jan 28, 2011 2:05 AM
30	a recorded progression should be used by the professional who is providing the service.	Jan 28, 2011 2:26 AM
31	make it be provided on basis of evedince	Jan 28, 2011 2:27 AM
32	Require programs to train and pay their staff well. Make sure programs serving people with complex lives have expertise in applied behavioral analysis and positive behavior supports. Pay rates that reflect this requirement.	Jan 28, 2011 2:35 AM
33	Progress should be measured by the level of environmental support required. Reducing prompt dependency and increasing independence through visual schedules (on hand-held mobile devices) should be the primary goal.	Jan 28, 2011 2:41 AM
34	Interview the family, consumer, service coordinator, and provider for honest feedback.	Jan 28, 2011 2:49 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
35	Immediate assessment of client's skills and near-term potential (identified within 3 (three) months of being engaged in a job training program. Specific identification of at least 4 (four) potential job sites, with information on hiring procedures and requirements reported quarterly to parents and client advocates. Actively work with employers and clients on an individual basis to ensure best "fit." Facilitate that government benefits are appropriately granted to employers, and coach/facilitate client's entrance into the jobsite. Follow up every two-three months after placement.	Jan 28, 2011 2:50 AM
36	Evaluation by individual (when able), family members, professionals, and any relevant persons in the individual's environment, such as special education teachers.	Jan 28, 2011 3:03 AM
37	Quarterly reports should be filled out by both the service provider and the family or individual. Goals should be set and both the services and the family/individual should report on the progress towards the goals, OR how the service effects their lives or living with their disability. Service providers should be held accountable for making sure the service in the contract is actually PROVIDED, ie cancelled appointments (cancelation done by the provider) should NOT be paid for.	Jan 28, 2011 3:05 AM
38	Specific goals and benchmarks with evidence of minimal progress after appoximately three months. Because if meds are an issue it takes approximately a month to stablize and begin to make progress.	Jan 28, 2011 3:06 AM
39	Senior service providers should be able to identify key areas of greatest needs based on the level of care required for clients. Set up trainings for specific needs and those attending choose the area that they feel is most crucial to their development. Get written evaluations after from those who are in the training.	Jan 28, 2011 3:06 AM
40	BCBA or BCaBA credential for providers with a minimum of 5 years of experience in the field. Supervised by a PhD in Behavioral Interventions	Jan 28, 2011 3:11 AM
41	Service must be at a level that he needs! One can't have fewer hours of RDI and have it be effective. ABA is much more intensive in hours paid for and, we have seen in others, often much less effective when it comes to quality of the client's life! The standard should be that the needs of the client are met at a level that ensures growth and not at an artificially lowered level! This will save the state in the long run when he can provide more readily for himself. It would be extremely short-sighted to reduce the hours while he is in this effective program, making it less effective and making it take longer to make progress.	Jan 28, 2011 3:22 AM
42	Surveys	Jan 28, 2011 3:24 AM
43	Set re-evaluations and assessments.	Jan 28, 2011 3:25 AM
44	In my opinion, the sole purposed of service standards is to answer the question: What is the impact of services on outcomes to individuals? So if your standards are based on outcomes that adults with disabilities and their families want and need, if the services meet these standards, then they are useful and effective. You cannot tell, for example, the services utility and effectiveness through a standard that tells the provider who to put on the Human Rights Committee. The only standards for this quality of life area related to human rights are: (1) I exercise my rights and (2) My rights are protected. If these two things happen, regardless of the process (there are many roads to Rome), then the services provided are useful and effective.	Jan 28, 2011 3:28 AM
45	get feed back from families who are on it.	Jan 28, 2011 3:28 AM
46	Regular "Circle of Support" meetings should be held to determine if the intervention services are useful and effective. The Circle should include the school whenever possible.	Jan 28, 2011 3:29 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
47	A behavior assessment should be completed by competent professional staff as defined by the State of California. Suggestions are provided above: programs should be designed by MA level Supervisors who have a minimum of 45 hours of coursework in behavior analysis and have received 1800 hours of supervision providing behavior analytic services. Certification by the Behavior Analyst Certification Board should not be required but could be used as a guideline. California should establish it's own criteria for certification, similarly to teacher credentialing. (Why gives related fees to the Behavior Analyst Certification Board in Florida?) Licensure is ill advised. Behavioral services, that is teaching people appropriate behaviors, behaviors that compete with maladaptive behavior is not medical treatment and should not be categorized as such. Behavior services use teaching techniques based on principles of behavior analysis. The techniques are educational in nature. Licensure will overly restrict the use of these teaching techniques. Licensure will evoke medical insurance reimbursement - expensive medical insurance reimbursement. Expensive for those who pay premiums and expensive for the insurance companies. Classify ABA services, behavioral services as educational. It is more cost effective for the state if school teachers, parents, caregivers, educators in many subject ares use these effective teaching techniques. Treatment or intervention goals and objectives should be specific primarily to parent/caregiver behaviors and secondarily the individual consumer's behavior. The individual will always be developmentally disabled. If the services are tied to parent/caregiver goals and objectives there will be practical exit criteria.	Jan 28, 2011 3:32 AM
48	Measurement by formal, normed standards.	Jan 28, 2011 3:33 AM
49	Make sure that services are targeted to the individual and family and that they are monitored and modified, as necessary.	Jan 28, 2011 3:39 AM
50	Lanterman Act. Needs of the consumer as written in the IPP	Jan 28, 2011 3:43 AM
51	These can be measured by consumer's progress in accomplishing the desired behavior.	Jan 28, 2011 3:46 AM
52	All therapy and services provided should be documented with the consumers progress noted so that effectiveness can b determined	Jan 28, 2011 3:53 AM
53	Through the IPP process.	Jan 28, 2011 4:05 AM
54	Train parents to use the techniques when the provider is no longer present Let children's needs be the most important priority when making decisions for services	Jan 28, 2011 4:05 AM
55	Setup objectives and weekly reports showing xomplerion.	Jan 28, 2011 4:08 AM
56	At the completion or termination of the service, the vendor must submit a report to the regional center, documenting achievement of measurable objectives, or the reason for termination.	Jan 28, 2011 4:10 AM
57	supervison, material for reading	Jan 28, 2011 4:14 AM
58	Independent testing and observations to measure behaviors and progress on goals are the only way to ensure effectiveness.	Jan 28, 2011 4:15 AM
59	Ongoing monitoring of therapy services.	Jan 28, 2011 4:22 AM
60	quarterly reviews by medical doctors (keep psychologists out)	Jan 28, 2011 4:31 AM
61	The services should be evaluated during quarterly IPP meetings	Jan 28, 2011 4:38 AM
62	Use the IPP to determine that objective.	Jan 28, 2011 4:41 AM
63	pre and post tests... as currently set up. many rely on these proigram rather than learn from them. B-mod programs that fo on for years and years is ridivulous...	Jan 28, 2011 4:55 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
64	Survey the families for outcomes. Ensure that the behaviorist is providing a plan that an overwhelmed family is actually able to follow. I worked with a behaviorist that gave us a few ideas but primarilly gave us a book to read which was not helpful since I was very new to dealing with so much of a challenge and trying to follow the "booked plan" was anything but helpful.	Jan 28, 2011 5:19 AM
65	Guidelines of usefulness and effectiveness are already in place. They provide the accuracy and flexibility to guarantee cost effectiveness and significant benefit to the disabled persons they serve.	Jan 28, 2011 5:31 AM
66	In a period of six months, then make another evaluation.	Jan 28, 2011 5:31 AM
67	positive changes are documented in the consumer, positive changes are seen in the families understanding of the behavior, confidence to respond/predict, and positive environment created in the home and school.	Jan 28, 2011 6:09 AM
68	Should always focus on "Positive Behavior Support" rather than "intervention".	Jan 28, 2011 6:12 AM
69	This can be done by studying the outcomes. Has a given intervention reduced or eliminated the behavioral problems someone had? How long was the intervention effective in reducing or eliminating behavioral problems? These are the kind of questions that can and should be asked.	Jan 28, 2011 6:30 AM
70	a) Witnessing positive behavioral changes towards peers and those in authority (specially family and school). b) Observe a more positive and broadening learning experience over time.	Jan 28, 2011 6:36 AM
71	Either have County or City programs with the help of the state make programs possible! And I don't mean spending monies on groups where you listen to music for an hour!	Jan 28, 2011 6:42 AM
72	See answer #1	Jan 28, 2011 6:52 AM
73	There should be minimum of time (say 5 hours per month) that Parent/Caregiver needs to spend directly with a Behavior Supervisor who is insuring they are learning to take over behavioral program on their own as well as insuring Behavior Supervisor is identifying all the behavior issues in the home. Also, Parent/Caregiver should be required to be monitoring and involved in all behavior sessions in the home to prevent instances where these behavior supports may be utilized instead as a form of respite.	Jan 28, 2011 6:53 AM
74	Review services bi-monthly. Service providers should not use recommendations as prescriptions. Families have a tendency to misuse the service. Some providers are afraid to inform the families the service is no longer needed.	Jan 28, 2011 7:51 AM
75	The behavior analyst should be present at all planning team meetings and be the one providing all quarterly and annual reports.	Jan 28, 2011 1:29 PM
76	Group classes with follow-up. Participating with other consumers could be helpful in fostering relationships based on healthy patterns.	Jan 28, 2011 2:22 PM
77	When a family chooses them, and think they will be beneficial. Not when they justify federal funding or increase RC incomes. Example: unnecessary and odious supervised visitation services POSs. Switch from institutional model to least restrictive family-based individual models. Get rid of workers with "old school" thinking. Kill fewer clients! Put families back in driver's seat the way the law was designed and follow Olmstead both in letter and spirit. Not sham "integration." Families should continue to have rights in severely autistic cases after 18 without having to fight off the regional centers well-heeled attoneys in court for years and years, spending tens of thousands of dollars they do not have with no reimbursement. Children raised in families all their lives that wish to remain at home after 18 should be given the right to do so without having to appease their RC and finance a legal dogfight with huge downtown lawfirms. A state auditor should start asking why is the state financing lawsuits.	Jan 28, 2011 2:47 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
78	see above- have a regional center psychologist or third party behavioral consultant to evaluation regularly.	Jan 28, 2011 2:52 PM
79	Data	Jan 28, 2011 2:53 PM
80	Track the number of service request for one-on-one client services.. This number should go down as parents become aware of what to do and how to respond before a crisis develops. The annual mental health physical should also identify issues early and probabily resolove issues before they become a crisis.	Jan 28, 2011 2:58 PM
81	I complained for months about the one effort that RC provided us, and insisted on a copy of the report and that RC not pay the idiot they sent. I am not able to offer service standards as a parent, but someone competent would be helpful. OK my kid was unusual, but shouting at me was not helpful.	Jan 28, 2011 3:13 PM
82	Pre/post measures	Jan 28, 2011 3:46 PM
83	I'm speaking of ABA and this seems to involve parents. a survey before services and every 6 months completed by parent, caregiver, and teacher(ABA should help behavior in all areas of child's life) may be helpful to see if services need to continue, if child and parent are making progress, and how the provider is working with the family. This will help cut costs by having several opinions: if services need to continue and how to monitor the quality of services provided.	Jan 28, 2011 3:49 PM
84	Outside panel of experts in this field set and entrance and exit criteria	Jan 28, 2011 3:51 PM
85	Clear criteria and specific behaviors must be documented to verify outcomes.	Jan 28, 2011 3:59 PM
86	Parent training included in training School training-colloboration with school districts to insure reinforcement of plan across environments.	Jan 28, 2011 4:05 PM
87	Services should first include an assessment. Assessments should focus on, among other things, whether or not the caregivers have adequately focused on environmental controls, parenting methods, and simple correctives that can be implemented with or without parent training and recommend level of service in conjunction with the service coordinator. Service to be reviewed on a quarterly basis by the service coordinator and the family. Vendor reports must include quantitative information regarding the behaviors of concern. Service coordinators should evaluate approach and methodology of intervening vendor. Parent participation in each session is required.	Jan 28, 2011 4:08 PM
88	measure the goals and how the goals are met and timeline	Jan 28, 2011 4:10 PM
89	Autistic children vary greatly in their needs so the evaluation for the services they receive need to tailores to each child.	Jan 28, 2011 4:17 PM
90	The service should be event driven. When the problem is solved according to the client or the client's provider it should be discontinued.	Jan 28, 2011 4:27 PM
91	more follow ups involve the parents more	Jan 28, 2011 4:27 PM

Behavioral Services

3. Suggested service standards about how to make sure the services provided

	Response Text	
92	• Use only empirically proven methods. • Behavioral consultants MUST be certified by a nationally recognized board • Home behavioral services should include initial consultation, behavioral training for consumer, and parent training. • Service providers must provide proof of their capabilities to create and implement appropriate and high quality behavioral training through documentation of qualifications, including but not limited to educational degrees within the field, certifications by outside entities, attendance at symposiums, etc. • RCOC should pay two or three days per year at a regular full service rate for the service providers to cease services temporarily in order to conduct professional development.	Jan 28, 2011 4:28 PM
93	Make sure the company they contract with has long therm experience with persons who are DD	Jan 28, 2011 4:34 PM
94	I think that there should be an evaluation done everythirty days to see if the treatment is working and if so start to look at where there is still issues to be worked on. Also the client shows improvement and isnt needing the services start to slowly wean them off the treatment.	Jan 28, 2011 4:37 PM
95	Regular reports (monthly) from provider on what was done, progress, changes or modifications to goals and strategies.	Jan 28, 2011 4:38 PM
96	It's like giving someone a pill and expecting them to be cured-With the removal of so many services, the behavioral componant is almost useless without the services to support them	Jan 28, 2011 4:45 PM
97	Have DDS stay out of it and let the professionals determine effectiveness; there are already plenty of quality assurance standards	Jan 28, 2011 4:47 PM
98	Targeted ABA with specific behavior goals.	Jan 28, 2011 4:53 PM
99	Survey the parent/consumcer every six months to see if the services are helpful and how they should be imporved.	Jan 28, 2011 5:02 PM
100	Data collection and anaylsis, quarterly progress reports submitted to the Regional Centers.	Jan 28, 2011 5:04 PM
101	Alta worker checking in to see if behaviorist is meeting the family's needs.	Jan 28, 2011 5:05 PM
102	only fund services under behavioral therapy that are evidence based	Jan 28, 2011 5:06 PM
103	Other persons, who live with the client, must participate in the plan of implementation	Jan 28, 2011 5:07 PM
104	The client and their family should have the final say in effectiveness.	Jan 28, 2011 5:09 PM
105	Following ABA best practices of documentationa and fidelity	Jan 28, 2011 5:09 PM
106	Currently, Behavioral services are required by Licensed Facilities as well as Behavior Management Day Programs. Occasionally, these services are consistent, but often that is not the case. If the Behavioral supports were tied to the individual, rather than the service, a cost savings could be captured, and the quality and consistency of services improved.	Jan 28, 2011 5:13 PM
107	Accountability and parental input.	Jan 28, 2011 5:22 PM
108	Twice year meeting with IPP teams to review child outcome and parent education data	Jan 28, 2011 5:31 PM
109	Remove the RC roadblocks to early and effective treatment. The cost of providing early intensive services to a child is DWARFED by the cost of providing LIFE LONG CUSTODIAL CARE to individuals. Think of EIBI as an investment!	Jan 28, 2011 5:31 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
110	Conduct independent surveys regarding the effectiveness of services to allow RC to learn if the services and service delivery system is really working and solving problems. Do not discriminate against a family who is not capable of learning to manage behavior. Families may be exhausted, depressed, overwhelmed - they may not be able to"learn" to change behavior at the onset of service.	Jan 28, 2011 5:33 PM
111	I believe that we should incorporate research and practice. There is a large gap between the research done on behavioral and mental health related issues and the actual practice that is going on. By incorporating research and practice together, then we will have more effective outcomes. The overall point is that the services are shorter in time and less likely to be needed in the future by that same consumer, which is, overtime, cost-effective. Behavior specialists have aquired the research, and mental health professionals have expertise in the practice, so by combining them into an interdisciplinary team, we could potentially have a more cost-effective behavioral service.	Jan 28, 2011 5:38 PM
112	The services should be supervised and also data should be taken for each child	Jan 28, 2011 5:40 PM
113	Ensure that all behavior programs are supervised and/or implemented by Board Certified Behavior Analysts with at least one higher level supervisor with a PhD level certification. The BACB standards for conducting Functional Behavior Assessments, as well as standards for creating and maintaining overall positive behavior change should be the criteria that all behavioral providers are required to follow.	Jan 28, 2011 5:41 PM
114	Progress reports quarterly with graphs demonstrating progress, clear goals and objectives on how to meet those goals.	Jan 28, 2011 5:41 PM
115	*Require programs to show that they are effective -- especially established programs *Require that the reports be written in plain English so we moms can figure out what the h*ll they are saying -- I hate having to look at the "pictures" (graphs) to figure out what the report is talking about *focus less on eliminating unwanted behaviors and more on learning useful skills to replace those behaviors. My kid hits himself in the face. I not only want him to stop hitting himself in the face; I want him to do something useful with his hands instead. It's not helpful to me if he stops hitting himself in his face only to start hitting himself on his chest or pinching his arms.	Jan 28, 2011 5:44 PM
116	Set specific goals at onset and collect data at each session then review and graph data monthly. Ask the parent or provider if the service seems effective	Jan 28, 2011 5:45 PM
117	Generlization outside of session and maintenance of goals should be required data for every program.	Jan 28, 2011 5:48 PM
118	ISP goal tracking	Jan 28, 2011 5:48 PM
119	Most of these services are provided by vendors of the regional centers - reports from the vendors and the parents/guardians should be provided to the service coordinators no less than every three months. Perhaps more often if the consumer is a danger to themselves or others.	Jan 28, 2011 5:54 PM
120	A trained behaviorist needs to be in charge of the case. Parent input and interviews should be required as part of how the services is provided. Parents need to carry out the bulk of the program under the guidance and direction of the behaviorist. Parents should be present during all therapy sessions so it doesn't turn into a babysitting exercise. Consistency is key so parents need to know how to carry on at home consistently and they can only know if they present during the session. Again services vary from case to case based on the individualality of each child.	Jan 28, 2011 5:55 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
121	For chldren: Must use the appropriately licensed professional to design the program and supervise the implementation. For adults: Must be based on a person-centered plan with goals and timelines, including identifying the next set of services (a behavioral day program?) for transition.	Jan 28, 2011 5:58 PM
122	Services should be standardized and only used if recommended by a teacher or therapist.	Jan 28, 2011 5:58 PM
123	survey families	Jan 28, 2011 6:00 PM
124	Parents/caregivers MUST participate! There are reports of ABA's going into homes and essentially becoming a respite care provider. While I think respite care is needed, there are times and places for all things. ABA training is really about training the caregivers to perform these tasks long term. This should help in being able to phase out heavy duty 25-40 hour/wk ABA therapy..	Jan 28, 2011 6:05 PM
125	Behavioral interventions take time to work. An outcome evaluation process needs to be conducted by a trained behavioral specialist and must include the family's evaluation as well. Progress can be measured as specified intervals.	Jan 28, 2011 6:08 PM
126	By organizing programs around data from research, you know that the methods used have been objectively proven to work. Since data collection is a huge part of research derived methods, making sure data is collected is a very secure way of finding out whether or not something is working.	Jan 28, 2011 6:08 PM
127	Keep the standard services.	Jan 28, 2011 6:09 PM
128	Continuation requires evidence of both progress and parent involvement.	Jan 28, 2011 6:12 PM
129	Behavioral services are not usally very useful unless provided in natural contexts and individualized so requirements for group based training and interventions are of limited benefit. Direct caregivers need to be involved, committed and engaged for the services to be effective.	Jan 28, 2011 6:14 PM
130	Goals should be observable and measurable. Progress reports should include graphs depicting progress such that effectiveness of services may be visually inspected on a regular basis via the graphs.	Jan 28, 2011 6:16 PM
131	EVALUATE CLIENT EVERY QUARTER TO DETERMINE PROGRESS, IMPROVEMENTS IN BEHAVIOR AND ATTAINMENT OF GOALS	Jan 28, 2011 6:21 PM
132	Brief progress reports and evaluations are useful to help parents track their own progress and to inform vendors of treatment plans and goal progress.	Jan 28, 2011 6:21 PM
133	Have those receiving the service fill out a survey and perhaps look at the progress on measurable goals.	Jan 28, 2011 6:29 PM
134	Realistic goal setting, evaluation of progress	Jan 28, 2011 6:33 PM
135	Periodic evaluations by the provider and recommendations in report for changes based on what parent and expert feel is helpful.	Jan 28, 2011 6:35 PM
136	ALL families need to go through a behavioral over view BEFORE the service is provided. Sometimes parents want the child to be fixed. In reality, many times it is the whole family that needs fixing.	Jan 28, 2011 6:36 PM
137	team assesments	Jan 28, 2011 6:38 PM
138	Documentation between the consultant and client and visitation, is a valuable resource to determine useful and effective progress.	Jan 28, 2011 6:41 PM
139	outcomes data correlating period of therapy to behaviors	Jan 28, 2011 6:41 PM
140	Continued follow with Regiona;l Center support. Now have about 4 meetings a year. This could be cut to two, Then back to four once the economy improves,	Jan 28, 2011 6:45 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
141	You should be able to tell if the service is useful by outcomes in improvement in behavior of the child, parents confidence. Monitering families by a follow-up's should provide data on the usefulnees of training. Also attendance of workshops will let you know if they are valuable and also surveys will find out what area's parents need help in.	Jan 28, 2011 6:46 PM
142	Family and individual commitment and participation requirements need to be standardized and clear from the outset of services so that they family can determine if they can meet the needs of an intensive service model that will require them to change their own behavior and environment to reinforce the desired behavior change within the consumer. Services should be evaluated and assessment tools should be standardized across service delivery models to ensure the program is effective and the consumer is making progress at an acceptable and meaningful rate. Targeted skills must be functional and useful for that family and consumer to ensure the teaching, generalization, and maintenance of skills across the consumer's day and life.	Jan 28, 2011 6:52 PM
143	The usefulness and effectiveness of services can be measured through data collection. The individual's behavior goals should always be established by the IPT team.	Jan 28, 2011 6:52 PM
144	Limit the use if tutors to provide this service. Currently too many parents don't want to be involved in the treatment even though the focus may be on parent training.	Jan 28, 2011 7:02 PM
145	Online consumer or parental feedback survey.	Jan 28, 2011 7:02 PM
146	These standards already exist. We should use them!	Jan 28, 2011 7:04 PM
147	To make sure services provided are useful and effective, data collection needs to be meticulous so therapists and parents can see what's working and what needs to be modified. You should really look at the way CARD (Center for Autism and Related Disorders - Tarzana, CA) collects their data. They data collect and then graph after every therapy session on the day that the session happened. That makes it very easy to see what type of progress our child is making and if she isn't making progress, it allows us to make changes faster. Also it shows a learning pattern. So for my child, we know they will pick up a skill fast, then test behaviorally by tanking on the drills and then they will master out. It's pretty amazing. Also providers need to make sure they are customized to each particular child. Everyone is so different. Cookie cutter doesn't fit everyones needs.	Jan 28, 2011 7:06 PM
148	Services would be most effective if parents/caretakers were directly involved in implementing the techniques and teaching the child in a hands on approach. What we refer to as the Trainer-to-Trainer model is what I have seen by the most effective technique. In this model, a consultant comes to the home and coaches the parent. The parent learns the behavior techniques and how to implement them with thier child instead being a 3rd party and having someone else do the hands-on teaching.	Jan 28, 2011 7:09 PM
149	monthly progress report which shows an improvement	Jan 28, 2011 7:11 PM
150	Providers should meet with the IPP team at least quarterly and Provider should submit monthly progress reports to all members of the team. Such reports may also be reviewed by Regional Center behaviorists if questions concerning goals, objectives or measurements are in question. Goals in any behavior program or intervention must be measurable. Consumer caregivers/family/friends must also have measurable goals and must demonstrate the willingness and ability to implement strategies and recommendations of the behaviorist. Also, periodic surveys from Consumers, families and SC's regarding the effectiveness of Behaviorists should be offered and reviewed.	Jan 28, 2011 7:15 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
151	If the Regional Center could save $200,000.00 by transitioning many to Day Programs but spend say $100,000 two more Behaviorist to stay more connected (hands on) with the Behavior Programs that have consumers who truly need the support - that would be a total of $100,000 saved. Bottom line - consumers with viable behavioral issues are VERY tough to provide appropriate and effective support for. Behavior programs in large stay open because the majority of the consumers do not truly meet the needs standards but it is those very consumers that make it possible for the Behavior Program to stay open and serve the one's who genuinely do need the support. Make sense?	Jan 28, 2011 7:17 PM
152	Current standards are acceptable , but they can always be improved upon by involving the client, family, friends, and other support staff in coperation with Regional staff to design individualized supports needed for clients.	Jan 28, 2011 7:18 PM
153	semi-annual reports with review of bench mark goals and explanations for why goal are progressing if not met.	Jan 28, 2011 7:18 PM
154	The consumer's ID team and circle of support should set the standard.	Jan 28, 2011 7:21 PM
155	Quarterly satisfaction surveys with families and quarterly review by regional center clinicians to review raw data.	Jan 28, 2011 7:22 PM
156	Goals should be set and reviewed every two to three months allowing parents to learn and put into effect what has been recommended. If parents are not participating then this too should be address and a service should be use to help this parent focus and actively participate - so child and parent can be successful.	Jan 28, 2011 7:23 PM
157	Accountability. Sinage, time, progress, medical review for effective outcome	Jan 28, 2011 7:27 PM
158	Existing standards are sufficient	Jan 28, 2011 7:29 PM
159	baseline and progress with reports every few months	Jan 28, 2011 7:30 PM
160	RCEB can schedule reviews biannually; more notification to family for their participation	Jan 28, 2011 7:31 PM
161	Parent/consumer satisfaction surveys. Surveys of Service Coordinators.	Jan 28, 2011 7:39 PM
162	When a parent goal and consumer goal gets to 80% achievement it is time to fade.	Jan 28, 2011 7:50 PM
163	All agencies could use methods that are considered valid and productive according to standards set by a volunteer committee drawn from a cross section of regional stakeholders such as clients, social workers, service providers, and advocacy agencies such as Area Boards. It is	Jan 28, 2011 7:54 PM
164	Data shall be collected which can be measured and compared. The goals must be clear and measurable.	Jan 28, 2011 7:58 PM
165	If parents are not happy the IRC should fund another agency as soon as parent complain and don't waste a year or so. Assess the Child with all functioning level and help them with adaptive, communication and social. Send the right qualified person at home at least a BS degree and make sure You check with parents quarterly. Thanks	Jan 28, 2011 8:00 PM
166	Plans for behavior change shall adhere to all relevant laws regarding the use of adversive techniques. Plans shall identify the targeted problem behaviors, and shall include information regarding current frequency and intensity of all targeted behaviors. Plans shall set specific goals for change of each targeted behaviors; goals shall include information regarding target frequency and intensity, as appropriate, and shall set a timeline for evaluation of success. For example, a negative behavior that occurs daily might have a goal to reduce the behavior to 4 times weekly in the initial service period.	Jan 28, 2011 8:03 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
167	Vendors should submit a report at the end of each block of vervice, documenting evidence of progress. Any additonal services would have to be approved by the regional center, based on that evidence.	Jan 28, 2011 8:07 PM
168	The Living facilities are manned by totally untrained people. I understand this is a monetary problem, there should be some standard for hiring, beside "I need a job"	Jan 28, 2011 8:07 PM
169	Parental reports will determine if services provided are useful and effective and if more or less are needed.	Jan 28, 2011 8:20 PM
170	Data collection and monitoring and reporting of progress, regularly.	Jan 28, 2011 8:26 PM
171	Regular and frequent reports from a parent councils to be set up in each regional center. Often times, parents have no one to turn to within the system to report back how services are working or not working. A designated panel for suggestions and grievances would serve to provide key information to ensure that delivery of service is efficient and cost effective.	Jan 28, 2011 8:32 PM
172	There should be a time frame set and if behavior does not improve in the time frame it is not useful and effective.	Jan 28, 2011 8:43 PM
173	Take data.	Jan 28, 2011 8:43 PM
174	If progress is not obvious, the service should be discontinued.	Jan 28, 2011 8:44 PM
175	As long as your department focuses on buying houses for long-term care living arangements for people coming out of the Regional Center Facilities, in say, the Bay Area, then nothing else can be addressed because you spent all the money on a few privilaed individuals, losing site of your responsibility to reach the most with what we have collectively.	Jan 28, 2011 8:45 PM
176	These Standards already exist	Jan 28, 2011 8:45 PM
177	Set specific goals and document progress. (a) if effectiveness is demonstrated, services should be modified or lessened as needed (b) if effectiveness is not demonstrated, MAKE MODIFICATIONS IN INTERVENTION -- DO NOT WITHDRAW SERVICES!!!!!!	Jan 28, 2011 8:50 PM
178	Require monthly reports from service providers. Require Regional Center behavior staff to meet with providers at least quarterly to review plans, progress and areas of improvement.	Jan 28, 2011 8:50 PM
179	Service standard should achieve the promise that people with intellectual and developmental disabilities will have an individualized program plan and access to the services and supports best suited to them throughout their lifetime, to enable them to live an independent, self-directed, and typical life.	Jan 28, 2011 8:54 PM
180	Work with CALABA to establish consistent forms of data collection and analysis	Jan 28, 2011 8:56 PM
181	Only fund services under behavioral therapy that are evidence based. For examples, ABA, floortime, PRT etc.	Jan 28, 2011 9:03 PM
182	1. The willingness to participate is the strongest standard there can be for behavioral services. 2. If is it a two parent family receiving services, I think it is important to reward those families when both parents participate. I think that respite hours should be made available to them so both can attend any classes. 3. I also think it is important to consider the environment. Our behavioral therapy took place in our home. This was much more effective for all of us, especially our son. 4. Behavioral therapy should be directed toward all of the family members or housemates, not just the client, even if the client is an adult. 5. Of course, it must be IPP directed.	Jan 28, 2011 9:04 PM
183	Submission of a behavioral plan (at the 30 day assessment), with month reports	Jan 28, 2011 9:04 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
184	The client's Regionasl Center representative should make this a part of his/her quarterly assessment.	Jan 28, 2011 9:05 PM
185	1. Does the client feel he/she has changed? Does the family see change? How about other professionals? Are there fewer arrestsw, convitions, less property dfamage? Does the client report feeling happier?	Jan 28, 2011 9:09 PM
186	Quarterly reports with specific information on progress made (including numerical quantified representations) to track progress or regression.	Jan 28, 2011 9:10 PM
187	N/A due to lack of services	Jan 28, 2011 9:11 PM
188	Caregivers of consumer must submit evidence of data collection to maintain the service (like in a board and care home setting or day program setting where data would be collected). Reasonable efforts to implement behavior plan should be demonstrated to maintain the service if there's a way to show evidence of such - use of sticker charts or by verbal report from caregiver/consumer.	Jan 28, 2011 9:19 PM
189	ISP and IPP reports along with data collection and specific information about behavior plans and action taken by providers, families, etc. to comply and work with the designated plan.	Jan 28, 2011 9:27 PM
190	Company and parent reports	Jan 28, 2011 9:28 PM
191	Keep in place the present standards.	Jan 28, 2011 9:29 PM
192	Monitorying by regional center counselors, specialists and family.	Jan 28, 2011 9:37 PM
193	Goals must be measurable. A short progress report stating the original goals, additional goals, and progress made should be given to the service coordinator at the end of the second full treatment month. This report should be nothing more than a list of measurable behavioral targets, goals, baselines and current frequency / intensity. The report needs to demonstrate progress or a brief comment of why progress is expected based upon current treatment. Report should be no more than a page long. If two reporting periods show no progress, services would need to be considered to be discontinued in a meeting of some sort with the provider, parent / caregiver, and Regional Center staff. This team would discuss and evaluate how best to help the consumer improve the skills to adapt to more socially acceptable / physically safe behaviors.	Jan 28, 2011 9:38 PM
194	Behavior Intervention Services need to be evidence based. Programs should not be allowed that cut and paste individual programs into one eccletic program. They DO NOT WORK! Individual programs work and have received evidence based backing because of the complete dynamics and models used within that particular program. You cannot take a piece from one, a piece from another and keep cutting and pasting and expecting similar outcomes from the individual program itself. Standards should support the evidence based program....standards should NOT support the cutting and pasting of those evidence based programs to create one eccletic program. Not acceptable or appropriate!	Jan 28, 2011 9:45 PM
195	It would be helpful if service standards are the same for all regional centers to provide consistency across all regional centers. There should be stricker standard for parents (i.e. sign an agreement that states parents must agree to participate in parent training as a part of their child's program. Also when goals have	Jan 28, 2011 9:45 PM
196	Reports completed by the vendor, parent response.	Jan 28, 2011 9:45 PM
197	Annual or semi-annual reporting mechanism from service provider coupled with parent/guardian assessment.	Jan 28, 2011 9:47 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
198	at mimimum quarterly reports with measurable goals and interventions that are provided using empirical reporting standards.	Jan 28, 2011 9:51 PM
199	Regional centers should continue to do quality assurance checks of service providers.	Jan 28, 2011 9:52 PM
200	Proper documentation and conversation between family and RC	Jan 28, 2011 9:52 PM
201	Regular BIS: A minimum of quarterly technical review with the funding source (RC), the vendor and a RC contracted BCBA. The technical review would ensure the ethics of practice continued to be met, that the data is measuring what it is intended to measure, and whether or not progress is being made. The technical review is not a replacement for the IPP process. Potty Training Boot Camp: A follow-up report by the BCBA indicating the success of the potty training program and a recommendation regarding what follow-up by the parents may be needed. A family would only be eligible for this opportunity a maximum of two times and there must be a minimum of a 6-month gap between attempts.	Jan 28, 2011 9:56 PM
202	Written programs presented to families should be translated into the language that family speaks. Family can then refer to materials over and over again once provider has finished servicing the family.	Jan 28, 2011 9:58 PM
203	Outcome based documentation.	Jan 28, 2011 10:03 PM
204	Third party evaluator. The worker's compensation system utilizes a QME (qualified medical examiner. Although this is expensive, if there is any question as to what and how much service is needed it should not be determined by any Regional Center employee.....they are not the expert of any individual as they spend the least amount of time assessing or evaluating the client/consumer than any other person who help with issues of daily living.	Jan 28, 2011 10:11 PM
205	Improved Timeliness- it can take several weeks/months once approved for services to actually begin for the child. ALL Services need to be person driven not disablity driven! Which is what it says in the Lanterman Act.	Jan 28, 2011 10:11 PM
206	1. Follow-up calls, questionnaires, visits to families or some form of ongoing communication on weekly, bi-weekly or monthly basis to ensure service is being provided as needed. 2. Require all agencies to provide simple data regarding clients to show progress. (our behaviorist utilizes data sheets weekly that he turns into the agency and the agency in turn has it available to RC as proof of ongoing service and progress).	Jan 28, 2011 10:17 PM
207	Services should fade, they should not go on indefinitely.	Jan 28, 2011 10:20 PM
208	In all reports there should be a part that explains the social validity of why a program is being targeted.	Jan 28, 2011 10:23 PM
209	Don't assume that each person needs the same amount of care. Look at each customer as an indivudual. Some may need job training, others may need help with housing.	Jan 28, 2011 10:23 PM
210	Services should only focus on parent training. The parent training group is a good place to begin services. However, if intensive services are needed in the home they should still be parent training. There should never be a period of time where the tutor is working with the consumer and the parents are out of the room. If the parents are unwilling to participate in or implement behavioral programs then the services is worthless.	Jan 28, 2011 10:26 PM
211	monitoring them on a quarterly basis	Jan 28, 2011 10:26 PM
212	services should be supervise quarterly, the vendor should provide quarterly report at ime maner.	Jan 28, 2011 10:27 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
213	Set specific goals and document progress. (a) if effectiveness is demonstrated, services should be modified or lessened as needed (b) if effectiveness is not demonstrated, MAKE MODIFICATIONS IN INTERVENTION -- DO NOT WITHDRAW SERVICES!!!!!!	Jan 28, 2011 10:29 PM
214	Set specific goals and document progress. (a) if effectiveness is demonstrated, services should be modified or lessened as needed (b) if effectiveness is not demonstrated, MAKE MODIFICATIONS IN INTERVENTION -- DO NOT WITHDRAW SERVICES!!!!!!	Jan 28, 2011 10:30 PM
215	Scheduled assessment should take place at least 3-6 months.	Jan 28, 2011 10:37 PM
216	Set specific goals and document progress. (a) if effectiveness is demonstrated, services should be modified or lessened as needed (b) if effectiveness is not demonstrated, MAKE MODIFICATIONS IN INTERVENTION -- DO NOT WITHDRAW SERVICES!!!!!!	Jan 28, 2011 10:37 PM
217	feedback	Jan 28, 2011 10:39 PM
218	FAMILY MONTHLY QUESTIONER OR SURVEY TO BE PROVIDED BACK TO REGIONAL CENTER FOR REVIEW. IF SERVICE IS NOT USEFUL AND EFFECTIVE CHANGES MUST BE MADE.	Jan 28, 2011 10:46 PM
219	Fine to have specific goals and standards, agreed to before services begin.	Jan 28, 2011 10:48 PM
220	Evidence based need. Evidenced based Training with fee's verified	Jan 28, 2011 10:49 PM
221	at least quarterly reports by vendors and quarterly or team meetings every 6 months to review progress	Jan 28, 2011 10:49 PM
222	Client must demonstrate an improvement in behaviors in order to continue funding services. Services should be reviewed every three months for a maximum of 12 months.	Jan 28, 2011 10:51 PM
223	Measurements given at each appointments to be evaluated by the parents and there must be cooperation for the services to continue.	Jan 28, 2011 10:51 PM
224	If a parent is not showing an interest in implementing they should be dropped. It is a waste of money for the behaviorist to be training someone who will not follow through.	Jan 28, 2011 10:54 PM
225	Identify outcome, measure outcomes, report outcomes.	Jan 28, 2011 10:54 PM
226	lik eany line of bunisses one wmust have a set critera on which to a)observer b)judge and act c)act	Jan 28, 2011 11:04 PM
227	Provision of pre and post test related to knowledge of how a person can unwittingly trigger behaviors as well as education and instruction on how to assess the environment (pysical and emotional) to determine if it is meeting the needs of the consumer. As well, they need to learn the value of data and how to track behaviors.	Jan 28, 2011 11:05 PM
228	Have a manager or overseer check in periodically with the client or caregiver to check with them. This is a people business and if people are satisfied and things are working better, the service was useful and effective.	Jan 28, 2011 11:19 PM
229	Reports should be made on a regular basis measuring improvements.	Jan 28, 2011 11:23 PM
230	Services to be provided by organiztions/providers with proven track record of sucessfully working with children on the autistic spectrum, as evidenced by objective criteria such as testing of clients provided before and after services provided; by amelioration of degree of autism symptoms; by positive parental feedback	Jan 28, 2011 11:27 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
231	It is near impossible to set standards for usefulness and effectiveness because what might seem useful and effective for one person, may not be usefull and effective for many others. I guess you can, at set intervals, anonymously poll the disabled and the caregivers of those disabled who have used the services to ask if they felt the services were useful. And, you should ask them (especially caregivers) to specifically state the ways the service has been useful or effective. Ask what positive changes they have noticed in the person they are caring for that they felt resulted in the use of the particular services.	Jan 28, 2011 11:40 PM
232	Effective Data collection.	Jan 28, 2011 11:48 PM
233	There should ABSOLUTELY be some methods of assessing the services. In behavior programs there are baselines established that can be used to measure success or lack thereof. With these services if there is some sort of documentation and again, using the opinions of all participating parties then a fair conclusion of the effectiveness of the services could be gained and decided upon.	Jan 28, 2011 11:50 PM
234	56523 (c) As a condition of receiving funding from the federal Individuals with Disabilities Education Act (20 U.S.C. Sec. 1400 et seq.), a local educational agency shall agree to adhere to implementing federal regulations and state regulations set forth in this section. (d) The Superintendent may monitor local educational agency compliance with this section and may take appropriate action, including fiscal repercussions, if either of the following is found: (1) The local educational agency failed to comply with this section and implementing regulations that govern the provision of special education and related services to individuals with exceptional needs and failed to comply substantially with corrective action orders issued by the department resulting from monitoring findings or complaint investigations. (2) The local educational agency failed to implement the decision of a due process hearing officer based on noncompliance with this part, the state implementing regulations, provisions of the federal Individuals with Disabilities Education Act (20 U.S.C. Sec. 1400 et seq.), or the federal implementing regulations, wherein noncompliance resulted in the denial of, or impeded the delivery of, a free appropriate public education for an individual with exceptional needs. (e) Commencing with the 2010-11 fiscal year, if any activities authorized pursuant to this section and implementing regulations are found be a state reimbursable mandate pursuant to Section 6 of Article XIII B of the California Constitution, state funding provided for purposes of special education pursuant to Item 6110-161-0001 of Section 2.00 of the annual Budget Act shall first be used to directly offset any mandated costs. (f) Contingent on the adoption of a statute in the 2009-10 Regular Session that adds Section 17570.1 to the Government Code, the Legislature hereby requests the Department of Finance on or before December 31, 2010, to exercise its authority pursuant to subdivision (c) of Section 17570 of the Government Code and file a request with the Commission on State Mandates for the purpose of seeking the adoption of a new test claim to supersede CSM-4464 based on subsequent changes in law that may modify a requirement that the state reimburse a local government for a state mandate.	Jan 28, 2011 11:56 PM
235	Need periodic progress reports--maybe quarterly or at least semi annually. Reports really should document progress. That seems to be a fundamental part of the behaviorism model.	Jan 28, 2011 11:59 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
236	Client managers should briefly survey clients and those who are implementing the behavioral strategies while they are learning the strategies, and after they have been implemented.	Jan 29, 2011 12:05 AM
237	Require specific docuentation from vendor not just narrative. Monitor actual services in the home-regional.	Jan 29, 2011 12:09 AM
238	Quarterly reports should be done on the behaviors and if no improvement then the plans need to be changed by a professional until there is success.	Jan 29, 2011 12:10 AM
239	All behavioral services should be provided under the direction of a qualified professional. This person should be meeting with the staff providing the services on a weekly basis in order to monitor the progress of both the person receiving the service and the parent/caregiver learning new techniques. There should be through documentation of each contact with a child/adult and his or her caregiver that clearly outlines the interventions and the response to the interventions. Each contact should note if progress is being made or not. Barriers should be identified. During weekly supervision meetings, issues should be brought forward and solutions brainstormed. If no progress is being made or the barriers are to great, services could be discontinued until barriers are resolved.	Jan 29, 2011 12:12 AM
240	I would suggest creating a checklist of services that parents have commonly found to be helpful for their family. As a parent new to having a child with special needs, it can be difficult to project what behavioural areas might be helpful to support/work on. Could be especially helpful for parents of first/only children with special needs as well.	Jan 29, 2011 12:18 AM
241	School, program, parent, and csc reports and observations	Jan 29, 2011 12:30 AM
242	It make my kid feel comfortable and safe. He can easily learn from me and family life.	Jan 29, 2011 12:49 AM
243	Case managers should determine if services are effective thru established baseline and results after say 1 year.	Jan 29, 2011 12:50 AM
244	More progress reports every 3 months from providers. More communication between providers, service coordinators and parents.	Jan 29, 2011 1:07 AM
245	set realistic goals. target the most serious behaviors first. intensive intervention for the most intense behaviors sh occur daily. ongoing weekly or monthly review.	Jan 29, 2011 1:09 AM
246	There needs to be continued monitoring, i.e. every 3 months, with a write up of progress and goals.	Jan 29, 2011 1:35 AM
247	Common sense should be used when asking parents to take courses to assist their children with certain behaviors. Certain behaviors do not require parents to be taught how to support their children; however, it is a prerequisite of sorts. A class on behaviors would not teach me how to keep my child from rocking his high chair to get to the table other than what I have already done. But, I needed to take a 20 plus hr course in order to get a behaviorist. Needless to say, the course was not taken by me nor do we have the behaviorist. So, nothing accomplished.	Jan 29, 2011 1:50 AM
248	Services should be evaluated, directed, and planned by professional and experienced supervisor of the service team. Yearly goals should be set before the services, and yearly report need to be review and compared with the goals set.	Jan 29, 2011 1:51 AM
249	Vendors should have an ability to find their own and contract with consultants of their choosing as those hired through regional centers tend to be of lower quality. You can actually accomplish much more with a qualified staff/consultant in ashorter period of time than you can with a less qualified consultant for a longer duration, It works out the save costs.	Jan 29, 2011 1:56 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
250	An assessment should be conducted prior to start of service by a qualified assessor. A baseline of current levels should be documented and targets should be set in areas of deficit for age. Parents should have the option to have non-public agencies vendorized by the RC (with an easier streamlined process). Parents should be required to complete quarterly reviews of all service providers. These reviews should be published for other consumers to review prior to selection of a provider.	Jan 29, 2011 2:50 AM
251	Set goals and track progress. Get kids to age level appropriate before ending services.	Jan 29, 2011 2:52 AM
252	Spend time talking to the parent about what behavior they would like to modify and observe how they do it currently. Work one on one with the parent(s), child, and other family members to teach them the appropriate techniques required to modify the childs behavior.	Jan 29, 2011 2:56 AM
253	Definitely need minimal training and educational requirements. A college degree and a few hours of training are NOT enough. We need to have BCBA's or some equivalent for serious behavior problems.	Jan 29, 2011 3:02 AM
254	eliminate	Jan 29, 2011 3:08 AM
255	That is a good question. This field is growing so fast that there is not enough to go around. I think that parents may not always be happy with the provider but think that something is better then nothing at all. Most people starting these programs do not really know what an effictive program is or what eles is out there. The thought of starting all over again with a new Co. can also be very overwhelming. Parents need to be able to give input on the provider without fear of losing or having services laps.	Jan 29, 2011 3:14 AM
256	Like Number 2	Jan 29, 2011 3:28 AM
257	Talk with the parents and see how they feel their child is doing.	Jan 29, 2011 3:39 AM
258	Services should be provided by accredited behavioral specialist with at least a masters degree in behavioral psychology.	Jan 29, 2011 3:46 AM
259	a third party will evaluate every a couple of months	Jan 29, 2011 3:46 AM
260	Definitely have clear, operationally defined goals for parents (not of this ("Mr. and Mrs. Santos will understand the concepts of reinforcement"). Better to make the goals clear, so families know what the expectation is. Something like "Mr. Santos will reinforce (desired behavior) 8 out of 10 times over a 2-week period". There should be some discussion about how the parents learn best. for me- it is modeling. Seeing someone implements ABA. Also, in my experience, the behavioral service provider does more "talking at me" than real en vivo coaching	Jan 29, 2011 4:07 AM
261	setting milestone charts is very helpful setting goals checking in having scheduled meetings with the family and service member using various forms to measure progress and scheduled communications for feedback	Jan 29, 2011 4:31 AM
262	Data is kept and goals are set to meet criteria if therapy cont or not	Jan 29, 2011 4:35 AM
263	Bi-annual reports and evaluations if goals aren't being met than the service is not effective	Jan 29, 2011 4:40 AM
264	This is a difficult question to answer because I only have experience with a child with Autism, but certainly there has to be some measure of improvement. Each child is unique and different so you can't expect that they will all have the same acquistion rates. Each child should be measured to that specific child's baseline. My child is evaluated quarterly and I feel that quarterly is good amount of time for him to work on things and be re-evaluated for reporting purposes.	Jan 29, 2011 4:54 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
265	Behavior modification plan and processing has to be reviewed periodically.	Jan 29, 2011 4:57 AM
266	Require quarterly reports by service providers, require annual reports and recommendations by service providers, ask for consumer surveys and feedback on service providers, give choices/variety in service providers. LISTEN to consumers. Listen to recommendations by qualified specialists. Have an independent agency review providers services. This could avoid any favortism, or hand shake deals w/agencies that are not up to paar.	Jan 29, 2011 5:12 AM
267	Questionnaire with specific goals rated on a scale as to how successful therapy has been,at specific intervals in treatment, and must be filled out by parents, caregivers, teachers, program staff, therapists and the client themselves if capable. A team meeting must be set up, and all parties sit down and compare experiences. This is one area where consensus takes precedent.	Jan 29, 2011 5:27 AM
268	the service should be carefully monitored by the service provider as well as the service coordinator from the Regional Center as to the type of service provided and the effectiveness. this can be achieved by monthly written reports or even a form that can be filled out each month for each consumer receiving the services. Each year the service should be asessed to see whether or not the serivce should be continued.	Jan 29, 2011 5:49 AM
269	periodic reports and renewals or extensions should be by assessment of need	Jan 29, 2011 6:20 AM
270	Record Keeping And Consistent Visit's.	Jan 29, 2011 6:25 AM
271	Families should do evaluation forms of service providers at the end of each POS period. Then the IPP team can decide to utilize services from a different provider if the initial provider did not produce good results.	Jan 29, 2011 6:27 AM
272	The client will need an IEP type plan with functional goals - input from family and employers and caregivers should be solicited. The services should be evaluated by the client and his support system once a year, minimum.	Jan 29, 2011 7:05 AM
273	Should be provided in home-base at least 10 hours per week to 25 hours per week depend on the behavioral of the children needed Applied Behavioral Analysis therapy, Speech therapy, Occupational therapy, Physical therapy.	Jan 29, 2011 7:24 AM
274	Target behaviors are reduced/eliminated and consistent data collection is kept on all services and graphed weekly.	Jan 29, 2011 7:30 AM
275	Use surveys after providers have been involved at set intervals. You should endeavor to eliminate ineffective providers and reward the best ones. This will increase confidence in your services, as well as trust, if the families have some way of giving DDS or the regional center some feedback other than coming forward only when there are complaints.	Jan 29, 2011 7:45 AM
276	Keep tally of progress. Make goals for them.	Jan 29, 2011 7:51 AM
277	should have involvement with experts such as doctors, therapists, etc. Recreation should be involved also.	Jan 29, 2011 7:55 AM
278	Survey the families	Jan 29, 2011 8:36 AM
279	Specific goals for the individual's program with progress tracked to make sure it is effective and when they have accomplished goals then the service should end.	Jan 29, 2011 4:20 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
280	1. Specific goals are determined between the parents and the therapist and decide a specific time to acheive the goals, and then go back and see where the child is at that time. They should always be open to adjusting or changing old goals for new ones. 2. Gradually as the child and family are learning how to work together the therapist would then start to be able to come out 1 time a month to see how the family is doing and see if there are any new concerns or issues. 3. At the end of service an evaluation should be given out to all those who received service from the therapist, asking people to tell if the service was helpful and allow them to rate the therapist. They should be able to give suggestions on what they would like to learn about or how the service has helped them.	Jan 29, 2011 5:28 PM
281	Services providers must be required to write reports, which I know they do. Case workers should follow-up with parents. Parents should follow-up with case worker as to progress. In particular if one particular intervention method is showing no signs of progress. I have to "see" the progress, a child will show signs of change. DDS should receive quarterly reports on all regional centers behavior intervention for review. It's called checks and balances.	Jan 29, 2011 5:40 PM
282	Documentation also feedback from caregivers and day programs or schools. As a parent I would take my daughter to be examine if there is a medical change that is causing her to have a behavior. Example,Thyroid,ear infection,stromach problems and so on.	Jan 29, 2011 5:46 PM
283	Ensure that providers focus on the service provision to the consumer and their caregivers and not on administrative issues. This might be supported by establishing more standardized reporting and documentation and follow through procedures. Evaluations and feedback from the clients and their families directly via brief survey or phone call will provide reality checks on both sides.	Jan 29, 2011 5:53 PM
284	Must be coordinated with all staff/family and environments in which the service is being implemented. Periodic progress reviews against expected outcomes.	Jan 29, 2011 6:09 PM
285	Formal note and progress report. Scheduled follow up meetings required within the district to give	Jan 29, 2011 6:15 PM
286	services should be documented and track the progress or regress of the consumer that is receiving behavior training. More in the community situations not isolated sessions.	Jan 29, 2011 7:07 PM
287	All individuals recieving services should be evaluated to see if they are improving. And if not evaluate what the next effective program should be.	Jan 29, 2011 8:14 PM
288	Goals and periodic reviews.	Jan 29, 2011 8:58 PM
289	The parent/guardian, the youth, and their regional center worker should work together to provide feedback on how the services are helping/not helping. Services which are not helping or are actually harming should be changed or dropped.	Jan 29, 2011 8:59 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
290	Currently parent behavior training services are are provided at locations chosen by vendors of the Regional Centers. Actual behavior training of the child occurs at home. For Parent Behavior Trainining, a meeting place that parents are familiar with and that is centrally located would be ideal for an initial "Introduction to Parent Behavior Training Services Funded by the Regional Center."Many Regional Centers have meeting spaces on site. Vendors that contract with Regional Centers to provide monthly parent behavior training mandatory workshops that give an overview of the 4-6 week classes should be available at monthly parent introductory meetings. Vendors would be able to answer questions about mandatory parent behavior training and parents would be able to meet each other in a coordinated way at the Regional Centers. Regional Centers would be able to collect data in a coordinated way documenting the parents who enroll in behavior training workshops. Service delivery of actual ABA , Pivotal Response, Floortime, or Behavior consultation should be made available to parents not only in the home, but in daycare settings, in after school settings, and in settings where children have social learning experience with peers. Every child age 3-6 with an IEP enrolled in a preschool special education classroom who has identifiable behavior goals should have access to an after school parent participation behavior training program. Teachers and parents, therapists, sensory integration specialists, occupational therapists need to work together. Most children with special needs will NOT RECEIVE occupational therapy in a California special education preschool program, or sensory integration therapy as part of their IEP if it does not correspond with an academic goal. A child who wanders the special day classroom at preschool snack time will receive special seating, such as a hard sided chair. That child will receive no BEHAVIOR therapy by the Special Day Class teacher unless the wandering becomes overtly disruptive and the parent requests an IEP meeting to form behavioral goals.	Jan 29, 2011 9:03 PM
291	Is the behavior so severe that the family or service provider cannot keep the consumer at their current location without severe psychological/physical harm to other consumers or family members?	Jan 29, 2011 9:04 PM
292	Require service agencies to embed into their service quarterly progress reports demonstrating proof of progress for each goal established. Demonstrating progress should not be a separate cost from direct service delivery to the client. Since data should be taken every time there is an interaction with a client, generating progress reports should not be a separate charge. If that agency is not able to demonstrate meaningful progress, the child's contract should be awarded to another service provider or a new plan needs to be developed. OR require the service agency to provide that client with a behavior interventionist with a greater level or training. Also, require demonstration of application of behavior intervention strategies used with a child to be demonstrated by parents or caregivers as a requirement for retaining additional behavioral intervention funded by DDS because it does not help a child if the only person who can affect meaningful behavior change is a behavior therapist who the child sees every now and then. To cause meaningful behavior change, the child needs a lot of practice. The parents muse be trained and be proficient on some level.	Jan 29, 2011 9:06 PM
293	FU ASSESSMENT TO EVALUATE THAT SRISIS HAS RESOLVED	Jan 29, 2011 11:31 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
294	Overall, RC's do not provide enough independent analysis of the progress made by the person receiving services. It is unusual for the provider of the service to ever recommend decreasing or ending services. Service Coordinators and understaffed Resource Development and Clinical Teams do not have the time to analyze progress sufficiently. Services then are continued perpetually without much significant review. Having an independent service provider evaluating the progress and benefit of services could be helpful in weeding out families who can't make the necessary commitment and providers who are not providing the quality of services they should. Services should have firm time limits. For example, ABA services are provided for one year. Behavior intervention for targeted behaviors should be for 6 months. This is plenty of time for a family to learn to implement the procedures recommended if they are sufficiently committed to participating in intervention.	Jan 30, 2011 12:12 AM
295	We need more teachers and trained psychologists to work with kids who have autism in public schools.I fought to get autism related behavior services from the school district when my 9 year old son was in a3rd grade gen.ed. classroom school. The school district gave me a battle regarding behavior services. It took them a year to provide a behavior service plan for my son that was positive and I had to fight for his diagnosis on the IEP. The school didn't recognize the medical opinion of his doctor or the regional center. They said that he was "speech and language handicapped" and qualified for special education services under that. Then the school district said they didn't have a behaviorist, only a school psychologist. The behaviorist was out on maternity leave. They tried to suspend my 9 year old son from school several times, saying he didn't have enough autistic like symptoms. They tried to state my son was non-compliant and we needed county mental health services. Without the support of my regional center case manager and the behavior analyst that came to the IEP meeting, I wouldn't have been able to keep my child in public school. The regional center report showed that my son has PDD-NOS. I also had a report from the regional center psychiatrist showing that my son's visual processing ability was superior, but he doesn't process oral instructions very well. The school district said it was a mental health issue. They wanted our entire family to attend county funded family therapy. I knew that was wrong. I hired an advocate from a local parents of special needs kids group. I finally got services from the school district for behavior therapy specific to autism, after a year. But it wasn't without a fight. I had to leave the general education setting and request a non public school setting. The school district tried to take that away from us as well, stating it was only a temporary solution. My son's behaviors have actually improved in the non-public school setting because the teachers are trained to teach students with autism and PDD. I am sure his classroom teacher didn't know squat about autism. Just because my son didn't do hand flapping they said he had oppositional defiant disorder and we should go to family therapy. The regional center provides checks and balances and helped us get what we needed from the State of Calfornia school system.	Jan 30, 2011 12:13 AM
296	Modification of behaviors being medicated,	Jan 30, 2011 12:14 AM
297	I can only speak for the agency we have used - they do not care and have not made any effort to maintain a consistent behavior worker and supervisor. In the two years we have received services from them, they have changed supervisors FIVE times, each time leaving a gap in services while finding a person to put into service. And along with that, and probably even more devastating, was the changing of the behaviorist him/herself because the supervisor had changed! There is NO thought as to how the continual abandonment to the child is effecting them. The amount of $$ Regional Center has spent on us only to correct the previous damage is ridiculous.	Jan 30, 2011 12:22 AM
298	Annual review of child; assessment from person providing the behavioral services.	Jan 30, 2011 12:25 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
299	Services should be provided by trained personnel under the supervision of a Board Certified Behavior Analyst. The BCBA should develop an individualized intervention plan. The team of service providers should meet at least two hours per month with the parents of the child to review the plan and discuss progress.	Jan 30, 2011 12:51 AM
300	Look up the service providers on line in your area and meet with them to determine if what they provide is professional. Or if the insurer has one that they like check that one out.	Jan 30, 2011 1:02 AM
301	Measurable goals based on realistic expectations (age appropriate whenever possible, developmentally appropriate for others.)	Jan 30, 2011 1:19 AM
302	1) Problem is decreased. Client remains involved.	Jan 30, 2011 2:11 AM
303	data collection and graph daily to see the trend of the behavior.	Jan 30, 2011 2:41 AM
304	HONESTLY I DO NOT FIND THE SERVICE USEFUL AS IT WAS NOT EFFECTIVE AT THAT TIME. CAREHOME ADMINISTRATOR/PROVIDER SHOULD BE PRESENT TO OBSERVE CLIENT INTERACTION WITH THE BEHAVIORIST IF POSSIBLE. SERVICE PROVIDER SHOULD BE OBSERVANT, WRITE DOWN NOTES OTHERWISE IT WILL NOT BE EFFECTIVE. SESSION WILL END UP TO BE JUST ANOTHER MEANINGLESS SESSION.	Jan 30, 2011 2:54 AM
305	weekly to monthly review with both parents and teachers.	Jan 30, 2011 3:49 AM
306	Measurable, quantifiable goals need to be determined at the outset of a behavioral coaching or training. For example, "Child will greet friends, neighbors, and family members when greeted" or "Child will not hit or push or press on other children who do not want to play in that way." This way, tallies can be kept that will reveal the success of a given intervention. If goals are not met in a given time frame, that time frame must be extendable to allow the child and his or parents to experience success.	Jan 30, 2011 4:02 AM
307	The service standard must show that the behavior is improving.	Jan 30, 2011 4:12 AM
308	They should be measured by the progress the child is making towards the IPP goals	Jan 30, 2011 4:45 AM
309	Behaviors should be videoed prior to onset of services. Frequencies observed and recorded. Then after 3 months, repeat the videos and observations. No more than three most dangerous or disruptive behaviors are to be targeted.	Jan 30, 2011 5:31 AM
310	Frequent moditoring of the providers. At least once every two weeks. The biggest problem with behavioral services is that they are not consistent, tutors change frequently, not adequately trained, and not willing to listen to the families. The families are reporting that the ABA providers are not challenging their children academically or functionally enough.	Jan 30, 2011 7:58 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
311	Ask the families! I think it is a good idea to also use simple surveys - there is research on parent satisfaction. And also look at the behaviors - how often, how severe. We have simple ways to collect data that we make just for our family. Also, if we need less help that tells you we are getting somewhere. These things should be easy for a case manager to monitor with us together, if we plan ahead together. And we pay attention to this on a regular basis, we can make things better over time rather than waiting for an IFSP meeting or an emergency. Also, lots of times we don't get much choice about what kind of services are offered or who will provide them. So many times we just don't 'get' what one company is doing or saying, and another one works out well, and it is a waste of tie trying to find who makes sense to us. And another thing - we read a lot about evidence based treatment, but for us, just because a researcher made a kid learn letters with ABA doesn't mean that the child knows or cares about it or can use for anything useful.. That totally happened to us. He got better when we made our social communication the most important thing. Then we mattered to him, and the stuff he learned was part of that.	Jan 30, 2011 3:42 PM
312	ask those involved to assess outcomes	Jan 30, 2011 4:48 PM
313	DATA COLLECTION!!! Target behavior/ incidence/ decrease. Signed by behaviorist, BCBA supervisor, and parent. MONITORED by RC staff, which may require additional clerical workers (lower cost than SWs). Parents could share some responsibility for monitoring.	Jan 30, 2011 5:32 PM
314	Families should have the opportunity to participate in online surveys, they should talk to their service coordinator, and they should be involved in meetings with their providers to update them on their child's progress. Also, families should have a CHOICE of providers. We don't want to end up, at the end of the day, with budget cuts that do away with developmental choices and only leave us with ABA and PRT. We need providers who have an established developmental and scientific background behind their model, such as DIR to be at the table as well. We don't know what we would have done with just behavioral choices!	Jan 30, 2011 6:14 PM
315	Periodic reports (every 3 months or every 6 months) should continue to be implemented. It provides a measuring tool for the family and Regional Center of "what the next step(s)" should be.	Jan 30, 2011 8:06 PM
316	Written follow ups w/behavior specialists and communication w/ parents.	Jan 30, 2011 8:28 PM
317	I suggest that funding cuts stop picking away at an area of need that is going to exist in our society forever and start being more effective at looking for other solutions that do not burden the most vulnerable people in society.	Jan 30, 2011 10:06 PM
318	Behavior intervention is a statistically based approach. Data and statistics should be maintained to demonstrate that the issue(s) the client was referred for have been addressed.	Jan 30, 2011 10:20 PM
319	Monitoring of specific step acquisition and reducing the hours of support as success is achieved. There are rarely incentives to reduce the level of support as an individual remains receiving services.	Jan 31, 2011 12:00 AM
320	Should be more accountability with reports from providers that evidence progress.	Jan 31, 2011 1:00 AM
321	Behavioral Services should provide detailed quarterly reports regarding outlined behavioral and skill acquisition objectives and the degree to which those objectives are met.	Jan 31, 2011 2:43 AM
322	Behaviorial services should be provided and/or supervised by a BCBA.	Jan 31, 2011 3:55 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
323	Pay for Regional Center or Special Education services on an at minimum weekly minimum basis - to be evaluated annually for objective improvement. Provide it to all students within a special education label who are performing at a functionally low standard for their age. (The details are up to the Legislature or the Dept. of Education to determine.) For example; provide training to toilet train students that are mentally impaired or autistic; don't waste the money on profoundly physically handicapped persons who are residing in sheltered care.	Jan 31, 2011 6:28 AM
324	Quarterly meetings that are MANDATORY for parents and/or caregivers to attend at RC offices.	Jan 31, 2011 2:37 PM
325	Clear measurable goals developed to be reported on every 6 months.	Jan 31, 2011 3:06 PM
326	Whether progress is being made and, if not, what are the barriers to that progress.	Jan 31, 2011 3:22 PM
327	Set specific goals and target dates and improvement needs to be evident.	Jan 31, 2011 3:38 PM
328	Early intervention services should expect 100% parent participation with parent circulum provided as part of the infant ed. The circulum should be followed by all vendors for consistency.	Jan 31, 2011 3:43 PM
329	gather ongoing feedback from parents, teachers	Jan 31, 2011 3:47 PM
330	Metrics are not the answrr. Ask the consumer or parents/guardian.	Jan 31, 2011 3:54 PM
331	Visit the therapy sites and evaluate the service providers according to important criteria, such as parent involvement, therapist:child ratio, goals in place for each client, clear teaching methods, clear methods of providing feedback to clients and/or parents of clients, measurements of progress. This kind of objective evaluation is critical--not just to determine whether a particular client is making progress but to also determine whether a particular therapist or treatment approach is effective. Progress reports should be mandatory that include clear treatment goals and measurement of progress. These are already mandatory from treating therapists. Parents, however, should also be surveyed to determine whether they see progress in the home environment. This should be an assessment that is independent from the therapist assessment, ensuring a more objective opinion of the service provided.	Jan 31, 2011 3:56 PM
332	pre/post "testing" of parents demonstration of parent learning and implementing technique, so service can be faded out, time limited, not going on forever parent training and requirement of parent to implement behavioral techniques, with "coach" support, but not "coach" implementing all techniques with child parents are the constant in the child's life, they need to be the one to learn and utilize the techniques in order to address the behaviors parents need to demonstrate "buy in" and understanding of this, or service should end	Jan 31, 2011 3:58 PM
333	1. Goal and objects should be written into every service and reported monthly or bi-monthly.	Jan 31, 2011 4:02 PM
334	Behavioral services are not typically meant to be individual therapy. The purpose of behavioral intervention is to train others (ie: family, staff, etc) to deal with the behaviors and learn to intervene. The treatment is meant to be short term (6 months or less) and should not be permanent. The goal is not to "cure" behavior, but to address it and learn techniques to redirect and reduce the occurences.	Jan 31, 2011 4:03 PM
335	Pre and post observation. Paretns needing to kn ow additional support is contingent on their full particiaption and implementing the interventions.	Jan 31, 2011 4:15 PM
336	Quarterly program reviews to determine whether the child is making meaningful progress.	Jan 31, 2011 4:25 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
337	There should be standards about setting initial behavior goals (by the consultant) and timelines for measuring those goals. It seems that there is not enough data collected to demonstate whether services should/should not continue but that it is more of a subjective opinion. After a certain amount of time, if progress is not made by the consumer, I dont feel that we should continue to fund services for that particular issue - if new issues arise in the future or if the behavior becomes more severe, then it can be revisited.	Jan 31, 2011 4:29 PM
338	Parent involvement should always be required. Programs should take objective data (especially outside of sessions) to prove the consumers are making progress when it matters most (during activities in natural environment). If they are, services should continue.	Jan 31, 2011 4:33 PM
339	Semi-annual monitoring by the regional center	Jan 31, 2011 4:33 PM
340	Services should not require that you quit your job. I work full time and barely get by. Although my ABA provider was originally going to do part of my sons therapy at his in home daycare, my Regional worker said no. So I now have to leave work for every session, am constantly worried about losing my job, and have to work every weekend on both days to make up the time. This causes my family a lot of stress. Don't we have enough?	Jan 31, 2011 4:36 PM
341	Unannounced visits during treatment sessions to ensure that providers are teaching the skills to care providers.	Jan 31, 2011 4:45 PM
342	team consultation when other services are provided besides behavioral services	Jan 31, 2011 4:58 PM
343	In the home, community based, individually tailored to family's needs. Services should be flexible and provide 1:1 working and coaching.	Jan 31, 2011 4:58 PM
344	More frequent than yearly oversight by regional center case manager; reports from professional at a frequency agreed upon with regional center; perhaps a written survey to be completed by individual/family at a frequency determined by the team.	Jan 31, 2011 5:00 PM
345	clear and realistic goals with track progress. If not progress is seeing then it should be terminated and alternatives needs to be review.	Jan 31, 2011 5:02 PM
346	Assessments should be specific to the behaviors in questions and the strategies must be culturally relevant as well as solution oriented. Parents/caregivers must be expected to fully participate and show progress in utilizing the techniques.	Jan 31, 2011 5:04 PM
347	1) In addition to the currently required ABA orientation and 16-hour group parent training, parents should receive intensive parent training (say 5 hours/week) for a period of up to 3 months before direct intervention with the child begins, and/or training in a typical 10-hour/week regimen could include 1 hour with parent alone and 1 hour with parent and child 5 days per week. Parents must fully understand and commit to their role as trainers of their children. A written "contract" with parents might be useful. 2) Insistence on adherence to T17 qualifications for providers (612, 615, 620) 3) Services should start as early as possible and continue for a limited period of time. Most childred who receive quality services achieve as much as they can within about 3 years. If a determination is made that this is the case with a child, services should fade or parents must agree to pay for ongoing services if clinicians determine that additional services will not be sufficiently beneficial to warrant the cost. It is recognized that "tune ups" may be necessary as a child goes through transition times such as puberty, graduation from high school, etc. After 3 years, parents should have gained sufficient training to be able to provide ongoing behavior support for their child.	Jan 31, 2011 5:15 PM
348	Service should be discontinued once goals are met or if consumer is not making significant progress.	Jan 31, 2011 5:29 PM
349	ASK parents.	Jan 31, 2011 5:29 PM
350	Empirically based strategies across related disciplines should be applied.	Jan 31, 2011 5:33 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
351	Setting goals	Jan 31, 2011 5:40 PM
352	CSC and Clinical department approval and required parent participation. Mionitor services ongoing every 3 months.	Jan 31, 2011 5:47 PM
353	Outcome measures to consider: 1. increased # of situations where the child was able to address a frustrating situation using learned strategies identified 2. possibly measure the # of prompts needed being reduced as well) 3. reduced # of frustration events	Jan 31, 2011 5:54 PM
354	Case notes and clearly defined goals and objectives. Progress reports that demonstrate interventions and responses.	Jan 31, 2011 5:54 PM
355	parents or caregivers should be able to make changes monthly to keep updated and to make sure services they are receiving are apropriate	Jan 31, 2011 5:54 PM
356	Continue with the current processes.	Jan 31, 2011 5:56 PM
357	Make sure that parents are involved and actually participating with the service provider to prepare themselves to take over full parenting roles.	Jan 31, 2011 6:05 PM
358	There must be specific goals to address, regular meeting between the parents and the provider to discus the progress of the kid.	Jan 31, 2011 6:08 PM
359	Require the review of behavior plans semi annually	Jan 31, 2011 6:16 PM
360	-Make taking data mandatory -For all children above age 7, ultimate program goals must be created in order to discuss transitioning the program to consult and eventually ending -Set standards about direct goals versus parent consultation goals (eg self help, brushing teeth, etc.). Parent portion of the goal is what makes it work.	Jan 31, 2011 6:16 PM
361	Evaluation of effectiveness of program through evidence of reduction of specific behavior	Jan 31, 2011 6:17 PM
362	Parents should be asked to take a survey to rate the services and level of effectiveness to ensure that they are useful and beneficial to the families.	Jan 31, 2011 6:18 PM
363	There should be quartery check ups to review if the service be provided is useful and effective.	Jan 31, 2011 6:32 PM
364	Providers should not be part of the planning team decision re: these services. An independent 3rd party vendor should assess all consumers receiving these services every six months and provide recommendations to the regional center. The provider of service would submit progress reports to the 3rd party vendor. Any assessments done by providers of services should be limited to 5 hours flat and billed separately. Providers must ensure that parents participate 100% of the time and must submit documentation to the regional center showing proof - perhaps a form that is signed by the provider staff and parent. The current service codes for behavioral services are confusing and open to misuse. The codes need to have clear definition of what they are for. Less would be better. RCs must be required to pay for least costly and assume all providers in a code are of comparable quality. Providers are using the comparable quality argument to say they shouldn't be considered in the least costly determination because they provide a different type or better program.	Jan 31, 2011 6:33 PM
365	A follow-up visit by the service provider, check-in with the case manager, and a short survey to see how satisfied the client/caregiver was. This is very similar to how telephone, cable, internet providers followup on install.	Jan 31, 2011 6:43 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
366	Supervision hours from qualified program managers should be adequate and appropriate to ensure that the program is being properly and effectively implemented by the tutors, who otherwise would have little accountability. Team meetings are also an essential factor in keeping everyone informed as to the progress of the child and to be able to make adjustments to the program as needed.	Jan 31, 2011 6:45 PM
367	Behaviors must be tracked, evaluated and reported.	Jan 31, 2011 6:51 PM
368	Regular reporting to Regional Center. Ensure that all parties understand how the programs within the services will effect overall behavior. Update programs regularly to ensure that they adapt to changes in the consumer's behavior and continue to address the most severe behaviors.	Jan 31, 2011 6:56 PM
369	Baseline assessment. goals for improved behavior and progress on goals.	Jan 31, 2011 7:11 PM
370	Formal reports should be required to document rather the service is useful and (or) effective.	Jan 31, 2011 7:13 PM
371	CARF accreditation.	Jan 31, 2011 7:18 PM
372	Behavioral services require the collection, analysis and sharing of baselines and current responses to treatment. Qualified ABA providers are required to submit this data to RC funding sources at a minimum of every six months.	Jan 31, 2011 7:35 PM
373	Regional center clinical services should monitor all contracts to determine the effectiveness of services.	Jan 31, 2011 7:46 PM
374	Progress notes and progress reports as well as service coordination monitoring of progress.	Jan 31, 2011 8:04 PM
375	the persons providing should be EXPERIENCED, show up on time and on the right day - maybe it would be good to have a large place to hold these "improvement programs", but then that would probably add to the expense of them -	Jan 31, 2011 8:19 PM
376	I think they should talk to the parents and walk them through the timeline and what they could gain from this training. We have always had great relationship with our program coordinator, who listened, and adjusted his training based on what area he needed to work on (i.e., safety, like taking his seatbelt off, or running into the street).	Jan 31, 2011 8:39 PM
377	Is parent and client following through, keeping appointments, etc. I clients behavior (markers) improving?	Jan 31, 2011 8:39 PM
378	WRitten reports every 6 months that include objective data (graphs based on data collected at least weekly), in addition to general quesitons regarding parent participation and follow through, including, if necessary, parent goals and data.	Jan 31, 2011 8:40 PM
379	Specific goals of each service would need to be determined at the onset and data collected that would reflect if improvement is noted. This would measure the effectiveness of the treatment and the viability of continuing or if there is a need to change course. A purchase could be made for 6 months and reviewed if still needed at the end of that time.	Jan 31, 2011 8:46 PM
380	Parents/care-providers need to be active participants in training as they are the ones who will need to implement the ongoing behavior modification techniques. If parents/care-providers are not actively participating, services should be terminated.	Jan 31, 2011 8:49 PM
381	I think contracts should only last 3 months, and there should be planning team meetings at the end of each contract to ensure that all team members are consistent and appropriate.	Jan 31, 2011 8:52 PM
382	Having parents attend a group behavior training first is a good idea for them to get the basics, and it can also benefit them by connecting to other families.	Jan 31, 2011 8:52 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
383	What I see in NLACRC is behavioral therapy to the exclusion of all others until the child is three years old. Behavioral therapy should be provided along side other developmentally appropriate therapies. Each therapy complements the other, and all therapists use the same plan for behavior. That way, the child is growing developmentally in all domains-- and the regional center resources have not been spent solely on one massively expensive sink-hole. Many of these children need speech and OT before they go to preschool, and are not receiving it.	Jan 31, 2011 9:01 PM
384	Survey the servicers and the parents, and look at how much better they are doing after they receive the service.	Jan 31, 2011 9:07 PM
385	These standards already exist	Jan 31, 2011 9:20 PM
386	-If parents are unsuccessful in a program due to non-compliance, they should be required to wait 6 months before starting a new program that is parent training based. -If parents receive the skills to successfully help their child with developmental disabilities and it has been determined that the family is at a point where they should try to manage behaviors on their own, then a 6 month period of time should be given to the family to try services on their own. -If after 3 months there is 50% or greater decompensation by the client and family, a reevaluation would be permissible as it would take at least 3 months for services to begin including evaluation. -Children that are slowly, but consistently making improvements with services, should recieve services until they have demonstrated that they have not made progress during a 3 month period of time. At that time they should be given a new evaluation for a different type of services, or evaluated for appropriateness of any services.	Jan 31, 2011 9:31 PM
387	There is no "one size fits all" solution. Each purchase of service for each individual is defined by the IPP These standards already exist	Jan 31, 2011 9:54 PM
388	A way to determine and ensure there is follow through at home	Jan 31, 2011 9:55 PM
389	Services could be provided by behavioral consultants working directly for SDRC, as opposed to vendors, in an effort to cut costs, as the consultant fees are quite high.	Jan 31, 2011 10:06 PM
390	Data collection and reports to see if behaviors are decreasing	Jan 31, 2011 10:11 PM
391	Bimonthly follow-ups with families/care providers.	Jan 31, 2011 10:14 PM
392	Work with parents/caregivers in conjunction with school/day program so that all are on the same page, working towards the same goal in the same consistent manner.	Jan 31, 2011 10:14 PM
393	If it is keeping the family intact without having to send the individulal with DD out of the home (for example a group home).	Jan 31, 2011 10:14 PM
394	Outcomes and expectations	Jan 31, 2011 10:18 PM
395	Supervision, I believe this is the only service for which we pay for supervision.	Jan 31, 2011 10:22 PM
396	look at data collection information for changes/improvements in behavioral functioning	Jan 31, 2011 10:32 PM
397	Quality, quarterly ISP with success rates	Jan 31, 2011 10:35 PM
398	Receipt of quarterly reports from vendors. Perhaps parents can provide comments on the reports and share that with the RC case worker. Vendors should provide clear, measurable goals and data to demonstrate effectiveness or ineffectiveness of intervention.	Jan 31, 2011 10:38 PM
399	clear measurable goals and regular reporting.	Jan 31, 2011 10:38 PM

Behavioral Services

3. Suggested service standards about how to make sure the services provided

	Response Text	
400	Services must include training of not only parents but community members who interact on a regular basis with the consumer. Service need to be goal driven (similar to the educational IEP model) and occur in natural environements	Jan 31, 2011 10:58 PM
401	There should be a team review for any consumer who does not make progress after first 3 months of consultation to determine if on-going service would be beneficial.	Jan 31, 2011 11:00 PM
402	collection of data	Jan 31, 2011 11:13 PM
403	Parent trainings required.	Jan 31, 2011 11:29 PM
404	Goals based on individualized assessment, that are functional (tied to family, friends, community inclusion- such as taking public bus, community wants/needs/having conversation. Goals are not discrete skills, i.e. naming photos), and individualized. "Bench mark" assessment every 6 weeks, if progress isnt made in 3 months, major re-look at strategies/approach. If progress isnt made in 6 months, intervention is stopped and another approach is implemented.	Jan 31, 2011 11:30 PM
405	Outcome measurements can be instituted by providing baselines after functional assessments. And tracking mechanisms comparing the new data from the baseline, thereby knowing any progress or decline	Jan 31, 2011 11:43 PM
406	After a child is 2, a program should have goals and plan to help the child intergrate in an infant program/special education program to have a better transition to school.	Jan 31, 2011 11:43 PM
407	A survey should go out to client and family to express the usefulness of the service	Jan 31, 2011 11:44 PM
408	Ask parents, councilors,etc.	Jan 31, 2011 11:52 PM
409	Brief, standardized behavioral, developmental, communication, and social-emotional measures should be used alongside parent report as a part of the IPP process to evaluate the utility and effectiveness of services provided. Other factors such as culture, medical complications, impact of educational placement, and impact of other family factors also need to be considered in this evaluation process. When these factors are determined to be impacting the effectiveness of services, a plan to address these concerns should be included as part of the IPP.	Jan 31, 2011 11:53 PM
410	monitored by Regional Centers, Licensing (if applicable) and CARF.	Feb 1, 2011 12:02 AM
411	Families/parents need to be involved. After 1 year of services they should almost be able to run the program as effectivley as a para tutor.	Feb 1, 2011 12:07 AM
412	progress reports, observation by the case manager, family feed back.	Feb 1, 2011 12:13 AM
413	A choice based program works best with a beh modification program for adilts with autism.. Defund program which promote isolation and "sitting" of consumers---give consumers a real life!	Feb 1, 2011 12:32 AM
414	Feedback and evaluation from the parents and family members receiving the services on behalf of their disabled family member.	Feb 1, 2011 12:47 AM
415	Documented goals and repetitive trials. Parents should be taught the techniques.	Feb 1, 2011 1:11 AM
416	Decrease layers in the administration of these services. Listen to moms!	Feb 1, 2011 1:12 AM
417	g	Feb 1, 2011 1:12 AM
418	n/a	Feb 1, 2011 1:20 AM
419	Followup on the suggested timetables is imperative, with appropriate documentation.	Feb 1, 2011 1:34 AM
420	As service provider and client (and or parent, conservator)	Feb 1, 2011 1:51 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
421	Data must be collected by trained behavior specialists under the supervision of a clinical expert in the field, typically a licensed clinical psychologist. Services and goals/objectives should be reviewed regularly to ensure gains are being made. If child is not making progress, the program should be reviewed, behavior plans should be revised and alternative behavior interventions should be attempted. If child continues to show minimal gains, other intervention such as functional communication training should be explored. Programs should be evaluated for effectiveness at least every 6 months.	Feb 1, 2011 1:59 AM
422	Include teaching parents about floor time, RBI and other evidence based strategies, not just ABA.	Feb 1, 2011 2:58 AM
423	Family members, school staff, caregivers, everyone who works with the individual must be involved in the behavioral treatment. If all caregivers are not consistent in addressing the individual's behavior, the behavior will never change. A variety of behavioral approaches should be considered. ABA is not the only behavioral approach and should not be the only behavioral service that is paid for by the Regional Centers. Services must be individualized rather than a set programmed approach.	Feb 1, 2011 3:39 AM
424	While parent training is an important component of behavior intervention services, too many parents are dealing with situations where they need "hands-on" help with their child's behavior. Services need to expand beyond just providing parent training ... don't tell us what to do and then walk out the door, leaving us with an out-of-control child and inadequate manpower to deal with the situation. Yes, this will cost money, but it will also provide jobs for people and will save money in the long run, if clients can continue to live at home, rather that in a group home or institutional setting. Obviously, workers who deal with "hands-on" behavioral issues (and these parents, as well) must be provided with appropriate physical restraint training, such as PART (Physical Assault Response Training) or MAB (Management of Assaultive Behaviors), and should demonstrate competence in such procedures by passing corresponding certification exams.	Feb 1, 2011 3:55 AM
425	1. Services should be time limited. If behaivoral services are not effective in the first year, the are not likely to be effective in the second or third year (or fourth or fifth for that matter). 2. Service providers should be monitored closely by regional centers related to service/IPP outcomes. Those providers who do not produce results should be not be used! 3. Regional centers should be required to review consumer outcomes for progress--via QA systems--on an annual basis. Current case management procedures for this are inadequate and under-resourced.	Feb 1, 2011 4:39 AM
426	To be sure that the person is benifiting from services I think would require more personal one to one visits from service coordinators. Unless a client is in a facility they do not see their worker sometimes only once a year.	Feb 1, 2011 4:50 AM
427	Services should be routinely evaluated to insure that milestones are being met. Services should only be provided if they are evidence-based practices or clinically proven.	Feb 1, 2011 4:52 AM
428	Standards should be set for all four categories by age group and level of ability to learn.	Feb 1, 2011 4:57 AM
429	Documentation and meetings should be held in order to track progress. Also I think that there should be some sort of board of individuals who can provide objective input on the situation. These individuals should be made up of a small group of people of not just professionals but family members.	Feb 1, 2011 5:00 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
430	tracking	Feb 1, 2011 5:07 AM
431	Make sure the vendors who contract with Regional have employees who are truly experienced with DD population. I am so disappointed with how these vendor's get away with hiring new people everytime they get a new consumer, from regional.	Feb 1, 2011 5:17 AM
432	collect data on consumer's problem behaviors-- should be cumulative collect data on parent's fidelity with implementing the behavior plans	Feb 1, 2011 5:20 AM
433	In order for these services to be effective, the daily needs of the consumer need to be implemented everyday.	Feb 1, 2011 5:38 AM
434	keeping data, records, information and goals. making sure these things are being met across the board on a regular basis, months on end.	Feb 1, 2011 5:49 AM
435	ABA therapy techniques need to be reinforced at school and at home. Children, parents, care givers, teachers, support staff, paraprofessional, and special service providers (Speech & Language Pathologists, Occupational Therapists, Physical Therapists, Adaptive Physical Education teachers, etc., all need to be trained and reinfore ABA throughout the child's day.	Feb 1, 2011 6:21 AM
436	Therapy service should be were the child is more comfortable and can benefit better. Though isn't in home less costly, due to not needing as much center space.	Feb 1, 2011 6:42 AM
437	This is difficult because the parents and regional center staff are accepting many of the bogus reports for services because is doesn't make financial sense to heal or make someone better.	Feb 1, 2011 7:03 AM
438	Define professional qualifications and required experience. Monitor the service quarterly to see if progress has been made both by consumer and family. Develop standards to measure progress; create tiered service for when consumer has made or not made progress and allow the consumer to move up or down the tier if not enough progress is made or progress going at a favorable speed. However clear parameters need to be developed so that when consumer is not making progress, the regional center service coordinator is empowered to stop the service and explore other alternative. It should be done in such a way that the regional center is not taken to fair hearings and challenged each time.	Feb 1, 2011 7:21 AM
439	Goal setting & monitoring by case carrier, program administrators & parent or responsible adult	Feb 1, 2011 7:23 AM
440	Evaluations by assessors in double blind assessments. minimum of three assessors - one chosen by the parents, one by an involved agency, and a third chosen by the other two.	Feb 1, 2011 8:01 AM
441	The standard for usefulness of service should come about by regular evaluations.	Feb 1, 2011 8:14 AM
442	There should be statewide guidelines for specific, common uses of behavioral services e.g. toilet training for someone between ages 4 and 10 yrs old should take no more than 2 months; and this guideline would be made part of the person's IPP. A failure to meet that timeline would result in either cancellation of services (if it is due to parental failure) or referral to different behavioral service (if it is due to service failure or ineffectiveness); exceptions to extend a timeline would be based on criteria such as: the behavior is very close to being taught/extinguished, the parent/caretaker wasn't able to fully particpate due to sickness or the consumer was sick to the point of not being able to fully particpate.	Feb 1, 2011 8:21 AM
443	Email, continuing education, phone service, taking courses in college	Feb 1, 2011 9:25 AM
444	reports 2x month, to see progress and effectiveness	Feb 1, 2011 10:33 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
445	Maybe for this to be effective, there could be someone from the RC providing "quality control" with the vendor and family instead of just having a long report that the vendor writes with recommendations. Since this would be more labor intensive, maybe a survey could be developed that the parents and vendor completes at the end of each contract. Somehow, there needs to be a more measurable way of seeing what is really happening in the home with the behavioral services that is being funded.	Feb 1, 2011 4:04 PM
446	Casworkworkers following up with thier clients.	Feb 1, 2011 4:04 PM
447	Time limited, measurable goals toward progress of improved behavior.	Feb 1, 2011 4:07 PM
448	Efficacy is to be demonstrated through documentation and supporting data that behaviors have been ameliorated. Facts should be gathered from various sources to included: Charted progress reports, therapy notes, observations and behavioral assessments.	Feb 1, 2011 4:38 PM
449	Limit time in programming to achieve specific outcomes.	Feb 1, 2011 4:45 PM
450	reports and mandatory survey	Feb 1, 2011 5:10 PM
451	Monitored and audited by RC specialists in that particular service.	Feb 1, 2011 5:21 PM
452	Services that are comprehensive and address challenging behaviors and train and support families. Many families feel behavioral intervention is done after a few years, when in fact it evolves over time, if done well and empowers parents and children. However, when staff have minimal training they are unable to develop appropriate curriculum do individualize the needs of families and children. This is the intent of the law and poorly trained and inexperienced staff do not support the notion of an individualized program. Behavioral programs need to be well supervised and provide ongoing training to be effective. It also should be recognized that behavioral programs do not meet the needs of all children and comprehensive assessment should assist in determining curriculum as well as the need to use developmental strategies that include an understanding individual differences, for example, DIR/ floortime. and the SCERTS model. There needs to be on going assessment to determine efficacy of the intervention and a williness to combine or change interventions according to individual needs.	Feb 1, 2011 5:22 PM
453	Oversight on the effectiveness of behavior plans designed by either in-house or contracted behaviorists should be in place in order to ensure that the plans designed and the hours provided are effective in modifying behavior and increasing strategies. This can be done in sync with the quarterly IPP meetings held.	Feb 1, 2011 5:36 PM
454	Specialists should be able to share with any, or all members of an Interdisciplinary Team any important information, past or present, about the consumer being treated without any malicious or derogatory intent but, only for the benefit and encouragement, of any concerned member of the Interdisciplinary Team about any positive effects of the current treatment that is benefitting the specific consumer.	Feb 1, 2011 5:46 PM
455	the case worker should have good communication with the family.	Feb 1, 2011 5:47 PM
456	quality assurance methods	Feb 1, 2011 6:03 PM
457	Have a progress report provided by the vendor.	Feb 1, 2011 6:16 PM
458	Collect data and have quarterly reviews of client and their needs.	Feb 1, 2011 6:28 PM
459	Make a special quality assurency community from some bigger and small non-profits, agencies, family members, ALTA, and have it be ran by either DDS or Department of Aging.	Feb 1, 2011 6:32 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
460	I know through experience that mostly all care home providers are not educated in behavior management. If VMRC set a higher standards for Day Programs, Care Homes and MV then the behavior management aspect that is costly due to one on one services etc.. would decrease in the long run. This would be no extra cost to the state but to teh providers that are profiting.	Feb 1, 2011 6:42 PM
461	some check and balance	Feb 1, 2011 6:42 PM
462	review for success every 60 days and modify or terminate based on experience	Feb 1, 2011 6:49 PM
463	The most effective tool for me was to watch ABA in progress. I didn't fully understand how to teach my child not to get upset. Watching the specialist work with my child was amazing. My son actually planned out his activities, from simple games to roll playing. As a parent this time and information was priceless.	Feb 1, 2011 6:52 PM
464	The IPP should contain deatil as to how frequently the provider will report progress and how frequently the IPP team, including consumr/family, will review treatment progress.	Feb 1, 2011 7:07 PM
465	These services must be holistic and take into consideration as much as possible so as to really be able to address the issues.	Feb 1, 2011 7:12 PM
466	The current standards are effective for the next fiscal year.	Feb 1, 2011 7:20 PM
467	Oversight by individuals who do not financially benefit from the services being provided. On an at least annual basis. This might be costly, but it would probably find a great deal of impropriety that could be eliminated. Service providers who are not efficient and appropriate would suffer consequences accordingly. This would result in a savings and improved service because someone would be 'watching'.	Feb 1, 2011 7:30 PM
468	Thorough review of the vendor's program design, by Resource Developer and Regional Center Psychologist, in order to ensure that program is designed properly and meets the needs of the persons served. Require that vendor submit quarterly progress reports and that they be reviewed by Regional Center Psychologist. Hold a planning team meeting with the parents and the vendor, 6 months prior to the 24 month deadline, to develop a fade plan that will ensure the ending of services by the 24th month of services.	Feb 1, 2011 7:34 PM
469	Continuing education to all team members (including Regional Center) on this developmental model. This can be a challenge because this work, like life, is not simply black and white. There is much grey area and need for understanding. Team effort can be critical, but there is also much flexibility--which, I feel is positive and pertinent.	Feb 1, 2011 7:34 PM
470	There are and should continue to be regular evaluations by the quarter for progress. I believe that these evaluations should be looked at as a whole and not the separate entities they are currently reported from. When looking at the whole, it's easier to see how one therapy affects another; and sometimes even compliments another. When it is proven that a child requires even more hours of service, this should be readily offered. (Example: 30 minutes of speech therapy per week doesn't come close to effective for most special needs children).	Feb 1, 2011 7:36 PM
471	All R.N or Psy Tech.must attend IPP meeting with parents,family and regional centers.	Feb 1, 2011 7:45 PM
472	These standards already exist.	Feb 1, 2011 7:50 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
473	1. Since Title 17 does not have a service code for an agency, the qualification of the individuals in agencies is difficult to monitor. For instance a lot of agencies have one BCBA level person overseeing a significant number of people who are not qualified. 2. Parent particpation, parent role and parent expectation must be addressed better. Most often in my observation, parents are not involved appropriately. Often they are doing work that is meaningless. It is in the provider's indeterest NOT to help the parents so that they can stay longer. 3. Reserach regarding evidenced based ABA should be simplified and shared with providers.	Feb 1, 2011 7:53 PM
474	Audit the companies that provide the services more frequently. Require all clinical employees to spend monthly time in the field regardless of his or her position. Require parents to fill out "report cards" on all staff members that interact with the child. Have the service coordinator make at least one surprise visit per quarter during program.	Feb 1, 2011 8:01 PM
475	Goals and objective should be established and reviewed quarterly.	Feb 1, 2011 8:01 PM
476	Have regional center QA do annual reviews. Take into consideration SIR, health, and overall well being of the consumer. A program should be assessed by how happy the consumers are. All agencies have a somewhat different approach or philosophy. Trying to get all programs to be alike in their approaches is a recipe for disaster. Rather happy consumer, good program.	Feb 1, 2011 8:07 PM
477	Data collection and progress reports from provider of services	Feb 1, 2011 8:11 PM
478	Data collection or interviews with consumer.	Feb 1, 2011 8:36 PM
479	How has the child progressed? What are some outcomes that the family and therapists believe are appropriate for the child? Has the child progressed in those areas? What are the areas of need and how are the services addressing these needs.	Feb 1, 2011 8:39 PM
480	It is most important that all involved in the clients behavioral plan consistantly and appropriately follow through with the set guidlines for behavioral interventions. It should always be a TEAM EFFORT!	Feb 1, 2011 9:05 PM
481	Requiring quarterly reports which indicate the progress of the target behaviors by statistical analysis.	Feb 1, 2011 9:11 PM
482	The usefulness and effectiveness is identified in each person's IPP	Feb 1, 2011 9:11 PM
483	1) "Purchase of Service Limits" is a more appropriate name than "standards." 2) We oppose statewide purchase of service "standards." 3) There is no "one size fits all" solution. Purchase of service standards for each individual are defined by the IPP. 4) For questions 3 & 4: These standards already exist. 5) "Up to but not to exceed the cost to house one individual in a Developmental Center."	Feb 1, 2011 9:13 PM
484	There is no "one size fits all" solution. Purchase of service standards for each individual are defined by the IPP.	Feb 1, 2011 9:16 PM
485	This shall be based on the agency program designed and written reports, back by data, and wheather are not the consumer meeting their objects concurent with their IPP goals.	Feb 1, 2011 9:17 PM
486	Providers should provide client with copy of the reports written about them. Including the written suggestions and follow-through.	Feb 1, 2011 9:21 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
487	Current service standards and monitoring are appropriate	Feb 1, 2011 9:22 PM
488	Use evidence based measurement tools to track skill acquisition. Have independent qualified professionals analyze service delivery models and make recommendations for change. Incentivise providers to provide QUALITY programming. The ones that follow through with quality service delivery get full rate, the ones that do not suffer rate reductions until standards are met. Have independent professionals be available to do FBA's (Functional Behavior Assessment) and make recommendations for programming if a consumer is not progressing. Do NOT allow Regional Center case managers to make program decisions. This should be done by trained professionals. Too many times I hear about case managers who think they are qualified to make decisions about programming and they are not. Consumers and families should be provided with VENDOR LISTS and allowed to research options. Allowing competition in vendor choices will upgrade service delivery and make it more effective, therefore more cost effective. Many Regional Centers are HIDING vendor information from families. ALSO, For children 1-22 allow PARENT VENDORS!!!! Parents should be allowed to contract with professionals and hire their own direct care staff to be trained and supervised by those professionals. It is so much more cost effective. And often parents become highly involved, therefore ensuring progress of their child.	Feb 1, 2011 9:26 PM
489	using the method that schools and doctors use, to evaluate the progress, as through IEP, IPP, or doctor review.	Feb 1, 2011 9:32 PM
490	Parent feedback forms	Feb 1, 2011 9:32 PM
491	Services should be appropriate to the life of the individual and the focus should be on integrating individuals into their communities. This means strategies developed need to be in response to the setting where behavioral support is needed- i.e., token rewards may not be appropriate in a community setting. Services need to be culturally and linguistically appropriate. Services should demonstrate effectiveness through reduced behavioral or emotional incidents.	Feb 1, 2011 9:41 PM
492	Once again this must be decided by TEAM	Feb 1, 2011 9:59 PM
493	- Behavioral plans and techniques should be written in laymans terms so that parents understand how to implement the skills - services should be supervised by BCBA's but monitoring can be done by trained staff to ensure parents are effectively using skills recommended	Feb 1, 2011 10:03 PM
494	TCRC staff person with the appropriate credentials necessary,(BCBA certification) needs to evaluate all behavior programs on a regular basis to ensure they meet the service standards. This would include what to put in the progress reports to see if the child is continuing to make progress etc.	Feb 1, 2011 10:10 PM
495	Update routinely as with other IFSP, IEP goals.	Feb 1, 2011 10:28 PM
496	Two times per year or on an annual basis would support the process. Quarterly is to quick and becomes redundant.	Feb 1, 2011 10:30 PM
497	They need to be mentored, observed and regular meetings need to address any concerns we all have.	Feb 1, 2011 10:35 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
498	Currently, it is extremely difficult to get services other than the "parent training" model. That model involves training parents to help modify their child's behavior. This makes sense if the client lives with family, since the parents/family are around the client all the time and have the opportunity to catch destructive behaviors and intervene. But if that client (as an adult) lives in his or her own home, there is no parent to make the specific interventions. It is important to allow for this possibility and offer behavioral services directly to the client when that client does not live with a care-giver. To require that behavioral services are only available if the client remains living with his/her family is contrary to the Lanterman Act, in that it prevents clients from making choices about where they will live. It also stifles the client's ability to live independently.	Feb 1, 2011 10:37 PM
499	Have them practice showing feelings, reacting to feelings, correct behaviors in different settings, and then applying these behaviors.	Feb 1, 2011 10:39 PM
500	It is important that service provision is linked to changes in developmental progress as reported either in chronological measures of function or standardized measures of function in domains of developmental deficits. This allows the intervention to be reviewed in a form such as: Under this program the child has gained 4 months of function in the last 8 months, etc. The use of Functional Behavioral analysis reports and changes in frequency counts is a valuable tool. The failure to meet progress targets should trigger professional consultation (such as by a senior CCC or BCBA or therapist) and in general should result in program modification or increase in intensity until a full intense program is in place and shown to have no impact (or to work).	Feb 1, 2011 10:51 PM
501	The Service Coordinator and parent will decide to do that.	Feb 1, 2011 10:53 PM
502	It is unfortunately that I was never aware or even given to choice between therapy approaches. In my opinion, ABA services were a waste of my son's time and a waste of the states resources. However, I do believe that ABA will only be effective if other specialties are able to collaborate with an ABA program and if ABA starts to teach children from a developmental stand point. After all, my child is neither a dog or a pigeon. Just because they were taught to press a button to receive food does not mean that this type of therapy can teach a child to related to others, talk or become more aware of his environment.	Feb 1, 2011 11:01 PM
503	Data that supports that the intervention is making progress towards meeting the goals set forth my the consumer, family members and the team involved	Feb 1, 2011 11:11 PM
504	Services providers should be observed, and their skills should be judeged for their effectivness	Feb 1, 2011 11:11 PM
505	Efficient therapists and very involved committed parents or caregivers.	Feb 1, 2011 11:14 PM
506	Goals should be set with target interventions and then these interventions should be evaluated annually for efficacy.	Feb 1, 2011 11:24 PM
507	Ongoing assessment that goals are making progress	Feb 1, 2011 11:33 PM
508	The current "behind closed doors" telling the service providers to "fade out" services with little to no explanation given to the client in unacceptable. A CVRC worker should never say things like "these services don't last forever" or the like. The days of taking advantage of disabled persons and their families that are all too stressed out in the first place should be put away along with the institutions that the Lanterman Act was created to do away with.	Feb 1, 2011 11:39 PM
509	Monthly evaluation of progress.	Feb 1, 2011 11:44 PM
510	Ongoing progress monitoring. Required weekly supervision should be provided to therapist (It should be required in order to have Regional Center funding). Note: Some agencies are saving money by changing their policies and doubling up the caseload of supervisors (BCBA) and only provided supervision every other week.	Feb 1, 2011 11:58 PM

Behavioral Services

3. Suggested service standards about how to make sure the services provided

	Response Text	
511	Have the parent do a weekly progress report and send directly to the service coordinator to ensure the child is getting everything they are supposed to out of the visits.	Feb 2, 2011 12:00 AM
512	Vendors should be well trained and this should be strongly enforced by resource dept. Frequent turnover of direct staff impacts effectiveness of services by having the consumer build a relationship with the new staff.	Feb 2, 2011 12:09 AM
513	If deemed necessary, there needs to be a mechanism for which parents and guardians are held accountable, as they are ultimately the ones that will need to continue using the techniques when services are terminated. There also needs to be a clear limit to the duration of this service. As you know this service is quite expensive and without parent accountability and specific parameters regarding length of service, individuals have been known to abuse it.	Feb 2, 2011 12:09 AM
514	Every 6 months they should do an assessment and see how the child is improving or not and states why the child is regressing or progressing. The provider should not take the behavior data out side of the home or if they do then provide a copy right away to the parents. The team meeting notes should not be done through e-mail it has to be done in writting and have the parent keep a copy. If the company is not making a significant change in child's development then the parents request should be done as soon as possible with IRC and without any delay.	Feb 2, 2011 12:21 AM
515	The services will be construed like an IEP with a check in from all parties at least once a month and a report will have to be provided to the RCEB to prove that progress has been done. If the services do not enable the customer to make progress, RCEB can propose 2 other programs to choose from.	Feb 2, 2011 12:22 AM
516	The RC's should audit each home program every six months to ensure: 1. money was spent only on permissible services 2. the goals outlined in the IPP were being addressed 3. reasonable progress has been made toward those goals 4. parents are sufficiently trained	Feb 2, 2011 12:22 AM
517	Since Dr. Hanson's work has yet to be bested decades after the stunning results were published, they should be used as a standard for services. Much to my surprise, I had to instruct the regional center case manager and my child's infant specialist about this well researched behavioral intervention. Much to my chagrin, behavioral therapy as outlined by Dr. Hanson was often dismissed as out of date due to the dates of publication. (This was especially surprising, since the regional center still orients parents to the possibilities by citing her work)!	Feb 2, 2011 12:26 AM
518	Input from parents/caregivers on an annual basis...coinciding with the IPP?	Feb 2, 2011 12:42 AM
519	Set goals and the length to accomplish each goal. Goals should be re-evaluated every month to make sure things are on track. If progress is slow or minimal, other strategies need to be considered.	Feb 2, 2011 12:54 AM
520	Evaluate efficacy of the service by having a clinical unbiased review. Use measurable goals. Open communication with family regarding meeting the goals. Have more parent participation. Not to be used as rewpite for parent.	Feb 2, 2011 1:15 AM
521	Follow up by the Regional center worker.	Feb 2, 2011 1:48 AM
522	feed back from many sources.	Feb 2, 2011 2:17 AM
523	Simple testing of the behavioral plan that is being implemented	Feb 2, 2011 2:36 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
524	Service providers should be adequately certified and liscensed and provide service that are consistent with the ethics of their field. Additionally, these service providers must employ a scientific-practioner model whereby, the individual's progress toward goals is systemically monitored and changes in interventions are empirically supported. It should be noted that these evidence-based strategies should allow for empirical investigation at the individual level (i.e. allow for the evidence-based body of research that is single-case design). Please review, John Hopkins, University of Florida, other universities, the Association of Behavior Analysis, American Psychological Association, for more information on what empirically supported research which includes both group and single-subject experimental designs. These services should be delivered by high quality and accountable clincians. These clinicians should not employ a "trial-and-error" approach but rather a systematic clinical deliver that is consistent with the scientific-practioner model. All services that are funded should have empirical support and not be based on circular-logic research. The consumers outcomes should be measured on observable scales of behavior.	Feb 2, 2011 2:41 AM
525	Ask the caregivers to rate the quality of regional centers, service coordinators, and all providers of services. I have never been asked and have had to educate service coordinators exactly what they are required to do to help me with the consumers. Because of the Trailer Bill, regional centers are denying services even if it is in the consumers IPP. If the goal is to provider person-centered services there must be an enviroment to promte that, right now it is simply just words.	Feb 2, 2011 2:58 AM
526	Make the system consumer driven. Would you continue to going to a restaurant if you receive poor service or got food poisoning?	Feb 2, 2011 3:03 AM
527	Attendance	Feb 2, 2011 3:10 AM
528	Provider report on goal progression	Feb 2, 2011 3:16 AM
529	Setting goals & time frames for the providers & parents to meet can address this. Evaluating the services provided along the way & meeting with the team would be useful.	Feb 2, 2011 3:39 AM
530	Ask the consumers or the family what they felt about the services, and ask them to elaborate on things and do this for every service you provide them. This does two things: it gives you feedback as to the quality of the services, and it shows you which consumers are actually using these services and getting benefits out of them. In this way you can tell if it is the consumer or the service that is not doing its part.	Feb 2, 2011 3:46 AM
531	One to one for those individuals who due to hormone changes are exhibiting violent behavior. Also, for those who have significant regulatory issues a floortime or behavioral approach should be instituted to circumvent violent behavior.	Feb 2, 2011 3:47 AM
532	see above	Feb 2, 2011 4:55 AM
533	Group training of the basics before going into the intensive 1:1 service.	Feb 2, 2011 4:58 AM
534	Offer more college classes in autism	Feb 2, 2011 5:17 AM
535	Data should be taken on the effectiveness of the services. Data by the care givers, teachers and by the behaviorist themselves.	Feb 2, 2011 5:40 AM
536	The effectiveness of the service should be evaluated both by progress reports documenting change, and by independent evaluations by client, or parents, and caregivers.	Feb 2, 2011 5:52 AM
537	Team should meet to reevaluate whether or not the individual is progressing in adapting and changing his or her behavior every 2-3 months so, if ineffective, new methods can be tried.	Feb 2, 2011 5:54 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
538	I NEED TO THINK ABOU THIS MORE.	Feb 2, 2011 6:01 AM
539	Fund only research-based ABA program (versus "floor-time" and other treatment w/o scientific basis). Use high- quality vendors- as you know, not all vendors are created equal- consult with the FEAT groups,and parents, and also the results speak for itself (progressive reports). High quality vendors are not necessarily the ones who are successful in weaning out children of the services, but who actually work with the consumers(children) to meet the goals they target.	Feb 2, 2011 6:27 AM
540	BCBA supervised	Feb 2, 2011 6:31 AM
541	This, of course, would cost money--hiring an objective and well trained expert to critique services.	Feb 2, 2011 7:14 AM
542	From someone who takes data and writes notes for 30 min. per two hour session, per client, (Thats a LOT of data!), I see that I, as an individual, so many must be, making great progress in addressing and documenting many vital issues that pertain to the health of individuals and communities as a whole. Data shows effectiveness and lack thereof. Abundant data is collected from several, but unfortunately not enough service providers due to lack of resources. Even more services and investments are mandatory to relieve the extreme tensions that too many people in our communities are suffering from. Early Intensive Behavioral Interventions are achieving great successes, but are still primitive in their findings and total collaboration. The data collected used to constantly find new methods to enrich the lives of people need more funding to collaborate on even greater levels to ensure the continuing usefulness and effectiveness of all programs. In a more perfect world, we would have the resources needed to combine all data from all regional companies into headquarters, siphoned into further solutions. This is becoming a slow growing reality, but needs more resources, certainly not the lack therof! Some of the reasons so many people depend on these services include problems that can be solved if given healthy attention.	Feb 2, 2011 7:56 AM
543	Accountability through outcomes - right now there is too much favoritism - providers who the regional center workers like get more referrals and provide services longer just because they are liked	Feb 2, 2011 1:45 PM
544	Make sure that the money you pay the agencies goes to training staff not to pay overhead.	Feb 2, 2011 1:52 PM
545	The probem here lies in the FA process. NPAs get the referrals for an assessment and there is always a discussion whether the assessment results are biased. That is, the NPA providing the assessment has the advantage of making $$$ if their own assessment recommends services that the assessing NPA will provide directly (objectivity of FA results in question). We've been in this field long enough to tell ourselves "Wait, this consumer does not need this service type" sometimes when direct services start. I feel the RC/State/government in general is wasting a significant amount of money towards providing services that are not really called for, had the FA been done objectively	Feb 2, 2011 2:29 PM
546	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in the Lanterman Act Section 4646.5 (a) (6).	Feb 2, 2011 3:26 PM
547	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in the Lanterman Act Section 4646.5 (a) (6).	Feb 2, 2011 4:46 PM
548	parent training and particiaption	Feb 2, 2011 4:53 PM
549	Monthly evaluations to show the families are doing their share or services are stopped.	Feb 2, 2011 5:12 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
550	Initial evaluation with individual should provide approximate time for training. Ongoing documentation of behaviors should be evaluated quarterly to determine if the appropriate intervention is being presented and care providers are performing the treatment as part of the plan.	Feb 2, 2011 5:14 PM
551	Pre and post assessment demonstrate elimination or reduction of behvaiors to a point that allows the consumer safely participate in home, work, relationship and community activities	Feb 2, 2011 5:15 PM
552	Meetings with family, RC clinical staff, RC manager and clinical representatives from the provider every three months. Half hour meetings usually are all that is required to convey expectations for parental involvement and fading, while receiving a brief progress report. Phone conferences are used when transporation is not possible or too costly.	Feb 2, 2011 5:17 PM
553	Service providers should track progress. Service should target at making the individual as independent as possible.Service providers should have specific measurable acheivable and targeted goals.	Feb 2, 2011 5:20 PM
554	daily input of individual with a treatment plan	Feb 2, 2011 5:32 PM
555	The individual shall demonstrate benefit (including maintenance of skills) as determined by the IPP Team.	Feb 2, 2011 5:33 PM
556	There is a process in place for this now no need to reevent the wheel.	Feb 2, 2011 5:44 PM
557	Written surveys at end of month to parents to complete. Phone calls to talk to parents.	Feb 2, 2011 5:50 PM
558	Follow up with the consumer and see if it is helping each individual consumer.	Feb 2, 2011 5:51 PM
559	measure success	Feb 2, 2011 6:09 PM
560	Higher education required to provide services in specific areas - psychology and education.	Feb 2, 2011 6:29 PM
561	1. 100% parental involvement - parents must be present and taught skills to manage their child's behavior 2. Agencies should not make parents feel their presence is long term solution. It should be a short term solution. 3. Behavior services should not be respite or daycare services. 4. Skills should be functional and apply to daily care and independent living.	Feb 2, 2011 6:30 PM
562	Therpists keep data and write quarterly reports to the regional center. These should be reviewed for quality assurance. Services should not be cut if a child does not make progress for a short time, it's to be expected.	Feb 2, 2011 6:40 PM
563	HIGHLY SKILLED INTERVENTIONISTS. See the PACE Place in Oregon; their intensive approach is brilliant. Bring them in for a consultation to set up something not residential (they are residential for a week) but an approach that can be tailored to the local families' needs.	Feb 2, 2011 6:41 PM
564	Behavior therapy should be overseen by a BCBA and include parent training as a component.	Feb 2, 2011 6:49 PM
565	Usrfullness and effectiveness of services should be dertermined by the IPP Team at every IPP meeting, as described in the Lanterman Act Section 4646.5 (a) (6).	Feb 2, 2011 6:51 PM
566	Provide the service suggested by the individuals annual review, support parents with children living at home and have supported living staff trained for different levels of service. The more intensive the needs of the individual the greater the degree of services available to the family. For SLS, a tiered level of service staff, with specific training or certification and continued or refresher training on a regular and required basis.	Feb 2, 2011 7:00 PM
567	Parent participation should be required.	Feb 2, 2011 7:07 PM
568	Require timely assessment and progress reports; require parent/caregiver goals in addition to goals for client	Feb 2, 2011 7:10 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
569	train the care giver as well as provide the interventions to the children	Feb 2, 2011 7:17 PM
570	Review success rates, barriers and deficits as needed.(Quarterly, Semi annually) Is there a plan to modify existing plan or to change the goals to insure the Individuals progress.	Feb 2, 2011 7:33 PM
571	the parents/caregivers should be able to regularly give feedback to the companies providing the services (ie: a child's mom gives an evaluation once a month)	Feb 2, 2011 7:35 PM
572	6 month eval by both service provider and consumer.	Feb 2, 2011 7:40 PM
573	Regular evaluations with parent and therapists collaborating	Feb 2, 2011 7:52 PM
574	Through the IEP or IPP process goals would be discussed and written down. These goals should be realistic!! The behavior that is being worked on should be one that interferes with that person's abilitity to be successful in on of the following enviroments work, home, school, social acitivites or does injury to themselves or others. If the person's behavior does not interfere then the behavior should not require behaviorial services. The behavior does not neccessarly need to go away completely, but be maintained in a way that does not interfere with the person's ability to function. If change is not affected or maintained after the agreed upon time then other avenues need to be looked into.	Feb 2, 2011 8:03 PM
575	Behavioral plan As least a 12 week program.	Feb 2, 2011 8:05 PM
576	Supervision from the agency providing the service. Progress toward meaningful goals.	Feb 2, 2011 8:08 PM
577	Behavioral intervention must occur with parent or care provider present and involved in the intervention at minimum 3/4 sessions. Initial assessment recommendations should include consideration of the most appropriate mode of intervention for that child and the presenting concerns. Specific areas of concern should be identified and how the specific therapy will best address the area of concern should be specified.	Feb 2, 2011 8:30 PM
578	Usefulness and effectiveness of services should be dtermined by the IPP Team at every IPP meeting, as described in the Lanterman Act Section 4646.5 (a) (6)	Feb 2, 2011 9:12 PM
579	Perhaps Alta could implement a committe of drop in objective observers to IPP meetings to substantiate requests	Feb 2, 2011 9:19 PM
580	Ongoing management of program delivery and bi-monthly supervision by individuals who possess a BCA, BCBA, or strong behavioral background w/teaching credential and/or speech and language credential to: review therapist data on goals, measure progress and make any necessary modifications to ensure program integrity and efficacy on a consistent basis and as reported quarterly.	Feb 2, 2011 9:20 PM
581	Every 6 months , the treatment plan prescriped for the individual should be revised and new goals should be put in place. Every 3 months is too fast to see if an individual is making progress and to question why he/she is not reaching her goals.	Feb 2, 2011 9:27 PM
582	The process should be better streamlined. The process is lengthy and can be time consuming. Also there should be better communication between programs, case managers and case workers.	Feb 2, 2011 9:30 PM
583	monitor. Reporting and stated intervals.	Feb 2, 2011 9:31 PM
584	Monitored by the families by questionnaire. Tracking behavior to see if improved	Feb 2, 2011 9:31 PM
585	constant analysis by provider	Feb 2, 2011 9:32 PM
586	The IPC and staff consultations on a quarterly basis.	Feb 2, 2011 9:33 PM
587	PEOPLE SHOULD BE ABLE TO DO ANYTHING TO LIVE FOR ALL NO RESTRICKIONS .	Feb 2, 2011 9:35 PM
588	Evaluate the progress on a 6 month basis to see if the service is effective.	Feb 2, 2011 9:36 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
589	Regional Center worker to call on behavioral staff. Meeting with parents to shape goals, etc. Pull in other disciplines OT, ST when needed to work on other issues impeding progress.	Feb 2, 2011 9:38 PM
590	Make sure erson or responsible party feeling that this the right program and they can start to see benefits after 3 months if not a new behavorist or stratgy needs to be tried.	Feb 2, 2011 9:41 PM
591	Progress on the child's goals. Some goals may not be met, but they should show some kind of progress or further details about the child goals.	Feb 2, 2011 9:41 PM
592	Keep monitoring the performance of the contracted service provider.	Feb 2, 2011 9:45 PM
593	Have consultation hours where families and service providers meet for discussion about effectiveness and best practices.	Feb 2, 2011 9:53 PM
594	Quarterly eeport from the provider and IRC case worker to verify both sides and make a final drscision about adequacy and effectiveness.	Feb 2, 2011 9:55 PM
595	Parent input should ne con sired.talk with patent reguratly.take their feed back.every family situation is different so that should be considered.aba is nowadays become a business and money making.consumers are getting watered down product of aba.companies ate hiring young people who have no knowledge not only in autism but basic early childhood training. Parents should be given choice to choose which kind of intervention they want to choose..like floor time or rid. Aba do not work for all kids and especially once they ate around 8 or 9 yrs..they know they ate being manipulated. 10 yr ols are treated like toddlers. Regional center should take bold steps against agencies which gets more complaints.regional center worker should give surprise visit during aba sessions and check for quality of services.	Feb 2, 2011 9:58 PM
596	I believe that the process of setting and reviewing goals and reviewing data on goal progress is the best way to judge whether or not services are useful. HOWEVER, clinicians should also be allowed and encouraged to provide their feedback when progress is not reflected well in the data for a particular reason. For example, my son made very little progress on a goal for vocalizations when requested during a certain time period because of repeated ear infections that made it painful for him to vocalize. His therapists understood this and continued the goals and service levels until he got ear tubes, and his vocalizing returned and improved. Had treatment been halted for lack of progress, he would have regressed further.	Feb 2, 2011 10:01 PM
597	If the kids are provided with services now California will benifit in the long run	Feb 2, 2011 10:02 PM
598	Family member understand how function of the behavior and how to implement behavior strategies/supports successfully. They can demonstrate compentency in implementing plan to behaviorist across all domains at least over 10 trials	Feb 2, 2011 10:03 PM
599	Careful monitoring of hours of service provided by vendors. Make sure there is no waste and excess billing by vendors.	Feb 2, 2011 10:08 PM
600	There should be evaluation and review to determine the success or failure of a service.	Feb 2, 2011 10:13 PM
601	Reports requirements.	Feb 2, 2011 10:15 PM
602	Research based education is the standard the federal government has set for education. We too should be held to research based program design. Meeting IPP goals is also an important indicator.	Feb 2, 2011 10:17 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
603	-Service Providers should be held accountable for the # of hours of service they are to be providing. There is a trend to serve clients less hours than they are actually prescribed...although it is pretty likely that RCs are being billed for the entire amount of time. Perhaps having both the service provider & caregiver turn in separate vouchers (checks & balances). Unfortunately money is being made on the backs of some of our most innocent & disabled individuals -- and the state (the people) are paying for this practice. -RC need to have easily available evaluation and complaint forms for families to use. When service providers are doing their jobs -- there will not be complaints. Complaints forms should be analyzed a routine basis by RC -- any number of ways things can be done wrong, so it's hard to say what the standards "should be." Should be kept current (maybe bi-annual reviews) by RC of service providers.	Feb 2, 2011 10:18 PM
604	Each service should be based on the individual person and evaluation.	Feb 2, 2011 10:19 PM
605	Having supervisors hold the therapist accountable to their level of car by requiring reports and coming into to the home to provide overlaps	Feb 2, 2011 10:19 PM
606	Parents must be respected.My older child, who has Autism, had severe behavior problems when he was older (8 years old). He did not have these problems as a toddler or preschooler. The Inland Regional Center workers we asked for services from were very condescending to us, saying, "If he is having these kinds of problems then ABA is not working." Instead of providing the intensive (short term) behavior support we requested, they withdrew funding for all of his services except Respite, and no Respite worker would work with him, due to the behaviors. We had file for Fair Hearing to get appropriate services, and to keep the services that were effective.	Feb 2, 2011 10:20 PM
607	It should include supervision hours and monthly progress meeting.	Feb 2, 2011 10:23 PM
608	use professionals who specialize in the areas needed.	Feb 2, 2011 10:23 PM
609	If a particular service does not show to be effective, families should be aware that it is possible to utilize a different service provider. Not all service providers work well with each individual.	Feb 2, 2011 10:35 PM
610	data collection by the involved parties- home, school.	Feb 2, 2011 10:40 PM
611	Have reasonable, measurable goals. The end goal might not be complete extinguishing of a behavior but to make it managable for caregivers. There has to be an end point. Cannot be go on for years on end.	Feb 2, 2011 10:40 PM
612	hire qualified people	Feb 2, 2011 10:41 PM
613	take data every time the client uses its service	Feb 2, 2011 10:42 PM
614	Effectiveness should be measured by examining the data over time. This determines the course of treatment. Implementation of a behavior plan is the onset of hypothesis testing. As the hypotheses are tested, data is tracked and used to make decisions regarding adjustment in treatment. When specific goals are met, then treatment is transferred to the people who will take over treatment responsibility after formal services are no longer in place. There should be ongoing, objective evaluation of treatment effectiveness and progress toward goals.	Feb 2, 2011 10:53 PM
615	asking the parents every month to grade the theropy.	Feb 2, 2011 10:55 PM
616	Professional clinical assessment performed bi-annually.	Feb 2, 2011 11:07 PM
617	Progress reports should include whether the training was effective and changed behavior at home. The trainer should also evaluate the parents active participation level.	Feb 2, 2011 11:12 PM
618	Constant record keeping has always been the key to determining how effective an ABA therapy is.	Feb 2, 2011 11:17 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
619	The parent should be able to demonstrate what he has learned from the training/services provided.	Feb 2, 2011 11:26 PM
620	Regional center can request input from consumer or guardian on usefulness or effectiveness of service on a regular basis.	Feb 2, 2011 11:29 PM
621	quality providers when you start choosing cheaper providers you end up paying more in the long run because there will be problems and that will potentially cause more problems	Feb 2, 2011 11:38 PM
622	Set specific goals and document progress. (a) if effectiveness is demonstrated, services should be modified or lessened as needed (b) if effectiveness is not demonstrated, MAKE MODIFICATIONS IN INTERVENTION -- DO NOT WITHDRAW SERVICES!!!!!!	Feb 2, 2011 11:38 PM
623	get fed back from all service providers and parents for the children that are at difent levels and have more than one standard	Feb 2, 2011 11:41 PM
624	Objective (standardized where appropriate) measures should be required for every skill targeted for behavioral intervention. Currently, only a small number of providers are using meaningful measures of change pre and post intervention. To determine effectiveness and ensure cost-effectiveness, hard data need to be collected on each and every behavior. Measure exist, they just need to be required - required uniformly across the state. Outcome measures should be selected before the service is agreed to and it should be clear that the direction of the service once it starts depends in part on outcome data. 2. Group parent training is now required (an imperative) before families receive vendor provided behavioral services. I recommend building more flexibility into the "requirement" for parent training by allowing some parent training to occur outside of the group format, i.e., in-home and at a provider's agency (center based)	Feb 2, 2011 11:46 PM
625	regular face to face meetings with support team and recipient.	Feb 2, 2011 11:47 PM
626	Consistent monitoring of service provided at provider level as well as followed up by Regional center caseworker.	Feb 2, 2011 11:51 PM
627	Parents participation should be 100% and mandatory	Feb 3, 2011 12:03 AM
628	60 day feedback interviews with the parents. It would take this long to get a read on the iffetiveness of the therapy.	Feb 3, 2011 12:03 AM
629	Creating individual goals and treatment plans with follow up evaluations to determine the progress a child is making.	Feb 3, 2011 12:03 AM
630	Currently, RCOC requires that a parent be present. This eliminates the ability to provide behavior services to children often in the community sites where they need it the most (e.g., child care centers, after-school programs, etc.). Behavior services for Early Start children are put in place and OT, PT, Speech and Global programs are removed. This often makes no sense as an ABA therapist is particularly qualified in addressing any of these other developmental realms.	Feb 3, 2011 12:05 AM
631	Current practices are excellent.	Feb 3, 2011 12:12 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
632	Parents and/or family members must participate and learn the behavioral techniques. Parents and/or family members will be responsible for teaching other persons who are in contact with the consumer, the behavioral techniques that are being used. An example of others the parent would teach is a day care provider, sport or activity coach, and extended family. The parent should also be responsible for informing the school or any other therapists of what techniques are being used at home, so there is consistency in all settings. The parent or primary care taking family member needs to become responsible as the primary source about the behavioral techniques used, and must coordinate these efforts with all others that have contact with the child.	Feb 3, 2011 12:16 AM
633	Providers of Early Intensive Behavioral Intervention services should complete a training program including, but not limited to, observation of other trained providers.	Feb 3, 2011 12:24 AM
634	quarterly reports on progress the child is making	Feb 3, 2011 12:30 AM
635	Have a review committee or process built into the process--setting time limits according to expected outcomes or if necessary to the cost of intervention.	Feb 3, 2011 12:30 AM
636	get the evaluation and check on credibility and skills of the behaviorists.	Feb 3, 2011 12:30 AM
637	surveys, data, meetings with the families and service providers	Feb 3, 2011 12:36 AM
638	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in the Lanterman Act Section 4646.5 (a) (6).	Feb 3, 2011 12:50 AM
639	I feel the standards are fine the way they are now. We have meetings every 3 months [whcih could be held every 6 months] to see what the progress is and what is currently going on with the child. The businesses contracted by Regional Center provide reports keeping them posted on progress.	Feb 3, 2011 12:59 AM
640	None	Feb 3, 2011 12:59 AM
641	You can NEVER make sure...sorry...but face that fact...you can NEVER be sure because the "outcome" is so subjective. Even baselines are highly subjective and to do a really accurate and "legal" baseline...you need two professionals TWO taking independent baselines over a period of time and then having an 80-90% reliability factor. WAY too expensive. You have to survey the consumer...client and parents and ask them...but this too has many weaknesses. Baselines are basically a joke though...don't kid yourself.	Feb 3, 2011 1:08 AM
642	parent participation and supervisor monitoring of behaviors	Feb 3, 2011 1:19 AM
643	THe services should be provided by qualified individuals and agencies. Educational requirements should be enacted.	Feb 3, 2011 1:19 AM
644	Services should be provided from vendors (not Regional Center staff) who specialize in behavioral services for disabled children and adults.	Feb 3, 2011 1:26 AM
645	Discontinue and stop funding if goals are met, or if goals are not met within 6 months. When goals are not met within 6 months, another vendor should be explored.	Feb 3, 2011 1:59 AM
646	1. Parent participation 2. More than minimal progress 3. Require that progress reports from vendors contain specific information about progress based on data gathered in session and in the natural enviornment with parents or other caretakers 4. Require that services are time limited. 5. Education for parents concerning the purpose of the service 6. Specific goals set by parents.	Feb 3, 2011 2:02 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
647	Meet with the clients and their families face to face. Don't just say you met with them and take a shopping day off. That paid day off could've been a consumer's service hour with a provider. Sevice coordinators should have a better check and balance with what they're actually doing when they schedule a meeting with families.	Feb 3, 2011 2:03 AM
648	Visit quartly with the family instead of annally to have the latest observations	Feb 3, 2011 2:14 AM
649	The regional Center should read this reports, at least at random. OOPS as they always say, "we are underpaid and overworked". They will find that Behaviorists, are masters at "copy and paste" information. Clients info are wrong. Example: "Client X has improved her speech and listening better at verbal commands" Client X, is deaf and mute and has been since birth. "Client "X 2" description, of Filipino descent, age 34.... WRONG AGAIN, the person is of Mexican descent and her age is 48 years old. I hope somo one is reading this.....	Feb 3, 2011 2:21 AM
650	If consumers are not showing improvement from a provided service, this should be questioned. If a rationale cannot be provided, such as regression due to physical condition, environmental changes, etc. then a different service or different provider should be considered. If a rationale can be provided, then perhaps progress should be more closely monitored to again assure the consumer's deficit is being correctly addressed. Progress reports should be provided in a uniform consistent way with the goal to provide the regional center enough information to assess the value/success of the service with minimal billable hours from the provider that is generating the report.	Feb 3, 2011 2:37 AM
651	Allow for a variety of treatment methods so that individual needs can be addressed. Do not force all providers to utulize the same behavior structure (ie: forcing vendors to utilize ABA services only.) Regional Center should be more involved in follow-up with the service providers regarding treatment to ensure the goals are being addressed and worked towards.	Feb 3, 2011 2:42 AM
652	Continue to offer services as now if not more and keeping in mind the technology to enhance communication with Regional centers etc..	Feb 3, 2011 2:51 AM
653	A team (parents, counselor, doctor, etc.) should address this.	Feb 3, 2011 2:53 AM
654	Meetings with service providers (behavioral specialist, social worker, other therapists) every 3-6 months, to amend goals and discuss progress and needs of the child (Individualized Education Plan).	Feb 3, 2011 4:25 AM
655	there needs to be a triple check system so that parents and children and therapist are collaborating uniformly so the regional center can oversee that there is progress that is being made. It is crucial for parents to be involved and to implement the startegies or approach that the professionals can provide.	Feb 3, 2011 4:26 AM
656	There are areas we can't cut budgets on. Education and investment in our kids future.	Feb 3, 2011 4:28 AM
657	Before and after incidence logs must be kept to evaluate effectiveness.	Feb 3, 2011 4:33 AM
658	take data on behaviors and see if any progress hase been made if not make changes in the prograhm.	Feb 3, 2011 4:41 AM
659	team meetings every 3 months with ALL of those included in the person with DDs life review of Behavior Plan modifications for next 3 months	Feb 3, 2011 4:56 AM
660	absolute clearity	Feb 3, 2011 5:02 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
661	Routine assessments to see if person is meeting goals set. Adjust or change services as needed.	Feb 3, 2011 5:15 AM
662	Written evaluation of client progress.	Feb 3, 2011 5:18 AM
663	to make sure they are useful and affect budgets cannot be cut any more than they are, if budgets keep getting cut then it hinders what the services providers can do. It is a disservice to the people that need help	Feb 3, 2011 5:21 AM
664	It is not about quantity and just quality. Ways to measure may include measuring the frequency of behaviors of concerns after six month, asking parents and care providers about the effectiveness, asking RC service coordinators about the effectiveness, etc. Many clients receive many years of DTT which may cost tens and hundred thousands of dollar per client and many with minimal effectiveness. It s easier to measure the effectiveness of an intervention after a few months as opposed to several years.	Feb 3, 2011 5:43 AM
665	Clocking-in and -out via phone, and required summaries of how time was spent	Feb 3, 2011 5:53 AM
666	Broad goals should be given for a 6 month period, broken down to at least 3 specific goals for each one (more depending on the child) addressing the specific behavior that needs improvement to reach the overall goal. At the end of 6 months, record of behavior improving or not should be reported, as well as a plan to continue fulfilling specific goals or alter goals (thus approach) for the next 6 months.	Feb 3, 2011 5:56 AM
667	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in the Lanterman Act Section 4646.5 (a) (6).	Feb 3, 2011 5:59 AM
668	Service follow-up is needed to ensure services were effective and useful.	Feb 3, 2011 6:00 AM
669	The consumer has a regional center social worker. It should be in their IPP.	Feb 3, 2011 6:00 AM
670	Feedback system to case manager from service provider, client, family, and other agencies who provide service to the client	Feb 3, 2011 6:00 AM
671	DO NOT allow caregivers to come to see your mental health providers for marriage counseling or for personal work on their own issues. Services for primary caregivers should specifically state that any therapy provided is solely to discuss the issues PERTAINING TO THE CONSUMER AND PROVIDING CARE FOR THAT CONSUMER. Formerly, I believe this standard was not set.	Feb 3, 2011 6:07 AM
672	training from the Behavioral consultant should be provided directly to care providers whether those providers are parents, home administrators/staff, or program staff. The training provided can be in the form of direct training, modeling, or shadowing with staff.	Feb 3, 2011 6:07 AM
673	Service providers can submit report showing improvement, though the amount of improvement varies dependent on the individuals.	Feb 3, 2011 6:09 AM
674	I believe that standardized assessment tools are often (not always) a reliable source of progress. Parent and teacher reports of student progress is also very useful in determining whether the services are effective.	Feb 3, 2011 6:22 AM
675	Therapist indicates progress of child in his/her reporting.	Feb 3, 2011 6:28 AM
676	Quarterly review.	Feb 3, 2011 6:35 AM
677	Quarterly review after service was provided	Feb 3, 2011 6:37 AM
678	Regional Center Autism specialists should ensure that providers are qualified and that their performance are monitored and audited.	Feb 3, 2011 6:45 AM
679	the behavioral service should be intensive if not i couldn't see any different with my child.	Feb 3, 2011 6:50 AM
680	I believe this is needed for the classes parents have to take before they can receive the service. How effective is this? Does it result in the decrease of request for behavioral services or does it just delay? If it is not effective in decreasing the need for service it should not continue.	Feb 3, 2011 7:00 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
681	Accountability from the state-funded agencies (Regional Centers) to the state health/social services programs.	Feb 3, 2011 7:09 AM
682	Providers should obtain periodic behavior comparisons through interviewing the child's close contacts: parents, care providers, siblings, teachers, and the child as well. Summary sheets scanned by computer only provide a snapshot, limited by the form itself. These forms might suffice with more distant contacts, like teachers and coaches, but would not supply the provider with how the child behaves with those he is most familiar and feels the most safe.	Feb 3, 2011 7:35 AM
683	unsure how to do this. I know that the complanies that are vendored with CVRC now and that we have dealt with do not provide useful behavior therapy and they milk the system. I have personal turned in a company for not doing the services they were billing CVRV for and not doing what they should be. I am going to have my son stop in six months and I am scared because they have not done the job they should have .	Feb 3, 2011 7:38 AM
684	Vendorize with qualified providers.	Feb 3, 2011 8:03 AM
685	Behavior intervention is a science. Data is kept and tracked and can determine rather quickly if a behavior plan is effective. This applies with reducing behaviors or learning a new "better" behavior. It's useful if the parent is following through with the recommendations and maintaining the target. If the parent isn't "sold" on the purpose of a behavior plan; then, it isn't useful.	Feb 3, 2011 8:23 AM
686	Group involvement with all agencies involved in care and program on how best we can collectively address his specific needs. Ways on how to keep open communication and collectively work together on addressing needs of individual. If there are multiple agencies, school programs and such group involvement is important. One place where all parties can access treatment notes, information, results, or even progress of treatments in all areas. Open forum meetings to agency meetings where client or other can provide feedback	Feb 3, 2011 8:29 AM
687	Intake will determine the needed developmental care necessary and income and services assessments can determine each family's level of qualification for services....if I'm understanding your questions.	Feb 3, 2011 1:39 PM
688	Progress reports / review of data	Feb 3, 2011 2:21 PM
689	The behavioral services agency should have to submit quarterly reports to the regional center so that it can be determined if progress is being made.	Feb 3, 2011 3:25 PM
690	IEPs should be the method, but my experience has been that my child has not met the goals year after year, but no one is held accountable. There should be accountability to the goals created and if the child cannot meet them, there should be changes to the goals and then the accountability for those tasks.	Feb 3, 2011 3:40 PM
691	Having degrees, licenses, certification, etc does not really get to the root of effectiveness. Only data that can be substantiated as valid can be used to measure effectiveness.	Feb 3, 2011 4:30 PM
692	Ask parents continually. Back up responses with third party like primary care pediatrician.	Feb 3, 2011 4:31 PM
693	Current service standards are working well, now clearly defined.	Feb 3, 2011 4:39 PM
694	Surveys from parents. Reports from the service provider. Observations from the regional supervisor in charge of the consumer.	Feb 3, 2011 4:50 PM
695	Regular progress reports	Feb 3, 2011 5:07 PM
696	The behavior consultants and agencies MUST be held to higher standards. Their reports are often times a duplicate of a previous report or very short and vague. I hear it too often from parents who say that the behaviorist is in their home for 20-30 minutes and never interact with the child and they only talk to us (parents).	Feb 3, 2011 5:12 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
697	Documentation form bith provider and parents on what they are doing and how it is progressing	Feb 3, 2011 5:16 PM
698	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 3, 2011 5:16 PM
699	Have goals that the consumer must meet and have periodic evaluations.	Feb 3, 2011 5:20 PM
700	Yes - however, it is hard to get some of the services provided. We were never able to find a respite care provider though we searched for over two years. So, though we were approved, we never got to utilize that due to being unable to locate a provider.	Feb 3, 2011 5:20 PM
701	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 3, 2011 5:21 PM
702	If we do not have the services it can not help us with special needs	Feb 3, 2011 5:24 PM
703	Measurable targeted objectives shall be reviewed with data and graphed or presented with percentage of goal and reported upon to regional center quarterly.	Feb 3, 2011 5:31 PM
704	Train people better on how to use the money and services provided to these children. It is important that people understand how these programs greatly affect children.	Feb 3, 2011 5:31 PM
705	Each case should be evaluated on progress and necessity in a conference with several people giving opinions.	Feb 3, 2011 5:34 PM
706	Clearly defined entrance and exit criteria. Not vendor driven	Feb 3, 2011 5:42 PM
707	Regional Center Autism specialists should ensure that providers are qualified and that their performance are monitored and audited.	Feb 3, 2011 5:43 PM
708	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 3, 2011 5:47 PM
709	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 3, 2011 5:53 PM
710	More frequent reports from service provider to RC, more specific goal areas as they relate to those on the IPP.	Feb 3, 2011 6:02 PM
711	Have regional center employees come to the home and audit the books to make sure the goals being met are actually generalized and are being met.	Feb 3, 2011 6:03 PM
712	Parent training and participation is a must in these programs. It should be expected that parents participate in the program and implement the strategies outside of program hours. If parents do not follow through or refuse to participate, then the service should be terminated. Behaviors in a child will not improve if there is not consistent implementation of the program on the parent/caregiver's part.	Feb 3, 2011 6:11 PM
713	Using a team approach method is best so that the school, home and support staff are all implementing the same treatment mode. Otherwise the consumer will be too confused by the different expectations.	Feb 3, 2011 6:26 PM
714	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 3, 2011 6:26 PM
715	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 3, 2011 6:27 PM
716	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting as described in the Lanterman Act Section 4646.5 (a) (6)	Feb 3, 2011 6:28 PM
717	Check lists or screen lists for case workers would be nice. Also continue to have discussions with the IDT team to ensure appropriate.	Feb 3, 2011 6:29 PM
718	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 3, 2011 6:29 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
719	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 3, 2011 6:31 PM
720	Usefullness and effectiveness of services should be determined by the IPP team at every IPP meeting as described in the Lanterman Act Section 4646.5 (a) (6).	Feb 3, 2011 6:34 PM
721	have them train and educated the families on specific intervention techniques	Feb 3, 2011 6:38 PM
722	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 3, 2011 6:45 PM
723	Set specific goals and document progress. (a) if effectiveness is demonstrated, services should be modified or lessened as needed (b) if effectiveness is not demonstrated, MAKE MODIFICATIONS IN INTERVENTION -- DO NOT WITHDRAW SERVICES!!!!!!	Feb 3, 2011 6:53 PM
724	Parent training (group) first prior to any individual services. Should be time limited and not exceed 20 hours per week for those autism. I believe that to be excessive in many cases.	Feb 3, 2011 7:00 PM
725	Have a document that asks about whether or not this child/student has made improvement during the given time as a mandated requirement. It is very easy to get Drs.,teachers, etc. to go along with the parent when asked to sign or they will lose their services. They would need to show proof of improvement with documentation.	Feb 3, 2011 7:04 PM
726	Goals have to be measurable and family should ultimately be able to independently intervenve without interventionist present.	Feb 3, 2011 7:07 PM
727	No WAITING LIST period!!! Parents should be given the opportunity to receive behavioral services from the organzation or person who will work best with them, their child, school, PT, OT, Conductive Ed team, etc. Parents need to be reimbursed. There are usually not enough vendors or specialists for a child with specific disability needs.	Feb 3, 2011 7:21 PM
728	qualified providers are what is key in making the programs effective	Feb 3, 2011 7:27 PM
729	For group homes, there should be more specified in regulation on how services are provided - how much time spent with individuals, how much time allowed for report writing and creating other documentation, how much time spent training staff. There is a large discrepancy on how services are delivered. I also believe the number of hours required of homes could be reduced as their use becomes more efficient; this can be helpful to offset the cuts in funding (many homes are closing or struggling. In Behavior Management Programs (BMPs), there appears to be no requirement for this service, only a small increase in staffing ratio. Some programs are pressuring regional center staff to have everyone referred at BMP level even though not needed. In less populated areas with less options a particular program may be the only option. Behavior services should somehow follow the person; if they need it at home they likely will do best with consistent support in their day/work program. It would be good to have some component of this built into SLS services as well, including service expectations and qualifications.	Feb 3, 2011 7:41 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
730	The "therapist" that is utilized should be accountable to his agency that is hired by the Regional Center. Exact hours and days worked should be recorded, as well as what activities the client engaged in. Also, the negative behavior should also be tracked. There should also be a behavior modificaton plan in place for the parent and the therapist to engage in with the client.	Feb 3, 2011 7:43 PM
731	In my opinion, it is difficult to set firm service standards. Some individuals show faster results than others. Those showing a significant improvement should be reevaluated quarterly to ensure services are still necessary. I know that there are children that receive services and have no noticable improvement due to an unwillingness of caregivers to modify their handling of the consumer's behavior. In this case, services should be given warnings to improve or then canceled if they do not. Perhaps tougher screaning processes would be helpful.	Feb 3, 2011 7:47 PM
732	survey caregivers	Feb 3, 2011 7:47 PM
733	Parents will be able to be guided through the grieving process of having a child with severe disabilities, it will be effective for the whole family.	Feb 3, 2011 7:58 PM
734	On going evaluation by all members of team	Feb 3, 2011 8:02 PM
735	How often are they used. What accidents have happened - a review of SIRS. Any placements? For door to door trans - are they on time/ clean / kind/ have wheelchair lift.	Feb 3, 2011 8:03 PM
736	through evaluation and detailed documentation of the progress	Feb 3, 2011 8:06 PM
737	Family should be contacted on a weekly basis for their input.	Feb 3, 2011 8:08 PM
738	The services cannot be effective unless providers on both sides of a consumer's life are implementing the same interventions. This means that care homes and day programs need to follow the same behavioral support guidelines and work on personal goals and objectives that complement each other. I have too often encountered situations where day program and care home seem to be at odds with each other instead of trying to work together for the good of the consumer.	Feb 3, 2011 8:09 PM
739	Make intervention plan with all concerned individuals so each person's input/feedback can be beneficial for clients.	Feb 3, 2011 8:13 PM
740	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 3, 2011 8:16 PM
741	Ask the person how the services are being benificial.	Feb 3, 2011 8:17 PM
742	Make sure people providing services are well trained and sensitve to us as parents as well as our needs for our children	Feb 3, 2011 8:24 PM
743	Each agency that provides services provides a supervisor to the behaviorist who is designated to work with the client. The supervisor provides key stratagies in order to benefit the client. The supervisor can then report back to the agency providing services and can monitor the situation in that respect.	Feb 3, 2011 8:33 PM
744	To evaluate each service and consumer at a specific given time. Measure effectiveness of each service consumed.	Feb 3, 2011 8:37 PM
745	Regional Centers should: 1) USE THEIR VOICE(s) in IEP and related school site meetings of individuals (between 3 and 22 years) to ensure Assessments are conducted and Positive Behavior Plans/Interventions are implemented; 2) Use the Procedural Safeguards system to assist and ensure parents/consumers are receiving appropriate Behavioral Services through their educational programs that will follow to home/community/transition programs.	Feb 3, 2011 8:41 PM
746	Quarterly/biannual reports should be written to address specific skill deficits and progress should be shown on these reports. Data should be collected on all skill deficits and addressed in the recommended program.	Feb 3, 2011 8:48 PM
747	have case manager follow up	Feb 3, 2011 8:50 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
748	Of the many behavioral service providers I have interacted with I believe that even though their models vary slightly, their practices are all maintained as useful and effective as they are due to the standards set by the Behavioral Association Certification Board. The BCBA's that over see the cases must be effective, this is one of the fundamental dimensions of the field in which they work so standards attempting to make them effective by an outside agency would potentially conflict with their profession.	Feb 3, 2011 8:51 PM
749	See above	Feb 3, 2011 8:54 PM
750	regulations and outcomes should be used.	Feb 3, 2011 8:54 PM
751	RC follow up with the client	Feb 3, 2011 8:59 PM
752	Behaviorists track response to learning appropriate/replacement behaviors; school tracks behaviors; and parents track behaviors during all other times. This would be documented information that would be shared amongst the various team members for the disabled individual. Effectiveness would be measured through tracking data, ability to effectively move disabled individual towards more appropriate/socially acceptable behaviors, and feedback from parents/school/others that interact with the disabled individual.	Feb 3, 2011 9:00 PM
753	Continuation of services be based on demonstration of the need to continue service for a specific basic community function or health and safety, and whether that service is needed to maintain a behavior or to substitute a new behavior. This should loow exception to any time limitation on duration of service absent such demonstration of need.	Feb 3, 2011 9:05 PM
754	per the IPP	Feb 3, 2011 9:05 PM
755	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a)	Feb 3, 2011 9:07 PM
756	reports, consumer feedback and questioner, data that reflects the changes and progress of the consumer, field observations, clinical team meetings with regional center, families and service providers.	Feb 3, 2011 9:15 PM
757	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 3, 2011 9:23 PM
758	Answer: Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 3, 2011 9:33 PM
759	Through evaluations especialists and people around the consumer.	Feb 3, 2011 9:37 PM
760	Gaged by the child and families success in school, home and world.	Feb 3, 2011 9:51 PM
761	Parent education. Make sure the parent understands what the service is meant to provide and what the goal is - measure progress and if there is no progress, re-evaluate.	Feb 3, 2011 10:01 PM
762	Have the parents involved and ask for thier imput on programs	Feb 3, 2011 10:01 PM
763	A behavioral professional involved in the care of the consumer is likely the best person to make this determination.l	Feb 3, 2011 10:03 PM
764	For ABA programs: when an agency provides ABA services in excess of 10 hours/week, two or more interventionists should work with the client to ensure that the program teaches generalization and aligns with published research.	Feb 3, 2011 10:06 PM
765	Ensuring that careproviders are very involved in the training and commited to the process.	Feb 3, 2011 10:08 PM
766	PROVIDE A OVERSEEING MANAGER AND CONDUCT MEETING WITH PARENTS ONCE VERY TWO WEEKS	Feb 3, 2011 10:13 PM
767	data! daily or more often - whatever best records results.	Feb 3, 2011 10:13 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
768	check data	Feb 3, 2011 10:15 PM
769	Services should be determined as to the usefulness and effectiveness by the IPP team, per the Lanterman Act.	Feb 3, 2011 10:27 PM
770	Periodic reports (monthly, bimonthly, quarterly, etc) as well as feedback from the family (caregivers) of the consumer.	Feb 3, 2011 10:28 PM
771	progress reports and an end date in mind. limit on turn over rate from therapists.	Feb 3, 2011 10:37 PM
772	Have parent surveys from titme to time.	Feb 3, 2011 11:06 PM
773	Again, allow families to decide and empower consumers to be able to make choices when they are able. We have utilized services that were not beneficial only because no other provider was available.	Feb 3, 2011 11:10 PM
774	Require review of monthly behavioral reports by a behaviorist and case management manager to ensure effectiviness prior to providing additional hours. As I stated above, progress must be made and an end date specficied.	Feb 3, 2011 11:19 PM
775	Keeping documents & metrics supported by vendor case worker & stakeholders	Feb 3, 2011 11:24 PM
776	Provide psychotherapists, psychiatrists, pharmacologic intervention and other modalities.	Feb 3, 2011 11:26 PM
777	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 3, 2011 11:35 PM
778	An evaluation with the parents, educators, all involved would be a good indicator.	Feb 3, 2011 11:35 PM
779	it should run by qualified expert like BCBA.	Feb 3, 2011 11:36 PM
780	There needs to be a criteria to eliminate families that don't particpate and reward families that support particpate and that buy into these services. In addition to helping all individual even if they demonstrate skills in more than 50% developement delay. To limite wasteful spending set clear guidelines and have family's sign contract and pull services when contracts are not followed.	Feb 3, 2011 11:49 PM
781	Paying close attention to the providers notations	Feb 3, 2011 11:58 PM
782	Level 4 facilities specializing in dealing with individual with explosive behaviors should get more funding because Residential service providers need to hire experienced employees to deal with behavioral issues and to pay for higher insurance cost because the higher risk of liability due to clients behavior.	Feb 4, 2011 12:01 AM
783	Criteria must be clear when RC determines whether POS is approved or not for behaivoral services. Made standards without any loop holes or exceptions. This prevents those reviewing POS requests from bringing in their own interpretation to the standards or make a decision on how they are feeeling that particular day. Criteria in determining approval should include those involved with direct case management (SC level) and not just administration. Administration tends to miss out on the fact that consumers are not just a name on a piece of paper and considering $$ signs, but an actual person who has needs.	Feb 4, 2011 12:09 AM
784	Data collection regarding goal progress. Fidelity of implemenation for treatment providers. Satisfaction of families. Training program for staff.	Feb 4, 2011 12:12 AM
785	Useful and Effectiveness of Service Standards need to be measured. Measurements need to be developed and auditted quarterly by the IPP Team per Lanterman act 4646.5 (a) (6).	Feb 4, 2011 12:15 AM
786	Usefulness and effectiveness of services should be determined by the treating experts and other IPP team members as described in The Lanterman Act Section 4646.5	Feb 4, 2011 12:41 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
787	Effectiveness of behavior services should be evaluated on a quarterly basis. If significant progress is not noted, the behavior intervention should be modified. If significant progress is not made for 2 consecutive quarters the service should be discontinued.	Feb 4, 2011 12:43 AM
788	I think that charting progress on each behavior is necessary. If there is no progress over a number of years, termination of the same services.	Feb 4, 2011 12:46 AM
789	Oversight of qualified/non bureaucratic professionals--maybe even using outside contractors to monitor services so it's unbiased	Feb 4, 2011 12:46 AM
790	make use of feedback form or regular update	Feb 4, 2011 12:47 AM
791	yes- I believe this is the most important factor. A provider needs to have the adequate education and ethics to perform the service. They should have clear standards that they need to follow.	Feb 4, 2011 12:52 AM
792	Every 3 to 6 months ABA services should be evaluated.	Feb 4, 2011 12:53 AM
793	Collaborative care with other therapies (speech, OT, PT...)	Feb 4, 2011 12:55 AM
794	The use of at least 5 standarized behavioral techniques should be applied uniformly to individual consumers. Parents should be engaged to participate but not to be the enforcers or trainers of these individuals. It is difficult for consumers to receive these services from family members since many deeply set routines have already been established. Consumers do not respond well to family members and especially not to parents. A trained individual should be doing the behavior modification with the support of family members.	Feb 4, 2011 1:03 AM
795	Goals for parents and children need to be part of the standard. Parents need to demonstrate competency in b-mod. Many parents know their "rights" and if a provider is urging them to ahrd they can "fire" that provider and request a new service provider - much like doctor shopping they shop for the programs that are going to give them the least resistance. All programs need to be research driven. we need to work harder to get parent buy in and to change parent behaivor especially as it relates to reinforcing negative behavors becuas ethat is the "easier" way to ahndle a situation. We need to be exceptionally supportive of parents during this transitional learning period for them but we must be firm with them on parent out come expectations as it relates to the long term grwth of their child in the behavioral program.	Feb 4, 2011 1:30 AM
796	Data should be kept by providers and parents. One of the least successful models I have seen is the provision of services over several months, where the behavioral specialist interviews the parents, gives a few suggestions, goes back a month later with a report documenting what the parents need to do, and then follows up once or twice over the next few months. Most parents really need to see different ways to handle a behavior while it is occurring. They also need sometimes to get "unstuck" from their usual mode of response. Few people learn optimally by reading a detailed behavioral report that they are then supposed to implement with their child. Another reason why behavior management classes are a good idea is that, should consumers need more support than what can be offered in such parent-attended classes, the parents will at least have developed a basic vocabulary and conceptual framework about behavior management on which the specialist can build.	Feb 4, 2011 1:35 AM
797	Recording of service provided session by session and progress reported. Review data periodically to set new goals and effective methods.	Feb 4, 2011 1:42 AM
798	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 4, 2011 1:43 AM
799	none	Feb 4, 2011 1:54 AM
800	By evaluation every 3 months.	Feb 4, 2011 2:00 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
801	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 4, 2011 2:04 AM
802	In the case of Child Intervention, making sure the parent is trained and carries through with skills to be learned for child to make it more useful and effective.	Feb 4, 2011 2:31 AM
803	In order for the services to be useful and effective, the most important element is for the behavioral therapists to be well trained. They are the bridges between the consumers and the family memebers of the consumers. It's also important to have family members trained. Team efforts would be a lot more effective in addressing behavioral issues.	Feb 4, 2011 2:36 AM
804	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 4, 2011 2:40 AM
805	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 4, 2011 2:46 AM
806	Questionares to family, managers visiting or evaluating as necessary and tracking the people who have been helped.	Feb 4, 2011 2:58 AM
807	Progess showing changes in behavior such as learning self care, talking, reduction in tantrums, or change in the target behavior.	Feb 4, 2011 3:01 AM
808	All ABA programs should have individual goals based on each individual case and made in conjunction with parent input. Once these goals are met then phase out as necessary. Unfortunately, if a child plateaus and shows no improvement or parent invovlment isn't present, prgramming should come to an end.	Feb 4, 2011 3:21 AM
809	Extensive observation and documentation by both professional and parents or guardians.	Feb 4, 2011 3:31 AM
810	Daily support support	Feb 4, 2011 3:37 AM
811	Have the consumer of the service give feedback to the regional centers. The regional centers need to hold the service provider with a standard to be reviewed annually.	Feb 4, 2011 4:03 AM
812	as the family to give monthly feedback	Feb 4, 2011 4:08 AM
813	IPP teams are very effective in knowing and understanding what service are important and what is not for an individual. It is one of our rights as citizens of this nation to be treated as an individual! We already have a clear design in the Lanterman Act, Section 4646 a, 6	Feb 4, 2011 4:19 AM
814	Service goals should be both long-term (quality of life, generalization over time) and short-term to address those deficits that will ultimately affect the client's ability to live as independently as possible as an adult even when services are provided as a young child. To only address behavior goals/objectives that are applicable to a particular situation or environment at that given time is doing nothing to help the child with the overall disability they face and the future situations they may encounter. Any program needs to be looking at the underlying core deficits that are causing the issue and address that.	Feb 4, 2011 4:26 AM
815	Behavioral consultants need more oversight. The regional centers need to provide a list of mental health providers. Currently the list in my area is very limited. There are over 100 facilities and list only 8 behavioral consultants. The list is even smaller for therapists. Good clinicians are denied opportunities because of politics.	Feb 4, 2011 4:38 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
816	Parents and other primary caregivers need to participate at all sessions and give their input about how to reach goals. Professionals need to set and review goals and discuss methods with families so that clients receive consistent messages. There needs to be information sharing with other people who are a part of the child's life (teachers, aides, nannies, therapists) so the client can learn across environments. Progress needs to be reviewed and plans changed to ensure progress.	Feb 4, 2011 5:05 AM
817	Teach the parents as well...and make sure they attend as many sessions as possible.	Feb 4, 2011 5:09 AM
818	Soliciting and respecting parent input is most often the best way to determine if the services provided are useful and effective. When parent input isn't solicited and respected, the child's needs often go unmet, and vendor quality decreases rapidly.	Feb 4, 2011 5:43 AM
819	Survey the consumer before and after services.	Feb 4, 2011 5:46 AM
820	These services should work along with the child's IEP, and Be enforceable as an IEP is, with measurable goals.	Feb 4, 2011 6:18 AM
821	Usefulness and effectiveness of services should be determined by the IPP team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 4, 2011 6:25 AM
822	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in the Lanterman Act Section 4646.5 (a) (6).	Feb 4, 2011 7:21 AM
823	delivery in home and school, with family and teacher involvement.	Feb 4, 2011 7:25 AM
824	Set specific and attainable goals and monitor the progress and outcomes	Feb 4, 2011 9:16 AM
825	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 4, 2011 3:10 PM
826	The current IPP system works well which enables the IPP team to monitor and evaluate the usefulness and effectiveness of services, per the provisions of the Lanterman Act.	Feb 4, 2011 3:35 PM
827	Approriate documentation and training long term follow ups- especially in Early start. Evaluations from educators, doctors and other providers as the child and family receive service.	Feb 4, 2011 3:43 PM
828	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 4, 2011 3:55 PM
829	There needs to be sometype of "checks and balances" to assure that the services/treatments are being implemented accurately and effectively. Obviously, initial evaluation must be done as well as periodic evaluations during and at the end or completion of services/treatment.	Feb 4, 2011 4:06 PM
830	Data collection. Pre / post evaluation of the child and the home situation.	Feb 4, 2011 4:10 PM
831	Usefullness and effectiveness of services should be determined by the IPP team at every IPP meeting as decribed in the Lanterman Act section 4646.5(a) (6)	Feb 4, 2011 4:30 PM
832	Provide parents counseling, support groups, mentors, etc so they can learn what useful and effective services look like. Many parents are afraid to complain or question because they fear they will be penalized by the provider and end up losing what little help they have.	Feb 4, 2011 4:32 PM
833	Should be determined by the IPP team at every meeting.	Feb 4, 2011 4:43 PM
834	Usefullness and effectiveness of services should be determined by the IPP team at every IPP meeting as described in the Lanterman Act section 4646.5 (a) (6)	Feb 4, 2011 4:49 PM
835	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 4, 2011 4:51 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
836	The lantern act is outdated, it limits CDs funds to regional centers, the DSs contract shoal be made publib	Feb 4, 2011 4:58 PM
837	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 4, 2011 4:58 PM
838	The usefulness and effectiveness of services should be determined by the IPP team at every meeting based on the individual needs of the consumer as described in the Lanterman Act	Feb 4, 2011 5:04 PM
839	Make sure they are done at a center or if more comfortable for the person, at home.	Feb 4, 2011 5:07 PM
840	usefulness and effectiveness of services should be determined by the IPP team at every IPP meeting as described by the Lanterman Act SEction 4646.5 (a) (6)	Feb 4, 2011 5:15 PM
841	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6). Case workers should also talk to parents directly and ask them if this service is meeting the need or if there is a more appropriate service to meet the need.	Feb 4, 2011 5:38 PM
842	This should be determined by the individual IPP team, as defined by Lanterman	Feb 4, 2011 5:40 PM
843	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting	Feb 4, 2011 5:50 PM
844	Usefulness and effectiveness of services should be determined by the IPP team at every IPP meeting as defined by the Lanterman Act Section 4646.5 a 5.	Feb 4, 2011 5:59 PM
845	Usefulness and effectiveness of services should be detrmined by the IPP Team at every IPP Meeting, as described in The Lanterman Act, Section 4646.5	Feb 4, 2011 6:00 PM
846	Once the child gets progressive and the parents start understand how to deal with their child.	Feb 4, 2011 6:05 PM
847	Frequent reassessments after conducting a baseline.	Feb 4, 2011 6:18 PM
848	Usefulness and effectiveness of services should be determined by the IPP team at every IPP meeting as described in The Lanterman Act Section 4646.5 (a) (6)	Feb 4, 2011 6:29 PM
849	Data collection from agency providing the behavioral services, continuos feedback from parents, etc.	Feb 4, 2011 6:38 PM
850	Unefulmess and effectiveness of services should be determined by the IPP Team at every IPP meeting, as sescribed in the Lanterman Act Section 4646.5 (a) (6).	Feb 4, 2011 6:47 PM
851	Feedback from professionals, care providers and family.	Feb 4, 2011 6:56 PM
852	Evaluations	Feb 4, 2011 6:57 PM
853	The services should be provided as long as the child, parents, teachers, therapists and psychologist think they are beneficial. THis can be documented by semi-annual inquiries to the involved parties.	Feb 4, 2011 7:05 PM
854	We don't need a big team to assess an individuals behavior. Perhaps you can just have the individual, the individual's family member/conservator, social worker, behaviorist/psychologist, and regular teacher (if present). The team should meet at least 2x a year or on an quarterly basis to talk about the effectiveness of the behavioral intervention.	Feb 4, 2011 7:12 PM
855	Intermittent review of improvement or just status	Feb 4, 2011 7:15 PM
856	Documentation regarding frequency of challenging behaviors is necessary to document progress as well as at least monthly interviews with parents and teachers.	Feb 4, 2011 7:23 PM
857	Make sure requests are dealt with within a certain time frame. 2 weeks. I once needed help for my daughter with a behavior problem. I didn't get a call or a letter for 3 months!!	Feb 4, 2011 7:33 PM
858	no suggestion	Feb 4, 2011 7:36 PM

Behavioral Services

3. Suggested service standards about how to make sure the services provided

	Response Text	
859	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in the Lanterman Act Section 4646.5 (a) (6).	Feb 4, 2011 7:42 PM
860	Providers need to report on whether they provide regular homework to parents so that the parents can report whether the behavioral program is working outside of the direct and limited service hours of the provider. Thus the behavioral teaching program can be modified / adjusted on an ongoing basis. . Parents can provide a satisfaction survey of the behavioral services, that are shared with the regional center. .	Feb 4, 2011 8:03 PM
861	All techniques recommended are agreed upon by the IDT and all staff are trained and documentation is provided for follow thru.	Feb 4, 2011 8:08 PM
862	Focus on parent training; specific goals proposed; plan to address goals to include proposed timeframe, frequency and intensity of intervention; for intensive behavior intervention services, behavior intervention must involve school-based programming working on parallel goals and using coordinated techniques; parents to be advised prior to initiation of services of necessity of parent participation and time-limited purpose of intervention; determination of progress or lack of progress to be made by regular, periodic independent clinical review process developed by Regional Center (not to be based on the provider's claims or recommendations, or claims or recommendations of outside experts); exceptions to continue services in special or unusual circumstances to be based solely on affirmative recommendation through independent clinical review process; if the client's condition or disability is such that they are not responsive to intervention within a specific, time-limited period, transition to intervention of a protective or supportive nature, including supports through generic and other school and community-based resource sources, should be initiated without continuing delays and requests for additional reviews or demands for changes of service providers; transition from intensive behavior intervention services to services of similar intensity, frequency and duration not permitted unless based on affirmative recommendation through independent clinical review process developed by Regional Center	Feb 4, 2011 8:09 PM
863	A review of goals and progress should be measure every six months. 3 months is too short of a period to review goals and/or progress.	Feb 4, 2011 8:09 PM
864	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 4, 2011 8:09 PM
865	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting.	Feb 4, 2011 8:23 PM
866	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 4, 2011 8:32 PM
867	Must include not only the individual, but training for the family, care provider, etc. and must include a "whole person assessment" - (medical, psychological, relational, sensory, etc.) to be effective. It's important to note that many wonderful plans are sitting in files in homes gathering dust.	Feb 4, 2011 8:36 PM
868	The IPP team should determine if the services are useful and effective.	Feb 4, 2011 8:43 PM
869	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meetint as described in The Lanterman Act -section 5 (a) 6	Feb 4, 2011 8:45 PM
870	Usefulness and effectiveness of services should be determined by the I{{ team at every IPP meeting, as described in the Lanterman Act Section 4646.5 (a) (6)	Feb 4, 2011 8:47 PM
871	Per the Lanterman Act, the IPP team should clearly defined goals and timelines in order to evaluate the usefullness and effectiveness of services -- and have timely reviews of those goals and timelines.	Feb 4, 2011 8:56 PM

Behavioral Services

3. Suggested service standards about how to make sure the services provided

	Response Text	
872	Set specific goals and document progress. (a) if effectiveness is demonstrated, services should be modified or lessened as needed (b) if effectiveness is not demonstrated, MAKE MODIFICATIONS IN INTERVENTION -- DO NOT WITHDRAW SERVICES!!!!!!	Feb 4, 2011 8:57 PM
873	Provide a baseline in the behavior plan and go back and reevaluate the progress on an ongoing basis. Make changes if necessary and continue plan until progress is shown in targeted areas.	Feb 4, 2011 8:59 PM
874	effectiveness of services as well as usefulness of services should be determined by the IPP team.	Feb 4, 2011 9:05 PM
875	The individual's circle of support should determine how often the services need to be reviewed.	Feb 4, 2011 9:08 PM
876	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 4, 2011 9:12 PM
877	Look at the research and data. Certain types of therapy aren't right for every child but this should be evaluated over a period of time and then as a team decide which road to take next.	Feb 4, 2011 9:18 PM
878	research into the companies providing the service, properly trained staff and data to show progress of client.	Feb 4, 2011 9:20 PM
879	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6	Feb 4, 2011 9:25 PM
880	Setting clearly define, measurable goals/objectives appropriate to the targeted behavior is best for accountability.	Feb 4, 2011 9:27 PM
881	Behavior services	Feb 4, 2011 9:31 PM
882	There could be a person who meets with us monthly to go over what we or [redacted] have learned and if it is working. Have a supervisor meet monthly in our home to make sure goals are being met.	Feb 4, 2011 9:33 PM
883	The parents need to be accountable for scheduling and keeping track of the sessions. The behviorist does the teaching but the parents are to observe and re in act after afterward. Prior to the next session begin, evaulate the child to see if there is any changes in his/her behavior.	Feb 4, 2011 9:37 PM
884	Usefulness and effectiveness of services should be determined by the IPP team at every IPP meeting as described in The Lanterman Act section 4646.5 (a) (6).	Feb 4, 2011 9:38 PM
885	Quality Control Management is a must.	Feb 4, 2011 9:47 PM
886	Um, every service provider has to provide documentation about what they are doing that is useful and effective. Service Coordinators are already supposed to be ensuring that this is happening.	Feb 4, 2011 9:51 PM
887	Continued review by the RC case managers, as verified by reports issued by the behaviorist specialists. Communication between families and case managers. If cost-cutting measures are needed, maybe a flat fee for issuing reports instead of hourly charges.	Feb 4, 2011 9:57 PM
888	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 4, 2011 10:01 PM
889	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act.	Feb 4, 2011 10:09 PM
890	Answer: Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 4, 2011 10:13 PM
891	Services identified should be couple with observeable and measureable results	Feb 4, 2011 10:14 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
892	Specific guidelines should be set for minimum progress requirement each quarter.	Feb 4, 2011 10:20 PM
893	It is important that service provision is linked to changes in developmental progress as reported either in chronological measures of function or standardized measures of function in domains of developmental deficits. This allows the intervention to be reviewed in a form such as: Under this program the child has gained 4 months of function in the last 8 months, etc. The use of Functional Behavioral analysis reports and changes in frequency counts is a valuable tool. The failure to meet progress targets should trigger professional consultation (such as by a senior CCC or BCBA or therapist) and in general should result in program modification or increase in intensity until a full intense program is in place and shown to have no impact (or to work).	Feb 4, 2011 10:23 PM
894	Provide allowable visits and require reporting on progress of treatment to determine need for continued care.	Feb 4, 2011 10:24 PM
895	quarterly meetings should take place with all support network to discuss progress and needed changes in the service.	Feb 4, 2011 10:26 PM
896	1) Determine cognitive and adaptive levels of child to match with proposed intervention. 2) Ensure parent training is simple for everyone to understand. 3) Set up core groups who can train other parents. 4) Provide a venue or (on line?) for parents to be able to measure success. 5) Provide EIBI only for a certain period of time.	Feb 4, 2011 10:27 PM
897	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 4, 2011 10:29 PM
898	Scientifically based best practices that are quantifiable. Services must be determined to be develpmentally appropriate, motivating and meaningful to the individual.	Feb 4, 2011 10:36 PM
899	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a)(6).	Feb 4, 2011 10:38 PM
900	have a regular meeting more often with data of achievement so we can make sure it's working effectively	Feb 4, 2011 10:49 PM
901	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 4, 2011 10:52 PM
902	Require a parent training focus for all behavioral servies (similar to the system-wide change that CCS recently made). Require that all behavior programs must include speicific plans that identify what skills and training are needed to be mastered by the parent in order the behavioir intervention and management to be trasferred to the the parent.	Feb 4, 2011 10:53 PM
903	Usefulness and effectiveness of services should be determined specifically for the individual by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 4, 2011 10:53 PM
904	Family member or care giver to complete weekly progress and action reports	Feb 4, 2011 10:59 PM
905	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 4, 2011 11:05 PM
906	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in the Lanterman Act Section 4646.5 (a) (6).	Feb 4, 2011 11:16 PM
907	Set up goals with clients and their representatives at first meeting and review periodically.	Feb 4, 2011 11:25 PM
908	This should be determined by the consumer, family and case manager (IPP team). Lanterman Act 4646	Feb 4, 2011 11:38 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
909	Usefulness and effectiveness of services should be determined by the Individual Program Plan (IPP) team at every IPP meeting, as described in the Lanterman Act Section 4646.5(a)(6).	Feb 4, 2011 11:39 PM
910	A monthly assessment of efficacy by the interventionist	Feb 4, 2011 11:44 PM
911	Parent -training model. Parents need to be able to demonstrate that they can learn and use the skills to provide structured learning for their child. Vendor to provide comprehensive assessment prior to starting services and regular (at least quarterly) reports of progress, that includes collection of data to support whether or not progress is made on each goal. Goals are not to be educational or adaptive skill development. Must be focused on behavioral (ABA) approach.	Feb 4, 2011 11:53 PM
912	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 4, 2011 11:56 PM
913	Continue setting reasonable goals and show that strides are being made to reach these goals. Show how the intervention or service has positively affected the consumer and make sure that those involved with the care are doing what they need to do to make the intervention successful. This could be done with reporting by parents and caregivers and required reports.	Feb 5, 2011 12:07 AM
914	A review of the parents interacting with the child, on video tape or in person to see if they are progressing.	Feb 5, 2011 12:07 AM
915	Our therapist kept accurate means to recording his data on my son. He tallyed all tantrums and hits and screams. He would leave us with leafletts of information and his own printouts on what we could do in the event that we needed help during a meltdown. It is important to have a knowledgable and educated therapist in this field. We had one that would just sit and play with my son. I also had a friend whose provider just watched her daughter and didn't teach the parents a thing.	Feb 5, 2011 12:54 AM
916	Is there a positive change? Can other methods be tried. Is the attempt bieng stopped too soon. Are all parties cooperative so the client has global support and consistency?	Feb 5, 2011 1:05 AM
917	Continue with evidence based and non empirical therapies like ABA and DIR Floortime	Feb 5, 2011 1:05 AM
918	Methods of intervention should be empirically supported. Progress should be measurable and demonstratively beneficial beyond that which would be expected if no specialized intervention were provided (I believe there sometimes tends to be a placebo effect in which families tend to become convinced that progress is predominantly driven by the vendor rather than the environment in it's entirety).	Feb 5, 2011 1:21 AM
919	Regular evaluation of outcomes and progress, and customizing the goals to each individual needs.	Feb 5, 2011 1:21 AM
920	Effectiveness and usefulness of services should be determined by the Individual Program Plan Team at every Individual Prgram Plan meeting, as described in the Lanterman Act Section 4646.5 (a) (6).	Feb 5, 2011 1:22 AM
921	As family members, we really need two things. One, we need some basic education as to what we should expect from the process. I once had a service working for us for two months before I learned they were supposed to provide me with a plan within X period of starting work. Needless to say, they were far behind. I can't help manage the appropriate outcomes if I don't know what they are. Two, have a formal way for us to provide feedback, survey, phone call, etc.	Feb 5, 2011 1:42 AM
922	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 5, 2011 2:10 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
923	monitoring and evaluation on a periodic basis. Review need for continued service every 6-12 months depending on the service.	Feb 5, 2011 3:15 AM
924	Use them to conduct social outings to ensure he can cope with outside events in a peaceful manner and be able to control himself in environments he is not used too.	Feb 5, 2011 3:34 AM
925	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in the Lanterman Act Section 4646.5 (a) (6).	Feb 5, 2011 3:46 AM
926	Ask family members of the client or the employer.	Feb 5, 2011 3:51 AM
927	The provider should be able to takethe child into the community.	Feb 5, 2011 4:37 AM
928	The consumer should evaluate the service being rendered. This will push agencies and regional centers to hire quality service providers.	Feb 5, 2011 5:21 AM
929	This can only be judged over a very long period. My daughter [redacted] was nonverbal, poop-smearing terror who was diagnosed at age 3 with infantile autism. Today she performs her ADLs with very little coaching, can read at the 4th grade level and is a tremendous encourager and helper to others who are more disabled than she is. Without early intervention should would have never made the strides that she has.	Feb 5, 2011 5:36 AM
930	Research-based programs should be used, and parent surveys will help determine the effectiveness of the programs.	Feb 5, 2011 5:46 AM
931	Setting specific goals and timelines, and meeting regularly to discuss progress.	Feb 5, 2011 6:15 AM
932	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 5, 2011 6:29 AM
933	Preview evils prior to meeting a client/ patient .	Feb 5, 2011 6:31 AM
934	Review of reports from vendors by the RC behavior department. If not possible then to do so with less frequency (ie, quarterly "spot" checks).	Feb 5, 2011 6:40 AM
935	Usefulness and effectiveness of IPP goals should be determined at the consumer level with each IPP team	Feb 5, 2011 6:48 AM
936	Supervising service provider (vendor) (Directly By Regional center /clinical deparmentthe) as well as the family.	Feb 5, 2011 7:25 AM
937	The usefulness and effectiveness should be determined by those who create the individual program plan during their annual meeting.	Feb 5, 2011 7:31 AM
938	Fund services that are evidence based (ABA).	Feb 5, 2011 7:43 AM
939	Only fund services that are evidence based (ABA)	Feb 5, 2011 7:52 AM
940	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act.	Feb 5, 2011 2:41 PM
941	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 5, 2011 3:12 PM
942	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in the Lanterman Act Section 4646.5(a)(6)	Feb 5, 2011 3:33 PM
943	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 5, 2011 3:47 PM
944	make sure that the parents/careproviders involved provide tangible feedback like logs, etc.	Feb 5, 2011 3:57 PM
945	Enforce measureable goals every three months as opposed to annually.	Feb 5, 2011 4:10 PM
946	Data collection and reports given every quarter.	Feb 5, 2011 4:15 PM
947	I think child observation and screening by an objective should be used. None of us are the best at self assessment, so that should only be one component, as well as the parent feedback you get. A brief screen of the child's progress would be very beneficial!	Feb 5, 2011 4:44 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
948	Keep data and have clear communication with the parents. Meetings with parents are very important.	Feb 5, 2011 4:53 PM
949	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in the Lanterman Act Section 4646.5 (a) (6).	Feb 5, 2011 5:12 PM
950	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 5, 2011 6:30 PM
951	Parent feed back and provider feedback. The decision whether a service is useful or effective should not be made my supervisors/ managers, etc unless they have direct and ongoing contact with the child.	Feb 5, 2011 7:54 PM
952	Follow up with professional bi monthly....oversee daily implimentation STRONG consequences for lack of follow through	Feb 5, 2011 8:11 PM
953	Should be determined by the IEP or IPP Team.	Feb 5, 2011 8:25 PM
954	I oppose POS standards. Usefullness and effectiveness of services should be determined by the IPP team at every IPP meeting as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 5, 2011 8:33 PM
955	Working together with school/home enviorment to develop a plan that will be consistant for the consumer.	Feb 5, 2011 9:50 PM
956	Pretests - posttests, not only written but also direct demonstration of learned skills in the last 5 hours of the service.	Feb 5, 2011 10:16 PM
957	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting as described in The Lanternman Act Section 4646.5.	Feb 5, 2011 10:22 PM
958	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in the Lanterman Act Section 4646.5 (a) (6).	Feb 5, 2011 10:47 PM
959	Usefulness and effectiveness of services should be evaluated by the IPP Team, as described in The Lanterman Act, Sections 4646.5 (a) (6).	Feb 5, 2011 11:24 PM
960	All ABA therapists should have a BCBA or extensive training in specific ABA training.	Feb 5, 2011 11:56 PM
961	Parent training and constance review of progress.	Feb 6, 2011 12:24 AM
962	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 6, 2011 1:20 AM
963	evaluation of outcome at different intervals	Feb 6, 2011 1:53 AM
964	1. Do not require a particular method (such as applied behavior analysis) which is not effective for all consumers or all purposes. Instead, service provider should use methods that have proved effective with that particular consumer and should not use methods that have proved ineffective with that particular consumer. 2. Consumers and family members should be involved in development of behavior plan to the maximum extent possible. Most behavior plans that have been developed for my son have been useless because they did not correctly identify the causes of the challenging behaviors or merely recycled the same interventions that had not worked in the past. 3. Provide clear goals and communicate them to adolescent and adult consumers. 4. Any behavior service provided to persons with autism should include an evaluation of the individual's sensory processing to determine the role sensory dysfuntion plays. 5. Behavior services should teach adolescent and adult consumers methods to regulate their own behavior rather than always depending upon other people in their environment to control their behavior.	Feb 6, 2011 2:15 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
965	Their should be a team effort with all the therapist, teachers, family, and anyone important to the child.	Feb 6, 2011 2:47 AM
966	Quarterly review of progress	Feb 6, 2011 2:50 AM
967	the missing factor is and always be proper monitoring not by a group of state employees that have no clue , but someone that has foresight and understanding of the problems within the group of those handicapped in some way	Feb 6, 2011 3:16 AM
968	consult with school teachers, parents, therapists. etc.	Feb 6, 2011 3:49 AM
969	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 6, 2011 4:27 AM
970	Regardless of any suggested standards, the consumer, the consumer's caregivers and consumer's teachers and other school service providers where applicable must still have input regarding behavioral services, and the entire IPP team, including the above, must retain the ability to determine if the services and supports provided to the consumer are effective.	Feb 6, 2011 5:04 AM
971	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 6, 2011 5:50 AM
972	Include parents behavioral therapy training some of the time, but not all. That allows the behaviorist to have the freedom to work without the distraction of a parent being there at all times.	Feb 6, 2011 6:00 AM
973	Have the behavior support people make real visits or follow through phone/e-mail consultations to make sure the consumer/family is really able to make effective use of the advice and techniques.	Feb 6, 2011 6:43 AM
974	The IP Team at every IP meeting, as described in the Lanterman Act, should determine usefulness and effectiveness of services.	Feb 6, 2011 8:02 AM
975	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 6, 2011 4:23 PM
976	It will help to improve social behavior which is needed to hold on to a job when they are older. If these services are cut, they will be a deficit to the state collecting welfare for life. The more positive behavior reinforcement is provided, the sooner they will learn to manage it on their own and it will cost less in the long run. THERE IS NO SUCH THING AS A QUICK FIX. All programs are designed to take the time that is needed to help reinforce processing.	Feb 6, 2011 4:28 PM
977	behaviorist should keep track of data collection and provide these documents to data base.	Feb 6, 2011 5:55 PM
978	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 6, 2011 6:45 PM
979	I have had several behavior companies work with my child. Only the ones with college degrees in the field made any difference in my child's behavior. When services fell apart was when the behaviorist was changed or left the company, we would have to start all over again. It also failed when the lessons being taught were not consistent between school and home. Services need to extend between school and home (Alta vs School district). The same person needs to provide this intervention. It is almost impossible to have school and Alta work together. They fight over who has to pay. I, as a parent consumer don't care. I just want the best intervention for my child. Once a month a senior behavior consultant or Doctor should review the progress.	Feb 6, 2011 7:18 PM
980	Reg	Feb 6, 2011 7:27 PM
981	There needs to be much more intelligent oversight of service providers. I had a babysitter once who worked in Starbucks who was being hired to be a behavioral consultant for a firm in the Conejo Valley with no education and no experience.	Feb 6, 2011 7:41 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
982	Monthly meetings with client, support staff and family members (if available). Quarterly meetings with same individuals plus regional center administrator.	Feb 6, 2011 7:46 PM
983	should be made by professionals not regional center.	Feb 6, 2011 8:02 PM
984	Goals need to be written and followed by all involved. (Similar to IEP or IPP goals)	Feb 6, 2011 10:37 PM
985	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 6, 2011 10:59 PM
986	We relied on our social worker's observations and advice.	Feb 7, 2011 1:39 AM
987	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 7, 2011 1:59 AM
988	setting up goals and objectives ane periodic review of those by the supervisory commitee.	Feb 7, 2011 2:09 AM
989	Monthly evaluations.	Feb 7, 2011 2:46 AM
990	Usefulness and effectiveness of services shoud be determined by the IPP team at every IPP meeting, as describes in The Lanterman Act section 4646.5 (a) (6)	Feb 7, 2011 5:01 AM
991	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 7, 2011 5:08 AM
992	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 7, 2011 6:05 AM
993	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 7, 2011 6:29 AM
994	provide parents some kind of incentives if they are committed to the behavioral intervention. Those incentives maybe more hours of respite, points for getting tickets for Disneyland or other amusement parks, etc.	Feb 7, 2011 7:08 AM
995	Set goals with each child, and check every few months that these goals are met.	Feb 7, 2011 7:40 AM
996	Follow-up reports from caregiver and therapist	Feb 7, 2011 2:36 PM
997	The IP Team at every IP meeting, as described in the Lanterman Act, should determine usefulness and effectiveness of services.	Feb 7, 2011 2:44 PM
998	Parents need to be fully committed	Feb 7, 2011 5:10 PM
999	All vendors should use evidence based assessment tools to measure progresss. They should provide either monthly or quarterly update reports to show Service Coordinators and Parents/Cargivers progress. Initial Assessment and termination reports should also be provided. All vendors should be held to the same standard for report requriements as well as providing reports 5 days prior to Planning Team meetings. Regional Centers should develop Quality Assurance tools to evaluate these types of programs.	Feb 7, 2011 5:13 PM
1000	The IP Team at every IP meeting, as described in the Lanterman Act, should determine usefulness and effectiveness of services.	Feb 7, 2011 5:41 PM
1001	The IP Team at every IP meeting, as described in the Lanterman Act, should determine usefulness and effectiveness of services.	Feb 7, 2011 6:14 PM
1002	The IPP team determines the usefulness and effectiveness of services at every IPP meeting, as described in the Lanterman Act ection 4646.5 (a) (6).	Feb 7, 2011 6:16 PM
1003	Using measurable goals in behavior modification is key and having annual reviews of the treatment and how the child is responding according to these goals and any new goals that may arise as the child's needs and environment change.	Feb 7, 2011 6:19 PM
1004	Parents must demonstrate competency in behvioral strategies.	Feb 7, 2011 6:22 PM
1005	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 7, 2011 6:28 PM
1006	Monthly or quarterly report sheet for family receiving service	Feb 7, 2011 6:32 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1007	Checking with providers and home care providers if services have been provided and or offered	Feb 7, 2011 6:33 PM
1008	By taking data, reporting, status updates and meetings with the family at least twice a week. Reporting the information to the Regional Center. Teaching independence and the overall goal is to not need the services anymore in some children. Some individuals will need support throughout their life.	Feb 7, 2011 6:35 PM
1009	Regular evaluations for example 3 month evaluation. Individual can have a number of reason they need services such as these for example medication changes can be a very difficult transition time. The IPP should state the next evaluation. Currently the system seems to be working where the Regional Center Casemanager for the individual writes an Authoriation for Services for a limited amout of time. Near the end of the time the Authorization is either eliminated or Re-authorized depending on need.	Feb 7, 2011 6:56 PM
1010	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 7, 2011 7:29 PM
1011	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 7, 2011 7:38 PM
1012	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 7, 2011 7:49 PM
1013	There should be trained personnel who are knowledgeable in these fields who can supervise the caregivers to be sure that the clients are receiving useful and effective services.	Feb 7, 2011 8:16 PM
1014	Reported progress, timely Planning Team meetings, email communication for day to day concerns.	Feb 7, 2011 8:16 PM
1015	A board certified behavioral consultant should be working closely with the team that consists of Master-degreed consultants that work directly with the consumer.	Feb 7, 2011 9:19 PM
1016	Regional Center Autism specialists should ensure that providers are qualified and that their performance are monitored and audited	Feb 7, 2011 9:29 PM
1017	These are already inplace and just need to be utilized, for example the progress reports.	Feb 7, 2011 9:34 PM
1018	quarterly monitoring by regional center. progress needs to be documented in order for service to continue.	Feb 7, 2011 9:44 PM
1019	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 7, 2011 9:59 PM
1020	No DDS oversight. DDS will only waste resourses with more bureauocrats.	Feb 7, 2011 10:42 PM
1021	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 7, 2011 10:59 PM
1022	The IPP team should determine usefulness and effectiveness at every IPP meeting, as described in the Lanterman Act Section 4646.5 (a)(6).	Feb 7, 2011 11:00 PM
1023	Make sure that the individual being assessed is assessed by someone who knows what they're doing. As a parent of an adult who had behavioral problems earlier in life, I know that these children are assessed by people with minimal credentials. My child was reassessed by a neuropsychologist early in adulthood, and we discovered her education and therapies had been directed to an entirely incorrect area of disability. It's worth it to spend a little more money up front.	Feb 7, 2011 11:05 PM
1024	Among the products of a comprehensive assessment by specialty providers must be measurable criteria for what should be done, and then reliable measures conducted by implementors.	Feb 7, 2011 11:09 PM
1025	Let the Regional Centers make the decisions regarding program services	Feb 7, 2011 11:12 PM
1026	The IP Team at every IP meeting, as described in the Lanterman Act, should determine usefulness and effectiveness of services.	Feb 7, 2011 11:14 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1027	Should be determined by IPP team at every meeting. Lanterman Act 4646.5 (a)(6)	Feb 7, 2011 11:16 PM
1028	Usefulness and effectiveness of services should be determined by the IP team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 7, 2011 11:26 PM
1029	Documented change over time should be recorded; family review of progress and ongoing need; provider review of what was provided and their evaluation of efficacy along with roadblocks (family resistance, failed appointments, lack of follow through; difficulties in gaining access to DMH services etc)	Feb 7, 2011 11:48 PM
1030	* DDS staff should be the primary provider for in-home behavior services * DDS should work collaboratively with school personnel who provide behavior services in the school setting for maximum benefit of the child * Recognize that student's needs change over time and services should change accordingly	Feb 8, 2011 12:00 AM
1031	There should be marked improvement reported by the school and/or parents that the behavior problems have lessened significantly.	Feb 8, 2011 12:19 AM
1032	Set up a timely review with all individuals involved in delivering the services. It has been many noted by many individuals that follow thru is the down fall of most programming	Feb 8, 2011 12:42 AM
1033	Look at evidenced based data and research for behavioral standards and then see what levels of service provided are evidenced as useful and effective.	Feb 8, 2011 12:44 AM
1034	Parent and teacher reports. Any tools with proven validity to measure the needed change for that client.	Feb 8, 2011 12:47 AM
1035	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in the Lanterman Act Section 4646.5 (a)(6).	Feb 8, 2011 1:00 AM
1036	Have a regional center BCBA review data towards goals that is graphed. Talk with the families. See answer #4 below to make sure the treatments are being implemented effectively.	Feb 8, 2011 1:50 AM
1037	No cuts and follow up by all of those responsible for care and well being	Feb 8, 2011 1:55 AM
1038	Feedback from parent regarding individuals providing treatment and an ability to work with a variety of agencies rather then just one in case there are personality, cultutral conflicts	Feb 8, 2011 2:08 AM
1039	Any service in behavioral therapy and training is useful especially where young children are concerned. The reason this is so is because there is such a lack of services of any kind for young kids with behavioral issues.	Feb 8, 2011 2:12 AM
1040	Parent involvement and parent demonstration of behavior strategies should be incorporated as effective treatment. When the X number of behaviors decrease then it is effective. Document initial behavior and then as they decrease it would be considered effective treatment. Also, document the places the parents avoid and then document the places are now able to visit. When parents feel empowered and able to control the behavior then it has been useful and effective.	Feb 8, 2011 2:53 AM
1041	The regional center checks in every quarter. The progress my child has made should be enough evidence that the services are useful and effective.	Feb 8, 2011 3:24 AM
1042	Documentation, goal writing and outcomes, parent/caregiver feedback,	Feb 8, 2011 3:41 AM
1043	Reevaluate every six months.	Feb 8, 2011 3:44 AM
1044	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 8, 2011 3:48 AM
1045	Providers and parents should determine the usefulness and effectiveness of the particular services, based on their mutual commitment to the consumer improving and receiving the greatest benefits from the time available for interventions. Regional Center personnel should not determine from reading a report on paper whether a service should be "faded out" if a consumer is benefiting and progressing toward their goals.	Feb 8, 2011 3:50 AM

Behavioral Services

3. Suggested service standards about how to make sure the services provided

	Response Text	
1046	Needs to be data collection and frequent monitoring. A baseline needs to be collected then data analyzed monthly to determine effectiveness of services.	Feb 8, 2011 3:51 AM
1047	This takes multiple minds & they need to be present & accounted for. Brainstorming at meetings is a critical component for those of us with a vested interest in the support. Being absolutely clear in a meeting about the express intent of the language contained in our legal, binding agreements needs to be explained at the lay level.	Feb 8, 2011 4:07 AM
1048	The program design should tell it all. What is the program going to do? If it is not a meaningful program then it should not be approved. Speak to the families and ask them if the student is improving - if the program is meaningful. They will often times be the best people to ask.	Feb 8, 2011 4:33 AM
1049	POS to be done for three months, and RC must get a progress report before re-authorizing. Client must have made progress and parent or job coach/case manager must be actively involved in the behavior intervention program. Ony if progress was made, an additional 3 months may be authorized.	Feb 8, 2011 4:42 AM
1050	Make a yearly observation of the child in question and take note of any milestones achieved.	Feb 8, 2011 5:11 AM
1051	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 8, 2011 5:25 AM
1052	Usefulness and effectiveness of services should continue to be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act - section 4646.5 (a) (6).	Feb 8, 2011 6:04 AM
1053	Implement written goals, arrived at by parents/therapists and child (if appropriate). Quarterly progress reports and discussion about progress whenever necessary.	Feb 8, 2011 6:08 AM
1054	The program in use is very well organizied and document activities carefully. They meet often with the parents and other aspects of the program to insure the progress.	Feb 8, 2011 6:19 AM
1055	There needs to be quality assurance from the Reginal Center on the services that are being provided. The only things that the Reginal Center has in place is some sort of reports provided by the agencies that give the service.	Feb 8, 2011 6:40 AM
1056	The IP Team at every IP meeting, as described in the Lanterman Act, should determine usefulness and effectiveness of services.	Feb 8, 2011 6:54 AM
1057	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 8, 2011 7:19 AM
1058	Continued feed back is the only way I see this working.	Feb 8, 2011 12:31 PM
1059	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 8, 2011 3:08 PM
1060	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 8, 2011 3:35 PM
1061	Collaborate with school through data analysis and progress monitoring	Feb 8, 2011 4:07 PM
1062	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6)	Feb 8, 2011 4:16 PM
1063	6 month time limit. If no progress has been shown then it is well known throughout the clinical field that either the service is not working and never will or the approach is not one the client will ever respond to therefore making it useless. It should also not take a family who is invested in their child's progress more than 6 months to learn any given technique that is helpful and that they can now implement in a natural environment.	Feb 8, 2011 4:21 PM
1064	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 8, 2011 4:21 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1065	If service standards are not being met it's the clients responsibility to speak up. If the client is unable to advocate for them then the RCRC case manager should advocate for them. I see there being a problem here as support from RCRC, or management of services from RCRC, is only present for a once a year meeting. I am curious why there are a team of individuals who are paid large budgets to show so little interaction with the people they are supposed to provide services for. Do we need middle men?	Feb 8, 2011 4:28 PM
1066	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 8, 2011 4:43 PM
1067	have the properly trained people who are used to working with parents who are very protective and defensive when it comes to the disabled child	Feb 8, 2011 5:41 PM
1068	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6	Feb 8, 2011 5:46 PM
1069	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 8, 2011 5:52 PM
1070	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 8, 2011 5:58 PM
1071	Clinic Attendance and Quarterly Reports	Feb 8, 2011 6:30 PM
1072	There should be county/state employees (organizations like GGRC) that review and work with each of the consumers to ensure that the provided services are working and effective.	Feb 8, 2011 6:51 PM
1073	Skills need to be taught and then practiced in a controlled setting and also in a real setting for reinforcement. Care givers also need to be taught the skill so that they can also provide the reinforcement for learned skill.	Feb 8, 2011 7:01 PM
1074	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in the Lanterman Act Section 4646.5 (a) (6).	Feb 8, 2011 7:24 PM
1075	Follow up by a LCSW, annual meetings.	Feb 8, 2011 7:28 PM
1076	Quarterly progress reports that have graphical representation of the child's progress towards measurable goals. The reports should be given to parents and Regional Centers so there is consensus and open disclosure about exactly how much progress is being made. If progress is minimal or non-existant, there should be a re-evaluation of the program and determination of what barriers to progress exist and how best to address them.	Feb 8, 2011 7:37 PM
1077	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 8, 2011 7:48 PM
1078	Every 3 months the Social Worker, behavioral service provider, client, and the parents of the client should meet to determine if the services are useful and effective. If changes are needed, the decision should be made by the above named people.	Feb 8, 2011 7:54 PM
1079	Should be provided by parents, relatives, or an approved provider.	Feb 8, 2011 8:08 PM
1080	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 8, 2011 8:14 PM
1081	Individual Program Plan team members are recognized professionals and can be more than entrusted to ensure that these services are both useful and effective, and should do so at every IPP meeting.	Feb 8, 2011 8:19 PM
1082	The service should be monitored closely so that any abuse or lax attitude about it's delievery can be avoided. The providers should be reviewed annually by the funding providers and the parents should be able to "grade" the providers on their performance.	Feb 8, 2011 8:24 PM
1083	Get reports from the behaviorist and see what progress is taking place or not taking place.	Feb 8, 2011 8:53 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1084	by using "expected outcomes" & proven interventions that have worked well in the past & have proven efficacy based on expected outcomes. Improving SAFETY should always be #1 for the consumer of services ie the children & disabled adolescents & adults.	Feb 8, 2011 9:03 PM
1085	usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 8, 2011 9:25 PM
1086	Answer: Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 8, 2011 9:42 PM
1087	If ABA/ABI services are provided the data collection is key. A governmental agency would be able to access the success or failure of a program and its content.	Feb 8, 2011 9:44 PM
1088	Research based interventions.	Feb 8, 2011 10:01 PM
1089	Ensuring useful and effective services: 1) have parents submit progress reports 2) establish ultimate goals in the Functional Behavior Assessment and not add new goals as the therapy goes on 3) monitor closely parent progress and goals met...establish that children will not necessarily meet all goals to 100% but the ultimate goal should be to equip parents 4) services fade out within 30 months, should be a time limited services 5) provide clear guidelines in differentiating between intensive behavioral services and adaptive skills, vendors tend to blurr both	Feb 8, 2011 10:07 PM
1090	Make sure that the social worker mentions the service when meeting with all clients.	Feb 8, 2011 10:16 PM
1091	Regional Center	Feb 8, 2011 10:19 PM
1092	Progress reports should note success levels.	Feb 8, 2011 11:13 PM
1093	There need to be many providers to choose from, so there is competition. Families need to have some degree of involvement in choosing the provider that will work with them most effectively.	Feb 8, 2011 11:25 PM
1094	Documented quarterly updates/observations should be required by the provider of behavioral services or intervention to document current levels of growth or non growth	Feb 8, 2011 11:35 PM
1095	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 8, 2011 11:47 PM
1096	Review by committee to assess reports and input from others in the individual's life to determine if desired outcomes are being achieved or if there is progress.	Feb 8, 2011 11:58 PM
1097	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 9, 2011 12:01 AM
1098	I trust my IPP Team.	Feb 9, 2011 12:13 AM
1099	Document baseline targeted social behaviors and document periodic assessments of behaviors.	Feb 9, 2011 12:22 AM
1100	Regular check up and charting to make sure its is follow-up.	Feb 9, 2011 12:42 AM
1101	survey	Feb 9, 2011 12:47 AM
1102	Clients/consumers should have provided to them by residential care homes or day care centrs workers or individuals that have been background checked via NCIC /JIMS criminal computer system. Clients need to feel safe from individuals that might want to take advantage of them or do harm to them.	Feb 9, 2011 12:51 AM
1103	evaluation as to how effective they really are.	Feb 9, 2011 1:10 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1104	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 9, 2011 1:12 AM
1105	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 9, 2011 1:24 AM
1106	Continue current regulatory language which requires the provider to complete a behavior assessment including the parent partiicpation both in sessions and when the provider is not in the home needed to achieve the objectives. Identify goals and objectives which can be achieved within a 12-month period. Continue requirement for a progress report every six months which includes the child's progress and the parent's level of participation, both during sessions and outside of sessions.	Feb 9, 2011 1:24 AM
1107	The services are already useful and effective. It would unthinkable to change something that is clearly helping children to develop into a functional adult that can help themselves. Eliminating funding would only increase the amount of adult care later on in life which would cost even more.	Feb 9, 2011 1:28 AM
1108	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 9, 2011 2:24 AM
1109	Al.l who work with the client should be well informed of techbique used in dealing with the client so the program is consistent for the client.	Feb 9, 2011 3:13 AM
1110	Serving this population would help them become productive citizens and keep them off the street.	Feb 9, 2011 3:21 AM
1111	see item 4	Feb 9, 2011 3:57 AM
1112	Does it reasonably meet the clients need	Feb 9, 2011 4:01 AM
1113	Most important, I think, would be to use an excellent agency. Our agency was CIBA and in terms of their effectiveness, I'd say we met every goal that was set. Parents need to be involved and communicate with the providers to trouble shoot and set up strategies. The team meetings were INVALUABLE. Friends have told me that Regional Center has done away with team meetings, I think that is a HUGE mistake. Being part of a team meeting allowed everyone to have input and discuss issues and problems and create a plan that was coordinated. I think this was a major factor in my son's therapy being effective.	Feb 9, 2011 4:09 AM
1114	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 9, 2011 4:35 AM
1115	Services should be focused upon specific areas of behaviors that disable the consumers from reaching their potential as members of the community so they must not be so generic as to be difficult to measure in the short and the long term. They must be targeted to unsuccessful behaviors and effective within a short period of time of implementation and be a foundation to build long term self moderated behavior habits in the lifestyle of the consumer.	Feb 9, 2011 5:07 AM
1116	Refer to the Lanterman Act.	Feb 9, 2011 5:07 AM
1117	A written report needs to be produced at least quartely, based on goals and objectives set by a team concerned with the individual and his/her progress.	Feb 9, 2011 5:25 AM
1118	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 9, 2011 5:35 AM
1119	Parent training should be provided so they feel confident in implementing the suggested behavioral intervention techniques. Parent involvement is important since they are the ones who will be implementing the suggested interventions.	Feb 9, 2011 5:51 AM
1120	this agency employs only professional goal orient men and women. Policy structure within is one of the best I have ever seen.	Feb 9, 2011 6:04 AM
1121	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 9, 2011 6:42 AM

Behavioral Services

3. Suggested service standards about how to make sure the services provided

	Response Text	
1122	Check in with (for example) the behavior Supervisor and the family receiving the service once per month via email or phone call and have a list of questions to ask and if the specific support seems to not be working, and/or amount of hours given not enough, then "immediately" follow up with family to come up with a plan ASAP that will meet the needs of the family and consumer.	Feb 9, 2011 6:45 AM
1123	Useful and effective services, are determined by the IPP team members, at every annual meeting and in-between if the need arises. They are services that are adapted to the unique individual, to accommodate his/her style of learning, processing, and communicating. The person providing the services must be a good match for the client. Per The Lanterman Act Section 4646.5 (a) (6).	Feb 9, 2011 7:43 AM
1124	Check to see if after half of the hours are used that there has been some progress. Otherwise, isit really worthwhile to continue the hrs if there is no benefit to the child? Nope!	Feb 9, 2011 7:56 AM
1125	Behavior services: Useful and effective services, are determined by the IPP team members, at every annual meeting and in-between if the need arises. They are services that are adapted to the unique individual, to accommodate his/her style of learning, processing, and communicating. The person providing the services must be a good match for the client. Per The Lanterman Act Section 4646.5 (a) (6).	Feb 9, 2011 8:01 AM
1126	By getting feedback from those who are getting the service and the difference it's made in their lives.	Feb 9, 2011 8:15 AM
1127	Review progress on goals, parent report on functional progress	Feb 9, 2011 1:41 PM
1128	Have service coordinator do monthly follow-up with families over the phone or make a home visit to ensure strategies are being used and are effective.	Feb 9, 2011 3:15 PM
1129	Services should be monitored by all the IPP team members. It should be ensured that services are delivered in the manner to which it was agreed by the IPP team. Area Boards should continue to monitor consumer quality of life. The standards should provide for an efficient and timely assessment of the results of any group training and the need for individual training. The current law provides for review of the provision of behavioral services at least every 6 months. See W & I § 4686.2. As such, the standards do not need to require any more restrictive review process.	Feb 9, 2011 5:25 PM
1130	service provider should be evaluated by Regional Center and Community Care licensing to rule out quality	Feb 9, 2011 6:23 PM
1131	The IP Team at every IP meeting, as described in the Lanterman Act, should determine usefulness and effectiveness of services.	Feb 9, 2011 6:25 PM
1132	concrete useful info to be provided...minimal 'theory' maximum hands on training.	Feb 9, 2011 6:42 PM
1133	Set specific measurable goals and milestones; if milestones are not the service provide has to provide reasonable explanation; if not another service provided may be assigned.	Feb 9, 2011 7:06 PM
1134	The useful and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in the Lanterman Act Section 4646.5 (a)(6).	Feb 9, 2011 7:08 PM
1135	As I mentioned, the parents have to be on board and dedicated. Last minute cancellations and repeated cancellations interrupt services and set the kids back. We understand that kids get sick, so do us therapists and office staff from being exposed, however, makeups are available.	Feb 9, 2011 7:21 PM
1136	We need someone to regularly monitor the providers because they are in it just for the money.	Feb 9, 2011 7:26 PM
1137	should be determined by IPP team at every IPP meeting as per Lanterman Act 4646.5 (a) (6)	Feb 9, 2011 7:27 PM
1138	I think its hard to come up with one standard when every indivuals is different.	Feb 9, 2011 7:32 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1139	Ensuring that there is a clear understanding the Behavior Services is a temporary service and has a beginging in end date. There should be a follow up course where Parent's are displaying techinques learned.	Feb 9, 2011 7:34 PM
1140	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 9, 2011 7:53 PM
1141	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in the Lanterman Act Section 4646.5 (a) (6).	Feb 9, 2011 8:26 PM
1142	More accountability on the parents and the providers to the Reg. Center staff.	Feb 9, 2011 8:30 PM
1143	Measure success via parental and theraputic input. Trust those actually involved in the day to day care of the child.	Feb 9, 2011 8:34 PM
1144	Parental input, training and follow through.	Feb 9, 2011 8:37 PM
1145	Results of IPP plan. Usefulness and effectiveness of services should be determined by the IPP Team at each IPP meeting as described in the Lanterman Act Sec. 4648A.	Feb 9, 2011 8:55 PM
1146	I would like the parents to be more involved in the report writing process. I think there should be a sheet that they feel in with regards to their level of involvement and progress with their child.	Feb 9, 2011 8:57 PM
1147	Health and Safety, Consumer Rights are violated when the are not aware of there bodies, sex education and how to have a healthy normal sexual relationship.	Feb 9, 2011 9:12 PM
1148	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting. as described by in the Lanterman Act Section 4646 (a) (6).	Feb 9, 2011 9:20 PM
1149	Again, I strongly believe these decisions should be made by qualified therapists, doctors and/or clinicians. Often the case supervisor is making their decisions based on budget constraints as opposed to the needs of the consumer.	Feb 9, 2011 9:37 PM
1150	There should be a time frame in which the services need revision to learn if there was improvement or maximum learning potential. Families should be more involved in teaching their children independent living skills like holding a spoon, zipping pants, and using the restroom indepedently.	Feb 9, 2011 9:48 PM
1151	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 9, 2011 9:54 PM
1152	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 9, 2011 10:30 PM
1153	IFSP review dates; progress reports; team consultation.	Feb 9, 2011 10:35 PM
1154	For the daily providers: a check-list for assistance needed and labelled cabinets to be kept in the home, with app. schedule of clients' activities, meds if any & when taken, and food preferences, dislikes, and allergies, along with the past days' menus planned according to the food pyramid guidelines. A place to enter notes, with changes and needs that arise should be included. Current objectives and goals should be clearly visible also, and the various providers should meet face to face periodically to concur. Any behavioral training should include the family/provider when at all possible, and during hours when they are available, so as to ensure continued consistent care & techniques.	Feb 9, 2011 10:37 PM
1155	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 9, 2011 10:37 PM
1156	Through their annual and semi annual meetings/IPP.	Feb 9, 2011 10:38 PM
1157	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 9, 2011 10:47 PM
1158	Eye health must be evaluated, as well as functional aspects. This would include eye movement skills, binocular vision assessment, focusing ability and perceptual skills.	Feb 9, 2011 10:56 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1159	Usefulness and effectiveness of services should be determined by the IPP team at every IPP meeting, as described int the Lanterman Act SectionLanterman Act Section 4646.5 (a) (6).	Feb 9, 2011 11:28 PM
1160	These standards already exist	Feb 9, 2011 11:32 PM
1161	A Progress Report on outcome of intervention techniques.	Feb 9, 2011 11:48 PM
1162	Follow-up between the BIS service provider and whomever is receiving the assistance and/or training. The plan for behavior modification should be modeled in the beginning to ensure understanding and then follow-up should be as frequent as every few days at first then decreased to once a week, once every two weeks, and so on.	Feb 9, 2011 11:53 PM
1163	The service should be determined by the IPP team.	Feb 10, 2011 12:04 AM
1164	If the goals being met and meaningful change is occurring, then the service is useful and effective.	Feb 10, 2011 12:10 AM
1165	Ensuring that a household is a safe secure environment for everyone in the home. If financially the family cant afford to support the disabilities on their own and need assistance. Advocation into assistance in setting up a home based business, help looking for employment that will fit the demand of the family and receiving additional support for those efforts. These needs alone Would be better than having that parent manage their family and business/work with no support for her efforts to provide for the safety of the family in the hands of irresponsible older age kids, and or adults who place them in jeopardy.	Feb 10, 2011 2:32 AM
1166	EXSITING STANDARDS	Feb 10, 2011 7:31 PM
1167	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 10, 2011 7:34 PM
1168	service standards can be met when destructive behavioral traits are kept under check (without a great deal of drugs) . In other words when personel practice what they are supposedly trained to do	Feb 10, 2011 7:36 PM
1169	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6)	Feb 10, 2011 7:50 PM
1170	Well having the services provided is a start. Logs and constant communication with the individual or the individual's parents to ensure the best quality of service and effectiveness of the services provided.	Feb 10, 2011 7:59 PM
1171	IPP team should meet regularly and make sure services are useful and effective based on data collected in ISP.	Feb 10, 2011 7:59 PM
1172	Usefulness and effectiveness of services should be determined by th IPP Team at every IPP meeting, as described in the Lanterman Act Section 4646.5 (a) (6).	Feb 10, 2011 8:01 PM
1173	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 10, 2011 8:10 PM
1174	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 10, 2011 8:15 PM
1175	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 10, 2011 8:48 PM
1176	Goals to be written in collaboration with other therapists involved in child's care. All therapists achieve better results faster and with fewer hours of service when they are aware of strategies used by other disciplines to achieve goals	Feb 10, 2011 9:15 PM
1177	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 10, 2011 9:16 PM
1178	Services should be culturally appropriate, and relevant to the consumer's community and individual needs.	Feb 10, 2011 9:19 PM

Behavioral Services

3. Suggested service standards about how to make sure the services provided

	Response Text	
1179	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting. This is why goals are set and progress is measured. This is process is described in The Lanterman Act Section 4646.5 (a) (6).	Feb 10, 2011 9:25 PM
1180	Services should be rated on their usefulness and effectiveness based on data on goals being targeted as well as parent input on how useful and effective services are to them.	Feb 10, 2011 9:36 PM
1181	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 10, 2011 9:47 PM
1182	The usefulness and effectiveness of services should be determined by the IPP team at every IPP meeting, as described in the Lanterman Act.	Feb 10, 2011 10:40 PM
1183	By asking the consumer questions on their behavior and testing them in some limited fashion, to ensure that they are catching on.	Feb 10, 2011 10:59 PM
1184	Regular evaluation of services to determine efficiency and continued needs of consumer per Lanterman Act.	Feb 10, 2011 11:04 PM
1185	This should be taught on a daily basis, and questions asked of the consumer or some type of test to make sure that they are understanding the process. Maybe by acting out how to open and close a door, not to perform sex acts in public, not to curse or spit and to know when this behavor it wrong.	Feb 10, 2011 11:12 PM
1186	Reports and meetings with the Regional Center Coordinator and service providers on a monthly basis	Feb 10, 2011 11:30 PM
1187	Quarterly funding and reports from providers. If no report, no funding.	Feb 10, 2011 11:36 PM
1188	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 10, 2011 11:37 PM
1189	Require care providers/parents to participate in the services and to learn how to take over effective behavior management strategies and teaching routines using positive approaches to maintain a positive relationship with the person needing services.	Feb 10, 2011 11:43 PM
1190	Prediction of the client's usage of counseling, crisis prevention teams, and training should be outlined in the IPP, assessment, and tracked in quarterly reports	Feb 10, 2011 11:51 PM
1191	Whether or not the children met their goals, parents are participating, and supervisors and behaviorists are providing adequat support to the family.	Feb 11, 2011 12:08 AM
1192	Parent progress reports Therapist biannual reassessment surveys.	Feb 11, 2011 12:33 AM
1193	Monthly required and data collected to see progress	Feb 11, 2011 12:58 AM
1194	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in the Lanterman Act Section 4646.5 (a) (6).	Feb 11, 2011 1:05 AM
1195	They should be monitored by a supervisor and Regional Center	Feb 11, 2011 1:12 AM
1196	Usefulness and effectiveness of services should be determined by the IPP Tanm at every IPP meeting, as discribed in The Lanterman Act Section 4646.5 (a) (6).	Feb 11, 2011 1:43 AM
1197	Supports should remain the same or increase.	Feb 11, 2011 1:46 AM
1198	These persons have a difficult time "generalizing" learned skills-- take them into the community as much as possible to encourage generalization of skills	Feb 11, 2011 1:55 AM
1199	data collection and quarterly reports to show progress	Feb 11, 2011 1:59 AM
1200	Progress should be reported and reviewed quarterly. Progress or lack of progress shall be acted upon by developing new goals as needed.	Feb 11, 2011 2:04 AM
1201	Current evaluations and updates	Feb 11, 2011 2:07 AM
1202	Discuss progress at IPP meetings	Feb 11, 2011 2:43 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1203	The usefulness and effectiveness of services should be determined by the IPP team for each individual at every IPP meeting, as described in the Lanterman Act Section 4646.5 (a) (6)	Feb 11, 2011 3:05 AM
1204	As far as i know the staff at regional work together with the individual clients, thier families and the people that are servicing these indivuduals. A strong team makes for positive self reliance and self-worthnesses.	Feb 11, 2011 3:21 AM
1205	With proper supervision, report writing and accountability	Feb 11, 2011 3:42 AM
1206	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 11, 2011 3:44 AM
1207	Should be reviewed periodically and make sure that goals and objectives have been met, or new plan made.	Feb 11, 2011 3:59 AM
1208	Personally, hands-on training with a behavior coach, if possible.	Feb 11, 2011 4:05 AM
1209	sefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 11, 2011 4:34 AM
1210	For Early Start program, you should imployed intensive behavioral type services. Instead of the current standard of OT, PT and BT , one or combination if required. I have seen dramatic improvement from me kid once the Intensive ABA was improvided. Where as services like OT, PT and other provided only moderate improvement. Some relieve services such as respit care is an essential ingredient to make everything work.	Feb 11, 2011 4:39 AM
1211	We need providers that are highly trained.	Feb 11, 2011 4:56 AM
1212	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in the Lanterman Act Section 4646.5 (a) (6).	Feb 11, 2011 5:00 AM
1213	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 11, 2011 5:19 AM
1214	They are really effective as long as the provider is in sync with the costumer and the provider is enthusiastic.	Feb 11, 2011 5:29 AM
1215	case managers should stay in close communication	Feb 11, 2011 5:39 AM
1216	The consumer should should maintain or increase their individual level of functioning of any given behavioral area.	Feb 11, 2011 5:54 AM
1217	Listing said behaviors the behavioralist should observe the child at least once every other month to see if said behaviors have been altered by his suggestions.	Feb 11, 2011 5:58 AM
1218	Set goals. Measure begining levels of abilities and then measure throughout services to check progress. If a particular service isn't working, then change it or fine tune it, so that it does.	Feb 11, 2011 6:03 AM
1219	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in the Lanterman Act Section 4646.5 (a) (6).	Feb 11, 2011 6:05 AM
1220	quarterly reporting of goal and results.	Feb 11, 2011 6:06 AM
1221	Reports on goal progress, and in the absence of progress recommended modifications, should be reviewed by trained regional center personnel. A random program audit should be conducted for all service providers by trained regional center personnel to examine the behavioral program, ensuring that it meets criteria established by the behavior analyst certification board.	Feb 11, 2011 6:17 AM
1222	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 11, 2011 6:32 AM
1223	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 11, 2011 6:41 AM
1224	Services should be documented according protocols of the profession, also allowing for each individual receiving services to maintain private records, and to have access to those confidential records.	Feb 11, 2011 6:56 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1225	Regional center providing families with quality local agencies where everyone is working together for the best interest of the child in need.	Feb 11, 2011 12:49 PM
1226	Re-evaluation yearly for need, substantiated by data.	Feb 11, 2011 2:17 PM
1227	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 11, 2011 3:12 PM
1228	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 11, 2011 4:09 PM
1229	Supervised by BCBA/Ph.D.	Feb 11, 2011 4:29 PM
1230	Behavioral intervention should include gathering of data that would demonstrate the effectiveness (or ineffectiveness) of the treatment.	Feb 11, 2011 4:37 PM
1231	Keep data and monitore service proniders. and attend monthly or bimonthly meetting. In the meetting all the involving staffs, supervisors, a representative from the Regional Center and parents should participate.	Feb 11, 2011 4:48 PM
1232	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section	Feb 11, 2011 4:53 PM
1233	For the IPP team to get together and gather data from all parties involved including the person with the disability and come up with solutions and a plan that is in the best interest of the individual according to the Lanterman Act.	Feb 11, 2011 5:08 PM
1234	update the school district quartely in written form about the progress toward the goal(s)	Feb 11, 2011 5:13 PM
1235	From my experience it seems that vendors request too many. More time should be spent addressing the parent, so the parent can implement the behavioral techniques. If the parent doesn't follow through the vendor should request to terminate the service, in order to help the parent understand that they are a crucial component of addressing their child's behavior.	Feb 11, 2011 5:27 PM
1236	Parents should be trained to implement the program, and should be held accountable (i.e., they need to collect data, and they need to be present at all times during the program). These programs currently tend to turn into au pair or nanny services, at a very high price to the taxpayer. The service should be intensive in the beginning, and fade with time (to be specified in the beginning, and this should be consistent with ALL clients - NO EXCEPTIONS). This needs to be made VERY CLEAR before the service ever begins. Some clients have received this service for over 10 years, and continue to do so because of the entitlement. There need to be services available to families after early intensive services, but this should be much less-intensive adaptive skills training or social skills training.	Feb 11, 2011 5:32 PM
1237	Overall report card to be provided by seeing Psychiatrist/psychotherapist on services provided with added information from family (if consumer living with family) or information from group home/day program to indicate that services provided is helping consumer.	Feb 11, 2011 5:34 PM
1238	If there is some evaluation or criteria developed to determine the effectiveness of the service or the progress of the person, I would like to suggest that it not be very time consuming for the service coordinator or costly to implement. Service coordinators and service providers are already working harder than ever because of budget cut backs.	Feb 11, 2011 5:37 PM
1239	the effectiveness of the services will be measure by the noting progress and throught the IPP and Person Center plan process.	Feb 11, 2011 5:51 PM
1240	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 11, 2011 5:54 PM
1241	emphasis on parent education, data collection, and participation. service providers should train parents the way they train their newly hired staff.	Feb 11, 2011 5:56 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1242	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act	Feb 11, 2011 6:03 PM
1243	Evaluations need to be performed. Clinicians need to have a bit more say as to how a patient / client is doing. I understand that EVERYONE wants EVERYTHING they can get but with the limited resources available that is not possible... but at the same time, one must consider the progress of the client. In other words... someone is awarded weekly one on one services. They refuse to show up... they do not engage in the therapy while there... etc... the clinician should have the right to terminate or postpone treatment until the client is ready. On the other hand... you have someone who shows up everyweek ready to go is really working on thier isssues and is making great progress and the clinician has no say as to whether or not to continue services.	Feb 11, 2011 6:08 PM
1244	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 11, 2011 6:18 PM
1245	Explain what is needed in their at their own pace. They all beat to a different drummer, perhaps there is one way all will be interested.,	Feb 11, 2011 6:30 PM
1246	VENDOR HAS SET UP STANDARDS AND APPLYS TO CLIENTS	Feb 11, 2011 6:33 PM
1247	See #2. Definitely increase, not decrease services to prevent a much larger problem down the road.	Feb 11, 2011 6:35 PM
1248	Consistency of care providers, listening to clients and families needs and incorporating these needs in program	Feb 11, 2011 6:51 PM
1249	Conducting a post test on the child and by measuring the progress by documenting his progress on a weekly basis.	Feb 11, 2011 6:56 PM
1250	Inclusive of the parent, or caretaker. In their natural environment. Consistent and in collaboration with other disciplines ie MH, counseling, etc.	Feb 11, 2011 7:02 PM
1251	Vendor's should be accountable for their progress with clients, contigent to additional funding. Often times administration allows vendors to provide costly behavioral programs for years. Also their is favoritism in who receives lengthy and costly behavioral services. If you are a vendor with a child who needs behavioral intervention, or a board member then services can continue unchecked.	Feb 11, 2011 7:05 PM
1252	Track progress, success rate through adulthood. Compare to late entrant population for those that do not have the service, the evidence will be compelling.	Feb 11, 2011 7:08 PM
1253	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 11, 2011 7:12 PM
1254	Follow up phone call to parent.	Feb 11, 2011 7:24 PM
1255	Those caregivers involved in receiving services for a child or other individual they care for be consistently involved in the services and learning to implement the practices and strategies the service providers use. 1:1 intensive behavioral services should not be provided for any individual, regardless of the disability or behaviors, if those that care for the individual are not also involved. Caregivers should be required to pay for a portion of the services so they are invested in the treatment.	Feb 11, 2011 7:26 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1256	Dental 2 times yearly Education daily and ongoing Supported Living daily and ongoing Independent Living daily and ongoing Behavioral Therapies daily and ongoing and as perscribed Independent Work Programs daily and ongoing IPP 2 times yearly	Feb 11, 2011 7:28 PM
1257	Controlling that consumers are receiving the services according to POS. Many providers do not follow the initial plan, do not enforce IMPLEMENTATION, CONSISTENCY AND GENERALIZATION, as a result, all the services hours mean 0.	Feb 11, 2011 8:02 PM
1258	Data needs to be collected both by the service provider during session and the family outside of session. An ABAS should be done at the end of every reporting period. The reporting period should be 3 months in duration, and quarterly reports due within 15 days of the end of the reporting period. Goals should be written as both goals for the client and goals for the families. If no progress is being seen across 2 reporting periods, the goals and expectations need to be re-evaluated to make sure they are appropriate. Regional centers should have the ability to change provider if progress is not being made and there is a question about the appropriatness of the current program to meet the needs of the child/family.	Feb 11, 2011 8:03 PM
1259	Progress, if there is notable progress the service is effective. Sometimes even the smallest amount of progress can make a large difference in the life of the consumer and their family. If the consumer is in school, day program, or employed; their teachers, directors, employers, respite workers could be an active and perhaps non-biased part in charting progress. Sometimes parents are reluctant to let go of a service even if it's not being effective and of course vendors can be reluctant to give up business.	Feb 11, 2011 8:17 PM
1260	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in the Lanterman Act Section 4646.5(a) (6)	Feb 11, 2011 8:31 PM
1261	Survey the clients caregivers	Feb 11, 2011 8:39 PM
1262	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a)(6).	Feb 11, 2011 8:45 PM
1263	Measurements provided in the IPP	Feb 11, 2011 8:49 PM
1264	Not all the optometrists emphasize children development. To get the best services, children should visit developmental optometrists (or behavior optometrists) for evaluation of visually related learning disability when they have problems in school. These optometrists provide vision therapy to help kids who do not have efficient vision abilities to perform tasks in school.	Feb 11, 2011 8:57 PM
1265	measurable outcomes should be outlined in IPP	Feb 11, 2011 9:29 PM
1266	The usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 11, 2011 9:30 PM
1267	Involve parents more...don't just take into account reports from the providers that get contracted by the Regional Center, survey the parents as to how useful or effective the service is. If budget permits, have children re-access to monitor improvement increments.	Feb 11, 2011 9:35 PM
1268	feedback from the consumers and their families.	Feb 11, 2011 9:39 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1269	Behavioral services should follow the principles of applied behavior analysis and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. A functional behavioral assessment or functional analysis of the problem behavior(s) should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills.	Feb 11, 2011 9:41 PM
1270	Behavioral services should follow the principles of applied behavior analysis and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. A functional behavioral assessment or functional analysis of the problem behavior(s) should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills.	Feb 11, 2011 9:42 PM
1271	1. short term contract 2. questionaire/surveys to family to establish they are learning techniques	Feb 11, 2011 9:43 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1272	Behavioral services should follow the principles of applied behavior analysis and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. A functional behavioral assessment or functional analysis of the problem behavior(s) should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills.	Feb 11, 2011 9:43 PM
1273	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in the Lanterman Act	Feb 11, 2011 9:44 PM
1274	Behavioral services should follow the principles of applied behavior analysis and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. A functional behavioral assessment or functional analysis of the problem behavior(s) should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills.	Feb 11, 2011 9:44 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1275	Behavioral services should follow the principles of applied behavior analysis and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. A functional behavioral assessment or functional analysis of the problem behavior(s) should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills.	Feb 11, 2011 9:45 PM
1276	Behavioral services should follow the principles of applied behavior analysis and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. A functional behavioral assessment or functional analysis of the problem behavior(s) should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills.	Feb 11, 2011 9:46 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1277	Behavioral services should follow the principles of applied behavior analysis and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. A functional behavioral assessment or functional analysis of the problem behavior(s) should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills.	Feb 11, 2011 9:47 PM
1278	None	Feb 11, 2011 9:49 PM
1279	Behavioral services should follow the principles of applied behavior analysis and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. A functional behavioral assessment or functional analysis of the problem behavior(s) should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills.	Feb 11, 2011 9:50 PM

Behavioral Services

3. Suggested service standards about how to make sure the services provided

	Response Text	
1280	Behavioral services should follow the principles of applied behavior analysis and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. A functional behavioral assessment or functional analysis of the problem behavior(s) should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills.	Feb 11, 2011 9:52 PM
1281	To ensure that services are being effective, someone should be assigned to over see the case and follow up to ensure program is actually doing what it should be doing.	Feb 11, 2011 9:53 PM
1282	Behavioral services should follow the principles of applied behavior analysis and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. A functional behavioral assessment or functional analysis of the problem behavior(s) should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills.	Feb 11, 2011 9:55 PM
1283	documented parent follow through.	Feb 11, 2011 9:58 PM

Behavioral Services

3. Suggested service standards about how to make sure the services provided

	Response Text	
1284	Behavioral services should follow the principles of applied behavior analysis and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. A functional behavioral assessment or functional analysis of the problem behavior(s) should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills.	Feb 11, 2011 10:08 PM
1285	1. A functional behavioral assessment or functional analysis of the problem behavior(s) should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan.	Feb 11, 2011 10:14 PM
1286	Behavioral services should follow the principles of applied behavior analysis and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. A functional behavioral assessment or functional analysis of the problem behavior(s) should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills.	Feb 11, 2011 10:17 PM
1287	Have the basic behavior classes occur at each of the local regional center offices and closely monitored by the behaivoral staff available at each RC.	Feb 11, 2011 10:19 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1288	Behavioral services should follow the principles of applied behavior analysis and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. A functional behavioral assessment or functional analysis of the problem behavior(s) should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills.	Feb 11, 2011 10:20 PM
1289	Making sure all service providers have appropriate credentials for what it is they are to said to be teaching. Providing opportunities and payment for continued education. Progress summaries and annual reports on each child that show measurable skills. Parent satisfation questionairres: child progress, functional growth, overall family support, ability to carry over learned techniques.	Feb 11, 2011 10:25 PM
1290	Have behavior data to see if treatment is effective.	Feb 11, 2011 10:27 PM
1291	Behavioral services should follow the principles of applied behavior analysis and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. A functional behavioral assessment or functional analysis of the problem behavior(s) should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills.	Feb 11, 2011 10:29 PM
1292	The IP Team at every IP meeting, as described in the Lanterman Act, should determine usefulness and effectiveness of services.	Feb 11, 2011 10:37 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1293	Behavioral services should follow the principles of applied behavior analysis and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. A functional behavioral assessment or functional analysis of the problem behavior(s) should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills.	Feb 11, 2011 10:50 PM
1294	Require empirical evidence that the service has been effective prior to continuing. The data should be reviewed quarterly.	Feb 11, 2011 10:51 PM
1295	No change. Continue having behavior consultant write all initial reports and following reports as well as train staff.	Feb 11, 2011 10:55 PM
1296	everyone that needs it between the ages of 0-3 years, early intervention is the key!!!!	Feb 11, 2011 10:58 PM
1297	There should always be parent/care giver participation. Annual training seminar to learn new techniques or ways of dealing with the disabilty.It should be made mandatory.	Feb 11, 2011 11:04 PM
1298	Parental input.. documentation/log from parent or care giver.	Feb 11, 2011 11:07 PM
1299	Progress report every quarter to measure if achievable goals has been reached.	Feb 11, 2011 11:13 PM
1300	Behavioral services should follow the principles of applied behavior analysis and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. A functional behavioral assessment or functional analysis of the problem behavior(s) should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills.	Feb 11, 2011 11:19 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1301	The most fundamental measure of effectiveness is when accurate data indicate that the number and/or intensity of the problem behaviors are reduced. Gradual withdrawal of the interventions are necessary to determine whether the consumer is able to maintain gains without the support offered by the interventions. Thus a behaviorally-referenced plan of fading interventions should be designed, with provision for reinstituting the more intensive level of service in the event of regression.	Feb 11, 2011 11:25 PM
1302	A 6 month progress and data review conducted by the consumer, provider, and regional center to ensure all areas of concern are addressed and that the service provided is effective. Parents should be required to complete a training program of some sort and participate in a Functional Behavior Assessment prior to behavioral services being implemented to ensure they understand what behavioral services are, what their role is, and that they are invested in the service. Supervision hours are imperative to an effective behavioral program (only one-to-one hours being funded is unethical).	Feb 11, 2011 11:39 PM
1303	At this point, I believe that their case managers are monitoring their progress at least quarterly and in some cases monthly. Again this should be stated in their Individual plans, per the consumers needs.	Feb 11, 2011 11:50 PM
1304	Behavioral services should follow the principles of applied behavior analysis and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. A functional behavioral assessment or functional analysis of the problem behavior(s) should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills.	Feb 11, 2011 11:51 PM
1305	Parent Report Data from Behavior Analyst showing objectives and progress	Feb 12, 2011 12:22 AM
1306	Usefulness and effectiveness of services should be dertermaned by theIPP team at every IPP meeting, as described in the Lanterman Act section 4646.5 (a)(6).	Feb 12, 2011 1:00 AM
1307	By monitoring the services closer with recorded data. Checking with Customer more frequently to see if services are working.	Feb 12, 2011 1:23 AM
1308	For autism cases, it is important to utilize ABA standards and techniques. It is also important that data be collected on the progress in an organized and efficient manner. It makes a difference when the consumer trusts and can rely on a behavioral therapist to give them the best treatment(s) possible and can learn how to better their behavioral and academic skills through positive reinforcement.	Feb 12, 2011 1:27 AM
1309	USEFULNESS AND EFFECTIVENESS OF SERVICES SHOULD BE DETERMINED BY THE IPP TEAM AT EVERY IPP MEETING, AS DESCRIBED IN THE LANTERMAN ACT SECTION 4646.5 (a) (4)	Feb 12, 2011 2:03 AM
1310	Usefulness and effectiveness of services should be determined by the IPP Team at every APP meeting, as described in The Lanterman Act Section 4646.5 (a) (6)	Feb 12, 2011 2:09 AM

Behavioral Services

3. Suggested service standards about how to make sure the services provided

	Response Text	
1311	Services are shows it's usefulness and effectiveness by the progression of the client. Skills that are taught will be reported and tracked. Through continues parent training & data collection method being taught to parents. They will be able to maintain the targets that have been taught.	Feb 12, 2011 2:38 AM
1312	Have parents and caregivers provide feedback every four months on how they feel the therapy is working.	Feb 12, 2011 3:08 AM
1313	Parents input should be taken into account to determine what works best for their children.	Feb 12, 2011 3:31 AM
1314	goals should be written as part of the IPP and the service provider should report to the Regional Center quarterly on progress towards goals.	Feb 12, 2011 3:36 AM
1315	Provide followup review of how the service has benefitted the consumer. Make changes as necessary. Try to implement services that are specifically developed for individual needs.	Feb 12, 2011 3:38 AM
1316	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 12, 2011 3:38 AM
1317	A survey of usefulness and effectiveness given to the parents and the child (if the child capable and old enough). Data can also be used.....but can not follow the child around to see if the services being rendered have transferred to their every day activities.	Feb 12, 2011 3:45 AM
1318	It is difficult if not impossible to maintain a standard of effectiveness without a consistent way of measuring outcomes. In order to accomplish this, you must squire data on a regular, standardized basis. I think the future of this measurement will most likely be some sort of tablet computer used by the behaviorist to collect data during the service. This data would then be aggregated to measure outcomes. The aggregation of this data could also be used to determine overall effectiveness levels of various techniques used by providers.	Feb 12, 2011 4:08 AM
1319	I feel anyone that has gotten in trouble and is on some kind of probation this program would be useful in assisting them in living a more meaningful and responsible life.	Feb 12, 2011 4:28 AM
1320	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 12, 2011 4:43 AM
1321	Services should be determine by IPP	Feb 12, 2011 4:47 AM
1322	Reports need to state which goals are met and in progress, but this is alrready done.	Feb 12, 2011 4:48 AM
1323	Usefulness and effectiveness of services should be deturmined by the IPP team at every IPP meeting, as described in the Lanterman Act Section (a) (6).	Feb 12, 2011 4:50 AM
1324	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 12, 2011 5:10 AM
1325	Make sure family is involved and they also take classes to help the child improve.	Feb 12, 2011 5:36 AM
1326	Changes in behavior i.e. if the client acts better and more calm is an indication that the svc. provided is effective.	Feb 12, 2011 5:55 AM
1327	Behavioral report and data	Feb 12, 2011 5:57 AM
1328	Charting	Feb 12, 2011 6:13 AM
1329	Usefulness and effectiveness of services should be determined by the IPP team at every IPP meeting, as described in the Lanterman Act Section 4646.5 (a) (6).	Feb 12, 2011 6:22 AM
1330	Send parents survey every two months to see if they value and are receiving beneftis from the services	Feb 12, 2011 6:23 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1331	Parents should be held accountable and monitored for frequency of cancelled sessions and the implantation of the agreed upon behavioral plan. As a psychologist, I often hear parents say that the behavioral services aren't helpful when in reality the plan seems appropriate but the parents are not following the plan nor providing the correct structure or consequences.	Feb 12, 2011 6:24 AM
1332	Through Regional Centers who are trainde properly to do this.	Feb 12, 2011 6:44 AM
1333	monthly reports from service provider to see the progress. Service provider to keep goals and data both in qualitative and quantitative.	Feb 12, 2011 6:59 AM
1334	One standard for all. Work programs should be required to be licensed. They aren't. Therefore, training is poor and knowledge of the population is at times nonexistent. Please require work programs to be licensed so the bad ones can be closed.	Feb 12, 2011 7:25 AM
1335	The agent or individual case workers that are so friendly and helpful at the regional center make the parents feel like they can call for all kinds of services no one else seems to know about.	Feb 12, 2011 7:33 AM
1336	With this patient population I am not sure you can show any kind of outcome that could be measured.	Feb 12, 2011 7:35 AM
1337	Regular consultation, notes and a journal to completed by the caretaker, family member, etc on the progress of the disabled person receiving treatment.	Feb 12, 2011 7:39 AM
1338	Monitor the progress of the client.	Feb 12, 2011 8:06 AM
1339	I don't know what to suggest but I would like to comment that it is VERY difficult to get the Regional center to back the.parent/caregiver.	Feb 12, 2011 8:36 AM
1340	Monitored by doctors and professionals in the field	Feb 12, 2011 9:18 AM
1341	Government to stop attacking financial resources and cutting; moreover, Regional Centers do not offer resources available unless parent fights and hold multiple meetings and than the services are still not met... i.e. electric wheelchair accesible vans, in home support, respite (for consumer and single mother with no family or support with two disabled children).	Feb 12, 2011 1:32 PM
1342	Regional centers have provided excellent oversight. They will continue to do so.	Feb 12, 2011 1:53 PM
1343	n/a	Feb 12, 2011 1:53 PM
1344	Weekly supervsion by a Master's level person with at least two years expereince delivering itensive ABA services. Supervsiors must be trained in procedural and ata collection relibility to ensure that services are being conducted properly and that data collected oj the child's progress and behaviors is accurate.	Feb 12, 2011 2:08 PM
1345	A yearly or twice a year follow up	Feb 12, 2011 3:08 PM
1346	Regular follow ups	Feb 12, 2011 3:24 PM
1347	Monthly behavior tests should be performed. Results should be discussed with the whole team: e.g. patient, therapist, parent(s), teacher(s). Areas of progress should be celebrated. Areas of regress require a new approach.	Feb 12, 2011 3:43 PM
1348	Survey family members in their primary language.	Feb 12, 2011 3:45 PM
1349	Regional center should have a system for measuring 'progress towards goals' similar to the IEP where service providers provide progress reports and clients/parents can also give input about the efficacy of the services.	Feb 12, 2011 3:56 PM
1350	Like I said they need have more locations also be able to have orange coast medical group except them so they do all at there location if someone wants to join there group who has cal optima.	Feb 12, 2011 4:07 PM
1351	Surveys of consumer and parents, teachers to determine if the workshops are helping them cope in school, in other social situations	Feb 12, 2011 4:09 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1352	Think a yearly review of the clients psych assessement should be conducted so any potential issue's can be indentified early- early intervention would save lots of. $$ in the long run, and aid the clients transiition into a growing lifesyle\enviorment.	Feb 12, 2011 4:12 PM
1353	I believe a third party outside agency should be set up to oversee the handling of these services.	Feb 12, 2011 4:14 PM
1354	Make sure that any previous staff have left notes on what has worked with particular consumers/clients so that the next person coming onboard does not try to reinvent the wheel and have the consumer/client totally confused and getting upset because they don't know why this new person is doing things that have already been tried and didn't work.	Feb 12, 2011 4:22 PM
1355	First evaluation should be done with a program through school and then followed up by social worker or experience person in field as ILS, SLS provider or staff.	Feb 12, 2011 4:51 PM
1356	Ask the parents. They know best if the service is working or not.	Feb 12, 2011 5:13 PM
1357	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 12, 2011 5:13 PM
1358	Services work on my child's ability to survive in today's society. Such a simple concept the legistrators take for granted. They get up every day, make their food, shower themselves, get themselves to work. My child needs help to do every aspect of his day. The state wants to see him clap his hands. Really? Someone needs to explain to me how clapping hands will help him survive as an adult. Those making the decisions should have a special needs child in their life before they are allowed to hand down decisions that effect a community that they do not live in or understand!	Feb 12, 2011 5:25 PM
1359	Setting measurable goals and using data collection to monitor progress. Semi-annual or annual assessment of cognitive and adaptive skills may also be a good way of determining if the services are effective and useful.	Feb 12, 2011 5:35 PM
1360	There needs to be specific goals that address each behavior. There needs to be some way to assess that the goals are being met, and regular data taken to measure progress. If progress is not occurring, then the goals or methods should be re-evaluated.	Feb 12, 2011 5:44 PM
1361	There should be a quarterly review of the services received to ensure that the goals were met.	Feb 12, 2011 5:44 PM
1362	Proven methods for that kind of disability.	Feb 12, 2011 5:46 PM
1363	review by a supervisor	Feb 12, 2011 5:49 PM
1364	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 12, 2011 6:06 PM
1365	Components of effective case management include reviews of client progress on IPP goals at six month intervals, regional center program managers with the ability to see clients functioning in the home and or community, and annual re-evaluation with standardized measures of client's adaptive behavior changes. Review of goal progress and data are imperative. Qualified supervision is necessary for an effective behavioral program and should be funded in addition to the direct behavioral service. Meeting with each team (parents and behavioral staff) on a bi-monthly basis (twice a month) to review progress and modifications to treatment recommendations is also extremely valuable in working collaboratively and making changes in a timely manner to assist the consumer in achieving their goals and becoming more independent. On a related note, collaboration with other service providers (school staff, speech therapists, occupational therapists) is beneficial for consistency. Meeting on at least a quarterly basis would be recommended.	Feb 12, 2011 6:11 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1366	I believe that reports should be filed every 2 months reporting the progress and listing the goals that are being worked on.	Feb 12, 2011 6:11 PM
1367	Logs, pictures, videos of progress required , tracking of progress through documentation in events.	Feb 12, 2011 6:15 PM
1368	Family member (parent and sibling) have to involve. Before the service ended, the family should be able to conduct the therapy 90% of the time. The parent should be able to take the child to the community without (or less) problem, such as to go to restaurant, movie, hair cut, library, market etc.	Feb 12, 2011 6:21 PM
1369	Require the behavior specialist to attend quarterly meetings or at the very least, submit a report on a quarterly basis that discusses progress or lack of progress and strategies used, data collected regarding target behaviors and any changes in behavior observed.	Feb 12, 2011 6:22 PM
1370	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 12, 2011 6:23 PM
1371	Monthly reporting including a face-to-face meeting with a regional center representative with expertise in behavior analytic practices should be required. This is occurring in some regional centers currently. The vendor, with regional center approval, should have a policy for clients that do not fully participate (follow the suggestions) in programming. Such a policy should clearly outline client/caregiver expectations including that services will be discontinued within the first 90 days if participation in not adequate. Conversely, if the vendor is not able to make socially significant change within the first 90 days of programming, consideration of discontinuing services should occur. In addition, client/caregiver satisfaction surveys should be collected by the vendor and the regional center. Yearly vendor reviews should be conducted to ensure continued excellence in service delivery.	Feb 12, 2011 6:35 PM
1372	Standardized outcomes.	Feb 12, 2011 7:03 PM
1373	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 12, 2011 7:11 PM
1374	Periodic staff reviews of providers & consumers should be able to allow such an assessment. Providers should be assessed during sessions & by consumer surveys. Consumer progress should be based on degree of improvement & independence.	Feb 12, 2011 7:15 PM
1375	Survey the attendees for results and understanding	Feb 12, 2011 7:18 PM
1376	Proper training of therapists, parent/care-provider interaction, goal setting and mastery, reporting of metrics, etc.	Feb 12, 2011 7:25 PM
1377	Most behavioral services are beneficial one-on-one to start. In home programs, though more expensive, exhibit the most success in a smaller length of time. Less money will be spent by paying for a more expensive, successful process for the short term, then a less effective one for the long term. Behavioral programs should be started in home and moved to groups once the individual or child has conquered the foundational mechanics of dealing with feelings and socialization. This process, with my two, has been done and accomplished, successfully, in under 3 years. Whereas children that have been in less effective programs, at the same age as mine, still receive services to date. To provide sub-standard hours that will produce no results because it is less money, only costs more money in the long run.	Feb 12, 2011 7:50 PM
1378	Ensure parents ARE participating and that the program is FUNCTIONAL and not just a check off of skills that are not generalized through out the day and across environments Programs should be individualized and not a "cookbook" of treatment and goals.	Feb 12, 2011 7:55 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1379	Continuity is a must for these clients. Time off hurts everyone. It costs more to replace the time off then to keep up the continuity. Also builds self respect and self esteem in everyone. The general population has higher respect for the special needs population when they are mainstreamed in our daily lives.	Feb 12, 2011 7:57 PM
1380	Need to present in several languages so non-English get same standard of services. Observation of interactions between parents and children need to happen so behaviorist can make sure learning continues to happen.	Feb 12, 2011 8:10 PM
1381	These services should be regulated by a team.	Feb 12, 2011 8:11 PM
1382	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 12, 2011 8:14 PM
1383	Parents and individuals should regularly be polled (ideally via a proven instrument) regarding their concept of usefulness and effectiveness of programming.	Feb 12, 2011 8:16 PM
1384	I feel strongly that our tax dollars should be reserved for training parents rather than consumers directly, unless the family situation is such that the parents cannot benefit from training or carry out a beneficial program for their child. It is important for the child to maintain a primary remedial relationship with the parent rather than an outsider whenever possible, and I know too many families who despite the rules, use the time provided by an in-home ABA person to go shopping or do their personal things. I know firsthand that life with a DD kid is rough, but this is not right.	Feb 12, 2011 8:22 PM
1385	service coordinator provides links to local professionals	Feb 12, 2011 8:32 PM
1386	Service standards must be holistic in design. Evaluation must be done by a team trained in the medical and behavioral sciences. The current design of the IPP annual meeting is an ineffective method for determining the future positive "growth" of the consumer. When my son was in schools for orthopedically handicapped individuals under 18 years of age, a staffing was done annually that brought together all the individuals impacting his life-parent, school, social services, medical(Dr., Ot and Pt)	Feb 12, 2011 8:52 PM
1387	Principals should monitor whether or not their teachers understand how to implement professional evaluations, and parents should not be ostracized from acting as tutoring aides, school helpers, or observing what goes on in the school day. Diagnostic Centers (already established) should be empowered to have their recommendations followed through on, and implemented. Representatives from the Diagnostic Centers should be in touch with Compliance office is this is not the case. State supervisors to receive direct reports from parents through compliance officers without having to go through fair hearing.	Feb 12, 2011 9:08 PM
1388	The IP Team at every IP meeting, as described in the Lanterman Act, should determine usefulness and effectiveness of services.	Feb 12, 2011 9:12 PM
1389	trained in behavior management	Feb 12, 2011 9:18 PM
1390	Direct observation, data collected by caregivers / staff - feedback from the IDT at least quarterly	Feb 12, 2011 9:34 PM
1391	They are extremely useful and effective, teaching these kids ways to communicate their needs and ways to calm there body or understanding their frustration	Feb 12, 2011 9:50 PM
1392	Goals and objectives	Feb 12, 2011 10:04 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1393	Data collection should take place. Parental input and vendor input should be collected. Parents should also have the right to select a vendor if the agency is vendored through the Regional Center.	Feb 12, 2011 10:09 PM
1394	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 12, 2011 10:25 PM
1395	We need more licensed teachers and Social Workers to check on their work as well as continued education for the people working with special needs people.	Feb 12, 2011 10:28 PM
1396	Parent and Cargivers should be asked for input and progress made by individuals receiving services.	Feb 12, 2011 10:31 PM
1397	goals set	Feb 12, 2011 10:35 PM
1398	An annual progress report should can provide progress or shortfalls- recommend other services or educational resources to aide the child and parents. There should be quarterly follow up if a new service has been recommended to assure that it is appropriate.	Feb 12, 2011 10:36 PM
1399	when the "regional" staff is providing the service they should have accountability. At the end of the 25 days, the parent grades the provider with a report card. The provider does not get paid if the grade is an F. They get paid according to the grade. So grade A (the behaivor is completelly gone) receives 100% of their pay and it follows down accordenly to zero at the bottom. if the stervice provide does not think that they can change the behaivor then they should not take the job.	Feb 12, 2011 10:44 PM
1400	Independent semi-annual evaluation form a third party.	Feb 12, 2011 10:51 PM
1401	ABA services that are provided infrequently and doled out based on the state budget and not the needs of the consumer are rarely successful. It is a waste of money to go out and tell parents with no knowledge of ABA to do something and then leave. It takes time and perseverance to change behavior, and average parents are not going to have that if they do not get the support and training necessary to follow through to the end of the behavior change. Giving the parents only enough support to try to change behavior and then fail only strengthens the inappropriate behavior of the consumer and weakens the parents' spirit and mental strength to tackle future behaviors.	Feb 12, 2011 11:12 PM
1402	Timely measurement, review, and action. These are markedly absent in the current DDS atmosphere. Dismissal, delay, and denial appear to be the standard operating procedure.	Feb 12, 2011 11:31 PM
1403	Thru monitoring and evaluation	Feb 12, 2011 11:56 PM
1404	Observe the identified individual in a variety of settings and with a variety of people. Also monitor the individual's caregivers to ensure that they also understand the principles that are being taught so that they can provide optimum support to the individual. Monitor goals that have been developed and chart progress toward those goals at each session.	Feb 13, 2011 12:12 AM
1405	not sure	Feb 13, 2011 12:20 AM
1406	Ask for input from the family. Feedback from their computer if they're uncomfortable talking to the person.	Feb 13, 2011 12:29 AM
1407	Specific goals must be set for each individual's program. If goals are not achieved the service should be changed until positive results are obtained. There is no "one service fits all" program.	Feb 13, 2011 12:42 AM
1408	surveys every month	Feb 13, 2011 12:48 AM
1409	direct feedback	Feb 13, 2011 1:13 AM
1410	on going monitoring	Feb 13, 2011 1:28 AM
1411	Parent and ALTA involvement.	Feb 13, 2011 1:40 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1412	Progress reports should be provided at least every 3-6 months. Reports should include clear data to support each goal and rationale for recommendations	Feb 13, 2011 2:02 AM
1413	Regular meeting, consultation, and meeting about the individual in which reporting of progress are imperative.	Feb 13, 2011 2:03 AM
1414	Have a pre and post test for information provided during the service. Set clear criteria for exit criteria.	Feb 13, 2011 2:20 AM
1415	follow ups	Feb 13, 2011 2:33 AM
1416	I think whats you have in place is great. I am impressed with what I have read and seen so far.	Feb 13, 2011 2:35 AM
1417	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: All behavioral services should follow the principles of applied behavior analysis (ABA) and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. A behavioral assessment, functional behavioral assessment or functional analysis of the problem behavior(s), or skill deficits should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for comprehensive or focused behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. Supervision of a comprehensive treatment program for children with autism should be on a ratio of 1 hour of supervision for every 8 hours of treatment. Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills. The IPP process requires sensitivity to individual needs of consumers; however an average duration of focused behavioral services would be 3 months to one year, depending on severity of the behavior(s). Duration of comprehensive treatment for children with autism is two to four years, with the intensity of services fading at that time.	Feb 13, 2011 2:36 AM
1418	The treating behavior analyst should provide periodic reports to the Regional Center that provide specific data indicating the consumer's progress (or lack thereof) and a questionnaire should be provided to the consumer's caregiver asking for their assessment of the consumer's progress.	Feb 13, 2011 2:43 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1419	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: All behavioral services should follow the principles of applied behavior analysis (ABA) and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. A behavioral assessment, functional behavioral assessment or functional analysis of the problem behavior(s), or skill deficits should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for comprehensive or focused behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. Supervision of a comprehensive treatment program for children with autism should be on a ratio of 1 hour of supervision for every 8 hours of treatment. Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills. The IPP process requires sensitivity to individual needs of consumers; however an average duration of focused behavioral services would be 3 months to one year, depending on severity of the behavior(s). Duration of comprehensive treatment for children with autism is two to four years, with the intensity of services fading at that time.	Feb 13, 2011 2:55 AM
1420	Only allow BCBA's as clinical supervisors and expect graphs of data.	Feb 13, 2011 3:06 AM
1421	Surveys sent to the families receiving services during the course of treatment	Feb 13, 2011 3:07 AM
1422	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 13, 2011 3:08 AM
1423	Each person's needs and services will be determined on an individual basis.	Feb 13, 2011 3:14 AM
1424	Learning benchmarks per the IEP or their IFP as established by the family and their CSC or school. If no progress is being made then a correction needs to be applied and it would be important to determine if the services are no longer appropriate and are not longer beneficial.	Feb 13, 2011 3:25 AM
1425	Service is evaluated for it's effectiveness by a team comprised of service providers, parents and therapists.	Feb 13, 2011 3:30 AM
1426	Evaluation of services needs to show an improvement (decrease) in the problem behavior AND an increase in functional and replacement skills. Data needs to be analyzed regularly. Update reports need to be submitted at regular intervals.	Feb 13, 2011 3:33 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1427	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6)	Feb 13, 2011 3:34 AM
1428	How to tell if they are useful...effective.... do not pay them unless there is proven sucess. There should be a contract that states what will be accomplished and if that is not accomplished then the person does not receive full pay.	Feb 13, 2011 3:36 AM
1429	* Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: o All behavioral services should follow the principles of applied behavior analysis (ABA) and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. o A behavioral assessment, functional behavioral assessment or functional analysis of the problem behavior(s), or skill deficits should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for comprehensive or focused behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. o Supervision of a comprehensive treatment program for children with autism should be on a ratio of 1 hour of supervision for every 8 hours of treatment. o Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills. o The IPP process requires sensitivity to individual needs of consumers; however an average duration of focused behavioral services would be 3 months to one year, depending on severity of the behavior(s). o Duration of comprehensive treatment for children with autism is two to four years, with the intensity of services fading at that time.	Feb 13, 2011 3:37 AM
1430	The family/parents feel a sense of confidence and hope and feel like a sense of control has been regained in the home.	Feb 13, 2011 3:40 AM
1431	Take data as to results from each case	Feb 13, 2011 3:58 AM
1432	The parent and caregivers opinions and needs should always be a main factor in how useful the services are.	Feb 13, 2011 4:01 AM
1433	Standards for service need to be evidence based practices, period! Those services listed in the NAC article, "Evidence Based Practices".	Feb 13, 2011 4:08 AM
1434	periodic measurment of the progress.	Feb 13, 2011 4:10 AM
1435	Allowing regionalized BCBA's to come out and supervise agencies and provide constructive criticism if necessary.	Feb 13, 2011 4:24 AM
1436	Usefullness and effectiveness of services should be determined by the IPP team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 13, 2011 4:24 AM
1437	make them fit the childs needs as best as possible. and have easy access to them	Feb 13, 2011 4:28 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1438	We need the case workers to consistently monitor the status and progress of each child	Feb 13, 2011 4:37 AM
1439	behavior analytic services should be overseen by a BCBA and inter observer agreement should be conducted within the clinical settings to insure that a high level of quality treatment is being provided.	Feb 13, 2011 4:41 AM
1440	A developmentally appropriate assessment will determine the appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes and level of service for the child. Given the young age of the children, frequent review of the data and the treatment plan is needed; usually plans are reviewed every 3 months. Direct observation data should be reviewed by the supervisor on a weekly basis to determine if changes are needed. Supervision ratio should be 1 hour of supervision for every 10 hours of treatment. Services could be determined to be ineffective for various reasons: inability or unwillingness of family to participate in the program, frequent absences, or cancellation of treatment sessions, or mastery of skills to the point that the child no longer demonstrates deficits.	Feb 13, 2011 4:48 AM
1441	I think there are some good programs in place,just model them after successful programs	Feb 13, 2011 4:53 AM
1442	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: All behavioral services should follow the principles of applied behavior analysis (ABA) and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. A behavioral assessment, functional behavioral assessment or functional analysis of the problem behavior(s), or skill deficits should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for comprehensive or focused behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. Supervision of a comprehensive treatment program for children with autism should be on a ratio of 1 hour of supervision for every 8 hours of treatment. Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills. The IPP process requires sensitivity to individual needs of consumers; however an average duration of focused behavioral services would be 3 months to one year, depending on severity of the behavior(s). Duration of comprehensive treatment for children with autism is two to four years, with the intensity of services fading at that time.	Feb 13, 2011 4:53 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1443	Data collection as known by a BCBA	Feb 13, 2011 4:56 AM
1444	Without going into the development of new checks and balances of individuals or groups that may be providing behavioral intervention services currently, I would formalize training and make sure that PBS is taught by individuals that have true knowledge and understanding and proven effectiveness: TOM POMERANZ, EdD would be a suggested consultant of such a standard. The service standard providers must be qualified in PBS and have a basic and fundamental knowledge of basic relationship functions utilizing and implementing PBS that can be learned by anyone willing to help another human being and easily followed in the home and community.	Feb 13, 2011 4:59 AM
1445	By visiting homes and also showing up unannounced in school to see if teachers are properly treating disble teens	Feb 13, 2011 5:01 AM
1446	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: All behavioral services should follow the principles of applied behavior analysis (ABA) and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. A behavioral assessment, functional behavioral assessment or functional analysis of the problem behavior(s), or skill deficits should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for comprehensive or focused behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. Supervision of a comprehensive treatment program for children with autism should be on a ratio of 1 hour of supervision for every 8 hours of treatment. Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills. The IPP process requires sensitivity to individual needs of consumers; however an average duration of focused behavioral services would be 3 months to one year, depending on severity of the behavior(s). Duration of comprehensive treatment for children with autism is two to four years, with the intensity of services fading at that time.	Feb 13, 2011 5:04 AM
1447	Keep an eye on the teacher if they are doing there job correctly than their should be no problem.	Feb 13, 2011 5:27 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1448	Make sure all reports have operational definitions for all targeted programs. As well as, a defined protocol for each intervention, not just an update on how the child is doing. This will also help ensure service providers are well trained. I would say ask the parents but often they are so flighty with goals they want to target it is an unreliable measure of how effective or useful a service provider is doing. For example, on Monday they may say they want to work on potty training, nothing else, and that is the biggest concern. Friday they may ask, what about teaching showering? If you ask on Friday how the services provided are doing, they may say they are not working on anything they are concerned about. Also, ABA service providers should be permitted to work on skill building for academic purposes. Often the schools cannot do it, and behaviors are magnified because they cannot access the material in the classroom. Working on prerequisite skills such as number, letter, fine motor, and gross motor skills can greatly reduce problem behaviors in the home and school	Feb 13, 2011 5:29 AM
1449	Have they received SSI, IHSS, and /or conservatorship	Feb 13, 2011 5:33 AM
1450	Trained and Certified behavior analyst (BCBA or BCABA) or those with masters level schooling to supervise cases. Those with at least an undergraduate degree in a related field to provide 1:1 services.	Feb 13, 2011 5:40 AM
1451	Caregivers should be encouraged to participate in data collection before, during, and after behavioral consultation has been provided to measure changes in behavior; observation by the provider(s) of services, consumer and caregiver verbal or written feedback.	Feb 13, 2011 6:08 AM
1452	Each child is different. So, the providers would need to have enough hours to meet that one childs needs. ABA treatment would need 2 to 3 hours a week for consultation and parent training. Parent training is vital in helping the child for a sucessful outcome. Depending on the childs needs. The hours may very for sevices. Intense should be 40 hours a week or what the IEP team decides how many would benefit the individual.	Feb 13, 2011 6:22 AM
1453	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 13, 2011 6:23 AM
1454	A treatment plan and services should be based on the principles of Applied Behavior Analysis. Goals and objectives should be developed and progress documented with regular data collection and analysis of the decrease in targeted problem behaviors and the increase in desired behavior. Adjustments to intervention startegies should be made based on data. I.e., data driven decision making.	Feb 13, 2011 6:36 AM
1455	The service provider will only get paid IF they change the behaivor after the five-six week period of training is over. They should state what exact behaivors will be worked on and what result will occure from their work. A contract written up stating that they will be paid for, what they will do, and what results will occur. If they do not fulfill their end of the contract, they should not be paid. However, there should be a degree of payment and sucess placed in the contract. As an example, C - complete sucess and then full payment would be received P- partical sucess and then only 1/2 of the payment is received, and None- no sucess obtained, then no payment is given. The parents should grade the levels of sucess and turn that evulation into regional.	Feb 13, 2011 6:55 AM
1456	I participate in the parent education so I am always supporting the therapist efforts with my child. I am doing my part the ABA is not being wasted I understand it and we all use it in my family with wonderful responses.	Feb 13, 2011 6:57 AM
1457	The IP team at every IP meeting as described in the Lanterman Act, should determine usefulness and effectiveness of services.	Feb 13, 2011 7:19 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1458	If there is not already, a possible solution to make sure the standards of the Regional Center are being met could be having a telephone hot-line, where you can leave anonymous messages if you feel a provider is not meeting the standards. Then a manager or their supervisor could counsel them on how they can improve.	Feb 13, 2011 7:24 AM
1459	Fund only services which follow a model of proven research for effectiveness.	Feb 13, 2011 7:39 AM
1460	Quarterly progress reviews on the consumer.	Feb 13, 2011 9:35 AM
1461	Ask client, families,caregivers,employers, and educators if the plan is working. If not get additional professional help, don't leave it with the same ineffective plan or staff	Feb 13, 2011 1:31 PM
1462	Keeping and reporting records of progress.	Feb 13, 2011 3:11 PM
1463	measure kiddo's progresson goals measure parants progress (but be aware they can play games and pretend that they don't know the stratgeies or they just do not want to)	Feb 13, 2011 3:38 PM
1464	Hiring only quality educated and experienced workers. The role of supervisors should be to take data collection to show progress.	Feb 13, 2011 4:02 PM
1465	Mandatory use of State of California Desired Results....Infant Toddler/ Preschool/ School Age	Feb 13, 2011 4:09 PM
1466	As is presently the case, semi-annual reports by service providers and annual meetings with Regional Center service coordinators to ensure that progress is being made.	Feb 13, 2011 4:24 PM
1467	Make sure that BCBAs are offerring these services rather than unqualified persons.	Feb 13, 2011 5:09 PM
1468	Set measurable goals, but also look at the child/person for progress in all areas. Modify as necessary. Set a high standard, as well.	Feb 13, 2011 5:12 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1469	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: All behavioral services should follow the principles of applied behavior analysis (ABA) and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. A behavioral assessment, functional behavioral assessment or functional analysis of the problem behavior(s), or skill deficits should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for comprehensive or focused behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. Supervision of a comprehensive treatment program for children with autism should be on a ratio of 1 hour of supervision for every 8 hours of treatment. Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills. The IPP process requires sensitivity to individual needs of consumers; however an average duration of focused behavioral services would be 3 months to one year, depending on severity of the behavior(s). Duration of comprehensive treatment for children with autism is two to four years, with the intensity of services fading at that time.	Feb 13, 2011 5:21 PM
1470	Provide progress reports that reflect clear information on goals that have been agreed upon.	Feb 13, 2011 5:25 PM
1471	It is important to provide anough hours necessary for each child. It is recommended that the child receives intensive intervention in order for Applied Behavior Analysis to be more effective.	Feb 13, 2011 5:34 PM
1472	behavioral services should include community outtings, not just grocery store, doctor's office, but other new places such as amusement park, where it gets crowded, loud, fear of new new rides, dark places, etc. behavioral services should also include social skills group, something that has been taken away. school does not provide any services in terms of social skills.	Feb 13, 2011 6:12 PM
1473	Service providers are educated with a masters degree specific to "special education" specifically and are able to effectively interact with special needs children.	Feb 13, 2011 6:24 PM
1474	Employ Behavioral Specialist to assess and write behavior program for individuals, that can then be implemented at home, work and school.	Feb 13, 2011 6:35 PM
1475	using progress reports complete by both parents and therapists	Feb 13, 2011 7:07 PM
1476	appropriate assessments e.g., Functional Behavioral Assessment or Functional Analysis periodic reviews on objectives, goals and outcomes BCBA supervision	Feb 13, 2011 7:26 PM

Behavioral Services

3. Suggested service standards about how to make sure the services provided

	Response Text	
1477	Constant and frequent data collection and analysis is the main tool to make sure services are effective. Services should be data-based decision making processes.	Feb 13, 2011 7:37 PM
1478	Please give more services to low functioning kids.	Feb 13, 2011 7:43 PM
1479	Check monthly on feedback given by residents	Feb 13, 2011 7:46 PM
1480	Testing should be done and it should be standardized. Children with certain a certain diagnosis should be provided with all services necessary to help them lead normal lives.	Feb 13, 2011 8:03 PM
1481	A developmentally appropriate assessment will determine the appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes and level of service for the child. Given the young age of the children, frequent review of the data and the treatment plan is needed; usually plans are reviewed every 3 months. Direct observation data should be reviewed by the supervisor on a weekly basis to determine if changes are needed. Supervision ratio should be 1 hour of supervision for every 10 hours of treatment. Services could be determined to be ineffective for various reasons: inability or unwillingness of family to participate in the program, frequent absences, or cancellation of treatment sessions, or mastery of skills to the point that the child no longer demonstrates deficits.	Feb 13, 2011 8:17 PM
1482	Service providers need to present monthly data driven reports of progress. Reports should specify the program, identify specific areas that are begin addressed and a baselines for each area.	Feb 13, 2011 8:19 PM
1483	Independent assessments outside of Regional Center and Service Provider.	Feb 13, 2011 8:24 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1484	All behavioral services should follow the principles of applied behavior analysis (ABA) and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. A behavioral assessment, functional behavioral assessment or functional analysis of the problem behavior(s), or skill deficits should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for comprehensive or focused behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. Supervision of a comprehensive treatment program for children with autism should be on a ratio of 1 hour of supervision for every 8 hours of treatment. Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills. The IPP process requires sensitivity to individual needs of consumers; however an average duration of focused behavioral services would be 3 months to one year, depending on severity of the behavior(s). Duration of comprehensive treatment for children with autism is two to four years, with the intensity of services fading at that time.	Feb 13, 2011 8:24 PM
1485	Ongoing evaluations by the regional center social workers who should be in regular contact with the behavioral service providers about how things are going, etc. Regular check-ins with the consumers and parents/caregivers about progress, usefulness and effectiveness of the interventions.	Feb 13, 2011 9:00 PM
1486	Periodic evaluation and ongoing documentation of service provision and progress.	Feb 13, 2011 9:05 PM
1487	If the intervention decided upon works, it's effective. Currently, behavioral groups from the Regional Center suggest one plan and CCL can site if we use it. First, there needs to be standard methods approved by all agencies. Also, the therapist must have more than internship experience with this population.	Feb 13, 2011 9:29 PM
1488	Keep a good dialogue with your service coordinator.	Feb 13, 2011 9:51 PM
1489	I have no idea how this is judged now. i would imagine if a replacement behavior or behavior intervention works, the behavior will be extinguished or manageable. The client will no longer be a danger to himself or others or exhbiting destructive behaviors. I think the team should decide this.	Feb 13, 2011 9:57 PM
1490	Services should be reviewed after a ew weeks and adjusted as needed, afterwords services should be reviewed and adjusted every 6 months or as requested.	Feb 13, 2011 10:01 PM
1491	Usefulness and effectiveness of services should be determined by the IPP team at every meeting, as described in the Lanterman Act 4646.5 (a)(6)	Feb 13, 2011 10:02 PM
1492	Using data that can show that behaviors have decreased.	Feb 13, 2011 10:09 PM
1493	Usefulness and effectiveness of services should be determined by the IPP team at every meeting. Lanterman	Feb 13, 2011 10:38 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1494	REVIEW CASES AND SEE IF SERVICES ARE TAKING CARE OF THE PROBLEM	Feb 13, 2011 10:41 PM
1495	Periodic service evaluations as well as evaluations by professionals. However these should not overshaddow the feelings of the parents who can judge whether or not they are getting what they need and whether or not progress is being made. Sometimes parents may wish to go in a different direction. If progress is made then if this satisfies the parents (assuming that they are sufficiently informed and knowledgeable) funding for this direction should not be with-held. One type of therepy solution DOES NOT FIT ALL!!!	Feb 13, 2011 10:55 PM
1496	If the consumer can reach their goals obviously if the sessions of whatever program the consumer is receiving it will show in their behavior, and things the consumer is working on.	Feb 13, 2011 11:48 PM
1497	Service should include data being collected to insure service is working on goals are being met, forward progress is being made, and consumer is gaining self help skills, academic and social skills, etc.	Feb 13, 2011 11:49 PM
1498	I think a pre-test and post-test, measuring baseline skill levels of both the consumer 9the child) and the parent would be the most effective way to ensure progress and gains in knowledge.	Feb 13, 2011 11:49 PM
1499	Survey parents and follow up with them	Feb 14, 2011 12:07 AM
1500	While it is appropriate for parents or other family members to be involved in behavioral programs in order to reinforce and support their child, the older a child/adolescent becomes, the less socially acceptable it is that the individual be accompanied by, or assisted/facilitated by, his/her parent. Older minors who have behavioral services needs (as described above) should be supported/facilitated by socially-acceptable individuals, such as young adults of the same gender, activity level, and who can participate in a shared interest w/o drawing unwanted attention from others.	Feb 14, 2011 12:30 AM
1501	Data	Feb 14, 2011 12:49 AM
1502	It is crucial that the service provider maintains data (not just program notes) to show parents & other service providers the progress (or lack there of as the case may be) that the child is making. Data should be taken daily and analyzed weekly/monthly depending on the amount of ABA services provided. Parents should be able to see progress and be an active participant in their child's program.	Feb 14, 2011 1:04 AM
1503	Usefulness and effectiveness of services should be determined by the IPP Team of every IPP meeting, as described in the Lanterman Act Action 4646.5 (a) (6).	Feb 14, 2011 1:10 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1504	Services should be evaluated on a regular basis and strict timelines for ineffective treatments implemented. I feel it appropriate that if no significant behavior reduction or growth in deficit skills is shown in six months, the planning team should consider that the treatment may not be the right fit for the consumer and the family. Parent/family accountability is should be a large part of the measure of “growth” or “reduction of behavior”. Address each individual vendor annually for quality assurance. Is this vendor meeting the needs of the consumers they serve? Is this vendor adhering to strict timelines for behavior reduction? Are behavior programs continuing to occur despite lack of significant progress? Regional Centers should ONLY pay for direct service time with parent and/or consumer, not report writing or materials making. *As a vendor that is only contracted for direct time, I put my effort toward the quality and fidelity of the client’s program rather than the permanent product (i.e. beautiful, lengthy reports or fancy token boards). I feel that my programs are much stronger since the majority of my effort is spent working toward the goal of behavior reduction and skill deficit teaching rather than administrative time. I have worked for a vendor that was contracted for indirect time and personally observed the waste of resources (i.e. persons most qualified to deliver services spending majority of their working time in an office, on emails and in trainings rather than in the field with their clients directly).	Feb 14, 2011 1:11 AM
1505	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in the Lanterman Act Section 4646.5 (a) (6).	Feb 14, 2011 1:21 AM
1506	Regular measurement of behavior and adjustments to intervention plan must be made until such time as the cllient is not considered to be a danger to self or others	Feb 14, 2011 1:23 AM
1507	see above The need for services would have to include how this behavior is disruptive to the individual's life and the provider would need to map out what actions would be taken to improve the behavior and the length of time reasonably necessary to improve upon it. In this case the pubic masturbation would cease or diminish in this period of time to prove itself useful and effective.	Feb 14, 2011 1:47 AM
1508	As needed and the recommendation by an individual with at least a masters in the relative field.	Feb 14, 2011 2:18 AM
1509	Proper monitoring by clinical specialists, particularly social workers. Consumer and care provider survey responses.o	Feb 14, 2011 2:22 AM
1510	Chart the progression of the agressive behavior. The care taker will know if it's working after a few weeks.	Feb 14, 2011 2:23 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1511	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: All behavioral services should follow the principles of applied behavior analysis (ABA) and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. A behavioral assessment, functional behavioral assessment or functional analysis of the problem behavior(s), or skill deficits should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for comprehensive or focused behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. Supervision of a comprehensive treatment program for children with autism should be on a ratio of 1 hour of supervision for every 8 hours of treatment. Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills. The IPP process requires sensitivity to individual needs of consumers; however an average duration of focused behavioral services would be 3 months to one year, depending on severity of the behavior(s). Duration of comprehensive treatment for children with autism is two to four years, with the intensity of services fading at that time.	Feb 14, 2011 2:35 AM
1512	This should be determined by the IPP team at every IPP meeting	Feb 14, 2011 2:56 AM
1513	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 14, 2011 3:18 AM
1514	1. All behavioral services should follow the principles of applied behavior analysis (ABA) and should be designed to assist consumers inlearning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. 2. Supervision of a comprehensive treatment program for children with autism should be on a ration of 1 hour of supervision for every 8 hours of treatment.	Feb 14, 2011 3:26 AM
1515	Providers should be required to submit reports with specific intervention plans and specific outcomes to be accomplished. Progress reports should be detailed and show progress/lack of progress on the outcomes. Service should terminate once outcomes are met. Service should terminate if no or minimal progress is being made. Service should be short term.	Feb 14, 2011 4:42 AM
1516	Service provider and or family member shall complete follow-up survey/questions regarding success of RC service provided: effective? useful? (rating scale)	Feb 14, 2011 4:56 AM
1517	Concentrate on things other than just cost of the services, such as reputation of the aba service provider in the community, results, years in operation.	Feb 14, 2011 4:56 AM
1518	biweekly commnication in person with the regional center representative.	Feb 14, 2011 5:14 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1519	Record data and provide materials/training/support.	Feb 14, 2011 5:15 AM
1520	they will be most useful and effective if there are (on site when needed) professionals to provide both crisis intervention and on going support both in the home environment and in public settings	Feb 14, 2011 5:17 AM
1521	I agree with the service standards about how the services provided are useful and effective up to this point.	Feb 14, 2011 5:28 AM
1522	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: As demonstrated by research, all behavioral services should follow the principles of applied behavior analysis (ABA). These services should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services must be individualized to the needs of the consumer. A behavioral assessment, functional behavioral assessment or functional analysis of the problem behavior(s), or skill deficits should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for comprehensive or focused behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. Supervision of a comprehensive treatment program for children with autism should be on a ratio of 1 hour of supervision for every 8 hours of treatment. Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills. When there are questions about the appropriateness or efficacy of services, these should be reviewed by an expert panel of behavior analysts and other professionals.	Feb 14, 2011 5:44 AM
1523	The service provider will provide the IDT with a written report. The effectiveness of the services will be determined by the IDT/PTM.	Feb 14, 2011 6:04 AM
1524	I suggest objective measures of the change in frequency, duration, and/or intensity of the challenging behavior when services are provided. Such measures should not just be taken for yearly IIP meetings but should be sufficiently frequent to inform treatment decisions.	Feb 14, 2011 6:39 AM
1525	GOAL SETTING AND THEN CHECKS TO SEE IF CERTAIN GOALS HAVE BEEN MET.	Feb 14, 2011 6:48 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1526	A behavioral assessment, functional behavioral assessment or functional analysis of the problem behavior(s), or skill deficits should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for comprehensive or focused behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. Supervision of a comprehensive treatment program for children with autism should be on a ratio of 1 hour of supervision for every 10 hours of treatment. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills. Duration of comprehensive treatment for children with autism is two to four years, with the intensity of services fading at that time.	Feb 14, 2011 7:59 AM
1527	Periodic evaluations should be conducted at various levels (e.g., client level, family level, program level, and agency level). Through the collection of outcome data, the utility and efficacy of service delivery can be determined.	Feb 14, 2011 8:14 AM
1528	Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: All behavioral services should follow the principles of applied behavior analysis (ABA) and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Without overlooking, the individualized needs of the consumer. In the development of an appropriate treatment plan, a behavioral assessment, functional behavioral assessment or functional analysis of the problem behavior(s), or skill deficits should be conducted. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for comprehensive or focused behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. Supervision of a comprehensive treatment program for children with autism should be on a ratio of 1 hour of supervision for every 8 hours of treatment. Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills. The IPP process requires sensitivity to individual needs of consumers; however an average duration of focused behavioral services would be 3 months to one year, depending on severity of the behavior(s). Duration of comprehensive treatment for children with autism is two to four years, with the intensity of services fading at that time.	Feb 14, 2011 8:49 AM
1529	My fend takes care of my son at after school. I work part-time twice a week about 8-hours.	Feb 14, 2011 8:49 AM
1530	Conduct meeting between Regional Center staff and the comsumer's family member.	Feb 14, 2011 9:16 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1531	The standard of whether the services are useful of effective should ALWAYS be measured by the degree of adjustment to the daily routine and the demands of whatever environment the consumer finds themselves in. If the consumer is not improving, then changes to the plans are necessary unless the surge of behavioral issues has to do with a temporary condition such as death in the family, family moving away and reduce visits, etc. that need to be dealt with differently.	Feb 14, 2011 1:22 PM
1532	Train individuals with continuing education	Feb 14, 2011 3:02 PM
1533	Surveys that are much more detailed than this one.	Feb 14, 2011 3:05 PM
1534	The onlly way to judge whether or not a services is useful and effective is to look at the outcome. This cannot be judged beforehand.	Feb 14, 2011 3:21 PM
1535	Behavioral services should follow the principles of applied behavior analysis and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. A functional behavioral assessment or functional analysis of the problem behavior(s) should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills.	Feb 14, 2011 3:48 PM
1536	Data should be taken each therapeutic session and should be reviewed by each therapist at each session to make decisions about how to continue with therapy. The clinical supervisor (certified as a behavior analyst) should also conduct weekly reviews of the data, the graphs, and also conduct in-vivo observations. Parents/caregivers should be required to be an active participant, involved in parent consultation sessions on a weekly basis (i.e., at least 2 hours per week). During these consultation sessions, the parents should be the target for behavior change, assisting them with changing environmental contingencies and problem solving strategies that can also be utilized in the 1:1 environment (with the therapist and child).	Feb 14, 2011 4:07 PM
1537	Measure goal achievement and parent participation.	Feb 14, 2011 4:16 PM
1538	The Regional Center could request to see progress reports on specific goals every 3-6 months in order to continue the purchase of service.	Feb 14, 2011 4:19 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1539	Behavioral services should follow the principles of applied behavior analysis and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. A functional behavioral assessment or functional analysis of the problem behavior(s) should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills.	Feb 14, 2011 4:20 PM
1540	A monthly progress report should be available to all parties.	Feb 14, 2011 4:22 PM
1541	These agencies have tutors who work with the children. Supervisors then meet and and discuss on-going progress with the tutors and monitor them along with the parents.	Feb 14, 2011 4:36 PM
1542	Regular communication and reports are needed.	Feb 14, 2011 4:42 PM
1543	Licensed clinics	Feb 14, 2011 4:44 PM
1544	Behavioral services should follow the principles of applied behavior analysis and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. A functional behavioral assessment or functional analysis of the problem behavior(s) should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills.	Feb 14, 2011 4:46 PM
1545	each service must have a measurable IEP goal and quarterly benchmarks attached to monitor progress	Feb 14, 2011 4:47 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1546	Behavioral services should be individualized to the needs of the consumer. A treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. The family/caregiver needs tp agree to participate in and implement the plan. The family/caregiver needs to agree to participate in and implement the recommended treatment plan.	Feb 14, 2011 4:49 PM
1547	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: All behavioral services should follow the principles of applied behavior analysis (ABA) and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. A behavioral assessment, functional behavioral assessment or functional analysis of the problem behavior(s), or skill deficits should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for comprehensive or focused behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. Supervision of a comprehensive treatment program for children with autism should be on a ratio of 1 hour of supervision for every 8 hours of treatment. Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills. The IPP process requires sensitivity to individual needs of consumers; however an average duration of focused behavioral services would be 3 months to one year, depending on severity of the behavior(s). Duration of comprehensive treatment for children with autism is two to four years, with the intensity of services fading at that time.	Feb 14, 2011 4:49 PM
1548	Measurement would difficult due to individuality of clients and level of effectiveness being perceived as subjective not objective. Surveys (like those done through Area Board QA) may help. Surveys not just of clients themselves, but perhaps from family memebers, or service providers, or even RC service coordinator.	Feb 14, 2011 4:50 PM
1549	Help kids with social skills, and support for parents to meet other parents.	Feb 14, 2011 5:00 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1550	Behavioral services should follow the principles of applied behavior analysis and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. A functional behavioral assessment or functional analysis of the problem behavior(s) should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills.	Feb 14, 2011 5:01 PM
1551	Parents should be involved in implementing required behavioral interventions. They have to agree to do so in order to receive those services.	Feb 14, 2011 5:04 PM
1552	All behavioral services should follow the principles of applied behavior analysis (ABA) and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. A behavioral assessment, functional behavioral assessment or functional analysis of the problem behavior(s), or skill deficits should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for comprehensive or focused behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. Supervision of a comprehensive treatment program for children with autism should be on a ratio of 1 hour of supervision for every 8 hours of treatment. Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills. The IPP process requires sensitivity to individual needs of consumers; however an average duration of focused behavioral services would be 3 months to one year, depending on severity of the behavior(s). Duration of comprehensive treatment for children with autism is two to four years, with the intensity of services fading at that time.	Feb 14, 2011 5:06 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1553	All behavioral services should follow the principles of applied behavior analysis (ABA) and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. A behavioral assessment, functional behavioral assessment or functional analysis of the problem behavior(s), or skill deficits should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for comprehensive or focused behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. Supervision of a comprehensive treatment program for children with autism should be on a ratio of 1 hour of supervision for every 8 hours of treatment. Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills. The IPP process requires sensitivity to individual needs of consumers; however an average duration of focused behavioral services would be 3 months to one year, depending on severity of the behavior(s). Duration of comprehensive treatment for children with autism is two to four years, with the intensity of services fading at that time.	Feb 14, 2011 5:08 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1554	A more clinical approach to assessments needs to become the standard. Testing materials, forms and report contents all need to be standardized. There is a lot of inconsistency and we need to treat all of the above in the same way that a physician or health-care provider treats patient records. Using an electronic record (like EPIC or other similar products) would simplify documentation and improve access to information on a client for everyone, the parents, the provider, the Regional Center or state agency and the supervisors. Qualified ABA providers understand the necessity for keeping and interpreting data on their clients as a means to adjust therapeutic approaches. Report preparation/writing should not be done during client sessions, this needs to be written into the contracts. Too many times a therapist and the supervisors with take up therapy hours working on reports in the home. It needs to be clear that that is done at the office or place of business, assessments needed to determine current levels should be excluded from that rule. Services should be provided in the home, in small group and during outings with a family member into the community.	Feb 14, 2011 5:12 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1555	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: • Supervision of a comprehensive treatment program for children with autism should be on a ratio of 1 hour of supervision for every 4 hours of treatment and should include additional hours for weekly team meetings and parent training, maximizing supervision hours at 25 per month. • In addition to direct treatment hours by a therapist, supervision by a Sr. Therapist should be included to ensure consistency in implementation. Research shows that in order for treatment to be implemented in the manner consistent with the program and at a high quality level, additional levels of supervision are required. Senior Therapist hours should be at a ratio of 1 hour of supervision for every 3 hours of treatment. This will include attendance at weekly team meetings and additional hours allotted to ensure program generalization and progression. • All behavioral services should follow the principles of applied behavior analysis (ABA) and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. • A behavioral assessment, functional behavioral assessment or functional analysis of the problem behavior(s), or skill deficits should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for comprehensive or focused behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. • Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills. • The IPP process requires sensitivity to individual needs of consumers; however an average duration of focused behavioral services would be 3 months to one year, depending on severity of the behavior(s). • Duration of comprehensive treatment for children with autism is two to four years, with the intensity of services fading at that time. • Services could be determined to be ineffective for various reasons: inability or unwillingness of family to participate in the program, frequent absences, or cancellation of treatment sessions, or mastery of skills to the point that the child no longer demonstrates deficits.	Feb 14, 2011 5:14 PM
1556	As recommended by a qualified professional in the area	Feb 14, 2011 5:15 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1557	A developmentally appropriate assessment will determine the appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes and level of service for the child. Given the young age of the children, frequent review of the data and the treatment plan is needed; usually plans are reviewed every 3 months. Direct observation data should be reviewed by the supervisor on a weekly basis to determine if changes are needed. Supervision ratio should be 1 hour of supervision for every 10 hours of treatment. Services could be determined to be ineffective for various reasons: inability or unwillingness of family to participate in the program, frequent absences, or cancellation of treatment sessions, or mastery of skills to the point that the child no longer demonstrates deficits.	Feb 14, 2011 5:17 PM
1558	Feedback from the parents/guardians and service providers as well as improvement shown by data collection.	Feb 14, 2011 5:23 PM
1559	The behavior reduction procedures and teaching techniques should be empirically validated (i.e., based on established ABA research). Data should be collected on an ongoing basis and reviewed to determine the efficacy of ABA-based techniques on individual performance. In the case of challenging behavior, a functional behavioral assessment (FBA) should be conducted to identify the maintaining variables for challenging behavior and to provide function-based treatment options. Behavioral services provided in a 1:1 arrangement in the home/clinic setting should be supervised on a regular basis (e.g., 2 hours of supervision per 10 hours of 1:1 service).	Feb 14, 2011 5:31 PM
1560	In my opinion there is no tool nor standards set yet to determine the lenght of an intervention and even less, the effectiveness. We RC's should not believe 100 % on what our providers tell us. Often times, and really too often, we simply read the same report for several consumers, and it repeats over and over again, lasting the intervention forever. I believe Intervention should be specific on targeting the most Difficult Behavior at a time, and once determine the basal rate of such, project the decrease of such behaviors to its minimal. My believe is that if a propper ABA had been completed, the specialist recognize which behavior is the root of other variabilities and displays. By concentrating on this diificult behavior, hence the other will decrease by consequence. ABA Plans should not target several behaviors at once, and they should demonstrate clearly a progress made during an "intensive intervention period of time" lets say (set) 3 months contract at a time. If the intervention is not showing improvements during the benchmarks set, a "third eye" (second opinion) could be the answer to why the intervention is not providing results as anticipated. This "third eye" is almost like an Audit and could be done through a diferent provider, or RC's specialists on behavioral services, and certainly Service Coordinators input. Often times, providers put the blame on the lack of family member's cooperation, and perhaps they are right, but then the question is how effective the consult hours had been since they have not been able to achive family members compromise. Then a Contract/ POS should not be extended unless there is a clear expectation on both providers & family members.	Feb 14, 2011 5:34 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1561	Behavioral services should follow the principles of applied behavior analysis and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. A functional behavioral assessment or functional analysis of the problem behavior(s) should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers.Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan.	Feb 14, 2011 5:35 PM
1562	A thorough developmental assessment should be conducted to develop an appropriate treatment plan for each child. Goals and objectives should be outlined based on the child's needs. Data should be collected so that progress may be reviewed regularly. Progress reports may be generated every 3 months. Programs should be reviewed regularly by a highly trained supervisor who will oversee the program, assess for needs/changes to programming. Supervision should be provided at a ratio of 1:10: 1 hour of supervision for every 10 hours of direct 1:1 services.	Feb 14, 2011 5:46 PM
1563	Intense therapy 1:1	Feb 14, 2011 5:59 PM
1564	Make sure that Case Managers are qualified and informed - and the Standards should follow the needs of the consumer.	Feb 14, 2011 5:59 PM
1565	Rathar than simply reading a report, the doctors at the Regional Centers should actually visit the child in home, in school and in the community. My son is now 9 and the closest any doctor from the Regional Center has come to actually seeing him is via a report. The last time the saw him face to face was when he was 3 1/2. I'm not sure if the doctors and administrators at the Regional Centers know what is useful and effective.	Feb 14, 2011 6:00 PM
1566	Respite care is essential. More services for educational and daycare programs need to be provided.	Feb 14, 2011 6:00 PM
1567	Service providers can submit a current status, then submit brief reports on progress, and then a semester check in, and a year end report.	Feb 14, 2011 6:02 PM
1568	Providers must submit treatment plans and show evidance that the consumer is benefitting, progressing from the treatment!	Feb 14, 2011 6:03 PM

Behavioral Services

3. Suggested service standards about how to make sure the services provided

	Response Text	
1569	Behavioral services should follow the principles of applied behavior analysis and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. A functional behavioral assessment or functional analysis of the problem behavior(s) should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills.	Feb 14, 2011 6:05 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1570	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: • Supervision of a comprehensive treatment program for children with autism should be on a ratio of 1 hour of supervision for every 4 hours of treatment and should include additional hours for weekly team meetings and parent training, maximizing supervision hours at 25 per month. • In addition to direct treatment hours by a therapist, supervision by a Sr. Therapist should be included to ensure consistency in implementation. Research shows that in order for treatment to be implemented in the manner consistent with the program and at a high quality level, additional levels of supervision are required. Senior Therapist hours should be at a ratio of 1 hour of supervision for every 3 hours of treatment. This will include attendance at weekly team meetings and additional hours allotted to ensure program generalization and progression. • All behavioral services should follow the principles of applied behavior analysis (ABA) and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. • A behavioral assessment, functional behavioral assessment or functional analysis of the problem behavior(s), or skill deficits should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for comprehensive or focused behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. • Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills. • The IPP process requires sensitivity to individual needs of consumers; however an average duration of focused behavioral services would be 3 months to one year, depending on severity of the behavior(s). • Duration of comprehensive treatment for children with autism is two to four years, with the intensity of services fading at that time. • Services could be determined to be ineffective for various reasons: inability or unwillingness of family to participate in the program, frequent absences, or cancellation of treatment sessions, or mastery of skills to the point that the child no longer demonstrates deficits.	Feb 14, 2011 6:05 PM
1571	the service will apply and staff will supervise at all times to make sure that it given appropriately according to the needs of the individual.	Feb 14, 2011 6:06 PM
1572	A functional behavioral assessment or functional analysis of the problem behavior(s) should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan.	Feb 14, 2011 6:09 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1573	Behavioral services should follow the principles of applied behavior analysis and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. A functional behavioral assessment or functional analysis of the problem behavior(s) should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills.	Feb 14, 2011 6:14 PM
1574	Behavioral services should follow the principles of applied behavior analysis and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. A functional behavioral assessment or functional analysis of the problem behavior(s) should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills.	Feb 14, 2011 6:20 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1575	All behavioral services should follow the principles of applied behavior analysis (ABA) and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. A behavioral assessment, functional behavioral assessment or functional analysis of the problem behavior(s), or skill deficits should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for comprehensive or focused behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. Supervision of a comprehensive treatment program for children with autism should be on a ratio of 1 hour of supervision for every 8 hours of treatment.	Feb 14, 2011 6:20 PM
1576	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 14, 2011 6:20 PM
1577	Only interventions with published evidence that they change behavior with our population should be accepted for use. Many providers develop their own treatment packages that are experimental-- meaning they've never been proven effective when used together. Many providers use simplistic interventions (chore charts, picture-schedules) for severe behavior problems when more intensive treatments are indicated.	Feb 14, 2011 6:21 PM
1578	Behavioral services should follow the principles of applied behavior analysis and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. A functional behavioral assessment or functional analysis of the problem behavior(s) should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan.Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills.	Feb 14, 2011 6:21 PM
1579	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 14, 2011 6:24 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1580	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: • Supervision of a comprehensive treatment program for children with autism should be on a ratio of 1 hour of supervision for every 4 hours of treatment and should include additional hours for weekly team meetings and parent training, maximizing supervision hours at 25 per month. • In addition to direct treatment hours by a therapist, supervision by a Sr. Therapist should be included to ensure consistency in implementation. Research shows that in order for treatment to be implemented in the manner consistent with the program and at a high quality level, additional levels of supervision are required. Senior Therapist hours should be at a ratio of 1 hour of supervision for every 3 hours of treatment. This will include attendance at weekly team meetings and additional hours allotted to ensure program generalization and progression. • All behavioral services should follow the principles of applied behavior analysis (ABA) and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. • A behavioral assessment, functional behavioral assessment or functional analysis of the problem behavior(s), or skill deficits should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for comprehensive or focused behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. • Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills. • The IPP process requires sensitivity to individual needs of consumers; however an average duration of focused behavioral services would be 3 months to one year, depending on severity of the behavior(s). • Duration of comprehensive treatment for children with autism is two to four years, with the intensity of services fading at that time. • Services could be determined to be ineffective for various reasons: inability or unwillingness of family to participate in the program, frequent absences, or cancellation of treatment sessions, or mastery of skills to the point that the child no longer demonstrates deficits.	Feb 14, 2011 6:24 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1581	All behavioral services should follow the principles of aplied behavior analysis and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers inthe effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. A behavioral assessment, functional behavioral assessment, or functional analysis of the problem behavior(s), or skill deficts should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service fortheir parents and/or primary caregivers. In addition, periodic assessments shold be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for comprehensive or focused behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. Supervision of a comprehensive treatment program for children with autism should be on a ration of 1 hour of supervision for every 8 hours of treatment. Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g. frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills. Duration of comprehensive treatment for children with autism is 2-4 years, with the intensity of services fading at that time.	Feb 14, 2011 6:30 PM
1582	1) A developmentally appropriate assessment will determine the appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes and level of service for the child. Given the young age of the children, frequent review of the data and the treatment plan is needed; usually plans are reviewed every 3 months. 2) Direct observation data should be reviewed by the supervisor on a weekly basis to determine if changes are needed. Supervision ratio should be 1 hour of supervision for every 10 hours of treatment. 3) Services could be determined to be ineffective for various reasons: inability or unwillingness of family to participate in the program, frequent absences, or cancellation of treatment sessions, or mastery of skills to the point that the child no longer demonstrates deficits.	Feb 14, 2011 6:30 PM
1583	A developmentally appropriate assessment will determine the appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes and level of service for the child. Given the young age of the children, frequent review of the data and the treatment plan is needed; usually plans are reviewed every 3 months. Direct observation data should be reviewed by the supervisor on a weekly basis to determine if changes are needed. Supervision ratio should be 1 hour of supervision for every 10 hours of treatment. Services could be determined to be ineffective for various reasons: inability or unwillingness of family to participate in the program, frequent absences, or cancellation of treatment sessions, or mastery of skills to the point that the child no longer demonstrates deficits.	Feb 14, 2011 6:32 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1584	Their should be more accountability to make sure parents are not taking advantage of the system. Services should be continued or discontinued based on the progress of the consumer. Services tend to last for muliple years, rather than for what it was intended for. Parents rely to much on behavioral services and often fight to keep them in place when they are not needed.	Feb 14, 2011 6:34 PM
1585	An initial behavioral assessment should be conducted, with ongoing assessments every 3-6 months	Feb 14, 2011 6:35 PM
1586	All behavioral services should follow the principles of applied behavior analysis (ABA) and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. A behavioral assessment, functional behavioral assessment or functional analysis of the problem behavior(s), or skill deficits should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for comprehensive or focused behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. Supervision of a comprehensive treatment program for children with autism should be on a ratio of 1 hour of supervision for every 8 hours of treatment. Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills. The IPP process requires sensitivity to individual needs of consumers; however an average duration of focused behavioral services would be 3 months to one year, depending on severity of the behavior(s). Duration of comprehensive treatment for children with autism is two to four years, with the intensity of services fading at that time.	Feb 14, 2011 6:35 PM
1587	Providers need to submit data and progress reports describing the methodologies used and showing the effects of the therapy. Parent reports are also very important and prove the effectiveness of the program and the progress and success of the individual within that program.	Feb 14, 2011 6:41 PM

Behavioral Services

3. Suggested service standards about how to make sure the services provided

	Response Text	
1588	At that time, a reassessment should be made to assess progress. If sufficient progress is being made, say 25% reduction in targeted behavior (keeping in mind the 5 - 7 day a week immersion) an extension offered. If no change in behavior occurs, one functional analysis and change in program can be made - with success to be assessed in 30 to 60 days. A foundation of behavior management is that a program has to be assessed for success. If it is not sufficiently successful, it needs to be re-evaluated. Don't let behavioral intervention turn into glorified babysitting, where the staff just handles the child when they're there but NOTHING changes. I'd propose 4 months - of intense (daily - outcomes reviewed every 30 days for improvement) services at no cost to the family, with the exception of the existing family share of cost. If sufficient outcomes, 50% reduction in behavior, or better are not achieved service funding stopped. If outcomes achieved, then an additional 4 months considered. This would allow the family to receive up to 8 months of intense behavioral supports.	Feb 14, 2011 6:43 PM
1589	The recipient of the services will be the best monitor for effectiveness. Aiding family members and the community with the tools to relax taboos will impact our society	Feb 14, 2011 6:45 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1590	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: All behavioral services should follow the principles of applied behavior analysis (ABA) and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. A behavioral assessment, functional behavioral assessment or functional analysis of the problem behavior(s), or skill deficits should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for comprehensive or focused behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. Supervision of a comprehensive treatment program for children with autism should be on a ratio of 1 hour of supervision for every 8 hours of treatment. Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills. The IPP process requires sensitivity to individual needs of consumers; however an average duration of focused behavioral services would be 3 months to one year, depending on severity of the behavior(s). Duration of comprehensive treatment for children with autism is two to four years, with the intensity of services fading at that time.	Feb 14, 2011 6:45 PM
1591	Involvment with the individual by the professionals, family members, and friends...	Feb 14, 2011 6:46 PM
1592	A developmentally appropriate assessment will determine the appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes and level of service for the child. Given the young age of the children, frequent review of the data and the treatment plan is needed; usually plans are reviewed every 3 months. Direct observation data should be reviewed by the supervisor on a weekly basis to determine if changes are needed. Supervision ratio should be 1 hour of supervision for every 10 hours of treatment. Services could be determined to be ineffective for various reasons: inability or unwillingness of family to participate in the program, frequent absences, or cancellation of treatment sessions, or mastery of skills to the point that the child no longer demonstrates deficits.	Feb 14, 2011 6:52 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1593	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: All behavioral services should follow the principles of applied behavior analysis (ABA) and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. A behavioral assessment, functional behavioral assessment or functional analysis of the problem behavior(s), or skill deficits should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for comprehensive or focused behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. Supervision of a comprehensive treatment program for children with autism should be on a ratio of 1 hour of supervision for every 8 hours of treatment. Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills. The IPP process requires sensitivity to individual needs of consumers; however an average duration of focused behavioral services would be 3 months to one year, depending on severity of the behavior(s). Duration of comprehensive treatment for children with autism is two to four years, with the intensity of services fading at that time.	Feb 14, 2011 6:56 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1594	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: All behavioral services should follow the principles of applied behavior analysis (ABA) and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. A behavioral assessment, functional behavioral assessment or functional analysis of the problem behavior(s), or skill deficits should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for comprehensive or focused behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. Supervision of a comprehensive treatment program for children with autism should be on a ratio of 1 hour of supervision for every 8 hours of treatment. Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills. The IPP process requires sensitivity to individual needs of consumers; however an average duration of focused behavioral services would be 3 months to one year, depending on severity of the behavior(s). Duration of comprehensive treatment for children with autism is two to four years, with the intensity of services fading at that time.	Feb 14, 2011 6:59 PM

Behavioral Services

3. Suggested service standards about how to make sure the services provided

	Response Text	
1595	Behavioral services should follow the principles of applied behavior analysis and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. A functional behavioral assessment or functional analysis of the problem behavior(s) should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills.	Feb 14, 2011 7:03 PM
1596	assesment and reports should be outcome based,	Feb 14, 2011 7:05 PM
1597	Require all ABA vendors provide quality assurance reports at the end of each service year. Review of parent's satisfaction surveys. Review of length of time in programming. Review of developmental charting in reports to insure progression. Require service coordinators are present at quarterly planning team meetings to review programming.	Feb 14, 2011 7:05 PM
1598	The agency should do the initial assessment including an interview with parents to understand the history with the child development. The implementers should visit the child's house on the regular basis to identify and understand the child's needs in the behavior intervention area in order to implement several strategies to help out the family. If the children show behavioral problems in the community setting such as aggressive behaviors in the playground etc, the implementers should also address these problems by observing and implementing the strategies in several community outings.	Feb 14, 2011 7:11 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1599	# Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: * All behavioral services should follow the principles of applied behavior analysis (ABA) and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. * A behavioral assessment, functional behavioral assessment or functional analysis of the problem behavior(s), or skill deficits should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for comprehensive or focused behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. * Supervision of a comprehensive treatment program for children with autism should be on a ratio of 1 hour of supervision for every 8 hours of treatment. * Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills. * The IPP process requires sensitivity to individual needs of consumers; however an average duration of focused behavioral services would be 3 months to one year, depending on severity of the behavior(s). * Duration of comprehensive treatment for children with autism is two to four years, with the intensity of services fading at that time.	Feb 14, 2011 7:12 PM
1600	Behavioral services should follow the principles of applied behavior analysis and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. A functional behavioral assessment or functional analysis of the problem behavior(s) should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan.	Feb 14, 2011 7:13 PM
1601	Parents should be required to be hands one with the therapist. Maybe for the first month, the therapist works with the child to build rapport and understand the behavioral dynamics. Afterward, the parent must be present and the therapist only provides coaching to the parent while the parent is hands on.	Feb 14, 2011 7:23 PM
1602	Monthly followups	Feb 14, 2011 7:24 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1603	Effectiveness and usefulness of services should be determined by the IPP team at every IPP meeting, as described in the Lanternman Act Section 4646.5(a)(6)	Feb 14, 2011 7:25 PM
1604	Make sure service providers are appropriately trained and supervised by a certificated behavior analyst or ABA service provider with strong references and 2-3 years experience providing research-based ABA.	Feb 14, 2011 7:31 PM
1605	evaluations	Feb 14, 2011 7:36 PM
1606	The organization should do the initial assessment including an interview with parents to understand the history with the child development. The implementers should visit the child's house on the regular basis to identify and understand the child's needs in the behavior intervention area in order to implement several strategies to help out the family. If the children show behavioral problems in the community setting, the implementers should also address these problems by observing and implementing the strategies in several community outings service.	Feb 14, 2011 7:36 PM
1607	Behavioral services should follow the principles of applied behavior analysis and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. A functional behavioral assessment or functional analysis of the problem behavior(s) should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills.	Feb 14, 2011 7:39 PM
1608	develop a maximum amount of hours. All consumers could benifit from unlimited services but it is not realistic	Feb 14, 2011 7:42 PM
1609	A developmentally appropriate assessment will determine the appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes and level of service for the child. Given the young age of the children, frequent review of the data and the treatment plan is needed; usually plans are reviewed every 3 months. Direct observation data should be reviewed by the supervisor on a weekly basis to determine if changes are needed. Supervision ratio should be 1 hour of supervision for every 10 hours of treatment. Services could be determined to be ineffective for various reasons: inability or unwillingness of family to participate in the program, frequent absences, or cancellation of treatment sessions, or mastery of skills to the point that the child no longer demonstrates deficits.	Feb 14, 2011 7:51 PM
1610	Parent, teacher, work or adult day program supervisor, interviews/reports of efficacy.	Feb 14, 2011 7:54 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1611	Daily, weekly, monthly review of positive changes of the consumer/family. Personal feedback, objective feedback (data collection).	Feb 14, 2011 7:54 PM
1612	school	Feb 14, 2011 7:54 PM
1613	Behavioral services should follow the principles of applied behavior analysis and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. A functional behavioral assessment or functional analysis of the problem behavior(s) should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills.	Feb 14, 2011 7:58 PM

Behavioral Services

3. Suggested service standards about how to make sure the services provided

	Response Text	
1614	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: All behavioral services should follow the principles of applied behavior analysis (ABA) and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. A behavioral assessment, functional behavioral assessment or functional analysis of the problem behavior(s), or skill deficits should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for comprehensive or focused behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. Supervision of a comprehensive treatment program for children with autism should be on a ratio of 1 hour of supervision for every 8 hours of treatment. Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills. The IPP process requires sensitivity to individual needs of consumers; however an average duration of focused behavioral services would be 3 months to one year, depending on severity of the behavior(s). Duration of comprehensive treatment for children with autism is two to four years, with the intensity of services fading at that time.	Feb 14, 2011 7:58 PM
1615	Whatever Goodwill does is wonderfull	Feb 14, 2011 8:05 PM
1616	Data collection on behaviors and skill goals needs to be standardized to ensure that clear communication between other service providers is consistent so as to enable cross-referencing, quality assurance, and accountability of services provided.	Feb 14, 2011 8:13 PM
1617	Empower service coordinators to look for effectiveness and then give them time to review for effectiveness.	Feb 14, 2011 8:18 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1618	All behavioral services should follow the principles of applied behavior analysis (ABA) and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. Applied behavior therapists are trained as clinicians who make data-based decisions. This means that certified behavior analysts have an ethical duty to continuously evaluate behavior change programs and provide evidence of intervention effectiveness. A quality control procedure that probes behavior change plans and examines the validity of the proposed changes would help the regional centers and DDs make decisions regarding quality of vendor services.	Feb 14, 2011 8:26 PM
1619	* A developmentally appropriate assessment will determine the appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes and level of service for the child. Given the young age of the children, frequent review of the data and the treatment plan is needed; usually plans are reviewed every 3 months. * Direct observation data should be reviewed by the supervisor on a weekly basis to determine if changes are needed. Supervision ratio should be 1 hour of supervision for every 10 hours of treatment. * Services could be determined to be ineffective for various reasons: inability or unwillingness of family to participate in the program, frequent absences, or cancellation of treatment sessions, or mastery of skills to the point that the child no longer demonstrates deficits.	Feb 14, 2011 8:36 PM
1620	AGAIN THIS IS ENTIRELY UP TO THE PROVIDER TO MAKE AN OBSERVATION AS TO HOW USEFUL AND EFFECTIVE IT IS. THE PROVIDER IS THE ONE WHO SEES IF AND WHEN PROGRESS IS MADE.	Feb 14, 2011 8:41 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1621	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: All behavioral services should follow the principles of applied behavior analysis (ABA) and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. A behavioral assessment, functional behavioral assessment or functional analysis of the problem behavior(s), or skill deficits should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for comprehensive or focused behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. Supervision of a comprehensive treatment program for children with autism should be on a ratio of 1 hour of supervision for every 8 hours of treatment. Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills. The IPP process requires sensitivity to individual needs of consumers; however an average duration of focused behavioral services would be 3 months to one year, depending on severity of the behavior(s). Duration of comprehensive treatment for children with autism is two to four years, with the intensity of services fading at that time.	Feb 14, 2011 8:45 PM
1622	Role play or in groups. The usual pre and post test. have a current list of other resources.	Feb 14, 2011 8:48 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1623	Behavioral services should follow the principles of applied behavior analysis and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. A functional behavioral assessment or functional analysis of the problem behavior(s) should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills.	Feb 14, 2011 8:50 PM

Behavioral Services

3. Suggested service standards about how to make sure the services provided

	Response Text	
1624	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: All behavioral services should follow the principles of applied behavior analysis (ABA) and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. A behavioral assessment, functional behavioral assessment or functional analysis of the problem behavior(s), or skill deficits should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for comprehensive or focused behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. Supervision of a comprehensive treatment program for children with autism should be on a ratio of 1 hour of supervision for every 8 hours of treatment. Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills. The IPP process requires sensitivity to individual needs of consumers; however an average duration of focused behavioral services would be 3 months to one year, depending on severity of the behavior(s). Duration of comprehensive treatment for children with autism is two to four years, with the intensity of services fading at that time.	Feb 14, 2011 8:51 PM
1625	Once the service standard is outlined, the services could go through a bid process for the best provider based on experience, referral and finally cost.	Feb 14, 2011 8:52 PM
1626	Usefulness and effectiveness of services should be determined by the IPP team at every IPP meeting, as described in the Lanternman Act Section 4646.5 (a) (6)	Feb 14, 2011 8:53 PM
1627	See above	Feb 14, 2011 8:54 PM
1628	It is entirely up to the service provider to determine if services are useful and effective since he/she is the expert in dealing with the situation. Between the parents/guardian and provider, some agreement can be made, whether or not it is helpful.	Feb 14, 2011 8:57 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1629	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: All behavioral services should follow the principles of applied behavior analysis (ABA) and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. A behavioral assessment, functional behavioral assessment or functional analysis of the problem behavior(s), or skill deficits should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for comprehensive or focused behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. Supervision of a comprehensive treatment program for children with autism should be on a ratio of 2 hour of supervision for every 8 hours of treatment. Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills. The IPP process requires sensitivity to individual needs of consumers; however an average duration of focused behavioral services would be 3 months to one year, depending on severity of the behavior(s). Duration of comprehensive treatment for children with autism is two to four years, with the intensity of services fading at that time.	Feb 14, 2011 8:58 PM
1630	Each regional Center needs to have a sufficient number of Service Coordinators to address the number of clients enrolled at that Regional center. The case loads of each Service Coordinator should be between 35-40--according to the DDS Commissioner's guidelines for Massachusetts DDS.	Feb 14, 2011 9:02 PM
1631	Calling parents and vendors on how the progress in going. Receiving progress report perhaps on a monthly basis..something simple but to the point.	Feb 14, 2011 9:05 PM
1632	Child evaluation by speech therapist every 4-6 months and child/parent evaluation by GGC every 6 months. Child should show signs of improvement.	Feb 14, 2011 9:07 PM
1633	The IP Team should determine usefulness and effectiveness at every IP meeting, as described in the Lanterman Act.	Feb 14, 2011 9:09 PM
1634	Relevant and accurate data should be kept by the direct service providers, and monitored by the Behavioral Service Provider. Data should indicate a reduction in problematic behavior, and a concurrent increase in adaptive behavior.	Feb 14, 2011 9:14 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1635	ABA treatment services may range from 2 hours per week of consultation and parent education/training to 20 hours per week of one-to-one services in combination with consultation and parent education/training depending on the function, frequency, duration and severity of the problem behavior	Feb 14, 2011 9:15 PM
1636	The company providing the services submit progress reports to Regional Center every 3 months.	Feb 14, 2011 9:28 PM
1637	By referrals from Regional Center counselors. Keeping updates with the parents and therapist.	Feb 14, 2011 9:33 PM
1638	Expectations for fade out plans and tapering/transitioning from 1:1 services to the Parent Consultation model must be discussed and agreed on prior to the implementation of any services. Parents are very resistive to reduce services when the child is making progress and goals are being met.	Feb 14, 2011 9:35 PM
1639	specifically name the behavior being addressed, then show before/after analysis to compare if the behavior is improving over time	Feb 14, 2011 9:44 PM
1640	6 month evaluations	Feb 14, 2011 9:49 PM
1641	Suggest more involvement from school program personnel in the 1/4ly planning team meetings, as these two programs (NPA's and LEA's) both need to work in tandem with the child and the child's parents. The more collaboration, the better the outcome for the child and more effective usage of finanacial resources.	Feb 14, 2011 9:52 PM
1642	An initial assessment with goals determined, followed by daily charting toward progress, and monthly review of progress toward goals.	Feb 14, 2011 9:54 PM
1643	Parents track what strategies they are using at home and their results; frequent monitoring/revision if necessary by therpaist in collaboration with parents/family.	Feb 14, 2011 10:05 PM
1644	A functional behavioral assessment or functional analysis of the problem behavior(s) should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. Also, before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills.	Feb 14, 2011 10:06 PM
1645	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 14, 2011 10:11 PM
1646	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in the Lanterman Act Section 4646.5 (a)-(6).	Feb 14, 2011 10:21 PM
1647	Each Regional center should hold EVERY vendor responsible for the services they are providing to the consumer and family.	Feb 14, 2011 10:23 PM
1648	There should be some sort of evaluation system that is totally TRANSPARENT. Regional centers have meetings with service providers WITHOUT the consumer and the parent to discuss the efficacy of the program. Parents should be able to see how other parents have rated a certain provider. This should also apply to parent training programs. The regional center is determined to make parents participate in parent training regardless of whether the parents think they are effective.	Feb 14, 2011 10:28 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1649	Usefullness and effectiveness will be judged by the goals set out for treatment that arise from the IPP or amended IPP and the support team contributing to these goals and service decisions. As mentioned above behavorists are used to help clients adjust to home, program, work and social situations so the goals would address the areas and the behaviors that need change as expressed in the IPP.	Feb 14, 2011 10:29 PM
1650	Require all ABA vendors provide quality assurance reports at the end of each service year. Review of parent's satisfaction surveys. Review of length of time in programming. Review of developmental charting in reports to insure progression. Require service coordinators are present at quarterly planning team meetings to review programming.	Feb 14, 2011 10:32 PM
1651	Independent regular evaluations. As of now either the agency or the regional center determines progress. I think this may be a conflict of interest and not always will the entity act in the best interest of the serviced party. I think a independent source should report on the progress of the therapies.	Feb 14, 2011 10:33 PM
1652	Observation by care provider and parent.	Feb 14, 2011 10:35 PM
1653	service provider should make progress report every 3-6 months to track progress	Feb 14, 2011 10:36 PM
1654	have people with expercience work with kids to teach them independence	Feb 14, 2011 10:38 PM
1655	parent satisfaction should be the most important factor	Feb 14, 2011 10:39 PM
1656	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 14, 2011 10:43 PM
1657	* All behavioral services should follow the principles of applied behavior analysis (ABA) and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. * A behavioral assessment, functional behavioral assessment or functional analysis of the problem behavior(s), or skill deficits should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for comprehensive or focused behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. * Supervision of a comprehensive treatment program for children with autism should be on a ratio of 1 hour of supervision for every 8 hours of treatment. * Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills. * The IPP process requires sensitivity to individual needs of consumers; however an average duration of focused behavioral services would be 3 months to one year, depending on severity of the behavior(s). * Duration of comprehensive treatment for children with autism is two to four years, with the intensity of services fading at that time.	Feb 14, 2011 10:44 PM
1658	make follow up more frequently with ABA agency to request submitting acquisition result.	Feb 14, 2011 10:44 PM
1659	As always written documentation and charting on flow sheets to me is highly recommended...	Feb 14, 2011 10:46 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1660	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 14, 2011 10:46 PM
1661	Specific data entries. Review of data in a timely manner. (Timely depends on the frequency, severity, and intensity of the maladaptive behavior).	Feb 14, 2011 10:54 PM
1662	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: All behavioral services should follow the principles of applied behavior analysis (ABA) and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. A behavioral assessment, functional behavioral assessment or functional analysis of the problem behavior(s), or skill deficits should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for comprehensive or focused behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. Supervision of a comprehensive treatment program for children with autism should be on a ratio of 1 hour of supervision for every 8 hours of treatment. Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills. The IPP process requires sensitivity to individual needs of consumers; however an average duration of focused behavioral services would be 3 months to one year, depending on severity of the behavior(s). Duration of comprehensive treatment for children with autism is two to four years, with the intensity of services fading at that time.	Feb 14, 2011 10:54 PM
1663	1. Reduction or elimination of negative behaviors 2. Staff feeling confident about following out behavioral plan 3. Client actively engaged in activities	Feb 14, 2011 11:00 PM
1664	A developmentally appropriate assessment will determine the appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes and level of service for the child. Given the young age of the children, frequent review of the data and the treatment plan is needed; usually plans are reviewed every 3 months. Direct observation data should be reviewed by the supervisor on a weekly basis to determine if changes are needed. Supervision ratio should be 1 hour of supervision for every 10 hours of treatment. Services could be determined to be ineffective for various reasons: inability or unwillingness of family to participate in the program, frequent absences, or cancellation of treatment sessions, or mastery of skills to the point that the child no longer demonstrates deficits	Feb 14, 2011 11:09 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1665	All behavioral services should follow the principles of applied behavior analysis (ABA) and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. A behavioral assessment, functional behavioral assessment or functional analysis of the problem behavior(s), or skill deficits should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for comprehensive or focused behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. Supervision of a comprehensive treatment program for children with autism should be on a ratio of 1 hour of supervision for every 8 hours of treatment. Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills. The IPP process requires sensitivity to individual needs of consumers; however an average duration of focused behavioral services would be 3 months to one year, depending on severity of the behavior(s). Duration of comprehensive treatment for children with autism is two to four years, with the intensity of services fading at that time.	Feb 14, 2011 11:16 PM
1666	I understand that there are some providers who have developed their own behavioral intervention techniques, that may or may not be effective. They have simply been doing them for many years and so have trained their staff to do so also, even though the intervention may not be effective. The recognized and effective techniques should be required, along with certification, regular inservice training, and re-certification	Feb 14, 2011 11:23 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1667	Behavioral services should follow the principles of applied behavior analysis (ABA) and should be individualized to the needs of the consumer. Behavioral assessment, functional behavioral assessment or functional analysis of the problem behavior(s), or skill deficits should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. Supervision of a comprehensive treatment program for children with autism should be on a ratio of 1 hour of supervision for every 8 hours of treatment. Supervision needs to include plans for teaching caregivers how to generalize consumers' learned skills. Duration of comprehensive treatment for children with autism is two to four years, with the intensity of services fading at that time.	Feb 14, 2011 11:25 PM
1668	A developmentally appropriate assessment will determine the appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes and level of service for the child. Given the young age of the children, frequent review of the data and the treatment plan is needed; usually plans are reviewed every 3 months. Direct observation data should be reviewed by the supervisor on a weekly basis to determine if changes are needed. Supervision ratio should be 1 hour of supervision for every 20 hours of treatment. Services could be determined to be ineffective for various reasons: inability or unwillingness of family to participate in the program, frequent absences, or cancellation of treatment sessions, or mastery of skills to the point that the child no longer demonstrates deficits.	Feb 14, 2011 11:25 PM
1669	outcome based assesments. detailed analysis and plans should be outcome based.	Feb 14, 2011 11:31 PM
1670	A developmentally appropriate assessment will determine the appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes and level of service for the child. Given the young age of the children, frequent review of the data and the treatment plan is needed; usually plans are reviewed every 3 months. Direct observation data should be reviewed by the supervisor on a weekly basis to determine if changes are needed. Supervision ratio should be 1 hour of supervision for every 15 hours of treatment. Services could be determined to be ineffective for various reasons: inability or unwillingness of family to participate in the program, frequent absences, or cancellation of treatment sessions, or mast	Feb 14, 2011 11:31 PM
1671	A functional behavioral assessment or functional analysis of the problem behavior(s) should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan.	Feb 14, 2011 11:38 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1672	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: All behavioral services should follow the principles of applied behavior analysis (ABA) and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. A behavioral assessment, functional behavioral assessment or functional analysis of the problem behavior(s), or skill deficits should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for comprehensive or focused behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. Supervision of a comprehensive treatment program for children with autism should be on a ratio of 1 hour of supervision for every 8 hours of treatment. Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills. The IPP process requires sensitivity to individual needs of consumers; however an average duration of focused behavioral services would be 3 months to one year, depending on severity of the behavior(s). Duration of comprehensive treatment for children with autism is two to four years, with the intensity of services fading at that time.	Feb 14, 2011 11:44 PM
1673	Behavioral services should follow the principles of applied behavior analysis and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. A functional behavioral assessment or functional analysis of the problem behavior(s) should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan.	Feb 14, 2011 11:44 PM
1674	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 14, 2011 11:45 PM
1675	The services can be monitored by setting up goal and objectives for clients receiving the services. Measuarable goals and monitoring the progress is imparative.	Feb 14, 2011 11:49 PM
1676	monthly progress assessments for patients in active therapy programs	Feb 14, 2011 11:51 PM
1677	functional activities that promote future learning	Feb 14, 2011 11:51 PM
1678	Services should have regular supervision, therapists and supervisors should be credentialed and receive regular on-going inservice trainiings to keep up on current research so that the interventions are effective and useful.	Feb 14, 2011 11:53 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1679	A developmentally appropriate assessment will determine the appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes and level of service for the child. Given the young age of the children, frequent review of the data and the treatment plan is needed; usually plans are reviewed every 3 months. Direct observation data should be reviewed by the supervisor on a weekly basis to determine if changes are needed. Supervision ratio should be 1 hour of supervision for every 15 hours of treatment. Services could be determined to be ineffective for various reasons: inability or unwillingness of family to participate in the program, frequent absences, or cancellation of treatment sessions, or mastery of skills to the point that the child no longer demonstrates deficits.	Feb 14, 2011 11:54 PM
1680	Data	Feb 14, 2011 11:58 PM
1681	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 15, 2011 12:02 AM
1682	Regional Center Autism specialists should ensure that providers are qualified and that their performance are monitored and audited.	Feb 15, 2011 12:02 AM
1683	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: All behavioral services should follow the principles of applied behavior analysis (ABA) and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. A behavioral assessment, functional behavioral assessment or functional analysis of the problem behavior(s), or skill deficits should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for comprehensive or focused behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. Supervision of a comprehensive treatment program for children with autism should be on a ratio of 1 hour of supervision for every 8 hours of treatment. Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills. The IPP process requires sensitivity to individual needs of consumers; however an average duration of focused behavioral services would be 3 months to one year, depending on severity of the behavior(s). Duration of comprehensive treatment for children with autism is two to four years, with the intensity of services fading at that time.	Feb 15, 2011 12:04 AM
1684	Usefulness and effectiveness of services should be determined by the IPP team at every IPP meeting, as described in The Lanterman Act section 4646.5 (a) (6)	Feb 15, 2011 12:13 AM
1685	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in the Lanterman Act Section 4646.5 (a) (6).	Feb 15, 2011 12:14 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1686	The state should individualize behavior modification treatment planning. Each consumer is unique and different. The program needs to be less generalized and more personalized.	Feb 15, 2011 12:15 AM
1687	Agencies providing behavior services should ensure that the behavior therapists take data during each session that they provide behavior intervention to the client. This data can be collected, summarized, and interpreted by the behavior supervisor in order to analyze whether or not the services are effective.	Feb 15, 2011 12:36 AM
1688	Continue to request reports from all providers working with the child	Feb 15, 2011 12:41 AM
1689	Basic questionnaire developed to manage expected benefit progress, monthly. Reviewed by IT.	Feb 15, 2011 12:42 AM
1690	Expect parent participation in 50% of the hours authorized, with the requirement they practice skills in 25% of all sessions.	Feb 15, 2011 12:42 AM
1691	All behavior services should address behaviors that pose a health and safety risk to the child/adult and the family. In addition, services should include parents and primary caregivers so that those caring for the individual become independent and able to teach skills and manage difficult behavior. Programs should be time limited and all programs should include goals and objectives/outcomes for parents/caregivers as well as children/adults. Programs should be focusing on challenging behavior and necessary daily living skills and functional communication. In addition it is necessary for programs to assist in the development of relationship, not simply task abilitiy. Regional center QA staff should be montoring agencies by a thorough review of reports generated by the agency as well as site visits to observe programs being implemented by staff and families/caregivers. In addition, statistics to be kept for each client that measure outcomes over time and the overall efficacy of the program.	Feb 15, 2011 12:45 AM
1692	Progress should be evaluated on a case by case basis by a qualified BCBA who can document appropriate hands-on experience with the services provided.	Feb 15, 2011 12:45 AM
1693	Services should follow the principles of ABA and should be designed to assist consumers in learning essential skills needed for carrying out simple and complex tasks. Assessments and reports are used to measure the success of the child. Data is taken on a daily basis to record how well the child retains information taught to them. The data is then transferred into percentages and used in reports to measure the child's success. Parents and CSC go over the reports to ensure that the program is on track and everyone is following along with the parental program.	Feb 15, 2011 12:47 AM
1694	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 15, 2011 12:55 AM
1695	Providers can be kept accountable by reporting data to the IPP team every 6 months. Quantitative data should be presented in visual format (graphs). Data should be analyzed at least every other week and small modifications should be made to interventions to ensure improvement with challenging behaviors and acquisition of replacement behaviors. Adequate supervision is required to make these decisions and correct the course of treatment if needed.	Feb 15, 2011 1:13 AM
1696	On-going communication between all parties involved and continued evaluation of the plan's effectiveness, ALL teachers need training in this today.	Feb 15, 2011 1:13 AM
1697	We meet every quarter as a IEP with a representative from every aspect of my sons' learning to make sure every one is doing their part and that we are happy with the services we are getting.	Feb 15, 2011 1:14 AM
1698	progress are checked by supervisor, and data is taken.	Feb 15, 2011 1:16 AM

Behavioral Services

3. Suggested service standards about how to make sure the services provided

	Response Text	
1699	Focus on having consistency between all caregivers so that everyone knows how to intervene and shape behavior. Create a feedback system so that families will notify supervisor or RC promptly is the service is not working. Need QA standards for behavior providers.	Feb 15, 2011 1:22 AM
1700	A developmentally appropriate assessment will determine the appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes and level of service for the child. Given the young age of the children, frequent review of the data and the treatment plan is needed; usually plans are reviewed every 3 months. Direct observation data should be reviewed by the supervisor on a weekly basis to determine if changes are needed. Supervision ratio should be 1 hour of supervision for every 15 hours of treatment. Services could be determined to be ineffective for various reasons: inability or unwillingness of family to participate in the program, frequent absences, or cancellation of treatment sessions, or mastery of skills to the point that the child no longer demonstrates deficits.	Feb 15, 2011 1:23 AM
1701	Perhaps an outside advisory board comprised of practicing professionals who can audit an individual's programming.	Feb 15, 2011 1:25 AM
1702	Services can be provided to groups, in offices. There are some programs which seem to have excellent outcomes - but the one that came to speak to us is not vendored with a regional center.	Feb 15, 2011 1:25 AM
1703	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5	Feb 15, 2011 1:26 AM
1704	Use quarterly or yearly questionnairs that clients or their care-takers fill out to describe/rate the efficacy of the services provided.	Feb 15, 2011 1:33 AM
1705	At the IPP meetings, team should decide usefulness and effectiveness based on whether or not measurable goals have been met	Feb 15, 2011 1:44 AM
1706	teaching persons with disabilities how to use community based services such as grocery stores, buses and other commuity based services available.	Feb 15, 2011 1:44 AM
1707	A developmentally appropriate assessment will determine the appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes and level of service for the child. Given the young age of the children, frequent review of the data and the treatment plan is needed; usually plans are reviewed every 3 months. Direct observation data should be reviewed by the supervisor on a weekly basis to determine if changes are needed. Supervision ratio should be 1 hour of supervision for every 10 hours of treatment. Services could be determined to be ineffective for various reasons: inability or unwillingness of family to participate in the program, or cancellation of treatment sessions, or mastery of skills to the point that the child no longer demonstrates deficits.	Feb 15, 2011 1:47 AM
1708	Ask the parent, the parent should know. Also the therapists supervisor holds clinics 2 times a month which reviews progress.	Feb 15, 2011 1:50 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1709	# Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: * All behavioral services should follow the principles of applied behavior analysis (ABA) and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. * A behavioral assessment, functional behavioral assessment or functional analysis of the problem behavior(s), or skill deficits should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for comprehensive or focused behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. * Supervision of a comprehensive treatment program for children with autism should be on a ratio of 1 hour of supervision for every 8 hours of treatment. * Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills. * The IPP process requires sensitivity to individual needs of consumers; however an average duration of focused behavioral services would be 3 months to one year, depending on severity of the behavior(s). * Duration of comprehensive treatment for children with autism is two to four years, with the intensity of services fading at that time.	Feb 15, 2011 1:51 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1710	age 3: All behavioral services should follow the principles of applied behavior analysis (ABA) and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. A behavioral assessment, functional behavioral assessment or functional analysis of the problem behavior(s), or skill deficits should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for comprehensive or focused behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. Supervision of a comprehensive treatment program for children with autism should be on a ratio of 1 hour of supervision for every 8 hours of treatment. Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills. The IPP process requires sensitivity to individual needs of consumers; however an average duration of focused behavioral services would be 3 months to one year, depending on severity of the behavior(s). Duration of comprehensive treatment for children with autism is two to four years, with the intensity of services fading at that time.	Feb 15, 2011 1:52 AM
1711	Standards which ensure fidelity.	Feb 15, 2011 1:54 AM
1712	some of these things take time to practice. it would be nice to have the time expanded somehow to include follow up visits	Feb 15, 2011 1:56 AM
1713	Talk to the parents and see what the children and parents have learned	Feb 15, 2011 1:57 AM
1714	As the consumer if that is possible, ask the family, ask others in the community (teachers, clergy, grandparents, neighbors). If a consumer is making gains, the response is to cheer the service provider and congratulate them, honoring them for the good work they have achieved. Instead, it seems they are penalized by responses like "well they improved, now they don't need your services". Goals that are achieved should be rewarded with new and more challenging goals.	Feb 15, 2011 1:58 AM
1715	The Lanterman standards have a proven track record. I see no reason to go backwards	Feb 15, 2011 2:08 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1716	There are a variety of services provided under the term "behavioral services." However, not all of these services are empirically validated. To ensure the funds used for such services are maximized, the following suggestions are based on a broad range of scientific research and best practice: - All behavioral services should follow the principles of applied behavior analysis (ABA) and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. - A behavioral assessment, functional behavioral assessment or functional analysis of the problem behavior(s), or skill deficits should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for comprehensive or focused behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. - Supervision of a comprehensive treatment program for children with autism should be on a ratio of 1 hour of supervision for every 8 hours of treatment. Supervision is a distinct clinical service requiring a unique skill set and education, and should not be considered an "administrative" cost. - Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills. - The IPP process requires sensitivity to individual needs of consumers; however an average duration of focused behavioral services would be 3 months to one year, depending on severity of the behavior(s). - Duration of comprehensive treatment for children with autism is two to four years, with the intensity of services fading at that time.	Feb 15, 2011 2:23 AM
1717	Continue the IEP and quarterly review of goals to ensure that the organization providing services are meeting expectations and goals of both the organization and the parents.	Feb 15, 2011 2:23 AM
1718	ask parents/social worker to complete a survey after receiving the service regulalry, ask them questions as follow: 1. How long has the client been receiving the services. 2. In what area the client is benefited from receiving the services. 3. What make them satisfied. What make them dissatisfied. 4. What areas needed to be improved	Feb 15, 2011 2:28 AM
1719	Hire qualified people and give trainings so that the services and service providers are giving anything and everything to benefit the parties involved	Feb 15, 2011 2:42 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1720	It would be beneficial that the primary participant in the services be the primary caregivers whether it is a parent, grandparent, group home staff etc..) so that they can utilize behavioral strategies with thier child or consumer and be able to generalize those strategies to other behaviors that may arise in the course of life of the client/consumer.	Feb 15, 2011 2:47 AM
1721	There should be annual follow up with the clients to track successful practices.	Feb 15, 2011 2:49 AM
1722	-review of plans and goals -annual review of team; service coordinators from Regional Centers	Feb 15, 2011 2:52 AM
1723	Ongoing evaluation of consumer's progress, using caregiver's report and objective data collected by the provider during meetings and observations.	Feb 15, 2011 2:58 AM
1724	Ensure therapists providing the service are supervised by more experienced therapists. Require min. training standards for therapists. Set goals and require quarterly progress reports. Video mentoring is very effective.	Feb 15, 2011 3:01 AM
1725	A clinical/behavioral team should review the program progress on a quarterly bases. Program progress should reflect data based on direct measures.	Feb 15, 2011 3:05 AM
1726	through evaluation of the team member	Feb 15, 2011 3:10 AM
1727	* Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: o All behavioral services should follow the principles of applied behavior analysis (ABA) and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. o A behavioral assessment, functional behavioral assessment or functional analysis of the problem behavior(s), or skill deficits should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for comprehensive or focused behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. o Supervision of a comprehensive treatment program for children with autism should be on a ratio of 1 hour of supervision for every 8 hours of treatment. o Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills. o The IPP process requires sensitivity to individual needs of consumers; however an average duration of focused behavioral services would be 3 months to one year, depending on severity of the behavior(s). o Duration of comprehensive treatment for children with autism is two to four years, with the intensity of services fading at that time.	Feb 15, 2011 3:10 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1728	Services should parallel those of the applied behavior analysis standards. Supervision should be conducted on a 1:8 ratio, 1 hour of supervision for every 8 hours of therapy. All measures of behavior must be objective. The length of time for services should be 2-4 years, with intensity fading at that point.	Feb 15, 2011 3:12 AM
1729	the ip team at every ip meeting, as described in the lanterman act, should determine usefulness and effectiveness of services	Feb 15, 2011 3:14 AM
1730	Anonymous feedback from family of consumers, especially parents.	Feb 15, 2011 3:14 AM
1731	Give the parents the choice of switching providers if various providers from the same agency are not effective in helping their child.	Feb 15, 2011 3:16 AM
1732	The IP Team at every IP meeting, as described in the Lanterman Act, should determine usefulness and effectiveness of services.	Feb 15, 2011 3:16 AM
1733	See what research backs it up.	Feb 15, 2011 3:23 AM
1734	..Weekly progress reports should be collected and analyzed.	Feb 15, 2011 3:24 AM
1735	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: All behavioral services should follow the principles of applied behavior analysis (ABA) and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. A behavioral assessment, functional behavioral assessment or functional analysis of the problem behavior(s), or skill deficits should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for comprehensive or focused behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. Supervision of a comprehensive treatment program for children with autism should be on a ratio of 1 hour of supervision for every 8 hours of treatment. Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills. The IPP process requires sensitivity to individual needs of consumers; however an average duration of focused behavioral services would be 3 months to one year, depending on severity of the behavior(s). Duration of comprehensive treatment for children with autism is two to four years, with the intensity of services fading at that time.	Feb 15, 2011 3:41 AM
1736	video documentry of before service, and monthly video progress.	Feb 15, 2011 3:42 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1737	A developmentally appropriate assessment will determine the appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes and level of service for the child. Given the young age of the children, frequent review of the data and the treatment plan is needed; usually plans are reviewed every 3 months. Direct observation data should be reviewed by the supervisor on a weekly basis to determine if changes are needed. Supervision ratio should be 1 hour of supervision for every 15 hours of treatment. Services could be determined to be ineffective for various reasons: inability or unwillingness of family to participate in the program, frequent absences, or cancellation of treatment sessions, or mastery of skills to the point that the child no longer demonstrates deficits.	Feb 15, 2011 3:48 AM
1738	All service providers should have both a state license in psychology, psychiatry, social work, or counseling, along side a BCBA certification. All methods should be emperically validated by peer review committees.	Feb 15, 2011 3:54 AM
1739	Follow Lanterman Act!	Feb 15, 2011 3:54 AM
1740	using Applied Behavioral Analysis, data is constantly being collected and therefore reviewable at any time. progress can be graphed for easy visual monitoring as well.	Feb 15, 2011 3:58 AM
1741	Require behavior agencies to have a high standarts for their therapists	Feb 15, 2011 3:59 AM
1742	Make sure all caregivers and people involved in the daily activities of the child are knowledgable on effective implementation of behavior intervention. Collect data on suggested behavior intervention and its effectiveness.	Feb 15, 2011 4:02 AM
1743	This should be determined on a case-by-case basis. Caution should be used when applying one size fits all solutions.	Feb 15, 2011 4:13 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1744	All behavioral services should follow the principles of applied behavior analysis (ABA) and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. A behavioral assessment, functional behavioral assessment or functional analysis of the problem behavior(s), or skill deficits should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for comprehensive or focused behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. Supervision of a comprehensive treatment program for children with autism should be on a ratio of 1 hour of supervision for every 8 hours of treatment. Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills. The IPP process requires sensitivity to individual needs of consumers; however an average duration of focused behavioral services would be 3 months to one year, depending on severity of the behavior(s). Duration of comprehensive treatment for children with autism is two to four years, with the intensity of services fading at that time.	Feb 15, 2011 4:14 AM
1745	Service coordinators or a quality assurance person should more closely monitor the service being provided to ensure parents and consumers are getting what they need.	Feb 15, 2011 4:15 AM
1746	I think meetings and keeping records are very important. My son is in the EIBT program,we have weekly meetings with his team, we talk about his progress any concerns we have and I feel it is very important and very effective. We also have quarterly IEP meetings with the regional center, the school district and the service providers. At these meeting we set new goals, there are progress charts, and we talk about any concerns.	Feb 15, 2011 4:16 AM
1747	There should be measurable improvement within 6 weeks toward goals and objectives. The measurements need to include parents/caregivers and ABA providers.	Feb 15, 2011 4:18 AM
1748	If there is progress, then it must be useful and effective.	Feb 15, 2011 4:19 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1749	I FEEL A SPECIAL NEEDS CHILD/ADULT NEEDS SUFFICIENT TIME TO BE COMFORTABLE, AND THEREFORE BE ABLE TO ACCEPT THE BEHAVORIAL PROGRAM BEFORE H/SHE CAN BECOME RECEPTIVE AND BEGIN TO GROW. EVERY CHILD/ADULT IS DIFFERENT; SOME MAY IMMEDIATELY RESPOND TO IT, AND FOR OTHERS IT MAY TAKE A LONGER TIME. IT MAY TAKE A CHILD/ADULT LONGER DUE TO THEIR COGNITIVE LEVEL; OR LEVEL OF MATURITY: OR INTENSITY OF THE BEHAVIORS. I STRONGLY FEEL THAT THE PARENT'S FEEDBACK SHOULD BE STRONGLY TAKEN INTO CONSIDERATION ON IT'S "USEFULNESS & EFFECTIVENESS". ALSO, PERHAPS A BRIEF STATEMENT FROM ONE OF THE CLIENT'S SPEECH, OT, ETC THERAPISTS NOTING ANY CHANGES OR IMPROVEMENTS. I DON'T FEEL COMFORTABLE SUGGESTING ANNUAL PSYCHOLOGICAL EVALUATIONS TO DETERMINE EFFECTIVENESS AS THEY MAY BE COSTLY, STRESSFUL TO THE CLIENT WHICH MAY YIELD INCONSISTENCIES IN ANY IMPROVEMENTS THAT MAY HAVE TAKEN PLACE.	Feb 15, 2011 4:28 AM
1750	Provide quality providers. It's a waste of time to have poor services and no positive results.	Feb 15, 2011 4:29 AM
1751	Provider should keep data both at school and at home with the assistance of parents and teachers to ensure that the program is effective.	Feb 15, 2011 4:30 AM
1752	As mentioned above, ABA providers should closely monitor developmental programs, changing goals as often as necessary and adapting to child's progress or lack of progress. PTMs should be at least every quarter so providers, consumers and regional centers can assess and make sure quality of service is being provided and make suggestions.	Feb 15, 2011 4:32 AM
1753	Share progress reports with parents and doctors so that everyone works as a team. ensure that progress is being made, and if not, change vendors, goals or service. Regional center should provide more guidance to parents throughout the process.	Feb 15, 2011 4:32 AM
1754	Data collection and analysis by professionals trained to design and implement behavioral programs.	Feb 15, 2011 4:35 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1755	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: All behavioral services should follow the principles of applied behavior analysis (ABA) and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. A behavioral assessment, functional behavioral assessment or functional analysis of the problem behavior(s), or skill deficits should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for comprehensive or focused behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. Supervision of a comprehensive treatment program for children with autism should be on a ratio of 1 hour of supervision for every 8 hours of treatment. Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills. The IPP process requires sensitivity to individual needs of consumers; however an average duration of focused behavioral services would be 3 months to one year, depending on severity of the behavior(s). Duration of comprehensive treatment for children with autism is two to four years, with the intensity of services fading at that time.	Feb 15, 2011 4:35 AM
1756	There is a huge deficit in the schools right now and the services they offer are just not sufficient. There needs to be more flexibility with home program to look at what will benefit the child most. What we see happening time and again is the responsibility gets pushed back and forth and ultimately, the child doesn't get the help they need. All programs shold involve the parents/family so that they can become fully vested in that child's progress.	Feb 15, 2011 4:36 AM
1757	Parents have to be a part of the team and implement the treatment/behavior plan with guidance form the professional Service provider must understand the importance of family involvement	Feb 15, 2011 4:40 AM
1758	Continual monitoring, progress reports and making sure that agencies providing the services are properly trained and effective is vital.	Feb 15, 2011 4:41 AM
1759	By writing down the behavior before the behavior service and three weeks after the service and observation every three weeks there after. For parents taking courses on how to help their children, giving them surveys after each session to make sure the service is effective.	Feb 15, 2011 4:48 AM
1760	Must fill out survey of before group training and after the group training with targeted objectives. 1. How parents feel 2. Educate the disability and the behaviors. 3. Strategies of how to manage each behaviors. 4. Strategies 5. Strategies 6. Sharing of parent's feelings and survey.	Feb 15, 2011 5:00 AM
1761	Again, every child should have the services and there most assuredly be enough staff wherever needed to honestly and effectively examine on a case by case basis.	Feb 15, 2011 5:00 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1762	Agencies providing behavior services should ensure that the behavior therapists take data during each session that they provide behavior intervention to the client. This data can be collected, summarized, and interpreted by the behavior supervisor in order to analyze whether or not the services are effective.	Feb 15, 2011 5:00 AM
1763	Agencies providing behavior services should ensure that the behavior therapists take data during each session that they provide behavior intervention to the client. This data can be collected, summarized, and interpreted by the behavior supervisor in order to analyze whether or not the services are effective.	Feb 15, 2011 5:00 AM
1764	An assessment will determine the appropriate treatment plan for the child. A treatment plan would then be developed identifying goals, objectives, measureable outcomes and the level of service for the child. This plan should be reviewed every 3 months. Direct observation data should be reviewed by the supervisor on a weekly basis to determine changes that are needed. Supervision ratio should be 1 hr to every 10 hours of treatment. Services should be determined ineffective if the following should occur: unwillingness on the part of the family to cooperate and or participate in the program, frequent absences, cancellations fo sessions, or mastery of skills and the child no longer demonstrates deficits.	Feb 15, 2011 5:02 AM
1765	Yearly goal assessments.	Feb 15, 2011 5:02 AM
1766	Mandatory surveys	Feb 15, 2011 5:03 AM
1767	annual or quarterly review	Feb 15, 2011 5:05 AM
1768	All behavioral services should follow the principles of applied behavior analysis (ABA) and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. Supervision of a comprehensive treatment program for children with auitsm should be on a ratio of 1 hour of supervision for every 8 hours of treatment.	Feb 15, 2011 5:07 AM
1769	Through effective periodic assessments of the child. A child may need the different interventions at different periods of development. For example, ABA may be very effective for a younger or lower functioning child, while Floortime and RDI may be more effective for older or higher functioning children.	Feb 15, 2011 5:20 AM
1770	Review of progress on IPP goals should be conducted at least every six months. Qualified supervision should assess the gains on goals and revise strategies when gains have not been made.	Feb 15, 2011 5:31 AM
1771	Usefulness and effectiveness of services should be determined by the IPP team at every IPP meeting.	Feb 15, 2011 5:31 AM
1772	see above	Feb 15, 2011 5:40 AM
1773	Quarterly check in between providers and parents to make sure programs are working and progress is being made.	Feb 15, 2011 5:40 AM
1774	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 15, 2011 5:46 AM
1775	Outcomes of the research on Applied behavioral analysis has shown that children with ASD have improved in communication and cognition, there is no research that supports it effectiveness for social skill, fine or gross motor or adaptive/ self care development. In addition, I have been told that the DTT model that provided 20-40 hours a week is outdated and that there are program models that provide less intense hours of services. Regional center specialist in this area need to review each child for appropriateness and effectiveness carefully every three months to assess if a less intensive model can be implemented. The use of standardized norm referenced tools should be used for re-assessment.	Feb 15, 2011 5:47 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1776	evaluation of performance every 2-3 msc.	Feb 15, 2011 5:49 AM
1777	Monthly reports submitted to monitor the child's progress.	Feb 15, 2011 5:51 AM
1778	Please fund programs like Floortime for children 3+.	Feb 15, 2011 5:52 AM
1779	Send caregivers, parents, or consumers surveys addressing the service quality and usefulness.	Feb 15, 2011 5:56 AM
1780	Positive Behavior Support has been shown to be highly effective with people of all disability levels and ages. In order to be effective, a comprehensive plan must be developed and carried out intensely and consistently in order to maximize change. If adequate services are not provided with the initial concern, the needs of the consumer will only intensify over time.	Feb 15, 2011 5:59 AM
1781	The parent and child work daily and report daily to the consutant on achievments and difficulites in meeting each objective of the different stages of development	Feb 15, 2011 6:05 AM
1782	It is necessary to have objective data kept on the target behaviors in question. These must be well defined and a current baseline understood.	Feb 15, 2011 6:06 AM
1783	A developmentally appropriate assessment will determine the appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes and level of service for the child. Given the young age of the children, frequent review of the data and the treatment plan is needed; usually plans are reviewed every 3 months. Direct observation data should be reviewed by the supervisor on a weekly basis to determine if changes are needed. Supervision ratio should be 1 hour of supervision for every 15 hours of treatment. Services could be determined to be ineffective for various reasons: inability or unwillingness of family to participate in the program, frequent absences, or cancellation of treatment sessions, or mastery of skills to the point that the child no longer demonstrates deficits.	Feb 15, 2011 6:10 AM
1784	A developmentally appropriate assessment will determine the appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes and level of service for the child. Given the young age of the children, frequent review of the data and the treatment plan is needed; usually plans are reviewed every 3 months. Direct observation data should be reviewed by the supervisor on a weekly basis to determine if changes are needed. Supervision ratio should be 1 hour of supervision for every 15 hours of treatment. Services could be determined to be ineffective for various reasons: inability or unwillingness of family to participate in the program, frequent absences, or cancellation of treatment sessions, or mastery of skills to the point that the child no longer demonstrates deficits.	Feb 15, 2011 6:11 AM
1785	Detailed records kept by personnel after each task or project, or after a goal is attempted whether or not it was achieved. Percentages of how often tasks were completed, and if they weren't completed, then why. Data input into useful visual tools, such as graphs and charts for evaluation by staff and parents/family members/guardians at periodic scheduled meetings.	Feb 15, 2011 6:17 AM
1786	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in the Lanterman Act Section 4646.5 (a) (6).	Feb 15, 2011 6:19 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1787	FOCUSED APPLIED BEHAVIOR ANALYSIS (ABA) BEHAVIORAL SERVICES AND COMPREHENSIVE ABA AUTISM TREATMENT SERVICES FOR CHILDREN OVER AGE 3: All behavioral services should follow the principles of applied behavior analysis (ABA) and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. A behavior assessment, functional behavioral assessment or functional analysis of the problem behavior(s), or skill deficits should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for comprehensive or focused behavior intervention and that the family/caregiver agrees to participate in and implement , as appropriate, the recommended treatment plan. Supervision of a comprehensive treatment program for children with Autism should be on a ratio of 1 hour of supervision for every 8 hours of treatment. Before making a determination for continuing, modifying or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills. The IPP process requires sensitivity to individual needs of consumers; however an average duration of focused behavioral services would be 3 months to one year, depending on severity of the behavior(s). Duration of comprehensive treatment for children with Autism is two to four years, with the intensity of services fading at that time.	Feb 15, 2011 6:23 AM
1788	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 15, 2011 6:24 AM
1789	Goals should focus on functional living and adaptive independence, measuring progress by fading levels of environmental support. Success should not be measured by proficiency in skill level. Instead, success should be measured by reduced environmental support as the skill is generalized across environments.	Feb 15, 2011 6:25 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1790	Behavioral services should be based on the principles of applied behavior analysis (ABA) and should target the individual's deficits in social and adaptive skills. Parents should receive training in the use of ABA intervention techniques. A behavioral assessment, functional behavioral assessment or functional analysis of the problem behavior(s), or skill deficits should be conducted. Results of the assessment should be used to develop an appropriate treatment plan. Data should be collected to measure effectiveness of the treatment plan and assess continuation, termination, and modification of the plan. The plan should also include procedures for and measures of parent participation in implementing the plan. Supervision of a comprehensive treatment program for children with autism should be on a ratio of 1 hour of supervision for every 8 hours of treatment. On average, the duration of focused behavioral services would be 3 months to one year, although the acutal duration will be based on individual need. The average duration of comprehensive treatment for children with autism would be two to four years.	Feb 15, 2011 6:32 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1791	FOCUSED APPLIED BEHAVIOR ANALYSIS (ABA) BEHAVIORAL SERVICES AND COMPREHENSIVE ABA AUTISM TREATMENT SERVICES FOR CHILDREN OVER AGE 3: All behavioral services should follow the principles of applied behavior analysis (ABA) and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. A behavior assessment, functional behavioral assessment or functional analysis of the problem behavior(s), or skill deficits should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for comprehensive or focused behavior intervention and that the family/caregiver agrees to participate in and implement , as appropriate, the recommended treatment plan. Supervision of a comprehensive treatment program for children with Autism should be on a ratio of 1 hour of supervision for every 8 hours of treatment. Before making a determination for continuing, modifying or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills. The IPP process requires sensitivity to individual needs of consumers; however an average duration of focused behavioral services would be 3 months to one year, depending on severity of the behavior(s). Duration of comprehensive treatment for children with Autism is two to four years, with the intensity of services fading at that time.	Feb 15, 2011 6:33 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1792	FOCUSED APPLIED BEHAVIOR ANALYSIS (ABA) BEHAVIORAL SERVICES AND COMPREHENSIVE ABA AUTISM TREATMENT SERVICES FOR CHILDREN OVER AGE 3: All behavioral services should follow the principles of applied behavior analysis (ABA) and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. A behavior assessment, functional behavioral assessment or functional analysis of the problem behavior(s), or skill deficits should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for comprehensive or focused behavior intervention and that the family/caregiver agrees to participate in and implement , as appropriate, the recommended treatment plan. Supervision of a comprehensive treatment program for children with Autism should be on a ratio of 1 hour of supervision for every 8 hours of treatment. Before making a determination for continuing, modifying or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills. The IPP process requires sensitivity to individual needs of consumers; however an average duration of focused behavioral services would be 3 months to one year, depending on severity of the behavior(s). Duration of comprehensive treatment for children with Autism is two to four years, with the intensity of services fading at that time.	Feb 15, 2011 6:38 AM
1793	Surveys for the parents to complete after the service is provided. An online communication network could help with costs and a more immediate way for family members to reach out. The service provider must be competent in their discipline so they know how to assist the families, but not become overly dependent.	Feb 15, 2011 6:48 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1794	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: All behavioral services should follow the principles of applied behavior analysis (ABA) and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. A behavioral assessment, functional behavioral assessment or functional analysis of the problem behavior(s), or skill deficits should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for comprehensive or focused behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. Supervision of a comprehensive treatment program for children with autism should be on a ratio of 1 hour of supervision for every 8 hours of treatment. Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills. The IPP process requires sensitivity to individual needs of consumers; however an average duration of focused behavioral services would be 3 months to one year, depending on severity of the behavior(s). Duration of comprehensive treatment for children with autism is two to four years, with the intensity of services fading at that time.	Feb 15, 2011 6:55 AM
1795	regular meetings with provider and family members, reports from family members, progress in school	Feb 15, 2011 6:58 AM
1796	Improvement doesnt mean that services should be cut but rather use as a tool to find more ways to get more postive results	Feb 15, 2011 7:08 AM
1797	With the parents' participation, no one know the child as good as the parents. We, the parents, do want our child to get back to as normal as possible. Pls listen to the parents' voice and their suggestion.	Feb 15, 2011 7:11 AM
1798	Based on quarterly IEP or PTM meetings and reports, the effectiveness of the ABA (behavior therapy) program will be made known. Respite services can be surveyed 1-2 times per year for customer satisfaction and usefulness.	Feb 15, 2011 7:12 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1799	On going report cards (reporting vendor and parent attendance/ quality/ helpfullness) along with Regional Center reports need to be provided to parents as well. Often reports are provided to Regional Center from Vendor without a parent ever seeing or understanding the report. Often if a parent (or client) is viewed or feels part of the plan development or trusting in communicating needs and concerns the partnership is better for the individual with needs.	Feb 15, 2011 7:16 AM
1800	a thorough assessment completed by a BCBA with expertise in the area of disability from which goals are developed and worked on daily for as many hours as it takes for the consumer to make progress. Data is taken to check on progress and if the teaching is modified if the program is not successful. THe client is not cut from the services if the program is not effective, the program must be tweaked.	Feb 15, 2011 7:19 AM
1801	Get reports from teachers or social workers who work with these children. Talk with the parents to make sure that the children changed their behavior	Feb 15, 2011 7:20 AM
1802	The regional center was very involved with the tracking of our daughter's success with the 3rd party vendor. I was very appreciative of the oversight since I was so unfamiliar with the various processes.	Feb 15, 2011 7:45 AM
1803	All behavioral services should follow the principles of applied behavior analysis (ABA) and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. A behavioral assessment, functional behavioral assessment or functional analysis of the problem behavior(s), or skill deficits should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for comprehensive or focused behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. Supervision of a comprehensive treatment program for children with autism should be on a ratio of 2 hour of supervision for every 10 hours of treatment. Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills. The IPP process requires sensitivity to individual needs of consumers; however an average duration of focused behavioral services would be 3 months to one year, depending on severity of the behavior(s). Duration of comprehensive treatment for children with autism is two to four years, with the intensity of services fading at that time.	Feb 15, 2011 7:49 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1804	A behavioral assessment should be conducted periodically. Every 3-6 months progress should be evaluated. The treatment plan should identify goals, objectives, measurable outcomes.	Feb 15, 2011 7:53 AM
1805	supervised by a BCBA in implementation of program goals	Feb 15, 2011 8:01 AM
1806	-Based on outcome, achievement of goals -Audited time reporting -report of services provided by vendor at each encounter -Audit of randomly selected selected report of services	Feb 15, 2011 8:13 AM
1807	I think parents need to be more involved in obtaining the training for behavioral services, therefore once the professional service is termed out after a set deadline parents can continue to provide the basic behavioral support. This will alleviate continued funding for behavioral services beyond the expected deadline per IPP. Many times behavioral service providers will recoomend "continuance" of the services well beyond the time alloted, where it proves non-beneficial for the consumer at that point and it becomes more of a dependence and only exhausts funding.	Feb 15, 2011 8:22 AM
1808	Data collection and reports every 6 months	Feb 15, 2011 8:46 AM
1809	frequent committee review	Feb 15, 2011 8:54 AM
1810	The Individual Planning Team should determine the usefullness and effectiveness of services	Feb 15, 2011 10:28 AM
1811	DDS should continue providing services to children/family with children suffering from autism	Feb 15, 2011 10:46 AM
1812	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 15, 2011 12:40 PM
1813	Monitoring by case workers and scheduled evaluations to monitor prgress	Feb 15, 2011 1:25 PM
1814	Supervision	Feb 15, 2011 3:02 PM
1815	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 15, 2011 3:46 PM
1816	Progress reports from vendors and review	Feb 15, 2011 3:50 PM
1817	A developmentally appropriate assessment will determine the appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes and level of service for the child. Given the young age of the children, frequent review of the data and the treatment plan is needed; usually plans are reviewed every 3 months. Direct observation data should be reviewed by the supervisor on a weekly basis to determine if changes are needed. Supervision ratio should be 1 hour of supervision for every 15 hours of treatment. Services could be determined to be ineffective for various reasons: inability or unwillingness of family to participate in the program, frequent absences, or cancellation of treatment sessions, or mastery of skills to the point that the child no longer demonstrates deficits.	Feb 15, 2011 3:50 PM
1818	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 15, 2011 3:58 PM
1819	Regional Center Service coordinators should have a mandatory quarterly or every 6 month requirement to meet with parents & clients. Regional center psychologists should have a mandatory requirement to observe the interaction between the service agency and the client. The psychologist observation should be random without advance notice to the service agency.	Feb 15, 2011 4:02 PM

Behavioral Services

3. Suggested service standards about how to make sure the services provided

	Response Text	
1820	All behavioral services should follow the principles of applied behavior analysis (ABA) and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. A behavioral assessment, functional behavioral assessment or functional analysis of the problem behavior(s), or skill deficits should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for comprehensive or focused behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. Supervision of a comprehensive treatment program for children with autism should be on a ratio of 1 hour of supervision for every 8 hours of treatment. Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills. The IPP process requires sensitivity to individual needs of consumers; however an average duration of focused behavioral services would be 3 months to one year, depending on severity of the behavior(s). Duration of comprehensive treatment for children with autism is two to four years, with the intensity of services fading at that time.	Feb 15, 2011 4:04 PM
1821	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6)	Feb 15, 2011 4:06 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1822	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: All behavioral services should follow the principles of applied behavior analysis (ABA) and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. A behavioral assessment, functional behavioral assessment or functional analysis of the problem behavior(s), or skill deficits should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for comprehensive or focused behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. Supervision of a comprehensive treatment program for children with autism should be on a ratio of 1 hour of supervision for every 8 hours of treatment. Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills. The IPP process requires sensitivity to individual needs of consumers; however an average duration of focused behavioral services would be 3 months to one year, depending on severity of the behavior(s). Duration of comprehensive treatment for children with autism is two to four years, with the intensity of services fading at that time.	Feb 15, 2011 4:07 PM
1823	Quarterly meetings to discuss program and progress.	Feb 15, 2011 4:13 PM
1824	Require all ABA vendors provide quality assurance reports at the end of each service year. Review of parent’s satisfaction surveys. Review of length of time in programming. Review of developmental charting in reports to insure progression. Require service coordinators are present at quarterly planning team meetings to review programming.	Feb 15, 2011 4:15 PM
1825	people who recieve this services will improve their behavior demostrating how useful and effective it's been this services	Feb 15, 2011 4:16 PM
1826	Evaluation /meeting with the social worker	Feb 15, 2011 4:23 PM
1827	Assessment of client progress andor receptiveness to approach should be completed every 3-6 months.	Feb 15, 2011 4:28 PM
1828	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 15, 2011 4:40 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1829	All behavioral services should follow the principles of applied behavior analysis (ABA) and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. Intensity of services shoudl be supported by data. A behavioral assessment, functional behavioral assessment or functional analysis of the problem behavior(s), or skill deficits should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for comprehensive or focused behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. Supervision of a comprehensive treatment program for children with autism should be on a ratio of 1 hour of supervision for every 8 hours of treatment. Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills. Continuous outcome data must be provided by the service provider to demonstrate efficacy of the program. The IPP process requires sensitivity to individual needs of consumers; however an average duration of focused behavioral services would be 3 months to one year, depending on severity of the behavior(s). Duration of comprehensive treatment for children with autism is two to four years, with the intensity of services fading at that time.	Feb 15, 2011 4:42 PM
1830	See above	Feb 15, 2011 4:48 PM
1831	Checking in with parents and staff, just ask.	Feb 15, 2011 4:56 PM
1832	Team meetings that include positive and corrective feedback.	Feb 15, 2011 4:59 PM
1833	These early intervention and continuing community services provide an unspeakable help to the children and the families involved. It impacts society as a whole in the long-run, as an understanding and manageability for autism is created and implemented.	Feb 15, 2011 4:59 PM
1834	As an outsider and observer for many many years I have seen excessive changes to programs. I've seen that changes are made too often and too quickly without given a chance to truly succeed or fail.	Feb 15, 2011 5:05 PM
1835	Service standards should be set to a goal that the consumer sets.	Feb 15, 2011 5:07 PM
1836	I think that caregivers should recieve modeling and they should be observed and receive feedback.	Feb 15, 2011 5:29 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1837	A developmentally appropriate assessment will determine the appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes and level of service for the child. Given the young age of the children, frequent review of the data and the treatment plan is needed; usually plans are reviewed every 3 months. Direct observation data should be reviewed by the supervisor on a weekly basis to determine if changes are needed. Supervision ratio should be 1 hour of supervision for every 10 hours of treatment. Services could be determined to be ineffective for various reasons: inability or unwillingness of family to participate in the program, frequent absences, or cancellation of treatment sessions, or mastery of skills to the point that the child no longer demonstrates deficits.	Feb 15, 2011 5:38 PM
1838	see #4	Feb 15, 2011 5:45 PM
1839	With measurable data and periodic (every three months) review.	Feb 15, 2011 5:45 PM
1840	Data is generated by the feedback machine as well as documentation from the therapist issuing the treatment.	Feb 15, 2011 5:47 PM
1841	Scientific evidence shows that early intervention works to improve lives and brings about changes in IQ, language, and self-help skills. See Howard, Sparkman, Cohen, Green, & Stanislaw (2005) and Cohen, Amerine-Dickens, & Smith (2006).	Feb 15, 2011 5:48 PM
1842	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 15, 2011 5:53 PM
1843	Hold IEP's every 2 or 3 months (versus yearly) to check on progress and restructure goals. If a child is not making any progress (or very slow) on a goal, change the goal. Possibly breaking the goal into smaller parts or teaching it in a different way. Time is of the essense with these kids. Should always have behavior & social goals without having to ask, until these children function as their typical peers.	Feb 15, 2011 6:05 PM
1844	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 15, 2011 6:12 PM
1845	The IP Team at every IP meeting, as described in the Lanterman Act, should determine usefulness and effectiveness of services.	Feb 15, 2011 6:14 PM
1846	Review once a month similar to ABA guidelines reviews.	Feb 15, 2011 6:18 PM
1847	Industries standards should be based on research guidelines.	Feb 15, 2011 6:20 PM

Behavioral Services

3. Suggested service standards about how to make sure the services provided

	Response Text	
1848	There has been a 1000% increase in the number of behavioral service providers in the TCRC area over the past 10 years and NONE of those providers have been audited. As someone who works closely with them, we hear all the time from families that the "supervisors" do not have the qualifications that are mandated by their program design and that they are only there for 15-30 minutes but are sure that they are billing for the entire hour. Two providers in our area have grown so huge that they serve over 200 people each and have never been audited, never! One agency kept sending supervisors out to meet with the family for months, but didn't have anyone they were supervising, so the family finally switched vendors. Billing audits are mandatory 1-2 times per year when you contract with the County, but not with regional centers and this is wrong! Additionally, as I understand it, legislation needs to change that would allow all overpayments that were collected by the regional centers or DDS to stay within the DDS system and not have to be returned to the General Fund. I have heard people at our regional center say they don't have the audit staff to do the audits, and even if they got any money back, they wouldn't be able to keep it in our community - then what is the incentive to audit???!!!! When parents spoke up about a vendor that was not performing well for years, the regional center didn't audit them. They just had a bunch of meetings and developed another vendor for competition, but that unsatisfactory vendor continues to get referrals from regional center staff they have "courted." The system is broken and needs to fixed. Asking vendors to submit independent audits is a joke. Those who have found ways to cheat the system now will undoubtedly find auditors who will lie for them. The RC's each need at least 2 auditing positions that report directly to DDS. 1 auditor would cost about $70k to DDS, but could easily recuperate $250k/year in POS if it could stay in our system.	Feb 15, 2011 6:20 PM
1849	Agencies providing behavior services should ensure that the behavior therapists take data during each session that they provide behavior intervention to the client. This data can be collected, summarized, and interpreted by the behavior supervisor in order to analyze whether or not the services are effective.	Feb 15, 2011 6:20 PM
1850	run by BCBA	Feb 15, 2011 6:22 PM
1851	Continous assessment by the qualified Service Coordinator, insure the services are not abused by the consumer.	Feb 15, 2011 6:24 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1852	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: • Supervision of a comprehensive treatment program for children with autism should be on a ratio of 1 hour of supervision for every 4 hours of treatment and should include additional hours for weekly team meetings and parent training, maximizing supervision hours at 25 per month. • In addition to direct treatment hours by a therapist, supervision by a Sr. Therapist should be included to ensure consistency in implementation. Research shows that in order for treatment to be implemented in the manner consistent with the program and at a high quality level, additional levels of supervision are required. Senior Therapist hours should be at a ratio of 1 hour of supervision for every 3 hours of treatment. This will include attendance at weekly team meetings and additional hours allotted to ensure program generalization and progression. • All behavioral services should follow the principles of applied behavior analysis (ABA) and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. • A behavioral assessment, functional behavioral assessment or functional analysis of the problem behavior(s), or skill deficits should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for comprehensive or focused behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. • Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills. • The IPP process requires sensitivity to individual needs of consumers; however an average duration of focused behavioral services would be 3 months to one year, depending on severity of the behavior(s). • Duration of comprehensive treatment for children with autism is two to four years, with the intensity of services fading at that time. • Services could be determined to be ineffective for various reasons: inability or unwillingness of family to participate in the program, frequent absences, or cancellation of treatment sessions, or mastery of skills to the point that the child no longer demonstrates deficits.	Feb 15, 2011 6:27 PM

Behavioral Services

3. Suggested service standards about how to make sure the services provided

	Response Text	
1853	A developmentally appropriate assessment will determine the appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes and level of service for the child. Given the young age of the children, frequent review of the data and the treatment plan is needed; usually plans are reviewed every 3 months. Direct observation data should be reviewed by the supervisor on a weekly basis to determine if changes are needed. Supervision ratio should be 1 hour of supervision for every 10 hours of treatment. Services could be determined to be ineffective for various reasons: inability or unwillingness of family to participate in the program, frequent absences, or cancellation of treatment sessions, or mastery of skills to the point that the child no longer demonstrates deficits.	Feb 15, 2011 6:32 PM
1854	Regional center should help to establish a licensing board ran by/adminsted by BCBA for service providers similar to the medical licensing boards for MDs.	Feb 15, 2011 6:34 PM
1855	Periodic re-evaluations are required to look at efficacy of therapy	Feb 15, 2011 6:38 PM
1856	Regional center checks on the report of the supervisor of the therapist weekly.	Feb 15, 2011 6:42 PM
1857	A six month report provided to both the primary caregiver and Regional Center that indicates areas of focus and challenges for the consumer. At the one year mark, testing to show marked improvment. and areas continued focus.	Feb 15, 2011 6:44 PM
1858	Make sure that all families are proactive in their children s services for best results. It is not fair to families who work hard with Regional Center to help their child if there are other families taking advantage of services.	Feb 15, 2011 6:46 PM
1859	Team meetings every 6 months to evaluate goals, present level of performance, and scientific data measurement provided.	Feb 15, 2011 6:53 PM
1860	Behavioral services should follow the principles of applied behavior analysis and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. A functional behavioral assessment or functional analysis of the problem behavior(s) should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills.	Feb 15, 2011 6:53 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1861	Behavioral services should follow the principles of applied behavior analysis and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. A functional behavioral assessment or functional analysis of the problem behavior(s) should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills.	Feb 15, 2011 6:54 PM
1862	Behavioral services should follow the principles of applied behavior analysis and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. A functional behavioral assessment or functional analysis of the problem behavior(s) should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills.	Feb 15, 2011 6:58 PM
1863	yes, it is effective	Feb 15, 2011 6:59 PM
1864	measurable goals such as "self-injurious behavior stops withint 6 months"	Feb 15, 2011 7:01 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1865	All behavioral services should follow the principles of applied behavior analysis (ABA) and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. A behavioral assessment, functional behavioral assessment or functional analysis of the problem behavior(s), or skill deficits should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for comprehensive or focused behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. Supervision of a comprehensive treatment program for children with autism should be on a ratio of 1 hour of supervision for every 8 hours of treatment.	Feb 15, 2011 7:03 PM
1866	Services providers should be collecting data on a daily basis. IPP goals should be generated and reviews of the client data should be conducted every six months. The regional center program managers should also observe their clients functioning in the home and or community. Their should also be standardized assessment conducted annually. Supervision should also be funded in addition to the direct services to ensure that the program is effective. It is important that the people implementing the direct services are supervised by a qualified supervisor.	Feb 15, 2011 7:17 PM
1867	Involvement/oversight by such agencies as ALTA, who work closely with service providers and parents to ensure the children are receiving appropriate services and are meeting established milestones.	Feb 15, 2011 7:18 PM
1868	Just because a particular service is not really helping reduce behaviors fdoes not mean the family no longer needs it.	Feb 15, 2011 7:28 PM
1869	Periodic evaluation e.g. every three months to every six months by a certified behavioral therapist.	Feb 15, 2011 7:29 PM
1870	There needs to be regulation of the vendors from a well staffed and trained regional center. I feel that sometimes the parents have to carry the burden of vetting these vendors and making sure they are doing what they're being paid to do, providing highly effective programming, parental education, and support on a consistent basis. Effective documentation, data collection, and communication are essential to making sure services are effective.	Feb 15, 2011 7:30 PM
1871	THE SERVICES DO WORK,,ITS ALL ABOUT THE THERAPY PROGRAMS AND THE THERAPISTS..MY LIL GIRL WASN'T ABLE TO SIT ON A CHAIR OR SIT NEXT TO A TABLE, I AM SO GRATEFUL THAT MY DAUGHTER WAS GIVEN AN OPPORTUNITY TO BE EXPOSED TO THIS TYPE OF A PROGRAM..	Feb 15, 2011 7:31 PM
1872	Follow up with evaluations or interviews	Feb 15, 2011 7:32 PM
1873	Increase the standard from 0 to 5 years instead of 18 months to 3 years of age. Then review case by case, my son hasnt improved by 3 years of age and HE NEEDS HELP but government has STOPPED the service. THIS ISNT FAIR. Every kids are different, some needs longer ABA and some are not.	Feb 15, 2011 7:33 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1874	Montioring the progress of that child from their therapists to see about how services have been effective or not. If their not working for a standard amount of time, then discontinue the service, but if it is effective then continue the services.	Feb 15, 2011 7:34 PM
1875	Include the family in determining services. Quarterly reports need to include private family evaluations of services to be given to the service coordinator. Guidelines need to be in place and followed regarding retaliation against families. Families need to know that the services will not be taken away if they have concerns.	Feb 15, 2011 7:34 PM
1876	intensive intervention. Children with autism lack strong memory ability and have attention deficit, a consist intervention in all area is crucial.	Feb 15, 2011 7:34 PM
1877	Require all ABA vendors provide quality assurance reports at the end of each service year. Review of parent's satisfaction surveys. Review of length of time in programming. Review of developmental charting in reports to insure progression. Require service coordinators are present at quarterly planning team meetings to review programming.	Feb 15, 2011 7:37 PM
1878	A reputable Behavior Agency will make sure that the Behavior intervention principles are followed through a Program Supervisor, who must be well trained to give their opinion and make sure that consumer is benefiting of such program, and then he should suggest any necessary changes in time and techniques, as for example, DTT can work for a child, but for not for another, then, the behaviorist should use another technique.	Feb 15, 2011 7:39 PM
1879	ABA can be very benificial to clientell when provided in a way that is not only individualized, but is maintained by other service providers and parents. Hence, I feel that structure should be provided in that all providers and caregivers fufill reasonable expectations. If expectations are not met perhaps services are not the best fit for that consumer. Also ABA providers I feel need to have a system of checks and balances on the quality of service that is provided. I have been afilliated with several companies and or worked with several companies, who place priority on the income recieved instead of the quality of services. I have also seen a large amount of poor standards with in the company structure which results in some individuals in providing excellent service, some of the quality of services being provided being impeeded by company standards, supervisiory experience, etc; and some providers with in the company providing what I feel substandard services. All in all when there is not structure and guidelines to a service being provided it allows for to much variation at the detriment to the clients. I suggest that a standard of service be devoloped that is specific and brings the quality of service providers up to acceptable standards, with out limiting thier abillity to provide effective interventions.	Feb 15, 2011 7:44 PM
1880	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in the Lanterman Act Section 4646.5 (a) (6).	Feb 15, 2011 7:47 PM
1881	Do inspections.	Feb 15, 2011 7:50 PM
1882	All behavioral services should follow the principles of applied behavioral analysis (ABA) and should be designed to assist consumers in learning important social and adaptive skills combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer.	Feb 15, 2011 7:54 PM
1883	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 15, 2011 7:56 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1884	RC periodic review (quarterly/semi-annually) for effectiveness of intervention. Discontinue services when initial IPP goals met (do NOT continue to add new goals), or when family cannot accomodate intervention schedule, or plan not demonstrating at least 2 months gains for each month of intervention over 6 month period.	Feb 15, 2011 7:57 PM
1885	Require family feedback about services provided. If there is a certain amount regional center will fund for a certain program let the family take that funding to another service provider if that better meets the needs of the client. Example: regional center provided a few hours of early start program for my young children with autism but would not allow that funding in the thousands of dollars be used for a speech or autism specialist provider for individual instruction which is the standard of care for early autism education. the service was fun for my sons but did not produce Academic or social gains for my children. And I believe for my family I could have chosen a more useful and effective venue for the funding but was not allowed too.	Feb 15, 2011 8:01 PM
1886	Quarterly review	Feb 15, 2011 8:07 PM
1887	(1) The services improve the client's skill deficits over time. (2) Use of a survey which is not released to the service provider and is completed by the client and/or the client's caretaker on the usefulness and effectiveness of the services. The Regional Center should be required to take client and client family complaints about providers seriously. They should not just cut the service if the client requests a new provider. (3) Allowing the client and/or caretaker to request specific areas to be improved as opposed to the provider dictating what areas of deficit may be worked on based on a formula for functioning such as VBMAPP or ABLLS. These books may provide a good reference, but individual therapy should be tailored to the individual needs of the client. Providers who can only follow the generalized recommendations in such books line for line without individualization for the client, are either not adequately trained or not appropriately using the supervisory hours they are allocated. (4) Allow the client to choose the service provider among the vendored providers, not the Regional Center. When the provider only has to please the Regional Center, the quality of service can suffer. The Regional Center uses this leverage over the providers to force them to recommend what the Regional Center forces them to say. If the provider does not violate his/her professional ethics in this way, the Regional Center will not use them again for new clients. Significant time and effort is spent by the providers to write reports, choose goals, etc. so that they will be done in the way the Regional Centers wants to see them. If this time was sent on actually helping the client with the skills they really need, the same dollars spent on services could be much for effective.	Feb 15, 2011 8:09 PM
1888	Again using professional assessment tools and listening to the family.	Feb 15, 2011 8:10 PM
1889	Progress can measured by how well the child is responding to the service. An evaluation, with good record keeping per session, with a list of traits rated on a scale from 1-5 could be very useful. The parents would fll out the evvaluation as well.	Feb 15, 2011 8:14 PM
1890	Supervision by a person with a BCBA, or at least a master's degree, with 12 units of ABA	Feb 15, 2011 8:15 PM
1891	The services MUST be supervised by someone with a BCBA. Rigorous data must be taken to gauge effectiveness. Data must be analyzed by someone with a BCBA.	Feb 15, 2011 8:16 PM
1892	Progress reports are performed quarterly.	Feb 15, 2011 8:18 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1893	All behavioral services shold follow the principles of applied behavior analysis (ABA) and should be designed to assist consumers in learning important social and adaptive skills in combination w/ educating parents or primary caregivers in the effective use of positive behavioral suuports.	Feb 15, 2011 8:18 PM
1894	All behavioral services should follow the principles of Applied Behavior Analysis (ABA) and should be designed to assist consumers in acquiring important social and adaptive skills in combination with educating parents/caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. A behavioral assessment, functional behavioral assessment or functional analysis of the problem behavior(s), or skill deficits should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for comprehensive or focused behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. Supervision of a comprehensive treatment program for children with autism should be on a ratio of 1 hour of supervision for every 8 hours of treatment. Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills. The IPP process requires sensitivity to individual needs of consumers; however an average duration of focused behavioral services would be 3 months to one year, depending on severity of the behavior(s). Duration of comprehensive treatment for children with autism is two to four years, with the intensity of services fading at that time.	Feb 15, 2011 8:26 PM
1895	A developmentally appropriate assessment will determine the appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes and level of service for the child. Given the young age of the children, frequent review of the data and the treatment plan is needed; usually plans are reviewed every 3 months. Direct observation data should be reviewed by the supervisor on a weekly basis to determine if changes are needed. Supervision ratio should be 1 hour of supervision for 10 hours of treatment. Services could be determined to be ineffective for various reasons: inability or unwillingness of family to participate in the program, frequent absences, or cancellation of treatment sessions, or mastery of skills to the point that the child no longer demonstrates deficits.	Feb 15, 2011 8:29 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1896	1. All behavioral services should follow the principles of applied behavior analysis (ABA) and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. 2. A behavioral assessment, functional behavioral assessment or functional analysis of the problem behavior(s), or skill deficits should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for comprehensive or focused behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. 3. An average duration of focused behavioral services would be 3 months to one year, depending on severity of the behavior(s).	Feb 15, 2011 8:30 PM
1897	see above	Feb 15, 2011 8:30 PM
1898	Review the IPP goals, in-home or community observations from regional center program managers, close collaboration (i.e., meetings and phone consultations) between regional center program manager, the behavioral service case manager, and families, and review of goal progress and data collection.	Feb 15, 2011 8:31 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1899	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: • Supervision of a comprehensive treatment program for children with autism should be on a ratio of 1 hour of supervision for every 4 hours of treatment and should include additional hours for weekly team meetings and parent training, maximizing supervision hours at 25 per month. • In addition to direct treatment hours by a therapist, supervision by a Sr. Therapist should be included to ensure consistency in implementation. Research shows that in order for treatment to be implemented in the manner consistent with the program and at a high quality level, additional levels of supervision are required. Senior Therapist hours should be at a ratio of 1 hour of supervision for every 3 hours of treatment. This will include attendance at weekly team meetings and additional hours allotted to ensure program generalization and progression. • All behavioral services should follow the principles of applied behavior analysis (ABA) and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. • A behavioral assessment, functional behavioral assessment or functional analysis of the problem behavior(s), or skill deficits should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for comprehensive or focused behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. • Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills. • The IPP process requires sensitivity to individual needs of consumers; however an average duration of focused behavioral services would be 3 months to one year, depending on severity of the behavior(s). • Duration of comprehensive treatment for children with autism is two to four years, with the intensity of services fading at that time. • Services could be determined to be ineffective for various reasons: inability or unwillingness of family to participate in the program, frequent absences, or cancellation of treatment sessions, or mastery of skills to the point that the child no longer demonstrates deficits.	Feb 15, 2011 8:33 PM
1900	Require parental involvement & participation (attend classes, attend team meetings, track data or be able to follow through on recommendations of clinical team Allow DTT/ABA/adaptive skills to be done in child's home and community	Feb 15, 2011 8:41 PM
1901	follow-up meeting to discuss outcomes	Feb 15, 2011 8:43 PM
1902	Our behavioral support vendor takes data, to prove that the service is effective in reducing maladaptive behaviors. Perhaps a follow up phone call/email/letter from the regional center service coordinator, from time to time, would also be helpful.	Feb 15, 2011 8:46 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1903	Do evaluations annually to make sure students are improving. Include appropriate questions on the IEP form to indicate progress and effectiveness since the previous IEP. Ask parents for their feedback on how the child is functioning at home. Use a standard form for this evaluation, and include sufficient room for the parents to add comments. Sometimes certain behaviors are demonstrated only at home or only at school. Also ask professionals who have been involved with the child to give their feedback (e.g., speech therapists, teachers, APE therapists., pschologists, etc.).	Feb 15, 2011 8:48 PM
1904	Conduct intermittent progress review of outcomes achievement for the consumer. IPP team can determine , from the initial service meeting, with consumer/family support, the progress review schedule. If the consumer is not learning, review why, reassess and if needed change vendors/strategies.	Feb 15, 2011 8:49 PM
1905	Usefulness and effectiveness of services should be determined by the IPP Team, as described in the Lanterman Act	Feb 15, 2011 8:51 PM
1906	The services should be monitored & evaluated to ensure that they are useful & effective.	Feb 15, 2011 8:54 PM
1907	Behaviorist must have proper training and experience in Applied Behavior Analysis (ABA). Particularly important for a consumer with an autism spectrum disorder.	Feb 15, 2011 8:58 PM
1908	Regularly timed reports from our provider go to the Regional center. The reports chart the progress. Also, as parents we have input about our child's needs. As a parent I would like the opportunity to read the reports before it is submitted to the regional center so that I can see the progress and know what is being reported. Currently I am being told that I have to request it from the RC and so a lot of time lapses in between when I could have addresses the issues sooner.	Feb 15, 2011 9:01 PM
1909	Measure progress in 6 month increments, and interviews with Parents and caregivers. 6 month reports to be made available to Parents or caregivers	Feb 15, 2011 9:01 PM
1910	Continue to review progress report every three months and hold vendors accountable for parents not attending sessions.	Feb 15, 2011 9:19 PM
1911	There should be goals written to address each target/deficit and then this can be reviewed. Sometimes something isn't effective because something in the program needs to be changed on how the deficit is being addressed. If an individual is not making progress then or addressing the deficit the IPP team should re-evaluate the program.	Feb 15, 2011 9:20 PM
1912	There are currently mandates and research about how much and how often and what should be provided. Why are you trying to reinvent the wheel about purchase of services	Feb 15, 2011 9:20 PM
1913	Their should be a variety of ABA agencies a parent may decide upon to obtain the ABA service for their child. Not one agency should dominate the referrals. This practice keeps all agencies in strict standards by parents and regional centers, districts,health insurances and especially ethical to our childern.	Feb 15, 2011 9:23 PM
1914	Usefulness and effectiveness of services should be determined by the IPP team at every IPP meeting as defined by the Lanterman Act Section 4646 (a)(6)	Feb 15, 2011 9:23 PM
1915	All behavioral services should follow the principles of applied behavioral analysis (ABA) and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer.	Feb 15, 2011 9:26 PM
1916	If the individual is making progress, then s/he should be given a chance to continue making progress as long as the need exists.	Feb 15, 2011 9:29 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1917	Using reputable ABA companies and providers who take good data will ensure that services are useful and effective.	Feb 15, 2011 9:32 PM
1918	Evaluations can be done at beginning and regularly in between; consultations and meetings with parents/guardians should also be held regularly, perhaps every 90 days to monitor progress.	Feb 15, 2011 9:37 PM
1919	The professionals providing behavioral services for my child spend 15-20 minutes every session rigorously recording very specific data on behaviors so that we can see if changes are occurring. As parents, we also fill out numerous data sheets on behaviors, things we work on during our own time. This is the standard for measuring effectiveness.	Feb 15, 2011 9:41 PM
1920	Better communication and collaboration between families, consumers, and RCOC as well as with the oversight from the State when needed.	Feb 15, 2011 9:41 PM
1921	Effectiveness and usefulnesss of services should be reviewed by the IPP team in its meetings, and overseen by the regional centers and DDS	Feb 15, 2011 9:42 PM
1922	Collect data to monitor what areas are improving and what areas need to be revisted	Feb 15, 2011 9:43 PM
1923	Clear specific goals.	Feb 15, 2011 9:56 PM
1924	Have clear and specific outcomes in behavior support plan. If outcomes are not reached service needs to be re evaluated. If the services is not successful because family, educator, DSPor service provider is not following behavior support plan then the services need to be terminated. Everyone needs to particpate fully in the behavior support plan.	Feb 15, 2011 10:06 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1925	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: All behavioral services should follow the principles of applied behavior analysis (ABA) and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. A behavioral assessment, functional behavioral assessment or functional analysis of the problem behavior(s), or skill deficits should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for comprehensive or focused behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. Supervision of a comprehensive treatment program for children with autism should be on a ratio of 1 hour of supervision for every 8 hours of treatment. Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills. The IPP process requires sensitivity to individual needs of consumers; however an average duration of focused behavioral services would be 3 months to one year, depending on severity of the behavior(s). Duration of comprehensive treatment for children with autism is two to four years, with the intensity of services fading at that time.	Feb 15, 2011 10:11 PM
1926	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 15, 2011 10:11 PM
1927	Behaviorists should be observed or videotaped.	Feb 15, 2011 10:17 PM
1928	It should be permissible to use the services wherever and whenever necessary. For example, we are told that ABA cannot be provided outside the home. But since many children with autism have difficulties in public and/or social situations, it should be permitted to allow services where they are needed. For example, at a restaurant or birthday party.	Feb 15, 2011 10:23 PM
1929	The IP Team at every IP meeting, as described in the Lanterman Act, should determine usefulness and effectiveness of services.	Feb 15, 2011 10:24 PM
1930	Need resources from behaviorial specialist, is to be individualized approach	Feb 15, 2011 10:25 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1931	Agencies providing behavior services should ensure that the behavior therapists take data during each session that they provide behavior intervention to the client. This data can be collected, summarized, and interpreted by the behavior supervisor in order to analyze whether or not the services are effective.	Feb 15, 2011 10:28 PM
1932	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 15, 2011 10:28 PM
1933	Teams develops qtrly objectives. Qtrly monitoring of client's completion of drills in accomplishing objectives.	Feb 15, 2011 10:33 PM
1934	All vendors should provide measureable objectives to be targeted. Objectives should not duplicate areas covered by generic resources. For example, teaching sign language or learning how to use icons should be taught at the school setting, not by a behavioral specialist.	Feb 15, 2011 10:37 PM
1935	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: All behavioral services should follow the principles of applied behavior analysis (ABA) and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. A behavioral assessment, functional behavioral assessment or functional analysis of the problem behavior(s), or skill deficits should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for comprehensive or focused behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. Supervision of a comprehensive treatment program for children with autism should be on a ratio of 1 hour of supervision for every 8 hours of treatment. Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills. The IPP process requires sensitivity to individual needs of consumers; however an average duration of focused behavioral services would be 3 months to one year, depending on severity of the behavior(s). Duration of comprehensive treatment for children with autism is two to four years, with the intensity of services fading at that time.	Feb 15, 2011 10:38 PM
1936	Set up a action plan, including how the child start, how their developing and how they can grow from these session.	Feb 15, 2011 10:42 PM

Behavioral Services

3. Suggested service standards about how to make sure the services provided

	Response Text	
1937	Measurable progress from baseline behaviors- as long as the socially unacceptable behaviors are diminishing, the service should be provided; Once an acceptable baseline is met, then a maintenance goal needs to be established.	Feb 15, 2011 10:43 PM
1938	They should be used for to help that person function to their fullest ability.	Feb 15, 2011 10:49 PM
1939	There is a need for behavior services for younger children. It appears that there are not many competent providers for the under 3 age group. There is also a need for services other than ABA based services. Parents need to be asked if they are feeling that the services are helpful and fitting to their family needs.	Feb 15, 2011 10:49 PM
1940	experienced therapists, cooperation of family	Feb 15, 2011 10:53 PM
1941	Require all ABA vendors provide quality assurance reports at the end of each service year. Review of parent's satisfaction surveys. Review of length of time in programming. Review of developmental charting in reports to insure progression. Require service coordinators are present at quarterly planning team meetings to review programming.	Feb 15, 2011 10:53 PM
1942	set a time limit on services	Feb 15, 2011 10:57 PM
1943	They should be used for to help that person function to their fullest abilities. It teaches them good learning skills to better themselves.	Feb 15, 2011 10:59 PM
1944	At least quarterly reports with specific goals, baseline measurements and ongoing progress to goals	Feb 15, 2011 11:01 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1945	Suggested service standards about how to make sure the services provided are useful and effective: Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: All behavioral services should follow the principles of applied behavior analysis (ABA) and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. A behavioral assessment, functional behavioral assessment or functional analysis of the problem behavior(s), or skill deficits should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for comprehensive or focused behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. Supervision of a comprehensive treatment program for children with autism should be on a ratio of 1 hour of supervision for every 8 hours of treatment. Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills. The IPP process requires sensitivity to individual needs of consumers; however an average duration of focused behavioral services would be 3 months to one year, depending on severity of the behavior(s). Duration of comprehensive treatment for children with autism is two to four years, with the intensity of services fading at that time.	Feb 15, 2011 11:03 PM
1946	Baseline data taken and then goals to meet standards should be implemented. Daily tasks should be designed around these goals and quarterly reports completed. In these reports it should demonstrate growth. Reassessing can be applied if necessary and all team members agree.	Feb 15, 2011 11:09 PM
1947	There should be regulations regarding parent/primary caregiver involvement.	Feb 15, 2011 11:09 PM
1948	ABA methodology is objectively based with outcome procedures. Success can be measured by using this type of intervention. It is evidenced by increased functioning, decreased behavior outbursts, and age-appropriate behaviors which all leads into independence.	Feb 15, 2011 11:10 PM
1949	A good way to track service standards is to have monthly team meetings and set a schedule for follow up evaluations. This way can help monitor the quality and effectiveness of the treatment being provided.	Feb 15, 2011 11:11 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1950	I believe to achieve the best quality of life for all persons with Autism Spectrum Disorders is through supports and services that are determined by the individual as most effective for the individual. All behavioral services should follow the principles of applied behavior analysis (ABA) and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. A behavioral assessment, functional behavioral assessment or functional analysis of the problem behavior(s), or skill deficits should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for comprehensive or focused behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. Supervision of a comprehensive treatment program for children with autism should be on a ratio of 1 hour of supervision for every 8 hours of treatment. Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills. The IPP process requires sensitivity to individual needs of consumers; however an average duration of focused behavioral services would be 3 months to one year, depending on severity of the behavior(s). Duration of comprehensive treatment for children with autism is two to four years, with the intensity of services fading at that time.	Feb 15, 2011 11:11 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1951	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: • Supervision of a comprehensive treatment program for children with autism should be on a ratio of 1 hour of supervision for every 4 hours of treatment and should include additional hours for weekly team meetings and parent training, maximizing supervision hours at 25 per month. • In addition to direct treatment hours by a therapist, supervision by a Sr. Therapist should be included to ensure consistency in implementation. Research shows that in order for treatment to be implemented in the manner consistent with the program and at a high quality level, additional levels of supervision are required. Senior Therapist hours should be at a ratio of 1 hour of supervision for every 3 hours of treatment. This will include attendance at weekly team meetings and additional hours allotted to ensure program generalization and progression. • All behavioral services should follow the principles of applied behavior analysis (ABA) and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. • A behavioral assessment, functional behavioral assessment or functional analysis of the problem behavior(s), or skill deficits should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for comprehensive or focused behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. • Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills. • The IPP process requires sensitivity to individual needs of consumers; however an average duration of focused behavioral services would be 3 months to one year, depending on severity of the behavior(s). • Duration of comprehensive treatment for children with autism is two to four years, with the intensity of services fading at that time. • Services could be determined to be ineffective for various reasons: inability or unwillingness of family to participate in the program, frequent absences, or cancellation of treatment sessions, or mastery of skills to the point that the child no longer demonstrates deficits.	Feb 15, 2011 11:13 PM
1952	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 15, 2011 11:46 PM
1953	Interventions should be practical for parents to implement once support has been removed.	Feb 15, 2011 11:55 PM
1954	Collaborative plans should be put into place with responsibilities assigned to behavior intervention specialist and family. Goals should be established and monitored and measured.	Feb 15, 2011 11:55 PM
1955	Make sure that parents are educated on what the services are exactly and why they are being provided. I believe it is also important to make sure the family knows that children should continue doing activities during the week to see better results.	Feb 16, 2011 12:00 AM
1956	The IPP at Regional Centers should be attended by family members of the disabled person, with input from them on an individual basis.	Feb 16, 2011 12:05 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1957	A signature by the parent who's child is receiving the services, to sign off that not only the child received but the parent as well. Testing done on a an annual basis maybe even quarterly to see if progress is being made.	Feb 16, 2011 12:07 AM
1958	Specific goals and guidlines should be used, based on best available science.	Feb 16, 2011 12:09 AM
1959	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in the Lanterman Act Section 4646.5 (a) (6).	Feb 16, 2011 12:11 AM
1960	Higher degrees of education....at least a Bachelor's degree	Feb 16, 2011 12:14 AM
1961	by evaluation, and evidence base method, not by number of people receive services, but number of people with good result.	Feb 16, 2011 12:17 AM
1962	Behavioral log to be filled out daily and brought to appt. If not done services terminated.	Feb 16, 2011 12:18 AM
1963	Quality assurance is of the utmost importance, providers should submit periodic reports documenting what is being done and how it is helping the client. The client or a family member should have the ability to evaluate the provider. Evaluations should be available to other families/clients for review.	Feb 16, 2011 12:20 AM
1964	monitoring their progress	Feb 16, 2011 12:26 AM
1965	The service standards should be maintained by the standards already in place by Title 17. Early Start/Early Intensive Behavioral Intervention services are cruicial in providing children a chance to acquire the skills needed to function and communicate with others/peers. The developing brain from 0-3 years of age has not been mylenated, meaning it is flexible in creating new connections/pathways. This is one of the crucial aspects in providing services to the 0-3 age group because a diagnosis of Autism, Mental Retardation, or an Receptive/Expressive Language Delay, to name a few, will be able to alter to varying degrees the overall impact/severity of the diagnosis/delay. Service Standards are also important in lessening the overall burden of the state/federal monetary aid because it has been proven that the earlier the services are provided, generally, the less impact and less the child(ren) will be in the "system." These services should be provided according to the professionals who work directly with the children (i.e., treating therapists) and be determined by the IFSP team.	Feb 16, 2011 12:28 AM
1966	Behavioral service programs should be supervised by a person with a BCBA certification. Those implementing the direct service should have a bachelor's degree in psychology or a related field and should be directly supervised by the BCBA on and ongoing and regular basis (i.e., 1-2 times per month). If it is necessary to have multiple people doing direct implementation, there should be meetings with all team members, parents (if child is receiving service), and any other staff persons who work with the individual receiving services present 1-2 times per month. The regional center and service provider should also meet periodically to discuss the future directions of the plan for service provision to make sure it is being done in the most efficient and effective way possible.	Feb 16, 2011 12:29 AM
1967	Service must be in the region such that the distance to reach provider is reasonable given such clients may be in the midst of severe behavior needing to be managed during transport. Services have to be available during all hours they may need to be called upon.	Feb 16, 2011 12:47 AM
1968	documented progress toward agreed upon goals.	Feb 16, 2011 12:48 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1969	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: All behavioral services should follow the principles of applied behavior analysis (ABA) and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. A behavioral assessment, functional behavioral assessment or functional analysis of the problem behavior(s), or skill deficits should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for comprehensive or focused behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. Supervision of a comprehensive treatment program for children with autism should be on a ratio of 1 hour of supervision for every 8 hours of treatment. Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills. The IPP process requires sensitivity to individual needs of consumers; however an average duration of focused behavioral services would be 3 months to one year, depending on severity of the behavior(s). Duration of comprehensive treatment for children with autism is two to four years, with the intensity of services fading at that time.	Feb 16, 2011 12:56 AM
1970	* A developmentally appropriate assessment will determine the appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes and level of service for the child. Given the young age of the children, frequent review of the data and the treatment plan is needed; usually plans are reviewed every 3 months. * Direct observation data should be reviewed by the supervisor on a weekly basis to determine if changes are needed. Supervision ratio should be 1 hour of supervision for every 10 hours of treatment. * Services could be determined to be ineffective for various reasons: inability or unwillingness of family to participate in the program, frequent absences, or cancellation of treatment sessions, or mastery of skills to the point that the child no longer demonstrates deficits.	Feb 16, 2011 1:01 AM
1971	set measurable goals	Feb 16, 2011 1:05 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1972	* Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: o All behavioral services should follow the principles of applied behavior analysis (ABA) and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. o A behavioral assessment, functional behavioral assessment or functional analysis of the problem behavior(s), or skill deficits should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for comprehensive or focused behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. o Supervision of a comprehensive treatment program for children with autism should be on a ratio of 1 hour of supervision for every 8 hours of treatment. o Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills. o The IPP process requires sensitivity to individual needs of consumers; however an average duration of focused behavioral services would be 3 months to one year, depending on severity of the behavior(s). o Duration of comprehensive treatment for children with autism is two to four years, with the intensity of services fading at that time.	Feb 16, 2011 1:07 AM
1973	If there is any question about the effectiveness of programs, government officials should look at the data and see how the children are progressing. Data is taken and analyzed through charts to show each child's progress.	Feb 16, 2011 1:10 AM
1974	Educate the parents and public school systems about the importance of EACH child	Feb 16, 2011 1:12 AM
1975	There should be some type of ABA expert auditing agency that can go to these service provider and audit their services, either by in-home visits, training or training logs.	Feb 16, 2011 1:17 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1976	As demonstrated by research, all behavioral services should follow the principles of applied behavior analysis (ABA). These services should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services must be individualized to the needs of the consumer. A behavioral assessment, functional behavioral assessment or functional analysis of the problem behavior(s), or skill deficits should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for comprehensive or focused behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. Supervision of a comprehensive treatment program for children with autism should be on a ratio of 1 hour of supervision for every 8 hours of treatment. Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills. When there are questions about the appropriateness or efficacy of services, these should be reviewed by an expert panel of behavior analysts and other professionals.	Feb 16, 2011 1:23 AM
1977	Currently the regional center case manager visits our son quarterly. She can testify herself as to the value add of the services as she has witnessed the progress in our son.	Feb 16, 2011 1:29 AM
1978	Re-assess. Have an accountability system in place.	Feb 16, 2011 1:33 AM
1979	A developmentally appropriate assessment will determine the appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes and level of service for the child. Given the young age of the children, frequent review of the data and the treatment plan is needed; usually plans are reviewed every 3 months. Direct observation data should be reviewed by the supervisor on a weekly basis to determine if changes are needed. Supervision ratio should be 1 hour of supervision for every 15 hours of treatment. Services could be determined to be ineffective for various reasons: inability or unwillingness of family to participate in the program, frequent absences, or cancellation of treatment sessions, or mastery of skills to the point that the child no longer demonstrates deficits.	Feb 16, 2011 1:33 AM
1980	There should be some type of ABA expert auditing agency that can go to these service provider and audit their services, either by in-home visits, training or training logs. Also, there should be reports, goals and meetings that these are appropriate goals for the child's skill level, and how to surpass those levels to attain more.	Feb 16, 2011 1:38 AM

Behavioral Services

3. Suggested service standards about how to make sure the services provided

	Response Text	
1981	o A developmentally appropriate assessment will determine the appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes and level of service for the child. Given the young age of the children, frequent review of the data and the treatment plan is needed; usually plans are reviewed every 3 months. o Direct observation data should be reviewed by the supervisor on a weekly basis to determine if changes are needed. Supervision ratio should be 1 hour of supervision for every 10 hours of treatment. o Services could be determined to be ineffective for various reasons: inability or unwillingness of family to participate in the program, frequent absences, or cancellation of treatment sessions, or mastery of skills to the point that the child no longer demonstrates deficits.	Feb 16, 2011 1:51 AM
1982	Parent training needs to happen right along with the in-home ABA, starting at the earlier age possible. The biggest problem I have seen is that a provider can work with a kid for 4 -6 hrs a day and be very detailed and consistent. But as soon as they leave the house, mom and dad breathe a huge sigh of relief and think they can "go back to normal". This teaches the kid that therapy and expectations on negative or repetitive behaviors are only reinforced when the therapist is there. The parents absolutely have to make the kid tow the line and give the same verbal prompts and demand the same expectations 24/7. At home, at the grocery store, at grandma's, in the laundromat, at day care; wherever. And if a parent has lots of help on what to say, how to make visual charts and schedules, etc, it will be easier for them to be consistent.	Feb 16, 2011 1:54 AM
1983	Standards should be based on improvement of quality of life based on assessments and reports.	Feb 16, 2011 1:54 AM
1984	Direct observation data should be reviewed by the supervisor on a weekly basis to determine if changes are needed. Supervision ratio should be 1 hour of supervision for every 15 hours of treatment. Services could be determined to be ineffective for various reasons: inability or unwillingness of family to participate in the program, frequent absences, or cancellation of treatment sessions, or mastery of skills to the point that the child no longer demonstrates deficits.	Feb 16, 2011 1:59 AM
1985	Qualified supervision of direct behavior therapists on a weekly basis (frequency/duration to be determined by the supervisor, based upon child's individual needs and team's supervision needs) Regular reviews of progress (weekly/biweekly by the EIBI team, semiannual progress reviews) Annual reevaluation	Feb 16, 2011 2:01 AM
1986	clinical team to evaluate twice a year, 4 times a year if a young child	Feb 16, 2011 2:15 AM
1987	Currently, my son is rcving behavioral services. I believe the data collection this is used on a bi-annual review is critical for all parties involved. It gives an opportunity to see the areas of deficiency and advancement. I think the data collection is the best way to determine the services are useful and effective.	Feb 16, 2011 2:16 AM
1988	Coordination with all parties involved - ALTA, local school districts, ABA providers.	Feb 16, 2011 2:20 AM
1989	Agencies providing behavior services should ensure that the behavior therapists take data during each session that they provide behavior intervention to the client. This data can be collected, summarized, and interpreted by the behavior supervisor in order to analyze whether or not the services are effective.	Feb 16, 2011 2:22 AM
1990	PARENT AND PROVIDER INPUT IS VERY CRITICAL.	Feb 16, 2011 2:23 AM

Behavioral Services

3. Suggested service standards about how to make sure the services provided

	Response Text	
1991	Reviews of client progress on IPP goals should occur at six month intervals, regional center program managers should directly observe each clients functioning in the home and community settings, and ongoing evaluation of client's adaptive/functional behavior progress, including ongoing review of goal progress and data. An essential component of an effective behavioral program would include supervision provided by a qualified staff members, such as those with BCBA or BCaBA credentials and years of experience in the field. This should be funded in addition to the direct service.	Feb 16, 2011 2:24 AM
1992	Get well trained behaviorists and they will be able to assess the child needs. What I am most afraid of is that a bunch of people with little knowledge and experience will in all their best interests make a list of rules that will impede the clinicians ability to provide for the specific child. My child may need something totally different than another persons. There is no crystal ball but I can see very specific markers that allow me see the big picture and the vast improvement. Since there is so much work to do sometimes we forget how far we have already come. Training, training and training then experience and then how can you measure heart and their own buy in. I would love to sit in on discussions or boards that are making these decisions because if you haven't lived it there are some things that you can't understand.	Feb 16, 2011 2:30 AM
1993	All behavioral services should follow the principles of applied behavior analysis and should be designed to assist in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. A behavioral assessment, functional behavioral assessment or functional analysis of the problem behavior,or skill deficits should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for comprehensive or focused behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. Supervision of a comprehensive treatment program for children with autism should be on a ratio of 1 hour of supervision for every 8 hours of treatment. Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills.	Feb 16, 2011 2:35 AM
1994	Effective case management of progress with IPP goals at six months and qualified supervision is imperative.	Feb 16, 2011 2:39 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1995	All behavioral services should follow the principles of Applied Behavior Analysis (ABA) and should be individually designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. A behavioral assessment, functional behavioral assessment or functional analysis of the problem behavior(s), or skill deficits should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for comprehensive or focused behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. Supervision of a comprehensive treatment program for children with autism should be on a ratio of 1 hour of supervision for every 8 hours of treatment. Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills. The IPP process requires sensitivity to the individual needs of consumers; however an average duration of focused behavioral services would be 3 months to one year, depending on severity of the behavior(s). Duration of comprehensive treatment for children with Autism is two to four years, with the intensity of services fading at that time.	Feb 16, 2011 2:40 AM
1996	To make it useful and effective : There needs to be a rating chart in beginning of services of how child is doing dealing with their behaviors and monitor progress which is rated by therapist, child/young adult, parents, or other people in contact with child/young adult on regular. Case mgr. with Regional Center will need to monitor and observe the outcome of improvements. Tracking system will allow to keep update on all status.	Feb 16, 2011 2:58 AM
1997	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6)	Feb 16, 2011 2:59 AM
1998	having trained and educated personal-- looking at each and every child that is being treated as an individual-- evaluate and set goals for child and family that can be implemented and successfully completed at home.	Feb 16, 2011 3:17 AM
1999	Clear list from DDS of evidence based interventions that can be provided, Nothing not on list until proven effective and not appeal possibility on this issue	Feb 16, 2011 3:19 AM
2000	Professionals who are qualified in providing behavioral services for individuals with autism clearly know what is appropriate in order to determine whether or not the services being provided are effective. Clearly, data must be taken to track progress and reports prepared and provided to the Reg. Cntrs twice a year.	Feb 16, 2011 3:23 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
2001	All behavioral services should follow the principles of applied behavior analysis (ABA) and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. A behavioral assessment, functional behavioral assessment or functional analysis of the problem behavior(s), or skill deficits should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for comprehensive or focused behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. Supervision of a comprehensive treatment program for children with autism should be on a ratio of 1 hour of supervision for every 8 hours of treatment. Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills. Duration of comprehensive treatment for children with autism is two to four years, with the intensity of services fading at that time.	Feb 16, 2011 3:26 AM
2002	evaluation from care taker of the client.	Feb 16, 2011 3:30 AM
2003	Specialists should provide parents and children with appropriate and proper teaching methods, consultations and intervention techniques. Consistent communication between parents and specialists while implementing techniques is important as this will provide parents support and specialists the knowledge that the service provided is useful and effective. Follow up meetings with specialists will help in making certain that the primary service provided has been helpful and effective.	Feb 16, 2011 3:31 AM
2004	A team approach of the family, the educators and the behavioral team should be able to identify with data that improvements are noted in the targeted areas addressed. The written behavioral program should state goals and objectives that are measurable and the team can discern progress based on that criteria.	Feb 16, 2011 3:33 AM

Behavioral Services

3. Suggested service standards about how to make sure the services provided

	Response Text	
2005	All behavioral services should follow the principles of applied behavior analysis (ABA) and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. A behavioral assessment, functional behavioral assessment or functional analysis of the problem behavior(s), or skill deficits should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for comprehensive or focused behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. Supervision of a comprehensive treatment program for children with autism should be on a ratio of 1 hour of supervision for every 8 hours of treatment. Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills. The IPP process requires sensitivity to individual needs of consumers; however an average duration of focused behavioral services would be 3 months to one year, depending on severity of the behavior(s). Duration of comprehensive treatment for children with autism is two to four years, with the intensity of services fading at that time.	Feb 16, 2011 3:41 AM
2006	Evaluation and analysis of data for decreasing maladaptive behaviors and increasing targeted goal areas should be reviewed frequently. Other confounding variables, such as session cancellation should be taken into consideration when reviewig progress.	Feb 16, 2011 3:44 AM
2007	Review of goals and need for service on a regular basis (and not by the provider).	Feb 16, 2011 3:54 AM
2008	provide short-term POS, approximately 3 months or at least 6 visits. if goals aren't being reached, then discontinue the service.	Feb 16, 2011 3:55 AM
2009	Regular gathering of empirical data followed by evaluation of said data by people trained in these fields of study. A panel, not an individual should make these determinations, with an absolute focus on integrity.	Feb 16, 2011 3:59 AM
2010	Agencies providing behavior services should ensure that the behavior therapists take data during each session that they provide behavior intervention to the client. This data can be collected, summarized, and interpreted by the behavior supervisor in order to analyze whether or not the services are effective	Feb 16, 2011 4:25 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
2011	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: All behavioral services should follow the principles of applied behavior analysis (ABA) and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. A behavioral assessment, functional behavioral assessment or functional analysis of the problem behavior(s), or skill deficits should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for comprehensive or focused behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. Supervision of a comprehensive treatment program for children with autism should be on a ratio of 1 hour of supervision for every 8 hours of treatment. Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills. The IPP process requires sensitivity to individual needs of consumers; however an average duration of focused behavioral services would be 3 months to one year, depending on severity of the behavior(s). Duration of comprehensive treatment for children with autism is two to four years, with the intensity of services fading at that time.	Feb 16, 2011 4:26 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
2012	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: All behavioral services should follow the principles of applied behavior analysis (ABA) and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. A behavioral assessment, functional behavioral assessment or functional analysis of the problem behavior(s), or skill deficits should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for comprehensive or focused behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. Supervision of a comprehensive treatment program for children with autism should be on a ratio of 1 hour of supervision for every 8 hours of treatment. Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills. The IPP process requires sensitivity to individual needs of consumers; however an average duration of focused behavioral services would be 3 months to one year, depending on severity of the behavior(s). Duration of comprehensive treatment for children with autism is two to four years, with the intensity of services fading at that time.	Feb 16, 2011 4:27 AM
2013	Agencies providing behavior services should ensure that the behavior therapists take data during each session that they provide behavior intervention to the client. This data can be collected, summarized, and interpreted by the behavior supervisor in order to analyze whether or not the services are effective.	Feb 16, 2011 4:27 AM
2014	Regular IPPs and IEPs (if required).	Feb 16, 2011 4:34 AM
2015	Extremely important is that families are able to be involved in choosing the provider that is right for them. There is no one size fits all. To have some choice is very important.	Feb 16, 2011 4:41 AM
2016	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in the Lanterman Act Section 4646.5(a)(6).	Feb 16, 2011 4:43 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
2017	•Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: • •All behavioral services should follow the principles of applied behavior analysis (ABA) and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. •A behavioral assessment, functional behavioral assessment or functional analysis of the problem behavior(s), or skill deficits should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for comprehensive or focused behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. •Supervision of a comprehensive treatment program for children with autism should be on a ratio of 1 hour of supervision for every 8 hours of treatment. •Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills. •The IPP process requires sensitivity to individual needs of consumers; however an average duration of focused behavioral services would be 3 months to one year, depending on severity of the behavior(s). Duration of comprehensive treatment for children with autism is two to four years, with the intensity of services fading at that time.	Feb 16, 2011 4:45 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
2018	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: All behavioral services should follow the principles of applied behavior analysis (ABA) and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. A behavioral assessment, functional behavioral assessment or functional analysis of the problem behavior(s), or skill deficits should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for comprehensive or focused behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. Supervision of a comprehensive treatment program for children with autism should be on a ratio of 1 hour of supervision for every 8 hours of treatment. Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills. The IPP process requires sensitivity to individual needs of consumers; however an average duration of focused behavioral services would be 3 months to one year, depending on severity of the behavior(s). Duration of comprehensive treatment for children with autism is two to four years, with the intensity of services fading at that time.	Feb 16, 2011 4:55 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
2019	FOCUSED APPLIED BEHAVIOR ANALYSIS (ABA) BEHAVIORAL SERVICES AND COMPREHENSIVE ABA AUTISM TREATMENT SERVICES FOR CHILDREN OVER AGE 3: All behavioral services should follow the principles of applied behavior analysis (ABA) and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. A behavior assessment, functional behavioral assessment or functional analysis of the problem behavior(s), or skill deficits should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for comprehensive or focused behavior intervention and that the family/caregiver agrees to participate in and implement , as appropriate, the recommended treatment plan. Supervision of a comprehensive treatment program for children with Autism should be on a ratio of 1 hour of supervision for every 8 hours of treatment. Before making a determination for continuing, modifying or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills. The IPP process requires sensitivity to individual needs of consumers; however an average duration of focused behavioral services would be 3 months to one year, depending on severity of the behavior(s). Duration of comprehensive treatment for children with Autism is two to four years, with the intensity of services fading at that time.	Feb 16, 2011 4:56 AM
2020	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 16, 2011 4:59 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
2021	FOCUSED APPLIED BEHAVIOR ANALYSIS (ABA) BEHAVIORAL SERVICES AND COMPREHENSIVE ABA AUTISM TREATMENT SERVICES FOR CHILDREN OVER AGE 3: All behavioral services should follow the principles of applied behavior analysis (ABA) and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. A behavior assessment, functional behavioral assessment or functional analysis of the problem behavior(s), or skill deficits should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for comprehensive or focused behavior intervention and that the family/caregiver agrees to participate in and implement , as appropriate, the recommended treatment plan. Supervision of a comprehensive treatment program for children with Autism should be on a ratio of 1 hour of supervision for every 8 hours of treatment. Before making a determination for continuing, modifying or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills. The IPP process requires sensitivity to individual needs of consumers; however an average duration of focused behavioral services would be 3 months to one year, depending on severity of the behavior(s). Duration of comprehensive treatment for children with Autism is two to four years, with the intensity of services fading at that time.	Feb 16, 2011 4:59 AM
2022	Stated goals that are evaluated at 6-month periods	Feb 16, 2011 5:03 AM
2023	interview the families once every six months to see them face to face to ask them if is helping	Feb 16, 2011 5:05 AM

Behavioral Services

3. Suggested service standards about how to make sure the services provided

	Response Text	
2024	FOCUSED APPLIED BEHAVIOR ANALYSIS (ABA) BEHAVIORAL SERVICES AND COMPREHENSIVE ABA AUTISM TREATMENT SERVICES FOR CHILDREN OVER AGE 3: All behavioral services should follow the principles of applied behavior analysis (ABA) and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. A behavior assessment, functional behavioral assessment or functional analysis of the problem behavior(s), or skill deficits should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for comprehensive or focused behavior intervention and that the family/caregiver agrees to participate in and implement , as appropriate, the recommended treatment plan. Supervision of a comprehensive treatment program for children with Autism should be on a ratio of 1 hour of supervision for every 8 hours of treatment. Before making a determination for continuing, modifying or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills. The IPP process requires sensitivity to individual needs of consumers; however an average duration of focused behavioral services would be 3 months to one year, depending on severity of the behavior(s). Duration of comprehensive treatment for children with Autism is two to four years, with the intensity of services fading at that time.	Feb 16, 2011 5:06 AM
2025	survey or follow up to re-evaluate after 12 visits.	Feb 16, 2011 5:09 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
2026	FOCUSED APPLIED BEHAVIOR ANALYSIS (ABA) BEHAVIORAL SERVICES AND COMPREHENSIVE ABA AUTISM TREATMENT SERVICES FOR CHILDREN OVER AGE 3: All behavioral services should follow the principles of applied behavior analysis (ABA) and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. A behavior assessment, functional behavioral assessment or functional analysis of the problem behavior(s), or skill deficits should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for comprehensive or focused behavior intervention and that the family/caregiver agrees to participate in and implement , as appropriate, the recommended treatment plan. Supervision of a comprehensive treatment program for children with Autism should be on a ratio of 1 hour of supervision for every 8 hours of treatment. Before making a determination for continuing, modifying or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills. The IPP process requires sensitivity to individual needs of consumers; however an average duration of focused behavioral services would be 3 months to one year, depending on severity of the behavior(s). Duration of comprehensive treatment for children with Autism is two to four years, with the intensity of services fading at that time.	Feb 16, 2011 5:09 AM

Behavioral Services

3. Suggested service standards about how to make sure the services provided

	Response Text	
2027	FOCUSED APPLIED BEHAVIOR ANALYSIS (ABA) BEHAVIORAL SERVICES AND COMPREHENSIVE ABA AUTISM TREATMENT SERVICES FOR CHILDREN OVER AGE 3: All behavioral services should follow the principles of applied behavior analysis (ABA) and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. A behavior assessment, functional behavioral assessment or functional analysis of the problem behavior(s), or skill deficits should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for comprehensive or focused behavior intervention and that the family/caregiver agrees to participate in and implement , as appropriate, the recommended treatment plan. Supervision of a comprehensive treatment program for children with Autism should be on a ratio of 1 hour of supervision for every 8 hours of treatment. Before making a determination for continuing, modifying or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills. The IPP process requires sensitivity to individual needs of consumers; however an average duration of focused behavioral services would be 3 months to one year, depending on severity of the behavior(s). Duration of comprehensive treatment for children with Autism is two to four years, with the intensity of services fading at that time.	Feb 16, 2011 5:13 AM
2028	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 16, 2011 5:18 AM
2029	Again usefulness and effectiveness of services should be determined by IPP team and at every meeting as described in The Lanterman Act	Feb 16, 2011 5:20 AM
2030	data Collection and Quarterly review of progress	Feb 16, 2011 5:25 AM
2031	Consistent review of progress on goals and behavior data is an important way to drive services. Some clients who have made progress and acquired their goals will require novel goals to replace the old goals, while others may need to slowly transition out of the program.	Feb 16, 2011 5:26 AM
2032	that base of the teacher of the rescoure room and how much that kids improve.	Feb 16, 2011 5:28 AM
2033	More frequent team meetings with therapists, program supervisors, parents, and regional center representatives (once a week-once a month).	Feb 16, 2011 5:32 AM
2034	Progress reports should be reviewed by qualified professionals at the regional center on a quarterly basis. When there are concerns with progress, parent participation, and so on, more direct observation should be provided.	Feb 16, 2011 5:38 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
2035	o Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: All behavioral services should follow the principles of applied behavior analysis (ABA) and should be designed to assist consumers in learning important social, communicative and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. A behavioral assessment, functional behavioral assessment or functional analysis of the problem behavior(s), or skill deficits should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and levels of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3 months in order to evaluate progress. The plan should also indicate that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. Supervision of a comprehensive treatment program for children with autism should be at least 1 hour of supervision for every 8 hours of treatment at absolute minimum, to ensure treatment integrity. Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills. The IPP process requires sensitivity to individual needs of consumers; however an average duration of focused behavioral services would be 3 months to one year, depending on severity of the behavior(s). Duration of comprehensive treatment for children with autism is two to four years, with the intensity of services fading at that time.	Feb 16, 2011 5:48 AM
2036	Annual testing that will display the progress of the consumer and effectiveness of the the services provided, as well as parents feedback and participation with the providers.	Feb 16, 2011 5:53 AM
2037	Services provided should be documented in writing on a quarterly basis at which time the effectiveness of the services should be evaluated and re-evaluated.	Feb 16, 2011 5:53 AM
2038	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 16, 2011 5:58 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
2039	Services should be evaluated on a regular basis and strict timelines for ineffective treatments implemented. I feel it appropriate that if no significant behavior reduction or growth in deficit skills is shown in six months, the planning team should consider that the treatment may not be the right fit for the consumer and the family. Parent/family accountability is should be a large part of the measure of “growth” or “reduction of behavior”. Address each individual vendor annually for quality assurance. Is this vendor meeting the needs of the consumers they serve? Is this vendor adhering to strict timelines for behavior reduction? Are behavior programs continuing to occur despite lack of significant progress? Regional Centers should ONLY pay for direct service time with parent and/or consumer, not report writing or materials making. *As a vendor that is only contracted for direct time, I put my effort toward the quality and fidelity of the client’s program rather than the permanent product (i.e. beautiful, lengthy reports or fancy token boards). I feel that my programs are much stronger since the majority of my effort is spent working toward the goal of behavior reduction and skill deficit teaching rather than administrative time. I have worked for a vendor that was contracted for indirect time and personally observed the waste of resources (i.e. persons most qualified to deliver services spending majority of their working time in an office, on emails and in trainings rather than in the field with their clients directly).	Feb 16, 2011 6:09 AM
2040	writing down what was done during the meeting with follow up at the next meeting; having monthly group classes with other parents and children for socialization and support; hands-on teaching for parents	Feb 16, 2011 6:13 AM
2041	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: All behavioral services should follow the principles of applied behavior analysis (ABA) and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. A behavioral assessment, functional behavioral assessment or functional analysis of the problem behavior(s), or skill deficits should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for comprehensive or focused behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. Supervision of a comprehensive treatment program for children with autism should be on a ratio of 1 hour of supervision for every 8 hours of treatment. Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills. The IPP process requires sensitivity to individual needs of consumers; however an average duration of focused behavioral services would be 3 months to one year, depending on severity of the behavior(s). Duration of comprehensive treatment for children with autism is two to four years, with the intensity of services fading at that time.	Feb 16, 2011 6:25 AM
2042	Check periodically the progress of the kids.	Feb 16, 2011 6:48 AM

Behavioral Services

3. Suggested service standards about how to make sure the services provided

	Response Text	
2043	with staff support and parental involvement	Feb 16, 2011 7:13 AM

Behavioral Services

3. Suggested service standards about how to make sure the services provided

	Response Text	
2044	1. Vendor should provide parents with a Parent Training Checklist (only 1 vendor out of 7, that worked with my 2 daughters (w/ ASD), provided a list of strategies that I would be learning to implement .) I was given the opportunity to be "graded". I accepted. There may be other parents that are not comfortable with being "graded". However, vendors should ask the care-providers (Guardians/Parents, Respite, IHSS workers, Adult Home Day Care Workers etc) for their input on HOW THEY THINK THEY ARE DOING in learning the strategies on this care-giver Training Checklist. 2. Of course there should be specific goals and objectives written for the consumer and these specific objectives (e.g. Consumer will be able to wash hands w/o physical support 8/10 times) and care-givers should be REMINDED verbally as well as in writing of these objectives. We as parentsl usually have GENERAL GOALS for our children. However, a behaviorist is the one who should take these goals and present relevant objectives that will help our child REACH the goal. Since we are stressed-out most of the time, I believe it is NOT our responsibility to develop all of the specific objectives. Of course, I would allow parents who WANT to participate in developing the specific objectives in collaboration with the vendor to do so. 3. Service Coordinator and Care Provider should be informed by the vendor IF THE REPLACEMENT BEHAVIOR that has been mastered is READY to be practiced in the community setting, or away from the familiar home-setting. A Service Coordinator should NOT ASSUME that all is well, just because the behavioral goals have been met in a home-setting. 4. The experience that I have had with Service Coordination (ELARC), is that many of the NEWLY hired service coordinators are lacking in experience with dealing with Behavioral Services. I know there is ON-GOING training of service coordinators in all regional centers. However, in order to make sure that the services are EFFECTIVE, the service coordinator needs to have a better understanding of how this service can help the family as a unit, NOT JUST THE CONSUMER. Service Coordinators should be able to "sell the idea" to a reluctant family. Remember: most of us are so worn out.....we can NOT see the light at the end of the tunnel. 5. Regional Centers should provide a hand-out/ brochure with brief case studies which describe how Behavioral Services (ABA or other brand of behavior management techniques)have improved the quality of life for a consumer and her/his care providers and/or family unit. 6. Parents should be able to INTERVIEW at least 2 vendors before deciding on which agency to work with. The ages of the consumers being served by an agency could be	Feb 16, 2011 7:28 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
2044	providing supplies, discussion of positive reinforcement, cleaning-up work areas and supporting my daughter with toileting--age 5 years). We did not know that they were coming. We only provided a 1:1 session schedule for them. 9. Allow Parents to change agencies if they want to. The effectiveness of any services is based upon the willingness of the care-giver to work with a vendor/agency. Yes, there may be problems with transition for the consumer. However, if the care-giver/parent can not be a FULL PARTICIPANT in the service because there are PERSONALITY / INTERPERSONAL issues with the agency, then the best policy is to allow changing the vendor. That is why I suggested that the parent be allowed to interview at least 2 vendors before beginning the service. Maybe the vendor can submit a filmed 1:1 session (with consent of guardian, of course) for review in order for the new consumer's family unit to SEE exactly WHAT IS A 1:1 Behavioral Session. Please realize that this type of service is something that is "foreign" to most people. We knew what physical therapy and speech therapy "looked lilke" but we (my husband and I) did not know what Behavioral Therapy "looked like" (nor did our relatives who were psychologists). I would venture to say that the interventions of ABA , Floortime, PECS etc. need to be demonstrated via film by actors or by real consumer/therapists, to really get the message of the "usefulness" of behavioral intervention across to parents. Our Spanish-speaking population/culture is pretty much "left out of the loop" with regards to the myriad of behavioral interventions that are out there. This happens mainly because they are overwhelmed with the verbal description of the interventions (primarily done by service coordinators that are not very familiar with the strategies themselves). Please consider using a visual description of behavioral intervention via film to increase understanding by the consumers care-givers. The participation of the service coordinator in viewing the visual presentation with the care-giver would insure that the parent understands the effectiveness of this service for their child. The parent would also be able to ask questions of the service coordinator immediately after the presentation. If the service coordinator can not be present, why not invite (not pay) one of the vendors to comment and answer questions after the visual presentation is viewed by the care-givers who will be making the decision of whether or not to request the behavioral intervention services for their child.	Feb 16, 2011 7:28 AM
2045	effective communication	Feb 16, 2011 7:31 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
2046	ask client ask parent ask care provider ask others in client's community Compare notes with other providers of behavioral services	Feb 16, 2011 7:32 AM
2047	Evidence based practices should be used. They should be applied based on individual needs.	Feb 16, 2011 7:33 AM
2048	Behavior services are very useful and effective. This is one of the most necessary services provided by regional centers. Vendors must be required to submit reports in a timely manner. At this time, because the Lanterman Act prohibits the termination or ending of a service without agreement from the parent or consumer, the SC must continue to extend services to avoid this even without a progress report from the vendor. Progress reports are necessary to determine whether or not the consumer needs continued services or if the service continues to be appropriate. Reports are due one month prior to authorization end date in order to give the SC time to conduct planning with parents or consumer. Vendors must be held accountable to provide this information in a timely manner. SC's should be allowed to refer better agencies to families.At this time, SC's cannot express their opinions and leave the choosing fully up to families who generally have no idea which vendor is good.This would save time and money and families will not have to suffer through 1-2 years of an ineffective vendor, then have to change vendors and go through services for an additional 1-2 years to acheive what their child could have learned in half the time.	Feb 16, 2011 7:52 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1	Experience and training	Jan 28, 2011 12:35 AM
2	The organization must not send out someone who is only a recent college grad trying to earn some hours toward experience. It is important the organization have strict guidelines for their employees and extensive training before sending them out to work with an individual	Jan 28, 2011 12:39 AM
3	Masters degree in Psychology, Behavior, Social Work or Education, or behavioral certification should be involved in program deisgn and assessment	Jan 28, 2011 12:50 AM
4	The Director and supervisors of the program must be BCBA's...the direct service providers should at least have a BCABA	Jan 28, 2011 12:53 AM
5	Trained, educated and certified	Jan 28, 2011 12:53 AM
6	Certified as Behavior Training Specialists/ BA level or above	Jan 28, 2011 12:59 AM
7	organizations need to have experience, knowledge, talent and a larger view then their specific intervention is the only way to go - so if someone needs support/intervention we just do not automaticlaly go to aba, but consider sensory, movement issues, as well as behavioral support	Jan 28, 2011 1:00 AM
8	preferably a person with at least bachelors degree in either social work, psychology, or counseling.	Jan 28, 2011 1:03 AM
9	Professional with the clinical credentials to develop and teach services to other providers and parents.	Jan 28, 2011 1:07 AM
10	Service providers must be highly trained, have BCBA credentials to supervise staff	Jan 28, 2011 1:08 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
11	QUALITY ASSURANCE SHOULD BE IMPLEMENTED TO ALL VENDORS, PART FROM CONSUMER/FAMILY, PART FROM SERVICE COORDINATORS AND THIS DATA COLLECTION SHOULD BE ACCESSIBLE TO INFORM CONSUMERS/FAMILIES OF THE TRACK RECORD OF VENDOR.	Jan 28, 2011 1:09 AM
12	Agencies providing behavioral services must have individuals certified by the Behavior Analyst Certification Board on staff to monitor and/or supervise professionals providing direct service. Those providing direct service must have a college degree (.e.g., AA, BA, etc.) and relevant experience supporting individuals with disabilities.	Jan 28, 2011 1:11 AM
13	The Behavior Specialist should have a master's degree in ABA and LOTS of experience training and supervising behavior assistant staff. Behavior Specialists should run the group training and develop individual plans. Behavior assistants should have a BA degree in ABA and LIFE & work experience with parents of children in the general population. Behavior assistants should provide the individual follow- up services.	Jan 28, 2011 1:14 AM
14	Same as above.	Jan 28, 2011 1:19 AM
15	Providers must each have passed a Criminal Justice fingerprint screening and they must be trained a minimum of 40 hours in behavior modification.	Jan 28, 2011 1:20 AM
16	DDS currently has three service codes for care. These are appropriate. HOWEVER, regional centers are NOT vendoring these service providers according to these service codes NOR are the ABA agencies correctly billing according to whom they use for the service code (meaning the 1:1 person is NOT a BCBA nor a psychologist, marriage and family therapist or social worker yet the service code being billed with is that code. This needs to be thoroughly investigated and ABA companies need to be properly vendored and properly billing for the correct service code.	Jan 28, 2011 1:27 AM
17	Fingerprinting- continuous education credits to remain currrent on the topic. Data should be compiled in computer based system- heavier relience on empirical findings. Perhaps, like day programs, this data should be submitted to Regional center with monthly billing. Parents, therapists should be able to demonstrate that there is an active undertaking to apply behavioral intervention strategies. Data should reflect that when the professional is not working with the client that the parent is participating in working on and tracking objectives.	Jan 28, 2011 1:28 AM
18	Any organization that offers behavior services must have a Board Certified Behavior Analyst (BCBA) as its chief clinician. Those who provide program supervision should at minimum be enrolled in certification programs, with a preference for those who are already certified as BCBA or BCABA, awaiting test certification, or who are completed with certification coursework and are obtaining supervised hours. Those who provide direct intervention services should be at minimum enrolled in an undergraduate program in a related field and should receive a comprehensive in-house training program from the vendor agency with whom they have sought employment. Such staff should thereafter have ongoing case specific trainings from the supervisors in their agency for the purpose of applying specific interventions to their clients, as well ongoing general applied behavior analysis (ABA) in-services.	Jan 28, 2011 1:29 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
19	For adults and children: Assessment, objectives and support plan developed by a master's level behavior specialist. Consultation to implement support plan given by a master's level behavior specialist If implementation is by an aid, supervision,ongoing evaluation of progress, and ongoing training should be provided by a qualified master's level behavior specialist.	Jan 28, 2011 1:33 AM
20	Often it is the type of service that the organization provides, rather than the qualifications of the staff that make the difference. For example many people with "behavioral problems" want to work or want to take college classes or be involved in meaningful motivating activities, but they are excluded from these opportunities due to their history or their label. If they were given the opportunity to try these activities, their so called behavioral problems might be eliminated.	Jan 28, 2011 1:36 AM
21	Develop sandards for all regional center to follow the most cost effective model per regulation.	Jan 28, 2011 1:36 AM
22	Again, a minimum of BCBA and ability to pass some sort of qualifing exam should be put in place. The regional center uses many vendors who are NOT qualified, and have MFT's from 50 years ago, but know very little about current best treatments. This is a WASTE of the taxpayers money and can actually do moroe HARM to the consumer than not having them at all. San Diego RC is one example.	Jan 28, 2011 1:40 AM
23	QUALITY ASSURANCE FOR ALL VENDORS	Jan 28, 2011 1:40 AM
24	Someone familiar with the abilities and challenges of this population who either has experience in the field or a degree, and with whom the parents and child develop a rapport.If the consumer doesn't like the provider, the money will be wasted.	Jan 28, 2011 1:42 AM
25	specialized skills or certificate are needed for the person who provides these specific services	Jan 28, 2011 1:42 AM
26	the qualifications of the personnel providing the services should be licensed in in behavior management (like a bcba).	Jan 28, 2011 1:53 AM
27	The behavioral services should be almost entirely eliminated. Crisis teams not needed. We already have it in other forms such as group sessions in day programs, counselors, and therapist.	Jan 28, 2011 1:54 AM
28	All persons providing services should ah\\have a masters degree and or a fellowship and be under a qualified doctor with expertise in the areas of concern. A pediatrition should not be over seeing an autistic child when it comes to behavior plans and in turn a Pediatric Psyciatrist needs to over see a child and or a developmentally delayed adult.	Jan 28, 2011 2:05 AM
29	like in any psychiatric care the participating individuals should be diagnosed by a certified professional...i.e. psychiatrist etc..	Jan 28, 2011 2:26 AM
30	make sure they are billing for the proper services rendered. Often a 1:1 is not a licensed therapist so they should be coded for the lower pay	Jan 28, 2011 2:27 AM
31	Staff and supervisors should be experienced, well trained and supported by management with the experience and training to oversee the programs. Current rates make retention of Behavior Analysts and Specialists more of a wish than a promise. Programs must demonstrate expertise and professionalism with adequate staff and supervision.	Jan 28, 2011 2:35 AM
32	Supervisory team should include doctoral level training in neuroscience and neurodevelopement with specialty training in the neurobiology of behavior. Services should be provided by a multidisciplinary team of OT, speech pathologists, educators, and psychologists.	Jan 28, 2011 2:41 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
33	Create a minimal level of certification of staff that would take at least a year to become certified by behavioral analysts.	Jan 28, 2011 2:49 AM
34	Ensure that the client is individually assessed according to their skillset. Avoid "warehousing" or other types of "miscellaneous fit" jobs simply because of lack of money/consideration/laziness based on "the poor economic situation." These clients WANT JOBS and will happily earn minimum wages. Where feasible, engage parents/other advocates in assisting with coaching. DO NOT ALLOW CLIENTS TO REMAIN IDLE. They MUST be given meaningful work. Use your imagination!	Jan 28, 2011 2:50 AM
35	Appropriate credential, license, educational background. NOT "para-professionals".	Jan 28, 2011 3:03 AM
36	Certification needs to be required for persons doing behavior therapy, a minimum of a BA in the field. For individuals providing respite care they should have a minimum of two months shadow training with the type of individual they will be working with and they should have some basic training in behaviors and what types of strategies they can use to work with those behaviors.	Jan 28, 2011 3:05 AM
37	Same method can be used as that of teachers - student show progress is evidence of teacher performance. Qualification should come through some type of certification program.	Jan 28, 2011 3:06 AM
38	Minimum of 7 years first-hand experience in dealing with specific client needs in the area of the service they are overseeing. Should have peer-recommendations before being given the post. Should be evaluated with high standards of intent and experience.	Jan 28, 2011 3:06 AM
39	Same as above	Jan 28, 2011 3:11 AM
40	Psychologist with training in behavioral sciences	Jan 28, 2011 3:21 AM
41	The person providing RDI meets annual review standards and must continue in his or her education too, so that the highest performance is possible.	Jan 28, 2011 3:22 AM
42	degree or experience	Jan 28, 2011 3:24 AM
43	Must have the degree and certification and experience.	Jan 28, 2011 3:25 AM
44	These are minimal and can be met by meeting those qualifications that DDS puts in its HCBS waiver. The performance (outcomes) is required by the standards you set for service delivery. Suggested is to set a certain number of performance standards prior to the organization receiving its license to provide services in any given setting (primarily in the area of Rights and Dignity and Personal Well-Being - Health, Safety and Economic Security). Then survey for outcomes one year after the service is up and running.	Jan 28, 2011 3:28 AM
45	families who get these services from these agencies should give feed back.	Jan 28, 2011 3:28 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
46	Suggestions are provided above: programs should be designed by MA level Supervisors who have a minimum of 45 hours of coursework in behavior analysis and have received 1800 hours of supervision providing behavior analytic services. Certification by the Behavior Analyst Certification Board should not be required but could be used as a guideline. California should establish it's own criteria for certification, similarly to teacher credentialing. (Why gives related fees to the Behavior Analyst Certification Board in Florida?) Licensure is ill advised. Behavioral services, that is teaching people appropriate behaviors, behaviors that compete with maladaptive behavior is not medical treatment and should not be categorized as such. Behavior services use teaching techniques based on principles of behavior analysis. The techniques are educational in nature. Licensure will overly restrict the use of these teaching techniques. Licensure will evoke medical insurance reimbursement - expensive medical insurance reimbursement. Expensive for those who pay premiums and expensive for the insurance companies. Classify ABA services, behavioral services as educational. It is more cost effective for the state if school teachers, parents, caregivers, educators in many subject ares use these effective teaching techniques. Organizations/ corporations that provide behavioral services should employ a PHD level professional with a minimum of 45 graduate level credit hours in behavior analysis and 1800 hours of supervised experience in the design and implementation of programs of instruction for people with developmental disabilities. That PhD should be responsible for the overall behavioral intervention program.	Jan 28, 2011 3:32 AM
47	Provider should be a BCBA and NOT a college student who goes through minimal training	Jan 28, 2011 3:33 AM
48	Someone experienced and successful in the field of behavior modification. Often, clinically certified MFTs and the like, provided by insurance, are not really capable. BCBAs, although not state licensed, are one source of support, but other less certified, but experienced clinicians, like Dr. Mary Joe Webber Pahlow, have proven to be very valuable to our family.	Jan 28, 2011 3:39 AM
49	Lanterman Act. Needs of the consumer as written in the IPP	Jan 28, 2011 3:43 AM
50	Behavior specialists should be certified by the State and should meet annual State certification requirements.	Jan 28, 2011 3:46 AM
51	Every service provider should have biannual reviews to determine that they are still qualified	Jan 28, 2011 3:53 AM
52	These should be standardized across all vendors. A supervisor should visit at least 1x week. Goals and objectives and methods should be evaluated and improved at least every month.	Jan 28, 2011 4:05 AM
53	Experience with children with special needs specifically behavioral issues.	Jan 28, 2011 4:08 AM
54	on going education	Jan 28, 2011 4:14 AM
55	Therapists should have at least a bachelor degree and supervisors at least a Masters with a Board Certified Behavior Analyst available to provide direct supervision to staff and family. Staff turn-over rates is also crucial in determining the quality of programs provided by the behavior agencies. If an agency has a high turn over.... this causes disruptions in programs and thus cannot provide sufficient services.	Jan 28, 2011 4:15 AM
56	Licensed/ credentialed clinical supervisors. Stringent training of line staff. Ongoing training to meet professional standards.	Jan 28, 2011 4:22 AM
57	college education, minimum age >21,	Jan 28, 2011 4:31 AM
58	Consumers should be served by a certified BCABA or BCBA	Jan 28, 2011 4:38 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
59	We need qualified individuals to help families and or providers to assist an individual in their home environment or school based environment or grocery or where ever the behavior is occurring. Often times the behavior is never seen by the specialist and the individual is only seen in a sterile environment where topics are discussed and no real practice on the behavior can be addressed by the professional. Most behaviors, especially for individuals who are disabled, take a long time to create a habit and even longer to eliminate it. Skills need to be given to both the care provider, teacher and whomever else works with the individual so everyone is on the same page. The other item that needs to be taken into consideration is the families cultural issues, behavior specialist often overlook this important point and most behavior plans get tossed aside and never used because a family uses certain kinds of discipline for all of their children. More videos and books would be helpful that families could rent or have to use and refer to for ideas on how to help and individual with a disability.	Jan 28, 2011 4:41 AM
60	minimum BA	Jan 28, 2011 4:55 AM
61	That outcome data is collected for each provider through a survey or other method.	Jan 28, 2011 5:19 AM
62	Regional Centers need to start functioning as businesses instead of bureaucracies. Their overhead is somewhere around 30 percent instead of 5-10 percent. Their secretaries make more money than the employees that provide direct care to the disabled. The diparity of the "middleman" or "Regional Centers" needs to be fixed. The funds need to go directly to the disabled persons and those that care for them and provide effective programs for them.	Jan 28, 2011 5:31 AM
63	If an agency is providing the service, should be a professional, but sometimes the person could be a client's parent. They sometimes know better than a professional.	Jan 28, 2011 5:31 AM
64	All persons providing these services should have received extensive training in how to do positive behavior supports All organizations providing these services should have positive behavior supports as their primary method All organizations providing these services should hire only those who believe in and have been trained in providing positive behavior supports, and/or they should provide this training to their staff members	Jan 28, 2011 5:47 AM
65	Bachelors with experience in the field and ongoing, regular and direct supervision from an MFT, MSW, LCSW, or a licensed professional. Individuals should have experience working with the age group of the consumer, understand how to form a positive working relationship with parents and teachers, understand Infant Mental Health if working with families and young children, and understand how to work with the dynamics of the consumers experience, ie if he experienced abuse or trauma.	Jan 28, 2011 6:09 AM
66	They must have background checks done. And they must be licensed by the appropriate state licensing board. They should be well educated and hold advanced degrees of at minimum a Masters Degree.	Jan 28, 2011 6:30 AM
67	a) Person who is very detailed in their professional approach. b) Good listener c) Experience in a broad social context from 6 yr to adult Some Artists want to use their art for the social good, To influence the lives of people. If someone says they don't like it. They must be able to say why? The same if they like it? why! If they turn and walk away they reject the art and artist and don't know why! This is the same with people and the ones diagnosed with ADD.	Jan 28, 2011 6:36 AM
68	Have Students in training and Actual Credited Personnel run the programs.	Jan 28, 2011 6:42 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
69	See answer #1	Jan 28, 2011 6:52 AM
70	Provide resumes of staff to RC clinical teams prior to the service begins, and whenever there are staff changes.	Jan 28, 2011 7:51 AM
71	In all cases, must be Board Certified Behavior Analyst (either BCBA or BCBA-D); see criteria set by the Behavior Analyst Certification Board at bacb.com	Jan 28, 2011 1:29 PM
72	Again stop wasting money covering RC workers' private wars and start listening to families and following the law in letter and spirit. Families know their loved ones best and give love and continuity to appropriate services. They truly put client first and worker second. The BS has to stop and the BSers need to find other chosen professions.	Jan 28, 2011 2:47 PM
73	none	Jan 28, 2011 2:52 PM
74	CARF	Jan 28, 2011 2:53 PM
75	BCBA or BCABA certrified	Jan 28, 2011 3:46 PM
76	Certified, licensed, credentialed behaviorists that are trained in this field need to be used. However, one well trained person can supervise several technicians to provide day to day implementation of services.	Jan 28, 2011 3:59 PM
77	Behavior service plans should be overseen by a BCBA or PhD. Each behavior service vendor should have a regional center approved training curriculum for its intervention staff, including crisis response methodology, communication skills, and basic behavioral principles.	Jan 28, 2011 4:08 PM
78	background checks and review of the service	Jan 28, 2011 4:10 PM
79	The person (not organization) should have knowledge and experience with the specific clientele served.	Jan 28, 2011 4:27 PM
80	• See above • Behavioral residential providers must have at least a bachelor's degree (or an equivalent) from an accredited education institution within a relevant field • Day program providers should maintain one administrative person with a bachelors degree or higher (or equivalent) from an accredited education institution • Behavioral Consultants must have at least a master's degree (or equivalent) from an accredited education institution, preferably a BCBA	Jan 28, 2011 4:28 PM
81	Make sure the company they contract with has long therm experience with persons who are DD	Jan 28, 2011 4:34 PM
82	I think a BA in social services or human services is the beginning range, but if the person has also worked in this area that the years of service shouls also be looked at. Plus anytime someone new starts in this service they should have at least two weeks of training in the facility to be able to use their knowledge they go from their schooling and oput it into action.	Jan 28, 2011 4:37 PM
83	We have had the good, bad and ugly with these services. A degree doesn't make the behaviorist good.	Jan 28, 2011 4:45 PM
84	They already exist-follow them	Jan 28, 2011 4:47 PM
85	ABA trained.	Jan 28, 2011 4:53 PM
86	Some behavioral service providers are really not qualified, or don't meet the definitions in Title 17. Implement a consistent rate for these services. Some parents get more money for the same services based on what provider and/or service code is used.	Jan 28, 2011 4:59 PM
87	Behavior services can be delivered more cost effectively. A certified behaviorist is only needed for the assessment and development of the plan, and checking in every six months, or if there is a probelm. The impementation can be done by tutors wit an AA.	Jan 28, 2011 5:02 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
88	DO NOT BASE QUALIFICATIONS ON HAVING A BCBA ONLY; this does NOT qualify an indivual to provide effective services. Owners of agencies offering supportive behavioral services should be required to hold a license as a psychologist or MFT, AND have a BCBA. Consultants or tutors delivering the direct service to consumers should receive training from the agency for whom they're employed. Standards should be set for this training so that it is uniform across agencies.	Jan 28, 2011 5:04 PM
89	DDS currently has three service codes for care. These are appropriate. HOWEVER, regional centers are NOT vendoring these service providers according to these service codes NOR are the ABA agencies correctly billing according to whom they use for the service code (meaning the 1:1 person is NOT a BCBA nor a psychologist, marriage and family therapist or social worker yet the service code being billed with is that code. This needs to be thoroughly investigated and ABA companies need to be properly vendored and properly billing for the correct service code.	Jan 28, 2011 5:06 PM
90	current standards are appropriate with additional oversight regarding implementation	Jan 28, 2011 5:07 PM
91	Depends too strongly on the type of service, for example: therapeutic groups vs. one on one counseling.	Jan 28, 2011 5:09 PM
92	Following ABA best practices of recommended qualifications and supervision	Jan 28, 2011 5:09 PM
93	Internal research conducted within the organization to ensure effectiveness.	Jan 28, 2011 5:22 PM
94	BCBA or at least 3 courses in ABA for supervision BA for direct therapist	Jan 28, 2011 5:31 PM
95	Require BCBA certified professionals to supervise treatment and allow them to monitor the direct 1:1 staff.	Jan 28, 2011 5:31 PM
96	Services cannot adequately be delivered by providers who do not appropriately supervise interventionists. Direct interventionists may not have enough expertise and should not be making service evaluations (they might be missing valuable information). BCBA certification for supervisors. Ethics RC should develop a training program for its vendors, especially for the interventionists who provide direct service to consumers and their families. Provide an anonymous reporting entity for families and providers to access if they see, suspect, or feel their is a problem with the evaluation, services, ore delivery of behavior services.	Jan 28, 2011 5:33 PM
97	Incorporating LCSWs, MFTs, and MSWs into the behavioral services to address mental health issues would be effective. By providing CBT and solution-focused therapy, they can address many of the core issues that are the cause of the consumer's behavior. You cannot modify a behavior of a consumer if the core issue goes untouched. Getting to the root of the consumer's issues AND modifying behavior should be the base approach, and this can be done best by professionals with an LCSW, MFT, or MSW and those who are pursuing licensure.	Jan 28, 2011 5:38 PM
98	The staff that provides these services should have experience, hold at least a BA in ABA or special edcation. The organiations should have qualified staff and have supervisors who are professional and know what they are doing out in the field.	Jan 28, 2011 5:40 PM
99	Ensure that all behavior programs are supervised and/or implemented by Board Certified Behavior Analysts with at least one higher level supervisor with a PhD level certification.	Jan 28, 2011 5:41 PM
100	Individuals with a bachelor's degree or higher (or in their BA program) in psychology or a related field. Training or experience with ABA.	Jan 28, 2011 5:41 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
101	*consider looking beyond BCBA -- in my search as a mom, I've meet many people skilled at chaning my sons behavior with backgrounds of OT, RDI (Relationship Development Intervention, I think), social work, developmental psychology . . . and I've met a few BCBAs who are completely useless.	Jan 28, 2011 5:44 PM
102	When I reported deficiencies to Alta I was told that Maxim was the only game in town . I am not kidding when I said thousands of dollars were wasted on this case. The vendor should submit credentials, technique plans and timeline and number of hours predicted to achieve goal. an example..one to one aide hours are purchased for a consumer that bangs his head from baseline..30 times per hour..vendor should provide aide that has successfully passed at least a bascic behavior training course including self injurious behavior, plan to decrease head banging needs to be developed, and timeline to achieve it.. ex. consumer will decrease head banging to 20 times per hour,within 40 hrs of one to one service and the plan to acheive this must be clear..aide will sit next to consumer on tuesdays from 3-5pm and play board games..for every 45 seconds of no head bang, consumer will be reinforced with a sip of orange soda..the plan must be CLEAR so any aide sent by vendor will be able to implement..therefore avoiding "babysitting" at $ 79.00 per hour	Jan 28, 2011 5:45 PM
103	Clinical psychologist oversight; supervisors with MA/MS degrees, completion of BCBA coursework, minimum of 4 years of experience; therapist with BS/BA degrees, minimum of 1 year of experience.	Jan 28, 2011 5:48 PM
104	Certified BCBA's should develop a plan for dcs and provider agencies to follow	Jan 28, 2011 5:48 PM
105	Behavior modification services should be performed by someone with the necessary schooling and experience to know how to help the consumer - otherwise it's a waste everyone's time and money.	Jan 28, 2011 5:54 PM
106	It needs to be supervised by a trained credentialed behaviorist. Therapys can be carried out through ABA personnal but the behaviorist needs to have met the child and be a part of some of the sessions.	Jan 28, 2011 5:55 PM
107	For children: The appropriate license (psychologist, LCSW, etc.) For adults: Demonstrated experience in person-centered planning and service delivery.	Jan 28, 2011 5:58 PM
108	Should be provided by a certfied provider.	Jan 28, 2011 5:58 PM
109	Behavioral specialists should meet an acceptable education, training and field experience standard. Oversight and management for behavioral specialists must be provided by qualified individuals, for example a Board Certified Behavior Analyst (BCBA). BCBA's should be employed by service providers to oversee the delivery of behavioral supports and training for staff, families and individuals and to consult with and advise service providers who serve and support people who have behavioral challenges, heir families and loved ones.	Jan 28, 2011 6:08 PM
110	The persons providing these services should be college graduates with a degree in psychology, at the very least. These persons should also be trained with the methods an organization is implementing.	Jan 28, 2011 6:08 PM
111	The services are as good as the caregivers. Do NOT remove the services.	Jan 28, 2011 6:09 PM
112	If supervision is reimbursed, ensure a reliable process for verifying that supervision hours actually occur.	Jan 28, 2011 6:12 PM
113	Need credentials, competencies and experience. Competency being far more important than credential or experience and many of the best behaviorists are not credentialed and many credentialed folks are useless.	Jan 28, 2011 6:14 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
114	Supervision should be provided by a BCBA Direct intervention should be provided by undergraduate or bachelor's level staff (12 semester units of behavioral coursework as specified currently in Title 17 is not supported by any published research regarding effectiveness of direct intervention staff) Direct interventionists (e.g., code 615) should receive at least 40 hours of hands-on training including instruction, modeling, and feedback prior to independently delivering intervention.	Jan 28, 2011 6:16 PM
115	NUMBER OF YEARS OF EDUCATION IN FIELD OF STUDY = 4 YEARS NO. OF YEARS OF EXPERIENCE = 2 YEARS AS TRAINEE AT A MINIMUM	Jan 28, 2011 6:21 PM
116	I think current standards are sufficient.	Jan 28, 2011 6:29 PM
117	have credentials, training in appropriate fields	Jan 28, 2011 6:33 PM
118	Should be overseen by a BCBA. agencies that fail to graduate consumers should not receive new referrals.	Jan 28, 2011 6:34 PM
119	Direct instruction should be given by trained staff who at least have a bachelors in Psychology or some other related field. Supervision should be done by someone with a master degree and specific Autism training such as an MFT, BCBA, etc.	Jan 28, 2011 6:35 PM
120	Qualified, licensed professionals.	Jan 28, 2011 6:36 PM
121	education backgrounds, annual overall progress report of movement of members toward goals	Jan 28, 2011 6:38 PM
122	I believe in personal experience, exposure, coursework studies is the standard I consider one to be involved in my case. Parents/guardians will mostly inquire about thier suggestions and directions so they'll need back-up information to provide.	Jan 28, 2011 6:41 PM
123	those with clinical education that includes therapy skills & models - social worker, psychologist or psychiatrist	Jan 28, 2011 6:41 PM
124	A BS in social services with at least two years field experience	Jan 28, 2011 6:45 PM
125	Again parent surveys and feedback should give you an idea about the performance of the presenter or trainers.	Jan 28, 2011 6:46 PM
126	The behaviorist should have specific degrees pertaining to the field with a college level degree	Jan 28, 2011 6:46 PM
127	Qualifications of service providers should be measured on a regular basis, ensuring the overview of programs by a BCBA and procedural fidelity checks should be in place and monitored quarterly to ensure the program recommendations are implemented properly.	Jan 28, 2011 6:52 PM
128	Base all provider standards on clinically based "best practice' program designs that require limits of service to measurable outcomes.	Jan 28, 2011 7:02 PM
129	Clinicians that are board or otherwise certified in their area of expertise.	Jan 28, 2011 7:02 PM
130	These standards already exist. We should use them!	Jan 28, 2011 7:04 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
131	For ABA, training for therapists is incredibly important. Tri-Counties really pushed a behavior company on us and when our child started poop smearing, the company didn't know 1) that was a maladaptive behavior that needed to be extinguished and 2) didn't know how to handle it. We made a change to a company with more qualified therapists and they discovered she just needed to be potty trained. They got her potty trained in 3 weeks. As I a parent, I have found that trained therapists are much more cost effective. They get results faster and they know how to handle certain situations instead of having to wait for monthly meetings to ask questions that can sometimes hold back entire programs. For therapists, they should have classroom sessions, as well as in the field training before being able to work with a developmentally disabled child. They need to understand what makes these people tick before working with them. The supervisors should have a BCBA before running a program. When TCRC made us use Holdsamback & Associates, our supervisor didn't even have her masters. She had no idea what PECS (Picture Exchange Communication Systems) were, she had no idea how to run any sort of program. She would just keep telling the girls to work on it. It was very frustrating and we wasted a lot of time on this less than mediocre "ABA" company.	Jan 28, 2011 7:06 PM
132	Trained and have a minimum of a master's degree	Jan 28, 2011 7:11 PM
133	Behaviorist should be master-level, and preferrably, board-certified ABA specialist. Behaviorist must have at least 5 years clinical experience. Behaviorist's should be evaluated for their effectiveness annually by Regional Center CCS deparment with input from SC's and Regional Center clinical staff. Effectiveness would be based on random case review, not necessarily by number of goals attained. Sometimes it is not possible to achieve behavior goals, but how well the behaviorist conducted him/herself, their efficacy and ability to follow protocol should be reviewed.	Jan 28, 2011 7:15 PM
134	Of course we've got some great programs and great personnel. Of course any given program can lose it greatness (programming quality) or greatness (personnel) due to the nature of this business. When it's all said and done if you don't have a VERY compentent program manager that can instill the values and trading needed in his/her staff to perform the consumer is receiving more "baby-sitting" than anything else on any given day. Admittedly, given the resources available there are circumstances that dictate "baby-sitting" as the denominator that must be met.	Jan 28, 2011 7:17 PM
135	Qualifications should be based on performance, client and family, service provider input, and should focus around the individual needs of the client.	Jan 28, 2011 7:18 PM
136	BCBA's, psychologists and their assistants.	Jan 28, 2011 7:18 PM
137	Need staff that are specifically trained on Autism.	Jan 28, 2011 7:20 PM
138	Supervisors need to have BCBA Interventionists need to have a Bachelor's degree and at least one year of experience in supporting individuals with behavioral challenges, preferably in a home environment.	Jan 28, 2011 7:22 PM
139	Qualifications and performance should be evaluated and re-evaluated every year - due to the "quci" turn around of personnel who apply for employment in these companies.	Jan 28, 2011 7:23 PM
140	Prior experience in the field of service being performed, Sometimes a degree is not necessary to perform certain services, life experience in the field/service being performed can sometimes be of more value than a degree.	Jan 28, 2011 7:27 PM
141	Existing standards are sufficient	Jan 28, 2011 7:29 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
142	Interventions should have a minimum of a BA degree and supervisors should have a BCBA.	Jan 28, 2011 7:29 PM
143	trained behavioral specialist	Jan 28, 2011 7:30 PM
144	I have no issues with the good-hearted people who help us manage these seriously-disabled people. I wish they could be paid more so that they can receive even better training.	Jan 28, 2011 7:31 PM
145	The person giving the service would need to be certified in behavior intervention.	Jan 28, 2011 7:39 PM
146	BCBA supervisor, college graduate with minimum of 12 credits in behavior analyisis serving as tutor.	Jan 28, 2011 7:50 PM
147	Behavior program should be overseen by a qualified and experienced person with the creditials consisting of: BCBA, BCaBA People implementing the behavior 1:1 service should obtain at least some college experience and preferrable a bachelor's degree in the areas of psychology, child develpment or speech pathology.	Jan 28, 2011 7:58 PM
148	A PHD level should work with the child develop goals and supervise the BCBA and make sure they implement the goals properly by asking or bringing a form with check marks if parents are happy and their signature on the page in order to continue the service.All the kids needs to have FBA and ABBLE assessment done prior to the treatment. Thanks	Jan 28, 2011 8:00 PM
149	Once again the homes are probably doing the best they can but the people employed could be more carefully picked. A small group of two or three homes is a large enough Corporation. When it gets to big it turns into big business.	Jan 28, 2011 8:07 PM
150	Parental discretion is advised. Parents/caregivers are capable of deciding who is qualified to work with their unique child.	Jan 28, 2011 8:20 PM
151	No less than qualified personnel with appropriate certification in behavior analysis AND most importantly proven clinical expertise in working with this population and achieving results and success for those they serve. There is nothing worse than folks who are adept at scatter-plots but have no people skills and cannot develop a relationship with, connect strongly with or respect the individuals they are charged with serving. Also, these folks should never be viewed or treated like movable cogs - individuals with mental health and behavioral issues and their families need to feel first and foremost that those who have come to help will be there for them for the long haul.	Jan 28, 2011 8:26 PM
152	There should be some standards or training in behavior management.	Jan 28, 2011 8:43 PM
153	ABA qualified.	Jan 28, 2011 8:43 PM
154	As long as your department focuses on buying houses for long-term care living arangements for people coming out of the Regional Center Facilities, in say, the Bay Area, then nothing else can be addressed because you spent all the money on a few privilaed individuals, losing site of your responsibility to reach the most with what we have collectively.	Jan 28, 2011 8:45 PM
155	These Standards already exist	Jan 28, 2011 8:45 PM
156	They should have training in the PARTICULAR behavioral modification method sought. There are MANY different ways to modify behavior - DO NOT require just one spcific approach (eg not just ABA; not just certain behavioral agencies or providers.)	Jan 28, 2011 8:50 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
157	Service providers should employ educated professionals to head their programs and then require a 4yr. college degree in a realted field to employ as the direct providers of service to children and families. Require Regional Center to closely monitor program's performance on a quarterly basis.	Jan 28, 2011 8:50 PM
158	Service standard should achieve the promise that people with intellectual and developmental disabilities will have an individualized program plan and access to the services and supports best suited to them throughout their lifetime, to enable them to live an independent, self-directed, and typical life.	Jan 28, 2011 8:54 PM
159	DDS currently has three service codes for care. These are appropriate. HOWEVER, regional centers are NOT vendoring these service providers according to these service codes NOR are the ABA agencies correctly billing according to whom they use for the service code (meaning the 1:1 person is NOT a BCBA nor a psychologist, marriage and family therapist or social worker yet the service code being billed with is that code. This needs to be thoroughly investigated and ABA companies need to be properly vendored and properly billing for the correct service code.	Jan 28, 2011 9:03 PM
160	1. A licensed behavioral therapist should be directly involved with the client as least 1/3 of the time. Interns,social workers and other uncertified people should not be the only contact with the client. 2. Home and other non-office visits should be encouraged if the family is willing to open their home to the therapist. 3. Behavioral therapy should be directed toward all of the family members or housemates, not just the client, even if the client is an adult.	Jan 28, 2011 9:04 PM
161	Person shuld qualify under title 17 vendorization regulations for a qualified Behavioral Consultant	Jan 28, 2011 9:04 PM
162	Persnon providing such services should be licensed / educated as a recognized behaviorist, psychiatrist or psychologist.	Jan 28, 2011 9:05 PM
163	Should be overseen be a licensed behavioral therapist.	Jan 28, 2011 9:09 PM
164	Agency should not utilize experimental procedures, and BCBA certified should supervise therapist application of consumer/client goals and intervention plans.	Jan 28, 2011 9:10 PM
165	N/A due to lack of services.	Jan 28, 2011 9:11 PM
166	Caregivers/ID team receives surveys - perhaps after the assessment is conducted (and perhaps before the report is written or presented) - to report on satisfaction of behavior analyst and at intervals afterward. Caregivers/ID team receives contact information to behavior analyst's supervisor so that complaints or praise can be reported more easily.	Jan 28, 2011 9:19 PM
167	Certified BCBA for extreme cases of behavior challenges that include injurious actions towards self and or others. For less severe cases a understudy of a BCBA at a lower rates is acceptable. Behavior specialists must be updated on practices and Person Centered thinking. Behavior plans must be specific to an individual and not just a generic design used for everyone.	Jan 28, 2011 9:27 PM
168	Behavioral services should be by someone who has training in the field of behavior.	Jan 28, 2011 9:28 PM
169	Keep in place the present standards.	Jan 28, 2011 9:29 PM
170	Family members ASSUME those in reponsible positions have the qualifications and expertise necessary. Make certain they do!	Jan 28, 2011 9:37 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
171	Current standards regarding the qualifications of providers seem to be just fine. Success rate can be measured simply by asking the question, were the goals, or most of the goals, met during the treatment period. Either there was improvement in frequency or intensity or there was not. If a provider is not showing at least a 60% success rate for behavioral services, this would indicate that either they were accepting consumers to work with that needed more services or intensity than the provider was capable of or that the service provider was not effective enough to continue using them as a vendor. This should not be measured until they have served 25 consumers and ongoing from there on. Data collection should be fairly simple. A discharge summary at the end of services should be completed by the provider, listing the goals, the baseline, and the current level of functioning and the service coordinator can report the service as successful or not. Success is measured by meeting the goals in a measurable way.	Jan 28, 2011 9:38 PM
172	Behavior Intervention Services need to be provided by a agency that meets BCBA certification qualifications and has intensive new employee trainings and ongoing annual training mandates to all it's employees.....this includes the school district. Too often the school district does not have to maintain the same standards as outside agencies and professional services. That is VERY wrong....and our children/students SUFFER!!	Jan 28, 2011 9:45 PM
173	Providers should be certified, licensed and have some training and or experience in ABA/IBI.	Jan 28, 2011 9:45 PM
174	Trained and Certified in the field. Feedback from clientele.	Jan 28, 2011 9:47 PM
175	There needs to be specialists in medicating both DDS and mental heath issues to handle these consumers.	Jan 28, 2011 9:49 PM
176	paraprofessionals to implement the plans. Master's level in psychology or social worker to assess and develop plans.	Jan 28, 2011 9:51 PM
177	There should be a clear definition of what qualifications are needed to provide any services. Whether they be based on experience, education and/or a combination of both. Currently there exist no standard. Regional center are usually the ones who determine what qualifies a provider and this at times may create the appearance of favoritism.	Jan 28, 2011 9:52 PM
178	Not Sure but RC or DDS should make sure they are providong what they say.	Jan 28, 2011 9:52 PM
179	Regular BIS: BCBA supervisors; BCaBA or BA/BS in Psychology or Social Work or related field in-home providers. Potty Training: Provider must be a BCBA or BCaBA under supervision of a BCBA.	Jan 28, 2011 9:56 PM
180	Regional Center behavioral specialist services are a joke! The hoops we need to jump through just to get a consultation require full behavioral assessments and observations first. AT our cost! By then, who needs the regional center "expert"? They just regurgitate the info we provided them and offer nothing new. It's all done to justify approval or denial of additional funding or supports. Never results in provision of additional supports so we've stopped trying. (maybe that's their intent all along)	Jan 28, 2011 10:03 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
181	This is a very open ended question and the standard set needs to be reflective of the service and the recipient who receives the service. I do believe that CA is set standards for ABA to fit into the BCBA box, which is not only horrifically expensive but also not always most appropriate. I have had the experience of working with one BCBA program that used abusive measures to "treat" one consumer who attended our program. When this was reported to the Regional Center supervisor I was told that this procedure may be a part of Non-Violent Crisis Intervention. I have had that training and there is no part of twisting one's hands behind their back or stepping on their feet as a behavioral intervention model for Non Violent Crisis Intervention.	Jan 28, 2011 10:11 PM
182	Experience and proficient knowledge. It is very frustrating when a person comes to the home who knows less than the new parent.	Jan 28, 2011 10:11 PM
183	Experience and expertise in the specific diagnostic area along with the degrees. I don't know how many people I've met who have lots of initials after their names who haven't a clue what to do in the real world with real children of need. example: understands and works with autism population (this needs broken down to categories as well: HFA, moderate,and severe as each area of specific diagnosis has specific needs); understands and works with down syndrome population (you get where I'm going) Perhaps a specific time (1 or 2 yrs minimum of hands-on, field work - either during graduate school under supervision of a certified ABA or actual work experience w/behavioral agency.	Jan 28, 2011 10:17 PM
184	All provider staff who work directly with persons receiving services need to meet minimum Title 17 requirements for service being provided. Providers need to follow service specifications outlined in their service design and contract. If these are not being met, RC should be able to terminate services or change to another provider.	Jan 28, 2011 10:20 PM
185	I think all supervisors should hold a masters degree in a related field and hold a BCBA. If someone has a masters in fine arts but found themself in the behavioral field by chance, they should not be allowed to sit for a BCBA or be a supervisor. They have not been trained in human/child development, counseling skills, single case design...etc. I definitely believe that more stringent standards need to be placed on who can sit for the BCBA and be a supervisor.	Jan 28, 2011 10:23 PM
186	The qualifications of those providing services should at least understand the nature of Autism and Asperger Syndrome both. You need to have someone in there that understands what it is like to be ab adult with Autism. A good example would be a Human Resource Specialist that has a background labor relations, but also understands the challenges that adults with have with Autism and Asperger Syndrome in the workplace. Remember, children only stay children for 18 years.	Jan 28, 2011 10:23 PM
187	Contracts should be given to the vendor who produces the best results. If the least costly vendor does not produce behavioral change in consumers than we might as well just throw our money down a hole. I would rather pay a little more for a service that actually works.	Jan 28, 2011 10:26 PM
188	PRevious behavior experience should be helpful but I don't think it should be required that the person be Board Certified Behavioral analyst.	Jan 28, 2011 10:26 PM
189	services should be provide by a person with expierence not necesary with BA diagree with a propriate training.	Jan 28, 2011 10:27 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
190	They should have training in the PARTICULAR behavioral modification method sought. There are MANY different ways to modify behavior - DO NOT require just one spcific approach (eg not just ABA; not just certain behavioral agencies or providers.)	Jan 28, 2011 10:29 PM
191	They should have training in the PARTICULAR behavioral modification method sought. There are MANY different ways to modify behavior - DO NOT require just one spcific approach (eg not just ABA; not just certain behavioral agencies or providers.)	Jan 28, 2011 10:30 PM
192	Organizations that can provide these services will be those that have qualified teachers and aids that consumers can rate their services. The ratings will then represent the financial aid they will receive from the government.	Jan 28, 2011 10:37 PM
193	They should have training in the PARTICULAR behavioral modification method sought. There are MANY different ways to modify behavior - DO NOT require just one spcific approach (eg not just ABA; not just certain behavioral agencies or providers.)	Jan 28, 2011 10:37 PM
194	certified or trained	Jan 28, 2011 10:39 PM
195	SERVICE MUST BE PROVIDED FROM PROFESSIONAL IN THAT AREA.	Jan 28, 2011 10:46 PM
196	Should vary because availability of professionals vary throughout the state. Experience in some cases could substitute for professional degrees and individual service providers should be held to same standards.	Jan 28, 2011 10:48 PM
197	Proof of training hours with certified DDS written test administered by local RC.	Jan 28, 2011 10:49 PM
198	Trained behavior therapists only.	Jan 28, 2011 10:51 PM
199	We should be given an opportunity to "rate" the vendors who are sent to our home.	Jan 28, 2011 10:54 PM
200	Meet customary licensing/certification standards.	Jan 28, 2011 10:54 PM
201	hire me and I will set out the standards and qualifications	Jan 28, 2011 11:04 PM
202	They should have the proper credentials and be accountable in terms of their reporting. They should know how to develop raport with families.	Jan 28, 2011 11:05 PM
203	I don't know what the requirements are for trained behavioral staff. Hopefully cases are assigned based on the seriousness and complexity of the issue and if the parent or client is capable of using the training effectively.	Jan 28, 2011 11:19 PM
204	Providers should have licenses, training, experience, etc. and backgrounds checked.	Jan 28, 2011 11:23 PM
205	see above	Jan 28, 2011 11:27 PM
206	I don't know, I have seen college students do great work with the disabled and I think it's because they had energy and really cared about what they were doing. They wanted to see improvements. Then, I have seen long time professionals who were out of touch with and couldn't be back in touch with the feelings and needs of the disabled person and were not able to provide useful or effective services. There should be a way to measure effectiveness. Just as schools have to teach students and the State has standardized testing to see if the students have been taught adequately, you should have standards based on testing and evaluation to measure the progress the person who used the service made while using that service.	Jan 28, 2011 11:40 PM
207	BCBA, and experience working with persons specific. Performance monitored!	Jan 28, 2011 11:48 PM
208	Sometimes services in this realm can be out of the box and should be considered. Maybe letters of recommendation? Of course they might need to meet vendorization requirements, but that option should be out there to any useful provider. Our consumers are too important to discard all options.	Jan 28, 2011 11:50 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
209	California Education Code 56525. (a) A person recognized by the national Behavior Analyst Certification Board as a Board Certified Behavior Analyst qualifies as a behavioral intervention case manager of a district, special education local plan area, or county office and may conduct behavior assessments and provide behavioral intervention services for individuals with exceptional needs. (b) This section does not require a district, special education local plan area, or county office to use a Board Certified Behavior Analyst as a behavioral intervention case manager. 2 CCR 60020 - Mental Health Definitions (j) "Qualified mental health professional" includes the following licensed practitioners of the healing arts: a psychiatrist; psychologist; clinical social worker; marriage, family and child counselor; registered nurse, mental health rehabilitation specialist, and others who have been waivered under Section 5751.2 of the Welfare and Institutions Code. Such individuals may provide mental health services, consistent with their scope of practice. [Authority cited: Section 7587, Government Code.] [Reference: Section 56320, Education Code. Sections 542 and 543 of Title 9, California Code of Regulations.]	Jan 28, 2011 11:56 PM
210	Provider should be certified. If an associate is working under a licensed practicioner, the licensed person needs to actually observe some of the treatment and not just rubber stamp reports.	Jan 28, 2011 11:59 PM
211	No interns!! Care providers should have fully completed their behavioral education and training before being sent to clients homes.	Jan 29, 2011 12:05 AM
212	Allow for iincreased flexibility and skill level within agency. Does the family really need clinical behavioral services or a level headed fAMILY FACILITATOR.	Jan 29, 2011 12:09 AM
213	I am not sure as I have never worked with them, all I know is the mental doctor just hands out medications and they live their life in a daze.	Jan 29, 2011 12:10 AM
214	Professionals overseeing the behavioral services should be licensed by a state and/or national board that is appropriate for his or her licensure. They should have experience working with children and adults with disabilities. Staff working directly with the children/adults/parents/caregivers need to be trained in behavioral interventions and ideally would have at least a BA/BS degree in a related field. I believe it works best when the professional overseeing the work is also an employee of the organization that employs the folks that work directly with the child/adults/parents/caregivers.	Jan 29, 2011 12:12 AM
215	Behavior Interventionist (Direct service provider): at least bachelors degree in related field, associate degree with at least two years of experience in working with individuals with special needs. Behavior supervisors (supervisors whom supervise the case): Bachelors degree and at least two years of experience in implementation of behavioral programs.	Jan 29, 2011 12:27 AM
216	PhD in Psychology	Jan 29, 2011 12:30 AM
217	Currently these services are being supervised by a BCBA and actually being provided by students in actuality. Often the students do not know how to follow protocols and take data and they receive little to no direct supervision on the job.	Jan 29, 2011 12:36 AM
218	It is very important and responsible.	Jan 29, 2011 12:49 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
219	Who are best to determine if services are very good but the parents, group homes thru perfomance of the consumers. There should be a anonymous reporting tel. no. that can be called or reported online for non perfoming behaviorist or psychiatrist that dispense medication without proper assessment of clients. Whose to investigate these non performing doctors? How long will the process take to get them out from servicing people that could not protecct themselves.	Jan 29, 2011 12:50 AM
220	All should have a degree. All should have a certification.	Jan 29, 2011 1:07 AM
221	Behavior specialist degree	Jan 29, 2011 1:07 AM
222	providers ideally should be highly trained and experienced. ongoing training is critical.	Jan 29, 2011 1:09 AM
223	It depends on the service. Group and individual therapy should probably be provided by a high level person, ABA type therapy can be administered by a tutor but trained and overseen by BCBA professional.	Jan 29, 2011 1:35 AM
224	Regional Center should have persons who do this out of their budget, then follow up with their in home qtrly visits	Jan 29, 2011 1:41 AM
225	Services provider should record data on each service date, and parents will have meeting with the supervisor and team members on timely basis on the consumer's progress.	Jan 29, 2011 1:51 AM
226	See above	Jan 29, 2011 1:56 AM
227	All providers who are vendorized by the RC should have to post the qualifcations for each level of employee as well as their pay. There should also be a standard for how such things as: how many hours per month a Program Director should observe a child in the program, how much parent training must be done, how many Group Meetings (clinic meetings) must take place each month and who must attend. What I have seen first hand is that often agencies will try to get contracts by hiring employees who have no background or education to be therapists, who are then under-trained and under-paid, and then cut families short on Group Meetings (which are VITAL to run any ABA program). Parents should be required to complete quarterly reviews of all service providers. These reviews should be published for other consumers to review prior to selection of a provider.	Jan 29, 2011 2:50 AM
228	Trained qualified behavioral intervention specialists should provide these services.	Jan 29, 2011 2:56 AM
229	not sure	Jan 29, 2011 3:02 AM
230	most people who provide services rarely make a difference	Jan 29, 2011 3:08 AM
231	When dealing with children the parent needs to be able say if a person is effetive wiith their child. If they are not happy with the person providing service it dose not have to mean that person is not good at what they do, they just do not click with their child. Then it is up to the Co. to decide if this person is right for this kind of work.	Jan 29, 2011 3:14 AM
232	My friend has a hoarding problem and people that has these kinds of issues for and other kinds of issues like Bi Polar disorders, depression anorexia bulimia just to name a few of them	Jan 29, 2011 3:28 AM
233	Services should be provided by accredited behavioral specialist with at least a masters degree in behavioral psychology.	Jan 29, 2011 3:46 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
234	After receiving behavioral support off and on over the years, the single most problematic thing about direct staff is lack of training. They might have a BS, but if they have not had a lot of mentoring and supervision in the "trenches" they can do more harms than good. Really. I think any quality program should have BCBA AND a licensed psychologist as consultants. THERE SHOULD BE QUALITY ASSURANCE FOR BEHAVIORAL PROGRAMS provided by RC's- independent monitoring by a BCBA to assure fidelity and that the vendor are not cheating!!!!. Are goals functional? Is the behaviorist showing up? etc. There should be specific program criteria developed about staff's ability to implement proper prompting , reinforcement, etc.- and this should be monitored by someone outside the vendor's business. How much time is spent by the vendor doing "non-direct" service	Jan 29, 2011 4:07 AM
235	these individuals should be trained in these areas helpful if they are compassionate, caring, patient, understanding, experienced, gentle, sensitive to the individuals and encouraging and resourceful, non-judgemental, respectful of one's choices, safe, trustworthy, reliant. Easy to talk with, attentive, easy to get a hold of.	Jan 29, 2011 4:31 AM
236	qualified behaviorist	Jan 29, 2011 4:35 AM
237	Licenced and trained	Jan 29, 2011 4:40 AM
238	Wow! I don't have a lot of experience or knowledge about what is out there to really suggest what the qualfications should be for a particular person. I think the owner of the organization or someone on the child's EIBI team should have a certain amount of experience working with children of the disability they are trying to help. Additionally, they should have a certain level of expericne working in the field of Early Intensive Behavior Intervention services. I also believe there should be some sort of educational requirement for the owner and/or a person on the child's team. For example, my team consists of 5 people. 2 people on the team have master's degrees and one is almost a BCBA. The other 3 are currently getting their bachelor's degree. I don't think the 3, who are still in school, should be required to have the master's or bachelor's because they do a pheonmenal job, but only have certain job duties.	Jan 29, 2011 4:54 AM
239	Service provider should have proper training and have public certification for behavior modification.	Jan 29, 2011 4:57 AM
240	The qualifications should be what the state guidlines note it to be. The consumer is the most qualified person to report on the performance of the person or organization that is providing service to him/her. The consumer should be listened to and have a choice in therapists and/or organizations providing services.	Jan 29, 2011 5:12 AM
241	Must view client as a whole person, not just the "kid who bashes his head against the wall". Empathetic. On client and parent's side- not being so judgmental- trying to find ways to help rather than punish. Realizing parents and client's are doing the best they know how under the circumstances. Don't rely on degrees- some of the most effective people have the least formal education.	Jan 29, 2011 5:27 AM
242	The services whould be performed by a person or organization that has recognized training and experience in the area especially experience in dealing with DD persons	Jan 29, 2011 5:49 AM
243	licensed professional or trained staff	Jan 29, 2011 6:20 AM
244	Specific Training And Deep Compasion For The Child's Need's!.	Jan 29, 2011 6:25 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
245	I have used these services and, from my experience, the most qualified are those that have at least 5 years of experience in a variety of approaches, not just any one approach. when dealing with autism, there is as much variety in need and responses as there are individuals and a service provider must have a variety of approaches that they are comfortable utilizing. I do not believe that anyone with only ABA training or even 1 or 2 years of doing ABA can really help autistic children with behavioral issues. Instead, minimum of 5 years of actual experience with at least 2 years of relevant training.	Jan 29, 2011 6:27 AM
246	Some type of special credential or license (such as behavior consultant licensing) should be required.	Jan 29, 2011 7:05 AM
247	The person or organization provides these services had to be certified training or license	Jan 29, 2011 7:24 AM
248	Supervision: board certified behavior analysts. Direct service 15 college credits behavior analysis or education.	Jan 29, 2011 7:30 AM
249	Qualifications can be obtained by anyone who fulfills specific programs. The issue is who is well suited to their position and works well with the families. See above.	Jan 29, 2011 7:45 AM
250	Must be well educated with a collage degree or trained by an acredited behavioral institute	Jan 29, 2011 7:51 AM
251	provider should be a behaviorist or other mental health professional	Jan 29, 2011 7:55 AM
252	Should have at least one year of experience in the field that they are addressing.	Jan 29, 2011 8:36 AM
253	I think if you ask questions and find out what the age of the child and the issues presented you will have a better knowledge of what level of qualifications you need to send to that home. In the beginning when I didn't know anything about behavior therapy I was welcome to anybodys help at that time. As my child got older and more difficult I needed somebody who was more experienced to deal with teenage behaviors. I was sent somebody new and I knew more than she did. So I received no help and was very frustrated and dissappointed.	Jan 29, 2011 5:28 PM
254	Every service provider must have their qualifications, formal education and continuing education reviewed. At no time should the service provider "influence, coerce or persuade any parent that one intervention method is the cure all for the child. Simply because the service provider has formal education in only "one" type of intervention method.	Jan 29, 2011 5:40 PM
255	I feel that day programs have too many consumers and can not document properly on behaviors also that there are not enough things to do or work to keep a client busy therefore being bored and lack of attention can cause heaviors Exampl: writting on walls.cutting things,hitting others who are bothering them.	Jan 29, 2011 5:46 PM
256	Since there is little in the way of official certification or licensing in Behavioral Services this can be challenging. Board Certified Behavior Analyst should be a standard for new service providers. Licensed Psychologists, and special education teachers also may have appropriate skills and training.	Jan 29, 2011 5:53 PM
257	Up to date certified educations, required field experience with a variety of ages, trained communication skills when dealing with children and parents, field experience attending meetings with parents	Jan 29, 2011 6:15 PM
258	A person that has knowledge of behavior's either by years of knowledge, mimimum behavior classes, Trainers/Instructors need more that a out of college degree in phys. It takes life experience and work to be able to deal with behaviors.	Jan 29, 2011 7:07 PM
259	Maintain high standards for all employees make sure they understand the importance of there mission.	Jan 29, 2011 8:14 PM
260	Qualified behaviorists.	Jan 29, 2011 8:58 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
261	A minimum standard of education and safety requirements needs to be set. Also, persons who have any criminal record that involves victimizing others (assault, identity theft, bad checks, stealing, vandalism, animal abuse, child abuse, for example) should not be a service provider due to the harm they could cause the service receiver.	Jan 29, 2011 8:59 PM
262	The minimum qualification for delivering a basic parent behavior training workshop would be a person holding a Masters Degree (M.A. or M.S.) in Social Work, Education, Early Childhood Education, Education/Child Life, Psychology. Ideally a trainer would have certification in ABA training from a board certified behavior analyst organization if that person were to conduct 6 week parent ABA training. Trainers in Pivotal Response Training or Behavior Modification should have an Masters degree and certification in their behavioral speciality. EARLY START DENVER MODEL TRAINERS for the parents of children age 0-5 are essential. Master Degree level supervision. Trainers should have Masters Degree level. Parent behavior training in affective communication, floor time, pivotal response training, would be most appropriate for children in Early Intervention. For young children with intensive behavioral need the EARLY START MODEL can be combined with ABA training for parents.	Jan 29, 2011 9:03 PM
263	All service delivery should be planned, organized, monitored/overseen, and evaluated by an individual who is a Board Certified Behavior analyst, People delivering the service should be a Behavior Analyst Assistant with certification or someone with a minumum of 12 units of Behavior Analytic training and practicum experience	Jan 29, 2011 9:06 PM
264	ADVANCED PROFESSION DEGREE AND LICENSE IN CLINICAL SOCIAL WORK, PSYCHOLOGY PSYCHIATRY	Jan 29, 2011 11:31 PM
265	Parents need more info about what to expect from the intervention and interventionist, so that they can make sure they are getting what they should during time limited services. The current requirement seem to be effective.	Jan 30, 2011 12:12 AM
266	I don't trust the school district psychologist anymore. She had an opinion of my family from the get go. I don't think a PhD after someone's name means they understand kids with PDD NOS. I would rather get a service from people who work with kids who have autism every day and know what to look for. The regional center case manager told me that she had a list of behavior providers who work with kids like my son. But all his problems were at school. Why can't the school have the same list of behavior providersWhy don't behavior providers work in special ed?	Jan 30, 2011 12:13 AM
267	Experence with Regional Center populations. Respect for consumers and their family members eho know them best	Jan 30, 2011 12:14 AM
268	Someone truly qualified should be in charge, and someone should find out why the people in charge keep leaving - maybe the agency is an unbearable place to work.	Jan 30, 2011 12:22 AM
269	A degree, training or equivalent experience with behavior management would be appreciated.	Jan 30, 2011 12:25 AM
270	Organizations should adhere strictly to standards for service delivery set by the Behavior Analyst Certification Board.	Jan 30, 2011 12:51 AM
271	The individuals administering the therapy should be going to school for that profession or one in the related field. They should be working on their BS.	Jan 30, 2011 1:02 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
272	Appropriate training programs, treat children and families with respect, keep accurate records, understanding of typical development and disabilities, use evidence based practices.	Jan 30, 2011 1:19 AM
273	1) At least a BS in behavioral science.	Jan 30, 2011 2:11 AM
274	at least have some sort of behavior certification/degree.	Jan 30, 2011 2:41 AM
275	CONTACT A REPUTABLE COMPANY AND USE THAT COMPANY'S SERVICE ONLY IF POSSIBLE, ASK FOR REFERRALS IF NEEDED.	Jan 30, 2011 2:54 AM
276	behavior specialist	Jan 30, 2011 3:49 AM
277	Developmental psychologists, behavioral specialists, cognitive play therapists could all provide these services effectively. Parent feedback on a given professional's skill in working with children with developmental disabilities and in working with parents themselves and in developing effective and realistically implementable interventions must be solicited, collated, and used to evaluate professionals' performance.	Jan 30, 2011 4:02 AM
278	They should have a BCBA degree	Jan 30, 2011 4:45 AM
279	Have college level classes in behavioral mgmt., or significant experience from working in a school district or other supervised setting.	Jan 30, 2011 5:31 AM
280	Must be Board Certified Behavior Analysis to do the tutoring, not just supervision. They should be required to do at least 90 hours per year of updated training.	Jan 30, 2011 7:58 AM
281	I don't care a hoot about qualifications. The best people are sometimes babysitters who 'get' him, and other times PhD or doctors don't understand at all. I guess you want to be sure the people have been checked out so they aren't known to hurt or abuse kids - we've had that too. And I get it that you won't pay any person off the street to help us. But if we find a person who makes a real difference and we all agree that this person is really good and helps my son meet his goals, and by the way those people are usually 1/4 the price of therapists, why not help us pay for that? As long we are watching what is going together, why not? I do want my son to work on real standards for school, so the person has to be able to do that. And I guess a teacher might need to provide oversight on that. I think we need to definitely have good consultants for Speech and OT, and see if they can coach us and coach the other people we find to do it all better; also for behaviors. But why use them as therapists unless we need to? They aren't here all the time. We are. They should try to work through us parents as much as possible. And then when we have to work 2 jobs to pay for everything, we should have funds for respite and the respite people can work on social communication, etc.	Jan 30, 2011 3:42 PM
282	local regional centers should decide this	Jan 30, 2011 4:48 PM
283	There should be a written exception to the requirement that RCs use the lowest cost provider if the service is ineffective (ie: behaviors not decreasing within realistic target time).	Jan 30, 2011 5:32 PM
284	Providers of behavioral and developmental services should, upon vendorization, demonstrate proof of ongoing training in their field. They should have appropriate degrees and training and appropriate supervision by senior clinicians showing that they are in ongoing training. I would also add that most behavioral programs we've encountered are not at all interested nor address any concerns other than strict behavioral dimensions. We have been more comfortable with developmental providers who take a more comprehensive view of the child, and change behavior through a variety of viewpoints: the child's sensory profile, their emotional and social development, the parental dynamics and study of the constrictions in the child's biological challenges. We like those providers who have welcomed an inclusive team approach and who work more flexibly.	Jan 30, 2011 6:14 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
285	Licensed persons (BCBA, PsyD, SLP) or if there is a shortage of these professonials, staff that will be overseeing these types of cases should be mandated to attend ongoing workshops to enhance their skill set in providing quality services and be monitored by a licensed therapist. Professional workshops should be available to community at large, and these persons who wish to participate, should pay a fee to register and attend these workshops.	Jan 30, 2011 8:06 PM
286	Again, feed back from parents is invaluable. We had 3 behavioral specialists and the 3rd was EXCELLENT.	Jan 30, 2011 8:28 PM
287	ABA services should be provided or overseen by a BCBA. If a BCBA is to perform the actual services, the cost is greater due to the level of education and degree of this credential.	Jan 30, 2011 9:03 PM
288	Licensing should oversee regulations and regional center should oversee and advocate services.	Jan 30, 2011 10:06 PM
289	Any organization, group, agency, etc., providing such services should have PhD level staff as management, and PhD or Masters level staff in supervisory positions. Those possessing the PhD or Master's degree, and working in such positions should have 1) sufficient classwork, 2) theses and/or research work, 3) sufficient experience in the field of working with people with developmental disabilities while being supervised by a person who has already reached that level of proficiency.	Jan 30, 2011 10:20 PM
290	Allowing for persons who have specific experience rather than intensive graduate degrees would give more flexibility to reducing rates paid per hour.	Jan 31, 2011 12:00 AM
291	Individuals providing behavioral services should be qualified. Persons not meeting qualifications providing services.	Jan 31, 2011 1:00 AM
292	highly trained people should be providing these services directly, not just be in charge of the companies that are contracted to provided the services. Large vendored businesses are using minimally trained staff who are unqualified to provide these services. Programs would be far more cost effective if they were not just overseen, but actually provided by the individuals trained to provide them.	Jan 31, 2011 3:33 AM
293	Close on-site supervision of personnel is necessary, and should be provided by a BCBA.	Jan 31, 2011 3:55 AM
294	Get rid of the archaic requirement of needing to have a certificate as a behaviorist. The test is outdated, includes practices that are not state of the art, neglects positive behavior support strategies and many of the best behaviorists in the state refuse to take it on principle.	Jan 31, 2011 4:25 AM
295	A special education degree in severely handicapped education with a behavioral specialty; behavior specialists with BAs; perhaps RNs with behavioral training.	Jan 31, 2011 6:28 AM
296	No problems currently noted	Jan 31, 2011 2:37 PM
297	To to ABA work a BCBA, I also feel that this falls within the scope of practice of most LCSWs as well.	Jan 31, 2011 3:06 PM
298	The standard should meet the standards that are expected of any job in the community that is veiwed as "specialized" including PAY standards. Currently, we expect tough standards....for minimal pay. Of course this results in cases of abuse and poor oversight. My mother always said : YOU GET WHAT YOU PAY FOR!"	Jan 31, 2011 3:22 PM
299	See independent evaluation suggested above. Service providers should have a minimum level of training and experience (e.g., two years of training in the general area--behavioral intervention-- and 6 months experience with the specific population in question, such as children with autism) with supervisors holding a license in their area of expertise. Supervisors should be required to spend minimum amount of time in live supervision with each client.	Jan 31, 2011 3:56 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
300	1. parent educators, BS or higher degree in a related field and work experience. 2. Wraparound services, Clinician Masters Level, therapists BS or higher degree in related field.	Jan 31, 2011 4:02 PM
301	Should be supervised by a clinical professional (ie: MFT, MSW, PhD, PsyD, etc). Direct staff should possess a minimum of a bachelors.	Jan 31, 2011 4:03 PM
302	Qualified professionals for each area of practice (Liscensed Psychologists for psychology practice, BCBAs for Behavior Analysis, etc.)	Jan 31, 2011 4:25 PM
303	Initial consultaitons and reports should be completed by a licensed psychologist or BCBA professional. Services should be provided by people with behavior experience and a degree (BA at least) in psychology or a related field... I do not like seeing interns providing the majority of the service but 'overseen by the psychologist' -- I feel in these circumstances we end up funding more services due to the lack of experience.	Jan 31, 2011 4:29 PM
304	All supervisors should be Board Certified Behavior Analysts. Behavior Specialists should be provided with intesive ABA training and should have at least some course completion in psychology.	Jan 31, 2011 4:33 PM
305	The should not be influenced by Alta. They should not have to worry that if they say something to a parent of an autistic child, that it could hurt their checkbook with Alta. It gives the Alta workers too much power over what the reports say.	Jan 31, 2011 4:36 PM
306	Licensed BCBA and direct providers should make a commitment of 1 year to each agency so there is less fluctuation in staffing for consumers.	Jan 31, 2011 4:45 PM
307	At least a BA with training in behavioral interventions, developmental delays, family systems	Jan 31, 2011 4:58 PM
308	Education and licensure as required by their field; satisfactory reviews by individual/family and case manager. A record of such reviews should be kept to inform all regional center case managers and their clients of the track record of professionals they are considering employing.	Jan 31, 2011 5:00 PM
309	appropriate training and experience working with the population	Jan 31, 2011 5:02 PM
310	Behaviorists should have at a minimum a BA degree and 12 hours of training with on going clinical supervision. The agency's success should be based on how well the parent/caregiver is able to implement the the behavioral strategies.	Jan 31, 2011 5:04 PM
311	1) Providers should be held to qualifications under service codes 620, 612, 613, 615. 2) Providers must retain a professional stance and not view themselves as "one of the family". We see providers becoming much too enmeshed with families and becoming advocates for them. 3) Standards for reporting progress/goal achievement should be set so that reports can easily be compared and all providers report on the same criteria.	Jan 31, 2011 5:15 PM
312	Services should be overseen by a BCBA with no exceptions.	Jan 31, 2011 5:29 PM
313	Whatever standards are follow by the board that approves each exercise of the profession.	Jan 31, 2011 5:29 PM
314	I believe that due to the large population of individuals with developmental disabilities, it would be impossible to meet everyone's need by a licensed practitioner. Therefore, I beleive that graduate students and post graduate interns should be allowed to provide supervision of programs with close supervision by a licensed or certified individual.	Jan 31, 2011 5:33 PM
315	n/a	Jan 31, 2011 5:40 PM
316	Person and organization must have the credentials in education, certification and ongoing CEUs	Jan 31, 2011 5:42 PM
317	Behavior services MUST be supervised by licensed BSBE or BCBA.	Jan 31, 2011 5:47 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
318	person providing intervention to be trained by and supported by an infant/early childhood behavior specialist.	Jan 31, 2011 5:54 PM
319	Bachelor's degree in Rehabilitation Counseling or a related field.	Jan 31, 2011 5:54 PM
320	Obviously the individual performing these services should be educated to the highest degree for the services performed. Usually behaviorists and therapists have at least an MS in their field and nothing less should be accepted. As for an organization it must be accredited by the State of CA.	Jan 31, 2011 5:56 PM
321	They should hear parents feedback on how these providers are performing. These providers MUST provide service based on the needed service of the child.	Jan 31, 2011 6:08 PM
322	-RC ability to suspend or more a provider on notice for repeatedly not following guidelines and procedures -Providers should not be able to touch children (e.g., during toileting, wiping, bathing). This should be a parent goal with consult only. -Providers should report on parents' abilities to fully participate and implement. Many parents are not consistent with the therapies... what's the point?	Jan 31, 2011 6:16 PM
323	Psychologist or Regional Center designee	Jan 31, 2011 6:17 PM
324	HOBT and BIS providers should have a minimum of a B.A. and several years experience working with persons with behavioral challenges, or a M.A. or specialty degree in behavior analysis. This is to ensure that families are getting solid evidence and experienced based advice to apply to their individual situations.	Jan 31, 2011 6:18 PM
325	Staff qualifications must be strictly adhered to and rates should be assigned accordingly. For example, a person who only has a BA (or possibly less) should not be billed at the supervision rate. A person working on their BCBA, no matter what level of license, degree or experience, can only get the 615 median rate.	Jan 31, 2011 6:33 PM
326	They should be certified in whatever they do and required to keep their certifications up to date. At times service providers fall into the trap of "this is how I've been doing it for 20 years" without realizing new research is always being conducted, old studies validated or invalidated, and sensitivity to cross over with school district services (and vice versa).	Jan 31, 2011 6:43 PM
327	Program managers should have field experience and continuing education, creative problem solving skills, enjoy working with children, highly organized, and generally to be liked by the parents and children. Tutors should have experience working with children, a demonstrated ability to follow directions and the program, a patient and amiable demeanor, and show personal responsibility as they are most often working directly with a child without a superior present.	Jan 31, 2011 6:45 PM
328	Again, there is a range--from intensive behavior therapy to behavior focused parenting classes. For all, the knowledge of the provider should be broad to handle mild to severe and know when to refer for more in-depth services. For children with Autistic Spectrum Disorder, there should be more than one option. There are a number of effective research based approaches. For children with ASD, they should NOT be limited to ABA kinds of programs. These can be disruptive to families lives and, are not effective for all children on the spectrum. Other less costly approaches work for many children and can occur in more mainstream settings making the transition from a "lab" setting to real life situations more likely to succeed.	Jan 31, 2011 6:51 PM
329	The organization should be owned or managed by highly educated and qualified individuals, who excell at hiring and training appropriate direct staff, those who provide the hands-on care for the consumer. The direct staff need not have an advanced education, provided they are well-trained and supervised.	Jan 31, 2011 6:56 PM
330	Training and experience with behavior assessment and modification.	Jan 31, 2011 7:11 PM
331	Qualifications should be college degree and experience in the field or related field.	Jan 31, 2011 7:13 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
332	Certified Behavioral Specialists.	Jan 31, 2011 7:18 PM
333	An organization providing behavioral services should be led by a BCBA (preferably a BCBA-D). Line staff may be used under the supervision of a BCBA following the ethical standards set out under the Behavior Analyst Certification Board. All staff used shall have regular education and training in applied behavior analysis and developmental disabilities.	Jan 31, 2011 7:35 PM
334	Licensed professional such as LCSW, MFT, Ph.D., BCBA should be providing services.	Jan 31, 2011 7:46 PM
335	Organization should have knowledgeable and certificated personnel. RC should review certification and licensing of organization or individuals providing services.	Jan 31, 2011 8:04 PM
336	new employees of the services who are rude, not used to children, inexperienced, inflexible... don't belong in this job - please do not yell at me - do not yell at my child - do not tell me I am a liar - do not send a different person every time - put your purse where I suggest, so that my child does not get into it and write with make-up all over our walls - try not to make him overly angry, so that he breaks things -	Jan 31, 2011 8:19 PM
337	Need to be at minimum certified behavior specialists	Jan 31, 2011 8:39 PM
338	BCBA as supervisor. 1:1 provider must be trained thoroughly in ABA with both written tests and practical evaluations, at least at hiring and annually, to demonstrate ability to perform ABA techniques.	Jan 31, 2011 8:40 PM
339	People need to have experience and training with the developmentally disabled, different diagnosises such as seizures, autism, cognitive delays. Not the same as mental health issues though some people may have some mental health diagnosises. There is a desparate need for knowledgable psychiatrists. In the past purchases have been made based on the level of need by the client and have been stopped once the person is stable and then followed by primary care MD. This worked well. Should also have follow up on a yearly or every 2-3 year basis.	Jan 31, 2011 8:46 PM
340	Organizations should be lead and overseen by person who is licensed and/or degreed in Behavior Modification techniques/strategies. BMOD training can be implemented by a qualified trained staff (not having to have degree). Staff should recieve ongoing quarterly training for review and discussion/training of new material/techniques, etc. Cases should be discussed with planning team (including SDRC staff) to discuss progress and team should be in agreement with need for ongoing services.	Jan 31, 2011 8:49 PM
341	All service providers should have a BCBA monitoring the programs.	Jan 31, 2011 8:52 PM
342	They must be educated and have the knowledge to be able to help these children.	Jan 31, 2011 9:07 PM
343	Behavioral services should be provided by professionals who, at the minimum, hold a master's degree and preferably are also Board Certified Behavior Analysts (BCBA). Professionals who are doctoral psychologists, with an emphasis on behavioral techniques, including functional behavior analysis and techniques designed to reduce undesirable behavior would also be qualified, of course, but the master's level BCBA, in my opinion, can do the job, probably less expensively. Under no circumstances should a cognitive psychologist or other therapist be considered to be qualified to provide behavioral services.	Jan 31, 2011 9:13 PM
344	These standards already exist	Jan 31, 2011 9:20 PM
345	Appropriate supervision should be provided at least 2 times a month. The managment of the agency should have a person with at least a Masters Degree in Psychology, Social Work, education, Marriage and Family Therapy, or other behavioral, social degree.	Jan 31, 2011 9:31 PM
346	These standards already exist	Jan 31, 2011 9:54 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
347	A qualified person who does not advocate the use of drugs for children.	Jan 31, 2011 9:55 PM
348	Use DVDs!!	Jan 31, 2011 10:14 PM
349	Trained, qualified behaviorist with experience with the specific population.	Jan 31, 2011 10:14 PM
350	meet state requierments and ongoing trained staff.	Jan 31, 2011 10:14 PM
351	Independent assessments	Jan 31, 2011 10:18 PM
352	licensed psychiatrist licensed psychologist behavior specialist with a degree in area of expertise	Jan 31, 2011 10:32 PM
353	Trained and certified in a methodology that has a positive effect on such behaviors. WE need to think outside the "ABA box" though. There are many other interventions that are effective, less time consuming and more cost effective.	Jan 31, 2011 10:38 PM
354	These standards are already set and appropriate	Jan 31, 2011 10:58 PM
355	Currently no concerns.	Jan 31, 2011 11:00 PM
356	Agencies certified to deliver these services, led by medical and mental health professionals	Jan 31, 2011 11:13 PM
357	Personnel qualifications have always been strong through DDS. Continue the same level of stringency.	Jan 31, 2011 11:29 PM
358	All staff providing direct contact services must have a B.A. or B.S. in related fields.	Jan 31, 2011 11:40 PM
359	Licensed by the state, track record and experience and training of staff	Jan 31, 2011 11:43 PM
360	Service providers need to have appropriate credentials to the mode of intervention they are providing.	Jan 31, 2011 11:53 PM
361	Once again, those certified by CARF, licensing and funded by the regional center.	Feb 1, 2011 12:02 AM
362	ABA certified, plus a Masters Degree in Behavior. 1:1 tutor must have BA in Behavior techniques/ or related field, plus inservice training on an ongoing basis	Feb 1, 2011 12:13 AM
363	Providers who training in Behavioral Services (out side of the standard ABA) such as TEEACH should also be vendored for Autism Beh interventists by Regional Centers. ABA to remain main standard for children under 5 years with Autism.	Feb 1, 2011 12:32 AM
364	Licensed or certified people with training.	Feb 1, 2011 12:47 AM
365	A person educated in development. At least a bachelors degree.	Feb 1, 2011 1:11 AM
366	There should be standardization so that qualified providers are available. But again, the administrative layers must be diminished so that the dollars and resources are used for the children. Don't make the parents battle for services! Educate physicians and office staff to refer these children to services.	Feb 1, 2011 1:12 AM
367	g	Feb 1, 2011 1:12 AM
368	n/an/a	Feb 1, 2011 1:20 AM
369	Parameters are delineated by professional boards. Individual caretakers can be tested by the professionals after teaching them the necessary skills. this can be done with writing and observation.	Feb 1, 2011 1:34 AM
370	Spot visits to the service provider. They really need to be monitored!!! It is should be the parent's responsibility, but if no parent or family member can be involved, it should be Regional Center.	Feb 1, 2011 1:51 AM
371	Behavior intervention service should be implemented by individuals with at least an AA or BA, who have received training in the field of ABA by experts with a Doctorate degree in clinical psychology or child development. A clinical psychologist who has been professionally trained in the theories and practices of ABA therapy is the most suitable practitioner to understand the family, assess, diagnose, formulate a treatment plan and monitor the needs of a child with developmental disorders.	Feb 1, 2011 1:59 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
372	All staff providing behavioral services must be professionals. I feel they should have no less than a BA in an appropriate field along with a certified training program. Many programs "train" young college students to perform this very important service and the State is basically paying a very high rate for someone to play with/babysit a child.	Feb 1, 2011 3:39 AM
373	Behavior Intervention Services should be delivered only by persons/organizations that are qualified to deliver such services. Qualifications should include evidence of an appropriate level of training, education and experience in dealing with the populations served and the behaviors addressed. All behavioral services should be delivered by - and/or supervised by - a Board Certified Behavior Analyst (BCBA), who has obviously passed the certification exam and is listed as a BCBA with www.bacb.com. There should be no sanctions on file against this person. Obviously, background checks should be mandatory - criminal, fingerprinting, sex offender, etc.	Feb 1, 2011 3:55 AM
374	Behavioral services should only be provided by individuals with a certification from the Behavior Analysis Certification Board or a licensed/certified professional (e.g., MFT) with education specifically in ABA.	Feb 1, 2011 4:39 AM
375	This would depend on what the client needs I believe.	Feb 1, 2011 4:50 AM
376	The person providing the services should either be licensed/credentialed or under the supervision of a licensed/credentialed service provider.	Feb 1, 2011 4:52 AM
377	A person should have the education level that allows them to learn and be able to teach another with a disability such a valuable resource. The Regional Center should have strict rates applied across the board and a vendor should have accountability for spending the money to equal each learning level, hours per day. All vendors should only hire staff also that have the appropriate education level and ensure that the goals and objectives are met daily and recorded by the person teaching the consumer.	Feb 1, 2011 4:57 AM
378	The professionals responsible for writing up any type of plan must of course be educated in the field of this nature such as social work, counseling, crisis prevention etc..... There should also be information work shops/classes for family and friends available.	Feb 1, 2011 5:00 AM
379	monitoring	Feb 1, 2011 5:07 AM
380	More education on the vendor's part to ensure effectiveness for their programs. I am so disappointed with the inexperience the vendor's employees have. They are fresh out of college with no experience working with people & their families who desperately need assistance	Feb 1, 2011 5:17 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
381	Individuals who supervise these programs should be board certified-- BCBA, BCBA-D, or BCaBA who is under the direct supervision of a BCBA or BCBA-D. I recommend that individuals who are BCBA-Eligible (completed all coursework and all 1500 supervised experience hours and are waiting to sit for the exam be allowed to supervise for up to 6 months to allow for testing times to have occurred and to avoid delays in service delivery, etc). Copies of certificates should be required for certified staff, and copies of coursework and supervised experience forms filed with the BACB should be required for any BCBA-Eligible supervisors. Clinical Directors should be required to have BCBA/BCBA-D and submit certificates and be required to have a minimum of 2 years post-board certification in the field, or a total of 4 years of experience pre/post board certification. Direct service staff should be required to have a BA in psychology or a related field and be required to pass competency-based training requirements.	Feb 1, 2011 5:20 AM
382	Each person and or organization must meet the highest standards such as child behavior, child psychology, as well as extensive training in dealing with all types of consumers.	Feb 1, 2011 5:38 AM
383	certified in behavior, aba, etc.	Feb 1, 2011 5:49 AM
384	ALL persons providing ABA MUST be qualified and trained.	Feb 1, 2011 6:21 AM
385	For an individual therapist for a child they should have at least a BA, training, complete background investigation, and 60-90 days supervision before going on there own.	Feb 1, 2011 6:42 AM
386	N/A	Feb 1, 2011 7:03 AM
387	Degree equivalent & certification in the various disabilities of the clients the program services. 1+ years field experience	Feb 1, 2011 7:23 AM
388	Some sort of social service degree that involves, say, 1500 hours of supervision, and special certificates in behavioral management. teaching credential with specialization in behavioral management and one full year of supervised internship.	Feb 1, 2011 8:01 AM
389	these standards should be set by the state.	Feb 1, 2011 8:14 AM
390	Have a degree in psychology, or behavior therapy	Feb 1, 2011 9:25 AM
391	should be well trained staff with parent or caregiver participation. It needs to be more strict and not just another play day for the child. My daughter did greta with the therapist yet when she left, it was a whole different story. They need to focus on teaching the caregiver or parent the behavioral techniques.	Feb 1, 2011 10:33 AM
392	The specialists need to have a BA or BS at least and have extensive experience in the field.	Feb 1, 2011 4:04 PM
393	The person providing these services, should definelty have a background in the special needs area they are working. Wether its Autism or MR.	Feb 1, 2011 4:04 PM
394	BCBA training for providers in order to insure quality implementation of behavioral techniques.	Feb 1, 2011 4:07 PM
395	Standards for vendorization should include evidenced based behavioral intervention therapies.	Feb 1, 2011 4:38 PM
396	Staff should be credentialed with specific training in techniques of behavior modification.	Feb 1, 2011 4:45 PM
397	I think that a one on one meeting with the program director of each program every six months would be good, or one one one every three months with clinicians	Feb 1, 2011 5:10 PM
398	Monitored and audited by RC specialists in that particular service.	Feb 1, 2011 5:21 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
399	Ongoing training and supervision needs to be a part of all services offered. Staff need to be qualified, but you cannot make the standards so high, no one can meet them. While certifications are nice, they do not necessarily insure ongoing training and supervision. We have had ongoing supervision from an outside agency for over 15 years, because we realize that our techiques suffer if we are only in house supervised this is true for our ABA program and our DIR / flooritme program. I think for DIR providers need to be involved in the certification process. FOR ABA I think at least one staff member should have the BCBA certification.	Feb 1, 2011 5:22 PM
400	This is very similar to number three. In order to assess the impact providers are having on their consumers, there must be a combination of variables analyzed. Due to the fact that behaviorists primarily function on daily or weekly data that is collected with regards to the consumer's behavior, we should be able to measure whether or not their service is having a positive or negative impact on a weekly basis based on whether or not the behavior improves or not.	Feb 1, 2011 5:36 PM
401	As determined by the Organization employing the specialist.	Feb 1, 2011 5:46 PM
402	HERE'S WHERE I SEE THE STATE LOSE MONEY AND THE FAMILYS LOSE SERVICES. THE INDEPENDENT VENDORS NEED A BETTER CHECK AND BALANCE SYSTEM AS FAR AS GETTING PAID FOR DAYS THEY DONT WORK. EXPAMPLE: we work with an ot contrzcted by the reginal center...she sends her bills straight to them she has billed them numerous times for days when she has called sick to work and never made a sick day. this has happend about 5 or 6 times. This is were the we are all losing out.	Feb 1, 2011 5:47 PM
403	those with credentials, expertise, licensures	Feb 1, 2011 6:03 PM
404	Make sure that the vendor or person is qualified to work with Regional Center consumers. Maybe have each vendor make sure that any person working with consumers have at least an AA degree under special needs and or developmental needs.	Feb 1, 2011 6:16 PM
405	Ensure organization is following standards set forth by National standards.	Feb 1, 2011 6:28 PM
406	The DOJ, background check, and drug testing I feel is fine for front line staff, however when you start to get into the educated professionals I suggest more investion on their school and qualifactions then just a few phone calls is needed.	Feb 1, 2011 6:32 PM
407	EVALUATIONS- set behavior management standards and complete evaluations to ensure teh proper behavior management techniques are being used and trainings are taking place	Feb 1, 2011 6:42 PM
408	feedback and surveys are ways to monitor quality of services	Feb 1, 2011 6:42 PM
409	ABA	Feb 1, 2011 6:49 PM
410	I think an individual must have ABA training, an education in special needs and most important, be compatible with the child.	Feb 1, 2011 6:52 PM
411	Based upon state requriements for behavioral analysts. Consumer preference and the provider's track record in serving similar individuals are also valid factors.	Feb 1, 2011 7:07 PM
412	These organizations that provide these services must be willing to work with staff, family, and consumer in a way that really addresses the issue and teaches all involved how to de-escalate whatever it is that is making the behavior persist.	Feb 1, 2011 7:12 PM
413	The current standards are effective for the next fiscal year.	Feb 1, 2011 7:20 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
414	This is a HUGE area of concern. The people who are doing the direct services in many of these cases are the LEAST qualified. There are so many layers of management and supervision, the costs are astronomical. It is ridiculous to have 1st or 2nd year college students doing the face-to-face work for hours a day with these consumers. Then, there are BA levels supervising them. Then, there are MAs supervising them. And if it becomes an elevated case, the PHD/PsyD might get involved. And one person in the agency (or more if they are big) have the actual training and certification. The most important person should be the direct service provider. And the model being implemented puts the person with the lowest level of qualification in front of the consumer for the most hours. The families should know what the training of the person is ... most families assume the person with their child is qualified/educated. Lastly, there should be control over what the "tutor" is called. Those with advanced degrees and licenses may be called "Therapists". But not the agency-trained 'tutors'.	Feb 1, 2011 7:30 PM
415	Doctorate degree for the director of the program. Master's degree level for supervisors of the program. Bachelor's degree for direct staff.	Feb 1, 2011 7:34 PM
416	I am not familiar with the administrative aspect of this work and don't feel I can comment, however, I consider myself a professional with regard to successful executing the DIR/Floortime model itself and feel very strongly about advocating for it--to remain a choice for families. Please note that I shall skip those areas that I don't feel I have enough knowledge about to comment.	Feb 1, 2011 7:34 PM
417	Approved individuals and services should continue to hold teaching credentials as well as other required educational degrees. Each child should have the oversight of credentialed teachers for all aspects of therapy - especially when participating in an ABA program. It is understandable that these programs require a bolstered staff through the employment of aids, however, it is also important that these aids be overseen by qualified educators. It is also important that a qualified educator be directly involved in the child's program at regular intervals and readily adapt programs as necessary for a child's success.	Feb 1, 2011 7:36 PM
418	All R.N & Psy Tech should attend CME regading mental, developmental and behaviors problem	Feb 1, 2011 7:45 PM
419	These standards already exist.	Feb 1, 2011 7:50 PM
420	1. Along with BCBA's the supervisory level person must understand child development. They must also understand the limitations of a disability. They must have training on how to teach parents/caregivers. 2. The agencies must understand the evidenced based strategies and implement them appropriately. I am tired of seeing treatment plans for simple tantrums that are 3 pages long. Where is the evidence for the treatment plan?!!!	Feb 1, 2011 7:53 PM
421	The organization should have a consumer satisfaction rating of at least 75% or higher as measured by parent surveys. Qualifications should depend upon the position. The base level (tutor), should at least have 6 months previous experience prior to employment.	Feb 1, 2011 8:01 PM
422	Qualified professionals who have the education and experience in working with people with behavioral issues.	Feb 1, 2011 8:01 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
423	I would just ensure that proper training of staff is in place at these facilities. With an annual review by the licensed behavioral therapist is all that is needed. If you require more than this, and agencies are starved for revenue it will be a barrier to finding the right people to run these agencies because they won't be able to pay them adequately. I suggest that problematic agencies must be dealt with more swiftly. Lapses in training, problems with law enforcement, etc. should all be taken into consideration.	Feb 1, 2011 8:07 PM
424	Anyone with a Bachelor's degree in related field with the supervision of trained Board Certified Behavior Analysts	Feb 1, 2011 8:11 PM
425	Should be educated in psychology, possibly Psych Techs.	Feb 1, 2011 8:36 PM
426	How is the therapist or provider furthering the goals that the family has set forth as important?	Feb 1, 2011 8:39 PM
427	No more students please, don't send them, who are younger than my "kids", 23 and 24. They simply do not have the experience or knowledge to work with intense behavioral disorders. Graduate students from UCLA or other Psychology programs are much better qualified and in our own experience, have made the most progress with our daughter and Son in a much shorter period of time. Ideally, a licensed Psychologist, if supervising a student, should ALWAYS remain available to the family should there be issues where the client is simply making no progress despite follow through from all involved working with the client.	Feb 1, 2011 9:05 PM
428	Minimum of a BA in a related field required for the direct service provders, with on going supervision and evaluation. Minimum of a MA in a related field for the supervisors, with required continuing education.	Feb 1, 2011 9:11 PM
429	These standards already exist.	Feb 1, 2011 9:11 PM
430	1) "Purchase of Service Limits" is a more appropriate name than "standards." 2) We oppose statewide purchase of service "standards." 3) There is no "one size fits all" solution. Purchase of service standards for each individual are defined by the IPP. 4) For questions 3 & 4: These standards already exist. 5) "Up to but not to exceed the cost to house one individual in a Developmental Center."	Feb 1, 2011 9:13 PM
431	For questions 3 & 4: These standards already exist.	Feb 1, 2011 9:16 PM
432	All qualifications are based by the agencies program designed and can be called upon to see the employee files when prompted by Regional Center representive during an annual meeting. at which this point the Service Coordinator can and will determine of services need to be continued from that particular agency. with Regards to early start, regional center should interview parents on how effective the person or agency is.	Feb 1, 2011 9:17 PM
433	Current standards are appropriate.	Feb 1, 2011 9:22 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
434	The person who makes final decisions and reviews programming should be a BCBA (Board Certified Behavior Analyst) OR a PhD or PsyD in Behavioral Psychology. It is NOT adequate to have a MA or MFT or clinical psychologist implementing behavior analytic programming. They need credential in behavioral psychology, and should have a certain degree of practical training in their field. Direct staff hiring decisions should be made by company owners. With adequate training and oversight, many people can become qualified to provide direct support and intervention. The key is requiring that person be adequately trained. There should be some sort of written test they take showing they have acquired basic knowledge. There should be a minimum amount of direct supervision and oversight provided by credentialed staff to ensure direct staff is doing proper implementation. I would say no less than 8 hours per month. More in beginning of new cases. I have heard of organizations that are having their staff get credentials for BCAB's (Board Certified ASSOCIATE Behavior Analyst) online, but the actual program implementation is not sophisticated or well done because those people do not have enough practical experience to oversee cases by themselves. I would look to CAL ABA for advice that direct staff need in practical training, and the practical hands on experience and training that supervisors should have. I have talked to many parents whose child is receiving services and the child is not progressing because direct staff is not well trained or supervised. This is expensive. It causes services to be extended. It would be better to fund the up front hours for supervision and training in newer cases.	Feb 1, 2011 9:26 PM
435	There should be a general standard applied which is monitored.	Feb 1, 2011 9:32 PM
436	ABA Therapy, pivotal response therapy, play therapy. The consultant should have been taught in all three.	Feb 1, 2011 9:32 PM
437	Ability to provide appropriate cultural and linguistic services to the consumer; ability to develop strategies fitting for the setting where the consumer requires support; demonstrated expertise in the needs of individuals with developmental disabilities.	Feb 1, 2011 9:41 PM
438	The Client and TEAM should seek out professionals who know about their disability-the Regional Center may help but also needs help with this	Feb 1, 2011 9:59 PM
439	- Services should be devised by BCBA's or licensed psychologists, with both qualifications showing at least 3 years of experience working in the field of autism, developmental disabilities, or behavioral issues. Please note, there are many individuals who have a BCBA who have no hands on experience in this field, so documented experience has to be a requirement.	Feb 1, 2011 10:03 PM
440	The supervisor of the organization needs to have a BCBA certification and be licensed as a psychologist etc. so that health insurance companies will pay for the services.	Feb 1, 2011 10:10 PM
441	Certified Behavioral Analyst	Feb 1, 2011 10:28 PM
442	Annually would be consistent and provide for the opportunity for the service provider to focus on the care of its consumers instead of the paperwork and administrative tasks and checklists that can be overwhelming in dealing with the Regional Center of the East Bay.	Feb 1, 2011 10:30 PM
443	Have training in how to help children/adults.	Feb 1, 2011 10:39 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
444	It is important that the qualifications not just be reported by degree or specialty but that individuals report their experience and training background, i.e. numbers of cases managed per year, and that the opportunity exists to match name-erased rates of progress across clients per suggestion 3 by provider / provider groups to identify effective providers. Training background info on specific techniques is important to survey (i.e. evidence based experience with protocolized ABA, protocolized CBT, etc.)	Feb 1, 2011 10:51 PM
445	Mostly my parents and Service coordinator will decide to do that.	Feb 1, 2011 10:53 PM
446	If a child is diagnosed or is at risk for Autism, a speech, occupation and physical therapy evaluations should automatically be followed. Also, his ST recommended that he be seen two times per week. Regional center denied the recommendation and it wasn't until I took them to court that their denial was over turned. Regional center should not decide treatment intensity... a license clinician's recommendations should be recognized and respected by "management" as they often have very little training in speciality areas. It ended up costing the regional center more money and time when I had to take them to court.	Feb 1, 2011 11:01 PM
447	Provide documentation and open to observation by the "paying" party. Should be able to show that they are knowledgeable in the area being addressed or the clientel being served. Obviously, not criminal or unethical parties.Licensed in some way.	Feb 1, 2011 11:11 PM
448	A set of quailifications should be stated prior to any service provider begining to provide services, and service providers should pass a test to ensure their qualifications.	Feb 1, 2011 11:11 PM
449	They should be a licensed psychologist with special needs experience.	Feb 1, 2011 11:14 PM
450	Persons provideing these services should be trained and experienced in the population they are serving. They should be degreed if not master's level providers that also are expected to collaborate with other professionals working work the same individual to assure that goals and expectations are appropriate for the individual.	Feb 1, 2011 11:24 PM
451	Training in behavioral intervention (ABA or behavioral support plans)	Feb 1, 2011 11:33 PM
452	All persons with autism should have their cases supervised by a BCBA. As long as the therapist has been trained by a BCBA then their educational level is not relevant.	Feb 1, 2011 11:39 PM
453	Qualifications should depend upon experience and success rate and refferal, it shouldnt always depend upon a degree.	Feb 2, 2011 12:00 AM
454	Staff should have some experience working with developmentally disabled people, or some knowledge and experience with using behavior techniques (e.g. child care setting, teaching) or studying a field that would be relevant (psychology, early childhood education).	Feb 2, 2011 12:09 AM
455	Not sure	Feb 2, 2011 12:09 AM
456	No therapist should come and serve the child without having a minimum degree in Psych and they all should have work with experiance with children and work under supervision of a BCBA or PHD.	Feb 2, 2011 12:21 AM
457	The person or organization providing services will have to be qualified according to the standard of the profession (i.e. either ABA provider, or psychologist, or an intern who reports to a psychologist, etc...) so there is an accountability for the RCEB and the customer and a way to lodge a complain with a board if necessary.	Feb 2, 2011 12:22 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
458	I can't think of anything more irrelevant to autism intervention than a certification as a behavioral analyst. These people learn nothing about autism or how to work on core social deficits. I think there should be no minimum standards for aides hired by parents to work directly with the children. The most effective aides we have had had no formal training, just an eagerness to learn and work hard. As for the consultants, that should be decided case by case. Some of the very best consultants (for example in Floortime and related approaches) do not have formal certifications, but are very effective therapists. Whatever happens, it would be a crime to make certification in behavior analysis the standard-- the vast majority of children with autism do not improve with ABA, and those BCBA's usually have very limited training in only one approach to EI.	Feb 2, 2011 12:22 AM
459	As a psychologist, I believe that a licensed behavioral psychologist should oversee this component of the program, and said psychologist could easily orient and train infant specialists in Dr. Hanson's techniques. This would ensure that there was consistently valid services being offered to parents.	Feb 2, 2011 12:26 AM
460	Psychiatrist? Behavioral Therapist? Behavioral Psychologist?	Feb 2, 2011 12:42 AM
461	Need to have certified qualification in this field, either a certified behavioral therapist or a psychologist.	Feb 2, 2011 12:54 AM
462	Service provider's that provide direct care should be certified. The certified or licensed behaviorist should not just oversee or review the program.	Feb 2, 2011 1:15 AM
463	They need to be professionals in their line of work.	Feb 2, 2011 1:48 AM
464	asking about performance, results and effort.	Feb 2, 2011 2:17 AM
465	Parent training continued through the course of treatment. Set mastery goals and progression criteria that generalizes goals thought out all environments in our children's lives. Not just in the therapy room.	Feb 2, 2011 2:27 AM
466	Proven positive treatment plans	Feb 2, 2011 2:36 AM
467	I think the system my current company uses, it provides support at all levels for the family and the employee. It is truly a team effort. I love the fact that we provide so an emphasis on parent training and participation during the sessions. I see everyday parents/families that want to learn how to help their child, they dont just want someone to 'fix' their child. They want to be a part of it.	Feb 2, 2011 2:38 AM
468	Behavioral services should be provided by and supervised by a Board Certified Behavior Analyst that employs a scientific-practioner approach. Afterall, this question refers to "behavioral services" thus, other certification or liscences may not be appropriate.	Feb 2, 2011 2:41 AM
469	I recently completed the Direct Support Professional Training class 1 and 2. I have had the consumers in my home for 2 1/2 years. I find that most of the agencies that provide after school services, day programs do not attract the most qualified staff because of the pay and working enviroment. The clents sometimes hit, kick, spit, punch, scratch and nothing is done. When the providers of services feel their license is in jepardy, the consumers are kicked out. They mainly babysit and take them on outings,. In Bakersfield were I live, there are limited providers available to accommodate peoples with disabilities. I think that all providers of services to consumers with disabilities should be requried to take the DSP training year 1 and 2. I had never been taught about the Five Rights, but I dispense numerous psychcotropic drugs to both of my placements everyday. I took the training to educate my self. This is endangering the lives of the consumers and placing caregivers at risk.	Feb 2, 2011 2:58 AM
470	Let the parents/guardian/individual choose - the vendors would then have to be competitive with pricing options and services.	Feb 2, 2011 3:03 AM
471	Under the supervision of a psychologist or BCBA.	Feb 2, 2011 3:16 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
472	I think that the person providing the services should have experience over degrees. I have been in the field for almost 20 years. I have seen professional with a lot of degrees not have as positive effect as the person who has experience & a track record to show for it. The organization providing the services should provide good support & sound judgment. The whole team needs to be following the behavior plan & responsible for it.	Feb 2, 2011 3:39 AM
473	they should be well regarded with good staff that make a living wage. like teachers and state hospital staff. all cuts should protect these workers. they are the key to good services.	Feb 2, 2011 4:05 AM
474	see above	Feb 2, 2011 4:55 AM
475	This is a big problem, since the service codes only exist for individuals and not for agencies. People need to have the proper education, including the BCBA. Organizations need to be monitored, including actual observations of providing services.	Feb 2, 2011 4:58 AM
476	people with experience and college degrees	Feb 2, 2011 5:17 AM
477	The behaviorists should be monitored by the regional center on a regular basis. A parent, teacher or care giver satisfaction survey should be sent out to regularly monitor the behaviorist. The services for a behaviorist that has poor reviews on a consistent basis should be terminated. The behaviorists should be aware that they are being evaluated by parents etc.. A set of standards should be set up. If the behaviorsts receives below a certain level on a rating scale they should be terminated as a vendor.	Feb 2, 2011 5:40 AM
478	Behavioral services should be provided by individuals who possess a minimum of a bachelor's degree, and receive supervision and on-going training from a specialist in behavioral intervention in their agency. Behavioral services should include different types of behavioral intervention models including ABA, and developmental-relationship based approaches.	Feb 2, 2011 5:52 AM
479	On-going training and supervision of the therapists. Supervisors with BCBA and Masters' degree. Vendors who provided research-based ABA model (versus eclectic model).	Feb 2, 2011 6:27 AM
480	A BCBA must be involved.	Feb 2, 2011 6:31 AM
481	This is a difficult one, for there is disagreement among professionals about what constitutes successful behavioral training. My experience would grade TEACCH as the most practical training. Others swear by A-B-C training.	Feb 2, 2011 7:14 AM
482	All people learn, even most of the severely handicapped. We are in such dire need of more resources, hence people to be service providers, that simple background checks should be a minimum requirement to anyone who wants to participate by helping others. Many jobs would be available if supplied with sufficient resources. Observable and written data is always taken on employees, and common sense formal guidelines are in place to keep performance up to par. Of course the qualifications of people in chief positions should consist of continuing education.	Feb 2, 2011 7:56 AM
483	All behaviorally oriented services need to be provided by someone with at least a bachelors degree in a closely related field - no more of this hiring 18 yr olds as behavior therapists who are then not adequately trained or supervised - many of the autism intervention programs are ripping off tax payers but then so are the regional centers who in the original mandate are supposed to COORDINATE services, not deliver them - major conflict of interest is occurring now.	Feb 2, 2011 1:45 PM
484	Again, you can have everybody with a PHD doing behvior intervention but if you really don't pay your staff well, the high turnover will continue	Feb 2, 2011 1:52 PM
485	BCBA or BCaBA should be the ones billing 612 hours in order to guarantee that the quality of services provided at that level remain high versus non-certified folks "being overseen" by credentialed folks.	Feb 2, 2011 2:29 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
486	Services should be provided only by persons or organization that are properly vendorized as described in the Lanterman Act Section 4648 (a) (3) (A).	Feb 2, 2011 3:26 PM
487	: Services should be provided only by persons or organization that are properly vendorized as described in the Lanterman Act Section 4648 (a) (3) (A).	Feb 2, 2011 4:46 PM
488	RC could provide train the trainers for various organizations to use internally with ongoing documentation to evaluate effectiveness.	Feb 2, 2011 5:14 PM
489	Staff qualifications shall include 2 years of experience within the field of developmental disability and behavior services, a master degree in ABA or related field of psychology or enrollment in an ABA master degree program. Staff should be monitored and supervised by a license psychologist, BCBA or MFT.	Feb 2, 2011 5:15 PM
490	Direct behavioral staff preference for Bachelor's degree, two years of college in human services major acceptable. Clinical supervisior Master's degree with BCBA. Clinical director Ph.D. licensed psychologist and/or BCBA	Feb 2, 2011 5:17 PM
491	Service providers should have experience as well as qualification. I recommend a minimum of BS in the intervention that they are provided and to be supervised by more experienced and educated supervisor. This should also be supllemented by providing them with continous training on the latest research/interventions that are available.	Feb 2, 2011 5:20 PM
492	signed daily documentations	Feb 2, 2011 5:32 PM
493	Those providing behavior services shall possess the appropriate certification, degree, etc. from a recognized university and experience in the field.	Feb 2, 2011 5:33 PM
494	Process in place use it.	Feb 2, 2011 5:44 PM
495	Thorough check needs to be made on person/organization. Background check, check on references, check on employees to make sure qualifications are up to state/federal standards. If qualifications lacking, person/organization should not be utilized for such service.	Feb 2, 2011 5:50 PM
496	Follow up with the person and see how they feel the consumer is doing after services.	Feb 2, 2011 5:51 PM
497	Careful and detailed review of organizations and individual providers.	Feb 2, 2011 6:09 PM
498	M.A. In a related field	Feb 2, 2011 6:29 PM
499	1. Providers should have at least an AA degree and more than 2 years experience with working with special needs populations.	Feb 2, 2011 6:30 PM
500	Behavior therapy should be overseen by a BCBA, individual therapists should be trained, and receive ongoing training.	Feb 2, 2011 6:49 PM
501	Services should be provided only by persons or organization that are properly vendorized as described in the Lanterman Act Section 4648 (a) (3) (A)	Feb 2, 2011 6:51 PM
502	As you can tell by my comments, my focus is primarily on SLS. A tiered level of training for support staff would provide an appropriate level of service based on the needs of the individual. Lower functioning individuals need more assistance with their basic needs. An individual with behavioral issues needs staff trained to safely deal with thier behaviors.	Feb 2, 2011 7:00 PM
503	they need to be trained behaviorists	Feb 2, 2011 7:17 PM
504	Individuals providing Behavioral Support should have some training in this area and it should be updated on a regular basis (every couple of years)	Feb 2, 2011 7:33 PM
505	the person providing service should be thoroughly trained and have an educational background or significant experience in the appropriate subject (ie: a person who has a masters degree in special needs education)	Feb 2, 2011 7:35 PM
506	Written expectations.	Feb 2, 2011 7:40 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
507	Behavioral Services is very subjective. New ideas and theories are always coming around the bend. Behavioral services are only as good as the person providing the service, but also as important is that of follow through from the families or care providers!!! If the follow through is not done properly then it doesn't make any difference what the qualifiifcations of the service provider are. Behavioral Services providers need to make sure that the families and care providers are onboard with the regime and if not then maybe behavioral services is not the way to go. Those service providers need to qualified by the standards that their profession requires. There should be no hint of favortism in the choices of providers that the Regional Centers choses to offer. It would be better to error on the side of caution in this matter than the other way so that the provider and Regional Center do not have a hint of impropriety. More than one choice of provider and service should be offered since there is more than one theory on how to do this. Also Regional Centers need to listen if a client or their family says that a center provider is not working for them. They need to make it easy to change to another provider. Regional Center also needs to make sure that the reason the service is not working is not due to the fact that the family or care provider are not living up to their end of the bargin.	Feb 2, 2011 8:03 PM
508	The ABA should have a degree in applied behavior. The ABA needs to teach the class to the parent and come out to the home for the child.	Feb 2, 2011 8:05 PM
509	Knowledge, training and experience in working with the dx of the consumer, on going training of the provider, and enough supervision.	Feb 2, 2011 8:08 PM
510	Behavioral services need to be provided by interventionist with a minimum of a bachelor's degree in child development, psychology, social work or related field. Direct interventionists require regular documented supervision by masters level trained professional.	Feb 2, 2011 8:30 PM
511	People providing these services need to have a higher (college) degree directly associated to the type of service they are providing, or, if they work for a larger group or company, there needs to be an organizational hierarchy where a person holding a degree directly associated to the services being provided has direct, frequent and meaningful contact with the consumer of the services.	Feb 2, 2011 8:47 PM
512	services should be provided only by persons or organizations that are properly vendorized as described in the Lanterman Act Section 4648 (a) (3)	Feb 2, 2011 9:12 PM
513	Services should be provided only by persons (whose credentials have been thoroughly examined) and organizations that have a history of comliance and stellar reputation with Alta and that are properly vendorized as described in the Lanterman Act.	Feb 2, 2011 9:19 PM
514	THERAPISTS who provide ABA or Behavior Modification Therapy services to consumers must be highly trained in accordance w/industry standards and regularly monitored by a TEAM LEAD with extensive experience as a therapist who reviews data and reports concerns to a SUPERVISOR who Manages the the program and performance of persons providing the services.	Feb 2, 2011 9:20 PM
515	Accredited agencies should be the only ones being able to provide services. The services have to be of a certain quality in order to be effective. If not, it's just a waste of money and time for everyone.	Feb 2, 2011 9:27 PM
516	there are designations for behavioralists which should be considered. I do not know the specifics of these designations.	Feb 2, 2011 9:31 PM
517	Person should have certificate. Family to fill out questionnaire to see if happy with provider	Feb 2, 2011 9:31 PM
518	I think the Regional Center does a very good job in this area and there is no need to change.	Feb 2, 2011 9:33 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
519	WE NEED TO KEEP ALL DAY PROGRAMS FOR THE PEOPLE TO BUILD THEIR WAY OF LIVING.	Feb 2, 2011 9:35 PM
520	The organization should hire people who are highly qualified and have experience working with people with disabilities.	Feb 2, 2011 9:36 PM
521	The Person or family must be part of this evalution. There needs to be some marked improvment is some area's of behavior with support from active parties or a different behaviorlist or organization should be offered	Feb 2, 2011 9:41 PM
522	They should have experience working with children, background checks, and some kind of certification or degree.	Feb 2, 2011 9:41 PM
523	They need to realize that they are the ones that will make a difference along with the parent/parents of a disabled child/teen/adult and to know how to help this person function in society both in selfcare and social skills.	Feb 2, 2011 9:45 PM
524	Supervisors should have the BCBA. Therapist should have degrees in behavioral studies and or be working towards a degree with a minimum amount of units and supervised experience prior to working independently with clients. Above all never do damage!	Feb 2, 2011 9:53 PM
525	Experience in these cases with a minimum requirement of a Bachelor's degree and proper training to make sure proper services aredelivered or these children	Feb 2, 2011 9:55 PM
526	Whenroviding one to one..that personal should have atleadt some degree in childhood.the supervisor should be bcba.	Feb 2, 2011 9:58 PM
527	Most behavior therapy is provided at the direct level by people who do not have degrees or licenses. The nature of the service and history of the discipline led to this, and it works fine most of the time. I think there needs to be a degreed and licensed person in the agency who can supervise or consult. Agencies should follow evidence based practices and include families and other disciplines for cntinuity.	Feb 2, 2011 10:01 PM
528	Setting should be by evaluation of the child with autism	Feb 2, 2011 10:02 PM
529	Certified Behavior Analysis	Feb 2, 2011 10:03 PM
530	They should be reviewed and audited to make sure they are using funds appropriately.	Feb 2, 2011 10:13 PM
531	By referring to scientifically proven methods.	Feb 2, 2011 10:15 PM
532	-Service Providers (not just the supervisors) should complete minimum requirements such as a test, demonstrating working knowledge of principles & practices of behavior modification; as well as minimum # of hours of directly supervised work. -there should also be "ethics" standards. Violators should have to do remedial work or be banned from working with this vulnerable population.	Feb 2, 2011 10:18 PM
533	I have been to providers of the regional center who truly are not qualified for the services they say they can provide. Education standards and reviews of the centers that are approved should be managed and implemented.	Feb 2, 2011 10:19 PM
534	Person must possess a B.A in psychology or behavioral science of some sort and a supervisor should have a M.A. in a behaviroal science area.	Feb 2, 2011 10:19 PM
535	It depends on the service. For ABA program planning and supervision, I think the current standards are appropriate, either a Special Education credential with specialized training in Autism services, or a Psychology degree with specialized training in Autism services. RDI providers (consultants) have a rigorous three part training process, no one type of service should be excluded because it is not ABA or not something else. Different children have different needs. If the parents or clients are comfortable with the service and feel it is effective, it is.	Feb 2, 2011 10:20 PM
536	Must have certain credential as a behavior specialist (BCBA, etc.) Also, parents should have a right to choose the provider they prefer.	Feb 2, 2011 10:23 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
537	outside agencies with licenses, experience and have been in business over 10 years	Feb 2, 2011 10:23 PM
538	It would be helpful if the school and regional center criteria for the behavior specialist was the same.state-wide	Feb 2, 2011 10:40 PM
539	licensed individuals.	Feb 2, 2011 10:40 PM
540	some college, graduate and or person working with a well known behavorial independent company	Feb 2, 2011 10:42 PM
541	ABA services should be provided by Board Certified Behavior Analysts or competent professionals under the direct supervision of Board Certified Behavior Analysts. In some cases, Licensed Clinical Psychologist and other licensed professionals have expertise but are not certified BCBA's. Other professional who are not certified in ABA should have to meet at least minimal standards of experience and education doing ABA and agree to follow the Guidelines for Responsible Conduct for Behavior Analysts.	Feb 2, 2011 10:53 PM
542	By filling out a survey every month.	Feb 2, 2011 10:55 PM
543	State board approval of qualification per assignment.	Feb 2, 2011 11:07 PM
544	Behavioral specialists should have college degrees in a related field, and should have several years of experience working with individuals with behavior challenges. Parent educators should have some experience leading parent training classes under supervision of a more experienced trainer before conducting training on their own.	Feb 2, 2011 11:12 PM
545	The organization should be independent and therefore not compromised.	Feb 2, 2011 11:17 PM
546	A qualified behavior therapist	Feb 2, 2011 11:26 PM
547	have a back ground and education in all areas of disabilities also have had one to one training.	Feb 2, 2011 11:29 PM
548	Qualifications should be established by area of discipline's oversight professional organizations.	Feb 2, 2011 11:29 PM
549	It would be great to have guest speakers from known universities (Stanford, UCSF, Berkeley) for recent studies or their clinical experiences. It seems like regional center always uses the same vendors for service providers, and they are not necessary "up to date" or useful. It is always better to have someone new and current.	Feb 2, 2011 11:29 PM
550	tutors should have college level training in how to effectively implement a program supervisors should have experience in the field and a college education i also believe respite workers should be trained on how to care for someone with a disability	Feb 2, 2011 11:38 PM
551	They should have training in the PARTICULAR behavioral modification method sought. There are MANY different ways to modify behavior - DO NOT require just one spcific approach (eg not just ABA; not just certain behavioral agencies or providers.)	Feb 2, 2011 11:38 PM
552	have a the parents be involved in the reporting of performance of service provides	Feb 2, 2011 11:41 PM
553	A service standard that describes the required competencies needed to be effective as a behavioral interventionist. Only perons who have the education, training and supervised experience that meet the service standard should be employed by behavioral providers. Competency criteria should be applied to so called behavioral consultants working for residential providers and behavioral day programs. Criterial should include formal undergraduate and graduate classwork, field experience, demonstrated effectiveness, supervised work with a minimum number of persons with the same behavioral issue. Limit ability to work with consumers to a specific age range and diagnosis to prevent persons from going beyond their range of effectiveness.	Feb 2, 2011 11:46 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
554	Consistent communication between services providers and entire team.	Feb 2, 2011 11:47 PM
555	Expert qualifications with availability to train those interested in area of expertise so that more awareness and education are provided to those who are both interested and who need training, such as school personnel.	Feb 2, 2011 11:51 PM
556	The therapists providing the services should be certified and should have experience in the ABA therapies.	Feb 3, 2011 12:03 AM
557	Specialized training for privders in order to maximize the tretment being provided.	Feb 3, 2011 12:03 AM
558	Providers must be trained and educated in the intervention they are providing.	Feb 3, 2011 12:03 AM
559	Similar to above, it makes no sense to remove qualified OT, PTs, and SLPs working with a child and then replacing these services with an ABA-trained person who may be an aide with minimal experience and education who is unable to address all areas of development.	Feb 3, 2011 12:05 AM
560	Current practices are excellent.	Feb 3, 2011 12:12 AM
561	A BCBA must supervise and create the program for each consumer.	Feb 3, 2011 12:16 AM
562	there should be a level of educational standards that any behavioral therapist would be held to	Feb 3, 2011 12:30 AM
563	Certified and licensed mental health professionals.	Feb 3, 2011 12:30 AM
564	Level of education. Experience. Right timing. Supervision.(video taping,observations,some data collecting).	Feb 3, 2011 12:30 AM
565	heavy training for authorized companies about how to deliever the most effective and efficient services to the families possible	Feb 3, 2011 12:36 AM
566	Services should be provided only by persons or organization that are properly vendorized as described in the Lanterman Act Section 4648 (a) (3) (A).	Feb 3, 2011 12:50 AM
567	Vendors need to follow Regional Center IPP Planning	Feb 3, 2011 12:59 AM
568	We already had that in Title 17 and you have allowed folks like the ABA's to mess with the standards and you have truly created a monster and that is why you have to have this survey. Reign those guys in is a good starting place.	Feb 3, 2011 1:08 AM
569	they must be monitored for their services with every case. They are performing a very important service and there needs to be quality control	Feb 3, 2011 1:19 AM
570	For one to one tutors, at least a bachelor's degree in a related field. For service coordinators and agencies, Masters level education and BCBA certification should be required.	Feb 3, 2011 1:19 AM
571	The service effectiveness should be determined by a qualifed professional such as the consumer's treating physician. The service standards should not be determined by counselors or case managers at Regional Center.	Feb 3, 2011 1:26 AM
572	Psycholgists or those with BCA.	Feb 3, 2011 1:59 AM
573	Workers must be supervised by a BCBA on an at least monthly basis.	Feb 3, 2011 2:02 AM
574	When a family complains, they should look into the matter, document that the complaint was made and make future followups even though there was no negative finding on the first visit. and the report shouldn't just pass through the hands of a service coordinator who may sometimes play favorites with the providers.	Feb 3, 2011 2:03 AM
575	Observe each child to see where they fall in the NT stantaed for each grade.	Feb 3, 2011 2:14 AM
576	Where is the Regional Center on this topic? Instead of acting so arrogant with these behaviorists they should help instead of flexing their muscle at any one...	Feb 3, 2011 2:21 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
577	This is a little out of my are of experience, but obviously performance standards need to be met. Maybe this can be done by surveys completed by the consumer or their guardians and the worker that is authorizing and monitoring the service and its outcome. Maybe a rubric or statistical analysis could be provided to monitor the progress of consumers obtaining the service from each provider. The severity of cases should be evaluated in conjunction with each consumers progress. Service providers should not be motivated in any way to avoid difficult cases in order to raise the percentage of their positive outcomes.	Feb 3, 2011 2:37 AM
578	If a service provider demonstrates that they meet the basic requirements set by the state then they should be allowed to provide this service. However, there should be one streamlined / universal criteria used for determining eligibility to provide services. It has been my experience that each Regional Center is allowed to "play by their own rules" regarding this matter. Often you find that many require individualized regulations and it becomes very frustrating as a vendor to know what to expect.	Feb 3, 2011 2:42 AM
579	Same as above	Feb 3, 2011 2:53 AM
580	Persons or organization should be licensed in their field or by the state.	Feb 3, 2011 4:25 AM
581	There need to be excellent oversight by regional centers, as there are many companies rendering theses types of servics but are not all doing their job. there needs to be a step implemented between the parenst and regional center to discuss the effectiveness, punctuality and reliability of these companies. Also there nees to be good monitoring from teh regional center so that these companies provide certain services in accordance to the need on not overkill by suggesting excessive hours that may not be justified.	Feb 3, 2011 4:26 AM
582	We need incentives within the regional centers to attract leading edge professionals to share their knowledge with the regional center. Just putting bodies to work the regional center work who do not enjoy their work is not a good thing. I've experienced visits from a social worker who really like their job and those who seem to be going thru the motions. Just like in the school system. Tenure shouldn't make a difference. If the person administering the services not be effective, they need to be replaced with a person who really has the "love" to make a difference in a child/adult's life.	Feb 3, 2011 4:28 AM
583	Persons should be trained, (not less than 1 college semester or 45 hours) to develop a plan. These persons can closely train and monitor others para professionals to implement the plan.	Feb 3, 2011 4:33 AM
584	It is very important that you have a qualified person and organization to understand what goals the teachers ,parents, speech therapyst, ocupational therapyst are trying to achieve. they have to have the knowlegd to direct the team in a productive manner.	Feb 3, 2011 4:41 AM
585	HIGHLY qualified staff trained in ProAct, CPI, ABA, DTT, etc every 2 years	Feb 3, 2011 4:56 AM
586	reset all rates for all providers to state set standard. There is way to much inconsistency. Bachelors plus required training for any DTT interventionists. Allow Bachelors degree individuals to start, but must complete a state established training to continue in role. Similar implementation to DSP trainng for licensed residential programs.	Feb 3, 2011 5:02 AM
587	Should have appropriate education and training for the services they are providing such as teaching credential for special education or psychology or psychiatry etc. with specific training for the age groups they are dealing with.	Feb 3, 2011 5:15 AM
588	Nationally recognized organition and advanced degree and licensed providers.	Feb 3, 2011 5:18 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
589	Many of these BCBA people are clueless about family dynamic issues, mental health issues, and other related factors. I believe licensed psychologist, MFT, LSCW are more knowledgeable in terms of overall treatment and subsequently can do better supervision.	Feb 3, 2011 5:43 AM
590	Each provider/person must go through a training course in the specific area they are serving	Feb 3, 2011 5:53 AM
591	Agencies should have an educated staff in behavioral psychology for goals assessments and plan implementation and supportive staff should have a behavioral psychology or child development education background.	Feb 3, 2011 5:56 AM
592	Services should be provided only by persons or organization that are properly vendorized as described in the Lanterman Act Section 4648 (a) (3) (A).	Feb 3, 2011 5:59 AM
593	Persons should have appropriate licenses and training.	Feb 3, 2011 6:00 AM
594	The person should be trained and certified to be a behavioral therapist. It should be viewed like a physical therapist or occupational therapist,	Feb 3, 2011 6:00 AM
595	services should be provided by a qualified person as determined by licensing system in this person's field	Feb 3, 2011 6:00 AM
596	FOR YOUR THERAPY: Only licensed MFTs or licensed Ph.Ds or licensed M.D.s (psychiatrists) I don't believe in performance reviews...they can be skewed by the reviewer and reflect personal biases. All you have to do (and it is free) is ask the consumer if he or she is benefitting from their counseling and if he or she would like to continue with so=and-so. They'll tell you; they're bright people.	Feb 3, 2011 6:07 AM
597	Behavioral consultation should come only from a licensed psychologist or a Master's level professional who has completed a Behavioral consultation/Behavioral Analysis Program or certification.	Feb 3, 2011 6:07 AM
598	Behaviroal therapist should have training from people holding degree in behavioral therapy	Feb 3, 2011 6:09 AM
599	There needs to be a standard evaluation system that works to ensure that the person is qualified to provide services. If there is an occupational therapist in the school system, I believe there needs to be accountability that 1) the services are being provided and 2) that the services are up to par.	Feb 3, 2011 6:22 AM
600	Organizations that have therapists who have been trained and are college graduates. Our RC uses 2 fine organizations.	Feb 3, 2011 6:28 AM
601	Service providers should be, or be supervised by, licensed professionals, probably psychologists. Providers should have bachelors degrees with specialized training.	Feb 3, 2011 6:32 AM
602	SAme as it is on Valley Mountain Regional Center.	Feb 3, 2011 6:35 AM
603	Same as it is with Stanislaus county, Valley Mountain Regional Center.	Feb 3, 2011 6:37 AM
604	ABA agencies should have directors that are PH.D. degreed, licensed psychologists, and have staff that are Bachelor's/Master's as well as staff who are BCBA certified.	Feb 3, 2011 6:45 AM
605	my son getting service from agency that they are very trained and proffesoinal they are on tpo of each of one issuses that my son has and they are trainning him intensvly to get result for ant problem. i'm very very happy with this agency.the sttuf are vey care very trained and very care about my son and our family to deal with daily issuse to be train.	Feb 3, 2011 6:50 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
606	I don't believe that the services provided by for some behavioral supports, specifically when a BA level therapist under supervision, provides the service is effective. My observation is that it is a waste of money and time for the most part. May require more monitoring, proof of efficacy, reporting of progress for continued services, additional review by the clinical team...not sure if all of this is happening already...also some behaviors may be able to be managed under adaptive skills training.	Feb 3, 2011 7:00 AM
607	Education in social work and continuing education should be required for each worker so as to provide quality advice and assistance. The state should be afflilated in such as way as to oversee that the agency/agencies are being responsive and accurate in their objective to offer helpful and accurate assistance to these "special needs" individuals.	Feb 3, 2011 7:09 AM
608	Current standards suffice.	Feb 3, 2011 7:35 AM
609	some training on the disability, first aid , how to phyically handle a child tantruming or hurting themselves and a back ground check.	Feb 3, 2011 7:38 AM
610	I don't feel aptly capable of answering this question.	Feb 3, 2011 8:03 AM
611	A consultant should have at least their Bachelor's degree along with at least 2 years working in the field. A consultant should not be a recent graduate who hasn't worked with developmentally delayed people before.	Feb 3, 2011 8:23 AM
612	ongoing training client evaluations on case managers and other individuals or agencies	Feb 3, 2011 8:29 AM
613	I believe the qualification to provide services has been set well enough in our experience. However, accountability, improvements and additional training and quality control have been non-existent in our over-worked case workers.	Feb 3, 2011 1:39 PM
614	Continue with current vendorization process	Feb 3, 2011 2:21 PM
615	The behavioral services agency should have certified ABA workers that do all behavioral intervention.	Feb 3, 2011 3:25 PM
616	If there are services taught and certified, then the person receiving these certifications should be accountable through their performance reviews and such. Even a caretaker can have a performance review done by the Regional Centers or those providing funding for their work performed.	Feb 3, 2011 3:40 PM
617	Oversight and design needs to be by a BCBA but services can be successful and most cost effective if done by a person with an undergraduate degree in psychology or similar area of study.	Feb 3, 2011 4:30 PM
618	Credentials for training with autism. Personal references for being humane, fun and kind.	Feb 3, 2011 4:31 PM
619	Cuurent standards are working well.	Feb 3, 2011 4:39 PM
620	Persons and Organizations should be evaluated regularly and be given a score like they do for eatery places.	Feb 3, 2011 4:50 PM
621	Certified behavioral programs and staff.	Feb 3, 2011 5:07 PM
622	Most of these services are based on a reward system and frankly this is prehistoric and some consumers do not care. The interventions need to be creative and client centered. Behaviorists should keep a log of when they meet with the family and what services were provided.	Feb 3, 2011 5:12 PM
623	All behavioral intervention shouldbe completed by a BABA qualified person	Feb 3, 2011 5:16 PM
624	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 3, 2011 5:16 PM
625	Must meet standards to better serve the consumer's specialized needs. Surveys and meeting job expectations with these consumers must also be considered.	Feb 3, 2011 5:20 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
626	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 3, 2011 5:21 PM
627	ABA and/or Master's in psychology for behavior analyst, Bachelor's in psychology for behavior assistant, clinical supervision of program by PsyD or PhD.	Feb 3, 2011 5:31 PM
628	The tax payer money should not be going to pay people that work at regional centers but to the child. This will allow more money to the children who need it.	Feb 3, 2011 5:31 PM
629	The organization should be a well established company and well qualified to perform high end services and have a good reputaion.	Feb 3, 2011 5:34 PM
630	ABA agencies should have directors that are PH.D. degreed, licensed psychologists, and have staff that are Bachelor's/Master's as well as staff who are BCBA certified.	Feb 3, 2011 5:43 PM
631	Services should be provided only by persons or organizations that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 3, 2011 5:47 PM
632	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 3, 2011 5:53 PM
633	The ones in place now seem fine.	Feb 3, 2011 6:02 PM
634	I believe that the Behavoral Interventionist should have some form of formal college certificatication or degree in special education. I believe surveys should be sent to families on a quarter basis about the organization providing this services to make sure they are doing what they say they do.	Feb 3, 2011 6:03 PM
635	Supervisors/program designers should be BCBA or equivalent. 1:1 aide/tutors should have at least a bachelor's degree in a relevant field. Experience may be acceptable in lieu of education but the individual should be able to demonstrate skills prior to hiring.	Feb 3, 2011 6:11 PM
636	The service provider must be trained in the latest treatment available. It appears that they are already holding themselves up to a high standard at least in our case and they do reviews every three months to track my childs progress.	Feb 3, 2011 6:26 PM
637	Services should be provided only by persons or organizations that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 3, 2011 6:26 PM
638	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 3, 2011 6:27 PM
639	Services should be provided only by persons or organizations that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A)	Feb 3, 2011 6:28 PM
640	There should be some sort of consistency with tutor's etc. within a behavior program. Most often families are not receiving the support and survice they need due to staffing shortages, inconsistent staffing schedules, etc. And those who work with Autistic Children know that it is VERY important to have that consistency and routine in the early parts of programing.	Feb 3, 2011 6:29 PM
641	Services should be provided only by persons or organizations that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 3, 2011 6:29 PM
642	Services should be provided only by persons or organizations that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 3, 2011 6:31 PM
643	Services should be provided only by persons or organizations that are properly vendorized as described in the Lanterman Act Section 4648 (a) (3) (A)	Feb 3, 2011 6:34 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
644	behavior intervention services must be monitoed by a pyschologist with behavior intervention experience those providing intervention service must have a social service degree and receive ongoing monitoring and supervision from the experienced psychologist. while BCBA provides additional training, requiring that all behavior providers have this certification would weed out good experiences and effective behavior providers and over load providers with the BCBA training causing deficits in the delivery of services.	Feb 3, 2011 6:38 PM
645	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 3, 2011 6:45 PM
646	They should have training in the PARTICULAR behavioral modification method sought. There are MANY different ways to modify behavior - DO NOT require just one spcific approach (eg not just ABA; not just certain behavioral agencies or providers.)	Feb 3, 2011 6:53 PM
647	A behaviorist should not have to be "Certified" but supervision provided by a certified individual.	Feb 3, 2011 7:00 PM
648	Have the ability to work with special needs, with a minimum of 2 yrs. experience in the field.	Feb 3, 2011 7:04 PM
649	Supervisors should have BCBA certification and intervetnionist should have training not only in ABA but child development.	Feb 3, 2011 7:07 PM
650	Give parents a written list of organizations and professionals, with discriptions of the services they offer, so that we can have options that will work best for our child. Assigning just anyone out the blue is not appropriate for our children.	Feb 3, 2011 7:21 PM
651	Minimun of master level education in education or related field	Feb 3, 2011 7:27 PM
652	See #3. Also, we have had good results with some BCBAs doing this service, and often better than licensed people.	Feb 3, 2011 7:41 PM
653	This is a huge issue. I believe the following qualifications should be standard for any "therapist" that comes into the home or school to work with the client: must be fingerprinted by the State of California, but not have been fired from a past job due to incompetence, must have CPR training, must have training in how to restrain a client when he/she displays violent behavior, must have training in understanding disabilities in general. Must have personal references for good character.	Feb 3, 2011 7:43 PM
654	The service standards that are presently in place should not change. A college degree should be a minimum requirement under the supervision of the appropriately credentialed supervisors.	Feb 3, 2011 7:47 PM
655	A counselor, therapist or a psychologist should provide the services.	Feb 3, 2011 7:58 PM
656	Behavioral therapists (licensed professionals)	Feb 3, 2011 8:02 PM
657	State Certified and reviewed by a variety of people including parents	Feb 3, 2011 8:03 PM
658	The service workers should be professionally trained for this position and have all the necessary qualifications, including experience with special needs children or be further trained in this area.	Feb 3, 2011 8:08 PM
659	Employees need formalized training in crisis intervention, particularly with attention paid to defusing escalated behavioral episodes, and how to intervene in a hands-off manner.	Feb 3, 2011 8:09 PM
660	Providing agency should be involved not only with client but also with other significant family members for the best outcome. They should have passed standard qualification (should be determined by RC).	Feb 3, 2011 8:13 PM
661	Services should be provided only by persons or organizations that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 3, 2011 8:16 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
662	That is a tricky question. A degree or a piece of paper doesn't make a person great at what they claim. Proof is in the out comes.	Feb 3, 2011 8:17 PM
663	see above	Feb 3, 2011 8:24 PM
664	Services should be provided by agencies that specialize in Behavior Management with staff who have BA, MA degrees. The parent should have the right to choose which agency they feel would best benefit their child.	Feb 3, 2011 8:33 PM
665	Only organizations holding the required license/permits etc. should provide services to these people with disabilities.	Feb 3, 2011 8:37 PM
666	Must be Licensed Psychologist for Assessment and/or for the training of individuals that will provide the behavior intervention/service.	Feb 3, 2011 8:41 PM
667	Behavioral training by the company providing the services. At the Consultant and Supervisor level a BCABA or BCBA should be required.	Feb 3, 2011 8:48 PM
668	excellent standards should be applied	Feb 3, 2011 8:50 PM
669	Increasing the overall qualifications required to provide behavioral services, which are extremely effective as they stand, would only take services away from the populations these providers serve. This would not be in the spirit of the Lanterman Act, the people of California who voted for state to take care of their "most vulnerable citizens."	Feb 3, 2011 8:51 PM
670	My coordinator is awsome. He is currently assisting us on how to better help our child.	Feb 3, 2011 8:54 PM
671	they should meet standards that are set up and then followed up with outcomes.	Feb 3, 2011 8:54 PM
672	Do not limit the service standard to only include ABA. Different therapies and different methods work for different people. Therapy options need to include social skills behavioral training, group training, as well as one on one and peer related skill building training.	Feb 3, 2011 8:59 PM
673	Behavioral training from certified programs/individuals/companies with specific experience working with the disability being addressed. For example, individuals with autism have certain behaviors that might not be present with an individual with Down's Syndrome.	Feb 3, 2011 9:00 PM
674	per the IPP	Feb 3, 2011 9:05 PM
675	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 3, 2011 9:07 PM
676	BCBA/BCaBA experience and qualifications for certification. Proof of course work - for supervision cases. For direct services, the therapist should receive on going training, in additional to 40-60 hours of initial training specific to ABA.	Feb 3, 2011 9:15 PM
677	Should not be standarized! Due to research, new and different therapies are being developed. Standardizing the providers means no option of utilizing a new proven effective therapy. This will limit progress as standards will quickly become outdated.	Feb 3, 2011 9:19 PM
678	Services should be provided only by persons or organizations that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 3, 2011 9:23 PM
679	Answer: Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 3, 2011 9:33 PM
680	People should have trainings and even classes to provide better services.	Feb 3, 2011 9:37 PM
681	Education is important but experience and successful background rule	Feb 3, 2011 9:51 PM
682	Can't just be somebody with a pulse and a drivers licence. People qualified to provide behavioral support who are being supervised by a licenced provider is critical.	Feb 3, 2011 10:01 PM
683	Needs to be an agency with extensiv training in ABA	Feb 3, 2011 10:01 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
684	Obviously, there must be performance and qualification guidelines for persons and organizations that provide these services.	Feb 3, 2011 10:03 PM
685	N/A	Feb 3, 2011 10:08 PM
686	PROVIDERS SHOULD AT LEAST HAVE A BA AND ORGANIZATION SHOULD BE GRADED; IRC OUGHT TO HAVE A SYSTEM IN PLACE IN WHICH PARENTS RECEIVING SERVICES CAN GRADE PROVIDERS	Feb 3, 2011 10:13 PM
687	Must be consistent, must be well trained personnel and must follow through with data and successes/failures to evaluate those to provide continuous improvements in services.	Feb 3, 2011 10:13 PM
688	persons providing services should have appropriate credentials for job being performed.	Feb 3, 2011 10:13 PM
689	Behavior Integration technician, BCAP, Psychologist	Feb 3, 2011 10:15 PM
690	The services provided should only be performed by vendorized groups or individuals, per the Lanterman Act.	Feb 3, 2011 10:27 PM
691	If goals are set then the service provider should be evaluated based upon to what extent that goal was acheived. Qualifications should be based upon education and experience levels relevant to the field of interest (i.e. ABA therapy, psychiatry, etc.).	Feb 3, 2011 10:28 PM
692	As set currently.	Feb 3, 2011 11:06 PM
693	Please stop using poorly supervised interns who seem scared to come to the house and "get down and dirty" or who decide it is time to leave because the behavior they are seeing is challenging. That is why they are there. Also, persons that do not have a proposer neuro-psych background and only have experience with SED or SMI, should not work with our families, as they just do not understand the organic nature of our loved ones disabilities.	Feb 3, 2011 11:10 PM
694	See Above	Feb 3, 2011 11:24 PM
695	Licensed individuals.	Feb 3, 2011 11:26 PM
696	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 3, 2011 11:35 PM
697	Ones that are effective should be based on the consumer evaluation.	Feb 3, 2011 11:35 PM
698	BCBA	Feb 3, 2011 11:36 PM
699	I do belive that it's important to have qualified professional that are educated in the field.	Feb 3, 2011 11:49 PM
700	Liscence & certification	Feb 3, 2011 11:58 PM
701	Level 4 facilities specializing in dealing with individual with explosive behaviors should get more funding because Residential service providers need to hire experienced employees to deal with behavioral issues and to pay for higher insurance cost because the higher risk of liability due to clients behavior.	Feb 4, 2011 12:01 AM
702	Make ABA agencies more accountable to how they supervise, run sessions and provide hands practice with consumers. Involve consumers in one of their sessions while in parental groups. Have each family take their child once a week to session and work with the parents and consumer directly in a session. A how to session and demonstration of how to implement techniques rather than present a bunch of slides and information on paper for parents to read.	Feb 4, 2011 12:09 AM
703	MA level or above for parent education and training. BA level or above for in home providers with supervision from a clinical psychologist or equivalent.	Feb 4, 2011 12:12 AM
704	The Regional Center needs to develop and follow appropriate decision criteria in vendorizing providers. This criteria needs to cover all the necessary elements as outlined in the Lanterman Act 4648 (a) (3) (A).	Feb 4, 2011 12:15 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
705	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 4, 2011 12:41 AM
706	No less than a bachelors degree person who has had experience in this field. But use person to work the program design with a two year degree.	Feb 4, 2011 12:46 AM
707	Proper education and accreditation by the appropriate mental health agency	Feb 4, 2011 12:46 AM
708	yes-There should be a clear minimum qualification.	Feb 4, 2011 12:52 AM
709	ABA teachers should be qualified. It is not as easy as it seems to teach correctly.	Feb 4, 2011 12:53 AM
710	Vendors and providers should be trained specifically in these techniques; however, DDS could be pro-active in recommendations of best training sources as well as the integrity of each method used.	Feb 4, 2011 1:03 AM
711	At a minimum the programs need to be over seen by a BCBA.	Feb 4, 2011 1:30 AM
712	Trained in behavioral management, especially people with specific degrees in applied behavioral analysis. While people with counseling backgrounds can be very helpful to parents in terms of their emotional responses to the situations, they very often do not have the skill base for this type of detailed work on behavior.	Feb 4, 2011 1:35 AM
713	Regional centers should assure quality/performance of services provided by the chosen organization. Reports should be evaluated by proper personnel from Regional Centers.	Feb 4, 2011 1:42 AM
714	Services should be provided only by persons or organizations that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 4, 2011 1:43 AM
715	I am not qualified to answer this question.	Feb 4, 2011 2:00 AM
716	Services should be provided only by persons or organizations that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 4, 2011 2:04 AM
717	All people involved in providing the service should be well trained and professional in their job.and be commited to the work they do to make a difference.	Feb 4, 2011 2:31 AM
718	Service providers need to be well trained, as mentioned above. They bear the responsibility of educating both the consumers and family members. It has come to my attention that there has been a high turnover during the past year, mainly due to the budget cut. High turnovers are detriments to the consumers since in most cases, there are time lags for services (usually up to 30 days) and big learning curves for the new therapists.	Feb 4, 2011 2:36 AM
719	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 4, 2011 2:40 AM
720	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 4, 2011 2:46 AM
721	Clean criminal record and some education in counciling and mental health with the experienced personelle taking the lead.	Feb 4, 2011 2:58 AM
722	Party overseeing should have behavioral certification and parties trained in teaching and applying the program.	Feb 4, 2011 3:01 AM
723	a program must be administrated by someone with a Masters degree in the field of ABA. All staff assigned to a case should have proper orientationa and training with each case and observation by a senior therapist is key. Thourough and consistent info given to potential families stressing the expectations of the family in this process.	Feb 4, 2011 3:21 AM
724	The professional should have extensive experience dealing with behavior and the organization should provide extensive assessment and evaluation and documentation of the the process and the outcomes.How the outcomes are met and having flexibility in changes to meet the expected outcome.	Feb 4, 2011 3:31 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
725	Should be TRAINED in the feild of ASD	Feb 4, 2011 3:37 AM
726	Why not create a certification process to be completed by any provider or organization to ensure qualifications are up to par. Have them get certified every three - five years.	Feb 4, 2011 4:03 AM
727	Individual and organizations who provide services must be qualified and vendorized as described in Lanterman Act Section 4648 a, 3, A. The Lanterman Act was carefully worded and established the level of integrity that our society must adhere to. I can not over emphasis that!	Feb 4, 2011 4:19 AM
728	Strict education/training standards need to be in place for anyone to work with a client in any intervention program. A true understanding of the disability needs to be in place before anyone should be working with a client.	Feb 4, 2011 4:26 AM
729	There are a lot of LCSW providing clinical work that would be better perfomed by a clinical psychologist. Some of them lack the clinical skills needed to treat severe mental disorders. The state can save money by increasing the qualifications for mental health providers. The title 22&17 system allows regional center workers to much control. Many of them are employing friends, church members and families. It is not uncommon for underqualified clinicans to secure contracts. The state needs to refined the vendorization process.	Feb 4, 2011 4:38 AM
730	Providers need to at least have a bachelor's degree in a relevant area (child development for example). Service providers need supervision especially if they have less than 5 years of post-graduate experience in their field. Service providers who have recently graduated and are in priviate practice need to produce written documentation that they have an on-going relationship with a mentor. The regional center or a designated agency should perform audits to check on documentation and actual provision of services. Floortime should be considered as a viable option after the family has been educated in the basics of ABA and Floortime. The family needs to decide which approach fits with their style of interaction.	Feb 4, 2011 5:05 AM
731	Regional Center offers capable teachers and therapists. We have never had a complaint of any of my sons teachers.	Feb 4, 2011 5:09 AM
732	Again, to date, parent input is often dismissed and completely ignored. Parent input regarding the qualifications and performance of the person or organization that provides these services is the best source of information re. quality and effectiveness that the RCs is going to receive. Each behavioral program needs to be supervised by someone with a BCBA. That is not necessary for the tutors working with the person, although, extensive and continual training for the tutors is needed.	Feb 4, 2011 5:43 AM
733	Professional, credentialed and trained.	Feb 4, 2011 5:46 AM
734	Providers should be licensed or certified, and have required on-going education.	Feb 4, 2011 6:18 AM
735	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 4, 2011 6:25 AM
736	Services should be provided only by persons or organization that are properly vendorized as described in the Lanterman Act Section 4648 (a) (3) (A).	Feb 4, 2011 7:21 AM
737	certification on behavioral sciences, psychologist, neurologist, psychiatrist should be involved.	Feb 4, 2011 7:25 AM
738	Pass	Feb 4, 2011 9:16 AM
739	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 4, 2011 3:10 PM
740	Services should be provided by recognized and qualified vendors dedicated to the well-being of its clients as prescribed in the Lanterman Act.	Feb 4, 2011 3:35 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
741	All individuals need to be provided service from a variety of competent individuals.	Feb 4, 2011 3:43 PM
742	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 4, 2011 3:55 PM
743	There should be a regulatory committee/commission that oversees that the services are being provided as specified, accurately and consistly according to standards that should be set.	Feb 4, 2011 4:06 PM
744	behavioral interveention / psychologists	Feb 4, 2011 4:10 PM
745	Services should be provided only by persons or organizations that are properly vendorized as described in the Lanterman Act section 4648 (a) (3) (A)	Feb 4, 2011 4:30 PM
746	Give parents the chance to participate in picking which provider they think would best serve the needs of their child. Publicly praise good providers.	Feb 4, 2011 4:32 PM
747	Services should be provided only by person or organizations that are properly vendorized as described in The Lanterman Act.	Feb 4, 2011 4:43 PM
748	Services should be provided only by persons or organizations that are properly vendorized as described in the Lanterman Act section 4648 (a) (3) (A)	Feb 4, 2011 4:49 PM
749	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 4, 2011 4:51 PM
750	Services should be provided only by persons or organizations that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 4, 2011 4:58 PM
751	Services providers should be provided only by persons or organizations that have been approved as vendors as described in the Lanterman Act	Feb 4, 2011 5:04 PM
752	They need to be experts in the field.	Feb 4, 2011 5:07 PM
753	services should only be provided by persons and/or organizations that are properly vendorized as described by the Lanterman Act Section 4648 (a) (3) (A)	Feb 4, 2011 5:15 PM
754	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 4, 2011 5:38 PM
755	They should go through the proper vendorization process.	Feb 4, 2011 5:40 PM
756	Services should be provided only by persons or organization that are properly vendorized	Feb 4, 2011 5:50 PM
757	Services should only be provided by persons or organizations properly vendorized as described in the Lanterman Act Section 4648 a 3 a.	Feb 4, 2011 5:59 PM
758	Services should be provided only by persons or organizations that are properly vendorized as described in the Lanterman Act, Section 4648	Feb 4, 2011 6:00 PM
759	They must be very experienced to work with special kids and also, they must have hearts to deal with the kids.	Feb 4, 2011 6:05 PM
760	BCBA requirement for interpretation of behavioral reports.	Feb 4, 2011 6:18 PM
761	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A)	Feb 4, 2011 6:29 PM
762	feeback from parents who recieve services for their children.	Feb 4, 2011 6:38 PM
763	Shervices should be provided only by persons or organizations that are properly vendorized as described in the Lanterman Act Section (a) (3) (A).	Feb 4, 2011 6:47 PM
764	For individuals working with consumers - a minimum of 2 years of college with additional training in working with individuals with disabitlies	Feb 4, 2011 6:56 PM
765	EFMP qualified	Feb 4, 2011 6:57 PM
766	The psychologist should be state licensed and be selected according to availability and continued satisfaction of the parties involved.	Feb 4, 2011 7:05 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
767	The behaviorist or psychologist must be licensed individuals. This would be the same for teachers and the social worker. The social worker should be part of a larger organization that helps individuals w/ developmental disabilities.	Feb 4, 2011 7:12 PM
768	How have the vendors been qualified until now?	Feb 4, 2011 7:15 PM
769	While BCBA certification covers specific kinds of behavior intervention, DDS needs to recognize that there are trained specialists (such as neuro psychologists) who are highly competent to provide behavior interventions who do not hold a BCBA. Some of these individuals have achieved a PhD and should be able to provide behavior services without going back to school to take classes in topics that they currently teacher at university levels.	Feb 4, 2011 7:23 PM
770	Must have credentials.	Feb 4, 2011 7:33 PM
771	Headed by people that have counciling background. Depending on level of need, can have group sessions, with individual service where necessary.	Feb 4, 2011 7:36 PM
772	Services should be provided only by persons or organization that are properly vendorized as described in the Lanterman Act Section 4648 (a) (3) (A).	Feb 4, 2011 7:42 PM
773	Supervisors should be with Board Certified in Behavioral Analysis (BCBA)	Feb 4, 2011 8:03 PM
774	Qualifications must conform to standards of clinical practice for the type of intervention services provided without exceptions	Feb 4, 2011 8:09 PM
775	They should have a BA and experience with behavior services for at least 1 year prior to be able to provide services to individuals.	Feb 4, 2011 8:09 PM
776	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 4, 2011 8:09 PM
777	services should be provided by people or organizations that are vendorized and appropriate	Feb 4, 2011 8:23 PM
778	Services should be provided only by persons or organizations that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 4, 2011 8:32 PM
779	Experience, history, review of assessments or work they have done OR an advanced degree that has provided the training needed to effectively support individuals with their behavioral needs. It would be a great model to have a behavioral "team" with a psychiatrist, psychologist, LMFT/LCSW who have interns that they supervise. It would be a great use of state monies and we would also be training clinicians for the future who can work with this population.	Feb 4, 2011 8:36 PM
780	g Services should be provided only by those persons or organizations that are properly vendorized as described in The Lanterman Act - section 4648 (a) (3) (A)	Feb 4, 2011 8:45 PM
781	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 4, 2011 8:47 PM
782	The Lanterman Act already has standards about qualifications and performance of persons and organizations providing these servcies	Feb 4, 2011 8:56 PM
783	They should have training in the PARTICULAR behavioral modification method sought. There are MANY different ways to modify behavior - DO NOT require just one spcific approach (eg not just ABA; not just certain behavioral agencies or providers.)	Feb 4, 2011 8:57 PM
784	Trained behaviorist who is willing to work with parents and service providers as part of the team.	Feb 4, 2011 8:59 PM
785	services should be provided only by persons or organization that are properly vendorized as described in the lanterman act section 4648	Feb 4, 2011 9:05 PM
786	The individual's circle of support should determine who should best provide these services. Obviously if the type of service requires license, certification or other professional requirement as stated by law, then that should be noted.	Feb 4, 2011 9:08 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
787	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 4, 2011 9:12 PM
788	All the ABA programs should have have a list of qualifications for each position.	Feb 4, 2011 9:18 PM
789	Thorough training in how to implement positive behavioral change techniques and strategies that are learned, and not just done to please whomever for the moment.	Feb 4, 2011 9:20 PM
790	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A)	Feb 4, 2011 9:25 PM
791	I've attempted to address this in #1.	Feb 4, 2011 9:27 PM
792	- Supervisor support should be visible from the start	Feb 4, 2011 9:30 PM
793	Behaviorists should be ABA trained and certificated or be an intern under the supervision of a certified behaviorist.	Feb 4, 2011 9:31 PM
794	Hopefully the person will have education and experience in helping [redacted] to achieve these goals. The person and/or person involved should have the proper education and experience to handle this job.	Feb 4, 2011 9:33 PM
795	BA in Psychology and has work experience in the area of behavior (2 yrs perferable).	Feb 4, 2011 9:37 PM
796	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act section 4648 (a) (3) (A).	Feb 4, 2011 9:38 PM
797	Same as above.	Feb 4, 2011 9:47 PM
798	LCSW or equal? Case managers seem to know more how to answer this question. All behaviorists we have seen have been knowledgeable and extremely helpful. Not sure of their qualifications. Again, communication between the family and RC case managers about their performance and effectiveness.	Feb 4, 2011 9:57 PM
799	1. All providers/staff/master trainers/trainers of behavioral services shall have non-aversive educational training which includes for example: a) Oregon Intervention Systems (OIS) b) ABA 2. All providers/staff/master trainers/trainers must attend a recertification of OIS or ABA every two years	Feb 4, 2011 9:58 PM
800	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 4, 2011 10:01 PM
801	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act.	Feb 4, 2011 10:09 PM
802	Answer: Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 4, 2011 10:13 PM
803	Service providers should be trained and have aproven track record/work history documenting work in this field. Specific education in behavioral intervnetion (not just supervision) should also be required.	Feb 4, 2011 10:14 PM
804	Programs should be overseen by an individual who is directly supervised by a BCBA. So supervisors may not have their BCBA but should have someone overseeing their work who has a BCBA. Direct service personnel (1:1) should be overseen by the supervisors.	Feb 4, 2011 10:20 PM
805	It is important that the qualifications not just be reported by degree or specialty but that individuals report their experience and training background, i.e. numbers of cases managed per year, and that the opportunity exists to match name-erased rates of progress across clients per suggestion 3 by provider / provider groups to identify effective providers. Training background info on specific techniques is important to survey (i.e. evidence based experience with protocolized ABA, protocolized CBT, etc.)	Feb 4, 2011 10:23 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
806	Providers of different levels need to perform according to their allowed level of practice. They should have the ability to refer for higher level of care accord.ing to the situation	Feb 4, 2011 10:24 PM
807	BCBA supervised.	Feb 4, 2011 10:25 PM
808	organization should make sure they hire experienced employees in this field. Inexperienced employees should be volunteers and interns, not direct workers.	Feb 4, 2011 10:26 PM
809	Regional Centers need to ensure quality in providing services. One way is to remove the many layers between the person actually giving the service and the other positions in between.	Feb 4, 2011 10:27 PM
810	Services should be provided only by persons or organizations that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 4, 2011 10:29 PM
811	Services should be provided only by persons or organization that are properly vendorized as described in the Lanterman Act Section 4648 (a) (3) (A).	Feb 4, 2011 10:36 PM
812	Services should be provided only by persons or organizations that are properly vendorized as described in The Lanteman Act Section 4648(a)(3)(A).	Feb 4, 2011 10:38 PM
813	BCBA	Feb 4, 2011 10:49 PM
814	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 4, 2011 10:52 PM
815	BCBA for assessmentes, parent training, and supervision (service code 612) BA + experience for direct intervention staff (service code 613/615)	Feb 4, 2011 10:53 PM
816	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 4, 2011 10:53 PM
817	confirmed appropriate education with feedback from care givers	Feb 4, 2011 10:59 PM
818	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 4, 2011 11:05 PM
819	Services should be provided only by persons or organization that are properly vendorized as described in the Lanterman Act Section 4648 (a) (3) (A).	Feb 4, 2011 11:16 PM
820	Psychologist most likely - could be MSW, MS, MFCC.	Feb 4, 2011 11:25 PM
821	Lanterman Act 4648 states that services provided are to be only by a person or organization properly vendorized.	Feb 4, 2011 11:38 PM
822	Services should be provided only by persons or organizations that are properly vendorized, as described in the Lanterman Act Section 4648(a)(3)(A).	Feb 4, 2011 11:39 PM
823	BCBA Certified Advanced Degree in Related Field	Feb 4, 2011 11:44 PM
824	Clear and consistent expectations, no "exceptions" no hearings for things that are already set forth by Law.	Feb 4, 2011 11:50 PM
825	Program directed by person with PhD or BCBA; direct care staff have at least an AA with specialized coursed on behavioral interventions.	Feb 4, 2011 11:53 PM
826	Services should be porvided only by persons or organizations that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 4, 2011 11:56 PM
827	I believe that those who provide services should be well-trained. Service providers should require their employees to pass a baseline test so that they understand how to perform their duties and ongoing education should be required.	Feb 5, 2011 12:07 AM
828	People certified in psychology.	Feb 5, 2011 12:07 AM
829	I don't believe anyone should be providing services on our children without the proper credentials or education. I believe a bachelors degree is key in this along with lots of on the job training.	Feb 5, 2011 12:54 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
830	Expereienced, well educated for the task and experienced. Clinical training and experieince. Behaviiors are complicated human phenomenons, they are challenging and need behaviorists who are beleivers, folks who have a good sense of humor and compassion and creativity and true grit and do not want to give up on success, and care for the person in need. With those attributes, limited experieince after great training and clinical experieince will work. Rapport and personality rapport are very influential.	Feb 5, 2011 1:05 AM
831	Service providers must be trained in their methodology and cerificated or credentialed./	Feb 5, 2011 1:05 AM
832	Direct services staff should have some type of certification as to proper training and education. Administrative and direct services staff should be properly screened for crimminal history.	Feb 5, 2011 1:21 AM
833	ABA qualifications and at least 6 months of supervised "hands-on" training.	Feb 5, 2011 1:21 AM
834	Services should be provided only by persons or organization that are properly vendorized as described in the Lanterman Act Section 4648 (a) (3) (A).	Feb 5, 2011 1:22 AM
835	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 5, 2011 2:10 AM
836	Should be certified, licensed, and have the proper credentials expected for continued professional standards.	Feb 5, 2011 3:15 AM
837	He is in kindegarten for Special Education but doesn't know his ABC's on a consistent basis without process and come sometimes count to 10 but not consistently. He is not capable of speaking clearly yet but gets his words garbled when trying to put sentences together.	Feb 5, 2011 3:34 AM
838	Services should be provided only by persons or organization that are properly vendorized as described in the Lanterman Act Section 4648 (a) (3) (A). A wide variety of individuals can be properly trained to provide effective behaviorial services. All direct providers should be supervised and trained by a BCBA.	Feb 5, 2011 3:46 AM
839	Experienced with clients or in apprenticeship to service provider.	Feb 5, 2011 3:51 AM
840	Minimal education (BA+) and experience requirements. Better screening of candidates who perform behavioral services. Good supervision.	Feb 5, 2011 4:07 AM
841	Masters degree only	Feb 5, 2011 4:37 AM
842	Qualifications should be as high, to the extent possible, as these are going to be the agencies selecting candidates as potential service providers. If we don't have quality people or organizations in positions to select service providers, we have just shot ourselves in the foot. Why should we expect better, if we didn't have a quality person or organization in the first place.	Feb 5, 2011 5:21 AM
843	State licensure and professional certification should be adequate.	Feb 5, 2011 5:36 AM
844	I would expect the service provider to be trained and have expertise in the specific area of evaluation and intervention they provide.	Feb 5, 2011 6:15 AM
845	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 5, 2011 6:29 AM
846	Hygiene, mindful of body & breath odor	Feb 5, 2011 6:31 AM
847	Cases should be supervised by a BCBA level clinician, including students enrolled in BCBA programs working under the supervision of a BCBA.	Feb 5, 2011 6:40 AM
848	Properly vendorized service providers should provide these services (As dictated m=b the Lanterman Act 4648 (a) (3) (A)	Feb 5, 2011 6:48 AM
849	Expirienced personnel and well trained	Feb 5, 2011 7:25 AM
850	Behavior services are really important to those who need it, and persons or organizations that offer the services should be highly qualified and top notch.	Feb 5, 2011 7:31 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
851	Services should be supervised by clinical psychologist, LCMFT, LCSW or a Master level professionals major in psychology, education or related subjects. Services can be administered by a BS, BA, or college students who are major in education and psychology.	Feb 5, 2011 7:43 AM
852	Supervison can be done be a master level professionals major in psychology, education or related subjects, LCSW, LCMFT, clincial psychologist. Administration of services can be done by a BS, BA or college students major in psychology, education or related subjects (English etc.)	Feb 5, 2011 7:52 AM
853	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act	Feb 5, 2011 2:41 PM
854	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 5, 2011 3:12 PM
855	Services should be provided only by persons or organizations that are properly vendorized as described in the Lanterman Act Section 4648 (a)(3) (A)	Feb 5, 2011 3:33 PM
856	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 5, 2011 3:47 PM
857	No comment.	Feb 5, 2011 4:10 PM
858	Every person should be working in their scope of practice and be licensed/certified if required by the state.	Feb 5, 2011 4:15 PM
859	See below. Data collection on each service provider not just parent feedback should be used to gauge their qualifications!	Feb 5, 2011 4:44 PM
860	They should all have background checks, including criminal and sexual abuse background checks. They should be trained in what they are teaching the child. They should have some experience with working with special needs children.	Feb 5, 2011 4:53 PM
861	Services should be provided only by persons or organization that are properly vendorized as described in the Lanterman Act Section 4648 (a) (3) (A).	Feb 5, 2011 5:12 PM
862	Services should be provided only by persons or organizations that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 5, 2011 6:30 PM
863	Make sure stafff is trained better and realizes each child is different and cannot be taught or helped using a set, rote pattern.	Feb 5, 2011 7:37 PM
864	not sure, very minimum should be Bachelor's Degree	Feb 5, 2011 7:54 PM
865	Behavioral specialist Psychiatrist - meds Trained person to impliment goals and monitor staff	Feb 5, 2011 8:11 PM
866	Services should be provided only by persons or organization that have review and oversight.	Feb 5, 2011 8:25 PM
867	I oppose POS standards. Services should only be provided by persons or organizations that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 5, 2011 8:33 PM
868	Autism and mental health should be the main qualifications for the use of services for the consumer	Feb 5, 2011 9:50 PM
869	Master's level with direct supervision by a MA or PHD level BCBA	Feb 5, 2011 10:16 PM
870	Services should be provided only by persons or organizations that are properly vendorized as described in The Lanternman Act Section 4648 (a) (3) (A).	Feb 5, 2011 10:22 PM
871	Services should be provided only by persons or organization that are properly vendorized as described in the Lanterman Act Section 4648 (a) (3) (A).	Feb 5, 2011 10:47 PM
872	Services should be provided only by persons or organizations that are vendorized as described in The Lanterman Act, Section 4648 (a) (3) (A).	Feb 5, 2011 11:24 PM
873	They have to be certified or have intensive training on the specific disability	Feb 6, 2011 12:24 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
874	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 6, 2011 1:20 AM
875	only licensed behavioral therapists should conduct the evaluation and recommendations, employees of the behavioral therapist can do the training of parents or caregivers	Feb 6, 2011 1:53 AM
876	1. Most behavior agencies we have worked with are not ineffective because they provide inadequate supervision. The entire team (consumer, family, supervisor and direct provider) should meet at least every 2 weeks to evaluate what is and is not working, share relevant information, and most important, so the supervisor can make necessary adjustments. What happens now is that a supervisory person comes in to develop a program, but monitoring is so infrequent that the plan does not get properly implemented or amended when necessary. 2. Supervisors should have certification in the approaches that they use. Certification is available for ABA, DIR/Floortime, RDI and perhaps other approaches as well. Too many agencies claim they know how to do X or Y when they have just gone to a brief training and don't really have the expertise to develop and monitor a behavior program. So even when there is some supervisory monitoring, the supervisors can't effectively troubleshoot because they only know what is on the checklist they got at the 2-hour conference they attended.	Feb 6, 2011 2:15 AM
877	The persons providing the behavioral therapies must have the appropriate education.	Feb 6, 2011 2:47 AM
878	Strictly adhere to Title 17 regs pertaining to qualifications	Feb 6, 2011 2:50 AM
879	Experienced in working with child's disbility. Do not necessarily have to be a licensed professional, just experienced.	Feb 6, 2011 3:49 AM
880	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 6, 2011 4:27 AM
881	Regardless of any suggested standards, the consumer, the consumer's caregivers and consumer's teachers and other school service providers where applicable must still have input regarding behavioral services, and the entire IPP team, including the above, must retain the ability to determine if the services and supports needed by the consumer are performing adequately.	Feb 6, 2011 5:04 AM
882	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 6, 2011 5:50 AM
883	Should be a certified behavior specialist who has been recommended through past successful services as verified through other consumers outside the GGRA system as a "backup check" confirmation that this is an effective service provider.	Feb 6, 2011 6:43 AM
884	Only persons or organization that are properly vendorized as described in the Lanterman Act should provide services.	Feb 6, 2011 8:02 AM
885	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 6, 2011 4:23 PM
886	Most organizations have a training period and they shadow another more experienced employee for a period before they work with a client. They also work under close supervision with their case manager. This method seems to be the most effective.	Feb 6, 2011 4:28 PM
887	behaviorist should have credential in behavior, ABA knowledge.	Feb 6, 2011 5:55 PM
888	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 6, 2011 6:45 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
889	This is the most critical part. This is where the State and school districts get a big ZERO. THESE PEOPLE MUST BE QUALIFIED IN BEHAVIOR INTERVENTION. They let anyone with some early education units work with these children. They MUST have a degree!!!! These organizations must be deemed qualified by the State. I have had some of the WORST young college students work with my child. When something unexpected would happen, they didn't know what to do!!!!! Some of the decisions were critical at the moment and lead to my child getting physically injured. Only when the "senior behavior consultant" worked with my child did I see any progress.	Feb 6, 2011 7:18 PM
890	I am well aware that there are people with credentials that cannot do a job, and there are others without credentials who have learned by experience and do it well. I think everyone providing behavior services should go through the same training and be tested by the regional center before they can be used.	Feb 6, 2011 7:41 PM
891	Suporty specialists should have a background in the field. Others(e.g., companions, etc.) should have a caring attitudeand specific training by the support specialist that is relevant to the particular client and situation they are working with.	Feb 6, 2011 7:46 PM
892	Licensed behavioral specialists, not sure who else would qualify and I am not sure that I am qualified to answer this question.	Feb 6, 2011 10:37 PM
893	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 6, 2011 10:59 PM
894	The organization should be providing services as a state licensed facility and the staff should be educated and licensed in the appropriate field.	Feb 7, 2011 1:39 AM
895	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 7, 2011 1:59 AM
896	periodic performance reviews an yearly mandatory education hours to be completed to be able to continue to maintain liscence.	Feb 7, 2011 2:09 AM
897	Specific & advanced educational training.	Feb 7, 2011 2:46 AM
898	Services should be provided only by the persons or organizations that are properly vendorized as described in the Lanterman Act Section 4648 (a) (3) (A)	Feb 7, 2011 5:01 AM
899	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 7, 2011 5:08 AM
900	Trained behavior therapists are best. If we would have had this service earlier for our child he may not have had to move into a group home. The cost for prevention would have far outweighed what it costs now that he is a young adult.	Feb 7, 2011 5:15 AM
901	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 7, 2011 6:05 AM
902	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 7, 2011 6:29 AM
903	bachelorhood, experience in the field, good communicator, responsible, honest, punctual, etc	Feb 7, 2011 7:08 AM
904	should be a person trained in behavioral interventions from a qualified agency. RIDICULOUS and DISTURBING that regional centers are trying to make parents the sole providers of ABA programs. Parents are an important part of the team, but cannot be the whole team. We have other kids and careers that also require our attention. Our kids respond differently to parents than non-family members even when we do identical behavior program.	Feb 7, 2011 7:16 AM
905	Make sure they are knowledgeable on behavior modification, and what they should be doing to help the child learn these.	Feb 7, 2011 7:40 AM
906	Trained and qualified therapists, rather than child development specialists	Feb 7, 2011 2:36 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
907	Only persons or organization that are properly vendorized as described in the Lanterman Act should provide services.	Feb 7, 2011 2:44 PM
908	Need to be able to actually provide services.	Feb 7, 2011 5:10 PM
909	All vendors should follow Title 17 requirements for each service code that the service is vendored under. Organizations should limit levels of staffing. All staff providing in-home direct service should be screened and fingerprinted. All staff should be trained in mandated reporting as well as special incident reporting.	Feb 7, 2011 5:13 PM
910	Only persons or organization that are properly vendorized as described in the Lanterman Act should provide services.	Feb 7, 2011 5:41 PM
911	Only persons or organization that are properly vendorized as described in the Lanterman Act should provide services.	Feb 7, 2011 6:14 PM
912	Services should only be provided by persons or organizations that are properly vendorized as described in the Lanterman Act section 4648 (a) (3).	Feb 7, 2011 6:16 PM
913	The organization must have supervisors at an MA level or higher supervising the delivery of these services. Those therapists working direclty with children should have certification in ABA and floortime modalities from the respective agencies that ceritfy in these fields. Minimum requirement of BA or BS must be implemented with therapeutic providers working directly with children.	Feb 7, 2011 6:19 PM
914	Services should be provided by persons or organization properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 7, 2011 6:28 PM
915	Graduates and experienced	Feb 7, 2011 6:32 PM
916	A part of the service contract or program design It seems many day programs can no longer afford the behavior services by behavior consultants. Our agency has this as part of the home care program design.	Feb 7, 2011 6:33 PM
917	They should be researched and rated and standardized. These individuals should be qualified and trained and provide quality services to individuals.	Feb 7, 2011 6:35 PM
918	To help keep the costs down I would suggest being able to use someone who has been trained by a Board Certified Behavior Analist. Possibly a Behavor Tech person.	Feb 7, 2011 6:56 PM
919	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 7, 2011 7:29 PM
920	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 7, 2011 7:38 PM
921	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 7, 2011 7:49 PM
922	Most of the persons or organizations that provide these services are licensed or accredited to show that they are professionally qualified. In addition, they need to be supervised by a higher level person to be sure that they are carrying out their duties in such a manner that it is effective, meets the needs of the client, and provides the relationship with the client that allows the service to be effective.T	Feb 7, 2011 8:16 PM
923	Yearly review by regional center of persons or organizations providing care. Ask clients for input.	Feb 7, 2011 8:16 PM
924	see #3	Feb 7, 2011 9:19 PM
925	ABA agencies should have directors that are PH.D. degreed, licensed psychologists, and have staff that are Bachelor's/Master's as well as staff who are BCBA certified	Feb 7, 2011 9:29 PM
926	Regional Center vendors should have Q/As and other standards checks, but these are also already in place and just need to be implimented.	Feb 7, 2011 9:34 PM
927	they should meet the professional requriments to provide an ABA program.	Feb 7, 2011 9:44 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
928	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 7, 2011 9:59 PM
929	Allow the RC to set the standard in there own communities.	Feb 7, 2011 10:42 PM
930	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A). All such vendors should provide intervention consistent with a Positive Behavior Support Model as also required by the CA Education Code.	Feb 7, 2011 10:59 PM
931	Services should only be provided by persons or organizations which are properly vendorized as described in the Lanterman Act Section 4648 (a)(3)(A).	Feb 7, 2011 11:00 PM
932	Individuals with extensive behavioral experience and education. It might be worthwhile to establish or reconfigure assessment centers throughout the state and require individuals who are seeking assistance to be assessed through one of those centers.	Feb 7, 2011 11:05 PM
933	Just another specification for what is to constitute a comprehensive assessment by a specialty provider.	Feb 7, 2011 11:09 PM
934	Let the Regional Centers make the decisions regarding program services	Feb 7, 2011 11:12 PM
935	Only persons or organization that are properly vendorized as described in the Lanterman Act should provide services.	Feb 7, 2011 11:14 PM
936	Services should be provided only by those persons who are properly venderized-Lanterman Act, Section 4648(a)(3)(A)	Feb 7, 2011 11:16 PM
937	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 7, 2011 11:26 PM
938	Must be based on community availability of practitioners but all providers should be receiving appropriate supervision and support within their own organizations if they are not independent single contractors licensed to provide a specific targeted service	Feb 7, 2011 11:48 PM
939	* Behavior service providers should be well trained and qualified * There should be a professional and not personal relationship between service providers and family members *Contracting agencies need to facilitate a smooth transition to public school supports	Feb 8, 2011 12:00 AM
940	The provider should have specific qualifications, experience and expertise in dealing with the developmentally-delayed population.	Feb 8, 2011 12:19 AM
941	We need well trained people in the community working with our consumers, and pay them a decent wage so the turn over is not so great. Give college student internships for the experience to work along side people already in the field. They could carry out behavior programs with more time spent	Feb 8, 2011 12:42 AM
942	Setting standards statewide means that the services identified through evidenced based research data would carry their required qualifications and performance criteria. This question is moot.	Feb 8, 2011 12:44 AM
943	For behavioral intervention, licensed or license eligible mental health providers are desired. MFT, LMFT, MSW, LCSW, Psychologist plus additional required in-service trainings and supervision provided to these providers to address specific behavioral interventions for certain diagnoses i.e. autism, CP, speech disorders, etc.	Feb 8, 2011 12:47 AM
944	Services should be provided only by persons or organizations that are properly vendorized as described in the Lanterman Act Section 4648 (a)(3)(A).	Feb 8, 2011 1:00 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
945	The person that is owner of the agency that is overseeing the program should be a Ph.D. level BCBA-D. They should be a licensed psychologist. This person should have the freedom to hire positions within the agency to provide the services. The supervisors overseeing the programming should be a master's level clinician that is either a BCBA or is actively working towards the BCBA certification. The direct interventionists should either have a bachelor's degree or be actively working towards a bachelor's degree with a least a year of experience working with children. All staff must pass an initial exam in ABA following a 30-40 hour training. All staff receive ongoing training and supervision and must demonstrate competency by actually implementing various treatments accurately in order to continue with employment. Agencies must meet minimal training and ongoing supervision requirements and demonstrate that their staff are competent at implementing these procedures.	Feb 8, 2011 1:50 AM
946	Each person delivering service should have at least a bachelors level of training in ABA or closely related field. exceptions canbe made if the person would obtain the degree in question within 6 months of hire date.	Feb 8, 2011 2:08 AM
947	The standards should be set forth by formal training in and out of a home setting. Regular feedback from the regional center consumers would greatly help in maintaining quality services.	Feb 8, 2011 2:12 AM
948	the same as they are now	Feb 8, 2011 2:16 AM
949	I think an audit should be done for professionals, consultants, etc. who provide this service. My experience has been that the expertise and the timeliness and quality of this service is significantly inconsistent. I have on occasion received a useful recommendation, but mostly not. The last behaviorist called in for my son submitted a report that was worthless. In addition, she did not even attend the meeting to present it.	Feb 8, 2011 2:42 AM
950	Behavior therapists typically are the persons qualified to perform this task. There are licensed behavior therapist. If they have an organization then following there guidelines. A provider has to have effective behavior training. This would be best answered by people in the field.	Feb 8, 2011 2:53 AM
951	Ask the parents, ask for performance reports for the employees, monitor the progress of the child.	Feb 8, 2011 3:24 AM
952	A certification in behavioral therapy Occupational Therapist with either a Bachelor's or a Master's degree with supplemental certifications in sensory integration and/or behavioral therapy (ABA). Physical therapist with either a Bachelor's or Master's degree with supplemental certifications in sensory integration and/or behavioral therapy (ABA) Speech Therapist with either a Bachelor's or a Master's degree with supplemental certifications in sensory integration and/or behavioral therapy (ABA)	Feb 8, 2011 3:41 AM
953	An ABA therapist might be very effective but not be certified. The agency should carefully oversee non-certified staff.	Feb 8, 2011 3:44 AM
954	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 8, 2011 3:48 AM
955	Behavioral Services should be provided by professionals licensed by the State of California in their respective professions, as well as those qualified to serve under the supervision of the licensed professional. Behavioral Services must not be provided by behaviorists only, as that is one philosophical approach to influencing behavior and development which is not the only evidence-based approach. Developmental approaches to intervention must also be available to parents to choose to address consumers' behavior and development.	Feb 8, 2011 3:50 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
956	Need to be a qualified behavior therapist with experience of at least one year.	Feb 8, 2011 3:51 AM
957	Do we, as relatives of the consumer, EVER know the background of the people who are supporting the consumer? These are individuals who enter our homes & have access to everything personal & private. They discover EVERYTHING about the consumer, but leave us empty-handed in regards to who they are. Are these individuals even bonded? Why are we supposed to trust them? It's bad enough during good economic times, but rather treacherous waters to tread during tough ones.	Feb 8, 2011 4:07 AM
958	whoever is providing services needs to have clinical hours experience.Too many service providers are working in home with minimal experience and supervision. Clinic hours are critical!	Feb 8, 2011 4:14 AM
959	The people who provide these services do need to be held to a standard. The ID team should work together to determine the quality of services that is being provided. The vendor should be held to what they said the objectives and goals would be in the program design.	Feb 8, 2011 4:33 AM
960	The behavior interventionist must have at least a bachelor's degree and have completed *appropriate beavior intervention training. *to be specified.	Feb 8, 2011 4:42 AM
961	Degree in special education with emphasis on autism/spectrum disorders	Feb 8, 2011 5:11 AM
962	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 8, 2011 5:25 AM
963	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act - section 4648 (a) (3) (A).	Feb 8, 2011 6:04 AM
964	All person providing services should be board certified. Those persons engaged in obtaining training to enable themselves to become board certified should be supervised/mentored by someone who is board certified. Organizations should be recognized within their respective fields and have industry backing. Performance monitored by consumers and their families, and peers within the field.	Feb 8, 2011 6:08 AM
965	This ABA Program are very knowledgeable, professional and knowledgeable.	Feb 8, 2011 6:19 AM
966	Only qualified specialists in the areas of disabilities need to provide these services. Some times providers don't have the sensitivity and/or the adequate qualifications to provide the service.	Feb 8, 2011 6:40 AM
967	Only persons or organization that are properly vendorized as described in the Lanterman Act should provide services.	Feb 8, 2011 6:54 AM
968	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 8, 2011 7:19 AM
969	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 8, 2011 3:08 PM
970	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 8, 2011 3:35 PM
971	BCBA	Feb 8, 2011 4:07 PM
972	Services should be provided only by persons or organizatiions that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A)	Feb 8, 2011 4:16 PM
973	The greatest service standard should be that the individuals who provide the service need to show that they are actively working to hand over techniques and fade out of a case. What exists now are vendors who identify what they feel are goals after the one they were hired for are met and continue rolling out their service for years even when the goals are inappropropriate. This is not stopped due to the clinicians repeatedly signing off to avoid the headache of arguing with a family who is using it as psuedo babysitting.	Feb 8, 2011 4:21 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
974	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 8, 2011 4:21 PM
975	I think an individual who does this job has to be able to meet all support needs for the individual they support. It's difficult to talk about such a broad subject. This is a case by case discussion.	Feb 8, 2011 4:28 PM
976	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 8, 2011 4:43 PM
977	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 8, 2011 5:46 PM
978	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 8, 2011 5:52 PM
979	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 8, 2011 5:58 PM
980	Supervisors must have Bachelor's or Master's Degree	Feb 8, 2011 6:30 PM
981	Each employee that reviews and makes decisions regarding these helpful services should have a proper degree or training certificate that ensures they understand the consumers disabilities and also understands the appropriate services with which to put into place that will ultimately help the consumer.	Feb 8, 2011 6:51 PM
982	Services should be provided only by persons or organizations that are properly vendorized as described in the Lanterman Act Section 4648 (a) (3).	Feb 8, 2011 7:24 PM
983	Collecting satisfaction surveys from families, in addition to using the reports provided by organizations to determine the quality of their services.	Feb 8, 2011 7:37 PM
984	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 8, 2011 7:48 PM
985	Qualifications: Master's Degree in psychology with specific training in relation to disabled people. Minimum of 3 years apprenticeship with an experienced behavioral service worker.	Feb 8, 2011 7:54 PM
986	No suggestion for parents or relatives, except that of training offered. Public providers should be licensed.	Feb 8, 2011 8:08 PM
987	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 8, 2011 8:14 PM
988	The Lanterman Act (Sect 4648(a)(3)) stipulates that only properly vendorized persons or organizations should be providing such services. Provided that said persons or organizations are properly deemed eligible, only such properly vendorized persons or organizations should be providing services	Feb 8, 2011 8:19 PM
989	The persons and organizations that provide this service should have qualified personnel determined by the State of Californina to be fit to do so. Supervision should be considered essential for effective delivery of service.	Feb 8, 2011 8:24 PM
990	Treatment for women with postpartum mood disorders who are raising a special needs infant or toddler need to be provided by a licensed Ph.D., LCSW, or LMFT only.	Feb 8, 2011 8:35 PM
991	They need to have qualifications avaiable to all parties and their job perfromance so Regional Centers can see what kind of job they doing with the client.	Feb 8, 2011 8:53 PM
992	These services should be performed by those experienced in the field & supervision of these people should be by those with college training in this field, at least a 2yr degree & those with a 2 yr degree must be supervised by those with a 4yr degree & so on.	Feb 8, 2011 9:03 PM
993	Services should be provided only by persons or organizations that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 8, 2011 9:25 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
994	Answer: Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3)	Feb 8, 2011 9:42 PM
995	There are already guidelines as to who can provide these services in place, I don't see any need to change this policy.	Feb 8, 2011 9:44 PM
996	Behaviorists: A mandatory BA or BS degree in a related field, or, if degree is not in a related field, the experience equivalent to a BA or BS. Case Supervisors: A mandatory MA or MS Consultants: A mandatory MA or MS Directors: mandatory BCBA certification	Feb 8, 2011 9:55 PM
997	Professional licensure and extensive training.	Feb 8, 2011 10:01 PM
998	1) ensure that direct staff meet Service Code 612 and Service Code 615 2) require vendors to submit resumes, certificates, licenses from staff who provide the services 3) require family satisfaction survey and RC satisfaction survey 4) require data reflecting intake and fade out rate per vendor...if they stay in a long time...then they are not as effective...of course child's goals and progress needs to be considered	Feb 8, 2011 10:07 PM
999	Behaviorists should be licensed appropriately. There is an appropriate board certification.	Feb 8, 2011 11:13 PM
1000	Supervision hours must be included in the program. Program supervisor should have a Master's degree in a related field or a BCBA, and have worked many years as a therapist themselves.	Feb 8, 2011 11:25 PM
1001	Direct Intervention should be done by qualified staff, NOT college students with 18 hours of training. Highly qualified staff would include those who have attended workshops and are committed to the relationship between the child and parent. Supervision should be available with Licensed Psychologists on a weekly basis, or as needed, with direct care staff, and bimonthly with the family, or as needed.	Feb 8, 2011 11:39 PM
1002	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 8, 2011 11:47 PM
1003	Highest level of behavioral intervention by qualified behavioral analysts or psychologists experienced in this field. Less expensive, more frequent intervention by staff with less professional degrees but more specific training to implement steps of the plan.	Feb 8, 2011 11:58 PM
1004	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 9, 2011 12:01 AM
1005	I trust my Regional Center to vet their vendors.	Feb 9, 2011 12:13 AM
1006	Minimum baccalaureate degree in early childhood development, OT, PT, SLT	Feb 9, 2011 12:22 AM
1007	Make sure they have the education they should or certification they should.	Feb 9, 2011 12:42 AM
1008	academic standards; Ph.D., Masters, etc	Feb 9, 2011 12:47 AM
1009	Person should have formal training of xxx number of hours. Often times providers are well meaning people without much training.	Feb 9, 2011 12:50 AM
1010	Basic background checks on all individuals that come in contact with clients. This can be accompliched via law enforcement or via a law enforcement social worker	Feb 9, 2011 12:51 AM
1011	needs to be evaluated to see if in fact service is necessary.	Feb 9, 2011 1:10 AM
1012	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 9, 2011 1:12 AM
1013	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 9, 2011 1:24 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1014	All services should be provided by a person with a BA who is supervised by a BCBA or Psychologist.	Feb 9, 2011 1:24 AM
1015	Staff should be supervised by appropriately trained professionals such as Board Certified Behavior Analyst and Board Certified Behavior analyst doctoral level. Both are very cost effective!	Feb 9, 2011 1:28 AM
1016	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 9, 2011 2:24 AM
1017	Trained professional need to determine the program and share it with all who deal with the client.	Feb 9, 2011 3:13 AM
1018	Persons working with these individuals should have proper training such as ProAct or other types of preventitive measures in order to cope with behavior issues.	Feb 9, 2011 3:21 AM
1019	as a SC (service coordinator) RC caseworker, we are required to have the psychologist sign-off on our POS.. This is a trend in RCs: extra staff to second-guess the caseworker's judgment. I think the caseworker can make the recommendation in an IDT setting, and that the case-management supervisor's signature on the POS is sufficient.	Feb 9, 2011 3:57 AM
1020	The Lanterman Act already is working -- Can we not follow the plan as set forth	Feb 9, 2011 4:01 AM
1021	Good training is the most important aspect. Also, good support for the therapist from the more experienced supervisors. Our ABA providor had therapist that were motivated, caring, enthusiastic and creative. They all would come up with amazing ways of motivating my child. The went above and beyond, in my opinion.	Feb 9, 2011 4:09 AM
1022	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 9, 2011 4:35 AM
1023	The cost of services is a real detrimental factor so the people who are implementing these services need to be properly trained on an annual basis by clinicians, therapists, psychologists, and psychiatrists the direct care staff of care providing vendors of the regional center are the best placed professionals to cost effectively deliver long term behavioral services to consumers at a sustainable rate paid by the state.	Feb 9, 2011 5:07 AM
1024	Refer to the Lanterman Act.	Feb 9, 2011 5:07 AM
1025	This should be dependendant upon the type of service provided.	Feb 9, 2011 5:25 AM
1026	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 9, 2011 5:35 AM
1027	An agency who employs persons with at least a Master's degree and preferably a BCBA. Someone with such qualifications are trained to develop, train, and implement the goals for the consumer and their family.	Feb 9, 2011 5:51 AM
1028	as I said in question 3 well above the other agency of the same kind.	Feb 9, 2011 6:04 AM
1029	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 9, 2011 6:42 AM
1030	The qualifications, I feel, don't need to be held with a BS or BA college degree. How much a person has "Worked" with individuals with disabilities holds stronger for real life experience. Unless one has lived with - worked with - taught - learned the Special Ed. curriculum, etc..... you really don't have a full understanding of the individual, how they behave, what it means when they are "non-verbal" and you need to understand every single sound that they make AND what it means.	Feb 9, 2011 6:45 AM
1031	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 9, 2011 7:43 AM
1032	Need to be board certified in behavior. Parent survey about provider/program upon exiting program.	Feb 9, 2011 7:56 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1033	Behavior services: Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 9, 2011 8:01 AM
1034	Caregivers who live with children or adults that have behavioral problems.	Feb 9, 2011 8:15 AM
1035	Service provider includes neuropsychologist and someone certifed in Sensory Integration& Praxis Test	Feb 9, 2011 1:41 PM
1036	Behavioral organization with knowlegeable staff. Headed by BCBA.	Feb 9, 2011 3:15 PM
1037	Services should be provided in a manner that meets the consumer's needs without undue barriers, including but not limited to, unnecessary qualifications, paperwork, and time delays. To the extent the services intended to be considered in this section are covered by the DD Waiver, provider qualifications are set forth in the Waiver. The standards should ensure that vendors are appropriately matched with consumers based behavioral services modality to ensure the most effective use of behavioral services.	Feb 9, 2011 5:25 PM
1038	By licensed professional. Too many vendors have high school or college students that are not qualified working with those receiving services.	Feb 9, 2011 6:22 PM
1039	use Title 17 and Tiltle 22	Feb 9, 2011 6:23 PM
1040	Only persons or organizaion that are properly vendorized as described in the Lanterman Act should provide services.	Feb 9, 2011 6:25 PM
1041	experienced and credentialed in psychology and behavioral management	Feb 9, 2011 6:42 PM
1042	I'm assuming that all service provides have to meet a minimum education or experience requirement. It should also be required that they all engage in continuing education.	Feb 9, 2011 7:06 PM
1043	Services should be provided only by persons or organizations that are properly vendorized in the Lanterman Act Section 4648(a)(3).	Feb 9, 2011 7:08 PM
1044	services should be provided only by persons who are properly vendorized as described in the Lanterman Act section 4648 (a) (3) (a)	Feb 9, 2011 7:27 PM
1045	With any services there has to be a performance of the indivuals or organization to maxmise the services for the indivuals.	Feb 9, 2011 7:32 PM
1046	People providing this service should be Certified or working toward Certification (closely monitored by a Supervisor).	Feb 9, 2011 7:34 PM
1047	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 9, 2011 7:53 PM
1048	Services should be provided only by persons or organizations that are properly vendorized as described in the Lanterman Act Section 4648 (a) (3) (A),	Feb 9, 2011 8:26 PM
1049	Parental feedback is a good benchmark.	Feb 9, 2011 8:34 PM
1050	Progress reports, visits from agency paying for the service.	Feb 9, 2011 8:37 PM
1051	Services should be provided only by persons or organizations that are properly venderized as described in the Lanterman Act, Sec. 4646A(3).	Feb 9, 2011 8:55 PM
1052	I would like for there to be a mandate for providers to be BCBA certified. I would also like for the providers to have at minimum a B.A. or B.S. degree in a related field.	Feb 9, 2011 8:57 PM
1053	Life Skills training that also outreachs to family members, siginifcant others etc.. service code 102	Feb 9, 2011 9:12 PM
1054	Services should be provided only by persons or organizations that are properly vendorized as described in the Lanterman Act Section 4648 (a) (3) (A).	Feb 9, 2011 9:20 PM
1055	They should meet the state standards of course. There should also have proven expertise in their field (ie: autism)	Feb 9, 2011 9:37 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1056	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 9, 2011 9:54 PM
1057	Services should be provided only by persons or organizations that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 9, 2011 10:30 PM
1058	See above.	Feb 9, 2011 10:35 PM
1059	Daily care providers could be family members paid a stipend, respite staff, student interns in related fields, CNAs, or any fingerprinted, documented person 16 years of age or older with appropriate personal or work experience and local references (more important than a degree at this level). Performance could be monitored via random visits during the providers work hours, regular supervision and advising done by phone, email or in person by a registered nurse, behavior analyst or someone with a college degree in psychology, education or a pertinent field of study. This tier of lay and professional service could keep costs down hopefully and avoid lapses & detriment to the client. A laptop or webcam in the home might facilitate reporting/updating among providers at all levels.	Feb 9, 2011 10:37 PM
1060	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 9, 2011 10:37 PM
1061	Services should be provided by verdor provider working closely with SDRC	Feb 9, 2011 10:38 PM
1062	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 9, 2011 10:47 PM
1063	A licensed optometrist or ophthalmologist with specific training in functional and behavioral vision.	Feb 9, 2011 10:56 PM
1064	Services should be provided only by persons or organizations that are properly vendorized as described in the Lanterman Act Section 4648 (a) (3) (A)	Feb 9, 2011 11:28 PM
1065	These standards already exist	Feb 9, 2011 11:32 PM
1066	Must be a graduate of B.S. Psychology and with Masters Degree in Behavioral Sciences	Feb 9, 2011 11:48 PM
1067	The service providers should have a degree or certificate in behavior intervention and positive behavior reinforcement.	Feb 9, 2011 11:53 PM
1068	Servicesshould be provided only by the persons or organization that are properly vendorized as described in the lanterman act 4648	Feb 10, 2011 12:04 AM
1069	A BCBA level staff person should review the cases periodically and sign off on plans and recommendations.	Feb 10, 2011 12:10 AM
1070	Standard behavioral training for all Service Coordinator staff on a regular basis will help to spread the training farther. Otherwise, psychologists or behavioralist staffing will need to be increased. This will, however, decrease the need for behavioral vendors	Feb 10, 2011 12:18 AM
1071	Definately free of criminal records and drug free with a FBI background investigation with a confidential security clearance since they will be exposed to family privacy act information and other information that is for government identification use on as a need to know basis.	Feb 10, 2011 2:32 AM
1072	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 10, 2011 7:34 PM
1073	constant training and experience . the turn over rate seems like a swinging door att imes	Feb 10, 2011 7:36 PM
1074	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 10, 2011 7:50 PM
1075	People who are properly vendorized by the regional centers should provide services.	Feb 10, 2011 7:59 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1076	Services should be provided only by persons or organization that are properly vendorized as described in the Lanterman Act Section 4648 (a) (3) (A).	Feb 10, 2011 8:01 PM
1077	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 10, 2011 8:10 PM
1078	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 10, 2011 8:15 PM
1079	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 10, 2011 8:48 PM
1080	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 10, 2011 9:16 PM
1081	Ability to provide culturally-appropriate services.	Feb 10, 2011 9:19 PM
1082	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 10, 2011 9:25 PM
1083	Behavioral service providers should have enough BCBA staff to provide adequate supervision over all client's served by their agency. Those providing services should hold at minumum a BA degree in a related field or be in pursuit of such degree.	Feb 10, 2011 9:36 PM
1084	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 10, 2011 9:47 PM
1085	Services should be provided only by persons or organizations that are properly vendorized as described in the Lanterman Act.	Feb 10, 2011 10:40 PM
1086	A day program which specializes in sexual behavor, life skills and courtesy.	Feb 10, 2011 10:59 PM
1087	Vendors are already compelled to submit plans to the regional centers regarding services and experience. Ongoing evaluate by Regional center planning teams and consumers/family members/guardians.	Feb 10, 2011 11:04 PM
1088	A day program that provides sexual orientation or life skills because this greatly needed. The consumers are don't seem to understand this.	Feb 10, 2011 11:12 PM
1089	Current standards are good.	Feb 10, 2011 11:36 PM
1090	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 10, 2011 11:37 PM
1091	Trained professionals (e.g. BCBAs, BCaBAs, etc) are most likely to have the greatest impact on problem behavior reduction and skill development and replacement behavior acquisition. Data about the target behaviors SHOULD BE COLLECTED by providers AND by the families to guide their efforts based on actual results not on hopes, wishes or tolerable situations. Every effort must be made to help DD client reach a level of independence to the highest possible level to reduce future burdens on state resources.	Feb 10, 2011 11:43 PM
1092	Regional Center service coordinators need to place the client per the their needs to the specailized vendor. Additionally, if the service coordinator should be a match to the client for example, the service coordinator needs to believe in the client goals.	Feb 10, 2011 11:51 PM
1093	The person providing services such as being a shadow should be able to understand each individual child during school hours.	Feb 10, 2011 11:59 PM
1094	Education, years of experience, types of services that they provide and types of programs they have for their families.	Feb 11, 2011 12:08 AM
1095	Therapists certified to work with pediatric patients.	Feb 11, 2011 12:33 AM
1096	Make sure they are qualified	Feb 11, 2011 12:58 AM
1097	Services should be provided only by persons or organization that are properly vendorized as described in the Lanterman Act Section 4648 (a) (3) (A).	Feb 11, 2011 1:05 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1098	Only qualified people shouls perform these services, people with specific training and know how	Feb 11, 2011 1:12 AM
1099	Services should be provided only by persons or organizations that are properly vendorized as described in The Lanterman Act Section 4648(a) (3) (A).	Feb 11, 2011 1:43 AM
1100	Supports should remain the same or increase.	Feb 11, 2011 1:46 AM
1101	As much training on autism spectrum disorders as possible as well as communication skills, socialization skills and independent living skills.	Feb 11, 2011 1:55 AM
1102	a bachelor degree in child psychology, child development, and/or at least 1 year of experience working with children in the same age group, across all spectrum, as their clients	Feb 11, 2011 1:59 AM
1103	Standards should be developed by qualified psychologists and performance of the providers should be reviewed annually. The daily implementation of behavior plans shall be carried out and followed by parents, teachers and care providers.	Feb 11, 2011 2:04 AM
1104	Setting goals for where people should be and how they are meeting the goals	Feb 11, 2011 2:07 AM
1105	Regional Center should provide a list of qualified and certified agencies	Feb 11, 2011 2:43 AM
1106	The suggested services by the IPP teams should only be provided by persons or organizations that are properly vendorized as described in the Lanterman Act Section 4648 (a)(3)(A).	Feb 11, 2011 3:05 AM
1107	the people at regional are highly qualified and their performance standards goes by what the regional mission statement stands for. Without Regional services, any individual could and woulkd not be able to receive these services that really help them in every day living.	Feb 11, 2011 3:21 AM
1108	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 11, 2011 3:44 AM
1109	Trained professional	Feb 11, 2011 3:59 AM
1110	On the job training should only be allowed under the direct and consistent supervision of the professional. Note taking is not only necessary, but should be followed up on by the supervising person on a frequent basis.	Feb 11, 2011 4:05 AM
1111	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 11, 2011 4:34 AM
1112	A team of specialists or therapist trained with Intensive ABA cerified respit care.	Feb 11, 2011 4:39 AM
1113	Services should be provided only by persons or organization that are properly vendorized as described in the Lanterman Act Section 4648 (a) (3) (A).	Feb 11, 2011 5:00 AM
1114	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 11, 2011 5:19 AM
1115	highest standards possible	Feb 11, 2011 5:39 AM
1116	Service providers should have professional certification in the areas they are providing intervention in and have an extensive record of positive results.	Feb 11, 2011 5:54 AM
1117	Percentage of succesful behavior changed clients.	Feb 11, 2011 5:58 AM
1118	I feel that for an organization or person to have the necessary "requirements" to inform, train or work with individuals with disabilities...they should have a minimum of five years experience with hands on training...or be a parent of a child with Special Needs. Parents of older children who have been through the "system" and had successful outcomes with their experiences and their children have made progress, should at the very least be used as consultants, for training "newbies"...and hired to do the actual job to help others. Who knows better than a parent who has already been through it? There have so many instances where I have had to train personnel who were supposed to be the "experts" who were clueless in practical application...as a parent I have had so much more experience.	Feb 11, 2011 6:03 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1119	Services should be provided only by persons or organization that are properly vendorized as described in the Lanterman Act Section 4648 (a) (3) (A).	Feb 11, 2011 6:05 AM
1120	They should be from a well established organization.	Feb 11, 2011 6:06 AM
1121	Individuals providing these services should have advanced training in, possess certification in behavior analysis, or work directly under the supervision of a certificated individual in behavior analysis.	Feb 11, 2011 6:17 AM
1122	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 11, 2011 6:32 AM
1123	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 11, 2011 6:41 AM
1124	Professional and licenced providers who are vendorized by the Regional Center should provide behavioral services. Perfomance should be evaluated by consumers, family members, and other members of the ISP team.	Feb 11, 2011 6:56 AM
1125	Our family has been very lucky to have a good agency, C.A.R.E.S. but I've heard bad stories about other agencies people have had to go through. You need educated professionals who have a passion for helping and teaching the parents and the children.	Feb 11, 2011 12:49 PM
1126	Services supervised by Board Certified Behavior Analysts	Feb 11, 2011 2:17 PM
1127	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 11, 2011 3:12 PM
1128	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 11, 2011 4:09 PM
1129	Ph.D. owned/managed and BCBA.	Feb 11, 2011 4:29 PM
1130	Supervisors should have a BCBA; therapists should have a BA and four weeks of training and ongoing training.	Feb 11, 2011 4:37 PM
1131	Expert, specialists, Doctors, parents, IPP team.	Feb 11, 2011 4:48 PM
1132	Services should be provided only by persons or organizations that are properly vendorized as described in The Lanterman Act Section 4648	Feb 11, 2011 4:53 PM
1133	Services tyo be receive from qualified vendors according to the Lanterman Act.	Feb 11, 2011 5:08 PM
1134	These programs should never be run by parents themselves. I totally agree with this portion of the Trailer Bill; however, there continue to be some of these parent-vendored programs. They are almost impossible to monitor, and they tend to be extended for several years - beyond what is recommended by professionals, and beyond what is empirically supported.	Feb 11, 2011 5:32 PM
1135	Must be licensed.	Feb 11, 2011 5:34 PM
1136	I don't think standards for the person or organization providing these services should be increased at all. I personally have always been satisfied with the quality and performance of those I have worked with who are providing the services.	Feb 11, 2011 5:37 PM
1137	the qualifications of the person and organizations must be of a degree set by title 17 and 22 or nay other governing agency.. nevertheless the organization must have experieced individuals/trained staff to work with anyone who may need behavior intervention.	Feb 11, 2011 5:51 PM
1138	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 11, 2011 5:54 PM
1139	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act	Feb 11, 2011 6:03 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1140	Oftentimes, people are sent out to the homes of the disabled who are completely unqualified and lacks experiance in dealing with a person with that particular disability. What is up with that??? I totally understand the financial motivation on doing something like this but how in the world are you helping an aut kid when you are illequipped to do so due to lack of knowledge AND first hand experaince. I beleive that there MUST BE an intern period of time that one must go thru..... 100 hours with a trained specialist before allowed to work with that particular population.	Feb 11, 2011 6:08 PM
1141	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 11, 2011 6:18 PM
1142	They much have some expericnce with this group of clients. Text book learning and teaching is a big waste of time.	Feb 11, 2011 6:30 PM
1143	AUDITS ON A COMPANY SHOW HOW VALUE THAT VENDOR AND IT'S ACCOMPLISHMENTS.	Feb 11, 2011 6:33 PM
1144	Must be trained in Autism behavior therapies	Feb 11, 2011 6:35 PM
1145	Trained personnel in ABA and ongoing classes/education	Feb 11, 2011 6:51 PM
1146	Providers should have degrees and knowledge in the area as well as experience working with the specific population.	Feb 11, 2011 6:56 PM
1147	minimum bachelors degree but preferably master level or graduate student. experience and knowledge in child development, developmental disabilities, and other disabilities.	Feb 11, 2011 7:02 PM
1148	The vendors should have a degree, and a certification for behavioral intervention. The vendors also need to have a history of working with developmentally disable clients.	Feb 11, 2011 7:05 PM
1149	Qualified people need to do this.	Feb 11, 2011 7:08 PM
1150	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 11, 2011 7:12 PM
1151	Person should have a master's degree in a related field.	Feb 11, 2011 7:24 PM
1152	An organization should have a least one person on staff who is a practicing Board Certified Behavior Analyst OR has been practicing in the field behavior analysis for seven or more consecutive years. The organization should provide initial training about basic behavioral principles (such as the functions of behaviors) and then continue monthly trainings for all staff members, no matter position they hold in the organization. Staff members who provide 1:1 intensive services should have some college credits but do not need to hold a Bachelor's degree.	Feb 11, 2011 7:26 PM
1153	Dental education as required Education is a professional educator with a degree or certificate Supported Living and Independent Living criminal background and at least an annual drug test, good communication skills, must have a car and safe driving record, no DUI's. Medication administration skills and training, Behavioral Therapies education as required and listening and communication skills Independent Work Programs good communication and listening skills ongoing training IPP - minimum BA, BA education, patience, good listener and understanding	Feb 11, 2011 7:28 PM
1154	Behavior analyst should have a degree in the field of psychology or ABA along with # of years/hours experience in this field.	Feb 11, 2011 7:40 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1155	Special Education, M.Ed. BACBA certification, Minimum 5 years on the filed. PERFECT BILINGUAL	Feb 11, 2011 8:02 PM
1156	They must be headed by a Clinical Director who is either a licenced psychologist or MD with a behavioral background or BCBA. They must have 1 BCBA for every 5-7 therapists to supervise. The therapists must have at least a BCABA. The therapist and supervisor must receive 10 hours of continuing education a year in behavioral services	Feb 11, 2011 8:03 PM
1157	Accountability. When making a decision as to what organization/person to choose to work with my child/adult I should have access to anonymous reviews of a vendor. Review submission opportunities should be given to every parent who has contracted with the vendor--both currently and in the past--, RC Service coordinators, and current and past employees of the vendor.	Feb 11, 2011 8:17 PM
1158	Services should be provided only by persons or oganizations that are properly vendorized as described in the Lanterman Act Section 4648(a) (3) (A)	Feb 11, 2011 8:31 PM
1159	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a)(3)(A).	Feb 11, 2011 8:45 PM
1160	Optometrists who are members of COVD (college of vision development) and OEP (optometric extension program) focus their practice on helping children who has learning disabilities due to vision problems. Theses are good places to start.	Feb 11, 2011 8:57 PM
1161	based on individual	Feb 11, 2011 9:29 PM
1162	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 11, 2011 9:30 PM
1163	It would be ideal to have organizations and persons with top notch qualifications and performance to provide these services for benefits to the child and his/her intervention.	Feb 11, 2011 9:35 PM
1164	We need to hire people who are properly trained for this service.	Feb 11, 2011 9:39 PM
1165	The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be Board Certified Behavior Analysts (BCBAs) or other professionals who have appropriate training in providing behavior analytic services. The qualifications of those providing one-to-one services should include enrollment in college, a bachelor’s degree in psychology or a related field, or relevant experience.	Feb 11, 2011 9:41 PM
1166	The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be Board Certified Behavior Analysts (BCBAs) or other professionals who have appropriate training in providing behavior analytic services. The qualifications of those providing one-to-one services should include enrollment in college, a bachelor’s degree in psychology or a related field, or relevant experience.	Feb 11, 2011 9:42 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1167	The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be Board Certified Behavior Analysts (BCBAs) or other professionals who have appropriate training in providing behavior analytic services. The qualifications of those providing one-to-one services should include enrollment in college, a bachelor's degree in psychology or a related field, or relevant experience.	Feb 11, 2011 9:43 PM
1168	Services should be provided only by persons or organization that are properly vendorized as described in the Lanterman Act	Feb 11, 2011 9:44 PM
1169	The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be Board Certified Behavior Analysts (BCBAs) or other professionals who have appropriate training in providing behavior analytic services. The qualifications of those providing one-to-one services should include enrollment in college, a bachelor's degree in psychology or a related field, or relevant experience.	Feb 11, 2011 9:44 PM
1170	The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be Board Certified Behavior Analysts (BCBAs) or other professionals who have appropriate training in providing behavior analytic services. The qualifications of those providing one-to-one services should include enrollment in college, a bachelor's degree in psychology or a related field, or relevant experience	Feb 11, 2011 9:45 PM
1171	The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be Board Certified Behavior Analysts (BCBAs) or other professionals who have appropriate training in providing behavior analytic services. The qualifications of those providing one-to-one services should include enrollment in college, a bachelor's degree in psychology or a related field, or relevant experience.	Feb 11, 2011 9:46 PM
1172	The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be Board Certified Behavior Analysts (BCBAs) or other professionals who have appropriate training in providing behavior analytic services. The qualifications of those providing one-to-one services should include enrollment in college, a bachelor's degree in psychology or a related field, or relevant experience.	Feb 11, 2011 9:47 PM
1173	The person in the home should be a qualified behaviorist with a college degree, not someone with a week of training and a high school diploma.	Feb 11, 2011 9:48 PM
1174	None	Feb 11, 2011 9:49 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1175	The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be Board Certified Behavior Analysts (BCBAs) or other professionals who have appropriate training in providing behavior analytic services. The qualifications of those providing one-to-one services should include enrollment in college, a bachelor’s degree in psychology or a related field, or relevant experience.	Feb 11, 2011 9:50 PM
1176	The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be Board Certified Behavior Analysts (BCBAs) or other professionals who have appropriate training in providing behavior analytic services. The qualifications of those providing one-to-one services should include enrollment in college, a bachelor’s degree in psychology or a related field, or relevant experience.	Feb 11, 2011 9:52 PM
1177	The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be Board Certified Behavior Analysts (BCBAs) or other professionals who have appropriate training in providing behavior analytic services. The qualifications of those providing one-to-one services should include enrollment in college, a bachelor’s degree in psychology or a related field, or relevant experience.	Feb 11, 2011 9:55 PM
1178	People teaching behavioral intervention to families and dealing with autistic children should be well qualified - a Bachelor's degree at the very least and hours of training!!	Feb 11, 2011 10:03 PM
1179	The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be Board Certified Behavior Analysts (BCBAs) or other professionals who have appropriate training in providing behavior analytic services. The qualifications of those providing one-to-one services should include enrollment in college, a bachelor’s degree in psychology or a related field, or relevant experience	Feb 11, 2011 10:08 PM
1180	The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be Board Certified Behavior Analysts (BCBAs) or other professionals who have appropriate training in providing behavior analytic services. The qualifications of those providing one-to-one services should include enrollment in college, a bachelor’s degree in psychology or a related field, or relevant experience.	Feb 11, 2011 10:14 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1181	The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be Board Certified Behavior Analysts (BCBAs). The qualifications of those providing one-to-one services should include enrollment in college, a bachelor's degree in psychology or a related field, and relevant experience.	Feb 11, 2011 10:17 PM
1182	Each RC should have a BCBA from any of the vendors with each RC conduct these classes.	Feb 11, 2011 10:19 PM
1183	The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be Board Certified Behavior Analysts (BCBAs) or other professionals who have appropriate training in providing behavior analytic services. The qualifications of those providing one-to-one services should include enrollment in college, a bachelor's degree in psychology or a related field, or relevant experience.	Feb 11, 2011 10:20 PM
1184	All therapists should have degree in the area that they are said to be focusing on (i.e. those working on speech, language skills should be licensed SLP's not college students)	Feb 11, 2011 10:25 PM
1185	They should have a masters degree in behavior management.	Feb 11, 2011 10:27 PM
1186	The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be Board Certified Behavior Analysts (BCBAs) or other professionals who have appropriate training in providing behavior analytic services. The qualifications of those providing one-to-one services should include enrollment in college, a bachelor's degree in psychology or a related field, or relevant experience	Feb 11, 2011 10:29 PM
1187	Only persons or organization that are properly vendorized as described in the Lanterman Act should provide services.	Feb 11, 2011 10:37 PM
1188	The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be Board Certified Behavior Analysts (BCBAs) or other professionals who have appropriate training in providing behavior analytic services. The qualifications of those providing one-to-one services should include enrollment in college, a bachelor's degree in psychology or a related field, or relevant experience.	Feb 11, 2011 10:50 PM
1189	Keep the same.	Feb 11, 2011 10:51 PM
1190	Should be a psychologist with someone qualified working for them.	Feb 11, 2011 10:55 PM
1191	everyone that needs it between the ages of 0-3 years, early intervention is the key!!!!	Feb 11, 2011 10:58 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1192	They should at least have a 3 months direct supervision training under the watchful eye of an expert in the field.They should have a doctorate or masters under their belt. There should be a background check of these companies or organization to make sure there is no fraud.They should be subjected to earning continuing education credits annually before they can be re certified as a vendor of regional center. Ex. dentist needs 50 continuing education units in order for them to renew their license every 2 years.	Feb 11, 2011 11:04 PM
1193	Person providing such service shall have training and certificate to qualify for a provider of such service.	Feb 11, 2011 11:13 PM
1194	The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be Board Certified Behavior Analysts (BCBAs) or other professionals who have appropriate training in providing behavior analytic services. The qualifications of those providing one-to-one services should include enrollment in college, a bachelor's degree in psychology or a related field, or relevant experience.	Feb 11, 2011 11:19 PM
1195	There is currently no independent certification or professional accountability of persons calling themselves behaviorists. Thus, a 10-year old is free to publicly advertise themself as a behaviorist and receive unregulated payment for such, without any proof of training, competency, or ethics. The Association of Behavior Analysts trade association has developed standards for certifying member behaviorists which should be adopted and monitored by independent state authorities, such as the Board of Psychology (since behaviorism was developed by that profession) or Department of Consumer Affairs.	Feb 11, 2011 11:25 PM
1196	These services should be provided by qualified, well-trained providers. The regional center employees need to take the initiative to evaluate the program being provided by directly observing the service being provided. While employees of providers having certification is the easiest way to determine the qualification of the provider, it is not always an indicator of the standards and quality of the program provided. A committee of persons with BCBA, PhD, and regional center representatives could develop a list of standards and requirements that program managers could use to ensure a quality program is being provided.	Feb 11, 2011 11:39 PM
1197	The person providing the service needs to have the appropriate qualifications and should be letting the service coordinators updated inforation at least quarterly and some times monthly if need be.	Feb 11, 2011 11:50 PM
1198	The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be Board Certified Behavior Analysts (BCBAs) or other professionals who have appropriate training in providing behavior analytic services. The qualifications of those providing one-to-one services should include enrollment in college, a bachelor's degree in psychology or a related field, or relevant experience.	Feb 11, 2011 11:51 PM
1199	Agencies or individuals under the supervision of a BCBA or licensed Psychologist are qualified to perform behavioral services to individuals with developmental disabilities.	Feb 12, 2011 12:22 AM
1200	Services should be providied only by persons or organization that are properely vendorized as described in the Landerman Act4648(a) (3)(A).	Feb 12, 2011 1:00 AM
1201	Making sure person providing service is well train and supervised by qualified individuals.	Feb 12, 2011 1:23 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1202	The organization should have the majority of its clinical staff holding a BCABA license or should have at least a Bachelor's degree and at least one year in the field of behavioral therapy with extreme high regard from parents or teachers associated with the cases. The therapists themselves should need to have at least a high school diploma and at least one year prior experience servicing those with special needs.	Feb 12, 2011 1:27 AM
1203	SERVICES SHOULD BE PROVIDED ONLY BY PERSONS OR ORGANIZATION THAT ARE PROPERLY VENDORIZED AS DESCRIBED IN THE LANTERMAN ACT SECTION 4648 (a) (3) (A)	Feb 12, 2011 2:03 AM
1204	Services should be provided only by persons or organizationthat are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A)	Feb 12, 2011 2:09 AM
1205	Services will be performed by a individual that holds a bachelors and/or mastered degree. The case supervisor is an individual that's a licensed BCBA.	Feb 12, 2011 2:38 AM
1206	Have well trained behaivor therapists, collect feedback from parents and caregivers, have quarterly evaluations.	Feb 12, 2011 3:08 AM
1207	Parents should be asked to rate services and make suggestions.	Feb 12, 2011 3:31 AM
1208	Psychologist, Psychiatrist	Feb 12, 2011 3:36 AM
1209	Qualified, experienced in the area of service provided	Feb 12, 2011 3:38 AM
1210	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 12, 2011 3:38 AM
1211	Person or organization should be certificated to work with autistic people.	Feb 12, 2011 3:45 AM
1212	I think each organization should go through a licensing process with the state. Each organization should have a state licensed clinical psychologist that ensures that programs are carried out in an effective manner and essentially stakes their own license that the provider is performing services in a competent and legal way. The ownership of these organizations should also be licensed. Owners should be liable for ensuring that all billing is for services rendered and essential stakes ownership license on it. It could also be argued that a BCBA (someone who should also be state licensed) could own or operate one of these provider organizations. I firmly believe that each behaviorist should be licensed and tested in a standardized way so that there is some basic foundation of skills. I think the model for this could be state licensed pharmacy technicians - where there is a background check and some level of education and written testing to ensure they have a basic set of knowledge to do the job. This license would not take the place of company training or supervision.	Feb 12, 2011 4:08 AM
1213	Some qualified day or evening programs already vendored with the Regional center or church groups.	Feb 12, 2011 4:28 AM
1214	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 12, 2011 4:43 AM
1215	Should be provided only by persons or organizations that are properly vendorized	Feb 12, 2011 4:47 AM
1216	Services should be provided only by persons or organization that are properly vectorized as described in the Lanterman Act Section 4648 (a) (3) (A).	Feb 12, 2011 4:50 AM
1217	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 12, 2011 5:10 AM
1218	Make sure that therapists get well trained to work with kids with similar problems,	Feb 12, 2011 5:36 AM
1219	If medication is needed, client must see a doctor or psychiatrist.	Feb 12, 2011 5:55 AM
1220	Must be certified	Feb 12, 2011 6:13 AM
1221	Services should be provided only by person or organizations that are properly vendorized as described in The Lanterman Action 4648 (a) (3) (A).	Feb 12, 2011 6:22 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1222	The behavioral therapist should have extensive training in Applied Behavior Analysis and if they do not have a M.A. or Ph.D., they should be closely supervised by a licensed clinical psychologist.	Feb 12, 2011 6:24 AM
1223	Regional Centers already take good care of their consumers for that.	Feb 12, 2011 6:44 AM
1224	I believe that the head of the organization should have qualifications in whatever field they are servicing. The people providing the services should at least be high school graduates and extra knowledge about childhood development would be incouraged.	Feb 12, 2011 6:59 AM
1225	Work program directors or direct service personnel aren't required continuing education or training. It's difficult or impossible to communicate with them. There are many misconceptions regarding consumer care due to lack of knowledge on their part.	Feb 12, 2011 7:25 AM
1226	Licensed, accredited, insured medical providers.	Feb 12, 2011 7:35 AM
1227	Have screened data base of qualified persons.	Feb 12, 2011 8:06 AM
1228	Promoting Regional Centers to take a proactive approach of notifying what resources there are available, instead of hiding and non-disclosure. If you do not ask, regional center does not offer or provide. Play monkey no see, hear or talk.	Feb 12, 2011 1:32 PM
1229	Title 17 remains a proper giudeline for providers.	Feb 12, 2011 1:53 PM
1230	n/a	Feb 12, 2011 1:53 PM
1231	Intensive intervention for autistic children van be very effective when the provider or tutor has at least 1 to two years expereince working with special needs children as well as about 20-25 hours of intensive training in ABA methodolgies and overlap with trained tutors. It has benen my expereince that anyone with an interest in helping others can become an effective mediator for ABA interventions. Beginning tutors should have at least compelted 20-30 units in ABA, psychology, social work, etc. Supervsiors should have a Master degree in ABA, psychology or other rleted field and at least two years expereince providing spuervised ABA intensive services. Organizations should have a clincial director with at least five years of expereince in ABA and Autism as well as BCBA certification and at least a Masters Degree in ABA, or psychology with an emphasis in ABA.	Feb 12, 2011 2:08 PM
1232	Check with each company.	Feb 12, 2011 3:24 PM
1233	The person or organization that provides these services must show performance progress over many patients over years. It is far more important that the services be provided by someone who connects with the patient; that is, whom the patient cares about and wants to please. There is a disconnect between over-qualified service professionals and the patients whom they tend to buttonhole. Ideally, the patient would be helped by others who had experienced the same difficulties, and overcame them.	Feb 12, 2011 3:43 PM
1234	In their primary language!	Feb 12, 2011 3:45 PM
1235	Look up above	Feb 12, 2011 4:07 PM
1236	Speech therapists or psychologists	Feb 12, 2011 4:09 PM
1237	Perhaps psch techs,Mft's gead students could be used to drop costs	Feb 12, 2011 4:12 PM
1238	I believe that the services by all agencies should be handled by persons with the appropriate degrees and certification. I do not believe a person should be a behavior specialist without at least a B.S. degree in the field. All supervisors should have M.S. degrees or doctorates.	Feb 12, 2011 4:14 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1239	There should be a standard over Behavior Therapists more than a couple of in house training by Behavior therapy providers. Most of the Behavior tutors are not qualified. They are not well paid and have no benefits so there is huge turn over. Behavior Therapists need to become certified and more qualified. It's very hard to find a good therapist and if you luck out and do find one, then they immediately get promoted to supervisorial positions and you child is back to a non-qualified person who may even not last a few months.	Feb 12, 2011 5:13 PM
1240	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 12, 2011 5:13 PM
1241	Some agency's provide staff that is experienced, but most hire college kids who just need a job. They are in it for the small amount of money, not for the children and it shows. The therapists should have a college degree in child development, and at the least experience with children with special needs before stepping into a home.	Feb 12, 2011 5:25 PM
1242	The directors should have advanced clinical training in behavior modification and early childhood development through doctoral level preparation. Supervisors should hold a BCBA to ensure adequate knowledge and experience. Each organization should have a set of standards for evaluation of behavior therapist before they can independently work with each child. It may also be helpful for organizations to have supervisors/directors randomly check in on behavior therapists to ensure the highest quality treatment.	Feb 12, 2011 5:35 PM
1243	A person/organization trained in working with the disability - trained in ABA for autism behaviors. They need to keep up dated on current techniques that can help the consumer. Perhaps other training is needed for other disabilities, but I don't know much about other disabilities.	Feb 12, 2011 5:44 PM
1244	The recommendations should be provided by a behavioral services professional, such as a Psychologist, BCBA, Psychiatrist, Developmental Pediatrician.	Feb 12, 2011 5:44 PM
1245	Person needs to have training and be monitored by someone with a Behavioral degree at least.	Feb 12, 2011 5:46 PM
1246	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 12, 2011 6:06 PM
1247	While an organization having staff with certification by the behavior analysts certification board (BCBA or BCaBA) are indicators of qualification, program managers must directly observe the behavioral services being implemented. Initial and on-going training methods of the organization's employees should also be considered. For example, annual reviews of each individual's performance (include strengths and areas for improvement).	Feb 12, 2011 6:11 PM
1248	college degree and higher or years of experience working with qualified professionals .	Feb 12, 2011 6:15 PM
1249	The person should know about the child characteristics, flexible and work together with the family.	Feb 12, 2011 6:21 PM
1250	Behavior Specialists should have experience working with developmentally disabled adults or children with 'problem' behaviors. The specialist should possess at minimum a Bachelor's degree in Psychology or related field and a minimum of 3 years experience. Ideally, they would also have familiarity with quarterly reports and how to write them. They should also be capable of conducting and writing behavior intervention plans and functional analyses. Behavior Specialists with Master's Degrees, Behavior Certifications, and Doctorates (or who work under someone possessing these credentials) are most ideal (assuming that the individual specialist also has years of experience in the behavior field).	Feb 12, 2011 6:22 PM
1251	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 12, 2011 6:23 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1252	Any person providing BIS should be or be under the direction of a Board Certified Behavior Analyst. The BCBA should be responsible for ALL programming decisions which should be indicated by signatures on the monthly reports. In addition, the BCBA should be the vendor representative that meets monthly with the regional center representative. Providers of the direct service that are not board certified should have at least a Bachelor's Degree in the mental health field (psychology, behavior analysis, counseling, developmental psychology, education, etc...). When a BCBA is supervising direct service providers, an established level of training (i.e. 40 hours of training and shadowing) should be required as well as an established time-line of performance reviews (i.e. semi-annual or annual).	Feb 12, 2011 6:35 PM
1253	CARF accreditation (Commission on the Accreditation of Rehabilitation Facilities).	Feb 12, 2011 7:03 PM
1254	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 12, 2011 7:11 PM
1255	There should be minimum & best practices standards for service providers (including such items as minimum degrees/education/training requirements for service provider staff and management, & verification/documentation of this information). Also, the State should maintain an 'Angie's List style' format to identify providers that are continuing to provide state-of-the-practice service.	Feb 12, 2011 7:15 PM
1256	College graduates, or about to graduate, with ABA intervention training and experience with therapy sessions with similar customers.	Feb 12, 2011 7:25 PM
1257	Behaviorists currently have no defined credentials. The actual in home representative may be simple a psychology student working under the guidance of a psychologist or counselor.	Feb 12, 2011 7:48 PM
1258	The institution involved needs to have very qualified personnel able to deal with special needs individuals and probably with education and hours of training in this specific area. Each individual ranges from mild to moderate to severe, and the qualifications of the person or organization should be able to handle which ever level of difficulty walks through their doors. Having global programs allows for more services to be administered with less bureaucracy. Example, my child doesn't qualify for PT, but his global program allows for his tutors to integrate those skills into his daily sessions. So although he doesn't get the funds to help him in this area, his organization addresses it because they are qualified to do so and they can easily integrate it into his behavioral program.	Feb 12, 2011 7:50 PM
1259	Adults trained in behaviors of population being served. This means more that just a degree in social work. Observations and trainings in the classrooms so that they can see how the students act with others is essential to the training.	Feb 12, 2011 8:10 PM
1260	There will need to be personalized services for each individual consumer. The level of intervention should vary as needed.	Feb 12, 2011 8:11 PM
1261	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 12, 2011 8:14 PM
1262	Providers should be trained in techniques related to working with individuals on the Autism Spectrum.	Feb 12, 2011 8:16 PM
1263	They should be committed to parent training and be unwilling to deliver services without parents being strongly involved in learning the methodology, unless family circumstances truly make that impossible.	Feb 12, 2011 8:22 PM
1264	licensed mfts, psychologists, psychiatrists	Feb 12, 2011 8:32 PM
1265	Training in the Behavioral Sciences and holistic approaches to decision making. In this age of technology, the pencil and paper approach must be modified. A service provider as well as service coordinators MUST be technologically literate. This is no longer ancillary it must be a requirement.	Feb 12, 2011 8:52 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1266	Qualifications: PhD, Psychology assistants in training, Speech and Language therapists, OT's. Physicians Organization: State Compliance office responsible for making sure evaluations are upheld. Compliance officers be decentralized from Sacramento and travel to different school sites.	Feb 12, 2011 9:08 PM
1267	Only persons or organization that are properly vendorized as described in the Lanterman Act should provide services.	Feb 12, 2011 9:12 PM
1268	degrees in psychology with specific training in develoopmental delays and behavior	Feb 12, 2011 9:18 PM
1269	Master's level in ABA or related field. Experience with our population. BCBA or completed course work in ABA model / curriculum.	Feb 12, 2011 9:34 PM
1270	it should be person who have enough experience in this field and who'll reach an agreement with Regional Center	Feb 12, 2011 9:36 PM
1271	BA	Feb 12, 2011 9:50 PM
1272	Licensed and/or trained in field	Feb 12, 2011 10:04 PM
1273	The Agency should be managed by a person who is a BCBA and has at least a Masters in a related area. The individuals delivering services should have at least 40 hours of training and 15 hours of supervised direct intervention with children prior to any unsupervised intervention.	Feb 12, 2011 10:09 PM
1274	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 12, 2011 10:25 PM
1275	Continued education on the area in which this person is teaching and guiding the parents of special needs people.	Feb 12, 2011 10:28 PM
1276	Board Certified Behavior Analysts and/or professionals with Master's and Doctorates in the field of special education	Feb 12, 2011 10:31 PM
1277	board licensed professionals	Feb 12, 2011 10:35 PM
1278	A feedback form should be filled out by the parents or guardians of the child- recommend that this be on a social network page like FACEBOOK so parents and guardians can give feedback and/or info on their experiences. This will work as a "reference" for people to view and/or chat with others. All child that have special needs vary on what services they need.	Feb 12, 2011 10:36 PM
1279	I think that this level can be cut out completelly. No organization or company is needed, but have the service provider be indeptment contractors, a one payment person - no administration costs.	Feb 12, 2011 10:44 PM
1280	Qualification of the director and the supervisors are very important. There are too many unqualified ABA-DTT or Behavior Mod providers out there. The actual details of qualification should come from suggestions from university ABA department and reputable providers.	Feb 12, 2011 10:51 PM
1281	ABA providers should be supervised by people who are qualified with a Master's or Doctorate level degree, and certified as a behavior analyst by the Behavior Analyst Certification Board.	Feb 12, 2011 11:12 PM
1282	More than now. Repeated calls, meetings, prodding, and follow-up on the part of the person affected or their family brings complete frustration - due to the total absence of performance measurement in the DDS, its vendors, and its representatives.	Feb 12, 2011 11:31 PM
1283	Monitoring and evaluation	Feb 12, 2011 11:56 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1284	Services should be supervised by an individual with a doctoral degree in psychology or a licensed clinical social worker. These individual should be trained in the unique issues related to individuals who have developmental disabilities and the issues that they face. They should be able to understand the individual's disability and the implications that their diagnosis has on their behavior. Understanding of the individual's family and their emotional issues is also essential. The supervisor should observe the individual and their caregivers/family at least 2 hours a month. Direct service could be provided by and individual that has been trained to standards that are currently recognized in the community; individuals must be certified by the Behavioral Analyst Certification Board of California.	Feb 13, 2011 12:12 AM
1285	not sure	Feb 13, 2011 12:20 AM
1286	Speech would need a certified speech pathologist as well as OT would need an occupational therapist. Playgroup/social group can be a willing parent who passes a background check.	Feb 13, 2011 12:29 AM
1287	There must be behavioral degree requirements and education for persons providing services. The programs must be overseen by professionals in the field. Written assessments of success or failure of a particular service must be done periodically.	Feb 13, 2011 12:42 AM
1288	those who need help	Feb 13, 2011 1:13 AM
1289	auditing	Feb 13, 2011 1:28 AM
1290	Certified, educated staff.	Feb 13, 2011 1:40 AM
1291	1:1 staff should have (at mimnimum) a bachelor's degree or be enrolled in a bachelor's program and have undergone competency-based training Supervisors/consultants should have a bcba, a master's degree in a related field, or at least 3-5 years providing behavioral services to consumers	Feb 13, 2011 2:02 AM
1292	Providers of the service should have a BCABA and be supervised twice a month by a BCBA. Or the service should be provided by a BCBA.	Feb 13, 2011 2:20 AM
1293	I think there should be an experience equivalent for the standards for education. I have been told I am excellent in the work I do, I have 5 years experience in teh field of ABA with no degree and at age 47 I am forced to go to college and get my bachelors degree to further my advancement in the company I am currently working for. I have been with them for 2 years, prior to that with a school district for 3 years with hours of traing by a PhD. I think that should account for something.	Feb 13, 2011 2:35 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1294	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: Board Certified Behavior Analysts (BCBAs) preferred; If not a BCBA, then for Focuses ABA a Master's degree in a related field and 12 units of graduate level coursework in behavior analysis and for Focused ABA 3-5 years of experience delivering and supervising treatment programs for children and adults with developmental disabilities. 3-5 years of experience delivering and supervising treatment programs for children with autism. The qualifications of those providing one-to-one services should include: a bachelor's degree in psychology or a related field with relevant experience preferred; If no Bachelor's degree then high school diploma with competency based training and in all cases a background check.	Feb 13, 2011 2:36 AM
1295	Behavior intervention services should be provided only by persons certified as a BCBA or BCaBA by the Behavior Analyst Certification Board (BACB) and all behavioral intervention plans should be reviewed by a BCBA. Periodic progress reports should also be reviewed by a BCBA.	Feb 13, 2011 2:43 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1296	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: Board Certified Behavior Analysts (BCBAs) preferred; If not a BCBA, then for Focuses ABA a Master's degree in a related field and 12 units of graduate level coursework in behavior analysis and for Focused ABA 3-5 years of experience delivering and supervising treatment programs for children and adults with developmental disabilities. 3-5 years of experience delivering and supervising treatment programs for children with autism. The qualifications of those providing one-to-one services should include: a bachelor's degree in psychology or a related field with relevant experience preferred; If no Bachelor's degree then high school diploma with competency based training and in all cases a background check.	Feb 13, 2011 2:55 AM
1297	BCBA's	Feb 13, 2011 3:06 AM
1298	Should at least be supervised by someone experienced not only the the study of reinforcement (BCBA), but equally or more importantly, in the nature of emotional development. The current over-emphasis on the use of only one treatment philosophy (ABA) that intentionally ignores the perceptions and experience of the person being treated, which can only be acquired through the study of child development (this is a DEVELOPMENTAL DISABILITY Agency), neurological and emotional development, and active listening/counseling techniques. No person with a BCBA alone should be qualified to supervise treatment of complex cases, and such a person should not automatically be considered an expert on Autism or Developmental Pathology.	Feb 13, 2011 3:07 AM
1299	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 13, 2011 3:08 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1300	Any person given the sufficent training in a program to help families through parent training would be okay. They do not need a license to do this as they are not going to engage in diagnostics or psychotherapy. Just as regional center CSC's are not licensed. Most of them are at the BA level. Though touted as scientific, any behavioral training has a historical basis for sure. But if you can have direct support professionals without a formal college education or license who apply ABA in group home settings in Level 4 a-i all the time with the most seriously impaired, then why should there be any difference? Then it would look like we would need to employ all those who work in group homes to manage dangerous behaviors in these types of homes with the same commensurate training and skills. This is absurd.	Feb 13, 2011 3:25 AM
1301	Every person providing service should be licensed, or should have received training from a licensed provider, and the organizations' duty is to oversee that the qualification are met and provide service providers a venue where collaboration and team work can take place for the benefit of the child who has a difficulty.	Feb 13, 2011 3:30 AM
1302	By a Board Certified Behavior Analyst (BCBA) certified by the Behavior Analysis Certification Board (BACB) or by persons directly supervised by a BCBA.	Feb 13, 2011 3:33 AM
1303	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 13, 2011 3:34 AM
1304	qualifications - I do not think much of the DR's, the Masters degree in what I have seen within regional centers. I have several masters and I do not consider them that important. Mostly what I learned was how to pass test and study. learned information about the field. and have no absolutelly no experience in the field. Now if you have ever lived 24/7 with a behaivor adult disorder you realise that this person who just got out of school, never raised a normal child let alone a disabled one has no idea what they are talking about when they are telling you how to raise your own child. Unless these people have apprentaceship programs where they are living in group homes 24/7 for a set period of time then they should not be in the field.	Feb 13, 2011 3:36 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1305	# Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: * The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: o Board Certified Behavior Analysts (BCBAs) preferred; o If not a BCBA, then for Focuses ABA a Master's degree in a related field and 12 units of graduate level coursework in behavior analysis and + for Focused ABA 3-5 years of experience delivering and supervising treatment programs for children and adults with developmental disabilities. + 3-5 years of experience delivering and supervising treatment programs for children with autism. * The qualifications of those providing one-to-one services should include: o a bachelor's degree in psychology or a related field with relevant experience preferred; o If no Bachelor's degree then high school diploma with competency based training and in all cases a background check.	Feb 13, 2011 3:37 AM
1306	Minimum of a Master's Degree in Social Work, Child Development or Special Education.	Feb 13, 2011 3:40 AM
1307	People should be supervised by a bcba	Feb 13, 2011 3:58 AM
1308	Services need to be provided by a qualified individual and when it comes to behavioral challenges, all services should be done by a Board Certified Behavior Analyst.	Feb 13, 2011 4:08 AM
1309	Qulified and trained person to perform the services	Feb 13, 2011 4:10 AM
1310	Behavioral instructors should have their degrees in a related field.	Feb 13, 2011 4:24 AM
1311	Services should be provided only by persons or organizations that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 13, 2011 4:24 AM
1312	needs to be an organization who specializes in what the child needs help with	Feb 13, 2011 4:28 AM
1313	I believe the person and organization who provides the services should be properly trained in the therapy they are providing. The therapists we received have educational backrounds or training certificates and have proved to be very well qualified	Feb 13, 2011 4:37 AM
1314	inter observer agreement should be conducted within the clinical settings to insure that a high level of quality treatment is being provided.	Feb 13, 2011 4:41 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1315	The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: Board Certified Behavior Analysts (BCBAs) preferred If not a BCBA, then Master's degree in a related field, 12 units of graduate level coursework in behavior analysis and 3-5 years of experience delivering and supervising treatment programs for children with autism. The qualifications of those providing one-to-one services should include: Bachelor's degree in psychology or a related field with relevant experience preferred; If no Bachelor's degree then high school diploma with competency-based training and in all cases a background check.	Feb 13, 2011 4:48 AM
1316	Who such get services? All children who qualify under the Lanternman Act mild to severe	Feb 13, 2011 4:53 AM
1317	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: Board Certified Behavior Analysts (BCBAs) preferred; If not a BCBA, then for Focuses ABA a Master's degree in a related field and 12 units of graduate level coursework in behavior analysis and for Focused ABA 3-5 years of experience delivering and supervising treatment programs for children and adults with developmental disabilities. 3-5 years of experience delivering and supervising treatment programs for children with autism. The qualifications of those providing one-to-one services should include: a bachelor's degree in psychology or a related field with relevant experience preferred; If no Bachelor's degree then high school diploma with competency based training and in all cases a background check.	Feb 13, 2011 4:53 AM
1318	Must be BCBA certified	Feb 13, 2011 4:56 AM
1319	The service standard must be based on being able to teach basic relationship functions utilizing POSITIVE BEHAVIORAL SUPPORTS to parents and QIRs in a home. The standard and qualification is simple: The person or group must be able to learn PBS techniques and demonstrate an ability to train others. The only qualification would be the person or group must have compassion and have been trained to teach others and demonstrated their knowedge to a family trainer/enabler. Trainers are individuals that are not just training because they are teaching families as they train and learn themselves.	Feb 13, 2011 4:59 AM
1320	Teachers special educationshould have high standard and be evaluated how they do their job	Feb 13, 2011 5:01 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1321	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: Board Certified Behavior Analysts (BCBAs) preferred; If not a BCBA, then for Focuses ABA a Master's degree in a related field and 12 units of graduate level coursework in behavior analysis and for Focused ABA 3-5 years of experience delivering and supervising treatment programs for children and adults with developmental disabilities. 3-5 years of experience delivering and supervising treatment programs for children with autism. The qualifications of those providing one-to-one services should include: a bachelor's degree in psychology or a related field with relevant experience preferred; If no Bachelor's degree then high school diploma with competency based training and in all cases a background check.	Feb 13, 2011 5:04 AM
1322	Make sure they have a good childhood background. No abuse. Because it does get pass down. Make sure they Love children. Then see what education they have. And never settle because your short on teacher. Because if you do the child gets the short end of the education and experience on life they deserve.	Feb 13, 2011 5:27 AM
1323	MAKE SURE ALL SUPERVISORS HAVE A MASTERS IN SPECIAL EDUCATION, COUNSELING, ABA, OR PSYCHOLOGY. DO NOT ALLOW THOSE WITH A MASTERS IN TOTALLY UNRELATED FIELD (I.E. LIBERAL ARTS, FINE ARTS, ACCOUNTING, THEATER ARTS, ECONOMICS.....!) TO OBTAIN THEIR BCBA, AND BE A SUPERVISOR. THEY ARE MISSING A FUNDAMENTAL UNDERSTANDING OF ABA AND HOW TO INTERACT AND DEAL WITH FAMILIES.	Feb 13, 2011 5:29 AM
1324	How well they get all applications approved.	Feb 13, 2011 5:33 AM
1325	Same as above.	Feb 13, 2011 5:40 AM
1326	Individuals providing behavior consultation services should be either Board Certified Behavior Analysts or have experience providing services to individuals with special needs and be supervised by a Board Certified Behavior Analyst	Feb 13, 2011 6:08 AM
1327	Board Certified Behavior Analystes (BCBAs) preferred. 3-5 years of experience delivering and supervising treatment programs for children with autism. A Bachelors Degree in psychology or a related field with competency based training and in all cases a background check.	Feb 13, 2011 6:22 AM
1328	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 13, 2011 6:23 AM
1329	Ideally, a provider will have documented education in relevant fields of study as well as relevant experience. BCBAs and BCABAs are generally well qualified to perform the services of a behavior analyst/consultant. Any provider should engage in evidence based and efficacious practices.	Feb 13, 2011 6:36 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1330	The person providing the service is an independent contractor - no organization. Their qualifications need to have parenting experience with no less than teenagers, living with (24/7) behaivor developmently disabled adults for a period of no less than six months, and they should have an educational background in the field.	Feb 13, 2011 6:55 AM
1331	They should be educated in aba and supervised.	Feb 13, 2011 6:57 AM
1332	Only persons or organization that are properly vendorized as described in the Lanterman Act should provide services.	Feb 13, 2011 7:19 AM
1333	BCBA certification does not need to be a requirement for supervisory/management positions.	Feb 13, 2011 7:39 AM
1334	Semi-annual or annual surveys on the service provider from the consumer's guardians.	Feb 13, 2011 9:35 AM
1335	.?	Feb 13, 2011 1:31 PM
1336	BA in psychology is not necesserry; AA can be ok too. supervision BA os MA or MS	Feb 13, 2011 3:38 PM
1337	Any child who shows delays in an area that could benefit from Behavioral/ABA services should not be turned away.	Feb 13, 2011 4:02 PM
1338	They should be qualified for the services they give	Feb 13, 2011 4:05 PM
1339	Service standards would include qualified, registered and licensed professionals with documentation of outcomes using California Desired Results.	Feb 13, 2011 4:09 PM
1340	The person should have verifiable training in the service being provided. Anyone without experience in a field, i.e. a start-up, should be reviewed more often (quarterly?) for the first two years in business.	Feb 13, 2011 4:24 PM
1341	Ithink these people working in the field (that I have worked with) have the qualifications needed to be succesful and I have never questioned one of them.	Feb 13, 2011 4:36 PM
1342	Must have a background and educational experience with applied behavior analysis in school and education such as a master's level in applied behavior analysis.	Feb 13, 2011 5:09 PM
1343	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: Board Certified Behavior Analysts (BCBAs) preferred; If not a BCBA, then for Focuses ABA a Master's degree in a related field and 12 units of graduate level coursework in behavior analysis and for Focused ABA 3-5 years of experience delivering and supervising treatment programs for children and adults with developmental disabilities. 3-5 years of experience delivering and supervising treatment programs for children with autism. The qualifications of those providing one-to-one services should include: a bachelor's degree in psychology or a related field with relevant experience preferred; If no Bachelor's degree then high school diploma with competency based training and in all cases a background check.	Feb 13, 2011 5:21 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1344	Organizations should be overseen by individuals that have current state licenses (i.e., Psychology, Marriage and Family Therapists, etc...), as well as any national certifications pertaining to their field of study. There should also be a ratio for supervision for unlicensed employees to licensed employees.	Feb 13, 2011 5:25 PM
1345	We provide Applied Behavior Analysis.	Feb 13, 2011 5:34 PM
1346	service provider should have supervisor/manager with credentials, not just 3-5 yrs of experience. the therapist should have a bacherlor's degree or working on a degree. make up hours must be made up according to the service contract. monthly meetings should be held at least once a month.	Feb 13, 2011 6:12 PM
1347	Service providers are educated with a masters degree specific to "special education" specifically and are able to effectively interact with special needs children.	Feb 13, 2011 6:24 PM
1348	Board Certified Specialist.	Feb 13, 2011 6:35 PM
1349	routine training for the therapists and the organization need to be mandatory	Feb 13, 2011 7:07 PM
1350	For supervisors, minimum a Master's degree, BCBA preferred For therapists, minimum a Bachelor's degree	Feb 13, 2011 7:26 PM
1351	Behavioral services should be provided by Board Certified Behavior Analyst. At the very least, a BCBA should supervise every case on a weekly basis.	Feb 13, 2011 7:37 PM
1352	There are too many "no" from everyone. It is obvious that your son needs occupational therapy but no budget. Again, I am willing to our insurance but there are no center that would accept insurance in our area. It ia extremely frustrating.	Feb 13, 2011 7:43 PM
1353	Experience, quality, good feedback from others	Feb 13, 2011 7:46 PM
1354	The individuals providing the services should be qualified and the state should set guidelines for those qualifications.	Feb 13, 2011 8:03 PM
1355	The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: Board Certified Behavior Analysts (BCBAs) preferred If not a BCBA, then Master's degree in a related field, 12 units of graduate level coursework in behavior analysis and 3-5 years of experience delivering and supervising treatment programs for children with autism. The qualifications of those providing one-to-one services should include: Bachelor's degree in psychology or a related field with relevant experience preferred; If no Bachelor's degree then high school diploma with competency-based training and in all cases a background check.	Feb 13, 2011 8:17 PM
1356	Behavioral services need to be provided by individuals who have had training in behavioral intervention as well as crises communication. Behavioral providers need no less than 12-hours of behavioral training that emphasizes competencies with the types of direct services provided. Supervision of these services should be individuals with a masters degree in behavior analysis or a psychology. with a certification in behavior analysis.	Feb 13, 2011 8:19 PM
1357	Certification in ABA, additional hours of accreditation each year, BS in psychology or special Ed and masters in ABA.	Feb 13, 2011 8:24 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1358	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: Board Certified Behavior Analysts (BCBAs) preferred; If not a BCBA, then for Focuses ABA a Master's degree in a related field and 12 units of graduate level coursework in behavior analysis and for Focused ABA 3-5 years of experience delivering and supervising treatment programs for children and adults with developmental disabilities. 3-5 years of experience delivering and supervising treatment programs for children with autism. The qualifications of those providing one-to-one services should include: a bachelor's degree in psychology or a related field with relevant experience preferred; If no Bachelor's degree then high school diploma with competency based training and in all cases a background check.	Feb 13, 2011 8:24 PM
1359	Attainable standards set by the State.	Feb 13, 2011 8:27 PM
1360	These individuals should be Master's level and above. Credentialed and licensed or at least be supervised by licensed individuals.	Feb 13, 2011 9:00 PM
1361	At minimum a trained paraprofessional supervised by a qualified behavior specialist.	Feb 13, 2011 9:05 PM
1362	A therapist must have more than book knowledge and a short internship. Some books quoted as standards in the industry regarding , for instance, autism are pure nonsense. Most therapists don't want input if an unworkable plan is put forth. Performance--psychiatrists should NOT be on the payrolls of regional center. They aren't good advocates when they are. Day programs present themselves as working with maladaptive behaviors. That's talk only. Most residential careproviders are required by the regional center in this area to pick them up from program when they misbehave. I don't think the day program/work program should be paid for the day if the care home picks the consumer up. If the work programs were licensed and required CEU's , they'd be up to date and qualified to practice intervention techniques. All residential careproviders should be required to speak English. Many staff in many homes can't communicate with therapists, doctors, or parents. How can they implement any plan?	Feb 13, 2011 9:29 PM
1363	Reccomendations by the RCOC.	Feb 13, 2011 9:51 PM
1364	experience and training in behavior management	Feb 13, 2011 9:57 PM
1365	Based on experience, education, and clean criminal background	Feb 13, 2011 10:01 PM
1366	Services should be provided only by persons or organizations that are properly vendorized as described in the Lanterman Act 4648 (a) (3)	Feb 13, 2011 10:02 PM
1367	All supporvisors should have master's degrees and BCBA certification and five years of direct experience working with children who have autism.	Feb 13, 2011 10:09 PM
1368	THERE SHOULD BE STANDARDS SET FOR THE RESULTS REQUESTED AND IF THERE ARE NO IMPROVEMENTS OTHER TACTICS SHOULD BE IMPLIMENTED	Feb 13, 2011 10:41 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1369	Service providers should be licensed where and when appropriate however this should not be a barrier when it comes to trying new approaches. All too often potentially fruitful solutions are not funded nor tried because of the licensing barriers that are imposed. New solutions need to be reviewed for progress and effectiveness. This must also be weighed against total cost of implementation. The cheapest nor the most expensive should not be the criteria of measurement, But rather is it getting the desired results. Here the parent input should be a significant factor in the evaluation.	Feb 13, 2011 10:55 PM
1370	The organizations should base the hiring on experience, not just education. Education helps, but not everyone has a degree, but they may have experience. Also, not everyone that has experience may not be qualified, unless they have proper training.	Feb 13, 2011 11:48 PM
1371	A minimum of a Master's in Psychology or related field, and 12 units in Applied Behavioral Analysis, is crucial. A license or board certification is also helpful. Then those who deliver 1:1 instruction need to be supervised closely by the Masters or PhD level people. the current system does not adequately allow for on-the-job oversight of tutors, in that you cannot bill for multiple people at the same time, which is a shame, and would be a useful source of quality control.	Feb 13, 2011 11:49 PM
1372	It is not advisable to make specific rules about who should provide direct services, apart from basic health and safety requirements (be an adult cleared to work w/ minors -- fingerprints and background checks -- and have training and supervision appropriate to the program being implemented). Each RC client will present unique needs and challenges, and agencies must be permitted to match staff with client needs as they deem appropriate. Certainly, supervisory personnel and administrative/clinical managers should have both strong educational and professional qualifications (MA, PhD, BCBA, BCABA, etc.), but assuming they are doing their jobs in hiring, training, and supervising direct-service staff, the "front line" personnel need not all have identical backgrounds or qualifications. As to performance, any behavioral services program receiving RC dollars will be collecting and analyzing data regularly, and reporting that to the client's family/support personnel frequently, so that the program remains dynamic and reflective of the individuals' progress. If progress is consistently inadequate, this should indicate to the RC that the service provider may not be performing at the expected professional level.	Feb 14, 2011 12:30 AM
1373	Training education and experience	Feb 14, 2011 12:49 AM
1374	An organization that provides ABA services should have a Board Certified Behavioral Analyst on staff (at least) and all staff members (para-professionals) should have specialized training in ABA techniques. It is not the role of the BCBA to perform the actual service, however they are there to supervise the program (and the assigned para-professional)and should have a regular presence in the home (or where ever the service is provided). It is crucial that the service provider maintains data (not just program notes) to show parents & other service providers the progress (or lack there of as the case may be) that the child is making.	Feb 14, 2011 1:04 AM
1375	Services should be provided only by persons or organization that are properly verndorized as described in the Lanterman Act Section 4648 (a) (3) (A).	Feb 14, 2011 1:10 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1376	The owner of each behavior service vendor should at a minimum be board certified (i.e. BCBA) and possess a masters degree. There should also be a minimum amount of experience requirement with the population the vendor serves. The ratio of persons in the organization possessing this minimum requirement to those who do not should be small, thereby allowing effective oversight. I suggest a one to three ratio. The persons possessing these requirements should see each client a minimum number of hours per month (proportional to the size of the program). I suggest a minimum of 20% of provided hours. Continuity of all staff in an organization should also be taken into account. Frequent staff turnover can significantly contribute to the program's overall quality.	Feb 14, 2011 1:11 AM
1377	Services should be provided only by persons or organization that are properly vendorized as described in the Lanterman Act Section 4648 (a) (3) (A).	Feb 14, 2011 1:21 AM
1378	certified as competent by RCOC staff.	Feb 14, 2011 1:23 AM
1379	The persons doing the teaching should be qualified with some technical child behavioral skills. Should be with a degree or near a degree.	Feb 14, 2011 1:40 AM
1380	I believe the standards for Behavior Modificationist are already in place.	Feb 14, 2011 1:47 AM
1381	As needed and the recommendation by an individual with at least a masters in the relative field.	Feb 14, 2011 2:18 AM
1382	Primarily case managers and social workers. Service providers should meet high ethical and professional standards with a clear understandinhg of the target population. Criminal background checks and drug testing should be reqired.	Feb 14, 2011 2:22 AM
1383	If what they do works, the performance of the service provider is not in question. The qualifications should be a graduate or near a graduate of technical school, in child care and behavioral studies.	Feb 14, 2011 2:23 AM
1384	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: Board Certified Behavior Analysts (BCBAs) preferred; If not a BCBA, then for Focused ABA a Master's degree in a related field and 12 units of graduate level coursework in behavior analysis and for Focused ABA 3-5 years of experience delivering and supervising treatment programs for children and adults with developmental disabilities. 3-5 years of experience delivering and supervising treatment programs for children with autism. The qualifications of those providing one-to-one services should include: a bachelor's degree in psychology or a related field with relevant experience preferred; If no Bachelor's degree then high school diploma with competency based training and in all cases a background check.	Feb 14, 2011 2:35 AM
1385	Only persons or organizations properly vendorized , as described in the Lanterman Act.	Feb 14, 2011 2:56 AM
1386	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 14, 2011 3:18 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1387	The qualification of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: a) Board Certified Behavior Anslysts (BCBAs) preferred b) If not a BCBA, then for Focused ABA a Master's degree in a related field and 12 units of graduate level coursework in behavior analysis. The qualification of those providing one-to-one services should include: a) a bachelor's degree in psychology or a related field with relevant experience preferred; b) If no Bachelor's degree then high school diploma with competency based training and inall cases a baackground check.	Feb 14, 2011 3:26 AM
1388	RC should already have such standards	Feb 14, 2011 4:56 AM
1389	One of my son's best therapists could not continue with our family because he was 2 credits away from his BA, this is not a helpful standard.	Feb 14, 2011 4:56 AM
1390	this is extremely important and this need tremendous work. Firstly a phd and proper BS of MS qualifications and also communication with parent and the regional center representative and this should be in person again NOT just phone.	Feb 14, 2011 5:14 AM
1391	Work hands on with a child at their current level. Not someone who is just going to write a plan.	Feb 14, 2011 5:15 AM
1392	qualifications should include professional training in dealing with individuals on the autistic spectrum with ongoing evidence of staying current with new research developments/approaches to helping individuals on the autistic spectrum	Feb 14, 2011 5:17 AM
1393	I agree with the service standards about qualifications and performance of the person or organization that provided these services up to this point.	Feb 14, 2011 5:28 AM
1394	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: Board Certified Behavior Analysts (BCBAs) preferred; If not a BCBA, then a Master’s degree in a related field and 12 units of graduate level coursework in behavior analysis and for Focused ABA 3-5 years of experience delivering and supervising treatment programs for children and adults with developmental disabilities. for Comprehensive ABA 3-5 years of experience delivering and supervising treatment programs for children with autism. The qualifications of those providing one-to-one services should include: Bachelor’s degree in psychology or a related field with relevant experience preferred; If no Bachelor’s degree then high school diploma with competency based training and in all cases a background check.	Feb 14, 2011 5:44 AM
1395	Appropriate educational background and work experience.	Feb 14, 2011 6:04 AM
1396	I recommend that services be provided by a Board Certified Behavior Analyst BCBA) or a practitioner working in collaboration with, or under the supervision of, a BCBA.	Feb 14, 2011 6:39 AM
1397	TRAINED IN THE FIELD APPROPRIATE TO THE PROBLEM, I.E. AUTISTISM, ADHD ETC.	Feb 14, 2011 6:48 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1398	The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: Board Certified Behavior Analysts (BCBAs) preferred with 3-5 years of experience delivering and supervising treatment programs for children with autism. If not a BCBA, then for Focuses ABA a Master's degree in a related field and 12 units of graduate level coursework in behavior analysis and 3-5 years of experience delivering and supervising treatment programs for children with autism. The qualifications of those providing one-to-one services should include: a bachelor's degree in psychology or a related field with relevant experience preferred; If no Bachelor's degree then high school diploma with competency based training and in all cases a background check.	Feb 14, 2011 7:59 AM
1399	Each service delivery position should hold the necessary and specialized training for the specific role they are fulfilling. With that, training TIERS can be implemented based on competency and skill set to determine range of responsibilities and operationally defining positions at an organization.	Feb 14, 2011 8:14 AM
1400	The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be Board Certified Behavior Analysts (BCBAs). If not a BCBA, then at least a Master's degree in a related field and 12 units of graduate level coursework in behavior analysis with 2-5 years of experience delivering and supervising treatment programs for children and adults with developmental disabilities or with autism. The qualifications of those providing one-to-one services should include: a bachelor's degree in psychology or a related field with relevant experience preferred; If no Bachelor's degree then high school diploma with writing proficiency and an ABA principle competency based training and in all cases a background check.	Feb 14, 2011 8:49 AM
1401	None	Feb 14, 2011 8:49 AM
1402	This is my main concern. I have been providing psychological/behavioral services for 30 years to this population and now some regional centers are actually NOT allowing me to service this population by putting in their contracts with care providers that they need to hire a BCBA and NOT a qualified psychologist who has met the standard of a Behavior Management Consultant. I am currently fighting this ridiculous requirement by the North Los Angeles County Regional Center. This is clearly a form of nepotism in that Dr. Youngbauer is on the board to certify these behaviorists and requires that only those that he certifies are hired. This practice should be against the law as unfair business practices. This is no surprise in light of the recently implemented audit that shows clearly regional centers engage in favoritism. DDS should monitor these "private non profit" organizations more closely who are eating up a huge chunk of tax payer funds.	Feb 14, 2011 1:22 PM
1403	the person who will be providing the services needs to know in depth of each individual and there diagnosis and to actually be there not just for an hour but at least 4 hours to observe.	Feb 14, 2011 2:38 PM
1404	I would think that money can be saved by having some volunteers under the supervision of a paid, qualified overseer.	Feb 14, 2011 2:56 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1405	Providers of services need to be certified in their respective fields. To date every service provider we have received services from has been qualified and has documented education and certification that supports the excellent service my son has received. The RDI consultant is excellent. The past behaviorists have been excellent.	Feb 14, 2011 3:05 PM
1406	The standard for qualifications of the person provided services should be that they have the appropriate training in the area of service. We should be looking at Master Degree and above.	Feb 14, 2011 3:21 PM
1407	The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be Board Certified Behavior Analysts (BCBAs) or other professionals who have appropriate training in providing behavior analytic services. The qualifications of those providing one-to-one services should include enrollment in college, a bachelor's degree in psychology or a related field, or relevant experience.	Feb 14, 2011 3:48 PM
1408	Individuals certified by the Behavior Analyst Certification Board (BCBA-D, BCBA, and BCaBA) should be the only provider of behaioral services. These indivduals have receied the most significant training and are the ony individuals who can provide empircally sound and ethical treatment to individuals requiring assistance. It is neglectful to provide funding to other professionals for providing such servicesas they are not adequately qualified.	Feb 14, 2011 3:59 PM
1409	Companies should have a BCBA-D on staff to oversee the clinical program. Any Directors (e.g., ones that conduct trainings for any levels, create training manuals, oversee the clinical program) should have a minimum of a BCBA, and the direct supervisors of each individual case should be in an accredited program for behavior analysis, working towards their BCBA, or already have their BCBA. The schools that are being accredited should be more scrutinized in terms of the quality of education and the type of classes required to sit for the BCBA exam. No on-line educational programs should be accepted to obtain an MA, MS, or Ph.D. in behavior analysis. Direct 1:1 staff should have a certain number of hours of in-office and in-field training experience before working alone with children; they should not be required to have a BCBA certification as funding will not compensate for this training.	Feb 14, 2011 4:07 PM
1410	Frequent reviews of service plans and objectives by RCOC or by DDS.	Feb 14, 2011 4:16 PM
1411	Programs must have at least 1 BCBA or licensed Clinical Psychologist that works on these cases. Therapy should be delivered by someone with at least a Bachelor's degree. Supervision on the cases must be provided by individuals with at least a Master's degree.	Feb 14, 2011 4:19 PM
1412	The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be Board Certified Behavior Analysts (BCBAs) or other professionals who have appropriate training in providing behavior analytic services. The qualifications of those providing one-to-one services should include enrollment in college, a bachelor's degree in psychology or a related field, or relevant experience.	Feb 14, 2011 4:20 PM
1413	A therapist should be certified with a minimum of 12 months experience in the field.	Feb 14, 2011 4:22 PM
1414	People who are specially trained in this field and have met the qualifications to treat young children at an early age. There are agencies that provide these services with supervisors for the teachers.	Feb 14, 2011 4:36 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1415	Licensed or appropriately supervised.	Feb 14, 2011 4:42 PM
1416	Quarterly progress report and data	Feb 14, 2011 4:44 PM
1417	The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be Board Certified Behavior Analysts (BCBAs) or other professionals who have appropriate training in providing behavior analytic services. The qualifications of those providing one-to-one services should include enrollment in college, a bachelor's degree in psychology or a related field, or relevant experience.	Feb 14, 2011 4:46 PM
1418	behavior servies should be administrered by licensed professional, someone with BCBA or MFT or social work degree	Feb 14, 2011 4:47 PM
1419	The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should have appropriate training in providing behavior analytic services. The qualifications of those providing one-to-one services should include enrollment in college, a bachelor's degree in psychology or a related field, or relevant experience.	Feb 14, 2011 4:49 PM
1420	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: Board Certified Behavior Analysts (BCBAs) preferred; If not a BCBA, then for Focuses ABA a Master's degree in a related field and 12 units of graduate level coursework in behavior analysis and for Focused ABA 3-5 years of experience delivering and supervising treatment programs for children and adults with developmental disabilities. 3-5 years of experience delivering and supervising treatment programs for children with autism. The qualifications of those providing one-to-one services should include: a bachelor's degree in psychology or a related field with relevant experience preferred; If no Bachelor's degree then high school diploma with competency based training and in all cases a background check.	Feb 14, 2011 4:49 PM
1421	This should already be defined. Certifications, degrees, etc. are already in place. Licensing I believe for type of behavioral service is also in place.	Feb 14, 2011 4:50 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1422	The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be Board Certified Behavior Analysts (BCBAs) or other professionals who have appropriate training in providing behavior analytic services. The qualifications of those providing one-to-one services should include enrollment in college, a bachelor's degree in psychology or a related field, or relevant experience.	Feb 14, 2011 5:01 PM
1423	DDS already has vendors for behavior modification trainer and adaptive skills trainer.	Feb 14, 2011 5:04 PM
1424	The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: Board Certified Behavior Analysts (BCBAs) preferred; If not a BCBA, then for Focuses ABA a Master's degree in a related field and 12 units of graduate level coursework in behavior analysis and for Focused ABA 3-5 years of experience delivering and supervising treatment programs for children and adults with developmental disabilities. 3-5 years of experience delivering and supervising treatment programs for children with autism. The qualifications of those providing one-to-one services should include: a bachelor's degree in psychology or a related field with relevant experience preferred; If no Bachelor's degree then high school diploma with competency based training and in all cases a background check.	Feb 14, 2011 5:06 PM
1425	The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: Board Certified Behavior Analysts (BCBAs) preferred; If not a BCBA, then for Focuses ABA a Master's degree in a related field and 12 units of graduate level coursework in behavior analysis and for Focused ABA 3-5 years of experience delivering and supervising treatment programs for children and adults with developmental disabilities. 3-5 years of experience delivering and supervising treatment programs for children with autism. The qualifications of those providing one-to-one services should include: a bachelor's degree in psychology or a related field with relevant experience preferred	Feb 14, 2011 5:08 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1426	We see a definite difference in the quality of ABA providers, there needs to be a better process to weed out ABA providers who are just getting a paycheck and those that see this work as a vocation. Providers should at the least have the following: Bachelor's degree in psychology or a related field with relevant experience preferred; Board Certification in Behavior Analysis (BCBAs), and or a Master's Degree in a related field with preferred. My greatest concern: There are people in the field who have only a High School diploma and some Early Childhood classes and that has to stop! There is no AA degree or non-degree certification program that can match the capabilities of an individual with a four year degree. This isn't about providing child-care it is about providing a meaningful therapy for a very vulnerable individual and we should demand quality credentials and at the least a Bachelor's degree in a related field with the proper certifications. This is a serious problem with the quality of 1:1's or "shadows" in the school district (I refer mostly to LAUSD), the people they want to pair students with aren't qualified to do the work and it is the kids who suffer.	Feb 14, 2011 5:12 PM
1427	Need to be a BCBA	Feb 14, 2011 5:14 PM
1428	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA • For both focused and comprehensive services, oversight of the entire program should be by a Board Certified Behavior Analysts (BCBA), or an individual with a MA in related field and a minimum of 8 units of coursework in behavior analysis. Individuals conducting assessments, developing treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavior services should have • A BA in psychology or related field or • 12 units of coursework in behavior analysis along with at least 2 years of experience supervising treatment programs for children diagnosed with autism or working with other individuals with developmental delays in a behavior analytic setting. The qualifications of those providing one-to-one services should include: • High school diploma with competency based training • Background checks for all levels	Feb 14, 2011 5:14 PM
1429	Should be Regional Centers or Clinical Psychologist with expertise in Development.	Feb 14, 2011 5:15 PM
1430	The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: Board Certified Behavior Analysts (BCBAs) preferred; If not a BCBA, then Master's degree in a related field, 12 units of graduate level coursework in behavior analysis and 3-5 years of experience delivering and supervising treatment programs for children with autism. The qualifications of those providing one-to-one services should include: Bachelor's degree in psychology or a related field with relevant experience preferred; If no Bachelor's degree then high school diploma with competency-based training and in all cases a background check.	Feb 14, 2011 5:17 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1431	Organizations and supervisors should have degrees, areas of specialization, certification in specific fields but therapists should not be mandated to have special certification. In my experience, there are therapists/interventionists who have their degrees but lack the ability to work with children and their families while there are others who have not finished their degrees but have a natural ability to work with the special needs population.	Feb 14, 2011 5:23 PM
1432	The preferred qualifications of persons supervising the service delivery should be a Board Certified Behavior Analyst (BCBA) or a Board Certified Behavior Analyst-Doctoral (BCBA-D). In the event of no BCBA credential, the persons supervising behavioral services should have a minimum of a master's degree in a related field and graduate-level coursework in applied behavior analysis. For those providing the direct 1:1 services, a bachelor's degree in psychology or a related field, plus relevant experience, should be required.	Feb 14, 2011 5:31 PM
1433	I believe currently our diferent Providers are qualify, and quite honestly unfortunately many of our families are not "educationally sophysticated" enough to undersand the services. So in my opinion, either providers become more "open mind" about the household they will access or we create & develop services according to our diversity. Cultural backgrounds, educational, and traditions play a key factor when it comes to implement an intervention, and No Intervention Is Succesfull Unless the Environment Gets Modify. "environmental factors are often a trigger of "mal-adaptive" behaviors".	Feb 14, 2011 5:34 PM
1434	The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be Board Certified Behavior Analysts (BCBAs) or other professionals who have appropriate training in providing behavior analytic services. The qualifications of those providing one-to-one services should include enrollment in college, a bachelor’s degree in psychology or a related field, or relevant experience.	Feb 14, 2011 5:35 PM
1435	Standards for those who provide 1:1 services: At least a bachelor's degree in the area of psychology or related field (e.g. special education) At least one year of experience in the field - working with individuals with special needs/classroom setting Meets competency based training Standards for those who supervise ABA/Behavioral programs/services, conduct assessments, develop treatment plans, provide parent training/education: Board Certified Behavior Analyst (BCBA certification) preferred Master's degree in related field (emphasis in Behavior Analysis) at least 3 years of experience delivering/supervising treatment programs for individuals with autism.	Feb 14, 2011 5:46 PM
1436	Those who are attending school towards a four year college or university aiming for a Bachlors degree.	Feb 14, 2011 5:59 PM
1437	Make sure that service providers are qualified, with regular visitations and proper QA.	Feb 14, 2011 5:59 PM
1438	The supervisor of any behavioral program.should either have or be on their way to obtaining a BCBA. There should also be an SLP on the team as well as an Occupational Therapist. Behavioral services alone are not enough.	Feb 14, 2011 6:00 PM
1439	Training, and or references.	Feb 14, 2011 6:02 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1440	We need to have licensing requirements for those performin ABA type services! The BCBA certificate is not a license! There need to be standards devised for this profession - with finger printing, background checks, and malpractice insurance requirements. In addition - there needs to be a standard set of CPT codes to bill for the services. There is not uniform clear codes for billing, some use the mental health cpt codes such as 90806, others use the hcpc H codes or the S codes. The problem with using these other codes is confusion with claims departments as these codes are also used for physcial, speech or occupational therapy, or mental health therapy - ABA needs to have their own codes to be able differentiate itself from the other professional fields!	Feb 14, 2011 6:03 PM
1441	The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be Board Certified Behavior Analysts (BCBAs) or other professionals who have appropriate training in providing behavior analytic services. The qualifications of those providing one-to-one services should include enrollment in college, a bachelor's degree in psychology or a related field, or relevant experience.	Feb 14, 2011 6:05 PM
1442	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA • For both focused and comprehensive services, oversight of the entire program should be by a Board Certified Behavior Analysts (BCBA), or an individual with a MA in related field and a minimum of 8 units of coursework in behavior analysis. Individuals conducting assessments, developing treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavior services should have • A BA in psychology or related field or • 12 units of coursework in behavior analysis along with at least 2 years of experience supervising treatment programs for children diagnosed with autism or working with other individuals with developmental delays in a behavior analytic setting. The qualifications of those providing one-to-one services should include: • High school diploma with competency based training • Background checks for all levels	Feb 14, 2011 6:05 PM
1443	Training tracking datas, monthly sites visits evaluations of the person.	Feb 14, 2011 6:06 PM
1444	The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be Board Certified Behavior Analysts (BCBAs) or other professionals who have appropriate training in providing behavior analytic services. The qualifications of those providing one-to-one services should include enrollment in college, a bachelor's degree in psychology or a related field, or relevant experience.	Feb 14, 2011 6:09 PM
1445	The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be Board Certified Behavior Analysts (BCBAs) or other professionals who have appropriate training in providing behavior analytic services. The qualifications of those providing one-to-one services should include enrollment in college, a bachelor's degree in psychology or a related field, or relevant experience.	Feb 14, 2011 6:14 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1446	The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be Board Certified Behavior Analysts (BCBAs) or other professionals who have appropriate training in providing behavior analytic services. The qualifications of those providing one-to-one services should include enrollment in college, a bachelor's degree in psychology or a related field, or relevant experience.	Feb 14, 2011 6:20 PM
1447	The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: Board Certified Behavior Analysts (BCBAs) preferred; If not a BCBA, then for Focuses ABA a Master's degree in a related field and 12 units of graduate level coursework in behavior analysis and for Focused ABA 3-5 years of experience delivering and supervising treatment programs for children and adults with developmental disabilities. 3-5 years of experience delivering and supervising treatment programs for children with autism. The qualifications of those providing one-to-one services should include: a bachelor's degree in psychology or a related field with relevant experience preferred; If no Bachelor's degree then high school diploma with competency based training and in all cases a background check.	Feb 14, 2011 6:20 PM
1448	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 14, 2011 6:20 PM
1449	Vendor's providing BIS should have their BCBA for at least two years before being eligible to work independently with consumers and their families.	Feb 14, 2011 6:21 PM
1450	The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be Board Certified Behavior Analysts (BCBAs) or other professionals who have appropriate training in providing behavior analytic services. The qualifications of those providing one-to-one services should include enrollment in college, a bachelor's degree in psychology or a related field, or relevant experience.	Feb 14, 2011 6:21 PM
1451	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 14, 2011 6:24 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1452	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA • For both focused and comprehensive services, oversight of the entire program should be by a Board Certified Behavior Analysts (BCBA), or an individual with a MA in related field and a minimum of 8 units of coursework in behavior analysis. Individuals conducting assessments, developing treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavior services should have • A BA in psychology or related field or • 12 units of coursework in behavior analysis along with at least 2 years of experience supervising treatment programs for children diagnosed with autism or working with other individuals with developmental delays in a behavior analytic setting. The qualifications of those providing one-to-one services should include: • High school diploma with competency based training • Background checks for all levels	Feb 14, 2011 6:24 PM
1453	The qualificaitons of those conductng the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: BCBA's preferred If not a BCBA, then a Master's degree in a related field and 12 units of graduate level coursework in behavior analysis and 3-5 years of experience delivering and supervising treatment programs for children with autism. The qualifications for those providing 1:1 services should be a high school diploma with competency based training and in all cases a background check.	Feb 14, 2011 6:30 PM
1454	1) The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: * Board Certified Behavior Analysts (BCBAs) preferred * If not a BCBA, then Master's degree in a related field, 12 units of graduate level coursework in behavior analysis and 3-5 years of experience delivering and supervising treatment programs for children with autism. 2) The qualifications of those providing one-to-one services should include: * Bachelor's degree in psychology or a related field with relevant experience preferred; * If no Bachelor's degree then high school diploma with competency-based training and in all cases a background check. The qualifications and training of a person are vital to the success of a program. Our child has had service providers who have not been trained at all. A total waste of money.	Feb 14, 2011 6:30 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1455	The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: Board Certified Behavior Analysts (BCBAs) preferred If not a BCBA, then Master's degree in a related field, 12 units of graduate level coursework in behavior analysis and 3-5 years of experience delivering and supervising treatment programs for children with autism. The qualifications of those providing one-to-one services should include: Bachelor's degree in psychology or a related field with relevant experience preferred; If no Bachelor's degree then high school diploma with competency-based training and in all cases a background check.	Feb 14, 2011 6:32 PM
1456	Obviously, a program needs to be run by a BCBA. Other staff do not need to be college students. They can be studing a similar subject in college, but should not be a requirement. Though it is helpful to have a degree in a similar topic. Employee's are given specific training and can learn how to implement services. They should not be required to go to school to have a job.	Feb 14, 2011 6:34 PM
1457	The person providing supervision and assessments should be a Board Certified Behavior Analyst. If not a BCBA, then for Focuses ABA a Master's degree in a related field and 12 units of graduate level coursework in behavior analysis and for Focused ABA 3-5 years of experience delivering and supervising treatment programs for children and adults with developmental disabilities. 3-5 years of experience delivering and supervising treatment programs for children with autism.	Feb 14, 2011 6:35 PM
1458	The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: Board Certified Behavior Analysts (BCBAs) preferred; If not a BCBA, then for Focuses ABA a Master's degree in a related field and 12 units of graduate level coursework in behavior analysis and for Focused ABA 3-5 years of experience delivering and supervising treatment programs for children and adults with developmental disabilities. 3-5 years of experience delivering and supervising treatment programs for children with autism. The qualifications of those providing one-to-one services should include: a bachelor's degree in psychology or a related field with relevant experience preferred; If no Bachelor's degree then high school diploma with competency based training and in all cases a background check.	Feb 14, 2011 6:35 PM
1459	Proof of degrees of the therapists and the specialists working with the individuals. BA level therapists should be supervised by MA and BCBA level supervisors.	Feb 14, 2011 6:41 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1460	I think the state has done itself a dis-service by attempting to go only ABA. Numerous professionals are highly trained in behavioral supports - psychologists, LCSW's etc. It's ironic that behavioral specialists that worked at state developmental centers for years now no longer qualify to provide behavioral services in the community.	Feb 14, 2011 6:43 PM
1461	Degree or intense special training within the disabled community. Experts who are aware of the new progressive programs that are in place.	Feb 14, 2011 6:45 PM
1462	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: Board Certified Behavior Analysts (BCBAs) preferred; If not a BCBA, then for Focuses ABA a Master's degree in a related field and 12 units of graduate level coursework in behavior analysis and for Focused ABA 3-5 years of experience delivering and supervising treatment programs for children and adults with developmental disabilities. 3-5 years of experience delivering and supervising treatment programs for children with autism. The qualifications of those providing one-to-one services should include: a bachelor's degree in psychology or a related field with relevant experience preferred; If no Bachelor's degree then high school diploma with competency based training and in all cases a background check.	Feb 14, 2011 6:45 PM
1463	Master Degree in Education, Psychology, Psychiatry, Physical Therapy, Speech,	Feb 14, 2011 6:46 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1464	The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: Board Certified Behavior Analysts (BCBAs) preferred If not a BCBA, then Master's degree in a related field, 12 units of graduate level coursework in behavior analysis and 3-5 years of experience delivering and supervising treatment programs for children with autism. The qualifications of those providing one-to-one services should include: Bachelor's degree in psychology or a related field with relevant experience preferred; If no Bachelor's degree then high school diploma with competency-based training and in all cases a background check.	Feb 14, 2011 6:52 PM
1465	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: Board Certified Behavior Analysts (BCBAs) preferred; If not a BCBA, then for Focuses ABA a Master's degree in a related field and 12 units of graduate level coursework in behavior analysis and for Focused ABA 3-5 years of experience delivering and supervising treatment programs for children and adults with developmental disabilities. 3-5 years of experience delivering and supervising treatment programs for children with autism. The qualifications of those providing one-to-one services should include: a bachelor's degree in psychology or a related field with relevant experience preferred; If no Bachelor's degree then high school diploma with competency based training and in all cases a background check.	Feb 14, 2011 6:56 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1466	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: Board Certified Behavior Analysts (BCBAs) preferred; If not a BCBA, then for Focuses ABA a Master's degree in a related field and 12 units of graduate level coursework in behavior analysis and for Focused ABA 3-5 years of experience delivering and supervising treatment programs for children and adults with developmental disabilities. 3-5 years of experience delivering and supervising treatment programs for children with autism. The qualifications of those providing one-to-one services should include: a bachelor's degree in psychology or a related field with relevant experience preferred; If no Bachelor's degree then high school diploma with competency based training and in all cases a background check.	Feb 14, 2011 6:59 PM
1467	The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be Board Certified Behavior Analysts (BCBAs) or other professionals who have appropriate training in providing behavior analytic services. The qualifications of those providing one-to-one services should include enrollment in college, a bachelor’s degree in psychology or a related field, or relevant experien	Feb 14, 2011 7:03 PM
1468	Services should be provided by people with training and oversight by licensed staff.	Feb 14, 2011 7:05 PM
1469	Any individual providing ABA services should be a Board Certified Behavior Analyst (BCBA) or be directly supervised by a BCBA. Such supervision should be documented and solidified by a signature from the BCBA for audit at any time. The organization providing such services should be managed by a BCBA and should be subject to audit at any time. A ratio of one BCBA to every 10 upper management clinical staff should be established (direct care staff, often called tutors) should not be counted in the ratio. “Upper management clinical staff” would be those often referred to as Behavior Consultants, Clinical supervisors, Supervisors.	Feb 14, 2011 7:05 PM
1470	The persons or organization should have credentials in behavioral intervention, integrative play, communications, sensory integration.	Feb 14, 2011 7:11 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1471	# Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: * The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: o Board Certified Behavior Analysts (BCBAs) preferred; o If not a BCBA, then for Focuses ABA a Master's degree in a related field and 12 units of graduate level coursework in behavior analysis and + for Focused ABA 3-5 years of experience delivering and supervising treatment programs for children and adults with developmental disabilities. + 3-5 years of experience delivering and supervising treatment programs for children with autism. * The qualifications of those providing one-to-one services should include: o a bachelor's degree in psychology or a related field with relevant experience preferred; o If no Bachelor's degree then high school diploma with competency based training and in all cases a background check.	Feb 14, 2011 7:12 PM
1472	The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be Board Certified Behavior Analysts (BCBAs) or other professionals who have appropriate training in providing behavior analytic services. The qualifications of those providing one-to-one services should include enrollment in college, a bachelor’s degree in psychology or a related field, or relevant experience.	Feb 14, 2011 7:13 PM
1473	Very mature and experienced in their field.	Feb 14, 2011 7:24 PM
1474	Services should be provided only by persons or organizations that are properly vendorized as described in the Lanternman Act Section 4648(a)(3)(A)	Feb 14, 2011 7:25 PM
1475	Standards such as those provided by the Behavior Analysis Certification Board (see their website)	Feb 14, 2011 7:31 PM
1476	must have a degree and apprentiship	Feb 14, 2011 7:36 PM
1477	The persons or organization should have credentials in behavioral intervention, communications, sensory integration.	Feb 14, 2011 7:36 PM
1478	The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be Board Certified Behavior Analysts (BCBAs) or other professionals who have appropriate training in providing behavior analytic services. The qualifications of those providing one-to-one services should include enrollment in college, a bachelor’s degree in psychology or a related field, or relevant experience.	Feb 14, 2011 7:39 PM
1479	Most ABA providers are not professionas but DDS is paying rates consumate with professional services.	Feb 14, 2011 7:42 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1480	The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: Board Certified Behavior Analysts (BCBAs) preferred If not a BCBA, then Master's degree in a related field, 12 units of graduate level coursework in behavior analysis and 3-5 years of experience delivering and supervising treatment programs for children with autism. The qualifications of those providing one-to-one services should include: Bachelor's degree in psychology or a related field with relevant experience preferred; If no Bachelor's degree then high school diploma with competency-based training and in all cases a background check.	Feb 14, 2011 7:51 PM
1481	Accredited according to state and local standards by independent organizations authorized to do so.	Feb 14, 2011 7:54 PM
1482	Accredited, degreed, history of excellence, flexibility to consumer/family needs.	Feb 14, 2011 7:54 PM
1483	teachers	Feb 14, 2011 7:54 PM
1484	The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be Board Certified Behavior Analysts (BCBAs) or other professionals who have appropriate training in providing behavior analytic services. The qualifications of those providing one-to-one services should include enrollment in college, a bachelor’s degree in psychology or a related field, or relevant experience.	Feb 14, 2011 7:58 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1485	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: Board Certified Behavior Analysts (BCBAs) preferred; If not a BCBA, then for Focuses ABA a Master's degree in a related field and 12 units of graduate level coursework in behavior analysis and for Focused ABA 3-5 years of experience delivering and supervising treatment programs for children and adults with developmental disabilities. 3-5 years of experience delivering and supervising treatment programs for children with autism. The qualifications of those providing one-to-one services should include: a bachelor's degree in psychology or a related field with relevant experience preferred; If no Bachelor's degree then high school diploma with competency based training and in all cases a background check.	Feb 14, 2011 7:58 PM
1486	Ask Goodwill	Feb 14, 2011 8:05 PM
1487	There should be a BCBA qualified staff to ensure standard of services amongst all other providers within a given organization. Other providers providing consultation services should have Master's level training in Pyschology, Sociology, Education, Social Work.	Feb 14, 2011 8:13 PM
1488	The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be Board Certified Behavior Analysts (BCBAs) or if not a BCBA, then for Focuses ABA a Master's degree in a related field and 12 units of graduate level coursework in behavior analysis. While a BCBA and experience in the behavior change program is preferred for individuals conducting assessment, consulting with parents, developing behavior change programs, and monitoring behavior change data, individuals implementing one-on-one services can be bachelors level or college students with specified training in implementation of written behavioral programs, data collection, and supervised at least 1-week by a supervisor at the BCBA level.	Feb 14, 2011 8:26 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1489	* The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: o Board Certified Behavior Analysts (BCBAs) preferred o If not a BCBA, then Master's degree in a related field, 12 units of graduate level coursework in behavior analysis and 3-5 years of experience delivering and supervising treatment programs for children with autism. * The qualifications of those providing one-to-one services should include: o Bachelor's degree in psychology or a related field with relevant experience preferred; o If no Bachelor's degree then high school diploma with competency-based training and in all cases a background check.	Feb 14, 2011 8:36 PM
1490	QUALIFICATIONS INCLUDE SPECIALIZED TRAINING IN EACH AND EVERY FACET.	Feb 14, 2011 8:41 PM
1491	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: Board Certified Behavior Analysts (BCBAs) preferred; If not a BCBA, then for Focuses ABA a Master's degree in a related field and 12 units of graduate level coursework in behavior analysis and for Focused ABA 3-5 years of experience delivering and supervising treatment programs for children and adults with developmental disabilities. 3-5 years of experience delivering and supervising treatment programs for children with autism. The qualifications of those providing one-to-one services should include: a bachelor's degree in psychology or a related field with relevant experience preferred; If no Bachelor's degree then high school diploma with competency based training and in all cases a background check.	Feb 14, 2011 8:45 PM
1492	Stephanie Young Consultants Inc was really well with trainings(THEYRE THE BEST)!	Feb 14, 2011 8:48 PM
1493	The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be Board Certified Behavior Analysts (BCBAs) or other professionals who have appropriate training in providing behavior analytic services. The qualifications of those providing one-to-one services should include enrollment in college, a bachelor’s degree in psychology or a related field, or relevant experience.	Feb 14, 2011 8:50 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1494	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: Board Certified Behavior Analysts (BCBAs) preferred; If not a BCBA, then for Focuses ABA a Master's degree in a related field and 12 units of graduate level coursework in behavior analysis and for Focused ABA 3-5 years of experience delivering and supervising treatment programs for children and adults with developmental disabilities. 3-5 years of experience delivering and supervising treatment programs for children with autism. The qualifications of those providing one-to-one services should include: a bachelor's degree in psychology or a related field with relevant experience preferred; If no Bachelor's degree then high school diploma with competency based training and in all cases a background check.	Feb 14, 2011 8:51 PM
1495	An outside consultant who is not employed by the regional center would probably be best suited to provide services.	Feb 14, 2011 8:52 PM
1496	Services should be provided only by persons or organizations that are properly vendorized as described inthe Lanternman Act Section 4648 (a) (3) (A).	Feb 14, 2011 8:53 PM
1497	See above	Feb 14, 2011 8:54 PM
1498	The qualifications should include specific training classes for each fact of the disability, e.g. early start, autism, etc.etc.	Feb 14, 2011 8:57 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1499	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: Board Certified Behavior Analysts (BCBAs) preferred; If not a BCBA, then for Focuses ABA a Master's degree in a related field and 12 units of graduate level coursework in behavior analysis and for Focused ABA 3-5 years of experience delivering and supervising treatment programs for children and adults with developmental disabilities. 3-5 years of experience delivering and supervising treatment programs for children with autism. The qualifications of those providing one-to-one services should include: a bachelor's degree in psychology or a related field with relevant experience preferred; If no Bachelor's degree then high school diploma with competency based training and in all cases a background check.	Feb 14, 2011 8:58 PM
1500	This is an immense question, and does not allow a single standard since both the range of services, and the clincial training required varies significantly across the service sites. At residential homes, the educational requirements and the salaries of the workers are both understandably less than those requirements for the Area Office psychologists--though both are providing services to DDS clients. The psychologists should be licensed. The workers in the residential homes should receive more than minimum wage, and should receive health benefits, in order to lessen the frequency of staff turn-over, which is a major clinical problem.	Feb 14, 2011 9:02 PM
1501	Hands on experince, training, certified.	Feb 14, 2011 9:05 PM
1502	Classes should be performed by a registered/licensed speech therapist.	Feb 14, 2011 9:07 PM
1503	Only properly vendorized and skilled persons and organizations should be service providers, as described in the Lanterman Act.	Feb 14, 2011 9:09 PM
1504	The provider of Behavioral Services should be a Board Certified Behavior Analyst, or document and demonstrate an equivalent level of education and knowledge of Applied Behavior Analysis. The provider should have at least two years working directly with the population they are to serve.	Feb 14, 2011 9:14 PM
1505	a bachelor's degree in psychology or a related field with relevant experience preferred; if no Bachelor's degree then high school diploma with competency based training and in all cases a background check	Feb 14, 2011 9:15 PM
1506	Must be trained and certified in the area of behavioral services.	Feb 14, 2011 9:28 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1507	All therapists and counselors should be licensed.	Feb 14, 2011 9:33 PM
1508	certified training by college or other institution specializing in this service	Feb 14, 2011 9:44 PM
1509	Ask the parent if they see changes	Feb 14, 2011 9:49 PM
1510	Individuals in NPA's overseeing and designing treatment programs should be Masters levels and beyond or have specific certification, as do school personnel.	Feb 14, 2011 9:52 PM
1511	Service standards should be maintained as they currently are.	Feb 14, 2011 9:54 PM
1512	Therapists/providers must have an understanding of family systems theory and practice.	Feb 14, 2011 10:05 PM
1513	The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be Board Certified Behavior Analysts (BCBAs) or other professionals who have appropriate training in providing behavior analytic services.	Feb 14, 2011 10:06 PM
1514	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 14, 2011 10:11 PM
1515	Services should be provided only by persons or organizations that are properly vendorized as described in the Lanterman Act Section 4648 (a) (3) (A).	Feb 14, 2011 10:21 PM
1516	Each Regional Center should have an effective Quality Assurance team that will ensure that each vendor is providing the appropriate services to the consumer within the timelines that they have recommended. Moreover, Consumer Service Coordinators should also receive reports in a timely manner.	Feb 14, 2011 10:23 PM
1517	We should be using community standards that already exist - staff should be licensed and certificated. For example, a BCBA should be involved in any behavior services. But again, the consumer and the consumer's parents should be involved. What about the qualifications and performance of the regional center staff? Consumers should be able to rate the staff on an annual basis. Otherwise there is an ongoing conflict of interest in which DDS is simply evaluating the RC on whether they are meeting their numbers and how many parents are filing for fair hearing.	Feb 14, 2011 10:28 PM
1518	The Lanterman act designates DDS as qualification setter. Qualifications should be reasonable and reflect professional standards for the population at large. Lesser qualifications for vendors must be avoided as an infringement on the rights guaranteed under the Lanterman Act.	Feb 14, 2011 10:29 PM
1519	Any individual providing ABA services should be a Board Certified Behavior Analyst (BCBA) or be directly supervised by a BCBA. Such supervision should be documented and solidified by a signature from the BCBA for audit at any time. The organization providing such services should be managed by a BCBA and should be subject to audit at any time. A ratio of one BCBA to every 10 upper management clinical staff should be established (direct care staff, often called tutors) should not be counted in the ratio. “Upper management clinical staff” would be those often referred to as Behavior Consultants, Clinical supervisors, Supervisors.	Feb 14, 2011 10:32 PM
1520	Agencies should be required to hire only professionals that have studied the field. For example: most agencies that provide ABA only require a high school diploma for the interventionist. I think this is a substandard! The interventionist for ABA, speech therapy, child development etc. should be required to hold at a minimum a BS/BA degree in the respective field.	Feb 14, 2011 10:33 PM
1521	I depend on Family Connections to provide a qualified person.	Feb 14, 2011 10:35 PM
1522	service provider should have specific training to deal with the issue of clients	Feb 14, 2011 10:36 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1523	parent should ne involve to learn and make sure child is learning	Feb 14, 2011 10:38 PM
1524	Approrpriately qualified persons not llimiited to those holding the BCBA. Person should also have training in parent training.The services should be provided by the professional not the aides or so called "therapists" with minimal training and qualifications	Feb 14, 2011 10:39 PM
1525	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 14, 2011 10:43 PM
1526	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: * The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: o Board Certified Behavior Analysts (BCBAs) preferred; o If not a BCBA, then for Focuses ABA a Master's degree in a related field and 12 units of graduate level coursework in behavior analysis and + for Focused ABA 3-5 years of experience delivering and supervising treatment programs for children and adults with developmental disabilities. + 3-5 years of experience delivering and supervising treatment programs for children with autism. * The qualifications of those providing one-to-one services should include: o a bachelor's degree in psychology or a related field with relevant experience preferred; o If no Bachelor's degree then high school diploma with competency based training and in all cases a background check.	Feb 14, 2011 10:44 PM
1527	BCBA certification provider	Feb 14, 2011 10:44 PM
1528	I think consultants should be approved by regional centers have PH.D qualifications and be available not only as planned but making or being available by phone for any concerns that arise.	Feb 14, 2011 10:46 PM
1529	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 14, 2011 10:46 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1530	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: Board Certified Behavior Analysts (BCBAs) preferred; If not a BCBA then a Master's degree in a related field and 12 units of graduate level coursework in behavior analysis and OR MASTER'S DEGREE IN PROGRESS IN RELATED FIELD WITH 9 UNITS OF ABA , BCABA CERTIFIED, WITH 3-5 years of experience delivering and supervising treatment programs for children with autism, AND SUPERVISED BY A BCBA. The qualifications of those providing one-to-one services should include: a bachelor's degree in psychology or a related field with relevant experience preferred; If no Bachelor's degree then high school diploma with competency based training and in all cases a background check.	Feb 14, 2011 10:54 PM
1531	1. Master's level professional 2. Expert in working with clients on the autism spectrum 3. CARF accreditied facility	Feb 14, 2011 11:00 PM
1532	The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: Board Certified Behavior Analysts (BCBAs) or Board Certified Associate Behavior Analysts (BCABAs) preferred If not a BCBA or BCABA, then Master's degree in a related field, 12 units of graduate level coursework in behavior analysis and 3-5 years of experience delivering and supervising treatment programs for children with autism. The qualifications of those providing one-to-one services should include: Bachelor's degree in psychology or a related field with relevant experience preferred; If no Bachelor's degree then high school diploma with competency-based training and in all cases a background check.	Feb 14, 2011 11:09 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1533	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: Board Certified Behavior Analysts (BCBAs) preferred; If not a BCBA, then for Focuses ABA a Master's degree in a related field and 12 units of graduate level coursework in behavior analysis and for Focused ABA 3-5 years of experience delivering and supervising treatment programs for children and adults with developmental disabilities. 3-5 years of experience delivering and supervising treatment programs for children with autism. The qualifications of those providing one-to-one services should include: a bachelor's degree in psychology or a related field with relevant experience preferred; If no Bachelor's degree then high school diploma with competency based training and in all cases a background check.	Feb 14, 2011 11:16 PM
1534	The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: Board Certified Behavior Analysts (BCBAs) 5 years of experience delivering and supervising treatment programs for children with autism. The qualifications of those providing one-to-one services should include: a bachelor's degree in psychology or a related field with relevant experience preferred If no Bachelor's degree then high school diploma with competency based training and in all cases a background check.	Feb 14, 2011 11:25 PM
1535	The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: Board Certified Behavior Analysts (BCBAs) preferred If not a BCBA, then Master's degree in a related field, 12 units of graduate level coursework in behavior analysis and 3-5 years of experience delivering and supervising treatment programs for children with autism. The qualifications of those providing one-to-one services should include: Bachelor's degree in psychology or a related field with relevant experience preferred; If no Bachelor's degree then high school diploma with competency-based training and in all cases a background check.	Feb 14, 2011 11:25 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1536	programs should have proper staff that are licensed to oversee behavior plans	Feb 14, 2011 11:31 PM
1537	The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: Board Certified Behavior Analysts (BCBAs) preferred If not a BCBA, then Master's degree in a related field, 12 units of graduate level coursework in behavior analysis and 3-5 years of experience delivering and supervising treatment programs for children with autism. OR MASTER'S DEGREE IN PROGRESS IN RELATED FIELD WITH 9 UNITS OF ABA , BCABA CERTIFIED, WITH 3-5 years of experience delivering and supervising treatment programs for children with autism, AND SUPERVISED BY A BCBA. The qualifications of those providing one-to-one services should include: Bachelor's degree in psychology or a related field with relevant experience preferred AND 3-6 UNITS IN ABA COURSEWORK; If no Bachelor's degree then high school diploma with competency-based training and in all cases a background check.	Feb 14, 2011 11:31 PM
1538	The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be Board Certified Behavior Analysts (BCBAs) or other professionals who have appropriate training in providing behavior analytic services.	Feb 14, 2011 11:38 PM
1539	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: Board Certified Behavior Analysts (BCBAs) preferred; If not a BCBA then a Master's degree in a related field and 12 units of graduate level coursework in behavior analysis and OR MASTER'S DEGREE IN PROGRESS IN RELATED FIELD WITH 9 UNITS OF ABA , BCABA CERTIFIED, WITH 3-5 years of experience delivering and supervising treatment programs for children with autism, AND SUPERVISED BY A BCBA. The qualifications of those providing one-to-one services should include: a bachelor's degree in psychology or a related field with relevant experience preferred; If no Bachelor's degree then high school diploma with competency based training and in all cases a background check.	Feb 14, 2011 11:44 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1540	The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be Board Certified Behavior Analysts (BCBAs) or other professionals who have appropriate training in providing behavior analytic services. The qualifications of those providing one-to-one services should include enrollment in college, a bachelor's degree in psychology or a related field, or relevant experience.	Feb 14, 2011 11:44 PM
1541	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 14, 2011 11:45 PM
1542	These services need to be provided by certified programs and person who meet the qualifications i.e. BA degree in this field.	Feb 14, 2011 11:49 PM
1543	Master level or higher licensed professionals	Feb 14, 2011 11:51 PM
1544	Therapists should have bachelors degrees and experience in related fields, experience with persons with special needs, should be a "good fit" with the client and should be receiving education and supervision by people with credentials and higher degrees in ABA.	Feb 14, 2011 11:53 PM
1545	The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: Board Certified Behavior Analysts (BCBAs) preferred If not a BCBA, then a BCABA under the supervison of a BCBA who has at least 5 years expirience inconducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services. Or individuals who possess at least 5 years expirience inconducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services who are curently fulfilling these roles under the supervision of a BCBA. There is a grave potential to remove excellent and dedicated clnicians from this field who have the skills and knowledeg through actual applied expirience whom do not possess a BCBA or BCABA. Displacing these individuals now would have severe impacts to their lively hood as well as the children whom they serve. Furthermore, the employment of specialized or credentialed personel requires more funds be devote to current salarie standard for these individuals.	Feb 14, 2011 11:54 PM
1546	Overseen by person with ABA experience of 5+ years and masters degree	Feb 14, 2011 11:58 PM
1547	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 15, 2011 12:02 AM
1548	ABA agencies should have directors that are PH.D. degreed, licensed psychologists, and have staff that are Bachelor's/Master's as well as staff who are BCBA certified.	Feb 15, 2011 12:02 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1549	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: Board Certified Behavior Analysts (BCBAs) preferred; If not a BCBA then a Master's degree in a related field and 12 units of graduate level coursework in behavior analysis and OR MASTER'S DEGREE IN PROGRESS IN RELATED FIELD WITH 9 UNITS OF ABA , BCABA CERTIFIED, WITH 3-5 years of experience delivering and supervising treatment programs for children with autism, AND SUPERVISED BY A BCBA. The qualifications of those providing one-to-one services should include: a bachelor's degree in psychology or a related field with relevant experience preferred; If no Bachelor's degree then high school diploma with competency based training and in all cases a background check.	Feb 15, 2011 12:04 AM
1550	Services should be provided only by persons or organizations that are properly vendorized as described in the Lanterman Act section 4648 (a) (3) (A)	Feb 15, 2011 12:13 AM
1551	be provided only by persons or organization that are properly vendorized as described in the Lanterman Act Section 4648 (a) (3) (A).	Feb 15, 2011 12:14 AM
1552	The state should increase education and work experience requirements. Mental health vendors should not sub-contract work to under qualified employees (i.e. bachelor level or vocational degrees in mental health). All behaviorists should have a master's degree with appropriate license. The regional center should offer more choices, rather than a limited list of preferred providers. Behavior consultants can benefit from more oversight as well as verification of service hours. This will reduce unethical practices (i.e. over charging and falsfying documents). To ensure quality assurqnce, vendors shall be granted a limited number of contracts.	Feb 15, 2011 12:15 AM
1553	All persons providing these services should be under the guidance of a BCBA with experience dealing with the particular intervention strategies needed. All direct therapists should at least have a degree and some classes in ABA.	Feb 15, 2011 12:31 AM
1554	The clinical director of the behavior agency should be a Board Certified Behavior Analyst (BCBA). Behavior therapists implementing the behavior therapy to children with autism spectrum disorders should have initial instruction-based training in applied behavior analysis (ABA) for children with autism. Behavior therapists should pass a test of their knowledge of applied behavior analysis (ABA) for children with autism. Also, behavior therapists should receive initial competency-based field training that concludes with a field evaluation of their ability to apply ABA methods with consumers.	Feb 15, 2011 12:36 AM
1555	make sure all prociders are properly trained and schooled. they are no use if they do not know what they are doing.	Feb 15, 2011 12:41 AM
1556	A demonstrated history of success in the exact or related service area is vital. Outcome measurements results from the perspective of the circle of support, collaborative agencies, etc.	Feb 15, 2011 12:42 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1557	Individuals who have earned a BCBA, at minimum, are needed to develop and monitor programs. A Ph.D. and BCBA qualification is desired.	Feb 15, 2011 12:42 AM
1558	Each agency should have on staff at least one licensed mental health professional who is clinically trained and has a background and training in behavioral methodologies. Each organization should be hiring staff with experience, knowledge of child development, adolescent development and issues facing adults, depending on their area of focus. Depending on the methodology being implemented, supervisory staff must be certified or provide proof of comprehensive training in the methodology in use. Agencies must require professional behavior at all times, and monitor staff as closely as possible to ensure adequate implementation of programs. All staff should be fingerprinted and determined to be safe as well as healthy. Agencies must be evaluated on their in the field performance, not simply on the qualifications of their staff or their reputations.	Feb 15, 2011 12:45 AM
1559	Each Organization should have a BCBA who oversees all practices and strategies. 1:1 Services should be provided by qualified individuals with proper experience with a minimum of High School proficiency.	Feb 15, 2011 12:45 AM
1560	The qualifications for supervisors, which are the employees conducting assessments, creating treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: Board Certified Behavior Analysts (BCBAs) or a Masters' level person enrolled in a BCBA program. They should also have 2-5 years experience overseeing ABA cases and implementing intervention themselves. A one to one tutor should have, a bachelor's degree in psychology or a related field with relevant experience working with special needs children. This person will require training from the agency to ensure he/she is trained in ABA and able to follow all the principals of ABA. Furthermore they need to be taught how to collect data and implement the behavior plan.	Feb 15, 2011 12:47 AM
1561	Services should be provided only by persons or organizations that are properly verndorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 15, 2011 12:55 AM
1562	Members of the provider team must not only possess knowledge of behavioral strategies, but must be able to demonstrate effective implementation of the techniques. The treatment program should be supervised by an individual who has met the standards of the Behavior Analyst Certification Board. The individuals working under the supervisor should have frequent, ongoing direct contact with the supervisor, at least 1-2 hours per month. Before working independently with children, the direct interventionists should undergo rigorous training in both knowledge and application of behavioral strategies, approximately 5-10 hours of "classroom type" instruction led by the director/supervisor of the program and 10-40 hours of supervised training directly implementing behavioral technique.	Feb 15, 2011 1:13 AM
1563	master's level training and education.	Feb 15, 2011 1:13 AM
1564	all behavior therapist receive extensive training by supervising behaviorist who has at least master in Psychology.	Feb 15, 2011 1:16 AM
1565	Director should have BCBA or PHD. The direct providers should have a minimum of a BA plus documented training and experience in behavior intervention.	Feb 15, 2011 1:22 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1566	The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: Board Certified Behavior Analysts (BCBAs) preferred If not a BCBA, then Master's degree in a related field, 12 units of graduate level coursework in behavior analysis and 3-5 years of experience delivering and supervising treatment programs for children with autism. OR MASTER'S DEGREE IN PROGRESS IN RELATED FIELD WITH 9 UNITS OF ABA , BCABA CERTIFIED, WITH 3-5 years of experience delivering and supervising treatment programs for children with autism, AND SUPERVISED BY A BCBA. The qualifications of those providing one-to-one services should include: Bachelor's degree in psychology or a related field with relevant experience preferred AND 3-6 UNITS IN ABA COURSEWORK; If no Bachelor's degree then high school diploma with competency-based training and in all cases a background check.	Feb 15, 2011 1:23 AM
1567	Qualified liscensed providers that are trusted in the community,by other professionals and esp. other parents. We have experienced certain vendors being 'black balled' based on personality differences at TCRC which has actually harmed many kiddos we know from progress including our son. Despicable because the provider is outstanding with regard to our children. Neither school districts or private insurance has ever excluded this professional.	Feb 15, 2011 1:25 AM
1568	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 15, 2011 1:26 AM
1569	must have formal training/certification	Feb 15, 2011 1:33 AM
1570	Services should be provided only be qualified persons or organizations that are properly vendorized by the Regional Center	Feb 15, 2011 1:44 AM
1571	community college graduate with social services as their major.	Feb 15, 2011 1:44 AM
1572	The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: Board Certified Behavior Analysts (BCBAs) preferred If not a BCBA, then Master's degree in a related field, 12 units of graduate level coursework in behavior analysis and 3-5 years of experience delivering and supervising treatment programs for children with autism. The qualifications of those providing one-to-one services should include: Bachelor's degree in psychology or a related field with relevant experience preferred;	Feb 15, 2011 1:47 AM
1573	The supervisor with a masters and the therapists can be students. We've had some with degrees and some working on degrees and both were effective as long as they are trained well by the company.	Feb 15, 2011 1:50 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1574	# Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: * The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: o Board Certified Behavior Analysts (BCBAs) preferred; o If not a BCBA, then for Focuses ABA a Master's degree in a related field and 12 units of graduate level coursework in behavior analysis and + for Focused ABA 3-5 years of experience delivering and supervising treatment programs for children and adults with developmental disabilities. + 3-5 years of experience delivering and supervising treatment programs for children with autism. * The qualifications of those providing one-to-one services should include: o a bachelor's degree in psychology or a related field with relevant experience preferred; o If no Bachelor's degree then high school diploma with competency based training and in all cases a background check.	Feb 15, 2011 1:51 AM
1575	The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: Board Certified Behavior Analysts (BCBAs) preferred; If not a BCBA then a Master's degree in a related field and 12 units of graduate level coursework in behavior analysis and OR MASTER'S DEGREE IN PROGRESS IN RELATED FIELD WITH 9 UNITS OF ABA , BCABA CERTIFIED, WITH 3-5 years of experience delivering and supervising treatment programs for children with autism, AND SUPERVISED BY A BCBA. The qualifications of those providing one-to-one services should include: a bachelor's degree in psychology or a related field with relevant experience preferred; If no Bachelor's degree then high school diploma with competency based training and in all cases a background check	Feb 15, 2011 1:52 AM
1576	Bachelor's degree and on-job training.	Feb 15, 2011 1:54 AM
1577	this could be standardized like the atec score. one could rate a before and after score of some kind.	Feb 15, 2011 1:56 AM
1578	Aba companies	Feb 15, 2011 1:57 AM
1579	Educational background, status in the community, consumer surveys, achievements with consumers.	Feb 15, 2011 1:58 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1580	If the client needs motor intervention this should be provided by a motor specialist; if speech is needed then a speech therapist is called for	Feb 15, 2011 2:08 AM
1581	There are 2 distinct services that comprise behavioral services: Supervision and Direct (providing the 1:1 work), with each requiring a distinct constellation of education, training, and skill set: 1. The qualifications of those providing Supervision (conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services) should be: * Board Certified Behavior Analysts (BCBAs) preferred; * If not a BCBA, then a Master's degree in a related field and 12 units of graduate level coursework in behavior analysis o 3-5 years of experience delivering and supervising treatment programs for children with autism. - The qualifications of those providing one-to-one services should include: * a bachelor's degree in psychology or a related field with relevant experience preferred; * If no Bachelor's degree then high school diploma with competency based training and in all cases a background check.	Feb 15, 2011 2:23 AM
1582	Advance KIds is the agency that my son has his ABA therapy through and they are very thorough and have the best interest of my child. Alta Regional Center, and specifically Matt Hoisington is the person who oversees [redacted] case. He is wonderful and also does a very thorough job. Nothing with either organization should be changed.	Feb 15, 2011 2:23 AM
1583	Dependent on the result/feedback of the parent survey/social worker. Organization needed to provide training to staff regularly.	Feb 15, 2011 2:28 AM
1584	The qualifications and performance of the person and/or organization should be the highest credential possible.	Feb 15, 2011 2:31 AM
1585	The qualifications should be persons who have an understanding of Developmental Disabilities along with a background in psychology. There should be adequate supervision given to the person providing the services if they don't have a background in psychology. A person with a B.A in Psychology to a Ph.D or Psy.D in Psychology would be ideal. In addition a psychologist with a BCBA would be highly qualified.	Feb 15, 2011 2:47 AM
1586	The service providers (social workers) should be well trained, accountable and professional. They should be evaluated as employees on an annual basis.	Feb 15, 2011 2:49 AM
1587	Regional Center Service Coordinators; possess degree and training in treatment of developmentally disabled persons; including frequent inservice trainings.	Feb 15, 2011 2:52 AM
1588	Qualification of direct service person - at least BA degree and receive face to face supervision by licensed supervisor and/or didactic training every week. Qualification of organization - have at least 1 licensed supervisor providing supervision on a weekly basis.	Feb 15, 2011 2:58 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1589	The supervising therapists have been well -trained, however the therapist that is working with child day to day is not well-trainined or educated in the specific field. Require therapists to have degrees or certain min number of credits in child development, child psychology, etc.	Feb 15, 2011 3:01 AM
1590	Only board certified behavior analysts or those with 12-15 college units in applied behavior analysis class should be providing these services.	Feb 15, 2011 3:05 AM
1591	credentials experiences referrence evaluation of the team.	Feb 15, 2011 3:10 AM
1592	* Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: o The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: + Board Certified Behavior Analysts (BCBAs) preferred; + If not a BCBA, then for Focuses ABA a Master's degree in a related field and 12 units of graduate level coursework in behavior analysis and # for Focused ABA 3-5 years of experience delivering and supervising treatment programs for children and adults with developmental disabilities. # 3-5 years of experience delivering and supervising treatment programs for children with autism. o The qualifications of those providing one-to-one services should include: + a bachelor's degree in psychology or a related field with relevant experience preferred; + If no Bachelor's degree then high school diploma with competency based training and in all cases a background check.	Feb 15, 2011 3:10 AM
1593	For clinical staff Board Certified Behavioral Analyst, and for those conducting one on one work, a bachelors in psychology or related field.	Feb 15, 2011 3:12 AM
1594	only persons or organizations that are properly vendorized as described in the lanterman act should provide services	Feb 15, 2011 3:14 AM
1595	They need to be audited	Feb 15, 2011 3:14 AM
1596	They should have certifications and education in the area of service.	Feb 15, 2011 3:16 AM
1597	Only persons or organization that are properly vendorized as described in the Lanterman Act should provide services.	Feb 15, 2011 3:16 AM
1598	Autism is very difficult to judge who qualify or no. You can't say high function kids won't qualified behavior therapy. you need to find right person to check.	Feb 15, 2011 3:22 AM
1599	See what research says.	Feb 15, 2011 3:23 AM
1600	The service providers should be trained accordingly and select the staff that would be suitable to every particular case.	Feb 15, 2011 3:24 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1601	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: Board Certified Behavior Analysts (BCBAs) preferred; If not a BCBA then a Master's degree in a related field and 12 units of graduate level coursework in behavior analysis and OR MASTER'S DEGREE IN PROGRESS IN RELATED FIELD WITH 9 UNITS OF ABA , BCABA CERTIFIED, WITH 3-5 years of experience delivering and supervising treatment programs for children with autism, AND SUPERVISED BY A BCBA. The qualifications of those providing one-to-one services should include: a bachelor's degree in psychology or a related field with relevant experience preferred; If no Bachelor's degree then high school diploma with competency based training and in all cases a background check.	Feb 15, 2011 3:41 AM
1602	let the parents decide on individual/independent therapist or an organization. I myself would like my son taught by someone educated in Autism that's receiving $65 an hour instead of someone in training under 3 levels of command and receiving $12 an hour.	Feb 15, 2011 3:42 AM
1603	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: Board Certified Behavior Analysts (BCBAs) preferred; If not a BCBA then: a Master's degree in a related field and 12 units of graduate level coursework in behavior analysis and: OR MASTER'S DEGREE IN PROGRESS IN RELATED FIELD WITH 9 UNITS OF ABA , BCABA CERTIFIED, WITH 3-5 years of experience delivering and supervising treatment programs for children with autism, AND SUPERVISED BY A BCBA. The qualifications of those providing one-to-one services should include: a bachelor's degree in psychology or a related field with relevant experience preferred;	Feb 15, 2011 3:48 AM
1604	People who are properly vendorized. Follow Lanterman Act!	Feb 15, 2011 3:54 AM
1605	Managed and supervised by Phd level, all supervisors and managers should be board certified behavior analyst.	Feb 15, 2011 3:58 AM
1606	Age 25+, exprerience with kids (including typical), BA, creativity and open minded.	Feb 15, 2011 3:59 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1607	Person writing goals and behavior plans should be a Board Certified Behavior Analyst. Persons delivering ongoing therapy should have a minimum of a bachelors degree in a related field and experience and should be supervised by qualified BCBA.	Feb 15, 2011 4:02 AM
1608	Our child has been diagnosed with high functioning autism. There are a lot of “cures” and “treatments” that are being touted by “experts”. Most of these fill parents with false hopes and drain them of their finances. The State Regional Centers have been careful to use only those treatments that have been scientifically proven to be effective. Standards should be set without pressure from fads, celebrity hype or non-verifiable means.	Feb 15, 2011 4:13 AM
1609	BCBA preferred, followed by Master's with some experience, followed by Bachelor's with several years of experience	Feb 15, 2011 4:14 AM
1610	The person performing these services should be evaluated on how effectively the work with the client and the parent, based on the achievement of goals and objectives. The person providing the services should be free of conflicting and variable schedules. The person should have at least a BA/BS in this field.	Feb 15, 2011 4:18 AM
1611	THERE SHOULD BE NO STANDARDS ABOUT THE QUALIFICATIONS AND PEFORMANCE OF THE PERSON, OR ORGANIZATION THAT PROVIDES THESES SERVICES! THE REGIONAL CENTER OFFERED MY SON A TOTAL OF 12 MOS OF ABA SERVICES BECAUSE THIS TYPE OF THERAPY WAS CONSIDERED, "NON-EXPERIMENTAL". THE RESULTS OF ABA WERE TRAUMATIC FOR MY SON. ON THE OTHER-HAND, MY SON'S BEHAVIORS IMPROVED WITH A THERAPY KNOWN AS "SON-RISE". BECAUSE "SON-RISE" WAS CONSIDERED ALTERNATIVE AND "EXPERIMENTAL"; THE REGIONAL CENTER DECLINED TO HELP US PAY FOR OUR TRAINING IN SON-RISE; AND WE PAID OUT OF POCKET. THE REGIONAL CENTER MOST RECENTLY DENIED MY HUSBAND AND I TRAINING IN A THERAPY CALLED, "MASGUTOVA METHOD", MY SON HAS RESPONDED EXTREMELY WELL WITH THIS THERAPY; HE CAN SIT AND FOCUS ON HIS ACADEMICS, SPEECH THERAPY, OT...FOR THE FIRST TIME HE IS MAKING PROGRESS BECAUSE HE CAN NOW REGULATE HIS BODY, ETC. TO FINALLY LEARN. HE CAN NOW GO TO A RESTAURANT AND OTHER NOISY ENVIROMENTS, AND MOST IMPORTANTLY...HE IS NOW AN EXTREMELY HAPPY 11 YEAR OLD BOY! WHO IS TO SAY WHAT WILL WORK AND WHAT WILL NOT WORK FOR A CHILD.	Feb 15, 2011 4:28 AM
1612	Providers should have no less than an Bachelors degree and preferably a Masters.	Feb 15, 2011 4:29 AM
1613	Should be college educated and well trained in behavior modification techniques and data collection.	Feb 15, 2011 4:30 AM
1614	Supervisory ABA personnel should have a Master's Degree in Behavior Analysis or closely related field.	Feb 15, 2011 4:32 AM
1615	Educational background related to services and experience in the field.	Feb 15, 2011 4:32 AM
1616	Ph.D., M.A., B.A., in Psychology, Education, or a related field. Board Certification in Behavior Analysis (BCBA, BCaBA). Supervisors should have a minimum of 2 years of training in the field of behavior analysis. It should not be assumed that if someone has a BCBA that they are able to effectively implement behavioral techniques and/or train others to do so. Perhaps a committee made up of well-known, knowledgeable, respected behavior analysts (from universities, public/nonpublic agencies, etc.) to specify guidelines for qualifications of behavior analysts.	Feb 15, 2011 4:35 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1617	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: Board Certified Behavior Analysts (BCBAs) preferred; If not a BCBA then a Master's degree in a related field and 12 units of graduate level coursework in behavior analysis and OR MASTER'S DEGREE IN PROGRESS IN RELATED FIELD WITH 9 UNITS OF ABA , BCABA CERTIFIED, WITH 3-5 years of experience delivering and supervising treatment programs for children with autism, AND SUPERVISED BY A BCBA. The qualifications of those providing one-to-one services should include: a bachelor's degree in psychology or a related field with relevant experience preferred; If no Bachelor's degree then high school diploma with competency based training and in all cases a background check	Feb 15, 2011 4:35 AM
1618	There is a lot of turnover in ABA services. Some agencies do not provide consistent supervision or support. All programs should include 1-1 tutoring, parent training, supervision overlap and team meetings.	Feb 15, 2011 4:36 AM
1619	Having lead agencies, either Regional Centers or Parent advocacy grps. should be allowed to be part of the implementation of policies and programs.	Feb 15, 2011 4:41 AM
1620	The person or organization should have credentials on behavior management and certification of proven methods. Background checked for no arrests or pedophilia.	Feb 15, 2011 4:48 AM
1621	Psychologist with PHd or someone trained in Behavioral Analyst, Board Certified Behavioral Analyst or Parent trainer who has gone through Mentor program. There is a great need for mentoring program. It's cheaper and has greater assess. Someone with BCBA cost alot. It's not fair to hire an organization to find out that the trainers are all trainees who is supervised by a BCBA, but the regional center has to pay BCBA rate for the trainee service.	Feb 15, 2011 5:00 AM
1622	Most of the district aids have no real training for the kinds of issues they are dealing with. They are merely babysitters as opposed to people that are truly qualified to help.	Feb 15, 2011 5:00 AM
1623	The clinical director of the behavior agency should be a Board Certified Behavior Analyst (BCBA). Behavior therapists implementing the behavior therapy to children with autism spectrum disorders should have initial instruction-based training in applied behavior analysis (ABA) for children with autism. Behavior therapists should pass a test of their knowledge of applied behavior analysis (ABA) for children with autism. Also, behavior therapists should receive initial competency-based field training that concludes with a field evaluation of their ability to apply ABA methods with consumers.	Feb 15, 2011 5:00 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1624	The clinical director of the behavior agency should be a Board Certified Behavior Analyst (BCBA). Behavior therapists implementing the behavior therapy to children with autism spectrum disorders should have initial instruction-based training in applied behavior analysis (ABA) for children with autism. Behavior therapists should pass a test of their knowledge of applied behavior analysis (ABA) for children with autism. Also, behavior therapists should receive initial competency-based field training that concludes with a field evaluation of their ability to apply ABA methods with consumers.	Feb 15, 2011 5:00 AM
1625	All ABA services should be monitored and or supervised by the following persons: * A BCBA is preferred * If not a BCBA, a Master"s in a related field, 12 units of Behavioral analysis and 3-5 yrs of experience in delivering and supervising treatment programs for children with autism. Qualifications for those providing 1:1 services should include: Bachelor's degree in psychology or related fieldwith relevent experience preferred If no Bachelor degree then a high school diploma with competency based training and in all cases a background check.	Feb 15, 2011 5:02 AM
1626	I would like to see these services provided by State, County, or City personnel. I do not feel that out-sourcing the services to contracted providers is a good idea. I would like to see that all students in State funded colleges and universities provide these services as part of their training.	Feb 15, 2011 5:02 AM
1627	The people that work at these institutions should have a board certified behavior analyses (BCBAs) or a Master's degree in a related field.	Feb 15, 2011 5:02 AM
1628	Person or organizations should have complete background check of no child molestation	Feb 15, 2011 5:03 AM
1629	appropriate certifications of staff and regular inservices on newest information and techniques	Feb 15, 2011 5:05 AM
1630	The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: Board Certified Behavior Analysts preferred. If not a BCBA, then for Focuses ABA a master's degree in a related field and 12 units of graduate level coursework in behavior analysis and focused ABA 3-5 years of experience delivering and supervising treatment programs for children and adults with developmental disabilities.	Feb 15, 2011 5:07 AM
1631	A combination of education and experience should be used to evaluate providers. College degrees in the related fields while helpful should not necessarily be the exclusive standard.	Feb 15, 2011 5:20 AM
1632	Most people on this field are undertrained and don't even know what they're doing.	Feb 15, 2011 5:31 AM
1633	The case manager should have a BCBA or a BCaBA certificate. The case manager should provide on-going case management and staff training.	Feb 15, 2011 5:31 AM
1634	Services should be provided only by persons or organizations that are properly vendorized according to the Lanterman Act.	Feb 15, 2011 5:31 AM
1635	It should be a reputable ABA services early on. however, as the child progress improve and beginning school, it may be best to combine ABA and Social Thinking.	Feb 15, 2011 5:40 AM
1636	same as today	Feb 15, 2011 5:40 AM
1637	services should be provided only by persons or organization that are properly vendorized and the training as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 15, 2011 5:46 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1638	Agencies who hire or Individuals who are a BCBA, clinical psychologist with a behavioral background would be most appropriate to set up the behavioral programs and work directly with the family if it is only 1-2 a month, however if ABA is being used then a bachelors level individual should be providing the services if they don't have a bachelors then at least a degree would be appropriate, if not see below.	Feb 15, 2011 5:47 AM
1639	care givers should pass appropriate exams to get certifications, I notice if the person is only train but not certified the service is not as effective	Feb 15, 2011 5:49 AM
1640	Service standards should include employment of individuals with no less than a bachelor's degree in behavioral health with a supervisor that holds a masters degree in the same. The supervisor should meet with the family/individual weekly or every other week.	Feb 15, 2011 5:56 AM
1641	The persons overseeing the behavioral services should have a broader background that Applied Behavioral Analysis. It is critical that agencies and individuals are aware of current research and practices. Mental health professionals in addition to psychologists should be part of the agency. When working with family members, it is important to have people with Marriage, Family Therapy background in order to work with the consumer within the family.	Feb 15, 2011 5:59 AM
1642	The consulant must be trained and accredited. And receive continued training	Feb 15, 2011 6:05 AM
1643	The national certification of Board Certified Behavior Analysts provides a ready-made qualification that ensure proper training and field experience that is supervised by knowledgeable experts.	Feb 15, 2011 6:06 AM
1644	The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: Board Certified Behavior Analysts (BCBAs) preferred If not a BCBA, then Master's degree in a related field, 12 units of graduate level coursework in behavior analysis and 3-5 years of experience delivering and supervising treatment programs for children with autism. OR MASTER'S DEGREE IN PROGRESS IN RELATED FIELD WITH 9 UNITS OF ABA , BCABA CERTIFIED, WITH 3-5 years of experience delivering and supervising treatment programs for children with autism, AND SUPERVISED BY A BCBA. The qualifications of those providing one-to-one services should include: Bachelor's degree in psychology or a related field with relevant experience preferred AND 3-6 UNITS IN ABA COURSEWORK; If no Bachelor's degree then high school diploma with competency-based training and in all cases a background check.	Feb 15, 2011 6:10 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1645	The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: Board Certified Behavior Analysts (BCBAs) preferred If not a BCBA, then Master's degree in a related field, 12 units of graduate level coursework in behavior analysis and 3-5 years of experience delivering and supervising treatment programs for children with autism. OR MASTER'S DEGREE IN PROGRESS IN RELATED FIELD WITH 9 UNITS OF ABA , BCABA CERTIFIED, WITH 3-5 years of experience delivering and supervising treatment programs for children with autism, AND SUPERVISED BY A BCBA. The qualifications of those providing one-to-one services should include: Bachelor's degree in psychology or a related field with relevant experience preferred AND 3-6 UNITS IN ABA COURSEWORK; If no Bachelor's degree then high school diploma with competency-based training and in all cases a background check.	Feb 15, 2011 6:11 AM
1646	Qualified people should be properly educated or are being properly educated (focusing on behavior related classes in school) and overseen by personnel who have a degree in behavior, or something similar, and specialize in behavior.	Feb 15, 2011 6:17 AM
1647	Services should be provided only by persons or organization that are properly vendorized as described in the Lanterman Act Section 4648 (a) (3) (A).	Feb 15, 2011 6:19 AM
1648	FOCUSED APPLIED BEHAVIOR ANALYSIS (ABA) BEHAVIORAL SERVICES AND COMPREHENSIVE ABA AUTISM TREATMENT SERVICES FOR CHILDREN OVER AGE 3: The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: Board Certified Behavior Analysts (BCBAs) preferred; If not a BCBA, then, a Master's degree in a related field and 12 units of graduate level coursework in behavior analysis, and/ OR MASTER'S DEGREE IN PROGRESS IN RELATED FIELD WITH 9 UNITS OF ABA, BCABA CERTIFIED, WITH 3-5 years of experience delivering and supervising treatment programs for children with Autism, AND SUPERVISED BY A BCBA. The qualifications of those providing one-to-one services should include: a Bachelor's degree in psychology or a related field with relevant experience preferred; If no Bachelor's degree then high school diploma with competency based training And in all cases, a background check.	Feb 15, 2011 6:23 AM
1649	services should be provided only by persons or organization that are properly vendorized and the training as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 15, 2011 6:24 AM
1650	Licensed clinician who understands the neurobiological foundations of behavior, e.g. genetic disorders, neurobiological antecedents, etc.	Feb 15, 2011 6:25 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1651	The qualifications of persons conducting the assessments, developing the treatment plans and goals, providing consultation, parent training, and monitoring and supervision of behavioral services should be: Board Certified Behavior Analysts (BCBAs) preferred; If not a BCBA, then a Master's degree in a related field and 12 units of graduate level coursework in behavior analysis and 3-5 years of experience delivering and supervising treatment programs for children and adults with developmental disabilities. The qualifications of persons providing one-to-one services should include: a bachelor's degree in psychology or a related field with relevant experience preferred; If no Bachelor's degree then high school diploma with competency demonstrated through evaluations of correct implementation of treatment procedures.	Feb 15, 2011 6:32 AM
1652	FOCUSED APPLIED BEHAVIOR ANALYSIS (ABA) BEHAVIORAL SERVICES AND COMPREHENSIVE ABA AUTISM TREATMENT SERVICES FOR CHILDREN OVER AGE 3: The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: Board Certified Behavior Analysts (BCBAs) preferred; If not a BCBA, then, a Master’s degree in a related field and 12 units of graduate level coursework in behavior analysis, and/ OR MASTER’S DEGREE IN PROGRESS IN RELATED FIELD WITH 9 UNITS OF ABA, BCABA CERTIFIED, WITH 3-5 years of experience delivering and supervising treatment programs for children with Autism, AND SUPERVISED BY A BCBA. The qualifications of those providing one-to-one services should include: a Bachelor’s degree in psychology or a related field with relevant experience preferred; If no Bachelor’s degree then high school diploma with competency based training And in all cases, a background check.	Feb 15, 2011 6:33 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1653	FOCUSED APPLIED BEHAVIOR ANALYSIS (ABA) BEHAVIORAL SERVICES AND COMPREHENSIVE ABA AUTISM TREATMENT SERVICES FOR CHILDREN OVER AGE 3: The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: Board Certified Behavior Analysts (BCBAs) preferred; If not a BCBA, then, a Master's degree in a related field and 12 units of graduate level coursework in behavior analysis, and/ OR MASTER'S DEGREE IN PROGRESS IN RELATED FIELD WITH 9 UNITS OF ABA, BCABA CERTIFIED, WITH 3-5 years of experience delivering and supervising treatment programs for children with Autism, AND SUPERVISED BY A BCBA. The qualifications of those providing one-to-one services should include: a Bachelor's degree in psychology or a related field with relevant experience preferred; If no Bachelor's degree then high school diploma with competency based training And in all cases, a background check.	Feb 15, 2011 6:38 AM
1654	As stated above, the service provider MUST be competent in their discipline.	Feb 15, 2011 6:48 AM
1655	The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: Board Certified Behavior Analysts (BCBAs) preferred; If not a BCBA, then for Focuses ABA a Master's degree in a related field and 12 units of graduate level coursework in behavior analysis and for Focused ABA 3-5 years of experience delivering and supervising treatment programs for children and adults with developmental disabilities. 3-5 years of experience delivering and supervising treatment programs for children with autism. The qualifications of those providing one-to-one services should include: a bachelor's degree in psychology or a related field with relevant experience preferred; If no Bachelor's degree then high school diploma with competency based training and in all cases a background check.	Feb 15, 2011 6:55 AM
1656	the person providing services should have an education degree in the area, supplemented with proper training	Feb 15, 2011 6:58 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1657	Please listen to the parents because we see our children everyday, we see the progress or step back. Parents know if the children is reaching their full protential or not. We know when to push our children to reach what they can reach and stop when we see the children reah their max at a point of time.	Feb 15, 2011 7:11 AM
1658	Every ABA company should have a BCBA-certified person on staff who oversees the quality of all ABA programs that they are running. Maintains certification with the BCBA company.	Feb 15, 2011 7:12 AM
1659	Report cards to regional center from vendor and parent/client. Checks and balances. Quality control. Perhaps a letter grading per year on vendors (similar to the letter grading of restruants). This will insure the checks and balances thru compeition of quaility as well. Parents just want to understand what their options are. When you have a child with a disability, you need to trust in the vendor to whom you let in your home. To whom you trust with your biggest concerns. To whom requires a partnership with for the growth of the consumer. Same would be for an adult as well.	Feb 15, 2011 7:16 AM
1660	Ph.D. in behavioral psychology to oversee the program design with implementation by a BCBA with expertise in the area of disability and other providers who can demonstrate competency through testing and experience.	Feb 15, 2011 7:19 AM
1661	It should be a well educated person who has an experience working with these children	Feb 15, 2011 7:20 AM
1662	At a minimum the providers must be BT certified.	Feb 15, 2011 7:45 AM
1663	The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: Individuals with Master's degree in a related field, Bachelor's degree and 3+ years in field of autism and ABA, or certified (BCBA or BCABA). The qualifications of those providing one-to-one services should include: a bachelor's degree in psychology or a related field with relevant experience preferred; If no Bachelor's degree then high school diploma with competency based training and in all cases a background check.	Feb 15, 2011 7:49 AM
1664	The qualifications and performance of the person providing these services should be. Board Certified Behavior Analysts (BCBA) if not a BCBA, then for focuses ABA a Master's degree in a related field and 12 units of graduate level coursework in behavior analysis. For focused ABA 3-5 years of experience delivering and supervising treatment programs for children and adults with developmental Disabilities. 3-5 years experience delivering and supervising treatment programs for children with autism. A bachelor's degree in psychology or a related field. If no bachelor's degree then a high school diploma with competency based training and a background check.	Feb 15, 2011 7:53 AM
1665	BCBA or BCBA-eligible	Feb 15, 2011 8:01 AM
1666	-BCBA based on severity -trained by BCBA at lesser rate than BCBA	Feb 15, 2011 8:13 AM
1667	Basic mimimum requirements/training.	Feb 15, 2011 8:22 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1668	Masters degree in a related field. Certification in RDI or Floortime. I do not feel they need a Ph.D or license.	Feb 15, 2011 8:46 AM
1669	I believe that these people already come to the consumers with appropriate qualifications	Feb 15, 2011 8:54 AM
1670	Only persons or organizations that are properly vendorized as described in the Lanterman Act should provide services	Feb 15, 2011 10:28 AM
1671	DDS should continue providing services to children/family with children suffering from autism	Feb 15, 2011 10:46 AM
1672	Must be college graduate and has child education background and ABA trained professional.	Feb 15, 2011 12:02 PM
1673	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 15, 2011 12:40 PM
1674	Trainig	Feb 15, 2011 3:02 PM
1675	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 15, 2011 3:46 PM
1676	Direct therapists should at least have a B.A./B.S. in a related field, i.e. psychology, child development. Supervisors should have a M.A./M.S. and have a BCBA certificate. The head of the company should be licencsed and have a BCBA certificate.	Feb 15, 2011 3:50 PM
1677	The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: Board Certified Behavior Analysts (BCBAs) preferred If not a BCBA, then Master's degree in a related field, 12 units of graduate level coursework in behavior analysis and 3-5 years of experience delivering and supervising treatment programs for children with autism. OR MASTER’S DEGREE IN PROGRESS IN RELATED FIELD WITH 9 UNITS OF ABA , BCABA CERTIFIED, WITH 3-5 years of experience delivering and supervising treatment programs for children with autism, AND SUPERVISED BY A BCBA. The qualifications of those providing one-to-one services should include: Bachelor's degree in psychology or a related field with relevant experience preferred AND 3-6 UNITS IN ABA COURSEWORK; If no Bachelor's degree then high school diploma with competency-based training and in all cases a background check.	Feb 15, 2011 3:50 PM
1678	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 15, 2011 3:58 PM
1679	See response to #2.	Feb 15, 2011 4:02 PM
1680	There should be different qualifacations depending on the service.	Feb 15, 2011 4:03 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1681	The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: Board Certified Behavior Analysts (BCBAs) preferred; If not a BCBA, then for Focuses ABA a Master's degree in a related field and 12 units of graduate level coursework in behavior analysis and for Focused ABA 3-5 years of experience delivering and supervising treatment programs for children and adults with developmental disabilities. 3-5 years of experience delivering and supervising treatment programs for children with autism. The qualifications of those providing one-to-one services should include: a bachelor's degree in psychology or a related field with relevant experience preferred; If no Bachelor's degree then high school diploma with competency based training and in all cases a background check.	Feb 15, 2011 4:04 PM
1682	Services should be provided only by persons or organizations that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A)	Feb 15, 2011 4:06 PM
1683	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: Board Certified Behavior Analysts (BCBAs) preferred; If not a BCBA, then for Focuses ABA a Master's degree in a related field and 12 units of graduate level coursework in behavior analysis and for Focused ABA 3-5 years of experience delivering and supervising treatment programs for children and adults with developmental disabilities. 3-5 years of experience delivering and supervising treatment programs for children with autism. The qualifications of those providing one-to-one services should include: a bachelor's degree in psychology or a related field with relevant experience preferred; If no Bachelor's degree then high school diploma with competency based training and in all cases a background check.	Feb 15, 2011 4:07 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1684	Those providing services should be certified in the field.	Feb 15, 2011 4:13 PM
1685	Any individual providing ABA services should be a Board Certified Behavior Analyst (BCBA) or be directly supervised by a BCBA. Such supervision should be documented and solidified by a signature from the BCBA for audit at any time. The organization providing such services should be managed by a BCBA and should be subject to audit at any time. A ratio of one BCBA to every 10 upper management clinical staff should be established (direct care staff, often called tutors) should not be counted in the ratio. “Upper management clinical staff” would be those often referred to as Behavior Consultants, Clinical supervisors, Supervisors.	Feb 15, 2011 4:15 PM
1686	knowledgeable of the State/or services provided to the clients and the needs of such services	Feb 15, 2011 4:23 PM
1687	Behavior services should be provided by a behavioral therapist or individuals with the educational foundation and experience focusing on behavior modification.	Feb 15, 2011 4:28 PM
1688	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 15, 2011 4:40 PM
1689	The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: Board Certified Behavior Analysts (BCBAs) preferred; If not a BCBA, then a Master's degree in a related field and 12 units of graduate level coursework in behavior analysis and for Focused ABA 3-5 years of experience delivering and supervising treatment programs for children and adults with developmental disabilities. 3-5 years of experience delivering and supervising treatment programs for children with autism. The qualifications of those providing one-to-one services should include: a bachelor's degree in psychology or a related field with relevant experience preferred; 12 units in ABA coursework	Feb 15, 2011 4:42 PM
1690	See above	Feb 15, 2011 4:48 PM
1691	Survey completed by consumer, family and service coordinator. Data collected to be gathered and available to consumer, families to help in identifying person and or organizations providing worthy services. Currently there is no such information other than the suggestion of the service coordinators which at times feel pressured by the person and or organizations themselves to send clients. This has been confirmed via a study recently done by California State Auditor: Bureau of State Audits which identified concerns about vendor preferences. http://www.bsa.ca.gov/pdfs/reports/2009-118.pdf the following is a direct quote from this report/audit "Developmental Services’ lack of oversight of how regional centers refer vendors to consumers or select vendors with which they contract decreases its ability to promote costeffectiveness in the developmental services system."	Feb 15, 2011 4:50 PM
1692	BCBA Review progress	Feb 15, 2011 4:56 PM
1693	Well trained therapist and supervisiors. People that are dedicated	Feb 15, 2011 4:59 PM
1694	Staffing changes are part of this problem and should be given great consideration to a client's success or failure.	Feb 15, 2011 5:05 PM
1695	Experienced providers with educational background.	Feb 15, 2011 5:29 PM
1696	They should have an understanding of the child in many years experience or they are using text book suggestions and they don't always work.	Feb 15, 2011 5:35 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1697	The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: Board Certified Behavior Analysts (BCBAs) preferred If not a BCBA, then Master's degree in a related field, 12 units of graduate level coursework in behavior analysis and 3-5 years of experience delivering and supervising treatment programs for children with autism. The qualifications of those providing one-to-one services should include: Bachelor's degree in psychology or a related field with relevant experience preferred; If no Bachelor's degree then high school diploma with competency-based training and in all cases a background check.	Feb 15, 2011 5:38 PM
1698	Contrary to the messaging put forward by the champions of Applied Behavior Analysis (ABA), ABA programs are not the ONLY effective intervention for children with Autism Spectrum disorders. While a behavioral program can be life-changing for the child and the family in the earliest months and years, at some point, a child can benefit just as much or more from developmentally appropriate social skills training delivered by specialists TRAINED in the disorder. This kind of intervention, in one-on-one or small group settings, can be very effective a couple of times a week. The key is the training. You can't pretend that a school-based speech language pathologist with no experience in autism spectrum disorders can teach kids with these disorders in ways they will learn. You need to have SPECIALISTS (either speech or ABA or psychology) with EXPERIENCE in the disorder running these sessions/groups. Regional centers should be working to develop these community services and supporting practioners willing to work with this challenging population.	Feb 15, 2011 5:45 PM
1699	The personnel has to be certified to provide services according to the mandated standards instituted by its governing state board, in order to insure the quality of the services. People who are not properly certified water down the effectiveness of the treatment and give a bad name to every provider.	Feb 15, 2011 5:45 PM
1700	Refer to the Drake Institute protocol.	Feb 15, 2011 5:47 PM
1701	This is very difficult to gauge. Each child will respond differently but the outcome may be the same. The spectrum in wide and hard to put a qualifier on.	Feb 15, 2011 5:48 PM
1702	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 15, 2011 5:53 PM
1703	I think parents should report back to YOU their experiences with the different agencies. Parents are reluctant to say anything negative, because these agencies hold our childrens' futures in their hands. I think you should monitor complaints.	Feb 15, 2011 6:05 PM
1704	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 15, 2011 6:12 PM
1705	Only persons or organization that are properly vendorized as described in the Lanterman Act should provide services.	Feb 15, 2011 6:14 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1706	Industries standards should be based on research guidelines.	Feb 15, 2011 6:20 PM
1707	The clinical director of the behavior agency should be a Board Certified Behavior Analyst (BCBA). Behavior therapists implementing the behavior therapy to children with autism spectrum disorders should have initial instruction-based training in applied behavior analysis (ABA) for children with autism. Behavior therapists should pass a test of their knowledge of applied behavior analysis (ABA) for children with autism. Also, behavior therapists should receive initial competency-based field training that concludes with a field evaluation of their ability to apply ABA methods with consumers.	Feb 15, 2011 6:20 PM
1708	Qualifications should be met by a professional, or a qualified business for the services. Not individuals, or family members.	Feb 15, 2011 6:24 PM
1709	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA • For both focused and comprehensive services, oversight of the entire program should be by a Board Certified Behavior Analysts (BCBA), or an individual with a MA in related field and a minimum of 8 units of coursework in behavior analysis. Individuals conducting assessments, developing treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavior services should have • A BA in psychology or related field or • 12 units of coursework in behavior analysis along with at least 2 years of experience supervising treatment programs for children diagnosed with autism or working with other individuals with developmental delays in a behavior analytic setting. The qualifications of those providing one-to-one services should include: • High school diploma with competency based training • Background checks for all levels	Feb 15, 2011 6:27 PM
1710	The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: Board Certified Behavior Analysts (BCBAs) preferred If not a BCBA, then Master's degree in a related field, 12 units of graduate level coursework in behavior analysis and 3-5 years of experience delivering and supervising treatment programs for children with autism. The qualifications of those providing one-to-one services should include: Bachelor's degree in psychology or a related field with relevant experience preferred; If no Bachelor's degree then high school diploma with competency-based training and in all cases a background check.	Feb 15, 2011 6:32 PM
1711	Again I refer you to the BCBA standards for therapist, supervision and ABA agencies providing these services	Feb 15, 2011 6:34 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1712	Please consider that not all children with beahviors need a behaviorist. Young children are frequently using behaviors as a communication attempt or behaviors arise due to problems with sensory regulation. In these situations an Occupational therapist or Speech Language pathologist are both licensed and would be most appropriate to see the child for an evaluation and to develope a plan of care.	Feb 15, 2011 6:38 PM
1713	Services providers need to have a standard qualifacation. Having special needs education and passion.	Feb 15, 2011 6:40 PM
1714	The therapist are already has some experinces in the subject.And the supervisor who has more experience,watches,supervises and evalute the progress of the cadidate and give proper guidance to the therapist if it is needed.	Feb 15, 2011 6:42 PM
1715	Those working with the consumers should have a minimum of a Bachelors Degree or 4 years experience working with such behaviors. Those working with the consmers should be supervised by a person who is a Behavior Analysis Certification Board.	Feb 15, 2011 6:44 PM
1716	They must be highly trained and skilled and work for the benefit of the person in need to achieve their highest potential.	Feb 15, 2011 6:46 PM
1717	All organizations and/or persons administering treatment MUST be fully trained in an empirically valid, peer reviewed, methodology such as PRT or ABA. Fidelity of implementation must be continuously assessed in this area.	Feb 15, 2011 6:53 PM
1718	The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be Board Certified Behavior Analysts (BCBAs) or other professionals who have appropriate training in providing behavior analytic services. The qualifications of those providing one-to-one services should include enrollment in college, a bachelor’s degree in psychology or a related field, or relevant experience.	Feb 15, 2011 6:53 PM
1719	The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be Board Certified Behavior Analysts (BCBAs) or other professionals who have appropriate training in providing behavior analytic services. The qualifications of those providing one-to-one services should include enrollment in college, a bachelor’s degree in psychology or a related field, or relevant experience.	Feb 15, 2011 6:54 PM
1720	The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be Board Certified Behavior Analysts (BCBAs) or other professionals who have appropriate training in providing behavior analytic services. The qualifications of those providing one-to-one services should include enrollment in college, a bachelor’s degree in psychology or a related field, or relevant experience.	Feb 15, 2011 6:58 PM
1721	either licensed themselves or under the supervision of a licensed provider who has seen and evaluated the client and made the treatment plan to be followed.	Feb 15, 2011 7:01 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1722	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: Board Certified Behavior Analysts (BCBAs) preferred; If not a BCBA, then for Focuses ABA a Master's degree in a related field and 12 units of graduate level coursework in behavior analysis and for Focused ABA 3-5 years of experience delivering and supervising treatment programs for children and adults with developmental disabilities. 3-5 years of experience delivering and supervising treatment programs for children with autism. The qualifications of those providing one-to-one services should include: a bachelor's degree in psychology or a related field with relevant experience preferred; If no Bachelor's degree then high school diploma with competency based training and in all cases a background check.	Feb 15, 2011 7:03 PM
1723	A company that has staff with BCBA or BCaBA certification is a good measure of qualification. However, it is also important that the people managing the program observe the direct services. It is equally important that this qualified personnel also are receiving on-going training from the organization. This should be looked at it detail, their may be people who are "credentialed", however they may not receive on-going training.	Feb 15, 2011 7:17 PM
1724	Same as above: Involvement/oversight by such agencies as ALTA, who work closely with service providers and parents to ensure the children are receiving appropriate services and are meeting established milestones.	Feb 15, 2011 7:18 PM
1725	CARF	Feb 15, 2011 7:22 PM
1726	Families should have the say if they are not happy with the particular therapist. Many therapists just dont "click" with kids and a different therapist needs to be tried.	Feb 15, 2011 7:28 PM
1727	Licensure and certification by an appropriate board or licensing agency depending on the credentials of the individual or organization. For example, medical board for a physician, etc.	Feb 15, 2011 7:29 PM
1728	HIghly qualified in their field. A supervisor with a master's degree or higher, BCBA or other credentials. For direct therapists, I feel there is more flexibility within the qualifications as a successful program greatly depends on the effectiveness and consistency of the supervisor.	Feb 15, 2011 7:30 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1729	I HAD THERAPISTS FROM AN ORGANIZATION CALLED "FOCUS' IN THE CITY OF LOS ANGELES, CA..THE STAFF THEIR ARE AMAZING..UNFORTUNATELY, THERE WAS SUCH A HIGH TURNAROUND WITH THE THERAPISTS, BUT EVERY PERSON WHO CAME IN CONTACT WITH MY DAUGHTER DID A SUPERB-JOB.	Feb 15, 2011 7:31 PM
1730	ABA certified, LMHC, bachelor or higher degree, experience	Feb 15, 2011 7:32 PM
1731	Government should have an agency to manage this and they should located in each cities so they can reach every kids in need in every city. The private ABA provider should be monitor closely. Parents with no experience with Autism doesnt know what kind of result/Goal to expect.	Feb 15, 2011 7:33 PM
1732	I feel that the the qualifications and performance of the person or org. that provides these services should certainly be well informed and trained with regards to Autism. Not necessarily licensed, or certified, but that they have been schooled with regards to the disability of Autism.	Feb 15, 2011 7:34 PM
1733	Persons that are determining services need to be a part of a TEAM. Not ONE person as is the case at RCRC. Services have been denied by this person and this same person would not allow some children to be assessed because this person decided that the children do not have autism. This person is NOT a psychologist and not qualified to make that decision!!!!! Yet this person has control of all behavior programs at RCRC!	Feb 15, 2011 7:34 PM
1734	They all should have a psychological training on a how to address needs of autistic person	Feb 15, 2011 7:34 PM
1735	Any individual providing ABA services should be a Board Certified Behavior Analyst (BCBA) or be directly supervised by a BCBA. Such supervision should be documented and solidified by a signature from the BCBA for audit at any time. The organization providing such services should be managed by a BCBA and should be subject to audit at any time. A ratio of one BCBA to every 10 upper management clinical staff should be established (direct care staff, often called tutors) should not be counted in the ratio. “Upper management clinical staff” would be those often referred to as Behavior Consultants, Clinical supervisors, Supervisors.	Feb 15, 2011 7:37 PM
1736	Reputable companies are the ones who use scientifically proven therapies, and have qualified personnel, who that company hires according to their standards. They must offer Program Supervision at least every 2 weeks, to observe the sessions and make suggestions to both the behavior therapist and the parent, as well as revise any progress to make sure the program is working.	Feb 15, 2011 7:39 PM
1737	I feel that the quality of providers cannot be soley judged by thier education or position held. Perhaps a stratification system (simialar to the regional center or governmental positions). SO that a person needs a certain education level, experience level, and a general score from reviews are audits performed on that individuals services provided (not conducted by the company but the regional center). Hence the regional ceneters would have a better understanding of who with in the company is providing quality services, and then the overal company can recieve a score based all the individuals program scores. Hence giving the regional centers a better idea of which companies are providing services that should be continued to be funded. Service checks should be conducted across all tiers of the company. Perhaps companies should follow a specific structure as well.	Feb 15, 2011 7:44 PM
1738	Services should be provided only by persons or organizations that are properly vendorized as described in the Lanterman Act Section 4648 (a) (3) (A).	Feb 15, 2011 7:47 PM
1739	Should stay the same as it is currently	Feb 15, 2011 7:47 PM
1740	Inspections	Feb 15, 2011 7:50 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1741	The qualifications of those conducting the assesments, developing the treatment plans, and providing consultation, parenet education/trainin, ongoing monitoring and supervision of behavioral services should be: focused ABA 3-5 years of experience delivering and supervising treatment programs for children and adults with developments disabilites. The qualifications of those providing one to one services should include: a bachelor's degree in psychology or a related field with relevant experience preferred.	Feb 15, 2011 7:54 PM
1742	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 15, 2011 7:56 PM
1743	providers must be BCBAs with a minimum of 2 years experience developing and implemting behavior plans for children with autism when providing group training or supervision. NO direct interventionists allowed with less than a BA level education and at least 6 units of ABA related coursework.	Feb 15, 2011 7:57 PM
1744	All service providers seem to go through quite an ordeal to get vendorized and the service providers I have used with the exception of CBEM for crisis behavior have been professionals accredited in their fields. Of course all providers should have an educational and /or work background to support their expertise in the service they are providing. clients satisfaction should factor into what services are offered.	Feb 15, 2011 8:01 PM
1745	Need to be licensed or if parents prefer a provider that should be the one used	Feb 15, 2011 8:07 PM
1746	1. The client/client family should not be required to purchase extensive amounts of therapy tools or equipment 2. Direct staff should have the physical ability to participate in activities based on the needs & activities of the individual client. (For small children, must be able to run and get down on the floor, older children might jump on a trampoline, etc.) 3. Direct staff should have training in techniques needed to physically block or restrain a client who is trying to injure them without causing harm to the client. (Some jujitsu techniques adapted for therapy situations work well). Direct staff should not have to be subjected to repeated attack by clients with no resources to de-escalate the situation. 4. Staff should be able to develop goals and programs tailored to the needs of the individual client. (Not just rely on cookie cutter programs and generalized books). 5. Direct staff should have basic awareness and understanding of how the clients multiple difficulties outside of the behavioral field may impact the behavioral work such as: vision and hearing problems, pain, head aches, gravitational insecurity, poor proprioceptive awareness, etc.) 6. Direct staff should need to pass a test of knowledge developed by a senior staff member and/or BCBA which verifies the staff members knowledge including, but not limited to the following: psychological principals, child development, Impact of various non-behavioral deficits on behavioral programming, principals and working implementation of ABA, data analysis and interpretation, working with dynamics of the entire client family, and ethics and professionalism.	Feb 15, 2011 8:09 PM
1747	These supports must be provided by a qualified individual.	Feb 15, 2011 8:10 PM
1748	Service standards and qualifications expected should be from individuals who have a degree as well as specific certifications in the specific area of expertise. In the case of autism, the professional should specialize in one area (i.e small children, grammar school children, teenagers and the area of expertise would be tailored to different behaviors like adhd and asperberger's, PDD, autism in the middle of the spectrum.	Feb 15, 2011 8:14 PM
1749	See above	Feb 15, 2011 8:15 PM
1750	See number 3.	Feb 15, 2011 8:16 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1751	The Staff are reviewed annuallly regarding their performance.	Feb 15, 2011 8:18 PM
1752	All behavioral services should follow the principles of applied behavior analysis (ABA) and should be designed to assist consumers in learning important social and adaptive skills in combination with educating parents or primary caregivers in the effective use of positive behavior supports. Behavioral services should be individualized to the needs of the consumer. A behavioral assessment, functional behavioral assessment or functional analysis of the problem behavior(s), or skill deficits should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for comprehensive or focused behavior intervention and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plan. Supervision of a comprehensive treatment program for children with autism should be on a ratio of 1 hour of supervision for every 8 hours of treatment. Before making a determination for continuing, modifying, or terminating behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of parents'/caregivers' ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills. The IPP process requires sensitivity to individual needs of consumers; however an average duration of focused behavioral services would be 3 months to one year, depending on severity of the behavior(s). Duration of comprehensive treatment for children with autism is two to four years, with the intensity of services fading at that time.	Feb 15, 2011 8:18 PM
1753	The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: Board Certified Behavior Analysts (BCBAs) preferred; If not a BCBA, then for Focuses ABA a Master's degree in a related field and 12 units of graduate level coursework in behavior analysis and for Focused ABA 3-5 years of experience delivering and supervising treatment programs for children and adults with developmental disabilities. 3-5 years of experience delivering and supervising treatment programs for children with autism. The qualifications of those providing one-to-one services should include: a bachelor's degree in psychology or a related field with relevant experience preferred; If no Bachelor's degree then high school diploma with competency based training and in all cases a background check.	Feb 15, 2011 8:26 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1754	The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: A) Board Certified Behavior Analysts (BCBA,) preferred B) If not BCBA, then Master's degree in a related field, 12 units of graduate level coursework in behavior analysis and 3-5 years of experience delivering and supervising treatment programs for children with autism. The qualifications of those providing one-to-one services should include: A) Bachelor's degree in psychology or a related field with relevant experience preferred; B) if no Bachelor's degree then high school diploma with competency-based training and in all cases a background check.	Feb 15, 2011 8:29 PM
1755	The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: Board Certified Behavior Analysts (BCBAs) preferred; If not a BCBA, then a Master's degree in a related field and 3-5 years of experience delivering and supervising treatment programs for children and adults with developmental disabilities. The qualifications of those providing behavioral intervention services should include: a bachelor's degree in psychology or a related field with 1 - 2 years experience preferred;	Feb 15, 2011 8:30 PM
1756	Service providers obtaining certification by the behavior analysts certification board (BCBA or BCaBA) and initial and on-going staff training.	Feb 15, 2011 8:31 PM
1757	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA • For both focused and comprehensive services, oversight of the entire program should be by a Board Certified Behavior Analysts (BCBA), or an individual with a MA in related field and a minimum of 8 units of coursework in behavior analysis. Individuals conducting assessments, developing treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavior services should have • A BA in psychology or related field or • 12 units of coursework in behavior analysis along with at least 2 years of experience supervising treatment programs for children diagnosed with autism or working with other individuals with developmental delays in a behavior analytic setting. The qualifications of those providing one-to-one services should include: • High school diploma with competency based training • Background checks for all levels	Feb 15, 2011 8:33 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1758	Conduct periodic quality control assessments of behavioral services vendors to make sure they have documented procedures and staff are following them (this is a problem with many vendors, from my experience as a parent) Establish requirement for a training program that all behavior staff must complete prior to serving consumers Establish requirement for continuing education for behavioral staff beyond initial training Require each RC to publish their list of behavioral services vendors on their website and show which services they are vendored to provide, # and type of complaints against them, etc. Establish some sort of grading scale for vendors based on results of quality control, complaints, consumer/family feedback, training of staff	Feb 15, 2011 8:41 PM
1759	survey	Feb 15, 2011 8:43 PM
1760	There should be staff that has had ABA experience, and there should be staff who have a BCBA certification as well.	Feb 15, 2011 8:46 PM
1761	Look up the background of the person or organization on the Internet. See their educational background, their strengths and experience. Use a standard form to note strengths and questions. Sometimes you can get information from a former district where they served or look up the web site of that district.	Feb 15, 2011 8:48 PM
1762	PHD level for the program design. I have found that the philosophy of some ABA personnel is almost mutually exclusive from the philosophy used in some regional centers. Increase training,supervision and accountability of the persons providing the direct service by RC & vendor,& parents/consumers	Feb 15, 2011 8:49 PM
1763	Services should be provided only by persons or organization that are properly vendorized as described in the Lanterman Act	Feb 15, 2011 8:51 PM
1764	Behaviorist should be ABA certified.	Feb 15, 2011 8:58 PM
1765	The therapists should be trained under a psychologist and have to take follow up classes.	Feb 15, 2011 9:01 PM
1766	Psychologist supervised teams that specialize in Autism spectrum disorders	Feb 15, 2011 9:01 PM
1767	ABA qualified personnel and teachers work best.	Feb 15, 2011 9:09 PM
1768	BCBA should continue to be a requirement for behavioral vendors.	Feb 15, 2011 9:19 PM
1769	This should only be done by an organization or person who is a ALTA vendor. This is in the Lanterman Act.	Feb 15, 2011 9:20 PM
1770	I think experience is key...education is key...but that shouldn't disqualify someone who has a "natural ability" and love for their profession. These companies need to decide their own standards for their individual therapists.	Feb 15, 2011 9:20 PM
1771	All persons preforming evalautions must be experts in thier field. Also have up to date knowlege of current standards of practices. Ex: A psychologist completing a diagnosis for Autism. They must use the apporiate testing tools., Can this child speak,how is this child communicating...and then administer correct testing material. Also are the recommendations fitting for this child. Are there recommendations for intensive ABA and how many hours? Are these psychologist versed in ABA, do they have a background in this, are they BCBA certified?	Feb 15, 2011 9:23 PM
1772	Services should be provided only by persons or organizations that are properly vendorized as described by the Lanterman Act 4648 (a)(3)(A)	Feb 15, 2011 9:23 PM

Behavioral Services

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1773	The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: ABA 3-5 years of experiencing delivering and supervising treatment programs for children and adults with developmental disabilities The qualifications of those providing one-to-one services should include: a bachelor's degree in psychology or a related field with revelant experiences preferred	Feb 15, 2011 9:26 PM
1774	Program needs some direct supervision by a BCBA. There needs to be tranparency and oversight regarding the unbelievable fact that TCRC intimidates private ABA agencies to do unethical things to the detriment of consumers and their families... like doing assessments with no recommendations in the reports ("to be determined at PTM meeting") and pressuring agencies to write false reports (evidence and witnesses available) to "justify" cutting off and reducing services.. It's sickening, pervasive, and needs to stop. At least three workers (or former workers) at private ABA agencies would be willing to testify to that effect. There is talk of making it public in an effort to put a stop to it.	Feb 15, 2011 9:29 PM
1775	Reputable ABA companies should be providing these services.	Feb 15, 2011 9:32 PM
1776	Persons who provide services should be trained in the appropriate therapy(ies) or be in concurrent training at an accredited facility.	Feb 15, 2011 9:37 PM
1777	The standards in place seem to be excellent.	Feb 15, 2011 9:41 PM
1778	All should be qualified, if possible certified and if not at least supervised by someone with credentials, certification and qualifications to ensure a healthy and positive outcome for these types of services.	Feb 15, 2011 9:41 PM
1779	Service providers should be qualified and monitored according to the existing vendorization process, and overseen by the regional centers and DDS.	Feb 15, 2011 9:42 PM
1780	The Supervisors running the programs should have educational backgound in behaviour and BCBA's in behavioral therapy.	Feb 15, 2011 9:43 PM
1781	Trainings that are provided in mental health services.	Feb 15, 2011 9:56 PM
1782	Offer a wider range of individuals other than BCBAs. Adaptive skills level, licensed level, etc. should be allowable if BCBA not available.	Feb 15, 2011 10:01 PM
1783	If service is not effective and it is determined the Service provider is the reason either for not provideing the services contracted for or staff is not competatn th regional center needs to be able to terminate services immediately without service provider or family appeal process.Regional center need s to be able to withohold payment if services ids not being provided including required documentation non compliance to CAP.	Feb 15, 2011 10:06 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1784	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: Board Certified Behavior Analysts (BCBAs) preferred; If not a BCBA, then for Focuses ABA a Master's degree in a related field and 12 units of graduate level coursework in behavior analysis and for Focused ABA 3-5 years of experience delivering and supervising treatment programs for children and adults with developmental disabilities. 3-5 years of experience delivering and supervising treatment programs for children with autism. The qualifications of those providing one-to-one services should include: a bachelor's degree in psychology or a related field with relevant experience preferred; If no Bachelor's degree then high school diploma with competency based training and in all cases a background check.	Feb 15, 2011 10:11 PM
1785	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 15, 2011 10:11 PM
1786	Programs should be overseen by a BCBA, I would think at the supervisory level. Allowing for competition and visibility would naturally improve performance.	Feb 15, 2011 10:23 PM
1787	Only persons or organization that are properly vendorized as described in the Lanterman Act should provide services.	Feb 15, 2011 10:24 PM
1788	needs to be based on the individual agencies criteria	Feb 15, 2011 10:25 PM
1789	The clinical director of the behavior agency should be a Board Certified Behavior Analyst (BCBA). Behavior therapists implementing the behavior therapy to children with autism spectrum disorders should have initial instruction-based training in applied behavior analysis (ABA) for children with autism. Behavior therapists should pass a test of their knowledge of applied behavior analysis (ABA) for children with autism. Also, behavior therapists should receive initial competency-based field training that concludes with a field evaluation of their ability to apply ABA methods with consumers.	Feb 15, 2011 10:28 PM
1790	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 15, 2011 10:28 PM
1791	Organization should have leads that have behaviorial analysis training.	Feb 15, 2011 10:33 PM
1792	Provider should be licensend or Board Certified in behavioral principles.	Feb 15, 2011 10:37 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1793	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: Board Certified Behavior Analysts (BCBAs) preferred; If not a BCBA, then for Focuses ABA a Master's degree in a related field and 12 units of graduate level coursework in behavior analysis and for Focused ABA 3-5 years of experience delivering and supervising treatment programs for children and adults with developmental disabilities. 3-5 years of experience delivering and supervising treatment programs for children with autism. The qualifications of those providing one-to-one services should include: a bachelor's degree in psychology or a related field with relevant experience preferred; If no Bachelor's degree then high school diploma with competency based training and in all cases a background check.	Feb 15, 2011 10:38 PM
1794	Also a Action Performance Plan, gave them all the tools possible so they can be more produce more successful results, like recording the child,study the child behaviors and traitor that to child.	Feb 15, 2011 10:42 PM
1795	Persons with behavioral intervention training and expertise.	Feb 15, 2011 10:43 PM
1796	Ongoing "checks" need to be in place to see if persons providing services are qualified and educated. Many families I know have been very upset by the incompetence of the providers. They are not educationally qualified, and not dually supervised.	Feb 15, 2011 10:49 PM
1797	child improvement, see if a bond is established between the kid and the person.	Feb 15, 2011 10:53 PM
1798	Any individual providing ABA services should be a Board Certified Behavior Analyst (BCBA) or be directly supervised by a BCBA. Such supervision should be documented and solidified by a signature from the BCBA for audit at any time. The organization providing such services should be managed by a BCBA and should be subject to audit at any time. A ratio of one BCBA to every 10 upper management clinical staff should be established (direct care staff, often called tutors) should not be counted in the ratio. “Upper management clinical staff” would be those often referred to as Behavior Consultants, Clinical supervisors, Supervisors.	Feb 15, 2011 10:53 PM
1799	set standards, time limit, if not productive, terminate services by this organization of service company	Feb 15, 2011 10:57 PM
1800	I think these type of services gives people the confidence they need to help them go forward and feel good about themselves.	Feb 15, 2011 10:59 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1801	Training and licensure as required by state law	Feb 15, 2011 11:01 PM
1802	Suggested standards about the qualifications and performance of the person or organization that provides these services: Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: Board Certified Behavior Analysts (BCBAs) preferred; If not a BCBA, then for Focuses ABA a Master's degree in a related field and 12 units of graduate level coursework in behavior analysis and for Focused ABA 3-5 years of experience delivering and supervising treatment programs for children and adults with developmental disabilities. 3-5 years of experience delivering and supervising treatment programs for children with autism. The qualifications of those providing one-to-one services should include: a bachelor's degree in psychology or a related field with relevant experience preferred; If no Bachelor's degree then high school diploma with competency based training and in all cases a background check.	Feb 15, 2011 11:03 PM
1803	Each employee should be trained on proper techniques in administrating tasks and data collection. Individuals should have an education or experience in the field they have chosen to gain employmeny. Requirements should be established for personnel.	Feb 15, 2011 11:09 PM
1804	The current system is effective in maintaining qualifications and performance. CALABA monitors and certifies ABA behavior analysts. In addition, licensed clinical psychologists who are trained and specialize in treating autism are also qualified and monitored by APA and the California Board of Psychology. Problems will occur when untrained and unsupervised paraprofessional attempt to treat children with autism when they do not understand the function of the behavior and the appropriate response or replacement to the behavior. In these cases, autistic children often do not progress rather they regress, have behavioral outbursts, and are sometimes subjective to abuse.	Feb 15, 2011 11:10 PM
1805	Person or Organizations providing services should be licensed and certified for the therapy they provide. They should provide all required licenses and certificates to the regional center as to maintian a good quality standard all accross the board.	Feb 15, 2011 11:11 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1806	The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: Board Certified Behavior Analysts (BCBAs) preferred; If not a BCBA, then for Focuses ABA a Master's degree in a related field and 12 units of graduate level coursework in behavior analysis and for Focused ABA 3-5 years of experience delivering and supervising treatment programs for children and adults with developmental disabilities. 3-5 years of experience delivering and supervising treatment programs for children with autism. The qualifications of those providing one-to-one services should include: a bachelor's degree in psychology or a related field with relevant experience preferred; If no Bachelor's degree then high school diploma with competency based training and in all cases a background check.	Feb 15, 2011 11:11 PM
1807	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA • For both focused and comprehensive services, oversight of the entire program should be by a Board Certified Behavior Analysts (BCBA), or an individual with a MA in related field and a minimum of 8 units of coursework in behavior analysis. Individuals conducting assessments, developing treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavior services should have • A BA in psychology or related field or • 12 units of coursework in behavior analysis along with at least 2 years of experience supervising treatment programs for children diagnosed with autism or working with other individuals with developmental delays in a behavior analytic setting. The qualifications of those providing one-to-one services should include: • High school diploma with competency based training • Background checks for all levels	Feb 15, 2011 11:13 PM
1808	In our situation my child was provided group services for RDI from a long term vendor. The person who was conducting the group however, was an inexperienced intern. She had taken a lot of college courses, but had little if any clinic experience and the results were disastrous. In theory she was supposed to have been overseen by vendor but his never happened She was put in a sink or swim situation without skills or qualifications to run the group. It became obvious that the vendor was collecting easy money. The suggestion is that any individual who is providing a service must be adequately trained and licensed. It is not enough that the vendor is licensed, anyone in their employ or under an internship must meet the same standards for providing a service.	Feb 15, 2011 11:27 PM
1809	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 15, 2011 11:46 PM
1810	Intervention should meet standards for "evidenced-based practices" by providers appropriately certified such as a Board Certified Behavior Analyst (BCBA).	Feb 15, 2011 11:55 PM
1811	The behavior specialist should be trained, knowledgable and capable of assessing behavior, developing action plans, goals, and measuring results.	Feb 15, 2011 11:55 PM
1812	They not only have to have degrees on the subject, but also have to have first hand knowledge of what they are training the child and parents.	Feb 16, 2011 12:07 AM
1813	Trained professionals with degrees should be managing at the minimum. Persons/organizations should be graded and held accountable to specific standards based on science.	Feb 16, 2011 12:09 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1814	Services should be provided only by persons or organization that are properly vendorized as described in the Lanterman Act Section 4648 (a) (3) (A).	Feb 16, 2011 12:11 AM
1815	qualification should not only depend on amount of education and experience, yet applying the education and experience to acheive better result should be the focus	Feb 16, 2011 12:17 AM
1816	As mentioned above those receiving the service should evaluate the service and that information should be available to others. Criteria for approved services needs to be updated, there are several therapies that have been around for quite some time but are considered "experimental" and are therefore harder if not impossible for families to receive.	Feb 16, 2011 12:20 AM
1817	having them be up todate or certified to provide these services	Feb 16, 2011 12:26 AM
1818	The service standards should be maintained by the standards already in place by Title 17. Early Start/Early Intensive Behavioral Intervention services are cruicial in providing children a chance to acquire the skills needed to function and communicate with others/peers. The developing brain from 0-3 years of age has not been mylenated, meaning it is flexible in creating new connections/pathways. This is one of the crucial aspects in providing services to the 0-3 age group because a diagnosis of Autism, Mental Retardation, or an Receptive/Expressive Language Delay, to name a few, will be able to alter to varying degrees the overall impact/severity of the diagnosis/delay. Service Standards are also important in lessening the overall burden of the state/federal monetary aid because it has been proven that the earlier the services are provided, generally, the less impact and less the child(ren) will be in the "system." These services should be provided according to the professionals who work directly with the children (i.e., treating therapists) and be determined by the IFSP team.	Feb 16, 2011 12:28 AM
1819	Behavioral service programs should be supervised by a person with a BCBA certification. Those implementing the direct service should have a bachelor's degree in psychology or a related field.	Feb 16, 2011 12:29 AM
1820	Must be a M.D. or O.D. able to prescribe necessary medication to severe cases - adult or child ---- WITH PROVEN, SUCCESSFUL EXPERIENCE WITH DEVELOPMENTALLY DISABLED.	Feb 16, 2011 12:47 AM
1821	vendorized by Regional Center and meet professional standards	Feb 16, 2011 12:48 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1822	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: Board Certified Behavior Analysts (BCBAs) preferred; If not a BCBA then a Master's degree in a related field and 12 units of graduate level coursework in behavior analysis and OR MASTER'S DEGREE IN PROGRESS IN RELATED FIELD WITH 9 UNITS OF ABA , BCABA CERTIFIED, WITH 3-5 years of experience delivering and supervising treatment programs for children with autism, AND SUPERVISED BY A BCBA. The qualifications of those providing one-to-one services should include: a bachelor's degree in psychology or a related field with relevant experience preferred; If no Bachelor's degree then high school diploma with competency based training and in all cases a background check.	Feb 16, 2011 12:56 AM
1823	* The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: o Board Certified Behavior Analysts (BCBAs) preferred o If not a BCBA, then Master's degree in a related field, 12 units of graduate level coursework in behavior analysis and 3-5 years of experience delivering and supervising treatment programs for children with autism. * The qualifications of those providing one-to-one services should include: o Bachelor's degree in psychology or a related field with relevant experience preferred; o If no Bachelor's degree then high school diploma with competency-based training and in all cases a background check.	Feb 16, 2011 1:01 AM
1824	they must have proper training from the organization they work for. it's hard to ask for too much because there isnt enough money to pay super qualified personnel	Feb 16, 2011 1:05 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1825	* Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: o The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: + Board Certified Behavior Analysts (BCBAs) preferred; + If not a BCBA, then for Focuses ABA a Master's degree in a related field and 12 units of graduate level coursework in behavior analysis and # for Focused ABA 3-5 years of experience delivering and supervising treatment programs for children and adults with developmental disabilities. # 3-5 years of experience delivering and supervising treatment programs for children with autism. o The qualifications of those providing one-to-one services should include: + a bachelor's degree in psychology or a related field with relevant experience preferred; + If no Bachelor's degree then high school diploma with competency based training and in all cases a background check.	Feb 16, 2011 1:07 AM
1826	Early Intensive Behavioral Intervention services are a critical aspect to a young individual's life. This program sets the foundation for later development beause children's critical period is from birth to age seven. Employees who work at these centers are screened and carefully evaluated upon being hired. Each employee also receives specific training on every aspect of the program and learns how to deal with behaviors and run programs.	Feb 16, 2011 1:10 AM
1827	Highly educated. Proven teachers. Consequences for inferior services	Feb 16, 2011 1:12 AM
1828	I think the agency providing services should have extensive training, requiring the therapist to have or be in the process of getting a beahvior / social degree. These therpasits should have extensive ongoing training and regular meetings to account for everyone being on the same page (including parents).	Feb 16, 2011 1:17 AM
1829	Board Certified Behavior Analysts (BCBAs) preferred; If not a BCBA, then a Master’s degree in a related field and 12 units of graduate level coursework in behavior analysis and 3-5 years of experience delivering and supervising treatment programs for children and adults with developmental disabilities. The qualifications of those providing one-to-one services should include: Bachelor’s degree in psychology or a related field with relevant experience preferred; If no Bachelor’s degree then high school diploma with competency based training and in all cases a background check.	Feb 16, 2011 1:23 AM
1830	The people who provide the service need to be trained in how to motivate each client for optimal performance. Each organization should be continually trying to educate their staff on improvements and new research helpful to the clients needs. Each service provider needs clinical and educational experience.	Feb 16, 2011 1:29 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1831	The persons providing these services should be the parents, trained by experience and knowing their family, the professionals, assessors and interventionists with degrees in their work. Individuals who are not licensed should not be performing these services, even under supervision of a trained and licensed professional.	Feb 16, 2011 1:33 AM
1832	The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: Board Certified Behavior Analysts (BCBAs) preferred If not a BCBA, then Master's degree in a related field, 12 units of graduate level coursework in behavior analysis and 3-5 years of experience delivering and supervising treatment programs for children with autism. OR MASTER'S DEGREE IN PROGRESS IN RELATED FIELD WITH 9 UNITS OF ABA , BCABA CERTIFIED, WITH 3-5 years of experience delivering and supervising treatment programs for children with autism, AND SUPERVISED BY A BCBA. The qualifications of those providing one-to-one services should include: Bachelor's degree in psychology or a related field with relevant experience preferred AND 3-6 UNITS IN ABA COURSEWORK; If no Bachelor's degree then high school diploma with competency-based training and in all cases a background check.	Feb 16, 2011 1:33 AM
1833	I think the agency providing services should have extensive training, requiring the therapist to have or be in the process of getting a behavior / social degree. These therapists should have extensive ongoing training and regular meetings to account for everyone being on the same page (including parents).	Feb 16, 2011 1:38 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1834	o The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: Board Certified Behavior Analysts (BCBAs) preferred If not a BCBA, then Master's degree in a related field, 12 units of graduate level coursework in behavior analysis and 3-5 years of experience delivering and supervising treatment programs for children with autism. o The qualifications of those providing one-to-one services should include: Bachelor's degree in psychology or a related field with relevant experience preferred; If no Bachelor's degree then high school diploma with competency-based training and in all cases a background check.	Feb 16, 2011 1:51 AM
1835	Ah, there's the rub. Start giving away in-home services and someone somewhere will abuse it. So far, with the few ABA providers I have worked with, Capital Autism Services and Teaching Autistic Children are the most consistent with their methods and more importantly - their data. If the data shows the child no longer needs the services, then fade the prompt. ABC school and Barman's (BTFCC) both skew their data to support the need for continued services when it's not needed or when therapy isn't being applied consistently.	Feb 16, 2011 1:54 AM
1836	The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: Board Certified Behavior Analysts (BCBAs) preferred If not a BCBA, then Master's degree in a related field, 12 units of graduate level coursework in behavior analysis and 3-5 years of experience delivering and supervising treatment programs for children with autism. OR MASTER'S DEGREE IN PROGRESS IN RELATED FIELD WITH 9 UNITS OF ABA , BCABA CERTIFIED, WITH 3-5 years of experience delivering and supervising treatment programs for children with autism, AND SUPERVISED BY A BCBA. qualifications of those providing one-to-one services should include: Bachelor's degree in psychology or a related field with relevant experience preferred AND 3-6 UNITS IN ABA COURSEWORK; If no Bachelor's degree then high school diploma with competency-based training and in all cases a background check.	Feb 16, 2011 1:59 AM
1837	BCBA/BCaBA may not be sufficient (these individuals may or may not have direct training and experience with the population served). Therefore, in addition to BCBA/BCaBA oversight through regular observation, direct staff providing services must receive initial and ongoing training in a meaningful/effective format. Didactic training is not sufficient. Hands-on training, with feedback and assessment of skills, is more effective in training EIBI staff.	Feb 16, 2011 2:01 AM
1838	BCBA or masters degree in education/teaching credential or child development or psychology	Feb 16, 2011 2:15 AM
1839	I think that the individuals should be properly trained in the area of behavioral services, with experience and proper support from the organization for the newly hired/trained individuals. I think that there should be limited # of therapists assigned to a child, so there is more consistency for the family and child.	Feb 16, 2011 2:16 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1840	The clinical director of the behavior agency should be a Board Certified Behavior Analyst (BCBA). Behavior therapists implementing the behavior therapy to children with autism spectrum disorders should have initial instruction-based training in applied behavior analysis (ABA) for children with autism. Behavior therapists should pass a test of their knowledge of applied behavior analysis (ABA) for children with autism. Also, behavior therapists should receive initial competency-based field training that concludes with a field evaluation of their ability to apply ABA methods with consumers.	Feb 16, 2011 2:22 AM
1841	PERSON SHOULD HAVE DOCUMENTED EDUCATIONAL AND EXPERIENCE PROVIDING THE SERVICES TO BE IMPLEMENTED.	Feb 16, 2011 2:23 AM
1842	BCBA and/or BCaBA credentialed individuals should supervise the service, as well as provide ongoing training to staff providing the service. Regional Center program managers should also directly observe the services being provided to encourage a collaborative relationship with the service providers.	Feb 16, 2011 2:24 AM
1843	The highest standards and stop cutting their pay because if they can't make a living then they won't stay long enough to get experienced and have the insights that your child needs.	Feb 16, 2011 2:30 AM
1844	Those conducting assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: Board Certified Behavior Analysts (BCBAs) preferred; If not a BCBA then a Master's degree in a related field and 12 units of graduate level coursework in behavior analysis or Master's degree in progress in related field with 9 units of ABA, BCABA certified, with 3-5 yearsof experience delivering and supervising treatment programs for children with autism, and supervised by a BCBA. The qualifications of those providing one-to-one services should include a bachelor's degree in psychology or a related field with relevant experience preferred, if no Bachelor's degree then high school diploma with competency based training.	Feb 16, 2011 2:35 AM
1845	Providers with staff with certification by the behavior analysts certification board (BCBA or BCaBA) are important indicators of qualification, in addition to ongoing training and direct observation of all staff providing services.	Feb 16, 2011 2:39 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1846	The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: -Board Certified Behavior Analysts (BCBAs) -Three to five years of experience delivering and supervising treatment programs for children and adults with developmental disabilities. -Three to five years of experience delivering and supervising treatment programs for children with autism. *Likewise, the persons conducting the initial "clinic" for consumers and making recommendations for services at each Regional Center should be held to the SAME standards. The qualifications of those providing one-to-one services should include: -A bachelor's degree in psychology or a related field with relevant experience preferred; -If no Bachelor's degree then high school diploma with competency based training ALL services providers in the field should be held to the same initial basic qualification standards as personnel in public schools, such as the successful completion of a LiveScan background check, TB test, etc.	Feb 16, 2011 2:40 AM
1847	Parents and Case mgr. of Regional Center need to rate the performance and the qualifications of the services provided so Regional Center can know which organizations are following through on their services and meeting the clients needs. Also recommend to have a Parent Advocate Panel Board to monitor the qualifications of these organizations that provide services. It is to ensure accountability and that services will meet the needs for the families.	Feb 16, 2011 2:58 AM
1848	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 16, 2011 2:59 AM
1849	all organizations or persons who deal with children should have the childs well being as first priority -- well trained and safe to be left around small children and not obssed on not meeting "their" goals or quotas so as to comply with the state and recieve funding--documentation is required and needed but never as main reason- the speed a child learns should ""NEVER"" be forced. and the needs of the child should always be meet first.	Feb 16, 2011 3:17 AM
1850	Directed by BCBAs and licnesed clinical psychologists	Feb 16, 2011 3:19 AM
1851	A BCBA who specializes in autism if the services are being provided to individuals with autism should oversee the agency at the top. Because of the tremendous increase in the number of children being diagnosed with autism, there should be levels of qualifications with flexibility for providers on who is responsible for the various levels of service and supervision being provided. There are many direct providers of service I have met who may not have a degree but who have a gift in working with our children. they are bright, many ahve aspirations to go into the field of autism after college and who will go on to pursue masters and doctorates and BCBA's. There are also professionals i ahve met who are not effective in working with these children and who, in fact, have made clinically inappropriate recommendations regarding our kids. Yes, we need to move towards getting many folks certified, etc., but at this time we simply don't have enough "certified" professionals to meet the demand of the services necessary to keep kids at home with their families where they belong.	Feb 16, 2011 3:23 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1852	The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: Board Certified Behavior Analysts (BCBAs) preferred; If not a BCBA, then for Focuses ABA a Master's degree in a related field and 12 units of graduate level coursework in behavior analysis and For Focused ABA 3-5 years of experience delivering and supervising treatment programs for children and adults with developmental disabilities. 3-5 years of experience delivering and supervising treatment programs for children with autism. The qualifications of those providing one-to-one services should include: a bachelor's degree in psychology or a related field with relevant experience preferred; If no Bachelor's degree then high school diploma with competency based training and in all cases a background check.	Feb 16, 2011 3:26 AM
1853	The person with specific degree of education and qualification, at least of MS, PhD,MD. 1.MD's referral 2.service provider with degree (MS,PhD).	Feb 16, 2011 3:30 AM
1854	Persons or organizations that provide these services should have proper qualifications such as vast experience and in depth knowledge on the matter for which the service is needed.	Feb 16, 2011 3:31 AM
1855	Licensed psychologists that specialize and have training/experience with children with developmental disabilites is a must. The standards must include all the exisiting criteria for behavior management within Title 17 and the specialized Autism efforts that DDS has already completed.	Feb 16, 2011 3:33 AM
1856	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: Board Certified Behavior Analysts (BCBAs) preferred; If not a BCBA, then for Focuses ABA a Master's degree in a related field and 12 units of graduate level coursework in behavior analysis and for Focused ABA 3-5 years of experience delivering and supervising treatment programs for children and adults with developmental disabilities. 3-5 years of experience delivering and supervising treatment programs for children with autism. The qualifications of those providing one-to-one services should include: a bachelor's degree in psychology or a related field with relevant experience preferred; If no Bachelor's degree then high school diploma with competency based training and in all cases a background check.	Feb 16, 2011 3:41 AM
1857	The supervisor should have a masters degree in ABA or a related field and it is preferred that the supervisor hold a BCBA. Direct 1:1 staff should hold a bachelors degree in a related field and obtain training in applied behavior analysis.	Feb 16, 2011 3:44 AM
1858	Standards for ABA providers (needed training) would be important to insuring greater quality of service.	Feb 16, 2011 3:54 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1859	coming from a service provider standpoint, i would not request to conduct this type of service as i do not feel qualified. i feel if a company/therapist requests the service it is because they are capable of providing the service or they would refer to someone else who is capable.	Feb 16, 2011 3:55 AM
1860	Practicing clinical professionals should have attained a Bachelor Degree or higher IN THEIR CHOSEN FIELD OF EMPLOYMENT and shall have proven themselves to be Satisfactory in the eyes of their employer. Obviously, criminal background checks should be performed as well, to discover if other disqualifying legal factors exist, too.	Feb 16, 2011 3:59 AM
1861	The clinical director of the behavior agency should be a Board Certified Behavior Analyst (BCBA). Behavior therapists implementing the behavior therapy to children with autism spectrum disorders should have initial instruction-based training in applied behavior analysis (ABA) for children with autism. Behavior therapists should pass a test of their knowledge of applied behavior analysis (ABA) for children with autism. Also, behavior therapists should receive initial competency-based field training that concludes with a field evaluation of their ability to apply ABA methods with consumers.	Feb 16, 2011 4:25 AM
1862	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: Board Certified Behavior Analysts (BCBAs) preferred; If not a BCBA, then for Focuses ABA a Master's degree in a related field and 12 units of graduate level coursework in behavior analysis and for Focused ABA 3-5 years of experience delivering and supervising treatment programs for children and adults with developmental disabilities. 3-5 years of experience delivering and supervising treatment programs for children with autism. The qualifications of those providing one-to-one services should include: a bachelor's degree in psychology or a related field with relevant experience preferred; If no Bachelor's degree then high school diploma with competency based training and in all cases a background check.	Feb 16, 2011 4:26 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1863	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: Board Certified Behavior Analysts (BCBAs) preferred; If not a BCBA, then for Focuses ABA a Master's degree in a related field and 12 units of graduate level coursework in behavior analysis and for Focused ABA 3-5 years of experience delivering and supervising treatment programs for children and adults with developmental disabilities. 3-5 years of experience delivering and supervising treatment programs for children with autism. The qualifications of those providing one-to-one services should include: a bachelor's degree in psychology or a related field with relevant experience preferred; If no Bachelor's degree then high school diploma with competency based training and in all cases a background check.	Feb 16, 2011 4:27 AM
1864	The clinical director of the behavior agency should be a Board Certified Behavior Analyst (BCBA). Behavior therapists implementing the behavior therapy to children with autism spectrum disorders should have initial instruction-based training in applied behavior analysis (ABA) for children with autism. Behavior therapists should pass a test of their knowledge of applied behavior analysis (ABA) for children with autism. Also, behavior therapists should receive initial competency-based field training that concludes with a field evaluation of their ability to apply ABA methods with consumers.	Feb 16, 2011 4:27 AM
1865	Clinical Director must have a BCBA or PhD. Behavioral therapists must be overseen by supervisors, at least on a weekly basis, and supervisors should have an advanced degree such as a Masters.	Feb 16, 2011 4:41 AM
1866	Services should be provided only by persons or organization that are properly vendorized as described in the Lanterman Act Section 4648(a)(3).	Feb 16, 2011 4:43 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1867	•Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: •The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: •Board Certified Behavior Analysts (BCBAs) preferred; •If not a BCBA then • •a Master's degree in a related field and 12 units of graduate level coursework in behavior analysis and • •OR MASTER'S DEGREE IN PROGRESS IN RELATED FIELD WITH 9 UNITS OF ABA , BCABA CERTIFIED, WITH 3-5 years of experience delivering and supervising treatment programs for children with autism, AND SUPERVISED BY A BCBA. •The qualifications of those providing one-to-one services should include: •a bachelor's degree in psychology or a related field with relevant experience preferred; •If no Bachelor's degree then high school diploma with competency based training and in all cases a background check	Feb 16, 2011 4:45 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1868	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: Board Certified Behavior Analysts (BCBAs) preferred; If not a BCBA, then for Focuses ABA a Master's degree in a related field and 12 units of graduate level coursework in behavior analysis and for Focused ABA 3-5 years of experience delivering and supervising treatment programs for children and adults with developmental disabilities. 3-5 years of experience delivering and supervising treatment programs for children with autism. The qualifications of those providing one-to-one services should include: a bachelor's degree in psychology or a related field with relevant experience preferred; If no Bachelor's degree then high school diploma with competency based training and in all cases a background check.	Feb 16, 2011 4:55 AM
1869	FOCUSED APPLIED BEHAVIOR ANALYSIS (ABA) BEHAVIORAL SERVICES AND COMPREHENSIVE ABA AUTISM TREATMENT SERVICES FOR CHILDREN OVER AGE 3: The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: Board Certified Behavior Analysts (BCBAs) preferred; If not a BCBA, then, a Master’s degree in a related field and 12 units of graduate level coursework in behavior analysis, and/ OR MASTER’S DEGREE IN PROGRESS IN RELATED FIELD WITH 9 UNITS OF ABA, BCABA CERTIFIED, WITH 3-5 years of experience delivering and supervising treatment programs for children with Autism, AND SUPERVISED BY A BCBA. The qualifications of those providing one-to-one services should include: a Bachelor’s degree in psychology or a related field with relevant experience preferred; If no Bachelor’s degree then high school diploma with competency based training And in all cases, a background check.	Feb 16, 2011 4:56 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1870	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 16, 2011 4:59 AM
1871	FOCUSED APPLIED BEHAVIOR ANALYSIS (ABA) BEHAVIORAL SERVICES AND COMPREHENSIVE ABA AUTISM TREATMENT SERVICES FOR CHILDREN OVER AGE 3: The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: Board Certified Behavior Analysts (BCBAs) preferred; If not a BCBA, then, a Master's degree in a related field and 12 units of graduate level coursework in behavior analysis, and/ OR MASTER'S DEGREE IN PROGRESS IN RELATED FIELD WITH 9 UNITS OF ABA, BCABA CERTIFIED, WITH 3-5 years of experience delivering and supervising treatment programs for children with Autism, AND SUPERVISED BY A BCBA. The qualifications of those providing one-to-one services should include: a Bachelor's degree in psychology or a related field with relevant experience preferred; If no Bachelor's degree then high school diploma with competency based training And in all cases, a background check.	Feb 16, 2011 4:59 AM
1872	They should be evaluated by Regional Center staff initially, then should be rated by consumers and their families after a 3-to-6-month period.	Feb 16, 2011 5:03 AM
1873	Quality assurance standards should be set and when a vendor has several complaints no new consumers should be forwarded to vendor. Follow throught on corrective action taken by service. This should weed out problem vendors.	Feb 16, 2011 5:04 AM
1874	most people are not very knowledgable about different conditions. there is not one specialist for one particular condition that one can go to	Feb 16, 2011 5:05 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1875	FOCUSED APPLIED BEHAVIOR ANALYSIS (ABA) BEHAVIORAL SERVICES AND COMPREHENSIVE ABA AUTISM TREATMENT SERVICES FOR CHILDREN OVER AGE 3: The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: Board Certified Behavior Analysts (BCBAs) preferred; If not a BCBA, then, a Master's degree in a related field and 12 units of graduate level coursework in behavior analysis, and/ OR MASTER'S DEGREE IN PROGRESS IN RELATED FIELD WITH 9 UNITS OF ABA, BCABA CERTIFIED, WITH 3-5 years of experience delivering and supervising treatment programs for children with Autism, AND SUPERVISED BY A BCBA. The qualifications of those providing one-to-one services should include: a Bachelor's degree in psychology or a related field with relevant experience preferred; If no Bachelor's degree then high school diploma with competency based training And in all cases, a background check.	Feb 16, 2011 5:06 AM
1876	atleast a social worker or psychologist for most of the therapy along w/ILS or SL workers to follow up w/ progress forms.	Feb 16, 2011 5:09 AM
1877	FOCUSED APPLIED BEHAVIOR ANALYSIS (ABA) BEHAVIORAL SERVICES AND COMPREHENSIVE ABA AUTISM TREATMENT SERVICES FOR CHILDREN OVER AGE 3: The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: Board Certified Behavior Analysts (BCBAs) preferred; If not a BCBA, then, a Master's degree in a related field and 12 units of graduate level coursework in behavior analysis, and/ OR MASTER'S DEGREE IN PROGRESS IN RELATED FIELD WITH 9 UNITS OF ABA, BCABA CERTIFIED, WITH 3-5 years of experience delivering and supervising treatment programs for children with Autism, AND SUPERVISED BY A BCBA. The qualifications of those providing one-to-one services should include: a Bachelor's degree in psychology or a related field with relevant experience preferred; If no Bachelor's degree then high school diploma with competency based training And in all cases, a background check.	Feb 16, 2011 5:09 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1878	FOCUSED APPLIED BEHAVIOR ANALYSIS (ABA) BEHAVIORAL SERVICES AND COMPREHENSIVE ABA AUTISM TREATMENT SERVICES FOR CHILDREN OVER AGE 3: The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: Board Certified Behavior Analysts (BCBAs) preferred; If not a BCBA, then, a Master's degree in a related field and 12 units of graduate level coursework in behavior analysis, and/ OR MASTER'S DEGREE IN PROGRESS IN RELATED FIELD WITH 9 UNITS OF ABA, BCABA CERTIFIED, WITH 3-5 years of experience delivering and supervising treatment programs for children with Autism, AND SUPERVISED BY A BCBA. The qualifications of those providing one-to-one services should include: a Bachelor's degree in psychology or a related field with relevant experience preferred; If no Bachelor's degree then high school diploma with competency based training And in all cases, a background check.	Feb 16, 2011 5:13 AM
1879	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 16, 2011 5:18 AM
1880	Services should be provided by an organization or persons that are vendorized as described in The Lanterman Act	Feb 16, 2011 5:20 AM
1881	Credentialed service providers	Feb 16, 2011 5:25 AM
1882	Staff should be well trained, whether or not they hold a certification degree.	Feb 16, 2011 5:26 AM
1883	keep up of your help and good job.	Feb 16, 2011 5:28 AM
1884	Bachelor's Degree minimum in Child Development, Special Education, Psychology, or other related fields.	Feb 16, 2011 5:32 AM
1885	Graduate level training and PhD or BCBA for all supervisors. Direct service providers should have a minimum of bachelors in psychology or related field, and consistent training and supervision.	Feb 16, 2011 5:38 AM
1886	o Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: Board Certified Behavior Analysts (BCBAs) preferred; If not a BCBA, then for Focused ABA a Master's degree in a related field and 12 units of graduate level coursework in behavior analysis and for Focused ABA, 3-5 years of experience delivering and supervising treatment programs for children and adults with developmental disabilities. The qualifications of those providing one-to-one services should include: a bachelor's degree in psychology or a related field with relevant experience preferred; If no Bachelor's degree, then high school diploma with competency-based training and in all cases a background check.	Feb 16, 2011 5:48 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1887	Behavioral education, Sufficient training, attending seminars, behavioral conventions, field experience as to how to communicate and work with both consumer and parents (people skills).	Feb 16, 2011 5:53 AM
1888	Organization should have a psychological professional (Masters Degree level) evaluating clients and designing/reviewing the behavioral plans.	Feb 16, 2011 5:53 AM
1889	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 16, 2011 5:58 AM
1890	The owner of each behavior service vendor should at a minimum be board certified (i.e. BCBA) and possess a masters degree. There should also be a minimum amount of experience requirement with the population the vendor serves. The ratio of persons in the organization possessing this minimum requirement to those who do not should be small, thereby allowing effective oversight. I suggest a one to three ratio. The persons possessing these requirements should see each client a minimum number of hours per month (proportional to the size of the program). I suggest a minimum of 20% of provided hours. Continuity of all staff in an organization should also be taken into account. Frequent staff turnover can significantly contribute to the program's overall quality.	Feb 16, 2011 6:09 AM
1891	college degree and at least 2-3 yrs experience in child development	Feb 16, 2011 6:13 AM
1892	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: Board Certified Behavior Analysts (BCBAs) preferred; If not a BCBA then a Master's degree in a related field and 12 units of graduate level coursework in behavior analysis and OR MASTER'S DEGREE IN PROGRESS IN RELATED FIELD WITH 9 UNITS OF ABA , BCABA CERTIFIED, WITH 3-5 years of experience delivering and supervising treatment programs for children with autism, AND SUPERVISED BY A BCBA. The qualifications of those providing one-to-one services should include: a bachelor's degree in psychology or a related field with relevant experience preferred; If no Bachelor's degree then high school diploma with competency based training and in all cases a background check.	Feb 16, 2011 6:25 AM
1893	Making sure the behaviorists are qualified for the job	Feb 16, 2011 6:48 AM
1894	should have educational experienece and credentials and agency or organization invested in it.	Feb 16, 2011 7:13 AM

Behavioral Services

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1895	I believe in the current standards now in effect. However, there should be an "exceptionality" clause attached to current policy. " If a vendor has a 1:1 behaviorist that does not have the "college years/units" to qualify BUT has demonstrated to the vendored agency "exceptional competency" . A 1:1 behaivorist that does not have the required college units may be qualified to provide 1:1 behavioral intervention if all of the following is completed: (1) 3 years of experience working SUCCESSFULLY with population (individuals w/regional center diagnoses) (2) Has completed the vendored agency training demonstrating "exceptional ability" with actual consumers. (3) Provide Regional Center with monthly observation reports (rating) of 1:1 therapist for the first 6 months of employment. Monthly Report should include "parent observation" data. Performance of the agency can be evaluated by the following: (1) Always ask for Parent Observation data. Many times the parents will NOT be able to write down their observations or FILL-OUT A FORM. But the Service Coordinator can take a verbal report from parent or ask them to record their comments via tape recorder. Remember: Many times negative comments from parents are based upon the fact that they DO NOT UNDERSTAND why the 1:1 therapist is so "structured" in their interactions. This is true especiallly within our Latino population. We are not as "structured" or "direct" in our social interactions as some other cultures are. Therefore, the service coordinator should be prepared to ASK RELEVANT questions of the parents after receiving the Parent Observation data to obtain "clarity". 2) Regional Center could ask the Parent/ Care-giver to allow another care-provider, such as a relative to also provide an Observation Report if this relative/friend has observed the 1:1 therapist in action for AT LEAST 40 hours of therapy time and is familiar with the consumer and family unit. 3) In areas where there are few or no vendors available locally, I believe that the parents should be given the option of traveling to site-based location to be "trained", then visited weekly by a behavioral supervisor not 1:1 therapist,. It is the behavioral supervisor that is able to analyze data and revise the intervention strategies to meet the needs of the consumer. Parents feel more confident if they can talk to someone with more experience with designing	Feb 16, 2011 7:28 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1896	none	Feb 16, 2011 7:31 AM
1897	use same process as is required to work in schools. plus, an extra bit on psychology and techniques of manipulation	Feb 16, 2011 7:32 AM
1898	Behavior services can be very useful and effective. This is one of the most necessary services provided by regional centers. However, they can be ineffective when provided by inexperienced staff. Vendors should be required to submit the resumes and background checks of every staff person that is hired to work with RC consumers. At this time, some behavior providers are using staff that is inexperienced and hold no degrees.This is unacceptable at the rate we pay these vendors. Audits of vendor staff experience is necessary. SC's should be allowed to refer better agencies to families.At this time, SC's cannot express their opinions and leave the selection fully up to families who generally have no idea which vendor is good. We should hold our vendors up to high standards and expect excellent services. There should be an internal review process with service coordinator reviews of the vendors which are taken seriously. This can help determine if the vendor is performing up to standards. Vendor complaints made by SC's should be heard and reviewed seriously.	Feb 16, 2011 7:52 AM

5. Suggested service standards about the payment for these services:

	Response Text	
1	Statewide average	Jan 28, 2011 12:35 AM
2	Regional center should pick up the tab for families who are making under 200,000 per year. Too many parents who have the means receive these services which drains the funds for families of a lower economic status.	Jan 28, 2011 12:39 AM
3	there should be one rate which covers the entire hourly costs (direct service provider pay including payroll taxes and fringe benefits plus all administrative overhead costs including mileage, supervision, rent, etc.)	Jan 28, 2011 12:53 AM
4	contracted through regional center or social services.	Jan 28, 2011 12:53 AM
5	Standard fee among vendors/behavior service providers	Jan 28, 2011 12:59 AM
6	payment should be made by first a generic resource; then by the family and lastly by the regional center in an amount that is fair and equitable	Jan 28, 2011 1:00 AM
7	Billing should only be for direct hands on service. No billing for missed appointments. If a family cancels and appointment wiht less then a 24 hr notice they will be responsible for direct payment to the vendor as a predetermined price	Jan 28, 2011 1:02 AM
8	Commensurate with private employer industry standards, NOT the lowest bid cut by 6.21%.	Jan 28, 2011 1:07 AM
9	RCs should cover the cost of the services without parent share.	Jan 28, 2011 1:08 AM
10	FROM THE QUALITY ASSURANCE THIS ALSO CAN IMPACT THE PAYMENT OF SERVICES. IF VENDORS KNOW THEY ARE BEING MONITORED AND THEIR PAY CAN BE DIRECTLY IMPACTED BY THESE RESULTS THEY WILL STRIVE HARDER TO PROVIDE ADEQUATE SERVICES. ALSO VALIDATE THOSE VENDORS THAT CURRENTLY FOLLOW THEIR PROGRAM DESIGN, WITH CONTINUED SUPERVISION ON SERVICES AND PROCEDURES.	Jan 28, 2011 1:09 AM

5. Suggested service standards about the payment for these services:

	Response Text	
11	There are many agencies providing behavioral services who follow different models of serviced delivery, treatment philosophy, etc. Further, regional center clients live and receive services throughout the state, each area with a different cost of living standard. Thus, it is impossible to impose standards across the state, in my opinion. HOWEVER, I believe that the regional center needs to become better and more informed consumers of behavioral services and must factor in effectiveness when determining least costly vendors. That is, if a vendor has been with an individual for a year with no significant improvement in quality of life, then that is a complete waste of money. Even if another vendor cost twice as much, if significant quality of life improvements were realized it'd be well worth the expenditure.	Jan 28, 2011 1:11 AM
12	Behavior Agencies should be paid for their Behavior Specialists hours at $90.00 per hour, for individual work. That rate can be adjusted for number of participants in group instruction. Behavior Agencies should be paid for their Behavior Assistants at $45.00 per hour, for individual work.	Jan 28, 2011 1:14 AM
13	These services should be paid for at the same rate that is typically paid by an aggregate of the fees of three or more insurance companies pay in the area. Say Anthem pays $77, Aetna pays $76, and HealthNet pays $67 per hour, the RC would then pay $73.67 per hour in that area. It could either be done by area or we could use an overall State average. If the consumer has health insurance that covers the therapy but has a deductible or a copay, then the RC should cover that amount up to the amount RC covers. So if the copay per visit is $43, then the RC would cover that since it is less than the amount RC would pay. If the deductible is $2000, then the RC would pay their rate until the deductible is covered. If the provide will not take the RC offered rate and the consumer believes they are the best company for them, the consumer may pay any amount over the contracted RC rate. I believe the consumer should be allowed to choose the provider since they may have insurance restrictions that allows the RC to pay less for their providers or they may have built a relationship with a particular therapist that is already working through a school district funded program or through some other entity.	Jan 28, 2011 1:19 AM
14	Hourly rates should not exceed $30.00 per hour billing rate to agency.	Jan 28, 2011 1:20 AM
15	Again properly align the service codes with the personnel/vendor providing the actual service. Currently the 620 code is billed at $50.87 (psychologists, marriage and family therapists and social workers) , the 612 code at $65 an hour (BCBA) and the 615 code (behavioral assistant) at $35 an hour. The vast majority vendors billing for behavioral therapy bill under the 620 code even though the person doing the 1:1 work is not a psychologist, marriage and family therapist or social worker. Instead the worker doesn't meet the minimum standards often outlined in the 615 code! The 620 code requires the most education and experience and should, by far, be the code that reimburses the most. Secondly the 612 code, a BCBA, should reimburse less as less experience and less education is required. Lastly the regional centers MUST thoroughly look at companies that vendor and be sure that workers actually meet minimum standards outlined in the 615 codes and DDS should be aware (and is aware) that the vendors are using the 620 service code fradulently because the people doing the 1;1 work for almost all agencies are definitely not psychologists, marriage and family therapists and social workers. I have made Inland Regional Center aware of this since November of 2009 and I have made DDS aware of this since that time as well urging them to audit this situation.	Jan 28, 2011 1:27 AM

5. Suggested service standards about the payment for these services:

	Response Text	
16	Title 17 permits service code 612 vendors to be considered "group practices" (section 54319). Therefore a single, comprehensive rate would be the simplest manner to allow such vendors to bill for services. This rate, however, would need to be high enough to cover all the expenses of maintaining the operations of an agency. If rates for supervision and direct intervention are to be different, the State Median rate should be reconsidered and raised (at least for direct intervention). The rates for these services need to be commensurate with the cost of doing business in various parts of the state, given that urban areas such as Los Angeles and San Francisco will incur significantly higher operational costs than rural parts of the state. The utilization of out of office calls to offset drive time and mileage expenses for staff who travel from client to client is very helpful and should be regularly implemented for any vendorization that has split supervision and direct intervention rates.	Jan 28, 2011 1:29 AM
17	Clear documentation of the service provided and ongoing evaluation of progress. Compensation levels should be based on the going rate for similar work by similarly qualified individuals. Actually don't really understand what you are looking for.	Jan 28, 2011 1:33 AM
18	Service providers most definitely need to be provided with higher rates to serve people with challenging behaviors, which would give us more incentive to serve them. Without this incentive, most people with behavioral problem labels, will end up in programs especially for people with behavioral problems, creating a "behavior problem ghetto" that few people are ever able to get out of. It's like people get "tracked" by their labels and they end up living self fulfilling prophecies.	Jan 28, 2011 1:36 AM
19	share of cost based upon parental income	Jan 28, 2011 1:36 AM
20	They should be reasonable and customary.	Jan 28, 2011 1:40 AM
21	ICB	Jan 28, 2011 1:40 AM
22	Provided through a vendor of the regional center and paid by the hours approved by the case worker.	Jan 28, 2011 1:42 AM
23	the regional center should pick up the cost (the state). without no cost treatment (which most families with members with special needs such as autism are financially strapped with medical costs), families will not be able to get these services. then the outcome of untreated issues in the community can cause harm to the individual and possibly others.	Jan 28, 2011 1:53 AM
24	Parents that have a certain income level should pay for all the services.	Jan 28, 2011 1:54 AM
25	all doctors should be payed a fair and equal amount for services. Paying a doctor or mental health professional $10 per visit is living in the past. fair compensation is critical in retaining doctors	Jan 28, 2011 2:05 AM
26	a reasonable but competitive fee deemed by current market should be applied	Jan 28, 2011 2:26 AM
27	have coding match the services render...let service providers know that they need to use the codes properly and not just bill the highest level of service	Jan 28, 2011 2:27 AM
28	Rates are wholly inadequate to pay direct service staff for their level of expertise needed. Our counterparts in developmental centers make 4 times what we can pay and ours is an open environment. As our people in our programs move from isolation to integration, we expect a level of expertise to support them, but do not pay for it. Our system is failing because of this inadequate compensation for difficult and sometimes dangerous work. Doggie day care costs more than some of our programs.	Jan 28, 2011 2:35 AM
29	Medicare rates are the best standard.	Jan 28, 2011 2:41 AM
30	Do a pay scale survey to create a liveable wage.	Jan 28, 2011 2:49 AM

5. Suggested service standards about the payment for these services:

	Response Text	
31	As stated above, allow parents to assist, if possible. Otherwise, how about a "tax" on school districts' graduation rate. Ask local parents and clients for their opinions of school services. Some districts are "encouraging" parents in relatively wealthy districts to seek private education, which gives a misleading picture of graduation rates. require school districts to show proactive steps toward individual student skill enhancement, and earnest steps toward achieving graduation for handicapped individuals. SHOW THAT PARENTS HAVE BEEN INFORMED OF THEIR RIGHTS.	Jan 28, 2011 2:50 AM
32	What do you mean by this question?	Jan 28, 2011 3:03 AM
33	I don't know the service standards for this. A fair market wage should be paid to therapists and to respite care workers.	Jan 28, 2011 3:05 AM
34	At present cooresponding with legislators.	Jan 28, 2011 3:06 AM
35	This function is crucial to establish an on-going foundation of services for this population. The people who care for and train the clients must receive the training and support to do their work. Otherwise, the burnout rate is too great. Therefore, funding should be a key item covered by state general funds.	Jan 28, 2011 3:06 AM
36	Sliding scale based on income.	Jan 28, 2011 3:21 AM
37	Payment must not be reduced! The person providing the service has to be paid at a decent level so that the service can continue to be provided.	Jan 28, 2011 3:22 AM
38	CASH	Jan 28, 2011 3:24 AM
39	State should fund most of it or 100%.	Jan 28, 2011 3:25 AM
40	Survey other state HCBS waivers and look at the types of services and what they receive for providing them. I suggest NOT creating a lot of service categories. The fewer service categories you have, the more flexibility you have to move people to a more appropriate service for them or change their services when their needs change. You can rewrite the federal definition of services. I put most everything I could think of into Habilitation (including behavior, parent training, etc.). This goes for billing categories as well. I want to be able to very simply move people from a workshop, for example, to supported work. So you have one billing category for Work and one for Day Services.	Jan 28, 2011 3:28 AM
41	should be subsidized	Jan 28, 2011 3:28 AM
42	Funding through the Regional Center system. Funding through the IEP process. Funding through medical insurance is ill advised.	Jan 28, 2011 3:32 AM
43	Provided by regional centers since insurance does not cover. After age three, provided by school districts	Jan 28, 2011 3:33 AM
44	Tough question. Developmental disabilities strike all manner of folks, regardless of social or economic status. I think it is a mistake, however, to emphasize the latter, because it may then be targeting services unfairly to a class of individuals who may not be legal residents! It's a big problem, having to explain to folks why they would not be eligible and why non-citizens are. It's not just a moral, but economic, question; There has to be a better way to decide who could apply co-pays and at what level. Perhaps passage of AB171 will help.	Jan 28, 2011 3:39 AM
45	Lanterman Act. Needs of the consumer as written in the IPP	Jan 28, 2011 3:43 AM
46	According to consumer's needs, payment for these services should be the financial responsibility of the regional center or should be included as a medical service and paid for MediCal. These services should not be bore by the residential caregiver.	Jan 28, 2011 3:46 AM
47	Tax-payers	Jan 28, 2011 3:53 AM
48	They can be better regulated if those funds are taken out of the service providers rate and regional center paid for it directly.	Jan 28, 2011 4:05 AM

5. Suggested service standards about the payment for these services:

	Response Text	
49	There is a federal mandate that states pay for these services.	Jan 28, 2011 4:05 AM
50	Individual sessions $45 per hour. Group sessions of 3 @ $25 per hour per consumer.	Jan 28, 2011 4:08 AM
51	Pay only for those with ongoing education	Jan 28, 2011 4:14 AM
52	This is an extremely difficult job and individuals should be compensated accordingly.	Jan 28, 2011 4:15 AM
53	Competitive pricing.	Jan 28, 2011 4:22 AM
54	any health insurance company registered in Califonia should be required to cover mental health services	Jan 28, 2011 4:31 AM
55	Regional Centers should fund these services	Jan 28, 2011 4:38 AM
56	Again this should be based on the IPP and the Behavior Spec. observations on a specific plan of action	Jan 28, 2011 4:41 AM
57	NTE $40	Jan 28, 2011 4:55 AM
58	This question is not clear to those that do not know about the fee structure for behavioral supports.	Jan 28, 2011 5:19 AM
59	Direct payment to vendors relieves disabled clients and their families of one less duty.	Jan 28, 2011 5:31 AM
60	Depending on the income of the client's family.	Jan 28, 2011 5:31 AM
61	Payment depends on the level, type, and setting of the service given. Look to MediCare Standards on behavioral testing and intervention for clues.Most people could do a $2.00 to $3.00	Jan 28, 2011 6:30 AM
62	Parents AND THE GOVERNMENT. I suggest there may be some grants out there to be used for this purpose on a trial basis.	Jan 28, 2011 6:36 AM
63	Medi-Cal, Medicare. Even if there if there is a Co-pay!	Jan 28, 2011 6:42 AM
64	See answer #1	Jan 28, 2011 6:52 AM
65	Perhaps in monthly billing there should be paperwork submitted where the Consumer/family has signed off on the hours being billed. Mileage paid for these services should be related to direct transport of the Consumer that is needed as part of programming. Perhaps have a cap on mileage for this category.	Jan 28, 2011 6:53 AM
66	Timely reports. Some providers submit late reports and blame RC for not authorizing services.	Jan 28, 2011 7:51 AM
67	$125 per hour, paid for by vendor contract in level four facilities.	Jan 28, 2011 1:29 PM
68	Could be a small fee to participate. Would save money in long run if health problems could be eliminated.	Jan 28, 2011 2:22 PM
69	Regional centers need a thorough audit. Where is the money going and to whom? Is money being siphoned off under the table to buy favors and influence as some have alleged. Does money that should go to support clients really get to the client or is it wasted on home ooperators and unwanted boondoggle programs that line personal pocketbooks while clients real needs go wanting. DDS is the most wasteful and abusive agency in the state. DDS is a negligent supervisor of regional center misconduct leaving control in the hands of lower level staff with little authority to make decisions over them. There really is nowhere for a family with grievances agaist an RC to go except to court, where they get bludgeoned again by deep state pocket attorneys that never ever settle.	Jan 28, 2011 2:47 PM
70	Depending on the needs of the client, these services should be paid every three months.	Jan 28, 2011 2:52 PM
71	Rate setting formula	Jan 28, 2011 2:53 PM

5. Suggested service standards about the payment for these services:

	Response Text	
72	promptly	Jan 28, 2011 3:46 PM
73	More standard rate for all children's services and all adult services. Right now children's services can use many different service codes that encompass many different rates.	Jan 28, 2011 4:05 PM
74	POS should run quarterly, with payment by the hour. Payment should vary by region based on regional economy of scale and local pricing in order to encourage vendors to serve those members of the community who cannot afford services on their own. FCPP should be applied to behavioral services.	Jan 28, 2011 4:08 PM
75	these services are expense that most parents can not afford without help and insurance companies will not help either	Jan 28, 2011 4:10 PM
76	Family and conservator should be first place to look for payment. If not possible the service should be payed for by mental health.	Jan 28, 2011 4:27 PM
77	make a copay for the services but not per hour maybe per week. For my son he recvd 11 hrs and we wouldnt have been able to afford a copay for everyhour.	Jan 28, 2011 4:27 PM
78	Fees paid by service providers may be provided by regional center on a sliding scale based upon qualifications maintained by directors and direct care providers. These fees can be re-established annually.	Jan 28, 2011 4:28 PM
79	The state should pay and local county	Jan 28, 2011 4:34 PM
80	Depends really I think that these services should be offered and paid by all types of insurances especially the ones that are low income because you will find that a lot of children in poverty have sevier issues do to all types of factors.	Jan 28, 2011 4:37 PM
81	They should be paid what it actually costs rather than a discounted rate having nothing to do with reality while DDS staff collect high paychecks and PERS benefits	Jan 28, 2011 4:47 PM
82	Full reimbursement based on need.	Jan 28, 2011 4:53 PM
83	Some parents get more money for the same services based on what provider and/or service code is used. Example, I use provider B for behavior analyst and the RC pays directly to provider. Another mother uses provide B and gets paid more money directly to her and she reimburses the provider.	Jan 28, 2011 4:59 PM
84	Negotiate competitive rates with vendors before initiation.	Jan 28, 2011 5:02 PM
85	Insurance subsidized by Regional Centers. If for some reason a family doesn't have insurance, then the family should pay, along with Regional Center contribution. UNTIL Insurance benefits are in place, Regional Centers should not pull out of the picture.	Jan 28, 2011 5:04 PM
86	Again properly align the service codes with the personnel/vendor providing the actual service. Currently the 620 code is billed at $50.87 (psychologists, marriage and family therapists and social workers) , the 612 code at $65 an hour (BCBA) and the 615 code (behavioral assistant) at $35 an hour. The vast majority vendors billing for behavioral therapy bill under the 620 code even though the person doing the 1:1 work is not a psychologist, marriage and family therapist or social worker. Instead the worker doesn't meet the minimum standards often outlined in the 615 code! The 620 code requires the most education and experience and should, by far, be the code that reimburses the most. Secondly the 612 code, a BCBA, should reimburse less as less experience and less education is required. Lastly the regional centers MUST thoroughly look at companies that vendor and be sure that workers actually meet minimum standards outlined in the 615 codes and DDS should be aware (and is aware) that the vendors are using the 620 service code fraudulently because the people doing the 1;1 work for almost all agencies are definitely not psychologists, marriage and family therapists and social workers. I have made Inland Regional Center aware of this since November of 2009 and I have made DDS aware of this since that time as well urging them to audit this situation.	Jan 28, 2011 5:06 PM

5. Suggested service standards about the payment for these services:

	Response Text	
87	current system with documentation to verify service	Jan 28, 2011 5:07 PM
88	If a consumer is in a behavior home why do they still need to have a one to one? There are too many staff in one home.	Jan 28, 2011 5:08 PM
89	Current levels plus inflation increases at least every two years.	Jan 28, 2011 5:09 PM
90	$70 hr for 1:1 service $125 hr for supervision, assessment and report writing	Jan 28, 2011 5:09 PM
91	Eliminate duplication by ensuring each person has only one Behavioral Plan and that it is executed by all service providers.	Jan 28, 2011 5:13 PM
92	Should be covered by state, federal and private insurance funds.	Jan 28, 2011 5:22 PM
93	Rates should be maintained and additional cuts need to stop. We can't support professional BCBA level staff on $48 per hour. OUr kids need qualified people!	Jan 28, 2011 5:31 PM
94	Again, even if 2-4 years of treatment costs a lot, compare that to 60-70 YEARS of custodial care. The life-expectancy of individuals with autism is the same as the general population!	Jan 28, 2011 5:31 PM
95	Payment will need to be competitive if effective and trained individuals are to be cultivated and kept available to families Recognize that cognition (or cognitive potential) does not always indicate the individuals actual performance potential. Specifically in individuals with ASD. Cognitive testing may indicate intelligence that is deceiving - it should come down to the actual performance in real world settings. Not behavior/cognition tested in an artificial 1:1 environment that is not an indicator of practical real world performance.	Jan 28, 2011 5:33 PM
96	Developing a tiered share of cost plan between county mental health and the regional center would increase the willingness of both agencies to help with services. Often, we will pick up entire bills for counseling, behavioral services, and day program, when all along, it could have been an appropriate step for mental health services from the county to also help. If county mental health picks up only a portion of cost (ie, provides the counselor or psychiatrist), and the regional center picks up another portion(ie the behavior consultant), they are sharing the cost, and providing effective services. The effectiveness of the hollistic services will decrease the liklihood that services will be sought in the future, and will shorten the lenght of time that the consumer will be needing the service.	Jan 28, 2011 5:38 PM
97	These services should be paid well, as it is not a easy job and they are doing what they can for the childs well being.	Jan 28, 2011 5:40 PM
98	Payment should not be based on least costly provider, but on staff qualifications (i.e. number of PhDs on staff, number of BCBAs on staff).	Jan 28, 2011 5:41 PM
99	*pay them enough to compete with private practice payments. Many of the most useful people I know won't become vendorized because it means reducing their fees by 50-75%	Jan 28, 2011 5:44 PM
100	research what you are paying for dont just purchase service to meet some mandated law actually attempt to make it a one time need (see above)	Jan 28, 2011 5:45 PM
101	Payment should be a flat rate (non-negotiated) across providers. Consideration for differential rate for BCBA certification.	Jan 28, 2011 5:48 PM
102	75.00 per hour	Jan 28, 2011 5:48 PM
103	Most families are unable to pay for these expensive services and may or may not be covered by insurance.	Jan 28, 2011 5:54 PM
104	Based on ability to pay, household income	Jan 28, 2011 5:55 PM

5. Suggested service standards about the payment for these services:

	Response Text	
105	For children: Family health insurance first (with coverage for therapy), EPSDT, and means-tested regional center payment as last resort. For adults: HCBS Waiver. If not already on the waiver, when the regional center is authorizing behavioral services, that individual is probably eligible and should be immediately enrolled. Payment for services should be sufficient to allow for qualified staff to implement the person centered behavioral plan.	Jan 28, 2011 5:58 PM
106	Set a fee for service rate similar to job coaching rates	Jan 28, 2011 5:58 PM
107	Regional center/state funded as keeping the consumer in the family home is less expensive in the long run.	Jan 28, 2011 6:00 PM
108	Payment for appropriate behavioral services must be equivalent to the prevailing rate for services in the community and in public settings, such as state developmental centers. We must utilize the services of qualified professionals which necessitates reimbursement at comparable rates. The 'cheapest' provider is rarely the most qualified and effective which leads to higher rates of failure and having to repeat the process at a higher cost -- this also duplicates the initial cost of service. Customary reimbursement rates are more likely to produce productive and cost-effective outcomes for all parties.	Jan 28, 2011 6:08 PM
109	The county should pay for the costs of these services for individuals who need the services.	Jan 28, 2011 6:08 PM
110	eep the services a s they are and do not remove.	Jan 28, 2011 6:09 PM
111	So not pay for supervision. No other intervention requires purchasers or users to pay for supervision.	Jan 28, 2011 6:12 PM
112	Competent behavior interventionists need college degrees and need to make in the $15-20 range. Supervisory behaviorial consultants are making very high rates (often $>100/hr) and those rates can and should be negotiated down to more like $60-70/hr	Jan 28, 2011 6:14 PM
113	TRAINEES = $10 PER HOUR PROFESSIONAL = $30 PER HOUR	Jan 28, 2011 6:21 PM
114	Payment for theses services should reflect the level of edcuation and exprience of the provider. The amount of paperwork and processing outside of the the 1:1 service time should also be taken into consideration when determining rates. Over all payment reates should be comparable to the accepted rates within that field of practice.	Jan 28, 2011 6:21 PM
115	don't know what this is referring to...	Jan 28, 2011 6:35 PM
116	complexity of program design, staff competency and training level, clients needs	Jan 28, 2011 6:38 PM
117	The Regional Center and consultant has exchanged communication in this regard. Sometimes I receive copies, I beleive this has reduced due to cuts, but this has not been communicated to clients. I recommend that the State invest in creating online accounts for clients to be able to monitor thier accounts online, as an alternative to mass mailings.	Jan 28, 2011 6:41 PM
118	included with DC services, as this intervention will presumably decrease harmful behaviors & promote health	Jan 28, 2011 6:41 PM
119	Payment based on time in service and effectiveness. Further, pesnion and health ins should be on a contributory basis. These payments should be based on private company analysis. Any rasies should be based on COLA unless documented work perfromance justifies increase. This state emplyee unions are banlrupting the state.	Jan 28, 2011 6:45 PM
120	If families are required to pay for a workshop, there should be scholorships available for low-income families and or a sliding fee scale.	Jan 28, 2011 6:46 PM

5. Suggested service standards about the payment for these services:

	Response Text	
121	As behavioral services help to reduce the need for incident reports and provide safety and care of the consumer and the staff, I feel that regional center should continue to pay for these services in the home as well as in day programs and for the families.	Jan 28, 2011 6:46 PM
122	Regional Centers continue to fund services until Insurance coverage is offered for ABA services	Jan 28, 2011 6:46 PM
123	Vendors should be reimbursed at the same rate as other vendors in the area providing similar services. For example, in the Sacramento area, there are some vendors that are reimbursed for consulting services at 130/hour while other vendors providing the same or better quality services are reimbursed for consulting services at 85/hour. Additionally, many vendors request service hours that are not being used, which are still calculated into regional center budgets. If vendor hours were monitored to ensure requested hours for maximum progress were filled and adjusting them after a certain number of quarters in which the hours were not being filled or standardizing number of hours per position across vendors would help ensure consistency and help determine which vendor was more effective, as service delivery would be more consistent in terms of number of hours across positions.	Jan 28, 2011 6:52 PM
124	Standardize rates. Current multi tier rates demand payment for supervision of the intervention at multiple levels within the vendor's business. The lowest paid person in these systems is the hands-on interventionist.	Jan 28, 2011 7:02 PM
125	Either direct payment or consumer reimbursement with coded receipts.	Jan 28, 2011 7:02 PM
126	Pay what they actually cost; provide for cost of living adjustments and benefits	Jan 28, 2011 7:04 PM
127	As a tax paying citizen, I think it's our right to have the state continue to fund these services. We pay for it and it's helping not only my child, but it will financially ruin future generations b/c they will not be able to handle the burden of having to support these people. 40% of this population can recover IF they receive the early intervention. I also think it isn't fair that services are provided to people who are not citizens or who do not have social security #'s. I know 2 families who moved to the US (1 from China and 1 from Dubai) b/c they knew they would get these services for free. People who are tax paying citizens should get first shot since we are paying for it. I also think if an insurance mandate would be passed in California, that would help relieve some of the pressure.	Jan 28, 2011 7:06 PM
128	A standard rate should be implemented. We use a standardized rate for occupational therapists and speech therapists. Behavioral service providers should also fall under a standard hourly rate as well as a standard mileage rate. As a service coordinator for children's services, I see that most of the dollars on my caseload go towards behavioral services such as (Autism Treatment, Behavior Intervention, Social Skills training, etc...). If these rates were standardized, we could save thousands of dollars for each consumer who uses these services.	Jan 28, 2011 7:09 PM
129	At least minumum $50/hour	Jan 28, 2011 7:11 PM
130	Behaviorists' pay should be commensurate with what private practice behaviorists earn on average, statewide. Mileage should be based on IRS rate.	Jan 28, 2011 7:15 PM
131	I believe a Behavior Program consumer cost the Regional Center about $80 per day (average through programs) and Day Program consumer cost the RC about $50 per day (average through programs). I know for a fact that on a business level it's VERY tough to cover expenses with these rates. However, with the higher consumer to staff ratio you get in a Day Program (or should get) it makes economic sense to increase enrollment there and descrease in the Behavior Program.	Jan 28, 2011 7:17 PM

5. Suggested service standards about the payment for these services:

	Response Text	
132	The current payment methods seem to work, How ever local control over these standards based on Individual needs seem to be more effective rather than State control which might not be aware of local needs for the individuals	Jan 28, 2011 7:18 PM
133	Go through insurance first and then have CA pay for services	Jan 28, 2011 7:18 PM
134	Funded at a rate similar to a day program or work activity program.	Jan 28, 2011 7:20 PM
135	One rate that covers supervision and direct intervention. Some services have supervisors come out more often that intervention staff, which makes me wonder if they are making more on their supervisory rate.	Jan 28, 2011 7:22 PM
136	These organizations should all follow a central protocol on payment for services.	Jan 28, 2011 7:23 PM
137	By contract, determining the time needed to complete service. ie: 4 wks, 2day per week @ 10.00 per session	Jan 28, 2011 7:27 PM
138	Payment for services should be the cost of the service plus cost of living adjustments.	Jan 28, 2011 7:29 PM
139	Pay them more. Tax the oil, nuclear and chemical companies whose products are likely responsible for the autism epidemic.	Jan 28, 2011 7:31 PM
140	A liveable wage. Many times the Medi-Cal payment is so low that qualified professionals won't serve that population because they can't live off that payment.	Jan 28, 2011 7:39 PM
141	no more that Medi-Cal SMA rate for licensed psychologist. $40/hour.	Jan 28, 2011 7:50 PM
142	Vouchers to the parents can be utilized to pay for these services.	Jan 28, 2011 7:58 PM
143	No therapist should come late or leave early, they have to get paid if they are at least have 2 years of training and be supervised by a PHD level.	Jan 28, 2011 8:00 PM
144	Standardized hourly rates that are the same for all vendors should be established, based on reasonable median costs. All current vendors should be required to accept the new rates, with no one grandfathered in or frozen out.	Jan 28, 2011 8:07 PM
145	Instead of flat payment maybe you should be paid by what you accomplish, but this is very touchy with DD people.	Jan 28, 2011 8:07 PM
146	Reduction in overall regional center and vendorization operating costs through a voucher payment system. Reduction in regional center operating costs including number of paid salaried employees, postage, and legal costs would go a long way in providing funding for consumers. Since the Trailer Bill, the IPP process is as follows: parent requests service with professional recommendation, regional center case worker takes request to a purchase of services meeting, administrators say no, case worker returns to desk and writes out a notice of action, employee takes notice of action and pays for certified mail delivery, family files appeal, public costs add up as regional center lawyers, PAI, OCRA and other disability rights organizations, family lawyers, and OAH all become involved. This leaves the consumer without services when likely the costs associated with telling the family no and fighting them on it could have gone to pay for the service to begin with. It's time to cut out the regional center waste of public funds.	Jan 28, 2011 8:20 PM
147	Also consider direct reimbursement to families when they have sought and found appropriate community-service support.	Jan 28, 2011 8:26 PM
148	The proposed parent panel would be made up of volunteer parents from each segment of the population represented (i.e.,early start, transition, as well as adult), with one staff designee assigned by each regional center.	Jan 28, 2011 8:32 PM
149	Regional Centers should provide the payment if the parents/caretakers do not have insurance.	Jan 28, 2011 8:44 PM

5. Suggested service standards about the payment for these services:

	Response Text	
150	As long as your department focuses on buying houses for long-term care living arangements for people coming out of the Regional Center Facilities, in say, the Bay Area, then nothing else can be addressed because you spent all the money on a few privilaed individuals, losing site of your responsibility to reach the most with what we have collectively.	Jan 28, 2011 8:45 PM
151	Pay what they actually cost; provide for cost of living adjustments and benefits, to at least a fraction of what State employees get	Jan 28, 2011 8:45 PM
152	Given the financial there should be an upper limit to the amount paid to the vendor for services.	Jan 28, 2011 8:50 PM
153	Current rates or better.	Jan 28, 2011 8:50 PM
154	Service standard should achieve the promise that people with intellectual and developmental disabilities will have an individualized program plan and access to the services and supports best suited to them throughout their lifetime, to enable them to live an independent, self-directed, and typical life.	Jan 28, 2011 8:54 PM
155	Again properly align the service codes with the personnel/vendor providing the actual service. Currently the 620 code is billed at $50.87 (psychologists, marriage and family therapists and social workers) , the 612 code at $65 an hour (BCBA) and the 615 code (behavioral assistant) at $35 an hour. The vast majority vendors billing for behavioral therapy bill under the 620 code even though the person doing the 1:1 work is not a psychologist, marriage and family therapist or social worker. Instead the worker doesn't meet the minimum standards often outlined in the 615 code! The 620 code requires the most education and experience and should, by far, be the code that reimburses the most. Secondly the 612 code, a BCBA, should reimburse less as less experience and less education is required. Lastly the regional centers MUST thoroughly look at companies that vendor and be sure that workers actually meet minimum standards outlined in the 615 codes and DDS should be aware (and is aware) that the vendors are using the 620 service code fraudulently because the people doing the 1;1 work for almost all agencies are definitely not psychologists, marriage and family therapists and social workers. I have made Inland Regional Center aware of this since November of 2009 and I have made DDS aware of this since that time as well urging them to audit this situation.	Jan 28, 2011 9:03 PM
156	The current rate is way to low. Most therapists charge more than $100 per hour, now.	Jan 28, 2011 9:04 PM
157	assessment should be a set amount (to include all acttivitie in 30 days ,including development of behavioral plan), plus hourly fundings for the hours to be provided in the 90 day period (following the assessment)	Jan 28, 2011 9:04 PM
158	Payment for such services should not exceed $100/hour for a licensed professional.	Jan 28, 2011 9:05 PM
159	No comment.	Jan 28, 2011 9:10 PM
160	That Far Northern Regional Center begin to responsibley service their northern state counties as required by law. The irony is that Redding, Far Northern RC main headquartes,only 100 miles south of the County Seat Yreka and only 50 miles north of Mt. Shasta. They do have a satelitie office in Mt. Shasta, staffed by 2 case workers to cover the 4th largest county in the state.	Jan 28, 2011 9:11 PM
161	It's difficult to give numbers because I don't deal with the number end, but underpaying the behavioral agencies may not inspire good quality - poor quality may not produce results and ultimately waste money and time.	Jan 28, 2011 9:19 PM
162	sliding scale with a minimum of $1 for an individual or family maybe have an option of the payment or volunteer work	Jan 28, 2011 9:23 PM
163	Certified BCBA = 75.00 per hour Understudy = 40.00 per hour	Jan 28, 2011 9:27 PM

5. Suggested service standards about the payment for these services:

	Response Text	
164	The state needs to provide payment to help our children! Our kids need help when they have autism, it is ver hard to work with my child and get throught the day. We need help to teach them!	Jan 28, 2011 9:28 PM
165	Keep in place the present standards	Jan 28, 2011 9:29 PM
166	definite limit on the number of hours per month paid for by the regional centers; e.g. 12 per month, not subject to appeal.	Jan 28, 2011 9:31 PM
167	If the client remains within the home, family should be asked to contribute to the required services. Percentage to be determined by financial situation.	Jan 28, 2011 9:37 PM
168	Contract rate may depend upon the area served, the training and education of the provider / agency. This gets complicated but possibly the payment for the services would depend upon the success rate of the provider where the higher the success rate, the higher the pay, to be determined annually. The protection against fraudulent reporting is that the service coordinator, upon receiving the discharge summary, makes a call to the consumer's caregiver and checks the numbers with them to make sure the provider is reporting accurately, given that the report is based upon the parent reporting to the provider.	Jan 28, 2011 9:38 PM
169	Since the state mandates that school districts, rather than medical groups, pay for occupational therapy, physical therapy, speech and language therapy, socialization therapy, and behavior intervention therapies...than the payment responsibility falls to the school district or local city government. Personally, I do not believe the school district should be in the business of providing medical services, but that is what the law in our state mandates from age 3-22. Current memorandum of understanding agreements in some counties are appropriate: 3-Preschool 25% payment school district, 75% payment Alta Regional Kindergarten 50% payment school district, 50% payment Alta Regional First Grade to age 22 75% payment school district, 25% payment Alta Regional	Jan 28, 2011 9:45 PM
170	Parent co-pay if the family makes over $100,000	Jan 28, 2011 9:45 PM
171	Services should be a part of the overall plan	Jan 28, 2011 9:47 PM
172	Specialists should be in the employ of the regional centers.	Jan 28, 2011 9:49 PM
173	POS through the regional center, contract with schools or co pay for higher income families	Jan 28, 2011 9:51 PM
174	Payment for services should be defined and should be fair for all providers. I think we should have a set standard for all services but this standard should be developed by a panel that consist of both current providers and the agencies that regulate them. We need to have people who provide these services and people who have actually covered a payroll have greater input on what standards of payments should be set.	Jan 28, 2011 9:52 PM
175	unsure	Jan 28, 2011 9:52 PM
176	1. Determination whether the service is funded by a family's insurance. 2. If the service is "non-covered", then the RC can initiate POS. 3. If the service is covered by a family's insurance in whole or in part, the family must access their insurance first and provide a denial. 4. Exceptions shall be made for RC funding when the situation is a danger to self or others or when the child is at-risk of losing his living arrangement with his family.	Jan 28, 2011 9:56 PM
177	All like services should be paid like rates. PERIOD!	Jan 28, 2011 10:11 PM

5. Suggested service standards about the payment for these services:

	Response Text	
178	Private Insurance Medi-cal SDRC assistance with co-pays and full funding if needed. TIme limits	Jan 28, 2011 10:11 PM
179	As a Regional Center asking me this question - I'm a little concerned. What are your current "service standards"? I still remember the first behaviorist that we had come to our home from an RC when our son was first diagnosed as a toddler. While my son was present in the room she stated: "He'll never have friends." Needless to say, I called my caseworker and reported this unbelievable "candor". It was unprofessional and untrue. How can anyone judge what a recently diagnosed 4 yr old will be like in the future - especially before he'd begun any specific services. I would hope background checks to ensure whatever claims are given have supported documentation of proof before our tax dollars are frittered away. We utilized an Occupational Therapy clinic provided by the RC when my son was a toddler. It was run by a woman who scammed the govt and private pay families. She closed down and disappeared without notice - only to surface several times since in other "forms" of scam. To this day I see her a workshops and conventions - each time in a different business model with a different name and different type of service offering. Her "support" of our disabled population is only to line her pockets. Full background checks of people who continually fail to perform, yet continue to pop up as "providers" in a different form need to be denied access through RCs if their history of abuse and corruption exists.	Jan 28, 2011 10:17 PM
180	Providers need to follow service specifications outlined in their service design and contract. If not in compliance, RC should be able to withhold or reduce payment. If provider does not have a current signed contract, terms can be renegotiated.	Jan 28, 2011 10:20 PM
181	ABA service providers should get more than infant stimulation teachers. Agencies that do research should be provided with more benefits than those that do not.	Jan 28, 2011 10:23 PM
182	Offer sliding scale fees for those that can not pay the regular price. It could be $230 a year for those that earn less than $20K a year. Or make it by month - set a standard by family size and income: Family size 1-2 Earn $20K (per year) or less pay $20 per month 3 Earn $25K or less pay $30 per month 4 Earn 30K or less pay $40 per month 5 Earn 35K or less pay $50 per month And You need to realize that not everyone has a nice job that earns $30 or $40K a year. Offer credit card payments or offer services with a payment option of $20 per month.	Jan 28, 2011 10:23 PM
183	Payment should be based on acuity	Jan 28, 2011 10:26 PM
184	the direct services should be pay approprate rate to provide best services.	Jan 28, 2011 10:27 PM

5. Suggested service standards about the payment for these services:

	Response Text	
185	Given the financial there should be an upper limit to the amount paid to the vendor for services. Develop a very clear, simple list of the sorts of things MediCal funds, and clear easy instructions for how to ask/get MediCal to pay. As a parent, I have wasted weeks of my life in phone calls, emails, visits to social service agencies`to try to clarify what's covered by Regional Center, CCS, MediCal. The process of getting authorizations and denials is far too complicated as it now stands!	Jan 28, 2011 10:29 PM
186	Given the financial there should be an upper limit to the amount paid to the vendor for services. Develop a very clear, simple list of the sorts of things MediCal funds, and clear easy instructions for how to ask/get MediCal to pay. As a parent, I have wasted weeks of my life in phone calls, emails, visits to social service agencies`to try to clarify what's covered by Regional Center, CCS, MediCal. The process of getting authorizations and denials is far too complicated as it now stands!	Jan 28, 2011 10:30 PM
187	The payment should be free from the consumers.	Jan 28, 2011 10:37 PM
188	Given the financial there should be an upper limit to the amount paid to the vendor for services. Develop a very clear, simple list of the sorts of things MediCal funds, and clear easy instructions for how to ask/get MediCal to pay. As a parent, I have wasted weeks of my life in phone calls, emails, visits to social service agencies`to try to clarify what's covered by Regional Center, CCS, MediCal. The process of getting authorizations and denials is far too complicated as it now stands!	Jan 28, 2011 10:37 PM
189	auditbility	Jan 28, 2011 10:39 PM
190	PARENTS WILL NOT BE ABLE TO PAY FOR THESE SEVICES.	Jan 28, 2011 10:46 PM
191	Hmmmm. This should also probably vary among different areas of the state.	Jan 28, 2011 10:48 PM
192	Sliding scale based on income of the parents, similar to respite scale.	Jan 28, 2011 10:51 PM
193	Again, if the family is not taking an active role in implementing the plan and procedures they should be terminated.	Jan 28, 2011 10:54 PM
194	Pay the market rate.	Jan 28, 2011 10:54 PM
195	what has history taught you	Jan 28, 2011 11:04 PM
196	RCs should fund education for the caregiver first and then in-home instruction over a period of at least 6 weeks. Before renewing the service, the care giver should demonstrate proper understanding and execution of training.	Jan 28, 2011 11:05 PM
197	Assuming services need a beginning and ending date, - after a reasonable goal has been established and agreed upon, it can be determined if the services should be paid for by the hour or by the project, whatever motivates people to use the most effective staff but to get the job done most efficiently.	Jan 28, 2011 11:19 PM
198	Payments should be audited. There needs to be oversight by a third party like the state.	Jan 28, 2011 11:23 PM

5. Suggested service standards about the payment for these services:

	Response Text	
199	Reimbursement rates for QUALITY services in the community is too low. Pay more but EXPECT MORE. Level 4 providers should have high standards not the poorly trained staff they currently get by with. Lots of "horror" stories but no time to share them all. Quality direct care staff are difficult to find and train but few providers even make an effort here. They are lucky they can get a warm body for $9.00 an hour.	Jan 28, 2011 11:26 PM
200	Once monthly, based on allocations decided every six months after meeting with regional center and family Co-payment equal to that of HMO health care providers	Jan 28, 2011 11:27 PM
201	You set the amount you will pay and do not give work to anyone who would charge more. I took my relative to a therapist who insisted on cash and who would not go through insurance. This is because she wanted to charge more than what the insurance company would pay. Also, she didn't have an office. Meetings were at her house. She set an alarm to make sure she didn't go over the alotted time for what she was charging. And she was charging over $100.00 for about 40 minutes. She did not help. It seemed like she was only focused on money. And, it wasn't worth it.	Jan 28, 2011 11:40 PM
202	Depending on services provided and effectiveness of the persons or organizations providing services.	Jan 28, 2011 11:48 PM
203	Meeting all requirements and providing services should qualify any vendor for payment of services.	Jan 28, 2011 11:50 PM
204	Assume that Assembly Member Beall's Bill requiring Insurance Companies to pay for services to people with autism will include behavioral services for the same and count this toward statewide savings.	Jan 28, 2011 11:52 PM

5. Suggested service standards about the payment for these services:

	Response Text	
205	56523 g) The regulations shall do all of the following: (1) Specify the types of positive behavioral interventions which may be utilized and specify that interventions which cause pain or trauma are prohibited. (2) Require that, if appropriate, the pupil's individual education plan includes a description of the positive behavioral interventions to be utilized which accomplishes the following: (A) Assesses the appropriateness of positive interventions. (B) Assures the pupil's physical freedom, social interaction, and individual choices. (C) Respects the pupil's human dignity and personal privacy. (D) Assures the pupil's placement in the least restrictive environment. (E) Includes the method of measuring the effectiveness of the interventions. (F) Includes a timeline for the regular and frequent review of the pupil's progress. (3) Specify standards governing the application of restrictive behavioral interventions in the case of emergencies. These emergencies must pose a clear and present danger of serious physical harm to the pupil or others. These standards shall include: (A) The definition of an emergency. (B) The types of behavioral interventions that may be utilized in an emergency. (C) The duration of the intervention which shall not be longer than is necessary to contain the dangerous behavior. (D) A process and timeline for the convening of an individual education plan meeting to evaluate the application of the emergency intervention and adjust the pupil's individual education plan in a manner designed to reduce or eliminate the negative behavior through positive programming. (E) A process for reporting annually to the department and the Advisory Commission on Special Education the number of emergency interventions applied under this chapter.	Jan 28, 2011 11:56 PM
206	A sliding scale based on income seems appropriate. I hate to think of the child being denied the service because of inability to pay, but those who can afford to make a copay should.	Jan 28, 2011 11:59 PM
207	Pay the same rate that school districts pay for behavioral intervention.	Jan 29, 2011 12:05 AM
208	Statewide Standards. Again, allowances in the level of expertise.	Jan 29, 2011 12:09 AM
209	We would hope they would be covered by medicare and medical.	Jan 29, 2011 12:10 AM
210	Behavioral services are expensive. Current rembursement by the Regional Centers for therapy services is very low and does not cover the cost of the service. Private pay insurance, MediCal, and MediCare could be billed for services as appropriate. It might be helpful to set a rate that reflects the average rate for the area where person lives. If contracting with an organization, services could be bundled and a rate agreed upon that covers all services that might be offered in this category.	Jan 29, 2011 12:12 AM
211	It would be very helpful if the parents did not have to pay for these services out of pocket. It would be great if there was a way to partner with health plans/HMOs.	Jan 29, 2011 12:18 AM
212	Direct behavioral service: At least $59 per hour Supervision: $75	Jan 29, 2011 12:27 AM
213	We will pay up to $100.00 per visit, once a month for one year	Jan 29, 2011 12:30 AM

5. Suggested service standards about the payment for these services:

	Response Text	
214	When behvioral intervention is required it is most often due to the individual's disability, therefore, it is the responsibility of the RC to cover that which is related to disability. i believe that those minor behaviors that are often intervened with should be the responsibility of the parent, e.g., a young child throwing a typcial temper tantrum should be seen as a parental intervention need as opposed to a young child throwing a tantrum that has autism as the tantrum is due to the disability and related needs.	Jan 29, 2011 12:36 AM
215	I need this very importantl. Please don't cut. Hope get higer in the future.	Jan 29, 2011 12:49 AM
216	no comment	Jan 29, 2011 12:50 AM
217	we need to get insurance companies to recognize this as a critical treatment. it is also critical for RC and school districts to budget and provide these services - but a share of cost/sliding scale system may be necessary. The majority of parents cannot afford this on their own.	Jan 29, 2011 1:09 AM
218	Private health insurance should be sought, with RC doing the initial evaluation and starting treatment, as this can take several months to get through insurance. REgional centers can facilitate this process by paying for advocates to help families obtain insurance funding. They are within their legal rights to go after health insurance to pay for many of the services that they have been paying for for years. They can do this through class action lawsuits. They should help families by paying the co-payments.	Jan 29, 2011 1:35 AM
219	out of current Regional Center budget	Jan 29, 2011 1:41 AM
220	We currently pay for ours through grant funds, however, this does cause a lapse in continuity as we are sometimes in between grants. A good and qualified autism consultant costs about $125 an hour. If regional centers would pay what it actually cost then have it go through the regional centers. If they paid what they were worth they'd actually retain these quality consultant relationships more and vendors would opt to use them more. Right now they (RC's) are not resourceful and lack the community contacts to find or to know who would be a quality behavioral consultant.	Jan 29, 2011 1:56 AM
221	1. Authorizations set up on a weekly basis and allow no more than 4.3 weeks in a month. Our center saw costs go up siginficantly when authorizations were set up on a monthly basis. 2. This will be an answer on almost every topic. Family cost participation needs to be expanded to other services. Has worked well with respite and day care.	Jan 29, 2011 2:34 AM
222	In my experience (after 6 years), when services are funded by a source other than direct pay from the family, a lot of resources are wasted. Providers arrive late and miss sessions that they bill the funding source for. All families should have to sign off on invoices before they can be sent to the RC for payment. Last year when I was sent a summary of our respite hours for the prior year, I found that the RC had been billed for 30+ hours that we did not use. In my estimate, this was not simply a billing error on the part of the RC agency.	Jan 29, 2011 2:50 AM
223	Payment should be hourly.	Jan 29, 2011 2:56 AM
224	has to be related to experience.	Jan 29, 2011 3:02 AM
225	eliminate	Jan 29, 2011 3:08 AM
226	The one thing that I would like to see change is the way the interventionest record there time. There is always a set up and clean up time. If this time is part of the program that it should be used for that. Not for texting, soial networking or leaving early. I would love it if the cell phone had to be turned off while working with a child. I also think their time in and out should be recorded by the family and the time that it is. It is hard to address things like this because this person is working directly with your child and you do not want any ill feelings.	Jan 29, 2011 3:14 AM
227	None	Jan 29, 2011 3:28 AM

5. Suggested service standards about the payment for these services:

	Response Text	
228	I think it should be paid by tax money. Parents are paying into taxes for schools and this should be part of it.	Jan 29, 2011 3:39 AM
229	Private insurance first. But in many areas of CA, insurance requires the ABA to be clinical, by a licensed practitioner. This is not the typical ABA program. Big disconnect. DDS needs to work to fix this. I'm paying a lot for insurance and it kiss me that they cannot sund my ABA services.	Jan 29, 2011 4:07 AM
230	weekly over $13/hour, these are people with tremendous responsibility and should be paid accordingly.....	Jan 29, 2011 4:31 AM
231	The therapy should be covered by insurance or the state but to put more pressure on families who are already spread very thin to pay for these services seem unfair	Jan 29, 2011 4:35 AM
232	I have no idea	Jan 29, 2011 4:40 AM
233	In my opinion, payment of these services should be rendered by Alta. The NPA's that provide the services should bill Alta and Alta should remit payment. If, in the future, it is determined that parents start paying some of the fees for these services, then my full expectation is that everyone who receives services, whatever those services are from DDS, must also be subject to paying the same proportional share.	Jan 29, 2011 4:54 AM
234	As needed based on market average.	Jan 29, 2011 4:57 AM
235	Ideally payment should be between the agencies, within a reasonable time frame. The option of parent vendoring or reimbursement should be available when a service is needed from an agency that is not yet vendored. Our personal experience with parent reimbursement, is that is takes longer than a reasonable amount of time. It took Inland Regional Center 7 months to reimburse on invoices it was ordered by a judge to pay up on. When an organization, like the Inland Regional Center is too overloaded and disorganized (we had to re-send our invoices to them, personally go to the IRC and spread out the invoices on a table, to go over them), We repeatedly were ping ponged with email explanations, from various individuals, that the service agency would get paid directly, oh wait no..the parent will get reimbursed, the payment was processed already to , "I don't know what has happend". The service agency could not even send an email to IRC as the emails would bounce back as undeliverable. We, the parent had to coordinate relay the messages from the agency to IRC. The agency would also contact Irc by phone and would not get return calls. Since the ideal way of paying the agencies for services is so disorganized, at this time, I would suggest to hire an independent professional accounting firm to stop the madness. It would seemingly save time, money and hours by getting it done right the first time.	Jan 29, 2011 5:12 AM
236	Sliding scale.	Jan 29, 2011 5:27 AM
237	sliding scale or covered by all insurances	Jan 29, 2011 6:20 AM
238	Reasonal Pay NOT The Outrages Earning's Some Receive As Being The Best In Their Field. This Kills The Budget And Alot Of Children Are Left Out In The Cold (Not Justified).	Jan 29, 2011 6:25 AM
239	Written guidelines for parents who sign the behaviorists timesheets so that we know whether to include prep time, driving time, etc., as some have asked us to do.	Jan 29, 2011 6:27 AM
240	These services should be provided by state fund program	Jan 29, 2011 7:24 AM
241	These should be paid for though medical entirely. Families with incomes over $150,000 could cost share.	Jan 29, 2011 7:30 AM
242	Realistic....esp. for respite and related care providers.	Jan 29, 2011 7:45 AM

5. Suggested service standards about the payment for these services:

	Response Text	
243	This service should be a shared cost with both the state and medical insurance companies if the health plan does not cover or service behavioral assistance to the patient and their families.	Jan 29, 2011 7:51 AM
244	Hourly rate	Jan 29, 2011 7:55 AM
245	The service could be on a sliding scale based on after tax income after age 6 but free for under 6.	Jan 29, 2011 8:36 AM
246	State taxes and aid from Federal government and health insurance companies. The health insurance companies "cry" wolf of no profit but these services are mandated under Federal law and always denied by the insurance provider. The health insurance provider hides within their own legalise under writing.	Jan 29, 2011 5:40 PM
247	Evaluate closely on what is making the consumer have a behaior then maybe there isn't a need for the continue service which will save money and focus on the cause rather it is day program environment or home,illness. Most people will not need the service just close documentation and care.	Jan 29, 2011 5:46 PM
248	The proportion of the payments that cover indirect or administrative expenses should be no more than 25% of the total costs.	Jan 29, 2011 5:53 PM
249	How do we get funded for these programs in the first place? We can't even afford paying our staff for public schools? Special programs are definitely a NEED for our children. We need to publicize these classes to all parents and apply the school fundraisers to incorporate fundraising programs for special needs too! Get everyone involved at the same time, this will help mainstream with other children	Jan 29, 2011 6:15 PM
250	I think that parents should be required to pay something. People tend to value things more when they have to pay something. It can't be so much that they don't receive the service because of inability to pay.	Jan 29, 2011 7:01 PM
251	Should be paid by units of approved hours of service Payments should be made thru the regional center system and they have the checks and balances to monitor the services.	Jan 29, 2011 7:07 PM
252	at this point in the economy and unemployment each case should be evaluted to determine who can pay for services and who cannot.	Jan 29, 2011 8:14 PM
253	not sure	Jan 29, 2011 8:58 PM
254	Perhaps a scaled payment schedule dependent on the ability to pay of the recipient/family and also the services needed. If the recipient has insurance or medical coverage that pays for that type of service perhaps the carrier could be billed and the remainder dealt with on sliding scale according to ability to pay.	Jan 29, 2011 8:59 PM
255	Step One: Mandatory Monthly Parent Behavior Support Workshops at the Regional Centers with funding to Regional Center for hosting.Funding that is directed through the REgional Center to vendors for presenting content overview of parent behavior training. Parent participation will be more easily tracked directly at the Regional Center, getting a monthly headcount of how many parents are seeking training. Step Two: 4-6 week behavior training classes should be available at locations chosen by the vendor and IDEALLY at the Regional Centers, if space is available-- Regional Center will not need to pay vendor for overhead -- just for their time and materials. Parents will be able to find parking at a location they are already familiar with. Money should be passed through Regional Centers for case management and quality assurance purposes. Case managers are able to track parent compliance as well as vendor service delivery reports by the parents. Step 3. Payment to vendors should not be made if parents do not attend all classes. If the vendor does not provide a pre-test and post test or a certificate of completion. If parents leave class early.	Jan 29, 2011 9:03 PM

5. Suggested service standards about the payment for these services:

	Response Text	
256	Payment should be commensurate with demonstrated consumer ability/lack of ability to pay.	Jan 29, 2011 9:04 PM
257	Regional center should pay for all services unless the state requires health insurance plans to pay for some portion of behavioral intervention. Then the RC should be the payor of last resort. Children 3 and up should have some behavioral support in school, in the case, RC should supplement behavioral support not addressed in the school environment because behavior that occurs in the school may be different from home.	Jan 29, 2011 9:06 PM
258	AT MAXIMUN ALLOWED REIMBURSEMENT	Jan 29, 2011 11:31 PM
259	Rates should be consistent from vendor to vendor. RCs need to end "sweetheart" deals with vendors. There should be more auditing of payment and rate settomg. RCs need more legal authority to set rates when service providers are determined by fair hearing (RCs get told who to vendor by hearing officers even that vendor may be cost prohibitive).	Jan 30, 2011 12:12 AM
260	I can't afford to pay $75 an hour or even a sliding scale. If there is a special education deparntment chair person or somone who could hire people who are trained to work specifically with teachers and kids with autism that would be great. Right now it seems like classroom teachers are not equipped to handle kids with special needs in their classroom unless they are a sweet kid in a wheelchair who has a broken leg.	Jan 30, 2011 12:13 AM
261	Professionals should be hired as consultants. Contracted on a yearly renewable bases. They need to have their consumer case load reviewed and results measured. This is not to be an open ended position. but a results based relationship	Jan 30, 2011 12:14 AM
262	They charge a fortune for sub-standard services in management. The behaviorists themselves are all outstanding and should be properly compensated, which I'm sure they're not.	Jan 30, 2011 12:22 AM
263	The vendor should be paid directly by the regional center.	Jan 30, 2011 12:25 AM
264	Health insurance companies should be required to pay for these services.	Jan 30, 2011 12:51 AM
265	Insurance companies should be held responsible for those that have insurance. Those that don't have insurance but do have funding agencies available than the agencies should be held responsible.	Jan 30, 2011 1:02 AM
266	Usual, customary and reasonable.	Jan 30, 2011 1:19 AM
267	1) Rather than by hour, contract price.	Jan 30, 2011 2:11 AM
268	regional.	Jan 30, 2011 2:41 AM
269	CAREHOME SHOULD PAY A PORTION SAY 10% AND A CO-PAY FROM PARENT AND/OR CONSUMER.	Jan 30, 2011 2:54 AM
270	what is the going rate	Jan 30, 2011 3:49 AM
271	$100 per hour.	Jan 30, 2011 4:02 AM
272	There should be set rates in each area of the state-such as high cost areas and low cost areas and every agency should receive the same rates in the area.	Jan 30, 2011 4:12 AM
273	Opening up the choice of Self Determination so parents can use the resources available in the most appropriate way for their child.	Jan 30, 2011 4:45 AM
274	First 3 months, free. If the parent wishes to continue after that then 50% cost. This will get the parent to buy in to the need to make this intervention time work, not put it off thinking it is free indefinitely.	Jan 30, 2011 5:31 AM
275	No comment.	Jan 30, 2011 7:58 AM

5. Suggested service standards about the payment for these services:

	Response Text	
276	Got to pay what people can get outside or you can't get a lot of good people to help and end up with some good dedicated people and a lot of people who aren't as experienced or talented. It's a big problem, but if you look at it from my place, you'll see that a therapist who consults at 4x the current rate and helps me do better with my child is a lot cheaper than a therapist who does therapy that isn't very good and doesn't involve me or doesn't know how to teach me. Also, a therapist who only coaches but doesn't know how to coach or doesn't have enough experience or support for themselves does me no good and wastes your money and my time.	Jan 30, 2011 3:42 PM
277	current rate negotiations between vendors and RCs should continue	Jan 30, 2011 4:48 PM
278	Costs of services will differ throughout the state, however, it will always be true that a business that isn't covering its costs and making some reasonable profit margin will respond by hiring cheaper (ie: less trained) staff and by cutting or eliminating supervision time. This is why across-the-board percentage cuts are so difficult. Those with the lowest margins are also most likely going to be the lowest cost provider and will receive more RC cases. What then happens is a failure to implement IFSP and/or IPP hours and a liability for compensatory services, as we currently see happening with our clients receiving ABA in Solano County. Although money is very tight, compensatory hours and fair hearings are not a good investment. I don't have a good answer here...	Jan 30, 2011 5:32 PM
279	Rates for service providers are not known to us, but the regional centers should take into account that highly trained and helpful staff are difficult to recruit in many areas. We are fortunate that we have good providers in our area, but in some areas, qualified staff are very difficult for service providers to find. Payments have gone down in recent years due to budget cuts. But if the payments are cut further, it may not be possible to have qualified staff perform this important work.	Jan 30, 2011 6:14 PM
280	Parents should have a share of cost. (based on income level)	Jan 30, 2011 8:06 PM
281	Not a penny less than the insufficient rate we are getting!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!! And in order to continue to provide services without facing bankruptcy a return to the rate we had in 2008 or an increase to pay the debt acquired to continue.	Jan 30, 2011 10:06 PM
282	I'm not clear on what this means. A vendored agency, that has been authorized to provide svcs to a specific client, should be paid as services are provided. Ongoing authorization and payment should be contingent on demonstrated success and ongoing need.	Jan 30, 2011 10:20 PM
283	Increasing the availability of group standards, so that the staff ratio to service recipient can be more flexible, and the hourly rate for individuals participating in group training would be lower. As a person makes progress, the intensity of supports should be faded.	Jan 31, 2011 12:00 AM
284	Providers do not have a usual and customary fee but claim they do to get more money. Most of these behavioral services have MediCal rates.	Jan 31, 2011 1:00 AM
285	family cost participation based on financial ability	Jan 31, 2011 3:33 AM
286	Regional Centers should pay for these services.	Jan 31, 2011 3:55 AM
287	Much of the direct care seems to be done by "respite" type providers with the certified behaviorist doing the assessment and paperwork, but not the direct care	Jan 31, 2011 4:25 AM
288	PL 94-142 and moral obligation coupled with cost savings when these students achieve higher functioning levels.	Jan 31, 2011 6:28 AM
289	There should be no mileage paid and cost should be the same for all vendors.	Jan 31, 2011 2:37 PM
290	Answered above....standard and payment are one and the same	Jan 31, 2011 3:22 PM
291	FCPP type of assessment for payment	Jan 31, 2011 3:43 PM
292	Seek co-pays based on income.	Jan 31, 2011 3:54 PM

5. Suggested service standards about the payment for these services:

	Response Text	
293	This question is unclear. Payment should be rendered for services provided at rates that are commensurate with community rates. Therapists should also be paid according to standard policies and procedures--such as full payment if session is cancelled in less than 24 hours.	Jan 31, 2011 3:56 PM
294	autism services should be funded by private insurance, not the state (regional centers) parents should have to pay a portion of the service, this will assist with parent "buy in" and committment	Jan 31, 2011 3:58 PM
295	Payments should be reasonable and customary covering direct service and case management (preparing plans, assessments and reports).	Jan 31, 2011 4:02 PM
296	Should receive an all inclusive rate that incorporates travel time, administrative expenses, payroll, etc. Should not exceed $50.00 per hour.	Jan 31, 2011 4:03 PM
297	State coverage when insurance coverage is not provided.	Jan 31, 2011 4:25 PM
298	If a consumer has access to natural / community supports (ECHO, EFMP, Health Insurance) that covers a portion of behavior or autism services, they need to be utilized first.	Jan 31, 2011 4:29 PM
299	No comment.	Jan 31, 2011 4:33 PM
300	N/A	Jan 31, 2011 4:45 PM
301	family cost participation	Jan 31, 2011 4:58 PM
302	A first time authorization for behavioral intervention should be a full regional center purchase of service. A second request of service should be a shared cost with the parent/careprovider. Additional classes could be offered at the regional center at no cost to the parent/care provider.	Jan 31, 2011 5:04 PM
303	1) Cost of doing business is different in different areas, e.g. Santa Barbara v. Bakersfield. Some recognition of this needs to be factored into median rates or providers will stop providing services in the more expensive areas. In our area, the $35/hour median rate for 615 direct interventionists is too low, particularly after the current 4.25% "discount"; prohibition against use of any time for report writing is a further constraint - reports are a necessary part of the service. An increase to $40-45/hour would help without breaking the bank and would also better recognize the level of education and experience required by regulation. Some mechanism/multiplier for recognizing local costs needs to be put in place. 2) A standard policy regarding make-up of missed sessions needs to be developed. Suggest that any makeup hours must be provided in the same week as the missed time and cannot result in sessions exceeding 4 hours on any given day.	Jan 31, 2011 5:15 PM
304	I certainly DID NOT cause my son to have autism. I have never used drugs/alcohol. I couldn't have taken BETTER care of myself. There is something obviously that the govenrment is not revealing. I should not have to pay for what I did not cause.	Jan 31, 2011 5:29 PM
305	Shared cost would be ideal when applicable on a sliding scale system.	Jan 31, 2011 5:33 PM
306	n/a	Jan 31, 2011 5:40 PM
307	If consumer is on parent's insurance plan, primary physician to prescribed psychiatric/mental health services under the plan If consumer is under 18, parents to pay based on ability and up to 50% 18 and over, Regional Center to fund	Jan 31, 2011 5:42 PM
308	N/A pending RC contracts. Cuts already occured last year too.	Jan 31, 2011 5:47 PM

5. Suggested service standards about the payment for these services:

	Response Text	
309	Infant/early childhood behavior specialist on hand to train next generation trainers, and provide reflective supervision in first round; then mentor the trainers as they in turn train and provide reflective supervision among the groups that they train... Also: 1. provide information and strategies on PSAs on tv for gen population 2. provide information and strategies in Early Start/Early Intervention and other licensed daycare/preschools - as a stipulation of the licensing	Jan 31, 2011 5:54 PM
310	Day rate.	Jan 31, 2011 5:54 PM
311	if possible, everyone should contribute	Jan 31, 2011 5:54 PM
312	Set the time frame for services and pay monthly. By setting everyone up on the same payment cycle time and money are saved in accounting - A/P.	Jan 31, 2011 5:56 PM
313	We are faithfully paying taxes and we deaerve to have these services be covered by our government in FULL.	Jan 31, 2011 6:08 PM
314	Funding through Regional Center	Jan 31, 2011 6:17 PM
315	I think that the initial HOBT class should be funded by the regional center for all, and that additional BIS services should have a family share of cost similar to respite.	Jan 31, 2011 6:18 PM
316	Payment options should be based on income. If a family makes under a certain amount then there should be little to no financial obligation.	Jan 31, 2011 6:32 PM
317	Parents should pay a share of cost using the Family Cost Participation Model and must submit a copy of a signed tax return in order for the determination to be made.	Jan 31, 2011 6:33 PM
318	By in large, the process now is good for the caregivers and families. I would like to see the qualification for vendorizing go a little more automatic or faster with a better audit and tracking capabilities.	Jan 31, 2011 6:43 PM
319	Oversight regarding the amount of profit that can be obtained per case. Terminate contracts with service providers who have high turnover and continually lose qualified therapists (direct staff) due to low wages. Ensure that middle management in these organizations are contributing to the consumer's care in a measurable way and have contact with the consumers and their families.	Jan 31, 2011 6:56 PM
320	Regional center will continue to be payor of last resort, but will not make the process onerous for parents or consumers.	Jan 31, 2011 7:11 PM
321	No more than 15% higher than statewide average for 4 to 1 ratio programs.	Jan 31, 2011 7:18 PM
322	Payments should be made by local regional centers under usual and customary rates for their area. Certain areas of California provide much higher costs for vendors. Rates devised by regional centers shall take into account issues travel and mileage required by the California Labor Board. (Department of Industrial Relations, Division of Labor Standards Enforcement. Regional Centers shall negotiate rates that take into account persons served in remote locations. Regional Centers shall not pay staff mileage rates at a rate higher than that negotiated with vendors.	Jan 31, 2011 7:35 PM
323	Payment to be provided based on rates established by RC.	Jan 31, 2011 8:04 PM
324	I personally would be willing to make a reasonable co payment for my child, but maybe not every one could do that	Jan 31, 2011 8:19 PM
325	I think the regional center should cover the payment for these services, as there is very little else we are getting for our kids. My son does not get any other kind of therapy paid for by regional center, and I think this is absolutely about him being integrated into society and contributing. If he can manage his behaviors, he can succeed later on.	Jan 31, 2011 8:39 PM
326	Via Regional service	Jan 31, 2011 8:39 PM

5. Suggested service standards about the payment for these services:

	Response Text	
327	BCBA rates nationwide are $125-$150 per hour. Current rate for BCBAs at NLACRC are $75 minus budget cuts. This is an apporpriate amount. 1:1 service providers cost providers a minimum of $50 + to train, supervise, evaluate, and who have benefits.	Jan 31, 2011 8:40 PM
328	Families can receive one contract for regular behavioral services, and if they follow recommendations and still need more help, they should qualify for more at a share of cost. They will be more likely to follow recommendations if they have to pay for them.	Jan 31, 2011 8:41 PM
329	If not covered by medical or medicare needs to be funded through the regional center. Medical needs to be able to provide for funding of psychiatric services at a rate that will allow psychiatrists to be willing to provide the service.	Jan 31, 2011 8:46 PM
330	See #6 below	Jan 31, 2011 8:49 PM
331	The regional center should pay for these services, or medical, because these are very needed medical type services.	Jan 31, 2011 9:07 PM
332	I have no knowledge regarding how much BCBAs charge for their services. I would think $50.00 per hour would be a minimum, reasonable rate to pay.	Jan 31, 2011 9:13 PM
333	Pay what they actually cost; provide for cost of living adjustments and benefits even a frraction of what State employees get	Jan 31, 2011 9:20 PM
334	Payment should be provided on a scale depending on hours delivered to client, service provided and level of professional used. For agencies, this would mean that hours where a MSW, MFT or other masters level professional is used, payment would be significantly higher. Where as a position where an employee with a Diploma and minimal experience would typically provide service to the client, the payment would be lesser. There should be a 1% increase payment levels to all providers each year for standard of living, employee satisfaction and retention of successful programs.	Jan 31, 2011 9:31 PM
335	Up to but not to exceed the cost to house on individual in a DC	Jan 31, 2011 9:54 PM
336	Maximum of 16 hours per week (including administrative costs). No more than $25.00 or $30.00 per hour. Time limited to one or two years.	Jan 31, 2011 10:14 PM
337	Sliding scale depending on the clients/families ability to pay.	Jan 31, 2011 10:14 PM
338	This would depend on type of service.	Jan 31, 2011 10:14 PM
339	Eliminate all weekly authorizations and designate a fixed # of hours per month. Our accounting software is not set up for weekly auths. This would also be required if vendors are to move to e-billing.	Jan 31, 2011 10:22 PM
340	according to a community norm (medi-cal, medicare, private pay)	Jan 31, 2011 10:32 PM
341	A sliding scale based on parents income, regional center pays the difference. I make this suggestion as I feel parents often don't value the service or time because it is not something they have had to fund themselves.	Jan 31, 2011 10:38 PM
342	based on the going rate for such services. Also important to take into account reputation and experience of the service provider.	Jan 31, 2011 10:38 PM
343	These standards are already set and appropriate.	Jan 31, 2011 10:58 PM
344	Sliding scale, parents can pay a co-pay if able to afford it.	Jan 31, 2011 11:00 PM
345	Payment should be MediCal rates with whatever enhancement is used for other ancillary services like PT and OT and Speech.	Jan 31, 2011 11:29 PM
346	standards have already been set up previously and maybe based on actual results. experience and training, background of people behind the organization, etc	Jan 31, 2011 11:43 PM
347	Parents would need to demonstrate for ABA services level of attendence and participation in the ABA program.	Jan 31, 2011 11:43 PM

5. Suggested service standards about the payment for these services:

	Response Text	
348	It should be provided for clients by the state or insurance.	Jan 31, 2011 11:44 PM
349	These programs have already been cut to the point where minimal services can be provided. Any additional cuts will severely limit the quality of services, or perhaps dissolve the services themselves.	Feb 1, 2011 12:02 AM
350	Reimbursemnt for dfirect staff should be no more than 40% over the cost of that staff person. Currently most agencies are reimburse at $65 for staff that cost them 12-25 dollars. Direct staff reimburesment should be limited to 35.00 and supervision to $50.	Feb 1, 2011 12:07 AM
351	Fair market value. Fair rate	Feb 1, 2011 12:13 AM
352	Budget direct to consumers through microboard system-- Defund the regional center system they do not care about consumers anymore!	Feb 1, 2011 12:32 AM
353	Consultation fees commensurate with the lowest market value of such work.	Feb 1, 2011 12:47 AM
354	Regional center, school, or a special government fund.	Feb 1, 2011 1:11 AM
355	g	Feb 1, 2011 1:12 AM
356	The standards are already in place	Feb 1, 2011 1:34 AM
357	I don't know, since I have never been involved in the standards or payments. I am the mother of a 47 year old, and have no idea what payment is involved. The standards for my son must meet my standards, as I am an involved parent. If the standards are not to my expectation, I will speak directly to the service provider.	Feb 1, 2011 1:51 AM
358	services should be funded through the Regional Centers and be in compliance with the Lanterman Act.	Feb 1, 2011 1:59 AM
359	Agencies should not be getting paid a rate for a "Behavioral Therapist" when they are in fact sending out young people with little or no training. The rate should be paid according to the degree/licensure of the person actually providing the service.	Feb 1, 2011 3:39 AM
360	The client/client's family should not incur charges for any behavioral services that are necessary to maintain the client in the client's/family's home. Ideally, the client/client's family would not be responsible for funding any behavioral services that are needed for the client; furthermore, services should not be withheld from a client/client's family due to an inability to pay. However, a sliding-scale fee or paying a certain percentage due to client's/family's income level may be an idea to help provide non-critical behavioral services.	Feb 1, 2011 3:55 AM
361	The rates of pay would have to be assesed by what they are providing.	Feb 1, 2011 4:50 AM
362	Payment for the services should be need based. This would require a change to the law but would help to ameliorate the hardships caused by the budget crisis.	Feb 1, 2011 4:52 AM
363	Having it consumer specific and maximum per month/year, ensure that if one consumer doesn't use their funds that they are not billed for it. There has to be accountability for using funds.	Feb 1, 2011 4:57 AM
364	I think that these services should be provided on a sliding scale	Feb 1, 2011 5:00 AM
365	reasonable wage	Feb 1, 2011 5:07 AM
366	They should be payed based on the vendors statistics. If vendors have a high turn over in the company they obviously hire people who don't like working with this type of population. If they have higher education & experience by staff, they should be awarded more.	Feb 1, 2011 5:17 AM
367	Providers should submit time sheets for all direct service hours signed by the family. Providers should submit logs with notes for all billable items (direct and indirect service hours).	Feb 1, 2011 5:20 AM

5. Suggested service standards about the payment for these services:

	Response Text	
368	We want all payment services to remain the same. We don't want any pay cuts, healthcare, social services, and absolutely no cuts within the regional center.	Feb 1, 2011 5:38 AM
369	state	Feb 1, 2011 5:49 AM
370	Insurance needs to cover research-based interventional therapies for individuals with autism. Sliding scale payments for families. Regional Center reimbursement for ABA.	Feb 1, 2011 6:21 AM
371	Submit to insurance, and if denied services need to be approved and covered. These children can not get lost in the system.	Feb 1, 2011 6:42 AM
372	Regional centers have been taken for a ride by the BCBA lobbyist.	Feb 1, 2011 7:03 AM
373	Standardize the rates. Calculate the actual cost of service provision and make it uniform all throughout.	Feb 1, 2011 7:21 AM
374	Monthly payment based on goal orientation & consistency of program enforcement	Feb 1, 2011 7:23 AM
375	free to families, or sliding scale. No one turned away for inability to pay.	Feb 1, 2011 8:01 AM
376	payment for these services should be considered on the basis of income. people who are on any type of public funding should be considered first. also use a income level screening for those who do not have the income out side of the regular needs of the family should be allowed to have services.	Feb 1, 2011 8:14 AM
377	An agency providing behavioral services should be liimited to the same administrative parameters (overhead essentially) that regional centers are e.g. 18%. The direct care portion of the rate should be limited to an amount equivalent to the average of all regional center case managers' wages --- they require about the same education and experience, and the agencies have similar makeups so they should be the same.	Feb 1, 2011 8:21 AM
378	should not be paid for by taxpayers	Feb 1, 2011 8:29 AM
379	Thru the state	Feb 1, 2011 9:25 AM
380	I think initially it should be paid by the regional center.	Feb 1, 2011 10:33 AM
381	I believe that the FCPP program could be looked at for payment of these behavioral services. I believe that for the parents to be really invested in the behavioral services, they need to know that they will possibly be asked to fund at least some of the services depending on their income level.	Feb 1, 2011 4:04 PM
382	The state needs to pay for these services, I think having a generation full of special needs adults will much more expensive then if they had recieved eraly intervention and were able to lessen the severity of thier symptoms. As well the parents should pay if they can. Perhaps school districts.	Feb 1, 2011 4:04 PM
383	Regional Centers in coordination with Mental Health and School Districts in order to ensure consistent behavioral intervention across all areas of the child/consumers life.	Feb 1, 2011 4:07 PM
384	All services should be paid on the costs relevant in the region services are provided	Feb 1, 2011 4:14 PM
385	When maximum benefit is achieved individuals should be transitioned into alternative, less expensive services.	Feb 1, 2011 4:45 PM
386	i think the goverment should pay thru tcrc	Feb 1, 2011 5:10 PM
387	Please see answer to box #1	Feb 1, 2011 5:21 PM

5. Suggested service standards about the payment for these services:

	Response Text	
388	I think the focus needs to be on cost effective interventions like Parent Training. Basic behavioral programs individually determined hours, Speech, OT and PT. Perhaps we can offer basic payment for training programs and families pay for materials. I think comprehensive early intervention will will have the most comprehensive impact on the future with the goal of supported inclusion. RIght now the only students that can benefit from that are those with parents who have resources.	Feb 1, 2011 5:22 PM
389	First, try any certified trainig schools for psychologists, psychiatrists,and dentists-to-be if they would volunteer their apprenticeship hours to assist in evaluations and or treatments under supervision of a Board--certified professor or mentor to help the consumer in need of their services.	Feb 1, 2011 5:46 PM
390	With the inflation of the cost of developmental services I just dont see how there iust any way to make cuts from the reginal centers of california. I would be abslutley sick for my son and all the other disabled individuals I think governer Brown needs to look else were to make budget cuts!	Feb 1, 2011 5:47 PM
391	insurance companies, parents if they can afford it, consumers if they can afford it	Feb 1, 2011 6:03 PM
392	Make all vendors the same price for service this way there is no confusion.	Feb 1, 2011 6:16 PM
393	direct payment by RC.	Feb 1, 2011 6:17 PM
394	Good one. I have no idea.	Feb 1, 2011 6:32 PM
395	Services should be provided at the agreed rate including the SSI Pmt, however RC's should not throw their hands up when they no longer are Rep Payees for the SSI part and allow families to get into debt or not pay the SSI bed rate and tell provider they must collect the money, go to court, or give the resident in their care 30 day notices, the misuse of the SSI funds is fraud and RSP's should not have to become collection agenmies for the rate promised no matter shat the fundiong source in DDS please protect the already streatched pfroviders we are woring hard ion a very stressful system to maintain good employees that are the least paid anywhere. Our rates are cut and we need the help insuring what we are paid is truly received as published.Protec this new gap in the funding through 3rd parties. We lost thousands last year and this year has started poorly with the SSI from these families and the rewisent being served really requires the care as structured.	Feb 1, 2011 6:41 PM
396	If we get caught not following through with trainings etc. fine us! companies hate fines! and if your we are fined to much and cant run a business then we shouldn't be in business anyways!	Feb 1, 2011 6:42 PM
397	don't know	Feb 1, 2011 6:42 PM
398	The payment should be sliding scale for the consumer depending upon income and family support.	Feb 1, 2011 7:12 PM
399	The current standards are effective for the next fiscal year.	Feb 1, 2011 7:20 PM
400	The payment to counseling providers is much lower than the market rates and even than what other state agencies pay for the same services ($58.00 (Regional Center) vs. $ 90.00 (State Victim Compensation Program)	Feb 1, 2011 7:25 PM
401	These behavioral agencies / owners are making money hand over foot. Everyone else is struggling to stay on budget. For all of the levels of supervision, they get paid to supervise. They get paid for meetings. They get paid to do paperwork. Other services have 'all inclusive' rates and don't get paid for all of the extras.	Feb 1, 2011 7:30 PM
402	Current rate of pay fir behavior services including ABA/IBI is outrageously high. Vendor's are billing between $3,000-$4,000 per month, per person served! Need to mandate that cost of services decrease to a more reasonable rate.	Feb 1, 2011 7:34 PM

5. Suggested service standards about the payment for these services:

	Response Text	
403	The typical breakdown by income can help to determine who might receive services at not cost versus those that must contribute. However, I believe that the state might be able to help bring these out-of-pocket costs for working parents to a more reasonable level. There are few of us that can afford $250/hour of OT or speech each week - these costs add up quickly as I'm certain the state already knows.	Feb 1, 2011 7:36 PM
404	Pay by hour or month, history of employement	Feb 1, 2011 7:45 PM
405	These standards already exist.	Feb 1, 2011 7:50 PM
406	The difficulty with payment again is that there is no service code for an agency. Therefore, the payment that goes to the agency is NOT what the interventionist receives. There is a lot of discrepancy in this field with regard to pay and the owner's of the agency are getting most of the money. I would almost recommend that DDS consider determining rates for a behavioral agnecy rather than the 620/615/612 codes.	Feb 1, 2011 7:53 PM
407	State funding via Alta Regional, as a consumer's economic standing should not determine his or her ability to provide the highest quality of life possible for a child.	Feb 1, 2011 8:01 PM
408	Sliding scale co-pay for families	Feb 1, 2011 8:01 PM
409	It is my personal philosophy that a corporation organized as a non-profit is a better way to begin to evaluate a program (initially) this is because of federal laws that are already in place. For example; a viable and functional board of directors that oversees the financial management of the corporation is key. This will help to eliminate a corp. executive from pilphering the agency with high exobanent salaries (I said help, not eliminate) Perhaps requiring these agencies to have an official annual review (and in some cases) a fiscal audit would help to reduce abuses to the system.	Feb 1, 2011 8:07 PM
410	The state should provide payment for these services in order to help those who are capable to become productive citizens.	Feb 1, 2011 8:11 PM
411	As service is provided.	Feb 1, 2011 8:36 PM
412	Has the provider rendered services to the extent that the family is satisfied?	Feb 1, 2011 8:39 PM
413	We pay taxes like most people do. We have a Regional Center! Why? Because they are supposed to provide services to the client in need, a person with a challenge or disability. Stop taking away funding from the very people who need it the most. the disabled, whether physically or mentally. The state and Federal government should take care of their own Citizens for God's sake! Most clients families are not rich, not even close. Cut out Limo's, private jets, fancy meals, fancy houses, crazy paychecks, fancy vacations Mr. Brown and your Senate. God, Charlie Manson has a roof over his head, medical and dental care, 3 meals a day, and he's a murderer and is treated better than a child with a disability or an adult who is mentally challenged. Our taxes are paying for his upkeep, he is disgusting! Mr. Brown, you really need to get your priorities in order because right now they SUCK!!	Feb 1, 2011 9:05 PM
414	2 rates of payment. One for direct delivery and one for supervision. Assess the clinics individually and determine rate of reimbursement on individual basis (within a specific and non expansive range).	Feb 1, 2011 9:11 PM
415	Not to exceed the annual cost of a person residing in a Developmental Center	Feb 1, 2011 9:11 PM

5. Suggested service standards about the payment for these services:

	Response Text	
416	1) "Purchase of Service Limits" is a more appropriate name than "standards." 2) We oppose statewide purchase of service "standards." 3) There is no "one size fits all" solution. Purchase of service standards for each individual are defined by the IPP. 4) For questions 3 & 4: These standards already exist. 5) "Up to but not to exceed the cost to house one individual in a Developmental Center."	Feb 1, 2011 9:13 PM
417	Up to but not to exceed the cost to house one individual in a Developmental Center.	Feb 1, 2011 9:16 PM
418	electronic payment.	Feb 1, 2011 9:17 PM
419	Would make sense to have a uniform rate at each Regional Center, though not necessarily the same rate for all Regional Centers, and cost of service varries by region and distances involved.	Feb 1, 2011 9:22 PM
420	Again, there needs to be system in place that allows for market competition. This is what causes quality and cost effectiveness at same time. I would place cap on upper end based on market analysis. I would allow various options for billing structure dependent on service delivery.	Feb 1, 2011 9:26 PM
421	no suggestions	Feb 1, 2011 9:32 PM
422	Parents can't afford these services themselves but are invaluable for them to be able to handle taking care of their disabled child. Many parents would end up institutionalizing these children because they do not know how to help their own child.	Feb 1, 2011 9:32 PM
423	negotiated contracts with providers based on standard fees paid by other who access such services.	Feb 1, 2011 9:41 PM
424	This is a team decision and the Regional Center has input and should seek out other places for payment but in the end is respnosible after it is part of the IPP	Feb 1, 2011 9:59 PM
425	- BCBA's $75-100 per hour - all employees monitoring services $50-60 Please note, if you reduce payment beyond these amounts, qualified BCBA's will no longer attempt to get vendored and will just provide private services, therefore leaving the pool of service providers to less qualified individuals. This in turn will keep consumers in the RC for longer periods of time.	Feb 1, 2011 10:03 PM
426	Health Insurance companies, Medi Cal, the school (while the child is in class) are the generic resources for payment for these services. Parents if they are financially able to provide for their children to also add to the payment should they want to.There needs to be a simpler method of authorizing the payment if it is to be from TCRC.	Feb 1, 2011 10:10 PM
427	In an economy and industry that has seen its share of cuts and increased deliverables, the pay for services should be monthly, no later than the fifth. This allows for providers to pay bills timely and meet the demands of payroll and costs associated with running a business. With the current pay structure with the Regional Center paying on the 15th and even later, it would be a best practice that is consistent with other industries.	Feb 1, 2011 10:30 PM
428	School district and regional center funding.	Feb 1, 2011 10:35 PM
429	From the government, insurance, school systems.	Feb 1, 2011 10:39 PM

5. Suggested service standards about the payment for these services:

	Response Text	
430	Service payment must be linked to demand, if services are not available, increased payment should be considered to promote provider resources. If you pay them adequately, they will do this work. See combined California input on insurance recommendations at: http://www3.senate.ca.gov/portal/site/senscoa?vgnextfmt=default	Feb 1, 2011 10:51 PM
431	Depends	Feb 1, 2011 10:53 PM
432	Under IDEA, in is within a child's right to receive services if they qualify for services. IDEA is federally and state funded. Family pay taxes for these rights and services. In order to cut spending, fire the middle man i.e. regional center and all their multi-levels of management. Also get rid of pensions for state employees. I have to invest in my retirement, so should they.	Feb 1, 2011 11:01 PM
433	Should reasonable, not inflated due to the fact that it is serving individuals with disabilities	Feb 1, 2011 11:11 PM
434	Payment should be based on the intensity of the service and the effectivness of the service provided	Feb 1, 2011 11:11 PM
435	Services should not be declined to those in need. The state government needs to look to the many disabled citizens as assets to our society that need services to be functioning and contributing members of our society. These services should be budgeted into our state budget as imperative services not as optional services.	Feb 1, 2011 11:24 PM
436	Standards should state a statewide rate that is reasonable and cost - effective. As well, hours for intensive services for childrten with autism should be limited to 10 hours per week. Other behavioral services should be limited to 6 months and 12 hours per month.	Feb 1, 2011 11:38 PM
437	The service providers should look out for the best interest of the client that the "checkbook" , Regional Center. Unfortunately, that has not been my experience.	Feb 1, 2011 11:39 PM
438	government funding, regional centers, school districts.	Feb 1, 2011 11:44 PM
439	This is not a prgram that the state should cut. It should be state funded.	Feb 2, 2011 12:00 AM
440	There should be a flat hourly rate.	Feb 2, 2011 12:09 AM
441	Not sure	Feb 2, 2011 12:09 AM
442	The data and signature page should be sign on the day that service is rendered no later . The RC should pay the provider at the same month	Feb 2, 2011 12:21 AM
443	The payments for the services should be covered by the RCEB and a small participation from the customer if he/she meets certain criteria like level of income, etc....	Feb 2, 2011 12:22 AM
444	$15-$20 per hour for aides who do most of the hands-on work with the children. To be paid directly by the parents, and not through an agency. $50-$85 per hour for consultation and training with senior therapists who have been trained in a wide variety of approaches. no payment for services provided directly by parents (who are acting as their children's case managers)	Feb 2, 2011 12:22 AM
445	Infant specialists should be paid no differently for these services than those they already offer. The licensed behavioral psychologist overseeing this component of the program should be paid the going hourly rate for a behavioral psychologist.	Feb 2, 2011 12:26 AM
446	If I could get REAL information, not the same song we've been hearing for years about "redirection" etc., I would be happy to pay for it!!	Feb 2, 2011 12:42 AM
447	In the child is enrolled in San Andreas Regional Center, SARC should be responsible for all the cost so that the family will not be limited to the necessary services because of financial difficulty.	Feb 2, 2011 12:54 AM
448	none	Feb 2, 2011 1:15 AM
449	I'm sure they all have their fees, so the Regional center needs to check on this.	Feb 2, 2011 1:48 AM

5. Suggested service standards about the payment for these services:

	Response Text	
450	have a copay, to prevent over use and check services are still needed.	Feb 2, 2011 2:17 AM
451	income based sliding scale. If you can afford to pay a part of the costs of services, you should, and if you cant afford it services should still be provided because in the long run having these services will prevent any future costs for other treatments/residential homes.	Feb 2, 2011 2:27 AM
452	Strict follow through by providers as well as families	Feb 2, 2011 2:36 AM
453	They should be consistent with industry standards. Look to TriCare and other insurance funding sources for behavioral services. These services require specific skill levels that indicate the fair market value for such services. Additionally, special consideration should be taken as to ensure that payment remain within the industry standard. If payment were to drop below the industry standard service providers will be forced by economical constraints to no longer vendor with regional centers and provide services else where in order to sustain viable clinics.	Feb 2, 2011 2:41 AM
454	They should be paid by the sevices offered in their programs, just like clients are given a RCL rating. The qualitiy and education level of their staff. If their not paid appropriately, they can not afford to hire the best of the best and the consumers deserve better. Services cannot be person-centered if there are not funding sources. It is just lip-services and looks good on paper.	Feb 2, 2011 2:58 AM
455	Insurance companies, grants, tax increase - we all have to sacrifice.	Feb 2, 2011 3:03 AM
456	free	Feb 2, 2011 3:10 AM
457	I have worked with families who are very challenging more so than the child. It takes a special person to come into someone's home be accepted by the family, implement the behavior plan, teach the parents & child, & fade out. These services deserve a pay scale of $20 or more. It is a hard job with no benefits.	Feb 2, 2011 3:39 AM
458	Ma	Feb 2, 2011 3:46 AM
459	enough to prevevent such mass turnover. very tough job with high level of expertise. good people should be able to make a living wage/ spend a day with a great behavior program and you will be in awe.	Feb 2, 2011 4:05 AM
460	a co-pay could be considered based on a scale.	Feb 2, 2011 4:55 AM
461	Current rates seem to high. There needs to be a cap on what the owner/director of the program can earn, as well as what is appropriate over head. It is also unclear if the actual worker is getting a fair pay.	Feb 2, 2011 4:58 AM
462	The regional center should pay the vendored behaviorists. Some clients will need more services than others. I don't believe the hours should be standardized across the board. Some clients are much more severe than others.	Feb 2, 2011 5:40 AM
463	Behavioral services should be paid at differing rates depending on the intensity of service required. Some individuals may benefit from intervention provided by an interventionist with a BA level of training, while others require a more skilled MA level, or PhD level psychologist or MFT. Some services may be vendored at a flat rate per hour; others may be paid with one rate for direct service, another rate for supervision hours, and a supplementary rate for reports, travel, etc.	Feb 2, 2011 5:52 AM
464	Private insurance first, then federal/state grants, followed by Medi-Cal and any other public assistance funds.	Feb 2, 2011 5:54 AM
465	Parents who opt to do workshop model (where they hire their own therapist) should be afforded to do so. (It may come out to be less costly.) Regional Center would pay the parents directly upon submission of the bill parents incurred in procuring the services.	Feb 2, 2011 6:27 AM
466	must be competitive to attract qualified people to the positions offered. If payment is not competitive, then there will be a lack of service providers. You can see this happen in other states that under pay for behavioral services. Families wait 3 years or more to see someone.	Feb 2, 2011 6:31 AM

5. Suggested service standards about the payment for these services:

	Response Text	
467	A sliding scale should be used to determine how much one should pay for services, including free services to those who can not afford them. Free and discounted services should be paid by state or federally. No services should be denied! Services vital to humanities well-being should be paid by taxes. That is why we pay them!	Feb 2, 2011 7:56 AM
468	Statewide Scale based on service and who is delivering service - stop the negotiation process it is way to subjective and the contracts are being shaped again based on who regional center negotiators like - it is not an objective process at all. WHen this happens you are not comparing apples to apples because some programs delivering the same services are receiving different amounts of reimbursement.	Feb 2, 2011 1:45 PM
469	You figure that out, that is why you get paid	Feb 2, 2011 1:52 PM
470	The Lanterman Act, in Sections 4648 (a) (5) and 4690 require the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that regional centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 2, 2011 3:26 PM
471	The Lanterman Act, in Sections 4648 (a) (5) and 4690 require the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that regional centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 2, 2011 4:46 PM
472	Time limits perhaps 1-2 year with focus on parent training	Feb 2, 2011 4:53 PM
473	$75 per hour for ABA services.	Feb 2, 2011 5:15 PM
474	Tiered payments i.e. $17/hr for direct staff, $48hr for Master's level staff, $58/hr for doctoral level staff	Feb 2, 2011 5:17 PM
475	WE need to be budget savvy. Hence, every effort should be made to cut as many intermediate or administrative layers as possible. Most of the dollar should go directly into the intervention of the consumer. Payment should be at par with the market value and reasonable standard of living. Every effort should be made avoid attrition due to pay.	Feb 2, 2011 5:20 PM
476	If parents were expected to pay a share of cost for the service, they might be more inclined to learn the skills and accept the time limited nature of the service rather than be dependent on the behaviorist for ongoing support.	Feb 2, 2011 5:25 PM
477	State and Federal	Feb 2, 2011 5:32 PM
478	Sliding scale based on parent/family ability to pay.	Feb 2, 2011 5:33 PM
479	Pay based on the service and the cost of the service. IPP driven	Feb 2, 2011 5:44 PM
480	Federal law allows budget for disability services under IDEA act. Corporate tax increases can be visited as well.	Feb 2, 2011 5:50 PM
481	Make money available for at least once a month counseling services.	Feb 2, 2011 5:51 PM
482	no comment	Feb 2, 2011 6:09 PM
483	Face to face hours only.	Feb 2, 2011 6:29 PM
484	Regional Center should not pay out more than $18 per hour for these services.	Feb 2, 2011 6:30 PM
485	I think a certain amount of hours per client should be listed in the standard. If parents are expected to pay for part of the fee, then more hours should be approved or an increased rate for those needing more hours.	Feb 2, 2011 6:40 PM
486	MARKET RATE.	Feb 2, 2011 6:41 PM
487	It would be reasonable to set a standard price for all regional center vendors.	Feb 2, 2011 6:49 PM

5. Suggested service standards about the payment for these services:

	Response Text	
488	The Lanterman Act, in Sections 4648 (a) (5) and 4690 require the Director of the Department of Developmental Services to develop and maintain equitable process for setting rates to assure that regional centers can sucure high quility services for persons with devlopmental disabilities. The Director should comply with these laws	Feb 2, 2011 6:51 PM
489	I am not familiar with the pay structure and cannot comment in general.	Feb 2, 2011 7:00 PM
490	standard rates for classes; standard hourly rate for home visits/consultations.	Feb 2, 2011 7:10 PM
491	out of the taxes paid by the residents of the state of CA	Feb 2, 2011 7:17 PM
492	Payment for those services should be aligned to services given. Should be a standard for different levels of behavioral support required.	Feb 2, 2011 7:33 PM
493	the regional center should cover 100% of the costs of these services and pay the companies directly	Feb 2, 2011 7:35 PM
494	Competititive payment is essential for quality services.	Feb 2, 2011 7:40 PM
495	An initial payment should be made as a start up fee and then payment should be made at set intervels as goals have been reached and maintained as set forth in the IEP/IPP. With final payment at the end of the contract if all is successful.	Feb 2, 2011 8:03 PM
496	RC should pay for all services	Feb 2, 2011 8:05 PM
497	You get what you pay for - that's the reality. Good behavioral services cost money. If parents could be given a specified sum of money specifically for behavioral services, then they could determine how best to use this money for these services. If parents could be allowed to supplement the short fall, that would really help.	Feb 2, 2011 8:08 PM
498	All services provided should be publicly-funded under FAPE.	Feb 2, 2011 8:47 PM
499	The Lanterman Act, in Sections 4648 (a) (5) and 4690 required the director of DDS to develop and maintain equitable processes dor setting rates to assure that regional centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 2, 2011 9:12 PM
500	The Lanterman Act, in Sections 4648 (a)(5) and 4690 require the Director of DDS to develop and maintain equitable processes for setting rates to assure the regional centers can secure high quality services for persons wioth developmental disabilities. The Director should comply with these laws.	Feb 2, 2011 9:19 PM
501	Payment should be made at an agreed rate between DDS and companies.	Feb 2, 2011 9:27 PM
502	Should be state and federally funded	Feb 2, 2011 9:30 PM
503	This is not a matter of finances --- if it is not addressed here, it will be paid for by way of taxpayer money going for hospital and medical bills, or institutions for those affected.	Feb 2, 2011 9:31 PM
504	Standard rate for the industry	Feb 2, 2011 9:31 PM
505	Costs should be based upon the services and the qualifications of staff providing services. While a Ph.D. may be direct the program but high school grads do all the work as compared to programs where licensed or BA staff work with patients.	Feb 2, 2011 9:33 PM
506	THE STATE PAYS FOR EVERY ELSE WHY NOT	Feb 2, 2011 9:35 PM
507	Payment should from DDS or Regional Center or exceptance to Medi-cal and they pay for services. If these issues are not address early on the do not able the person to live to there max ablity in a humain way. It also limits there ability yo be an active part of society.	Feb 2, 2011 9:41 PM
508	Payments should be given by the families if able to. On the other hand, depending on how much income is coming to the house, the government should facilitate these programs to any child that needs.	Feb 2, 2011 9:41 PM
509	I think it should be based on how much they are able to complete.	Feb 2, 2011 9:45 PM

5. Suggested service standards about the payment for these services:

	Response Text	
510	All families should be assisted with the services. Families spend unbelievable amounts of time and money to help family members. Most if not the vast majority of developmental disabilities occur do to behavior prior or in utero.	Feb 2, 2011 9:53 PM
511	Supporting families with children with disabilities to maintain the family system which is the most environment for these children. A low co-payment could be an option to aide our current state financial situation to avoid I interruption of needed services.	Feb 2, 2011 9:55 PM
512	Ofcource regional center should pick up the paymeny	Feb 2, 2011 9:58 PM
513	Providers need to be paid at a rate that is high enough for well qualified providers to want to continue to be vendorized. Unfortunately, with all of the cuts, many providers have stopped being vendors because they simply cannot provide quality service for the rates they are being reimbursed. This leads to less qualified people serving the most needy of our children which is just unconscionable. Providers should be paid at the fair market rate for their services.	Feb 2, 2011 10:01 PM
514	Tax payers and special grants from government	Feb 2, 2011 10:02 PM
515	Resaonable rate charged in the community	Feb 2, 2011 10:03 PM
516	It should be paid only when services have been rendered.	Feb 2, 2011 10:13 PM
517	Directly to the provider of service	Feb 2, 2011 10:15 PM
518	-Again, Service Providers should be held accountable for the # of hours of service they are to be providing. There is a trend to serve clients less hours than they are actually prescribed...although it is pretty likely that RCs are being billed for the entire amount of time. Perhaps having both the service provider & caregiver turn in separate vouchers (checks & balances). Unfortunately money is being made on the backs of some of our most innocent & disabled individuals -- and the state (the people) are paying for this practice. -Service Providers should be routinely monitored to insure that they are not frisking either party above.	Feb 2, 2011 10:18 PM
519	When we went through the regional center, we were blessed to have these services covered through the state. Since we are in the economy we are in, maybe there should be more of a sliding scale based on income.	Feb 2, 2011 10:19 PM
520	Regional Centers Insurance Companies Cal Optima	Feb 2, 2011 10:19 PM
521	I don't know what this means. Providers should be paid on time. They should be required to show significant progress on their stated goals and objectives. Parents/clients should be asked if the providers are effective.	Feb 2, 2011 10:20 PM
522	Since those services are very expensive and most of the families cannot afford them, it should be funded by Regional Center (regarding self-help skill or problem in the community) or school district (regarding school related behavioral issues)	Feb 2, 2011 10:23 PM
523	use guide lines for current fees from professionals within the area who have a history of success	Feb 2, 2011 10:23 PM
524	1. If private insurance funds (Insurance laws would need to require coverage) 2. A co-pay by parent. (Per session would be cost prohibitive) maybe on a sliding scale. 3. If a child gets support in school and or Regional Center sharing the cost of wrap-around services.	Feb 2, 2011 10:40 PM
525	ggrc should directly pay the person working	Feb 2, 2011 10:42 PM
526	This is described in the Guidelines for Responsible Conduct for Behavior Analysts, 2.13 Fees, Financial Arrangements and Terms of Consultation. Behavior Analysts should be compensated similar to other professionals who have designated areas of expertise.	Feb 2, 2011 10:53 PM

5. Suggested service standards about the payment for these services:

	Response Text	
527	Ask for high quality or they will be reported to reginal so in the future they don't get job.	Feb 2, 2011 10:55 PM
528	The rates given are usually very high, implying that the services are being given by a BCBA certified person. However, this is usually not the case. There should be different rates for services provided directly by a BCBA person or if the services are provided by an intern or other less qualifed person.	Feb 2, 2011 11:08 PM
529	Attendance records of parents attending classes should be kept. If there are follow up training provided to the parent and child at home, the parents should sign a home visit time sheet.	Feb 2, 2011 11:12 PM
530	If families can afford a co-payment then I think that would help the current financial situation. However, not many families can.	Feb 2, 2011 11:17 PM
531	Maybe the school district and regional center could work together as a team to have one plan for the child in regards to his behaviors.	Feb 2, 2011 11:26 PM
532	Government and medical insurance	Feb 2, 2011 11:29 PM
533	quality providers always cost a little more however they provide better services which will mean as the disabled that are young age they will need less or no tax money as adults	Feb 2, 2011 11:38 PM
534	Given the financial situation, there should be an upper limit to the amount paid to the vendor for services. Develop a very clear, simple list of the sorts of things MediCal funds, and clear easy instructions for how to ask/get MediCal to pay. As a parent, I have wasted weeks of my life in phone calls, emails, visits to social service agencies`to try to clarify what's covered by Regional Center, CCS, MediCal. The process of getting authorizations and denials is far too complicated as it now stands!	Feb 2, 2011 11:38 PM
535	all info on payment should be open for parents to view including how much HRC employees are payed as this is state money that should be going to support there kids needs and this may help keep HRC inline and not be over spending	Feb 2, 2011 11:41 PM
536	Create a uniform flat fee for a specific behavioral service. Behavioral vendors write their programs with 4, 5 or even 6 levels of "supervision." Payment should be restricted to only two levels, e.g., the hands-on therapist and one supervisor. There is no need for 4 or 5 levels of supervision and it is a waste of money.	Feb 2, 2011 11:46 PM
537	payments for services should be appropriate to vendor rates and should be paid on time per contract.	Feb 2, 2011 11:47 PM
538	Regional centers, school districts, and case by case basis from parents.	Feb 2, 2011 11:51 PM
539	There should be a family cost participation fee for the behavioral services.	Feb 3, 2011 12:03 AM
540	Sliding scale of payts to be determined.	Feb 3, 2011 12:03 AM
541	State funding, national funding, insurance and private pay.	Feb 3, 2011 12:03 AM
542	I do think that a sliding scale would not be unreasonable. People who have insurance that would pay for this treatment or can clearly afford to pay on a sliding scale could be responsible so as to be able to help more children with more hours. It's hard for me to see that autism outcome is really, really linked to income and resource level and I don't see why those who can clearly and easily afford it should not pay for it so that others who cannot, can get equal services to what those others can provide as supplement.	Feb 3, 2011 12:12 AM
543	The number of hours of services provided should not be only based on the recommendation of the vendor, as this can be self serving.	Feb 3, 2011 12:16 AM

5. Suggested service standards about the payment for these services:

	Response Text	
544	Until the legislature can compel the private health care insurance companies to provide these services, then they should continue to be provided by organizations like Regional Centers. It is imperative that children receive Early Intensive Behavioral Intervention services in order to be able to function independently and reach their full potential.	Feb 3, 2011 12:24 AM
545	fair market value	Feb 3, 2011 12:30 AM
546	1. Set a basic fee structure, mental health professionals must work according to that structure if they are to participate in this field--continue services only if a positive response from client is forthcoming, and review work with service provider every couple of weeks to determine effectiveness. 2. When client can afford to pay part of the fee, bill the client for a portion of the costs.	Feb 3, 2011 12:30 AM
547	More than minimum wages,since those qualified can not work with that amount.	Feb 3, 2011 12:30 AM
548	state and federally funded and having parents contribute as much as they possibly can	Feb 3, 2011 12:36 AM
549	The Lanterman Act, in Sections 4648 (a) (5) and 4690 require the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that regional centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 3, 2011 12:50 AM
550	The State needs to cut the budget somewhere else and not deprive the children and their families of the services they so desperately need! Cut back on administration! Our children are suffering and no one cares . . as long as the law makers have their fancy cars and houses and their bills are paid they are happy.	Feb 3, 2011 12:59 AM
551	Parents should be held accountable for a small percentage no more than 5% share of cost if that to balance out current budgetary problems in CA. I also feel if they pay for their services, it WILL INCREASE participation and compliance. Orivera@accreditednursing.com	Feb 3, 2011 12:59 AM
552	You need a more free market model...and not MORE control...Reward EFFICIENCY and EFFECTIVENESS. Yes...I KNOW this is hard to measure...well...not efficiency. I cannot get people to grasp this SIMPLE concept.... You have Joe the Behaviorist...He charges you $90.00 per hour...but only uses 5 hours per month...$450.00 You have Tom the Behaviorist..he charges $40.00 per hour. WOW...what a bargain...but takes 15 hours per WEEK. $2,400.00 per month, never fades services and then takes you to fair hearing when you try to cut back. Oh my goodness...and this is exactly what is going on.. And Tom goes for two years and costs you a fortune...Joe wants to go 2.5 years...and still costs you a fraction and the family does not go to fair hearing... Geez...think about this.!!	Feb 3, 2011 1:08 AM
553	regional center should provide payment for these services and based upon the families income, they should contribute no more than 10%	Feb 3, 2011 1:19 AM
554	These services should be paid for by the state as per the Lanterman Act.	Feb 3, 2011 1:19 AM
555	If a referral has been made for behavioral services (especially by a qualified medical professional), regional center should fund for these services.	Feb 3, 2011 1:26 AM

5. Suggested service standards about the payment for these services:

	Response Text	
556	$60ish per hour.	Feb 3, 2011 1:59 AM
557	All should be equal since most services are not covered by insurance so despite what the parents can provide they are spending more then the make to ensure the future of their child so they are not state dependent in their adulthood.	Feb 3, 2011 2:14 AM
558	We need to have the number of hours of consulting and "copying and pasting" information that is always the same. Why pay for "junk reports. We have paid in 2010 almost $5000.00/yr for this worthless reports. This money could be used for the clients needs rather that enriching a bunch of "vultures". In our case we need the behaviorists on a call basis.	Feb 3, 2011 2:21 AM
559	Payment of these services should be considered on a case by case basis.	Feb 3, 2011 2:37 AM
560	I realize the state is in a crisis, however, you also have to realize that if you want quality services, service providors have to employ quality employees. This typically does not come at a low hourly rate! All service reimbursement should factor that into consideration. Service providors (vendors) cannot possibly employee the individuals meeting high standards if we are not able to pay them at a rate comparable to the industry the work in. Lowering reimbursement rates = lesser quality employees = lesser quality of services. Not because we desire that for children, rather the available candidate pool for the low wage we would have to assign to this type of position.	Feb 3, 2011 2:42 AM
561	In our personal case with our child, we are in a situation that are financially limited. We, my husband and I have always been working professionals (until lay offs affected us recently) Just being able to care for my son is a full time job in itself to stay on top of all can be done to improve his condition/progress. If it wasn't for payment coming from our hard earned tax dollars, we wouldn't have made the progress we have for our son. Payment as well as services from the regional center and affiliates are indeed necessary!!	Feb 3, 2011 2:51 AM
562	Same as above	Feb 3, 2011 2:53 AM
563	The state needs to step up to the plate and fund programs that are essential to the well being of the children that need these services. Early intervention is so important.	Feb 3, 2011 4:25 AM
564	I am not aware fo the compensation of these services but there needs ot be a hourly rate for the therapists that is providing services	Feb 3, 2011 4:26 AM
565	There should be fair standards about how much of each needed service is paid for each client. I work hard and so does my husband. But we receive very little services. Though we pay lots of taxes and have many bills to pay too. At the same time have to try and squeeze out monies to pay for the services my son needs. It doesn't seem fair. While others may or may not have paid the taxes I pay. Get many more services. My son's case isn't as severe as some other kids. But he has much potential if we can get him help. But I can't afford to pay for all the help he needs. To date, I have not been offered much help from the school system or from the regional center to help my child. But I have had to pay lots of out of pocket monies to private agencies to get him help. Digging into my savings and taking extra loans to cover these expenses bc he needed the intervention now, or the window of opportunity could pass us. Then I have to quite my job to take him to all the therapies and practice with him at home on behavioral issues. I see many others earning less monies than I taking nicer vacations bc all their services are paid for by government entities. While I earn more monies but have to spend every penny saved or borrowed for my son's services. This is not fair for the middle class tax paying citizen of the US.	Feb 3, 2011 4:28 AM
566	I would suggest a rate of $50 per hour for a certified professional. Less for paraprofessionals implementing the plan. No professional should supervise more than 4 paraprofessionals at any time.	Feb 3, 2011 4:33 AM

5. Suggested service standards about the payment for these services:

	Response Text	
567	through govenment funding.	Feb 3, 2011 4:41 AM
568	monthly	Feb 3, 2011 4:56 AM
569	reset all rates for all providers to a single state set rate.	Feb 3, 2011 5:02 AM
570	A scale should be set up by type of service. It should a reasonable fee based on an average for the job or service.	Feb 3, 2011 5:15 AM
571	Seek funding and graudated co-pay based on income.	Feb 3, 2011 5:18 AM
572	I think the people that do this work deserve to get paid properly what they do. I think as state funded services they should continue to get the aid they need, and the aids should be compensated properly.	Feb 3, 2011 5:21 AM
573	Free for behavior management short term	Feb 3, 2011 5:43 AM
574	Services should be paid by the state. If parents request services outside the recommendations after a child's assessment, they may try with their personal insurance policies. Those without insurance should be assisted in getting state health plan programs. Early intervention can prevent heavier costs when the child reaches typical school age, but more importantly, to prevent the tax payer's burden when the disabled child becomes a disabled adult and the costs require housing, in-home health aid, nursing, disability insurance etc. when as a child, the right behavioral intervention would have made them more independent.	Feb 3, 2011 5:56 AM
575	The Lanterman Act, in Sections 4648 (a) (5) and 4690 require the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that regional centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 3, 2011 5:59 AM
576	Payments should be made as required, but no more frequently than monthly.	Feb 3, 2011 6:00 AM
577	Regional Center should pay the vender.	Feb 3, 2011 6:00 AM
578	My real fee was $150. for private clients, who made up 85% of my caseload. I did not take insurance or Medicare or Medicaid, etc. This is what a decent therapist costs in Los Angeles. People don;t realize we are paying office rent, parking, insurance, office costs, and many other things and, after taxes, we end up with about $25/hour. I held my fee at 90./session out of respect for my regional Ctr. clients, but my regular clients were paying full fee. The Regional Ctrs. asked me to cut that even further and I would not, as I was not a non-profit counseling center and my regional center clients took up much more of my time outside of session than the neurotypical clients did. I will tell you that you will not get as good a therapist if you do not pay full fee. This money is well-spent, because a client's mental health effects everything else he or she will ever do (relationships with boyfriends, girlfriends, parents, boss as well as perspective on life and walking through it being different from others). The psychiatrist and the therapist are vital to the client's well-being.	Feb 3, 2011 6:07 AM
579	Payment should be at prevailing wage and can be paid for by the one requesting the service	Feb 3, 2011 6:07 AM
580	Junior therapist $25/hr senior $50/hr. Supervisor $ 90 per hr	Feb 3, 2011 6:09 AM
581	This is hard to say because lower income families should be receiving the same standard of service, but the truth of the matter is that they tend to get the short end of the stick. I think that the government/schools should be providing the services without payment from the families.	Feb 3, 2011 6:22 AM
582	As of now RC fund the payments for these services. Working parents who make $50k or more a year could provide a $10 co-pay per week.	Feb 3, 2011 6:28 AM
583	Free because these are disabled people.	Feb 3, 2011 6:35 AM
584	Free service because these people are disabled.	Feb 3, 2011 6:37 AM

5. Suggested service standards about the payment for these services:

	Response Text	
585	ABA services should remain free for residents of California since they are taxpayers in this state.	Feb 3, 2011 6:45 AM
586	i thankful regional center to give all the services that my son needed since he was baby and still need. without them and my case worker support i was lost emotianly and economy to help my son and the family.	Feb 3, 2011 6:50 AM
587	I feel strongly that this service should be provided for all special needs children from our state government as these children are especially vulnerable and need to be provided for.	Feb 3, 2011 7:09 AM
588	I recommend a sliding scale based on income and expenses.	Feb 3, 2011 7:35 AM
589	we are paying way too much to these companies	Feb 3, 2011 7:38 AM
590	Fair market value.	Feb 3, 2011 8:03 AM
591	Payment should be the same for all vendors and should be based on county or regional center region. They should be paid by hour and not by blocked portions of time. For example being paid a flat rate for 10-15 hrs/wk of service. Why would you work 15 hrs a wk if you can work for 10 and receive the same amount of money.	Feb 3, 2011 8:23 AM
592	providing options, informative information	Feb 3, 2011 8:29 AM
593	Depending on the amount of funding each family qualifies for, I recommend monthly payments so that a debt too great to pay back cannot be accrued and so that service providers are not spending too much time record keeping versus providing services.	Feb 3, 2011 1:39 PM
594	Fair artes so that vendors can continue to provide quality services	Feb 3, 2011 2:21 PM
595	Regional Center/DDS should fund these services, starting with the most cost effective agency first. Funding should not go for more than 3 consecutive years with any one agency and one consumer.	Feb 3, 2011 3:25 PM
596	I believe there can be a co-pay for the parents. I believe the state/federal offers a fair sum for those assisting in the care of these individuals, unfortunately, the families are not always involved. I am not sure how to handle these, but for me and my situation, I believe the state/federal funding has been acceptable. I have paid teachers that have been laid off up to $18/hour to care for my child. This is excessive, but sometimes necessary for the best care while I am working. I realize that most families probably don't have these available funds, so I cannot speak for them.	Feb 3, 2011 3:40 PM
597	Qualifications for services providers needs to be the same throughout the state which lends itself to payment also being the same for everyone. If additional support is requested beyond the basic services provided then the family should pay for it out of pocket or through their insurance if able.	Feb 3, 2011 4:30 PM
598	Regional. For example, providers in San Francisco would be paid more than someone living in Stockton. Primary care insurance, federal, state and local government should pay. There also could be a sliding scale.	Feb 3, 2011 4:31 PM
599	parents should be assessed a share of cost based on income level and family size, like the Family Cost Participation program.	Feb 3, 2011 4:39 PM
600	Actual hours used need to be provided with billing.	Feb 3, 2011 5:07 PM
601	In my opinion, the services of a behavioralist should be the primary focus for every child diagnosed with autism and future respite and attendant care should be contingent upon completion of a prescribed course of treatment.	Feb 3, 2011 5:10 PM
602	not sure, but there needs to be a standard	Feb 3, 2011 5:16 PM

5. Suggested service standards about the payment for these services:

	Response Text	
603	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 3, 2011 5:16 PM
604	Federal and state funding, plus private donations. Insurance coverage can also be considered.	Feb 3, 2011 5:20 PM
605	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 3, 2011 5:21 PM
606	Hourly rate of service provider shall be commesurate with the qualifciatons of the analyst or assistant.	Feb 3, 2011 5:31 PM
607	Whatever is the fair and competitive rate in the community.	Feb 3, 2011 5:34 PM
608	Payment upon reports due	Feb 3, 2011 5:42 PM
609	ABA services should remain free for residents of California since they are taxpayers in this state.	Feb 3, 2011 5:43 PM
610	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 3, 2011 5:47 PM
611	directly through the state. however the agencies that provide these services, also take such a large amount that they workers themselves who are the key to change are not being paid enough. It would be better if the regional centers had their own team of workers that were paid directly by the state to go through the regional center rather than outside vendors.	Feb 3, 2011 5:50 PM
612	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 3, 2011 5:53 PM
613	Payment should not continue unless RC fiscal has word that CPC has received reports as per POS/addendum to IPP.	Feb 3, 2011 6:02 PM
614	Regional Center should cover costs.	Feb 3, 2011 6:03 PM
615	Supervisor hours should not exceed $75-$100/hour. Tutor hours should be paid approximately $20/hr	Feb 3, 2011 6:11 PM
616	Where the family has health insurance then work with the insurance company to pay the deductible or co-pay, it depends on the insurance as to whether or not they will cover certain services. Otherwise this needs to be covered by medi-cal or california childrens services.	Feb 3, 2011 6:26 PM
617	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 3, 2011 6:26 PM

5. Suggested service standards about the payment for these services:

	Response Text	
618	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 3, 2011 6:27 PM
619	The Lanterman Act, in sections 4648 (a) (5) and 4690 requires the director of the dept of development services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilites. The director should comply with these laws.	Feb 3, 2011 6:28 PM
620	There should be a time line to when vendors can submit request for POS errors. Many times POS errors which are submitted by Vendors are 2-3 fiscal years or more behind. This is not appropriate or professional. Especially since case movement often occurs mainly with younger kids to Transition and new worker is being held accountable or blamed for the error from 3 years back. They should have a time line to sumbit for corrections i.e. 3 to 6 months or within the fiscal year written and if they do not then Regional Centers should not be held accountable for the vendors misreporting, delinquencies, etc. Case workers generated POS's, especially for BX services per what has been submitted in the written report. If they made an error there that is not RC's fault.	Feb 3, 2011 6:29 PM
621	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 3, 2011 6:29 PM
622	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 3, 2011 6:31 PM
623	The Lanterman Act,in Section 4648 (a) (5) and 4690 requires the Director of the DDS to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure hight quality services for persons with develomental disabilites. The Director should complay with these laws.	Feb 3, 2011 6:34 PM
624	$60-85 an hr	Feb 3, 2011 6:38 PM
625	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 3, 2011 6:45 PM
626	Given the financial there should be an upper limit to the amount paid to the vendor for services.	Feb 3, 2011 6:53 PM
627	This is an area I believe some savings could be had without negative impact to consumers.	Feb 3, 2011 7:00 PM
628	An hourly wage possibly with a contract of 1 yr. If the family/school etc. isn't working together as a team, the person will not improve, consistency and structure are of the essence.	Feb 3, 2011 7:04 PM
629	Reimburse parents, reimburse parents, reimburse parents!!!	Feb 3, 2011 7:21 PM
630	payment should not be requested from parents. She\ould be provided from state	Feb 3, 2011 7:27 PM

5. Suggested service standards about the payment for these services:

	Response Text	
631	Better control over the rates seem to be needed. Regional Centers also need more leverage on controlling payment when performance issues are at issue. For all services other than group homes, RCs only have an option of de-vendoring, and in our current legal climate this option is unlikely to occur no matter the performance issues.	Feb 3, 2011 7:41 PM
632	I believe they should be paid $2.00 above minimum wage as a minimum pay. I say this only because I know the State of California is basically broke. Our respite worker receives an extra $10.00 an hour from us because she has a very challenging job, and she is very competent. I know a lot of parent can not pay this kind of money, but I think the parents should be encouraged to chip in when they can. We also pay for all of her meals.	Feb 3, 2011 7:43 PM
633	Families with specil needs often have already significant financial burdens incured due to their child's illness. In our case I quit my job and have dedicated myself to improving my son's condition. School do not provide qualified childcare for our son and our family memebrs work. Although my husband has a good job, without my income we are barely surviving and could not afford to pay for behavioral services.	Feb 3, 2011 7:47 PM
634	The Regional Center should be paying for it.	Feb 3, 2011 7:58 PM
635	The services should spend at LEAST 70 percent on direct services to the CONSUMER - no keeping money by cheap food or not paying staff a living wage.	Feb 3, 2011 8:03 PM
636	payment provided by the state.	Feb 3, 2011 8:06 PM
637	As many forms of payment should be offered including a sliding scale for families that are in financial need.	Feb 3, 2011 8:08 PM
638	Again, as I stated in response to number two, it seems to me there is a "double dipping" element to funding most day programs. Behavioral Support programs and Community-based Activity programs can be implemented at each care provider home for less cost than is currently funded to support the infrastructure and overhead of multiple day program providers. I believe the exception to this would be consumers functioning at an independent enough level to be in a supported employment program. In this case, it is appropriate for he or she to be provided job coaching and trainign and the residential care provider might not be as able to provide this if the residential care provider is already providing behavioral or activity programs for other consumers.	Feb 3, 2011 8:09 PM
639	Parents should take some responsibility paying for the service.	Feb 3, 2011 8:13 PM
640	The Lanterman Act, in Section 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws!	Feb 3, 2011 8:16 PM
641	If these standards are helping people with intragation into the mainstream doesn't the laterman act help with this knowledge?	Feb 3, 2011 8:17 PM
642	sliding scale	Feb 3, 2011 8:24 PM
643	Payment should come from the State to either the Regional Center, if they provide the services, or directly to the agency who does provide the services.	Feb 3, 2011 8:33 PM
644	Tax the rich people. Tax Capitalists. They take more profit away than the majority, the worker.	Feb 3, 2011 8:37 PM
645	Payer of first resort should be consumer's health/medical provider. (as is the policy of DDS/HHS)	Feb 3, 2011 8:41 PM
646	ALTA should pay for these behavioral services. Parents should NOT have to pay any out of pocket expenses for these services.	Feb 3, 2011 8:48 PM
647	State should pay	Feb 3, 2011 8:50 PM

5. Suggested service standards about the payment for these services:

	Response Text	
648	My child once qualified for C.C.S. But was dropped? My child continues to have the same diagnosis but at a greater capacity. I would like to have him receive Physical and Occupational Therapy outside of the school setting for his hypotonia. Is this possible.	Feb 3, 2011 8:54 PM
649	Regional Center/Insurance	Feb 3, 2011 8:54 PM
650	Streamlining payment through auditing practice or selective audits could increase efficiencies.	Feb 3, 2011 8:59 PM
651	Services could be paid for by Regional Ctr; Medicare; School; Medical Insurance; Parents---and/or shared amongst these groups in the same order as indicated.	Feb 3, 2011 9:00 PM
652	Behavioral Services seem to often be paid at premium rates relative to other rc funded services, it seems unfair that older providers may have benefit of older historic rates while new innovative providers may be penalized jsut for being new or trying to provide services in areas with more competitive demand for qualified staff or other regional costs.	Feb 3, 2011 9:05 PM
653	per the IPP	Feb 3, 2011 9:05 PM
654	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 3, 2011 9:07 PM
655	These services are costly, and in order to ensure quality the rate needs to be reasonable. Services to be paid through regional centers - possibly some insurance companies.	Feb 3, 2011 9:15 PM
656	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 3, 2011 9:23 PM
657	Answer: The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 3, 2011 9:33 PM
658	State should continue to pay for these services.	Feb 3, 2011 9:37 PM
659	possibley sliding scale	Feb 3, 2011 10:01 PM
660	Funding should be worked out between the agency and the provider.	Feb 3, 2011 10:03 PM
661	Payment should be compensorate with training and experience.	Feb 3, 2011 10:06 PM
662	N/A	Feb 3, 2011 10:08 PM
663	ALL SERVICES SHOULD BE PAID AT SAME RATE ACROSS THE BOARD	Feb 3, 2011 10:13 PM
664	Sliding scale with no person rejected due to inability to pay. Also, if person learning tecniques is not using them consistently, services need to be discontinued at some point as being ineffective. That is why data is essential.	Feb 3, 2011 10:13 PM
665	I don't know	Feb 3, 2011 10:15 PM
666	As the Lanterman Act requires, payment of services is to be an equitable process developed by the Director of DDS setting rates to assure that Regional Centers can secure high quality services for the developmentally delayed. The DDS director should comply with this law.	Feb 3, 2011 10:27 PM
667	Payment should be rate based upon a determined service standard from that field.	Feb 3, 2011 10:28 PM
668	co-payment by parents on sliding scale should be considered.	Feb 3, 2011 10:37 PM

5. Suggested service standards about the payment for these services:

	Response Text	
669	Continue the current standard.	Feb 3, 2011 11:06 PM
670	Ask the people that are receiving the services if they are satisfied and how things could be improved on a regualr basis. Agencies that consistently underperform, should have their contracts placed on probationary status and have a set amount of time to improve their services. Also, let families shop around and select services for themselves or at least provide some information so we can do some primary investigation first.	Feb 3, 2011 11:10 PM
671	Sliding scale.	Feb 3, 2011 11:26 PM
672	he Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 3, 2011 11:35 PM
673	Due to the intensity of the services being provide, behavioral services are complex and challenging. Payment should be based on education levels and quanity of service.	Feb 3, 2011 11:49 PM
674	All insurance!	Feb 3, 2011 11:58 PM
675	The 4.25% cut in 2010-11 should be given back to the residential service provider of level 4 facilities	Feb 4, 2011 12:01 AM
676	Services paid every three months to the vendor and only after a report has been provided to RC to review. Too many times, we receive reports 6-9 months later.	Feb 4, 2011 12:09 AM
677	Parent training conducted individually with an MA level professional should be reimbursed at $100-125/hr Current rates for early start infant programs (before cuts) are sufficient.	Feb 4, 2011 12:12 AM
678	The Lanterman act in Sections 4648 (a) (5) and 4690 requires the Director of the DDS to develop and maintain equtiable processes for setting rates to assure that Regional Centers can secure high quality services for persons with deveopmental disabilities. The Director should comply with these laws.	Feb 4, 2011 12:15 AM
679	Hold payment to vendors if they are not submitting treatment plans and progress reports per contract. At this time, parents and providers are not held accountable...services continue without needed parental committment and/or vendors are paid even though behavior treatment plan and/or progress reports are not submitted in a timely manner. Currently CPC's are expected to get reports from vendors who have already been paid for services, including the reports that they have not provided.	Feb 4, 2011 12:31 AM
680	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 4, 2011 12:41 AM
681	None.	Feb 4, 2011 12:46 AM
682	Unknown	Feb 4, 2011 12:46 AM
683	yes- Hopefully this will assist for all providers to perform the same.	Feb 4, 2011 12:52 AM
684	Payments should be on a sliding scale based on need , progress and income.	Feb 4, 2011 12:53 AM
685	DDS and regional centers should expect providers to insist that all staff be properly trained but only if there is standarized training methods and trainers available that are specific to California's needs. It will not be possible to achive this without the direct involvement of DDS who must help us seek and establish the standarized trainings for our counselors.	Feb 4, 2011 1:03 AM

5. Suggested service standards about the payment for these services:

	Response Text	
686	Equitable but cost effective. These programs are costly. Perhaps go after private insurance and medi-cal funds too? We want to be reasonable with tax payer funds, especially in these lean years, but we all know the long term cost of doing nothing. Especially important is the proper funding of ABA programs by the school districts. The school districts do not properly fund ABA or special education in general imo.	Feb 4, 2011 1:30 AM
687	N/A	Feb 4, 2011 1:35 AM
688	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 4, 2011 1:43 AM
689	i think they should be covered by insurance, if not offer a grant or a payment service based on family income, such as doctors offer to low income families.	Feb 4, 2011 1:54 AM
690	By auditors, every 3 months.	Feb 4, 2011 2:00 AM
691	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 4, 2011 2:04 AM
692	There should be a sliding scale of how much people can afford for the services, if they can not afford it, it should be provided, so the people can have a sense of accomplishment and pride in themselves and not have to rely on society to care for them as they get older.	Feb 4, 2011 2:31 AM
693	Payment should be based on time provided for services.	Feb 4, 2011 2:36 AM
694	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 4, 2011 2:40 AM
695	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 4, 2011 2:46 AM
696	Needs to be at a decent scale (definiteley above minimum wage to start) due how important this work is.	Feb 4, 2011 2:58 AM
697	The rise in autism is threatening to swamp the entire system and the need for services will ultimately come from the State. The success of early intervention is very well established. You should not quibble about what agency pays for exactly what services. The services should be started ASAP and in an aggressive manner. Don't let time and opportunity slip away while you try to divvy up who will do what. If you do not pay now, you will pay MUCH more latter.	Feb 4, 2011 3:18 AM
698	I would like to see insurance companies handle some of the burden of the costs along with Alta. These costs are very high and most people don't have the financial ability to cover these services. I could work fulll time (instead of part time) and not be involved in my son's program and pay for all his services. However, I've been told by many professionals dealing with my son, how important my involvement has been in his success and if I worked full time, his outcomes would not be what they are. We have paid for adjunctive therapies out of pocket, to date approx $35,000.	Feb 4, 2011 3:21 AM
699	School if done in school and Regional Center if done at home and in the community.	Feb 4, 2011 3:31 AM

5. Suggested service standards about the payment for these services:

	Response Text	
700	fed and State funded	Feb 4, 2011 3:37 AM
701	The Lanterman Act (Sections 4648 a, 5 and 4690) has clearly set this standards. The Director of the Department of Developmental Services is required to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure HIGH QUALITY services for persons with developmental disabilities. These laws are in place and the requirements are specified.	Feb 4, 2011 4:19 AM
702	A set rate for all behavioral consultants. Therapists should be pay rates according to their level of education and years of experience. Pay rates for therapy should also be based on severity of mental disorder.	Feb 4, 2011 4:38 AM
703	I think it is fair to request insurance companies to pay if they cover and if not, I think the state should cover this. I do think citizens(legals...parents and children) of the United States should be first on the list. It is draining on our economy to continue to burden legal, tax paying citizens with illegals who come here, do not pay they way, collect welfare and receive all of the free services that ONLY legal citizens should be provided.	Feb 4, 2011 5:09 AM
704	The pay should be satisfactory for the level of training and experience the person has. Parent-run programs should be reimbursed at the same levels as vendor-run programs. To date, there has been a huge and discriminatory difference between the two, with the irony being that the parent-run programs are often far superior to the vendor-run programs. There needs to be transparency regarding the payment for these services, as to date, RCs have not been forthcoming with rates.	Feb 4, 2011 5:43 AM
705	Through RC resources. Insurance. Possible co-pay from consumers.	Feb 4, 2011 5:46 AM
706	Our tax dollars should be enough to pay these services for children under 6. A sliding scale payment and the school system for children over 6, depending on the need of the child, and the child's ability to benefit from the services and all insurance should be required to offer some service	Feb 4, 2011 6:18 AM
707	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 4, 2011 6:25 AM
708	The Lanterman Act, in Sections 4648 (a) (5) and 4690 require the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that regional centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 4, 2011 7:21 AM
709	HMO or PPO	Feb 4, 2011 7:25 AM
710	Based on Income and have share of cost	Feb 4, 2011 9:16 AM
711	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 4, 2011 3:10 PM
712	The Lanterman Act provisions should be followed which require the Director of the Department of Developmental Services to develop and maintain a fair process for setting rates that support the Regional Centers in securing high quality services for their clients.	Feb 4, 2011 3:35 PM
713	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 4, 2011 3:55 PM

5. Suggested service standards about the payment for these services:

	Response Text	
714	If the patient/client does not have insurance to cover these services, some type of assistance should be offered on a "pay-as-you-go" system as often as possible. I understand that not all persons have the financial means to afford full services, but there should be basic services that can be offered at a much lower cost. There should also be a way of implementing some type of "barter" system if appropriate, so that if one cannot afford the services but can offer help by donating other services, ex. labor skills, secretarial skills, etc.	Feb 4, 2011 4:06 PM
715	The Lanterman Act, in sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure the Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 4, 2011 4:30 PM
716	The Lanterman Act requires the Director of the Dept of Developmental Sercices to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 4, 2011 4:43 PM
717	The Lanterman Act, in sections 4648 (a) (5) and 4690 requires the Director of the Department of Developental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 4, 2011 4:49 PM
718	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 4, 2011 4:51 PM
719	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 4, 2011 4:58 PM
720	The Director of the Department of Developmental Services is to develop and maintain an equitable process for setting rates to assure high quality services for individuals with developmental disabilities as describes by law in the Lanterman Act	Feb 4, 2011 5:04 PM
721	Free from the state or from medi-cal or medicare.	Feb 4, 2011 5:07 PM
722	The Lanterman Act Sections 4646 (a) (5) and 4690 requires that the Director of the Department of Deveopmental Servicesto develop and maintain equitable processes for setting rates to asure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 4, 2011 5:15 PM
723	State taxes diverted from any and all funding provided to illegal aliens	Feb 4, 2011 5:34 PM
724	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 4, 2011 5:38 PM
725	See Lanterman	Feb 4, 2011 5:40 PM
726	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 4, 2011 5:50 PM

5. Suggested service standards about the payment for these services:

	Response Text	
727	The Lanterman Act, in Sections 4648 a 5 and 4690 requires the director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 4, 2011 5:59 PM
728	The Lanterman Act, Sections 4648 (a) (5) and 4690 requires the Director of DDS to develop and maintain processes for setting rates to assure that regional Centers can secure high quality services for persons with developmental disabilities. This director should comply with these lawas.	Feb 4, 2011 6:00 PM
729	Provide by regional centers and school districts.	Feb 4, 2011 6:05 PM
730	Average fee-range of all service providers based on intensity of behavior	Feb 4, 2011 6:18 PM
731	The Lanterman Act in sections 4648 (a) (5) and 4690 requires the Director of Department of Developmental Services to develop and maintain equitable processes for setting rates to assure the Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 4, 2011 6:29 PM
732	Regional Center funds portion and parents can pay small portion (similiar to co-pay)	Feb 4, 2011 6:38 PM
733	The Lanterman Act, in Sections 4648 (a) (5) a d 4690 requires the Director of the Department of Developmental Services to develop amd maintain quuitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The director should comply with these laws.	Feb 4, 2011 6:47 PM
734	Federal and State funding with payment by consumer based on ability to pay.	Feb 4, 2011 6:56 PM
735	US Government	Feb 4, 2011 6:57 PM
736	The services should be paid for to the same extent that they would be paid for if the child were in a state hospital for in many cases, if the ABA services are not provided the child will have to be put in a state hospital.	Feb 4, 2011 7:05 PM
737	The behaviorist or psychologist fees should be paid for by the client, mainly thru the client's health insurance. I would like to see a stop to the practice of overcharging for services and equipment/medications whenever you go thru the insurance to pay for these things. I would say that, based on my experience, charging not more than $100/hour and limiting the amount of time the consultant spends on seeing and then doing the paperwork for the client to no more than 3 hours by the behaviorist is fair. This to me seems fair for the behaviorist/psychologist and other consultants. These limits should be written in a contract between the client and the consultant. If the consultant goes overtime, the client's health insurance should not pay.	Feb 4, 2011 7:12 PM
738	State of California or Federal Government. There seems to be a lot of money for everything else.	Feb 4, 2011 7:15 PM
739	There should be a statewide payment scale that is the same for all 21 regional centers. There should be a an additional distance stipend (flat rate) when a prfessional has to drive a set number of miles to see a client.	Feb 4, 2011 7:23 PM
740	I would be willing to pay a $5. - $10. co-pay for services.	Feb 4, 2011 7:33 PM
741	Scale	Feb 4, 2011 7:36 PM

5. Suggested service standards about the payment for these services:

	Response Text	
742	The Lanterman Act, in Sections 4648 (a) (5) and 4690 require the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that regional centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 4, 2011 7:42 PM
743	no comment	Feb 4, 2011 8:03 PM
744	RC to fully fund time-limited, intensive behavior intervention services (FCPP may apply)	Feb 4, 2011 8:09 PM
745	An agreed rate should be stated for companies and therapist providing these services. I don't believe it's "Fair" to ask families to pay for these services because they are already paying for so much more then families with typical children. All families I know off including myself have already gone thru all our savings by paying extra therapy, tutors, medicine, doctors, etc.	Feb 4, 2011 8:09 PM
746	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 4, 2011 8:09 PM
747	Rates have to be set appropriately to acquire quality services.	Feb 4, 2011 8:23 PM
748	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 4, 2011 8:32 PM
749	The going rates for professionals in this area ranges from $80/hour to $150/hour and should depend on their experience and education.	Feb 4, 2011 8:36 PM
750	Payment should be equitable and fair, and within community standards.	Feb 4, 2011 8:43 PM
751	The Lanterman Act ,in Section 4648 (a) (5) and 4690 requires The Director of the Department of Developmental Services to develop and maintain equitable process for setting rates to assure that Regional Centers are able to obtain high quality services for these people with disabilities.The Director will comply with these laws	Feb 4, 2011 8:45 PM
752	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 4, 2011 8:47 PM
753	The Lanterman Act already has standards about the payment of these services.	Feb 4, 2011 8:56 PM
754	Given the financial there should be an upper limit to the amount paid to the vendor for services. Develop a very clear, simple list of the sorts of things MediCal funds, and clear easy instructions for how to ask/get MediCal to pay. As a parent, I have wasted weeks of my life in phone calls, emails, visits to social service agencies`to try to clarify what's covered by Regional Center, CCS, MediCal. The process of getting authorizations and denials is far too complicated as it now stands!	Feb 4, 2011 8:57 PM
755	Vendered services should be payed for by the Region Center. The Regional center should also provide behavior resources to parents who wish to seek help on their own.	Feb 4, 2011 8:59 PM

5. Suggested service standards about the payment for these services:

	Response Text	
756	for setting rates to assure that regional centers can secure high quality services,for persons with developmental disabilities	Feb 4, 2011 9:05 PM
757	State of California should set a standard fee schedule for services.	Feb 4, 2011 9:08 PM
758	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 4, 2011 9:12 PM
759	I think the companies charge to much. Thats why you don't see families paying for services. Insurances won't cover the therapy these kids need. I realize business have to meet overhead to pay their employees, and all the money it requires to operate a business but I have no Idea if the ABA companies out their are charging the same thing for services.	Feb 4, 2011 9:18 PM
760	ABA services should be paid for by insurance companies. Coverage should be in accordance with evidence published by the Center for Autism and Related Disorders.	Feb 4, 2011 9:20 PM
761	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 4, 2011 9:25 PM
762	DDS should set the rates for reimbursement, not the individual regional centers. The vendorization application can start at the local regional center level, but DDS should assign the rates.	Feb 4, 2011 9:27 PM
763	- Parents should be made aware of the hourly rate, so they take it seriously (I know it, and am often suprised that parents have no idea how much all this can cost_	Feb 4, 2011 9:30 PM
764	We cannot afford to pay for these services so it would have to be free. We cannot afford to pay for these services so it would have to be free.	Feb 4, 2011 9:33 PM
765	Payment should should be a mothly fee. For example, 50 per session. This is equal to $400 per month.	Feb 4, 2011 9:37 PM
766	The Lanterman Act in sections 4648 (a) (5) and 4690 requires the Director of Department of Developmental Services to develop and maintain equitable processes for setting rates to assure the Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws	Feb 4, 2011 9:38 PM
767	Even though the State of California is going through financial downside it is imperative that all people should take care of the medically disabled portion of out society.	Feb 4, 2011 9:47 PM
768	Maybe a flat fee for issuing reports instead of hourly charges. Maybe a flat fee for assessments instead of hourly charges. The families should not have to pay for these services directly, the regional center should pay the service providers.	Feb 4, 2011 9:57 PM
769	1.Service Categories Level 4 A,B,C,D,E,F,G,I will have clearly defined entrance and exit criteria that is set by Dept of Developmental Services for the service categories as does the general categories of Level 1, 2, 3, 4 in residential	Feb 4, 2011 9:58 PM
770	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 4, 2011 10:01 PM

5. Suggested service standards about the payment for these services:

	Response Text	
771	The Lanterman Act requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities; the Director should comply with these laws.	Feb 4, 2011 10:09 PM
772	Answer: The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 4, 2011 10:13 PM
773	market rates should be considered and frequency of services should be based on the treatment paln	Feb 4, 2011 10:14 PM
774	Service payment must be linked to demand, if services are not available, increased payment should be considered to promote provider resources. If you pay them adequately, they will do this work. See combined California input on insurance recommendations at: http://www3.senate.ca.gov/portal/site/senscoa?vgnextfmt=default	Feb 4, 2011 10:23 PM
775	Payments should be based on allowable fee schedules in their area. (Medical, RBRVS)	Feb 4, 2011 10:24 PM
776	I belive in a co-pay to help pay for professionals.	Feb 4, 2011 10:27 PM
777	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 4, 2011 10:29 PM
778	The Lanterman Act, in Sections 4648 (a) (5) and 4690 require the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that regional centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 4, 2011 10:36 PM
779	The Lanterman Act Section 4648 (a)(5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that the Regional Center can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 4, 2011 10:38 PM
780	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 4, 2011 10:52 PM
781	REDUCE RATES FOR BEHAVIORAL SERVICES PROVIDERS. Regional Centers currently pay service providers in service codes 612, 613 and 615, twice the hourly rate that we pay a Physician, Geneticist or Psychologist. This means we pay a person with a Bachelor's degree (service code 613/615) an hourly rate that is the same, or sometimes even twice, the rate we pay Doctors and Physicians. For a Masters's Degeree and a BCBA (service code 612), Regional Centers pay more for ONE HOUR of behavioral services, than an entire day of service at a day program, (or double the rate we pay for a pscyhologist, geneticist and doctor)	Feb 4, 2011 10:53 PM

5. Suggested service standards about the payment for these services:

	Response Text	
782	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 4, 2011 10:53 PM
783	usual and customary as in public sector	Feb 4, 2011 10:59 PM
784	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 4, 2011 11:05 PM
785	The Lanterman Act, in Sections 4648 (a) (5) and 4690 require the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that regional centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 4, 2011 11:16 PM
786	Sliding scale based on ability to pay.	Feb 4, 2011 11:25 PM
787	Lanterman Act 4648 and 4690 requires the Director of DDS to develop and maintain equitable processes for setting rates to assure that the services can be secured that are high quality. The Director should comply with the Lanterman Act.	Feb 4, 2011 11:38 PM
788	The Lanterman Act, in Sections 4648(a)(5) and 4690 requires the Director of the Department of Developmental Services (DDS) to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 4, 2011 11:39 PM
789	RC Funded for Adults	Feb 4, 2011 11:44 PM
790	Uniform rates, no "grandfathered" rates.	Feb 4, 2011 11:50 PM
791	Median Rate; Maximum length of time services to be authorized - perhaps 18 months. If additional services needed, must be provided at lower rate for another period of time - perhaps 6 months. Health Care Insurance providers should be 1st payor; DDS to provide leadership to make that happen. Educational providers are the 2nd payor through the IEP process.	Feb 4, 2011 11:53 PM
792	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure hight quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 4, 2011 11:56 PM
793	Regional Centers should continue to render payment for these services. It keeps the provider accountable and takes the burden of dealing with budgets, dispersing funds, etc from the consumer and their families.	Feb 5, 2011 12:07 AM
794	I believe these programs should be funded by the state. Families with special needs children have a big enough financial burden. My son got cut of behavioral services due to budget. Maybe even if the family had to meet a financial requirement in order to get services provided	Feb 5, 2011 12:54 AM
795	If a family can help with payment, fine. Many families can not. Some families incur tremendous financial burdens due to the disabilities of a family member. The needs of the total family have to be taken into account as well, the other siblings have rights and needs too, so do the parents who are probalbly over extended.. Reason should prevail.	Feb 5, 2011 1:05 AM

5. Suggested service standards about the payment for these services:

	Response Text	
796	payment should not be through the families but based on individual family childs diagnosis or serverity of diagnosis	Feb 5, 2011 1:05 AM
797	Payment should be contingent on proper documentation that services were provided and that the services continue to be of measurable benefit.	Feb 5, 2011 1:21 AM
798	50% Federal moneys / 50% State moneys	Feb 5, 2011 1:21 AM
799	The Lanterman Act, in Sections 4648 (a) (5) and 4690 require the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that regional centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 5, 2011 1:22 AM
800	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 5, 2011 2:10 AM
801	Don't know	Feb 5, 2011 3:15 AM
802	I was looking for the Harbor Regional Center in Torrance, CA to continue funding for these services.	Feb 5, 2011 3:34 AM
803	The Lanterman Act, in Sections 4648 (a) (5) and 4690 require the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that regional centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 5, 2011 3:46 AM
804	Tie to educational and experience levels	Feb 5, 2011 3:51 AM
805	Free	Feb 5, 2011 4:37 AM
806	From the consumer or the agency?	Feb 5, 2011 5:21 AM
807	All services should be reimbursed at the level the best PPO insurances provide. These providers need to support their families and their involvement in disabled persons' rehabilitation is a tremendous investment.	Feb 5, 2011 5:36 AM
808	Whatever the ging rate is for comparable service outside of the Regional Center.	Feb 5, 2011 6:15 AM
809	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 5, 2011 6:29 AM
810	Fed. Funds& state funds	Feb 5, 2011 6:31 AM
811	Shared cost with families, given the intensity	Feb 5, 2011 6:40 AM
812	The State of California has accepted a public responsibility for persons with developmental disabilities (Lanterman Act Section 4501). Standard payments should be determined that are near market wage so high-quality providers can be retained to provide services.	Feb 5, 2011 6:48 AM
813	Directly to the family or to the service provider	Feb 5, 2011 7:25 AM
814	Funds should be set aside to pay for good quality persons/organizations to perform services.	Feb 5, 2011 7:31 AM
815	Pay accordingly based on Medicare reimbrusement reate.	Feb 5, 2011 7:43 AM
816	Based on appropriated Medicare reimbursement rate	Feb 5, 2011 7:52 AM

5. Suggested service standards about the payment for these services:

	Response Text	
817	The Lanterman Act requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 5, 2011 2:41 PM
818	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 5, 2011 3:12 PM
819	The Lanterman Act, in Sections 4648(a)(5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Certers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 5, 2011 3:33 PM
820	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 5, 2011 3:47 PM
821	parents should pay for services, even for children. if they pay for materials at least, they will have more buy in. Parents who are low income should also be made to pay at least something. If the service is not paid for, it is not valued.	Feb 5, 2011 3:57 PM
822	No comment.	Feb 5, 2011 4:10 PM
823	Early intervention should be covered by the state. If the child is 5 and needed services, then it would be covered. We shouldn't have to wait until they are 5 in order to get 'free' services.	Feb 5, 2011 4:15 PM
824	Behavior services are prohibitively expensive for parents and the state. I think service providers should go through rigorous screening before they can be used by you to provide services for your clients. I have seen some pretty lousy service providers and most parents do not have the expertise to judge them effectively! If they are not providing quality intetrventions, they should not be used!	Feb 5, 2011 4:44 PM
825	Both the service provider and the regional center should agree on how much is fair for both parties.	Feb 5, 2011 4:53 PM
826	The Lanterman Act, in Sections 4648 (a) (5) and 4690 require the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that regional centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 5, 2011 5:12 PM
827	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 5, 2011 6:30 PM
828	Not sure	Feb 5, 2011 7:54 PM
829	Regional Center or Public School	Feb 5, 2011 8:11 PM
830	The Director of the Department of Developmental Services should develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities.	Feb 5, 2011 8:25 PM

Behavioral Services

5. Suggested service standards about the payment for these services:

	Response Text	
831	The Lanterman Act in Section 4648 (a) (5) and 4690 requires the Director of the DEpartment of Development Services to develop and maintain equitable processes for setting rates to assure the Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws. I oppose POS standards.	Feb 5, 2011 8:33 PM
832	Regional Center should be the agency that provides the services.	Feb 5, 2011 9:50 PM
833	$50.00 per hour	Feb 5, 2011 10:16 PM
834	The Lanternman Act, in Section 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 5, 2011 10:22 PM
835	The Lanterman Act, in Sections 4648 (a) (5) and 4690 require the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that regional centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 5, 2011 10:47 PM
836	The Lanterman ACt, in Sections 4648 (a), (5) and Section 4690 requires the Director of DDS to establish and maintain fair processes for setting rates to assure that Regional Centers secure high quality services.	Feb 5, 2011 11:24 PM
837	The state should fund at least 75% of all services that are not covered by insurance. Or at least a comparable percentage.	Feb 5, 2011 11:56 PM
838	Only for services render.	Feb 6, 2011 12:24 AM
839	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 6, 2011 1:20 AM
840	sliding fee scale, based on the parents income, minus expenses. if the consumer is under 18 the parents should be paying co-pays for the treatment, if they have insurance that covers behavioral therapy, they should be billed first.	Feb 6, 2011 1:53 AM
841	1. Supervisory time should be appropriately compensated to allow for development of enough expertise to be effective. 2. Direct provider time should be compensated to allow for ongoing training.	Feb 6, 2011 2:15 AM
842	Payment for these services should be based on the income of the family with Medical paying for those who can not pay.	Feb 6, 2011 2:47 AM
843	Look at comparable industries with regards to how therapists are paid and ensure cost controls are in place for agencies that grow in size.	Feb 6, 2011 2:50 AM
844	School district funding from spec. ed funds, regional center funding.	Feb 6, 2011 3:49 AM
845	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 6, 2011 4:27 AM
846	Regardless of any suggested standards, if the consumer is on SSD, SSI and/or MediCal, services should be provided at no cost; for all other consumers services should be provided on a sliding scale such that all necessary services and supports are within the consumer's financial reach.	Feb 6, 2011 5:04 AM

5. Suggested service standards about the payment for these services:

	Response Text	
847	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 6, 2011 5:50 AM
848	Regional Center should cover services for children under 3.	Feb 6, 2011 6:00 AM
849	The Lanterman Act requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 6, 2011 8:02 AM
850	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 6, 2011 4:23 PM
851	TRI-Counties helps many families who otherwise can not afford the program and health care will refuse to pay.	Feb 6, 2011 4:28 PM
852	Agency contract	Feb 6, 2011 5:55 PM
853	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 6, 2011 6:45 PM
854	Maybe it should be on a sliding scale according to parent income. It's hard to say. Some families can't afford to make payments.	Feb 6, 2011 7:18 PM
855	Look to private funding first such as private insurance. May be provided as a service in IEP and funded by school district. If no other source of funding available the regional center may provide funding.	Feb 6, 2011 7:27 PM
856	I believe these services should be provided at no cost to the family	Feb 6, 2011 7:41 PM
857	Follow standard business practices.Annual or bi-annual financial audits should be considered to preclude any abuses.	Feb 6, 2011 7:46 PM
858	Insurance should be the first line. but since insurance doesn't cover everything assistance should be availiable to bridge the gap. the point of behavioral services is to provide the service earlier in life so that they are less dependant on state assistance in the future. by dening these services, which they are doing,you only increase the level of support in the future.	Feb 6, 2011 8:02 PM
859	N/A	Feb 6, 2011 10:37 PM
860	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 6, 2011 10:59 PM
861	Currently an application for SSI funding is required and those funds should go towards the funding of these services.	Feb 7, 2011 1:39 AM
862	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 7, 2011 1:59 AM
863	I think payment schedule should be governed by intensity of service provided the more intense the level of service the higher the reimbursement,prompt payment alwawys help the quality of service ,to be honest I really do not understand this question.	Feb 7, 2011 2:09 AM

5. Suggested service standards about the payment for these services:

	Response Text	
864	These services need to be state and federally funded since insurance refuses to cover issues such as autism.	Feb 7, 2011 2:46 AM
865	The Lanterman Act sections 4648 (a) (5) and 4690 required the Director of the Department of Develomental Services to develop and mantain equitable processes for setting rates to assure that Regional Center can secure high quality services for persons with develomental disabilities. The Director should comply with these laws.	Feb 7, 2011 5:01 AM
866	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 7, 2011 5:08 AM
867	Should be provided by Regional Centers	Feb 7, 2011 5:15 AM
868	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 7, 2011 6:05 AM
869	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 7, 2011 6:29 AM
870	minimum of $ 60.00 per hour. If the service is provided at client's home, the minimum maybe more $80.00 per hour.	Feb 7, 2011 7:08 AM
871	The state should cover these services, because it will cost the state much more later, if these problems are not addressed when children are young.	Feb 7, 2011 7:40 AM
872	State funding	Feb 7, 2011 2:36 PM
873	The Lanterman Act requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 7, 2011 2:44 PM
874	Sliding scale.	Feb 7, 2011 5:10 PM
875	Median rates for these specfic services should be reviewed. For someone that works in the resource department at a regional center these rates make it very difficult to develop needed resources especially in outlying areas. Instead of using an average of the rates that have been given it might be better to go off of a average salry website.	Feb 7, 2011 5:13 PM
876	The Lanterman Act requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 7, 2011 5:41 PM
877	The Lanterman Act requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 7, 2011 6:14 PM
878	The Lanterman Act, in sections 4648 (a) (5) and 4690 require the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that regional centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 7, 2011 6:16 PM

5. Suggested service standards about the payment for these services:

	Response Text	
879	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should maintain the standards by following this law.	Feb 7, 2011 6:28 PM
880	Government support, especially if it's for the low income family	Feb 7, 2011 6:32 PM
881	The people who need the services should not have them cut from the budget.	Feb 7, 2011 6:33 PM
882	These services are to increase the independence and quality of life for individuals, it should be taken care of by our government. These should not fall onto families to try to pay for. Families can not afford 40 hours a week of therapy, this is what works, it's proven and without it our children will suffer.	Feb 7, 2011 6:35 PM
883	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 7, 2011 7:29 PM
884	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 7, 2011 7:38 PM
885	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 7, 2011 7:49 PM
886	They should be paid for by the state with federal government assistance to help finance the large budget requirements.	Feb 7, 2011 8:16 PM
887	Pay fair wage and look for ways to streamline processing of paperwork.	Feb 7, 2011 8:16 PM
888	That payment amount be based on the mutually agreed upon level for service for the consumer. No parent or person caring for consumer will ask for too many hours in that the services can only be conducted with that person present. The level of committment of the caregiver should drive the availability of funds.	Feb 7, 2011 9:19 PM
889	ABA services should remain free for residents of California since they are taxpayers in this state.	Feb 7, 2011 9:29 PM
890	These services should be paid in a timely manner, net 15 or net 30 at most.	Feb 7, 2011 9:34 PM
891	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws	Feb 7, 2011 9:59 PM
892	The payment for ABA services is gutting the Regional Center system and needs to be modified and limited	Feb 7, 2011 10:01 PM
893	Parents should be assessed for co-pay for behavioral services.	Feb 7, 2011 10:41 PM
894	Allow the RC to set the standard in there own communities.	Feb 7, 2011 10:42 PM
895	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws. Services should never be selected on the basis of the "lowest bidder"!	Feb 7, 2011 10:59 PM

5. Suggested service standards about the payment for these services:

	Response Text	
896	Sections 4648 (a)(5) and 4690 of the Lanterman Act state that the Director of the Department of Developmental Services must develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should make these decisions with that in mind.	Feb 7, 2011 11:00 PM
897	The system, as it stands, discourages families from seeking private services where available. Private providers frequently lack the specific expertise to provide the answers families need to make appropriate decisions. There should be a sliding scale for services provided to children - if the families can afford to pay, they should make some contribution.	Feb 7, 2011 11:05 PM
898	No less than 2/3 what is the going rate for similar services that are afforded typical persons.	Feb 7, 2011 11:09 PM
899	Let the Regional Centers make the decisions regarding program services	Feb 7, 2011 11:12 PM
900	The Lanterman Act requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 7, 2011 11:14 PM
901	Director of the Department of Developmental Services will develop and maintain equitable processes for setting rates. The Director should comply with these laws in the Lanterman Act, Section 4648(a)(5) and 4690.	Feb 7, 2011 11:16 PM
902	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 7, 2011 11:26 PM
903	???	Feb 7, 2011 11:48 PM
904	* If you owe, you pay - History of problem in Riverside County * MOU should be followed as written. * Public schools should have access to the same rates as DDS * Contractors/vendors should be paid in a timely manner * There should be clear directions on what paper work needs to be submitted and when due. * There should be clear communication upfront as to what services will be covered * Rules should not change without going through an interagency decision making process	Feb 8, 2011 12:00 AM
905	There should be a yearly maximum established, but there should be a way to waive that max in extreme-need cases.	Feb 8, 2011 12:19 AM
906	I think Regional or insurance should be help pay for this services.	Feb 8, 2011 12:38 AM
907	Again, we need compensation that is attractive enough to keep people from leaving the field	Feb 8, 2011 12:42 AM
908	What Regional Centers have always done in the pass, if the individual child is under 18 yrs. a combination of MediCal deeming and parental pay and if the individual is over 18yrs. then Regional Center pays 100%.	Feb 8, 2011 12:44 AM
909	Medi-Cal, EPSDT	Feb 8, 2011 12:47 AM
910	The Lanterman Act, in Sections 4648 (a)(5) and 4690 require the Director of DDS to develop and maintain equitable processes for setting rates to assure that regional centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 8, 2011 1:00 AM

5. Suggested service standards about the payment for these services:

	Response Text	
911	All providers should receive the same rate. It makes no sense that agencies that are held to the same standards would be paid different amounts. This creates a monopoly because the agency getting paid the most can pay the highest salaries. All providers should be paid between $50 and $60 per hour for direct and supervision services. However, ALL providers should be paid the set rate. Providers already provide a lot of supervision hours that they are not able to bill due to the limited number of supervision hours authorized per week. Typically for a 10-hour per week case, a provider receives approximately 2 hours of supervision hours. In reality a provider needs to put in approximately 4-5 hours of supervision per week to provide a quality service. All case-specific supervision should be reimbursed. An out-of-office rate should be provided if the rate is closer to $50/hour, however, it is recommended that all additional rates be lumped into one rate at $60/hour. Furthermore, mileage should be paid for long distances.	Feb 8, 2011 1:50 AM
912	Provided by RCEB-REgional Center for the East Bay	Feb 8, 2011 1:55 AM
913	Insurance reimbursement should beried first however, if the parent gets a denial the regional center should pick up the cost without requiring the parent to appeal the decision adding more undue stress on a parent already overwhelmed by just caring for their child.	Feb 8, 2011 2:08 AM
914	Payment for the services should be constant with the current market rate elsewhere. Overall it is cheaper to provide excellent services for the clients and to ultimately keep them in the home. It is much more expensive to place clients in a group home setting.	Feb 8, 2011 2:12 AM
915	the same as they are now	Feb 8, 2011 2:16 AM
916	Tier payment. The higher the education and training the more reimbursement. I do believe there are people with masters as behavior therapist and there are non master behavior therapist that were just trained. It should be based on educational level.	Feb 8, 2011 2:53 AM
917	I don't know how behavioral therapists are paid, but I do know that they work hard, and must be trusted with a child. Their compensation should be enough that parents don't have to worry about turnover.	Feb 8, 2011 3:24 AM
918	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws. This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 8, 2011 3:48 AM
919	Health Insurance Companies are businesses. They must not be expected to take the place of the DDS and the public welfare agencies set up to protect the needs and health of our citizens! Insurance companies are set up to provide help for discrete medical problems, not lifelong developmental disabilities. The State of California has committed itself to providing ongoing services for the developmentally disabled and must not dismantle that system in the midst of a terrible economy nor in the midst of insurance legislation changes.	Feb 8, 2011 3:50 AM
920	If families are able tompay a portion themselves, tney should be required to do so. Medical insurance should alos be accessed.	Feb 8, 2011 3:51 AM
921	Once a year it would be a reasonable idea to have a record of what Regional Center is accomplishing per client so that both consumer & family is made aware of total provided services. Go paperless. Use e-mail where possible.	Feb 8, 2011 4:07 AM

5. Suggested service standards about the payment for these services:

	Response Text	
922	Payment for these services needs to be kept fair and appropriate for the service providers. There are an incredible amount of costs for the provider that needs to be considered when determining payment. For behavior students pay for staff is something to keep in mind. There HAS to be an incentive for working with the most challenging students. You cannot expect payment for services provided to behavior students to be anywhere close to those without behavior. Behavior students require an incredible amount of skills, patience, determination, and most of all LOVE to help them succeed. Each disability provides it's own challenges, but behavior students require dealing with the disability plus the behavior. There is no comparison to students who do have behaviors and those who do not.	Feb 8, 2011 4:33 AM
923	The regional center will pay for a maximum of 6 months at a maximum of 14 hours a month of behavioral intervention training.	Feb 8, 2011 4:42 AM
924	Seems to be a gray area for standards placed on service received. Payment should be given regardless. People in the field will usually give highest quality of service because they expect it of themselves.	Feb 8, 2011 5:11 AM
925	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 8, 2011 5:25 AM
926	The Lanterman Act - section 4648 (a) (5) and 4690 requires the Director of DDS to develop and maintain equitable processes for setting rates to assure that Regional Center can secure high quality services for persons with developmental disabilities. These should be complied with by the Director.	Feb 8, 2011 6:04 AM
927	Service providers should be paid commensurate with their qualification level. But all should be paid a competitive and fair rate for their services. You get what you pay for.	Feb 8, 2011 6:08 AM
928	I find programs like this should be government funded. My niece is unable to work as the in-home program occur 4 hours a day/4 days a week. The family is struggling with the one income.	Feb 8, 2011 6:19 AM
929	The Lanterman Act requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 8, 2011 6:54 AM
930	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 8, 2011 7:19 AM
931	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 8, 2011 3:08 PM
932	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 8, 2011 3:35 PM
933	Medi-cal	Feb 8, 2011 4:07 PM

5. Suggested service standards about the payment for these services:

	Response Text	
934	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 8, 2011 4:16 PM
935	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 8, 2011 4:21 PM
936	I don't know how these services should be paid for. I know that what our agency get's just barely allows us to stay open. We've lost our holidays, we've been asked to take unpaid days off, and we have had a wage freeze for two years. I can't see any more cuts happening to direct care agencies without a complete collapse of the system. I say we need to cut out middle men. The money is going to support the individuals with disabilities, and the people who provide direct support are the people the taxpayers want to keep. What about the office individuals who don't spend direct care time with the people they supposedly "work for?"	Feb 8, 2011 4:28 PM
937	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 8, 2011 4:43 PM
938	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 8, 2011 5:46 PM
939	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 8, 2011 5:52 PM
940	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 8, 2011 5:58 PM
941	Regional Center, School District, Insurance	Feb 8, 2011 6:30 PM
942	This program should be funded by both State and Federal governments.	Feb 8, 2011 6:51 PM
943	Payment of services should be based on the annual income of support family and what neccessities they have outgoing (house payment, insurance, medical bills, car payments, and other dependent family members). Family members should pay for services in monetary value if at all possible. if family is not able to pay for services in a monetary value they should be given the option of volunteering hours to support services given to consumer.	Feb 8, 2011 7:01 PM
944	The Lanterman Act, in Sections 4648 (a) (5) and 4690 require the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that the regional centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 8, 2011 7:24 PM
945	Please do NOT cut these services. IHSS could be used to give parents time to take these classes.	Feb 8, 2011 7:28 PM

5. Suggested service standards about the payment for these services:

	Response Text	
946	The payment for the services must take into effect the location where services are provided as the costs associated with provision of services varies greatly throughout the State.	Feb 8, 2011 7:37 PM
947	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 8, 2011 7:48 PM
948	Same payment as for Social Workers.	Feb 8, 2011 7:54 PM
949	Services should be provided in the same manner that services are provided for others that do not fall into this catagory.	Feb 8, 2011 8:08 PM
950	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 8, 2011 8:14 PM
951	The Lanterman Act has already established a clear precedent (Sect 4648 (a)(5) and 4690) that the Director of the Department of Developmental Services to establish and maintain equitable criteria and rate structures, to ensure that the highest possible quality of care is being provided to individuals with intellectual and developmental disabilities. Henceforth, the DDS Director is bound to comply with this stipulation and proceed to equitably establish these payment structures	Feb 8, 2011 8:19 PM
952	You could vendor this treatment out for families who do not already have insurance, but many do. Teach mothers how to use and access their own health insurance. But if they don't have health insurance - and Pregnancy MediCal expires 6 weeks after giving birth - just when postpartum mood disorders are STARTING to show symptoms - this should be a covered service by DDS for a minimum of 4 mos of individual and mother-child treatment.	Feb 8, 2011 8:35 PM
953	If this is a needed service then I feel that Regional Centers need to help pay for it or at least pay half.	Feb 8, 2011 8:53 PM
954	Based on the client disability the way it is now with Regional Center.	Feb 8, 2011 9:03 PM
955	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 8, 2011 9:25 PM
956	Answer: The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 8, 2011 9:42 PM
957	If California can get the insurance companies on board to provide these services the like most of covered services, bill the primary insurance first, then the State. I don 't see why this would be a problem. It would be up to the State to decide which fund to pay for services if the primary is medical.	Feb 8, 2011 9:44 PM
958	taxpayers dollars...ours.	Feb 8, 2011 10:01 PM
959	All vendors should be dropped to the SMA rate. Least costly vendor per the TBL is difficult to identify.	Feb 8, 2011 10:07 PM
960	don't know	Feb 8, 2011 10:16 PM
961	Rgional center	Feb 8, 2011 10:19 PM
962	Those who can afford to pay out of pocket should be asked to do so. If insurances will pay for the services provided then they should be billed accordingly.	Feb 8, 2011 10:51 PM

5. Suggested service standards about the payment for these services:

	Response Text	
963	You get what u pay for...cheapest is not necessarily worst OR best.	Feb 8, 2011 11:13 PM
964	I believe it is appropriate that the Regional Center continue to fund ABA that helps children learn to function and assimilate in the community. This is in keeping with the spirit of the Lanterman Act.	Feb 8, 2011 11:25 PM
965	Answer: The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 8, 2011 11:47 PM
966	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 9, 2011 12:01 AM
967	The Director of the Department of Developmental Services should decide.	Feb 9, 2011 12:13 AM
968	Sliding scale. Parents need to pay something. I think if they are required to pay something, they will be more invested and attend regularly.	Feb 9, 2011 12:22 AM
969	n/a	Feb 9, 2011 12:42 AM
970	need based	Feb 9, 2011 12:47 AM
971	a tax to all drivers lic. is a good place to start even a small food tax to all fast food locations	Feb 9, 2011 12:51 AM
972	comensurate with the ability of person receiving the service to pay what is possible along with the state.	Feb 9, 2011 1:10 AM
973	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional C	Feb 9, 2011 1:12 AM
974	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 9, 2011 1:24 AM
975	Payment should include interventionist services and supervisory services.	Feb 9, 2011 1:24 AM
976	All services should be free to all children with disabilities including autism.	Feb 9, 2011 1:28 AM
977	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 9, 2011 2:24 AM
978	Medical insurance or govt. funds.	Feb 9, 2011 3:13 AM
979	Payment should not be cut from this area as it would compromise the quality of services, improvement of the students and quite possibly result in more community/family problems.	Feb 9, 2011 3:21 AM
980	no opinion	Feb 9, 2011 3:57 AM
981	Costs will vary according to the degree of disability	Feb 9, 2011 4:01 AM
982	I'm not sure how to answer this. I think all the therapies cost about the same per hour, but behavior usually requires more hours, than say speech therapy. But behavior also covers a wider range of target areas, like interaction, compliance, potty training, safety, appropriate play, self help, etc...	Feb 9, 2011 4:09 AM

5. Suggested service standards about the payment for these services:

	Response Text	
983	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 9, 2011 4:35 AM
984	If each small family home vendor of the regional center was paid an additional annual fee to train and pay an annual bonus to two or more staff members to administer behavior plans in the direct care situation in the homes the cost savings to the state would be significant. The more expensive services implemented by clinicians, therapists, psychologists, and psychiatrists would be reduced to their reviewing data collected by the direct supervision care staff and reading the direct supervision care staff submitted reports to insure that the behavior plan is being implemented properly and is having the desired effect.	Feb 9, 2011 5:07 AM
985	Refer to the Lanterman Act.	Feb 9, 2011 5:07 AM
986	These services should be paid at the current rate.	Feb 9, 2011 5:25 AM
987	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 9, 2011 5:35 AM
988	medi/cal provides for the entire program. other financial help may come from the school district. Most of the hours are done on school property.	Feb 9, 2011 6:04 AM
989	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 9, 2011 6:42 AM
990	Honestly I don't have a suggestion as I am not sure the different ways payment is provided to vendors.	Feb 9, 2011 6:45 AM
991	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 9, 2011 7:43 AM
992	VMRC to pay, unless Medi-cal will pay	Feb 9, 2011 7:56 AM
993	Behavior Services: The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws	Feb 9, 2011 8:01 AM
994	Depends on what their financial status.	Feb 9, 2011 8:15 AM
995	Individualized needs both needs of client and family	Feb 9, 2011 1:41 PM
996	$75-$100/hour	Feb 9, 2011 3:15 PM

5. Suggested service standards about the payment for these services:

	Response Text	
997	Regional centers should increase the use of private insurance for durable medical equipment and other therapies. TBL language expanded the obligations to use private insurance while providing exceptions to the required appeal process, and permitting regional center payments during the appeal process. We urge continued use of these processes in any expansion of this program. Federal health care reform allows young adults to remain on their parent's insurance through age 26. We suggest that consideration be given to encouraging continued coverage even if regional centers pay premiums as a way of obtaining payment for an array of medical and therapeutic services. For consumers who have not graduated from 12th grade or received a certificate of completion, behavioral services should be provided by the school district. For most students, this means that behavioral services will be provided during the day by the K-12 provider until age 22. Behavioral services needed at home must be provided by the regional center.	Feb 9, 2011 5:25 PM
998	The must be a verification that these services were actually provided and the time involed before payment	Feb 9, 2011 6:22 PM
999	Continue to provide the amount paid out currently for Day Program services	Feb 9, 2011 6:23 PM
1000	The Lanterman Act requires the Director of the Department of Development Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 9, 2011 6:25 PM
1001	pay based on progress	Feb 9, 2011 6:42 PM
1002	N/A	Feb 9, 2011 7:06 PM
1003	The Lanterman Act in Section 4648(a)(5) and 4690, require the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that the regional centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws..	Feb 9, 2011 7:08 PM
1004	sections 4648 (a) (5) and 4690 of the Lanterman Act require tghe director of department of developmental services to develop and maintain equitable processes for setting rates to assure that regional centers can secure high quality services for people with disabilities. the director should comply with these laws.	Feb 9, 2011 7:27 PM
1005	I believe the service that are pay out substandard to the needs of the indivuals that need our services.	Feb 9, 2011 7:32 PM
1006	Payment should be given upon receipt of services.	Feb 9, 2011 7:34 PM
1007	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 9, 2011 7:53 PM
1008	The Lanterman Act, in Sections 4648 (a) (5) and 4690 require the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that regional centers can secure high quality services for persons with developmental disablities. The Director should comply with these laws.	Feb 9, 2011 8:26 PM
1009	Close the gap between agencies and possibly lower some of the huge costs associated with this program.	Feb 9, 2011 8:30 PM
1010	Pay the prevailing rates and be flexible in negotiations.	Feb 9, 2011 8:34 PM
1011	Monthly billing for days of attendance.	Feb 9, 2011 8:37 PM

5. Suggested service standards about the payment for these services:

	Response Text	
1012	The Lanterman Act in Sec. 4648A(5) and 4690 requires the Director of the department of developmental services to develop and maintain equitable processors for settings rates to assure that Regional Centers can secure high quality service for persons with developmental disabilitys. The Director should comply with these laws.	Feb 9, 2011 8:55 PM
1013	Again I think there should be a Small family fee for those that are able to pay.	Feb 9, 2011 8:57 PM
1014	flat rate or basic rate of a day program.	Feb 9, 2011 9:12 PM
1015	The Lanterman Act, in Sections 4648 (a) (5) and 4690 require the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that regional centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 9, 2011 9:20 PM
1016	Given the budget constraints, it wouldn't be inappropriate to ask for co-payments (on a sliding scale) for certain services. This is currently done with respite services - it could certainly be applied to other areas as well.	Feb 9, 2011 9:37 PM
1017	The Lanterman Act, in Section 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 9, 2011 9:54 PM
1018	Cut ALL service provider rates by 10% - this is equivalent to the Governor's proposed cut to Medi-cal rates.	Feb 9, 2011 10:16 PM
1019	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 9, 2011 10:30 PM
1020	Could some costs for trainers & daily providers be a shared collaboration between colleges, private and county medical services, job markets, etc ?? and perhaps a family co-pay on a sliding scale dependant on income, not assets such as their home. Perhaps advocacy & Information organizations like NICHY or the CDC, Autism Now or federal Heallth and Human Services could provide training modules on line for prospective providers who are not licensed or degreed.	Feb 9, 2011 10:37 PM
1021	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 9, 2011 10:37 PM
1022	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 9, 2011 10:47 PM
1023	Lanterman Act in Sections 4648 (a) (5) and 4690 require that the Director of the Department of Developmental Services develop and maintain equitable processes for setting rates to assure that regional centers can secure high quality services for persons with developmental disabilities.	Feb 9, 2011 11:28 PM
1024	Pay what they actually cost; provide for cost of living adjustments and benefits - even a fraction of what State employees get	Feb 9, 2011 11:32 PM
1025	$55.00 per hour	Feb 9, 2011 11:48 PM
1026	Sliding scale based on family income.	Feb 9, 2011 11:53 PM

5. Suggested service standards about the payment for these services:

	Response Text	
1027	According to the Lanterman Act Section 4648 a5 and 4690 requires the director of the department of the dept. of developmental services to develop and maintain equitable processes for setting rates to assure that regional centers can secure high quality services for people with developmental disabilities.	Feb 10, 2011 12:04 AM
1028	Change the rates for existing vendors. It's one thing to set median rates for new vendors, but most of the damamge is done by existing vendors with exorbitant rates.	Feb 10, 2011 12:06 AM
1029	Payment for services provided. Supervision of the programs should include the tasks that are necessary, such as graphing data and phone calls that are clinically necessary.	Feb 10, 2011 12:10 AM
1030	Services should be provided by the all insurance carriers and administered through the TCRC to ensure that services are being monitored and provided per the Lanternman Act. The Insurance Companies should be paying all fees associated with the Treatment as provided to those individuals policy for health management. This alone would be where TCRC makes a better difference in the lives of families. Accepting all forms of payments from all insurance carriers thus eliminating the Monopoly on services that is obviously needed for families who require it through the assessment process.	Feb 10, 2011 2:32 AM
1031	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 10, 2011 7:34 PM
1032	belt tightening , endowments , voluntary workers, removing restrictions on making profits . The various state agencies should be much more qualified than we are about budgets and funding ? Its easy to say increase taxes, reduce spending, vote in bond issues.. We are all getting pressed to the limit with our own problems and these people need help. they arent dogs and cats that you can send to then pound .	Feb 10, 2011 7:36 PM
1033	Should be more state funding for Behavioral Health.	Feb 10, 2011 7:42 PM
1034	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 10, 2011 7:50 PM
1035	Many private services are extremely expensive for many families, especially in today's economy. Regional Center provides many services to thousands of families who are in dire need of these services whether it be for economic reasons or for necessary developmental services. As we know many of Regional Centers budget has been cut and reducing the budget even more is counter productive, especially since many of these services are directed to children with disabilities.	Feb 10, 2011 7:59 PM
1036	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 10, 2011 7:59 PM
1037	The Lanterman Act, in Sections 4648 (a) (5) and 4690 require the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that regional centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 10, 2011 8:01 PM

5. Suggested service standards about the payment for these services:

	Response Text	
1038	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 10, 2011 8:10 PM
1039	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws	Feb 10, 2011 8:15 PM
1040	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 10, 2011 8:48 PM
1041	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 10, 2011 9:16 PM
1042	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 10, 2011 9:25 PM
1043	Payment for services should be received from the payor within 7 business days of the monthly invoice.	Feb 10, 2011 9:36 PM
1044	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 10, 2011 9:47 PM
1045	The Lanterman Act requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with theses laws.	Feb 10, 2011 10:40 PM
1046	Per the Lanterman Act.	Feb 10, 2011 11:04 PM
1047	N/A	Feb 10, 2011 11:12 PM
1048	State funded	Feb 10, 2011 11:30 PM
1049	If no report on time, no payment.	Feb 10, 2011 11:36 PM
1050	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 10, 2011 11:37 PM
1051	Payment should be commensurate with professional fees for these services for insurance companies and common private pay rates. Highly skilled professionals will bring about the most progress and increase the chances to reduce future problems.	Feb 10, 2011 11:43 PM

5. Suggested service standards about the payment for these services:

	Response Text	
1052	The regional center must expect these costs while accepting the individual client. It can not be expected that the vendor or personal attendant will -just deal- with behavior issues. Unprevented behavior issues will result in more medications, police intervention, or risky community interface.	Feb 10, 2011 11:51 PM
1053	Payment by government, families and donations.	Feb 11, 2011 12:08 AM
1054	You have enough tax dollars if u stop catering to the unions.	Feb 11, 2011 12:33 AM
1055	The Lanterman Act, in Sections 4648 (a) (5) and 4690 require the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that regional centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 11, 2011 1:05 AM
1056	Regional Center should pay for these services, especially for families that cannot pay anything	Feb 11, 2011 1:12 AM
1057	The State of California has accepted a responsibility for persons with developmental disabilites and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's public schools and the same logic applies here.	Feb 11, 2011 1:43 AM
1058	Supports should remain the same or increase.	Feb 11, 2011 1:46 AM
1059	provided by clients Regional Center	Feb 11, 2011 1:59 AM
1060	Payment should be for assessment, written behavioral plans, and follow up quarterly reviews of such plans. Payment should be made quarterly.	Feb 11, 2011 2:04 AM
1061	The most important is the education and the services. Especially medical insurance is not helping any more with a majority if not all the services then it should be based on what is affordable for the people needing the services.	Feb 11, 2011 2:07 AM
1062	Per the IPP	Feb 11, 2011 2:43 AM
1063	The Lanterman Act Sections 4648(a)(5) and 4690 requires that the Director of the Department of Developmental Services develop and maintain equitable processes for setting rates to assure that regional centers can secure high quality services for individuals with developmental disabilities. The Director should comply with these laws.	Feb 11, 2011 3:05 AM
1064	There payment services have provided assistance to consumers in a timely manner, they are well organized and very efficient.	Feb 11, 2011 3:21 AM
1065	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 11, 2011 3:44 AM
1066	mediCal rate or community rate. Private insurance should be used if available especially for children under age 21	Feb 11, 2011 3:59 AM
1067	Parents could be demanded to pay an across the board percentage of their regardless of where their income comes from. Even if the percentage is low, it would require parents and caretakers to take these interventions as seriously as they are intended to be.	Feb 11, 2011 4:05 AM
1068	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 11, 2011 4:34 AM
1069	I do not know the cost of each one... so I have no idea.	Feb 11, 2011 4:39 AM

5. Suggested service standards about the payment for these services:

	Response Text	
1070	The Lanterman Act, in Sections 4648 (a) (5) and 4690 require the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that regional centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 11, 2011 5:00 AM
1071	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 11, 2011 5:19 AM
1072	I believe that the payment of this services should be electronic and paperless, that way there are more efective and less consuming.	Feb 11, 2011 5:29 AM
1073	50% family responsibility	Feb 11, 2011 5:39 AM
1074	Payment should be made directly to provider after evidence of satisfactory service delivery. Payment should be made directly to the service provider upon completion of satisfactory service.	Feb 11, 2011 5:54 AM
1075	I feel that payment should be based on what is in the budget and what the market will bear as to comparable pay in the field for a like position. I do NOT think that the "agencies" should be getting the majority of the pay when it is the actual individual providing the service (not the agency themselves)...and NOT when the parent ends up doing all the training of that individual because the "book smart" training does not prepare them for the reality of the "real world" application. Only experience and living it day to day really makes someone truly knowledgeable. I think more parents should be recruited to fill these positions. It would benefit everyone.	Feb 11, 2011 6:03 AM
1076	The Lanterman Act, in Sections 4648 (a) (5) and 4690 require the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that regional centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 11, 2011 6:05 AM
1077	They should be at a rate similar to the current rate.	Feb 11, 2011 6:06 AM
1078	contracts should go to the vendor with the lowest bid.	Feb 11, 2011 6:17 AM
1079	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 11, 2011 6:32 AM
1080	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 11, 2011 6:41 AM
1081	Services should be provided by the state and paid for by tax revenues. These services are a fundamental right guaranteed by the Lanterman Act.	Feb 11, 2011 6:56 AM
1082	As far as residential facilities are concerned we have not seen intervention from the Regional Centers. Facilities are left on their own with no help and told to seek local and state resources. Therefore I suggest cut the funding to Regional Center for theses Services. If they are providing it it is miniscule. At least in residential facilities.	Feb 11, 2011 11:21 AM

5. Suggested service standards about the payment for these services:

	Response Text	
1083	Early intervention has been proven to be a critical piece with positive long-term effects for our children on the spectrum, so cutting the Early Start program and taking away funds for all these children and letting them fall through the cracks is beyond me!!! The state should be help funding and insurance companies need to start helping with autism being listed as a disability. ABA, Speech, Occupational services are extremely expensive and most families have a difficult time covering payments for each of those services for just one week, let alone all the time!!! And for someone like me who has three young children under 5 with autism, there is no hope to make payments for all of them!!!!	Feb 11, 2011 12:49 PM
1084	Payment at industry rate	Feb 11, 2011 2:17 PM
1085	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 11, 2011 3:12 PM
1086	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws	Feb 11, 2011 4:09 PM
1087	Continue with the 612 "usual and Customary" rate.	Feb 11, 2011 4:29 PM
1088	For autistic children, this is the most necessary and effective service established by scientific review. It should be covered wholly by the state.	Feb 11, 2011 4:37 PM
1089	The Health Department to monitore and inspect the services.	Feb 11, 2011 4:48 PM
1090	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 11, 2011 4:53 PM
1091	Again, this should never be left in the hands of the parents. There should be a statewide rate for direct services (in the $20-30/hour range), and a rate for supervision ($50-60/hour range). Supervision hours should not exceed a certain percentage of direct hours (i.e., no more than 10-20% of the total number of service hours). I don't think direct hours need to be provided by Bachelor's degree level employees - paraprofessionals with some college or a 2-year degree are perfectly capable of providing direct services, given appropriate supervision and instruction. Supervision for ABA proper (where data is being analyzed) should be provided by a BCBA.	Feb 11, 2011 5:32 PM
1092	Co payment MUST be charged so as to prevent misuse/abuse of the services. Any services provided more than the allocated amount is paid for by family or consumer.	Feb 11, 2011 5:34 PM
1093	I think families whose incomes are above a reasonably set income guideline should be charged a copay for each service session. I think the copay should increase according to a family's rate of income.	Feb 11, 2011 5:37 PM
1094	payment should be done through the venues of state or federal dollars since these individuals lack the income to pay for services on their own.	Feb 11, 2011 5:51 PM
1095	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 11, 2011 5:54 PM

5. Suggested service standards about the payment for these services:

	Response Text	
1096	: The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 11, 2011 6:03 PM
1097	I think it should be based on the demographics of where the service provider lives. For example, the cost of living in Palm Springs for example is significantly less than Beverly Hills. It must be considered where the service provider lives and the experiance that they have including but not limited to their education and acutal hours in the field working with patients / clients.	Feb 11, 2011 6:08 PM
1098	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 11, 2011 6:18 PM
1099	Well it should be about what you pay vendors for respite services.	Feb 11, 2011 6:30 PM
1100	GOVERNMENT FUNDS SHOULD CONTINUE TO SUPPORT THESE VENDORS WHO HELP OUR DISABLE WHO VERY LIMINTED IN INCOME AND ALOT OF HELPFUL PROGRAM HAVE ALREADY BEEN TAKEN AWAY.	Feb 11, 2011 6:33 PM
1101	Force the insurance companies to recognize autism as a medical disability and pay for the necessary therapy services just like they do for all other illnesses and disabilities. Other states have done this, why hasn't California forced the issue? It will save the State huge amounts of money.	Feb 11, 2011 6:35 PM
1102	covered by gov't/regional services. Need, need this valuable service. Better to provide earlier and when problem behaviors can be corrected and learned than later in life. Less exspensive and effective than when teenagers or older	Feb 11, 2011 6:51 PM
1103	A sliding scale should be implemented utilizing income guidelines.	Feb 11, 2011 6:56 PM
1104	ELARC Insurance	Feb 11, 2011 7:02 PM
1105	Vendors at my regional center are allowed to practice at different rates. We are told to use the least costly vendor, but this practice is not followed by administration. They make decisions, and hide behind the veil of making 'individual based decisions'. Regional Center's should consistently follow rules set by the state of California regarding the rate.	Feb 11, 2011 7:05 PM
1106	Public or private sourcing of the service should be paid for by our regional centers.	Feb 11, 2011 7:08 PM
1107	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 11, 2011 7:12 PM
1108	Regional center should pay all of cost.	Feb 11, 2011 7:24 PM
1109	All families of individuals with disabilities who are eligible to receive any kind of behavioral service should be REQUIRED to pay a portion of the cost of the services, to be determined by the family's income level. If the family is not earning a wage but is on government assistance, they should still be required to pay something for the services on a consistent basis. This may require them to give back a portion of the welfare check they receive, or requesting that other family members or community non-profits (such as a local church) assist with these payments.	Feb 11, 2011 7:26 PM
1110	Industry Standard	Feb 11, 2011 7:28 PM

5. Suggested service standards about the payment for these services:

	Response Text	
1111	All generic resources should be explored (i.e. client's health insurances, trust acct, possible co-pay from parent based on FCPP assesment/parent's income). Sliding scale?	Feb 11, 2011 7:40 PM
1112	The same as is in the present. It work very good	Feb 11, 2011 8:02 PM
1113	As in any other profession there should be 1 flat fee that incorporates supervision and consultation as well as the direct services. It may be that the rate needs to increase a little for services, but it would be far more cost effective providing services that way rather than, for example, 15 hrs/wk 1:1 ABA, 10 hrs/wk consultation, 5 hrs/wk supervision. 15 hrs a week at even a 10% increase in rates would save a considerable sum of money.	Feb 11, 2011 8:03 PM
1114	There should be a per consumer cap for each service that is not medical in nature. Anything beyond that cap should require a share of cost unless financial need is established. Parents of those over 18 who still claim there children as dependents to the IRS should be included in the share of cost.	Feb 11, 2011 8:17 PM
1115	The Lanterman Act, in section 4648(a) (5) and 4690 require the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates and to assure that regional centers can secure high quality services for persons with developmental disabilities. The director should comply with these laws.	Feb 11, 2011 8:31 PM
1116	The Lanterman Act, in Sections 4648(a)(5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comly with these laws.	Feb 11, 2011 8:45 PM
1117	There should be an evaluation involved before diagnosing if a child is in need of vision therapy. The service should be paid at reasonable level adapting Medicare fee schedule, a total of approx. 80% of usual and customery fee, whether it is spliting between the State and consumers is up to the State to decide.	Feb 11, 2011 8:57 PM
1118	based on progress toward or meeting outcomes as stated in IPP	Feb 11, 2011 9:29 PM
1119	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 11, 2011 9:30 PM
1120	I'm not familiar with how to make this topic better.	Feb 11, 2011 9:35 PM
1121	$ 15 per hour at least.	Feb 11, 2011 9:39 PM
1122	Funding for behavioral services for school-aged children should be pursued through generic resources such as schools and health insurance plans. Depending on the individual needs of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 11, 2011 9:41 PM
1123	Funding for behavioral services for school-aged children should be pursued through generic resources such as schools and health insurance plans. Depending on the individual needs of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 11, 2011 9:42 PM
1124	Family Cost Participation	Feb 11, 2011 9:43 PM
1125	Funding for behavioral services for school-aged children should be pursued through generic resources such as schools and health insurance plans. Depending on the individual needs of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 11, 2011 9:43 PM

5. Suggested service standards about the payment for these services:

	Response Text	
1126	The Lanterman Act, in Sections 4648 (a) (5) and 4690 require the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that regional centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 11, 2011 9:44 PM
1127	Funding for behavioral services for school-aged children should be pursued through generic resources such as schools and health insurance plans. Depending on the individual needs of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 11, 2011 9:44 PM
1128	Funding for behavioral services for school-aged children should be pursued through generic resources such as schools and health insurance plans. Depending on the individual needs of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 11, 2011 9:45 PM
1129	Funding for behavioral services for school-aged children should be pursued through generic resources such as schools and health insurance plans. Depending on the individual needs of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 11, 2011 9:46 PM
1130	Funding for behavioral services for school-aged children should be pursued through generic resources such as schools and health insurance plans. Depending on the individual needs of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 11, 2011 9:47 PM
1131	None	Feb 11, 2011 9:49 PM
1132	Funding for behavioral services for school-aged children should be pursued through generic resources such as schools and health insurance plans. Depending on the individual needs of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 11, 2011 9:50 PM
1133	Funding for behavioral services for school-aged children should be pursued through generic resources such as schools and health insurance plans. Depending on the individual needs of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 11, 2011 9:52 PM
1134	Funding for behavioral services for school-aged children should be pursued through generic resources such as schools and health insurance plans. Depending on the individual needs of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 11, 2011 9:55 PM
1135	Funding for behavioral services for school-aged children should be pursued through generic resources such as schools and health insurance plans. Depending on the individual needs of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 11, 2011 10:08 PM
1136	1. Funding for behavioral services for school-aged children should be pursued through generic resources such as schools and health insurance plans. 2. Depending on the individual needs of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center). However, there should be no duplication of services.	Feb 11, 2011 10:14 PM

5. Suggested service standards about the payment for these services:

	Response Text	
1137	Funding for behavioral services for school-aged children should be pursued through generic resources such as schools and health insurance plans. Depending on the individual needs of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center). **Family cost participation on a sliding scale should be strongly considered.**	Feb 11, 2011 10:17 PM
1138	RCOC funds the specific BCBA and make this class free to families, but a requirement.	Feb 11, 2011 10:19 PM
1139	Funding for behavioral services for school-aged children should be pursued through generic resources such as schools and health insurance plans. Depending on the individual needs of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 11, 2011 10:20 PM
1140	State funding or insurance that is the question In states where insurance is the primary coverage source families are often battling with large companies that don't know their child, their needs and their coverage is often discontinued with no known reason or explaination. However, here in California the regional centers are also having difficulty keeping up with the changing economy. what if families went through their insurance companies and then the regional centers covered a reasonable percentage of what is not covered. A possible co-pay may exsist.	Feb 11, 2011 10:25 PM
1141	This should be provided by Regional Center.	Feb 11, 2011 10:27 PM
1142	Funding for behavioral services for school-aged children should be pursued through generic resources such as schools and health insurance plans. Depending on the individual needs of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 11, 2011 10:29 PM
1143	The Lanterman Act requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 11, 2011 10:37 PM
1144	Funding for behavioral services for school-aged children should be pursued through generic resources such as schools and health insurance plans. Depending on the individual needs of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 11, 2011 10:50 PM
1145	Keep the same rates for the service, just limit the amount a family or person can purchase per year.	Feb 11, 2011 10:51 PM
1146	Same.	Feb 11, 2011 10:55 PM
1147	everyone that needs it between the ages of 0-3 years, early intervention is the key!!!!	Feb 11, 2011 10:58 PM
1148	Payment of such service may come from Respite hours awarded by GGRC.	Feb 11, 2011 11:13 PM

5. Suggested service standards about the payment for these services:

	Response Text	
1149	Funding for behavioral services for school-aged children should be pursued through generic resources such as schools and health insurance plans. Depending on the individual needs of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 11, 2011 11:19 PM
1150	Payment rates should reflect the degree of education, training, experience, and effectiveness of individual behaviorists. Often, a licensed therapist is set up as the nominal vendor, but often knows less about proper behavioral procedures and protocol than the unlicensed providers themselves: e.g., a Freudian PhD psychologist whose license authorizes the provision of behavioral services in the absence of relevant behavioral education supervises a subdoctoral intern and receives a higher rate than a board certified behavior analyst.	Feb 11, 2011 11:25 PM
1151	I believe that each Regional Center has a standard funding amount per the vendor's qualifications.	Feb 11, 2011 11:50 PM
1152	Funding for behavioral services for school-aged children should be pursued through generic resources such as schools and health insurance plans. Depending on the individual needs of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 11, 2011 11:51 PM
1153	The Regional Centers of California should pay for these services as indicated in the Lanterman Act. As the Regional Center budget is based on the State's allocation of funds, regular assessment of the services and the number of service hours should occur to meet budgetary needs.	Feb 12, 2011 12:22 AM
1154	EQUAL across the board...no special circumstances for one client over another. EQUALITY on how payment is made.	Feb 12, 2011 12:23 AM
1155	The Landerman Act,in sections 4648(a) (6) and 4690 require the Directorof the dept of development services to develop and maintainequitable processes for setting fates to asure that regiional centers can seeure high quality services for persions with developmental disabilaties. the director should comply with these laws.	Feb 12, 2011 1:00 AM
1156	Pay should be based on experience/education of the individual	Feb 12, 2011 1:23 AM
1157	The payment for these services should depend on what each organization is charging and should continue based on the consumer's progress and the case worker's recommendation.	Feb 12, 2011 1:27 AM
1158	THE LANTERMAN ACT, IN SECTION 4648 (a) (5) AND 4690 REQUIRES THE DIRECTOR OF THE DEPARTMENT OF DEVELOPMENTAL SERVICES TO DEVELOP AND MAINTAIN EQUITABLE PROCESSES FOR SETTING RATES TO ASSURE THAT REGIONAL CENTERS CAN SECURE HIGH QUALITY SERVICES FOR PERSONS DEVELOPMENTAL DISABILITIES. THE DIRECTOR SHOULD COMPLY WITH THESE LAWS	Feb 12, 2011 2:03 AM
1159	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Development Services to develop and maintain equitable processes for setting rates to assure that Regional Centers cam secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 12, 2011 2:09 AM
1160	Individuals need to be recognized upon the education level that they have as behavioral analyst. It's a high demanding filed and it requires lots of care and patients. Mastered degree and BCBA's should be payed between 60,000 to 75,000 a year.	Feb 12, 2011 2:38 AM

5. Suggested service standards about the payment for these services:

	Response Text	
1161	At the very least, half of the cost of services should be provided by the state. Contibutions by the state provide a benefit to the general public by increasing productivity and reducing future burden on tax payers by creating greater oportunities for the disabled with self care and employment. Try to enforce existing legislation where medical insurance covers services. Maybe partial parent payment based on income.	Feb 12, 2011 3:08 AM
1162	I don't know	Feb 12, 2011 3:36 AM
1163	Families can contribute to the cost of services if able. Should not be unavailable to those who cannot pay for it themselves.	Feb 12, 2011 3:38 AM
1164	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 12, 2011 3:38 AM
1165	I think it should be affordable to all who are in need.	Feb 12, 2011 3:45 AM
1166	Payment should vary by location but I think it is fair to say that standard behaviorist should bill the state $55 - $65 per hour for services. Supervision by BCBAs should bill at $75 - $95 per hour and clinical psychologists should bill at $95 - $125 per hour.	Feb 12, 2011 4:08 AM
1167	The same financing the Regional Center gives to day programs	Feb 12, 2011 4:28 AM
1168	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 12, 2011 4:43 AM
1169	The Director of the DDS should develop rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities.	Feb 12, 2011 4:47 AM
1170	The Lanterman Act, in Sections 4648 (a) (5) and 4690 require the Directer of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that regional centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 12, 2011 4:50 AM
1171	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 12, 2011 5:10 AM
1172	Employee should be rewarded according to how well child or student improves based on parent's input as well as supervisor.	Feb 12, 2011 5:36 AM
1173	increase pay	Feb 12, 2011 5:57 AM
1174	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 12, 2011 6:22 AM
1175	Make parents more accountable for hours billed by making sure they receive a copy monthly or bimonthly of the billable hours for their child to ensure companies are not over billing and the consumers have received the services billed for.	Feb 12, 2011 6:23 AM
1176	As they need to be done.	Feb 12, 2011 6:44 AM
1177	I believe that depending on the need of the child, county should help with payments or families could apply for programs offered by the county or government.	Feb 12, 2011 6:59 AM

5. Suggested service standards about the payment for these services:

	Response Text	
1178	Both residential care and work programs should be paid more for those with serious mental health diagnosis.Currently, Regional Centers show favoritism regarding higher pay.	Feb 12, 2011 7:25 AM
1179	caregivers should recieve breaks and being able to pay a another family member or caregiver is very important so the primary caregiver can remain patient	Feb 12, 2011 7:33 AM
1180	There should be one reimbursement rate for all providers. Every provider that provides services to Regional Center patient should be reimbursed the same rate for like services.	Feb 12, 2011 7:35 AM
1181	Payment invoice needs to be verified by RCOC that client needed the service and was in fact rendered based on specialist recommendations.	Feb 12, 2011 8:06 AM
1182	Pay when services are rendered. There are times when both parents/caregivers and behavior specialist do all they can and do not have the outcome the Regional center thinks they should have.	Feb 12, 2011 8:36 AM
1183	Direct payment deposit to avoid wasting resource. Electronic completion of timesheets/vendor sheets online to avoid resources waste of paper, mailing, employee costs.	Feb 12, 2011 1:32 PM
1184	The aprox 10% cut over the last few years has already been harmful to the overall system. Additional cuts will remove the quality providers from the market as well as hamper the Regional centers ability to control standards. With additional cuts, the entire system could be jepordized. The state hospitals were closed in the 1980's. The homeless population exploded. Many Regional center clients can not care for themselves. They will die if put in a similar situation.	Feb 12, 2011 1:53 PM
1185	based on income	Feb 12, 2011 1:53 PM
1186	$75.00 per hour for supervisor hours and $50.00 per hour for tutor services.	Feb 12, 2011 2:08 PM
1187	Ins and regional center	Feb 12, 2011 3:24 PM
1188	Zero payments	Feb 12, 2011 4:07 PM
1189	With the money provided for respite care to families	Feb 12, 2011 4:09 PM
1190	A scalled. Income depending on the income of the clients family members could be used OR a voluntarry Controbution,in these hard ecomomic times should be considered!	Feb 12, 2011 4:12 PM
1191	The payment for these services, should be taken from the money received by Regional Center, which is state funded.	Feb 12, 2011 4:14 PM
1192	These payment can be done through free clinic or training personel.	Feb 12, 2011 4:51 PM
1193	Payments should continue to come from the regional centers. Parents are already exhausted with their kids. They should not have to deal with so much paperworks.	Feb 12, 2011 5:13 PM
1194	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 12, 2011 5:13 PM
1195	I do not understand this question. I am a struggling mother trying to make ends meet and have been informed that if I have insurance that they much cover first. Well, let's start with my $500 deductable per person in my home this year. That means I need to reach $500 in services for my son before the state will pay. Want to guess what happens next? He loses services due to a lack of funds because we already live upside down every month. Now who benefits? Oh, lets go back to the families with Austic kids - they tend to come from a higher income ... so they will maintain their services. Kids who are 10x higher functioning than my undiagnosed child. Please explain the fairness in that!	Feb 12, 2011 5:25 PM
1196	A combination of state-funded and parent co-pay, to be individually determined.	Feb 12, 2011 5:35 PM

5. Suggested service standards about the payment for these services:

	Response Text	
1197	They should be paid. I don't know the going rate, but you have to expect to pay for something in order to receive good service.	Feb 12, 2011 5:44 PM
1198	Health Care and school district should be turned to first and maybe a co-pay by the family depending on their resources.	Feb 12, 2011 5:46 PM
1199	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 12, 2011 6:06 PM
1200	Customary rates for services for PhD Psychologist operating in LA county are $140.38 for a 75-80 minute face to face contact. If the state wishes to recruit capable and effective service providers for the families in California, the reimbursement rates should be similar for supervision.	Feb 12, 2011 6:11 PM
1201	they should be paid based on their results.	Feb 12, 2011 6:15 PM
1202	The state should cover the payment. In my case, I put my son on speech and occupational therapy. we constantly fight with insurance to get reimbursement. Not to mention all of his supplements.	Feb 12, 2011 6:21 PM
1203	Since these services are very specialized and necessary for consumers (behavior specialists train care providers on managing and, through consistency, lessening problem behaviors) and specialized training is necessary for the Behaviorist to be effective, the behaviorist or behaviorist agency should be paid on a monthly basis for services provided. People with higher need for intervention (problem behaviors, lack of self care skills) should be allotted more hours and be seen on a weekly basis than those with lower need for intervention (lower frequency for a period of over 6 months and independence with self care) who could be seen every two to three weeks.	Feb 12, 2011 6:22 PM
1204	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 12, 2011 6:23 PM
1205	Payment of services should reflect the level of expertise of the service provider. Rates for the BCBA should reflect educational level. The BACB (Behavior Analyst Certification Board) has created a designation to distinguish BCBA's at the doctorate level, BCBA-D. Payment for vendors with this designation should be compensated at the same or similar rate as a clinical psychologist. BCBA's without the doctorate designation should be compensated at the same or similar rate as other master's level service providers (i.e. Marriage and Family Therapists). Direct services providers working under the supervision of a BCBA should be compensated at a rate commensurate with other baccalaureate level service providers. When working with a BCBA that supervisors direct service providers, payment for the BCBA's supervision as well as the direct service provider should be provided. In this case, the supervision hours should follow a tiered service model as well.	Feb 12, 2011 6:35 PM
1206	Standard fees with allowance for counties with higher costs.	Feb 12, 2011 7:03 PM
1207	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 12, 2011 7:11 PM
1208	There should be regional determinations of pay-scales simlar to State prevailing wage requirements.	Feb 12, 2011 7:15 PM
1209	They shoudl be paid the same as behavioral specialist who work with children.	Feb 12, 2011 7:17 PM

5. Suggested service standards about the payment for these services:

	Response Text	
1210	Free or low payment for families that can afford to pay for the service will be great. As parents even if our means are low we want the best for your child and we are willing to pay accordingly.	Feb 12, 2011 7:18 PM
1211	I believe the process in place for payment of services is done well. The regional center contracts it out and payment, I'm guessing goes to regional center and then to the organization. If any improvement can be made I would say that once a child is contracted for a program, that organization should be able to bill directly from the state, cutting out the cost of the middle man. Obviously, records would be maintained and audited to prevent fraud, and no increase in costs would occur without regional center approval, but to allow billing to happen directly from organization to state, minimizes the middle man and paper work, essentially saving money.	Feb 12, 2011 7:50 PM
1212	Regional Center funds. If individual is plateauing for 1 year or more then look to a maintenance model	Feb 12, 2011 7:55 PM
1213	Directly to providers not to parents to pay.	Feb 12, 2011 8:10 PM
1214	There should be a standardized rate schedule.	Feb 12, 2011 8:11 PM
1215	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws	Feb 12, 2011 8:14 PM
1216	funded under behavioral intervention support services	Feb 12, 2011 8:32 PM
1217	Sales tax, property tax, cigarette and alcohol tax, vehicle taxes, corporate and personnel income taxes, federal matching grants, taxing oil production, private foundation grants, reduce tax exemption	Feb 12, 2011 8:52 PM
1218	ELIMINATE required testing by school psychologists in lieu of more complete and comprehensive testing by privately funded family practitioners, who not only test the child, but meet 1:1 on a more consistent basis. ELIMINATE "program specialists" who are told to sell the family on existing services already in place at the schools. Eliminate head of Special Education in lieu of SELPA Directors who coordinate with state and local teachers.	Feb 12, 2011 9:08 PM
1219	The Lanterman Act requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 12, 2011 9:12 PM
1220	appropriate to obtain qualified personnel	Feb 12, 2011 9:18 PM
1221	$ 70.00 per hour	Feb 12, 2011 9:34 PM
1222	standard payment per hour for these kind of services	Feb 12, 2011 9:36 PM
1223	It should be funded by the regional center	Feb 12, 2011 9:50 PM
1224	Regional Center funded	Feb 12, 2011 10:04 PM
1225	Vendors should be paid by the Regional Center on a monthly basis. Direct 1:1 intervention could be billed at $45 per hour and Supervision at $100 per hour.	Feb 12, 2011 10:09 PM
1226	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 12, 2011 10:25 PM

5. Suggested service standards about the payment for these services:

	Response Text	
1227	We need to raise taxes on Gas, Cigarettes, Liquor and use money from the Government. Even a few pennies per items mentioned will certainly keep our children in tone with life. Parents showed have to pay according to their income. No child should be left out because of money.	Feb 12, 2011 10:28 PM
1228	The current system of parent vendor works well.	Feb 12, 2011 10:31 PM
1229	I read about governor Brown taking away services from our children...this is so wrong not all of us can afford $150 an hour...proven studies show children with asd need a min of 40 hrs per week of aba to get the best outcome...my son only gets 10 hrs per week paid by the rc...we could not afford to pay this on our own. Why should my son not have the right to receive treatment that could benefit his quality of life. We should charge extra taxes on luxuries...going out to eat,movies,cigarettes,alcohol etc. An extra dollar here an extra dollar there for EVERYBODY is not going to affect anyone..me coming up with $6000 a month for aba will put make my son and I homeless! We have kaiser but kaiser is a corporation and will not pay for anything long term...they won't even pay for ot once a month...to kaiser having autism is a lost cause...please don't say the same thing governor Brown.	Feb 12, 2011 10:33 PM
1230	tax	Feb 12, 2011 10:35 PM
1231	Payment should "direct deposit" to the parent or guardian- eliminates paper, timely payments, and forms.	Feb 12, 2011 10:36 PM
1232	explained above;	Feb 12, 2011 10:44 PM
1233	The payment of these services should be split between the school district and the regional center. Right now the school districts are providing less than appropriate services that cause more financial burden to fall upon the regional centers. School districts put behavioral children in classrooms together with low quality aides who don't know how to manage behavior, so they don't. Then they teach these children to imitate, and seat them next to a child who is having maladaptive behaviors. On top of that, they write goals for the children that are so few in number and low in expectation of growth that the child simply falls further and further behind each year. I would conservatively estimate that at least 90% of the children in special education are not meeting their potential because the school district is failing them, and when the consumer ages out of the school district program with no education and a repertoire of inappropriate behaviors learned from their classmates who also were not reaching their potential, then the regional center gets to pay for them. This is very similar to the tobacco companies responsibility for not educating consumers about the dangers of their products and letting the health industry have to pay for all the collateral damage. School Districts should be held liable for the reduction in quality of life of their consumers and the added finacial cost to the regional centers, and ultimately us, the taxpayers.	Feb 12, 2011 11:12 PM
1234	Services contracted under DDS, state, and county authority should be screened. For example, a company named Rehabilitation Institute of Orange County - which tells a consumer's family that 'it is not our job to rehabilitate' should be reviewed critically. In any event, continued lack of performance in any vendor should cause an immediate review of that vendor's qualifications, and a search for another / better provider of service. The issue here is not insufficient funds. it is insufficient service.	Feb 12, 2011 11:31 PM
1235	Pay 100%	Feb 12, 2011 11:56 PM

5. Suggested service standards about the payment for these services:

	Response Text	
1236	Maintain current hourly rates. Have regional center service coordinators monitor functional progress every three months, to see how the individual and their caregivers are progressing. Service coordinators can evaluate whether the individual and their caregivers are benefitting from services provided and to ensure that they are fully participating.	Feb 13, 2011 12:12 AM
1237	direct pay by regional center	Feb 13, 2011 12:20 AM
1238	Accept most insurances.	Feb 13, 2011 12:29 AM
1239	Unless someone earns in excess of $250,000 the services should be free.	Feb 13, 2011 12:42 AM
1240	co-pay	Feb 13, 2011 12:48 AM
1241	from budget	Feb 13, 2011 1:13 AM
1242	current standards adequate	Feb 13, 2011 1:28 AM
1243	Payments through regional center or parent, or private organization.	Feb 13, 2011 1:40 AM
1244	Insurance Regional Center funding	Feb 13, 2011 2:20 AM
1245	the GOVERNMENT!	Feb 13, 2011 2:33 AM
1246	Seems to be working from where I stand.	Feb 13, 2011 2:35 AM
1247	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: In addition to funding obtained through regional centers, funding for behavioral services for school-aged children should be pursued through generic resourcessuch as schools and health insurance plans. However, the legal and procedural mechanisms for such services have yet to be established. The State of California should help facilitate and assist consumers and their families in accessing coverage of these services through all responsible parties. Depending on the individual needs (comprehensive treatment programs for children with autism) of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 13, 2011 2:36 AM
1248	BCBA's and BCaBA's should be paid according to the prevailing rate of similarly qualified practicioners who are in private practice and consistent with those rates in a given area. Mileage should be reimbursed at the rate provided to state employees who use their own vehicle when performing their official duties.	Feb 13, 2011 2:43 AM
1249	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: In addition to funding obtained through regional centers, funding for behavioral services for school-aged children should be pursued through generic resourcessuch as schools and health insurance plans. However, the legal and procedural mechanisms for such services have yet to be established. The State of California should help facilitate and assist consumers and their families in accessing coverage of these services through all responsible parties. Depending on the individual needs (comprehensive treatment programs for children with autism) of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center)	Feb 13, 2011 2:55 AM

5. Suggested service standards about the payment for these services:

	Response Text	
1250	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 13, 2011 3:08 AM
1251	Commensurate with any other type of service that is provided for parent TEACHING.	Feb 13, 2011 3:25 AM
1252	: The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 13, 2011 3:34 AM
1253	and preformance of the one person who is providing the service should be the only importance there should be no organization - vacation - no administration - no cost of business fees that are in the pay schedule for providing service. The person who is providing the living home for the consumer should grade 1-5 or A,B,C,D,F and the pay scale is agrees upon prior to the service. This should be a self contract job and there should be no organization - nor organizational fees. The service provider gets paid only after the contract time is up. There is no hourly fee - they only get paid for the actual job and the sucess. Go figure - if realestate agents and preform their jobs under this statis - orther sub contractor jobs - why cant this service be preformed that way.	Feb 13, 2011 3:36 AM
1254	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: * In addition to funding obtained through regional centers, funding for behavioral services for school-aged children should be pursued through generic resources such as schools and health insurance plans. However, the legal and procedural mechanisms for such services have yet to be established. The State of California should help facilitate and assist consumers and their families in accessing coverage of these services through all responsible parties. * Depending on the individual needs (comprehensive treatment programs for children with autism) of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 13, 2011 3:37 AM
1255	Free	Feb 13, 2011 3:58 AM
1256	payment should be under $50.00 per hour in this economic conditions.	Feb 13, 2011 4:10 AM
1257	As much as needed to assist in the intervention and remedy the problem now rather than paying thousands more later.	Feb 13, 2011 4:24 AM
1258	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 13, 2011 4:24 AM
1259	have it be income based	Feb 13, 2011 4:28 AM
1260	I believe the regional center should continue to pay for these services because the majority of families including ours would not be able to afford the services which will delay or prevent the functionality, progress, and ultimate main streaming of these children	Feb 13, 2011 4:37 AM
1261	Health insurance companies, school districts and regional centers should provide funding for behavior analytic treatment that have been proven effective.	Feb 13, 2011 4:41 AM

5. Suggested service standards about the payment for these services:

	Response Text	
1262	Funding for behavioral services for school-aged children should be pursued through generic resources such as health insurance plans. However, legal and procedural mechanisms for realistic pursuit of such funding do not widely exist. The State of California will need to assist families if they are to successfully pursue this type of funding.	Feb 13, 2011 4:48 AM
1263	I think it's a group effort Heath ins, school districts,Regional centers I don't think there's one answer	Feb 13, 2011 4:53 AM
1264	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: In addition to funding obtained through regional centers, funding for behavioral services for school-aged children should be pursued through generic resources such as schools and health insurance plans. However, the legal and procedural mechanisms for such services have yet to be established. The State of California should help facilitate anFocused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: The assessment should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. There is a need for ongoing training in the application and maintenance of programs that will ensure significant behavior change.d assist consumers and their families in accessing coverage of these services through all responsible parties. Depending on the individual needs (comprehensive treatment programs for children with autism) of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 13, 2011 4:53 AM
1265	Flat rate for all agencies who have BCBAs on staff and providing the services. C	Feb 13, 2011 4:56 AM
1266	This is about teaching families and people so there is a significant reduction of individuals that are dependent on paid support thus education is the key. It must start in the family home. The family home includes the parental family home and all Board and Care, Residential and group homes, etc. There will be the base foundation for establishing a new and proven methodology for PBS standards...did I mention Tom Pomeranz, EdD. Much of the training DVD's are available so you are starting at a gallop.	Feb 13, 2011 4:59 AM
1267	Regional Center/ State funding	Feb 13, 2011 5:00 AM
1268	some teens will be given special education where they can excel payments directly to the organization who wants to help this teens	Feb 13, 2011 5:01 AM
1269	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: In addition to funding obtained through regional centers, funding for behavioral services for school-aged children should be pursued through generic resourcessuch as schools and health insurance plans. However, the legal and procedural mechanisms for such services have yet to be established. The State of California should help facilitate and assist consumers and their families in accessing coverage of these services through all responsible parties. Depending on the individual needs (comprehensive treatment programs for children with autism) of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 13, 2011 5:04 AM
1270	The Goverment has plenty of money so there no Excuse	Feb 13, 2011 5:27 AM

5. Suggested service standards about the payment for these services:

	Response Text	
1271	I think it is a great privilege that myself and other families are given services to help our children FOR FREE. I think it is more than fair to request families help pay for the costs of these services in these economic times, and I understand that if we start to help pay for these services there is no turning back. However, I do not believe that families should receive less services for not being able to pay a share. I think it should be a monthly contribution on a sliding scale for what families can afford to pay. To further explain, I think it should be the family that can afford $20 a month but has a child that is recommended 20 hours of ABA services, 4 hours of Physical therapy, and 2 hours of speech and OT should still be alloted the services recommended. A family that can afford $200 a month and is recommended 15 hours of ABA services, 2 hours of Physical therapy, and 2 hours of speech and OT should still be allotted the services recommended. Either way it is cost effective for the family, the child is getting recommended services, and the government does not have to cover all expenses, nor does the family.	Feb 13, 2011 5:29 AM
1272	Minimual percentage from SSI and IHSS	Feb 13, 2011 5:33 AM
1273	N/A	Feb 13, 2011 5:40 AM
1274	Payment for services should be in line with accepted levels of reimbursement in the community. At this time, payment by GGRC, RCEB fall significantly below standard levels of reimbursement, significantly limiting the number of service providers and significantly impacting the quality of services provided to consumers.	Feb 13, 2011 6:08 AM
1275	Idealy, it would be amazing to see private insurance companies pick up some of the cost. However, at this time it is not available. So, funding is obtained through Regional Centers and School Districts.	Feb 13, 2011 6:22 AM
1276	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 13, 2011 6:23 AM
1277	The payments to the provider is stated in number 3 however, there should be a condition in the contract that states if the parents do not learn and carry through on what is being taught, then the parents should also receive a scoring from the service provider. So the survice provider would grade the parents and the parents grade the service provider. The parents would pay the complete fee of the provider if they did not do their part, or pay half of the providers fee if they did only 1/2 of their job. if they did their job and the service provider did their job, then regional pays the whole service providers fee. There is no way that I see regional centers making a judgment call like this, they also would have conflict of interest, so an "escrow" or non-interested party would draw up the contract and make the decissions about sucess and payment. There should also be a weekly updating with the parties involved so that they all relate and agree to the scores and payment. Payment and scoring should be done weekly.	Feb 13, 2011 6:55 AM
1278	Fair	Feb 13, 2011 6:57 AM
1279	The Lanterman Act requires the director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that regional centers can assure high quality services for persons with developmental disabilities. The director should comply with these laws.	Feb 13, 2011 7:19 AM
1280	Insurance companies should get involved if not already in helping parents pay for these services. If a persons insurance does not or would not cover such things, it could be helpful for the state budgeting if parents who were more able to pay a small monthly fee to adjust the out of pocket cost from the state budgeting.	Feb 13, 2011 7:24 AM
1281	Parental share of cost should be considered based on the family's income.	Feb 13, 2011 7:39 AM

5. Suggested service standards about the payment for these services:

	Response Text	
1282	A household income dependent pay scale with co-payment from the consumers.	Feb 13, 2011 9:35 AM
1283	State funded	Feb 13, 2011 10:42 AM
1284	These services may be expensive, and families may be unable to provide, however intervening with citizens who have antisocial behaviors has to be preferable to paying for incarceration after the fact. This is an appropriate use of public funding	Feb 13, 2011 1:31 PM
1285	Parents can pay a small percentage of their income, therefore it is fair across all income levels.	Feb 13, 2011 3:11 PM
1286	don't understand	Feb 13, 2011 3:38 PM
1287	Medical help is not cheap but there should be reasonable caps on what is charged	Feb 13, 2011 4:05 PM
1288	Sliding scale payment requirements similar to what California Children Services uses.	Feb 13, 2011 4:09 PM
1289	If it can be verified that the service was provided, the provider should be paid at the agreed rate within 30 days after submitting his/her invoice. The Regional Center budget should anticipate how many providers will be providing services and what they will be paid.	Feb 13, 2011 4:24 PM
1290	These kids are our future and helping them now makes less problem in society later in life when help is not possible for them.	Feb 13, 2011 4:36 PM
1291	I believe care providers are underpaid for the services they provide. If they were paid more the job could possibly attract better qualified workers. From what I have seen, many employees are young and just there for a paycheck. They aren't qualified to care for the mentally disabled and have little or no interest in the consumers welfare.	Feb 13, 2011 5:06 PM
1292	whatever the current amount of services are, but insurance companies should be forced to pay.	Feb 13, 2011 5:09 PM
1293	It costs more in the long run to use poorly trained, inexperienced service providers. Children need expert care so they can make the most progress in the shortest time possible.	Feb 13, 2011 5:12 PM
1294	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: In addition to funding obtained through regional centers, funding for behavioral services for school-aged children should be pursued through generic resourcessuch as schools and health insurance plans. However, the legal and procedural mechanisms for such services have yet to be established. The State of California should help facilitate and assist consumers and their families in accessing coverage of these services through all responsible parties. Depending on the individual needs (comprehensive treatment programs for children with autism) of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 13, 2011 5:21 PM
1295	I strongly believe that consumers of RC's services should pay a co-pay of sorts; much like one would for insurance services. Having consumers pay a minimal co-pay for services would possibly make them more accountable and not take these services for granted.	Feb 13, 2011 5:25 PM
1296	A living wage is a necessity. Low wages are perhaps the biggest barrier when it comes to drawing qualified service providers.	Feb 13, 2011 5:59 PM
1297	Small co-pay on a sliding scale.	Feb 13, 2011 6:24 PM
1298	Compensation worthy of school investment, skill sets and experience.	Feb 13, 2011 6:35 PM
1299	no comments	Feb 13, 2011 7:07 PM

5. Suggested service standards about the payment for these services:

	Response Text	
1300	from regional centers funding and health insurance plans	Feb 13, 2011 7:26 PM
1301	I wish these services would take insurance.	Feb 13, 2011 7:43 PM
1302	Taxes	Feb 13, 2011 7:46 PM
1303	Services for individuals in need are expensive. Children often do with out because their parents do not have the funding to help them. The state should step in to fund these services because once these children grow up they become the states problem and the cost is more than it would have been if early intervention and intervention through out the formative years was implemented.	Feb 13, 2011 8:03 PM
1304	Funding for behavioral services for school-aged children should be pursued through generic resources such as health insurance plans. However, legal and procedural mechanisms for realistic pursuit of such funding do not widely exist. The State of California will need to assist families if they are to successfully pursue this type of funding. Specifically, I feel strongly that school districts should assume responsibility for some portion of these services if any pre-academic or school-readiness tasks are to be a part of the child's program. Further, I believe that a family should be responsible for providing proof of income, and that a scale should be established wherein families become responsible for payment for some portion of early/intensive behavior intervention based on ability, with the scale ranging from 0% family pay to a higher percent to be determined by the regional centers and DDS as is appropriate.	Feb 13, 2011 8:17 PM
1305	Payment of services should come from - regional center when the client is 0-3 and over 22. It should emanate from school districts when the client is actively attending school and it should be from the parent when either 1) the therapy is not identified as evidence based such as swimming with the dolphins for curing Autism or 2) progress stops.	Feb 13, 2011 8:19 PM
1306	Based on independent assessment, the regional center should be require to pay for all services that the child needs to catch up.	Feb 13, 2011 8:24 PM
1307	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: In addition to funding obtained through regional centers, funding for behavioral services for school-aged children should be pursued through generic resources such as schools and health insurance plans. However, the legal and procedural mechanisms for such services have yet to be established. The State of California should help facilitate and assist consumers and their families in accessing coverage of these services through all responsible parties. Depending on the individual needs (comprehensive treatment programs for children with autism) of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center). IN ADDITION, a scale must be created to determine the degree to which families may take part in the financial responsibility for these services. Specifically, families should be required to furnish proof of assets and income at the time that they seek services; the scale should range from 0% family responsibility to a higher percentage to be determined by the regional centers and DDS, so that those who can afford to bear some of the burden indeed do so.	Feb 13, 2011 8:24 PM
1308	Must be funded by the working people and corporations to care for those less fortunate than they!	Feb 13, 2011 8:27 PM
1309	Payment should be reimbursed at a rate that is high enough and competitive enough to get competent people interested in doing the work. For too many years, the State's reimbursement rate has been so low that many providers were, unfortunately, less than adequate.	Feb 13, 2011 9:00 PM

5. Suggested service standards about the payment for these services:

	Response Text	
1310	Comparable to what a school psychologist or behavior specialist would make dependent upon training and experience.	Feb 13, 2011 9:05 PM
1311	One psychiatrist in each county with experience working with our population paid as needed with 3-4 monthly appts. only. Doctors can coordinate intervention with meds use . They teach the difference between psychotic break and behaviors controllable. This is cheaper and more effective than a psychiatrist and therapists on payroll at the regional center.	Feb 13, 2011 9:29 PM
1312	Meens based.	Feb 13, 2011 9:51 PM
1313	no idea	Feb 13, 2011 9:57 PM
1314	Resonable market pricing	Feb 13, 2011 10:01 PM
1315	The LantermanAct, in Sections 4648(a) (5) and 4690 require the Director of Developmental Services to develop and maintain equitable processes for setting rates to assure that regional centers can secure high quality services for persons with developmental disabilities. The director should comply with these laws.	Feb 13, 2011 10:02 PM
1316	Regional center and school districts working together for a complete program and supports both home and school enviroment.	Feb 13, 2011 10:09 PM
1317	PAYMENTS SHOULD BE ON A CALL BASIS AS IF A PERSON IS ON LOCATION AND THE HOURLY RATE FOR THE TIME AND LOCATION. IF A HOME HAS 6 CLIENTS IT SHOULD BE ON AN HOURLY BASIS NOT ON A PER CLIENT BASIS.	Feb 13, 2011 10:41 PM
1318	Within reason there should be a range. However the state should not dictate/ price fix the rate. Rather the state should measure the performance (progress effectiveness). Parents want results and they can be the best judge as to whether they are getting their monies worth. Setting a fixed rate only guarantees that everyone will get mediocre service and poor results.	Feb 13, 2011 10:55 PM
1319	organizations can pay their employees higher, like professionals.	Feb 13, 2011 11:48 PM
1320	I think that there should not be a co-pay. If there is to be a copay, then it should be set EQUALLY for all consumers, or on a very small sliding scale. I don't think it is within the Departments right to ask for family income as a way of determining cost-share. Surely this would simply add another level of bureaucracy and expense. Why not just issue a $25/month co-pay, and then for those who may need to plead financial hardship, they can apply for a sliding scale reduced copay.	Feb 13, 2011 11:49 PM
1321	Keep it the same.	Feb 14, 2011 12:07 AM
1322	Payment rates should be reflective of both the type/quality of the service and the local cost of living. If the client lives in a particularly expensive community, such as San Francisco, Santa Barbara, or Beverly Hills, the rates should trend with the local cost of living. Rates should not be "standardized" within RC's or even counties, as there are often highly disparate costs of living, even w/in those smaller regional areas.	Feb 14, 2011 12:30 AM
1323	funded	Feb 14, 2011 12:49 AM
1324	Early intervention is crucial for these kids that are diagnosed on the spectrum. If the state and federal governments want to change how the IDEA Part C allocates funds and services the change has to come with the insurance companies. How is that insurance companies authorize therapy for various different mental health problems, but when it comes to autism the only course of treatment that they are willing to pay for is durg therapy? Until you get these insurance companies to agree that autism needs to be treated like any other disorder (epilepsy, bi-polar, etc.) and authorize payment for a clinically tested treatment, such as ABA, the government will have to provide these services.	Feb 14, 2011 1:04 AM

5. Suggested service standards about the payment for these services:

	Response Text	
1325	The Lanterman Act, in Sections 4648 (a) (5) and 4690 require the Director of the Department of Development Services to develop and maintain equitable processes for setting rates to assure that regional centers can secure high quality services for persons with development disabilities. The Director should comply with these laws.	Feb 14, 2011 1:10 AM
1326	Direct time with consumers should be the only time billed to the Regional Center.	Feb 14, 2011 1:11 AM
1327	The Lanterman Act, in Sections 4648 (a) (5) and 4690 require the Director of the Department of Development Services to develop and maintain equitable processes for seeting rates to assure that regional centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 14, 2011 1:21 AM
1328	as services are delivered and as tracking data is provided and reviewed by the 'team'. Daily, weekly, monthly, quarterly, or annually. Services rendered daily should be reviewed monthly. All others at least quarterly. Payment no more than 30 days after services are rendered.	Feb 14, 2011 1:23 AM
1329	It would depend on if guardians or parents could pay some co-payment. The county can pay the majority of cost.	Feb 14, 2011 1:40 AM
1330	Share of cost - while this would impose a parent fee for services it would allow consumers to continue to receive needed services without an arbitrary standard that might eliminate them from receiving a service at all	Feb 14, 2011 1:45 AM
1331	A low co-pay on a sliding scale.	Feb 14, 2011 2:18 AM
1332	Appropriate to eduaction and training, based on market trend..	Feb 14, 2011 2:22 AM
1333	Should be covered by the county, unless parent or caretaker can afford payment.	Feb 14, 2011 2:23 AM
1334	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: In addition to funding obtained through regional centers, funding for behavioral services for school-aged children should be pursued through generic resourcessuch as schools and health insurance plans. However, the legal and procedural mechanisms for such services have yet to be established. The State of California should help facilitate and assist consumers and their families in accessing coverage of these services through all responsible parties. Depending on the individual needs (comprehensive treatment programs for children with autism) of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 14, 2011 2:35 AM
1335	DDS should develop and maintain equitable processes for setting rates to assure that regional centers can secure high quality services for people with developmental disabilities	Feb 14, 2011 2:56 AM
1336	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 14, 2011 3:18 AM
1337	In addition to funding obtained through regional centers, funding for behavioral services for school-aged children should be pursued through resources such as schools and health insurance plans.	Feb 14, 2011 3:26 AM
1338	RC should establish rates based on the average rate from a list of vendorized service providers.	Feb 14, 2011 4:56 AM

5. Suggested service standards about the payment for these services:

	Response Text	
1339	This should be provided by that state or country and or maybe something like a co-pay like we do for insurance in a HMO setting of $20 co-pay. Or maybe have parents buy some form of insurance for these services example $100 per month and we co-pay $10.	Feb 14, 2011 5:14 AM
1340	payment should be comminsurate with standard rates of payment for professionals in the private sector	Feb 14, 2011 5:17 AM
1341	No comment.	Feb 14, 2011 5:28 AM
1342	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: In addition to funding obtained through regional centers, funding for behavioral services for should be pursued through generic resources such as health insurance plans. However, the legal and procedural mechanisms for such services have yet to be established. The State of California should help facilitate and assist consumers and their families in accessing coverage of these services through all responsible parties. Depending on the individual needs and resources, a combination of funding sources may be utilized (e.g., school, insurance, regional center). Models of co-funding of comprehensive treatment programs between schools and regional centers have been successfully demonstrated at both Valley Mountain Regional Center and Alta California Regional Center. Similar arrangements have been accomplished with partial payment from health plans.	Feb 14, 2011 5:44 AM
1343	Will be determined by DDS and Regional Center based on educational background and work experience	Feb 14, 2011 6:04 AM
1344	no specific recommendation	Feb 14, 2011 6:39 AM
1345	PAYMENT AS PART OF THE SALARY OF THE SOCIAL WORKER OR OTHER STATE WORKER IN THE FIELD.	Feb 14, 2011 6:48 AM
1346	In addition to funding obtained through regional centers, funding for behavioral services for school-aged children should be pursued through generic resourcessuch as schools and health insurance plans. However, the legal and procedural mechanisms for such services have yet to be established. The State of California should help facilitate and assist consumers and their families in accessing coverage of these services through all responsible parties. Depending on the individual needs (comprehensive treatment programs for children with autism) of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 14, 2011 7:59 AM
1347	Rates should be determined ahead of time and standardized to assure an even playing field relative to the services that are being rendered. This will help to keep variability down and each vendor is bidding for the same level of payment/compensation.	Feb 14, 2011 8:14 AM
1348	In addition to funding obtained through regional centers, funding for behavioral services for school-aged children should be pursued through generic resources such as schools and health insurance plans. However, the legal and procedural mechanisms for such services have yet to be determined and established. The State of California should help facilitate and assist consumers and their families in accessing coverage of these services through all responsible parties. Depending on the individual needs (comprehensive treatment programs for children with autism) of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 14, 2011 8:49 AM
1349	28-hours a month. We receive a check once a month.	Feb 14, 2011 8:49 AM

5. Suggested service standards about the payment for these services:

	Response Text	
1350	Although I am a licensed psychologist, I believe that if I provide the same services as the lesser qualified behaviorists, I should get the same rate. However, the range of services that I can provide is much larger than simply behavior intervention. Many consumers need counseling, which BCBAs are NOT allowed to do.	Feb 14, 2011 1:22 PM
1351	services should be paid by the state	Feb 14, 2011 2:38 PM
1352	What are the options? These questions are so open ended a person would have to be a professional in this field in order to answer with any real meaning.	Feb 14, 2011 3:05 PM
1353	A base payment for services should be set prior to services rendered.	Feb 14, 2011 3:21 PM
1354	Funding for behavioral services for school-aged children should be pursued through generic resources such as schools and health insurance plans. Depending on the individual needs of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 14, 2011 3:48 PM
1355	The DDS should be required to pay for these services, as has been the policy, although as stated below in #6, parents should be required to pay a co-pay. In addition, insurance reforms should be tackled in order for children with developmental disabilities to receive behavioral services covered by their insurance.	Feb 14, 2011 4:07 PM
1356	Private Insurance or MediCal should share the cost with parents and with RCOC.	Feb 14, 2011 4:16 PM
1357	Regional Center should be working on pushing insurance companies to cover these costs. If the insurance did their part, Regional Center to offer to pay the copayments for the families, which would allow most families to be covered, yet reduce the overall cost to the system.	Feb 14, 2011 4:19 PM
1358	Funding for behavioral services for school-aged children should be pursued through generic resources such as schools and health insurance plans. Depending on the individual needs of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 14, 2011 4:20 PM
1359	Industry standard.	Feb 14, 2011 4:22 PM
1360	Payment should be made my the government since we pay enough taxes!!	Feb 14, 2011 4:36 PM
1361	Medi-cal or insurance when possible or sliding scale.	Feb 14, 2011 4:42 PM
1362	Direct payment to agency	Feb 14, 2011 4:44 PM
1363	Funding for behavioral services for school-aged children should be pursued through generic resources such as schools and health insurance plans. Depending on the individual needs of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 14, 2011 4:46 PM
1364	85% of funds should directly support person with disablities with 15% for bureacracy	Feb 14, 2011 4:47 PM
1365	Funding for behavioral services for school-aged children should be pursued through generic resources such as schools and health insurance plans. A combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 14, 2011 4:49 PM

5. Suggested service standards about the payment for these services:

	Response Text	
1366	Suggested service standards about the payment for these services: Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: In addition to funding obtained through regional centers, funding for behavioral services for school-aged children should be pursued through generic resourcessuch as schools and health insurance plans. However, the legal and procedural mechanisms for such services have yet to be established. The State of California should help facilitate and assist consumers and their families in accessing coverage of these services through all responsible parties. Depending on the individual needs (comprehensive treatment programs for children with autism) of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 14, 2011 4:49 PM
1367	Behaviors issues should be compensated at higher rates (as I think they are) due to level of attention and service required. Can't group services as much, they are more tailored to the individual.	Feb 14, 2011 4:50 PM
1368	Funding for behavioral services for school-aged children should be pursued through generic resources such as schools and health insurance plans. Depending on the individual needs of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 14, 2011 5:01 PM
1369	It will be based on the family's income level.	Feb 14, 2011 5:04 PM
1370	In addition to funding obtained through regional centers, funding for behavioral services for school-aged children should be pursued through generic resourcessuch as schools and health insurance plans. However, the legal and procedural mechanisms for such services have yet to be established. The State of California should help facilitate and assist consumers and their families in accessing coverage of these services through all responsible parties. Depending on the individual needs (comprehensive treatment programs for children with autism) of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 14, 2011 5:06 PM
1371	In addition to funding obtained through regional centers, funding for behavioral services for school-aged children should be pursued through generic resourcessuch as schools and health insurance plans. However, the legal and procedural mechanisms for such services have yet to be established. The State of California should help facilitate and assist consumers and their families in accessing coverage of these services through all responsible parties. Depending on the individual needs (comprehensive treatment programs for children with autism) of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 14, 2011 5:08 PM

5. Suggested service standards about the payment for these services:

	Response Text	
1372	There needs to be fair and reasonable compensation, commensurate with the credentials and experience of the service provider. Research needs to be done to compare the compensation of those doing this work all over the country and again we need to have a standard for compensation put into place. The problem that both agencies who provide this service and families in need of this service face are the low compensation levels that cause high turnover. This creates a revolving door of highly trained individuals leaving the field and under-prepared, poorly trained individuals coming into it. If we understand anything at all about this population it is the need for stability and consistent therapeutic approaches- how can you achieve that when you are unable to attract and keep qualified providers due to low wages?	Feb 14, 2011 5:12 PM
1373	Similiar to other professional service providers.	Feb 14, 2011 5:14 PM
1374	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: In addition to funding obtained through regional centers, funding for behavioral services for school-aged children should be pursued through generic resources such as schools and health insurance plans. However, the legal and procedural mechanisms for such services have yet to be established. The State of California should help facilitate and assist consumers and their families in accessing coverage of these services through all responsible parties. Depending on the individual needs (comprehensive treatment programs for children with autism) of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center). However, if funding is not available through generic resources, regional centers should continue to fund the behavioral program based upon the child's needs and recommendations, not based upon arbitrary biases.	Feb 14, 2011 5:14 PM
1375	Base on the assessment report and the development of the service plan to target the goals identified in the assessment.	Feb 14, 2011 5:15 PM
1376	Insurance companies and the state shoudl pay for these services.	Feb 14, 2011 5:17 PM
1377	Payment to service provider should be government sponsored.	Feb 14, 2011 5:23 PM
1378	Again, in my opinion a POS shoud not last longer than 3 months at a time, and from thevery begining of the initial assesment determine a "possible dateline" of the improvement and /or benchmarks. Also, a good assesment is always realistic about the expectations, and there is no need to keep on working on reducing or deletion of a targeted behavior when we all know that this will never happen. For whatever reason.	Feb 14, 2011 5:34 PM
1379	Funding for behavioral services for school-aged children should be pursued through generic resources such as schools and health insurance plans. Depending on the individual needs of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 14, 2011 5:35 PM
1380	Health Care Insurance should be a resource If not, state funding should still be pursued	Feb 14, 2011 5:46 PM
1381	Those who already have a BA with no expirense starting rate $12 an hour. With expierence $13.50 an hour. Those with a Masters $25-$30 an hour.	Feb 14, 2011 5:59 PM
1382	They should be in line with market standards. I don't want someone making more at McDonald's than those caring for our most needy.	Feb 14, 2011 5:59 PM
1383	Pay the providers an ample amount. It seems to me like many higher ups at the RCs spend most of their time making sure they have job security. The focus should be on the person with the disability rather than some bureaucrat that may not be necessary. It seems like the cuts come from the bottom when there should be some cuts of useless high up positions.	Feb 14, 2011 6:00 PM

5. Suggested service standards about the payment for these services:

	Response Text	
1384	We can eliminate paperwork by automatic monthly payments to clients who meet the criteria. The weekly and monthly paperwork is just a repetitive waste.	Feb 14, 2011 6:00 PM
1385	Monthy, or have the gov. pay	Feb 14, 2011 6:02 PM
1386	Funding for behavioral services for school-aged children should be pursued through generic resources such as schools and health insurance plans. Depending on the individual needs of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 14, 2011 6:05 PM
1387	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: In addition to funding obtained through regional centers, funding for behavioral services for school-aged children should be pursued through generic resources such as schools and health insurance plans. However, the legal and procedural mechanisms for such services have yet to be established. The State of California should help facilitate and assist consumers and their families in accessing coverage of these services through all responsible parties. Depending on the individual needs (comprehensive treatment programs for children with autism) of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center). However, if funding is not available through generic resources, regional centers should continue to fund the behavioral program based upon the child's needs and recommendations, not based upon arbitrary biases.	Feb 14, 2011 6:05 PM
1388	turn in the report of timely manner to deisgnated agency.	Feb 14, 2011 6:06 PM
1389	Funding for behavioral services for school-aged children should be pursued through generic resources such as schools and health insurance plans. Depending on the individual needs of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 14, 2011 6:09 PM
1390	Funding for behavioral services for school-aged children should be pursued through generic resources such as schools and health insurance plans. Depending on the individual needs of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 14, 2011 6:14 PM
1391	Funding for behavioral services for school-aged children should be pursued through generic resources such as schools and health insurance plans. Depending on the individual needs of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 14, 2011 6:20 PM
1392	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 14, 2011 6:20 PM
1393	Parents/families should ALWAYS pay a portion of the treatment costs. There is direct experimental evidence that the more invested (financially) an individual or family system is, the more treatment effects follow.	Feb 14, 2011 6:21 PM
1394	Funding for behavioral services for school-aged children should be pursued through generic resources such as schools and health insurance plans. Depending on the individual needs of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 14, 2011 6:21 PM

5. Suggested service standards about the payment for these services:

	Response Text	
1395	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 14, 2011 6:24 PM
1396	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: In addition to funding obtained through regional centers, funding for behavioral services for school-aged children should be pursued through generic resources such as schools and health insurance plans. However, the legal and procedural mechanisms for such services have yet to be established. The State of California should help facilitate and assist consumers and their families in accessing coverage of these services through all responsible parties. Depending on the individual needs (comprehensive treatment programs for children with autism) of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center). However, if funding is not available through generic resources, regional centers should continue to fund the behavioral program based upon the child's needs and recommendations, not based upon arbitrary biases.	Feb 14, 2011 6:24 PM
1397	I think FCPP should be included in Behavioral services.	Feb 14, 2011 6:29 PM
1398	In addition to funding obtained through regional centers, funding for behavioral services for school-aged children should be pursued through generic resources such as schools and health insurance plans. However, the legal and procedural mechanisms for such services have yet to be established. The State of California should help facilitate and assist consumers and their families in accessing coverage of these services through all responsible parties. Depending onthe individual needs (comprehensive treatment programs for children with autism) of the consumer, a combination of funding sources may be utilized (e.g. school, insurance, regional center).	Feb 14, 2011 6:30 PM
1399	Funding for behavioral services for school-aged children should be pursued through generic resources such as health insurance plans. However, legal and procedural mechanisms for realistic pursuit of such funding do not widely exist and our insurance plan does not cover any of our daughters interventions. The State of California will need to assist families if they are to successfully pursue this type of funding.	Feb 14, 2011 6:30 PM
1400	Funding for behavioral services for school-aged children should be pursued through generic resources such as health insurance plans. However, legal and procedural mechanisms for realistic pursuit of such funding do not widely exist. The State of California will need to assist families if they are to successfully pursue this type of funding.	Feb 14, 2011 6:32 PM
1401	Parents do not make efforts to have insurance companies fund the services. They expect RC to do everything for them. Parents should be given more responsibility for their own children. Generic resources need to be utilized first. Parents are not required to do this at this system. This may help save the RC system hundreds of thousands of dollars.	Feb 14, 2011 6:34 PM
1402	In addition to funding obtained through regional centers, funding for behavioral services for school-aged children should be pursued through generic resourcessuch as schools and health insurance plans. However, the legal and procedural mechanisms for such services have yet to be established. The State of California should help facilitate and assist consumers and their families in accessing coverage of these services through all responsible parties.	Feb 14, 2011 6:35 PM

5. Suggested service standards about the payment for these services:

	Response Text	
1403	In addition to funding obtained through regional centers, funding for behavioral services for school-aged children should be pursued through generic resourcessuch as schools and health insurance plans. However, the legal and procedural mechanisms for such services have yet to be established. The State of California should help facilitate and assist consumers and their families in accessing coverage of these services through all responsible parties. Depending on the individual needs (comprehensive treatment programs for children with autism) of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 14, 2011 6:35 PM
1404	The current rate of $50 per hour has proven to be low and it has been challenging to have qualified therapists, avoid quick turn around of therapists and maintaining high levels of educated and qualified clinicians working on these cases.	Feb 14, 2011 6:41 PM
1405	There should be different rates for people who are licensed and certified vs. working under another individuals certification. Looking at other professions - PT, OT, SLP - I'd think that $60 to 70 for a licensed certified professional. An individual working under their credential, developing, writing, program analysis $40. A "staff" $20.00.	Feb 14, 2011 6:43 PM
1406	I'm not clear how the payments are allocated.	Feb 14, 2011 6:45 PM
1407	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: In addition to funding obtained through regional centers, funding for behavioral services for school-aged children should be pursued through generic resourcessuch as schools and health insurance plans. However, the legal and procedural mechanisms for such services have yet to be established. The State of California should help facilitate and assist consumers and their families in accessing coverage of these services through all responsible parties. Depending on the individual needs (comprehensive treatment programs for children with autism) of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 14, 2011 6:45 PM
1408	State and Federal support as we are All taxpayers . . . Persons with DD are useful and productive members of the society often employed in the "world"	Feb 14, 2011 6:46 PM
1409	Funding for behavioral services for school-aged children should be pursued through generic resources such as health insurance plans. However, legal and procedural mechanisms for realistic pursuit of such funding do not widely exist. The State of California will need to assist families if they are to successfully pursue this type of funding.	Feb 14, 2011 6:52 PM
1410	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: In addition to funding obtained through regional centers, funding for behavioral services for school-aged children should be pursued through generic resourcessuch as schools and health insurance plans. However, the legal and procedural mechanisms for such services have yet to be established. The State of California should help facilitate and assist consumers and their families in accessing coverage of these services through all responsible parties. Depending on the individual needs (comprehensive treatment programs for children with autism) of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 14, 2011 6:56 PM

5. Suggested service standards about the payment for these services:

	Response Text	
1411	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: In addition to funding obtained through regional centers, funding for behavioral services for school-aged children should be pursued through generic resourcessuch as schools and health insurance plans. However, the legal and procedural mechanisms for such services have yet to be established. The State of California should help facilitate and assist consumers and their families in accessing coverage of these services through all responsible parties. Depending on the individual needs (comprehensive treatment programs for children with autism) of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 14, 2011 6:59 PM
1412	Funding for behavioral services for school-aged children should be pursued through generic resources such as schools and health insurance plans. Depending on the individual needs of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 14, 2011 7:03 PM
1413	Payment should be made to cover the costs. Windows for higher staff salaries should be available for staff in Orange County, Santa Barbara and the Bay area.	Feb 14, 2011 7:05 PM
1414	If the child already received on-going intervention with one organization before he or she turns 3, The School district should not take over the responsibility by changing to another organization because the consistency is very important for this type of service. A significant reduction of service hours after children turns 3 will have dramatic impact on children who has just started to show some progress in the behavior intervention. If school district reduces the service hours significantly, the regional center should make up the rest of the service. It is not solely school district responsibility after children turn 3.	Feb 14, 2011 7:11 PM
1415	* Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: o In addition to funding obtained through regional centers, funding for behavioral services for school-aged children should be pursued through generic resourcessuch as schools and health insurance plans. However, the legal and procedural mechanisms for such services have yet to be established. The State of California should help facilitate and assist consumers and their families in accessing coverage of these services through all responsible parties. o Depending on the individual needs (comprehensive treatment programs for children with autism) of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 14, 2011 7:12 PM
1416	Funding for behavioral services for school-aged children should be pursued through generic resources such as schools and health insurance plans. Depending on the individual needs of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 14, 2011 7:13 PM
1417	Set a limit on the salary of an administrator of a behavioral program.	Feb 14, 2011 7:19 PM
1418	Payment should be put to the parents of the children and if the parents cannot afford the burden or refuse to pay consumers should pay as these are our future generation.	Feb 14, 2011 7:24 PM

5. Suggested service standards about the payment for these services:

	Response Text	
1419	The Lanternman Act Sections 4648(a)(5) and 4690 requires the Director of the Dept of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws	Feb 14, 2011 7:25 PM
1420	If California follows the pattern of other states, some or all of these services should be covered by medical insurance.	Feb 14, 2011 7:31 PM
1421	regional center should vendorize the certified organizations and pay at least 80 % of the service.	Feb 14, 2011 7:36 PM
1422	Funding for behavioral services for school-aged children should be pursued through generic resources such as schools and health insurance plans. Depending on the individual needs of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 14, 2011 7:39 PM
1423	Funding for behavioral services for school-aged children should be pursued through generic resources such as health insurance plans. However, legal and procedural mechanisms for realistic pursuit of such funding do not widely exist. The State of California will need to assist families if they are to successfully pursue this type of funding.	Feb 14, 2011 7:51 PM
1424	Health Insurance company negotiated rates.	Feb 14, 2011 7:54 PM
1425	Personal, state and federal insurance; grants, non-profit support for services.	Feb 14, 2011 7:54 PM
1426	Funding for behavioral services for school-aged children should be pursued through generic resources such as schools and health insurance plans. Depending on the individual needs of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center). The family should be expected to contribute financially to behavior services based on a sliding scale. This would make caregivers more accountable and save the state/RC's money. Families too often expect the maximum amount of behavior service hours without fully committing to learning the strategies which will ultimately reduce and eliminate the need for these services. Right now, RC therapists determine the amount of service hours to be implemented and expect the families to participate. Whether its intentional or not, the families lack of commitment/time prolongs RC's behavior services (which is NOT cost effective) or the services are ineffective b/c of the families lack of involvement. A financial obligation on the part of the family would better guarantee their participation at a service level they can commit to.	Feb 14, 2011 7:58 PM
1427	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: In addition to funding obtained through regional centers, funding for behavioral services for school-aged children should be pursued through generic resourcessuch as schools and health insurance plans. However, the legal and procedural mechanisms for such services have yet to be established. The State of California should help facilitate and assist consumers and their families in accessing coverage of these services through all responsible parties. Depending on the individual needs (comprehensive treatment programs for children with autism) of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 14, 2011 7:58 PM
1428	Regional Center standards	Feb 14, 2011 8:05 PM

5. Suggested service standards about the payment for these services:

	Response Text	
1429	Regional Center oversight to ensure that billing matches service provided, then not paying for services not rendered. I know of several examples when RC became aware of fraudulent billing but paid the vendor anyway.	Feb 14, 2011 8:18 PM
1430	Depending on the individual needs (comprehensive treatment programs for children with autism) of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 14, 2011 8:26 PM
1431	Funding for behavioral services for school-aged children should be pursued through generic resources such as health insurance plans. However, legal and procedural mechanisms for realistic pursuit of such funding do not widely exist. The State of California will need to assist families if they are to successfully pursue this type of funding.	Feb 14, 2011 8:36 PM
1432	PAYMENT CAN BE MADE ACCORDING TO INCOME.	Feb 14, 2011 8:41 PM
1433	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: In addition to funding obtained through regional centers, funding for behavioral services for school-aged children should be pursued through generic resourcessuch as schools and health insurance plans. However, the legal and procedural mechanisms for such services have yet to be established. The State of California should help facilitate and assist consumers and their families in accessing coverage of these services through all responsible parties. Depending on the individual needs (comprehensive treatment programs for children with autism) of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 14, 2011 8:45 PM
1434	since these disorders are not going tho disappear any time some, nor is the budget turning around soon offer the training at a small fee. The cost of copying and putting together the cheat sheet	Feb 14, 2011 8:48 PM
1435	The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be Board Certified Behavior Analysts (BCBAs) or other professionals who have appropriate training in providing behavior analytic services. The qualifications of those providing one-to-one services should include enrollment in college, a bachelor’s degree in psychology or a related field, or relevant experience	Feb 14, 2011 8:50 PM
1436	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: In addition to funding obtained through regional centers, funding for behavioral services for school-aged children should be pursued through generic resourcessuch as schools and health insurance plans. However, the legal and procedural mechanisms for such services have yet to be established. The State of California should help facilitate and assist consumers and their families in accessing coverage of these services through all responsible parties. Depending on the individual needs (comprehensive treatment programs for children with autism) of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 14, 2011 8:51 PM
1437	As long as the consumer is enrolled in the school system, state lottery money could be used to fund these services.	Feb 14, 2011 8:52 PM

5. Suggested service standards about the payment for these services:

	Response Text	
1438	The Lanternman Act, in Sections 4648 (a) (5) and 4690 require the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that regional centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 14, 2011 8:53 PM
1439	See above	Feb 14, 2011 8:54 PM
1440	Payment can be on a scale basis.	Feb 14, 2011 8:57 PM
1441	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: In addition to funding obtained through regional centers, funding for behavioral services for school-aged children should be pursued through generic resourcessuch as schools and health insurance plans. However, the legal and procedural mechanisms for such services have yet to be established. The State of California should help facilitate and assist consumers and their families in accessing coverage of these services through all responsible parties. Depending on the individual needs (comprehensive treatment programs for children with autism) of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 14, 2011 8:58 PM
1442	Reimbursements are negotiated according to the contractual relationships between the Department and the specific vendor for services. These contr4acts should be financially attractive enough to hire well-trained staff, and to keep them in service.	Feb 14, 2011 9:02 PM
1443	N/A	Feb 14, 2011 9:05 PM
1444	Payment should be made directly to the speech therapist.	Feb 14, 2011 9:07 PM
1445	The Lanterman Act requires the Director of DDS to establish and maintain equitable procedures for setting rates to assure high quality/standards of practice based services for persons with developmental disabilities. The Director should be held accountable for compliance.	Feb 14, 2011 9:09 PM
1446	In addition to funding obtained through regional centers, funding for behavioral services for school-aged children should be pursued through generic resourcessuch as schools and health insurance plans. However, the legal and procedural mechanisms for such services have yet to be established. The State of California should help facilitate and assist consumers and their families in accessing coverage of these services through all responsible parties.	Feb 14, 2011 9:15 PM
1447	Service providers bill Regional Center directly.	Feb 14, 2011 9:28 PM
1448	Payment of these services can be made by insurance companies, Funding from Regional Center.	Feb 14, 2011 9:33 PM
1449	These services should be covered by the state	Feb 14, 2011 9:49 PM
1450	Service standards should be maintained as they currently are.	Feb 14, 2011 9:54 PM
1451	Provide as determined by IFSP or IEP team on an individualized basis	Feb 14, 2011 10:00 PM
1452	Same as for current therapy services.	Feb 14, 2011 10:05 PM
1453	Depending on the individual needs of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 14, 2011 10:06 PM
1454	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 14, 2011 10:11 PM

5. Suggested service standards about the payment for these services:

	Response Text	
1455	The Lanterman Act, i Sections 4648 (a) (5) and 4690 requires the Director of the DDS to develop and maintain equitable processes for setting rates to assure that Riongal Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 14, 2011 10:21 PM
1456	It should be the same across the board for all services rendered. If parent is not actively participating the Regional Center should not fund for the service.	Feb 14, 2011 10:23 PM
1457	If there is some cost sharing among parents, it should have a VERY high ceiling. And it cannot just be based on the parents' income. Some parents do not have good insurance coverage, so it should take into account the total amount that the parent is spending on the child.	Feb 14, 2011 10:28 PM
1458	Once again, DDS under law is to set rates that reflect professional qualifications and practices in the society as a whole The Department should develop rates that comply with the law.	Feb 14, 2011 10:29 PM
1459	Regional Center's should make sure that interventionists are paid a specific rate to ensure quality service for our tax money. Seems that the service agencies earn a golden paycheck while interventionists struggle.	Feb 14, 2011 10:33 PM
1460	I am grateful to Regional Center for covering the cost of this service.	Feb 14, 2011 10:35 PM
1461	Market rate for the geographic area. it is is ludicrous to pay the same for the service across th state when costs ae higher in some areas than others	Feb 14, 2011 10:39 PM
1462	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 14, 2011 10:43 PM
1463	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: * In addition to funding obtained through regional centers, funding for behavioral services for school-aged children should be pursued through generic resourcessuch as schools and health insurance plans. However, the legal and procedural mechanisms for such services have yet to be established. The State of California should help facilitate and assist consumers and their families in accessing coverage of these services through all responsible parties. * Depending on the individual needs (comprehensive treatment programs for children with autism) of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 14, 2011 10:44 PM
1464	I think regional centers require so many behavior consultant hours, and maybe vendors should email and a computer program should show that all consumer's get the required services they need....Have an established rate and monitoring system	Feb 14, 2011 10:46 PM
1465	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 14, 2011 10:46 PM

5. Suggested service standards about the payment for these services:

	Response Text	
1466	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: In addition to funding obtained through regional centers, funding for behavioral services for school-aged children should be pursued through generic resources such as schools and health insurance plans. However, the legal and procedural mechanisms for such services have yet to be established. The State of California should help facilitate and assist consumers and their families in accessing coverage of these services through all responsible parties. Depending on the individual needs (comprehensive treatment programs for children with autism) of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 14, 2011 10:54 PM
1467	1. Sliding scale for parents 2. County, state and federal funding	Feb 14, 2011 11:00 PM
1468	Funding for behavioral services for school-aged children should be pursued through generic resources such as health insurance plans. However, legal and procedural mechanisms for realistic pursuit of such funding do not widely exist. The State of California will need to assist families if they are to successfully pursue this type of funding.	Feb 14, 2011 11:09 PM
1469	In addition to funding obtained through regional centers, funding for behavioral services for school-aged children should be pursued through generic resourcessuch as schools and health insurance plans. However, the legal and procedural mechanisms for such services have yet to be established. The State of California should help facilitate and assist consumers and their families in accessing coverage of these services through all responsible parties. Depending on the individual needs (comprehensive treatment programs for children with autism) of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 14, 2011 11:16 PM
1470	co-funding between school district/SELPA and regional center	Feb 14, 2011 11:25 PM
1471	Funding for behavioral services for school-aged children should be pursued through generic resources such as health insurance plans. However, legal and procedural mechanisms for realistic pursuit of such funding do not widely exist. The State of California will need to assist families if they are to successfully pursue this type of funding.	Feb 14, 2011 11:25 PM
1472	payments should be enough to hire suitable staff with proper skills and training.	Feb 14, 2011 11:31 PM
1473	school-aged children should be pursued through generic resources such as health insurance plans. However, legal and procedural mechanisms for realistic pursuit of such funding do not widely exist. The State of California will need to assist families if they are to successfully pursue this type of funding	Feb 14, 2011 11:31 PM
1474	Depending on the individual needs of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 14, 2011 11:38 PM
1475	Set a baseline across regional centers, bur offer incentives (higher payment) for agencies that provide services in under served areas.	Feb 14, 2011 11:40 PM

5. Suggested service standards about the payment for these services:

	Response Text	
1476	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: In addition to funding obtained through regional centers, funding for behavioral services for school-aged children should be pursued through generic resources such as schools and health insurance plans. However, the legal and procedural mechanisms for such services have yet to be established. The State of California should help facilitate and assist consumers and their families in accessing coverage of these services through all responsible parties. Depending on the individual needs (comprehensive treatment programs for children with autism) of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 14, 2011 11:44 PM
1477	Funding for behavioral services for school-aged children should be pursued through generic resources such as schools and health insurance plans. Depending on the individual needs of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 14, 2011 11:44 PM
1478	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 14, 2011 11:45 PM
1479	insurance or sliding scale	Feb 14, 2011 11:51 PM
1480	Payment for services should be covered by agencies rather than individual families with HRC being the payor of last resort, but services should not be delayed while extensive research is done on payment sources. Delay in early intervention services needs to be minimal in order to be effective during the critical stages of brain development and early childhood, as per much research.	Feb 14, 2011 11:53 PM
1481	Funding for behavioral services for school-aged children should be pursued through generic resources such as health insurance plans. However, legal and procedural mechanisms for realistic pursuit of such funding do not widely exist. The State of California will need to assist families if they are to successfully pursue this type of funding.	Feb 14, 2011 11:54 PM
1482	Payment should be based on qualifications of person overseeing program.	Feb 14, 2011 11:58 PM
1483	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 15, 2011 12:02 AM
1484	ABA services should remain free for residents of California since they are taxpayers in this state.	Feb 15, 2011 12:02 AM
1485	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: In addition to funding obtained through regional centers, funding for behavioral services for school-aged children should be pursued through generic resources such as schools and health insurance plans. However, the legal and procedural mechanisms for such services have yet to be established. The State of California should help facilitate and assist consumers and their families in accessing coverage of these services through all responsible parties. Depending on the individual needs (comprehensive treatment programs for children with autism) of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 15, 2011 12:04 AM

5. Suggested service standards about the payment for these services:

	Response Text	
1486	The Lanterman Act, in sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The director should comply with these laws.	Feb 15, 2011 12:13 AM
1487	The Lanterman Act, in Sections 4648 (a) (5) and 4690 require the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that regional centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 15, 2011 12:14 AM
1488	The residential providers should continue to pay for services. The state should develop specific rates and quality assurance for behavior consultants.	Feb 15, 2011 12:15 AM
1489	THE STATE SHOULD PAY. No questions...it saves millions of dollars for them to do so and if they don't see that, they are very ignorant.	Feb 15, 2011 12:31 AM
1490	Payment for behavior intervention services provided by a group/agency billing under Code 612, Behavior Analyst, should be no less than $50.00 per hour. This rate should be applied to all behavior services that are delivered by the behavior supervisor or behavior therapists, including but not limited to 1:1 behavior therapy, parent training, program supervision, and team meeting attendance. If payment is made under code 615, for Behavior Management Assistant, it should also be for no less than $50.00 per hour.	Feb 15, 2011 12:36 AM
1491	State should cover all aervices.	Feb 15, 2011 12:41 AM
1492	Remuneration reflective of similar services received in the "typical" community. Costs consumer would expend in the absence of vendored services.	Feb 15, 2011 12:42 AM
1493	Hourly rates should be based on the type of service: Behavior Intervention 1:1 service shall be paid at a rate of $25.00 per hour. Behavior Consultation service shall be paid at a rate of $40.00 per hour. Supervision over the program shall be paid at a rate of $50.00-$60.00 per hour.	Feb 15, 2011 12:42 AM
1494	Although currently payment for behavioral services are significantly less than what would be usual and customary I do not think there should be an increase in payment. However, I do support different rates of payment for licensed supervision and assessment vs. services delivered in the field if the field staff is less educated and has less experience. If we are asking vendors to provide highly trained, highly educated staff in the field then we have to give them the funds to hire them.	Feb 15, 2011 12:45 AM
1495	The payment for these services should include a standard rate for all providers. Referrals should be conducted in an open and fair manner based on availability in contrast to the current bidding war.	Feb 15, 2011 12:45 AM
1496	Besides funding from the regional centers, funding for behavioral services for school-aged children should be pursued through generic resources such as schools and health insurance plans. For families with a combined income over 200K their should be a portion of the services paid by the parents. At this time insurance companies are making it very hard for families to receive money from insurance companies. CA needs to bring in more money to support all of its wonderful programs by increasing tax on liquor and cigarettes, maybe legalizing marijuana or legalizing gambling. The state is losing so much of its revenue to other states in the entertainment business, CA needs to bring this industry back to CA to increase revue. CA needs to increase its tourism and having people come to CA to spend money, we need to provide incentives to vacation here. States like FLA have great incentives for the elderly and others to vacation there and they don;t have an income tax.	Feb 15, 2011 12:47 AM

5. Suggested service standards about the payment for these services:

	Response Text	
1497	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 15, 2011 12:55 AM
1498	The rates must reflect the level of training and supervision time that goes into service delivery. In order to ensure quality treatment, services, both direct intervention and supervision, should be paid. The average rate to help support a quality program would be approximately $55 per hour.	Feb 15, 2011 1:13 AM
1499	school psychologist or resource person pay level.	Feb 15, 2011 1:13 AM
1500	all cost should be paid by regional center.	Feb 15, 2011 1:16 AM
1501	Bill clients insurance as the first step, then funded by the government.	Feb 15, 2011 1:16 AM
1502	Current rates seem appropriate.	Feb 15, 2011 1:22 AM
1503	Funding for behavioral services for school-aged children should be pursued through generic resources such as health insurance plans. However, legal and procedural mechanisms for realistic pursuit of such funding do not widely exist. The State of California will need to assist families if they are to successfully pursue this type of funding.	Feb 15, 2011 1:23 AM
1504	Perhaps we can move to the Individualized budget or share of cost so as services aren't completely lost.	Feb 15, 2011 1:25 AM
1505	include this in "bill insurance first" (mental health, as parent/family support) and FCPP.	Feb 15, 2011 1:25 AM
1506	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 15, 2011 1:26 AM
1507	Insurance companies should pay for most of these services (for insured clients).	Feb 15, 2011 1:33 AM
1508	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 15, 2011 1:44 AM
1509	the state should provide for payment of these services as part of the medical benefits these receipitents receive.	Feb 15, 2011 1:44 AM
1510	Funding for behavioral services for school-aged children should be pursued through generic resources such as health insurance plans. However, legal and procedural mechanisms for realistic pursuit of such funding do not widely exist. The State of California will need to assist families if they are to successfully pursue this type of funding.	Feb 15, 2011 1:47 AM
1511	Regional center	Feb 15, 2011 1:49 AM
1512	Hourly and should be paid by Regional, School District and coverage should be offered by insurance companies.	Feb 15, 2011 1:50 AM

5. Suggested service standards about the payment for these services:

	Response Text	
1513	# Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: * In addition to funding obtained through regional centers, funding for behavioral services for school-aged children should be pursued through generic resourcessuch as schools and health insurance plans. However, the legal and procedural mechanisms for such services have yet to be established. The State of California should help facilitate and assist consumers and their families in accessing coverage of these services through all responsible parties. * Depending on the individual needs (comprehensive treatment programs for children with autism) of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 15, 2011 1:51 AM
1514	ices for Children over age 3: In addition to funding obtained through regional centers, funding for behavioral services for school-aged children should be pursued through generic resources such as schools and health insurance plans. However, the legal and procedural mechanisms for such services have yet to be established. The State of California should help facilitate and assist consumers and their families in accessing coverage of these services through all responsible parties. Depending on the individual needs (comprehensive treatment programs for children with autism) of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 15, 2011 1:52 AM
1515	Regional Center until 3 years old. Afterwards, insurance or private.	Feb 15, 2011 1:54 AM
1516	this could include residency/apprentice follow through to allow senior therapist to see more clients	Feb 15, 2011 1:56 AM
1517	Have goverment and school distric pay for aba	Feb 15, 2011 1:57 AM
1518	All humans should be provided these services from their government. Families have tremendous burdens outside of these services that they are also paying for like extra medical care and special activities not covered by RC.	Feb 15, 2011 1:58 AM
1519	If insurance is used, the regional center should pick up the co-pay	Feb 15, 2011 2:08 AM
1520	- In addition to funding obtained through regional centers, funding for behavioral services for school-aged children should be pursued through generic resources such as schools and health insurance plans. However, the legal and procedural mechanisms for such services have yet to be established. The State of California should help facilitate and assist consumers and their families in accessing coverage of these services through all responsible parties. - Depending on the individual needs (comprehensive treatment programs for children with autism) of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 15, 2011 2:23 AM
1521	Without the state and federal assistance, these services would be unattainable for most parents because of the cost. I live in an upper middle class household and I could not afford these services if they were not provided by the state/federal government. These agencies should provide full payment as without services, my son would not be where he is today.	Feb 15, 2011 2:23 AM

5. Suggested service standards about the payment for these services:

	Response Text	
1522	the scope of the services provided for an agency/person are abundant and especially services provided in the fluent language of the consumer. Bilingual services are scarce and should be paid at a higher rate of English services because the work done in bilingual services is much more complex than the work done in English especially because alot of the terminology for providing services does not exisit in other languages. Ideally services should be reimbursed at the cost of individual work doen at an hourly rate at about $150 an hour. For an assessment 20 hours is ideal and done at the $150 rate an hour and for Follow up Services 60 hours (in one year) (which is the scope of the work) ideally it would be $100 at minimum per hour for English Services. For Bilingual services the rate should be higher ($200 for Assessment, $150 for Follow up services) however the time would be the same as for English services	Feb 15, 2011 2:47 AM
1523	to be itemized per protocol; NPA providers with prior approval; following 'Best Practice Guidelines'	Feb 15, 2011 2:52 AM
1524	$65 dollars per hour $85 dollars per hour for speical language requirement	Feb 15, 2011 2:58 AM
1525	Reg Centers should continue to fund therapy to minimize costs to state later on due to special needs children not able to function in society. Many children with autism benefit greatly from therapeutic services and can learn how to be a productive member of society. Without services, these children will likely not be able to function in society.	Feb 15, 2011 3:01 AM
1526	Payment should be based on common and accepted rates for behavior analysts and those with ABA education/experience.	Feb 15, 2011 3:05 AM
1527	It depends how much is the cost of each services rendered.	Feb 15, 2011 3:10 AM
1528	* Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: o In addition to funding obtained through regional centers, funding for behavioral services for school-aged children should be pursued through generic resourcessuch as schools and health insurance plans. However, the legal and procedural mechanisms for such services have yet to be established. The State of California should help facilitate and assist consumers and their families in accessing coverage of these services through all responsible parties. o Depending on the individual needs (comprehensive treatment programs for children with autism) of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 15, 2011 3:10 AM
1529	Funding through regional centers for children not of school age, and for those who are school age funding from the district or county they reside in.	Feb 15, 2011 3:12 AM
1530	the lanterman act requires the director of the department of developmental services to develop and maintain equitable processed for setting rtes to assure that regional	Feb 15, 2011 3:14 AM
1531	I think some organizations are overpaid for what they do. For example, in a one hour session, 20 minutes is usually used for notes.	Feb 15, 2011 3:14 AM
1532	Most parents are money strapped due to therapies their child needs in which either the regional center nor their health insurance will cover. We have had to take out an equity line of credit on our house to be able to afford therapies our son needs.	Feb 15, 2011 3:16 AM
1533	The Lanterman Act requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 15, 2011 3:16 AM
1534	I think it should be based on a sliding scale based on what the parents' income is.	Feb 15, 2011 3:23 AM

5. Suggested service standards about the payment for these services:

	Response Text	
1535	Depending on the severity of the case and qualification of the service provider payment should be competitive.	Feb 15, 2011 3:24 AM
1536	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: In addition to funding obtained through regional centers, funding for behavioral services for school-aged children should be pursued through generic resources such as schools and health insurance plans. However, the legal and procedural mechanisms for such services have yet to be established. The State of California should help facilitate and assist consumers and their families in accessing coverage of these services through all responsible parties. Depending on the individual needs (comprehensive treatment programs for children with autism) of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 15, 2011 3:41 AM
1537	the more the standard of payment the more educated our childrens therapists will be.	Feb 15, 2011 3:42 AM
1538	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: In addition to funding obtained through regional centers, funding for behavioral services for school-aged children should be pursued through generic resources such as schools and health insurance plans. However, the legal and procedural mechanisms for such services have yet to be established. The State of California should help facilitate and assist consumers and their families in accessing coverage of these services through all responsible parties. Depending on the individual needs (comprehensive treatment programs for children with autism) of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 15, 2011 3:48 AM
1539	Payment could come from schools, insurance, private pay, etc.	Feb 15, 2011 3:54 AM
1540	Follow guidelines of the Lanterman Act.	Feb 15, 2011 3:54 AM
1541	payment should be made my the regional center system under the Lanterman Act	Feb 15, 2011 3:58 AM
1542	No suggestion	Feb 15, 2011 4:02 AM
1543	We understand that budget cuts are necessary and inevitable. We also understand that our services may also be cut. However, these services are essential. The taxpayers will pay for this one way or another. Early treatment equates to early prevention. This is another “stitch in time saves nine” scenario. The state should make every effort to care for those who, through no fault of their own, are the most vulnerable members of our societies. I suggest that cuts to these vital programs be minimized and that costs be offset by co-payments.	Feb 15, 2011 4:13 AM
1544	A combination of funding sources may be utilized (e.g., school, insurance, regional center). The State of California should help facilitate and assist consumers and their families in accessing coverage of these services through all responsible parties.	Feb 15, 2011 4:14 AM
1545	Payment should be made based on the services performed and not based on the contracted services.	Feb 15, 2011 4:18 AM
1546	IF FOR SOME REASON THE CLIENT/CLIENT'S PARENTS ARE REQUESTING BEHAVIORAL SERVICES FROM AN AGENCY THAT ISN'T OR CAN'T BE VENDORIZED BY THE REGIONAL CENTER; THEN THE PARENTS SHOULD BE GIVEN THE OPTION OF THEY THEMSELVES BEING VENDORDED BY THE REGIONAL CENTER SO THAT THEY MAY BE REIMBURSED FOR SERVICES DIRECTLY.	Feb 15, 2011 4:28 AM

5. Suggested service standards about the payment for these services:

	Response Text	
1547	Regional Center and School District. If services are always being canceled (more than let's say 5 times per year) by the parent or guardian, then they are not taking this service seriously and should be dropped or held responsible financially.	Feb 15, 2011 4:29 AM
1548	Pay the provider directly.	Feb 15, 2011 4:30 AM
1549	Payment should be split between regional centers, school districts, and health care insurance companies.	Feb 15, 2011 4:35 AM
1550	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: In addition to funding obtained through regional centers, funding for behavioral services for school-aged children should be pursued through generic resources such as schools and health insurance plans. However, the legal and procedural mechanisms for such services have yet to be established. The State of California should help facilitate and assist consumers and their families in accessing coverage of these services through all responsible parties. Depending on the individual needs (comprehensive treatment programs for children with autism) of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 15, 2011 4:35 AM
1551	There needs to be more collaboration between school and state services. It seems that no one wants to fund the services for the child, and many times the parents can't afford to. Health insurance does not cover the services either. It is extremely frustrating to know what your child needs, but not have any resources to do so.	Feb 15, 2011 4:36 AM
1552	State and Federal funding sources should be utilized.	Feb 15, 2011 4:41 AM
1553	Payment should be given at the end of the month after effectiveness has been proven. If there is no proven method then only 75% of payment would be made.	Feb 15, 2011 4:48 AM
1554	It's so hard to determine when the background of each professional demands different rates.	Feb 15, 2011 5:00 AM
1555	Take a look at the top. I find it very frustrating that people making over six figures a year can't seem to find away to cut their own cost, but have no problem taking away from teachers and others who can barely survive on their own income.	Feb 15, 2011 5:00 AM
1556	Payment for behavior intervention services provided by a group/agency billing under Code 612, Behavior Analyst, should be no less than $50.00 per hour. This rate should be applied to all behavior services that are delivered by the behavior supervisor or behavior therapists, including but not limited to 1:1 behavior therapy, parent training, program supervision, and team meeting attendance. If payment is made under code 615, for Behavior Management Assistant, it should also be for no less than $50.00 per hour.	Feb 15, 2011 5:00 AM
1557	Payment for behavior intervention services provided by a group/agency billing under Code 612, Behavior Analyst, should be no less than $50.00 per hour. This rate should be applied to all behavior services that are delivered by the behavior supervisor or behavior therapists, including but not limited to 1:1 behavior therapy, parent training, program supervision, and team meeting attendance. If payment is made under code 615, for Behavior Management Assistant, it should also be for no less than $50.00 per hour.	Feb 15, 2011 5:00 AM
1558	Funding for behavioral services for school aged children should be pursued through generic resources such as health insurance plans. However, this funding does not exist. The State of California will need to assist families to successfully pursue this type of funding.	Feb 15, 2011 5:02 AM
1559	If these were provided by government agencies and not contracted providers, there would be more control.	Feb 15, 2011 5:02 AM
1560	Regional center & the school should pay for these services.	Feb 15, 2011 5:02 AM

5. Suggested service standards about the payment for these services:

	Response Text	
1561	In addition to funding obtained from regional centers, funding for behavioral services for school- aged children should be pursued through generic resources such as schools and health insurance plans. Depending on the individual needs (comprehensive treatment programs for children with autism) of the consumer, a consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 15, 2011 5:07 AM
1562	Contracted market rates should be sufficient. However, the state should not unrealistically deflate pay rates because the standard of care for these children would inevitably suffer.	Feb 15, 2011 5:20 AM
1563	I think families should be responsible for partial payment instead of getting everything for free.	Feb 15, 2011 5:31 AM
1564	The Director of the Dept. of Developmental Services should comply with the laws as provided in the Lanterman Act. This states that DDS should develop and maintain equitable processes for setting rates to assure that regional centers can secure high quality services.	Feb 15, 2011 5:31 AM
1565	Any services pertaining to Autism is very expensive and majority of family will not be able to provide and hence the child will not be getting the services deserve. This will be very costly to society as these children grow up an unable to function on their own and depends more on govermental services. At this time, since it is not covered by insurance, it is best to services be provided by Regional Center and the School system.	Feb 15, 2011 5:40 AM
1566	Implementation of the Individualized Budget and Share of cost, taking into account number of family members, cost of living in areas where family lives and number of disabled people who are dependent on that family (including adults and children consumers or not)	Feb 15, 2011 5:40 AM
1567	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 15, 2011 5:46 AM
1568	Service standards for a licensed professional or Ph.d should be the same standards as for direct therapy services. There should be a tiered scale for these services when they are provided by technicians or developmental specialist and these should be paid at a lower rate, than when the BCBA or Ph.d/ licensed professional is consulting or setting up the program.	Feb 15, 2011 5:47 AM
1569	Parents for disable children are paying for doctors appointments, test results, medications and diet supplements (because most of them are not covered by insure company BlueCross PPO), and the every child in this country is eligible for free education therefore it should be the state responsibility to pay for the services if the child is eligible	Feb 15, 2011 5:49 AM
1570	Fund raising as well as government grants awarded to such services so that they maybe be available and provided to every child.	Feb 15, 2011 5:51 AM
1571	I do not know enough about the payment system to comment.	Feb 15, 2011 5:59 AM
1572	The consutant is paid a usual a fee that is consistent with their training	Feb 15, 2011 6:05 AM
1573	The hourly rate varies. However, $50-100 per hour is the current rate of reimbursement for many of these services provided by properly training personnel.	Feb 15, 2011 6:06 AM
1574	Funding for behavioral services for school-aged children should be pursued through generic resources such as health insurance plans. However, legal and procedural mechanisms for realistic pursuit of such funding do not widely exist. The State of California will need to assist families if they are to successfully pursue this type of funding.	Feb 15, 2011 6:10 AM

5. Suggested service standards about the payment for these services:

	Response Text	
1575	Funding for behavioral services for school-aged children should be pursued through generic resources such as health insurance plans. However, legal and procedural mechanisms for realistic pursuit of such funding do not widely exist. The State of California will need to assist families if they are to successfully pursue this type of funding	Feb 15, 2011 6:11 AM
1576	Those who are diagnosed with a specific disorder should be eligible for assistance from the state. The cost for these services would be much too high for most families, not allowing for proper care of the children and preventing them from growing up to be capable people.	Feb 15, 2011 6:17 AM
1577	The Lanterman Act, in Sections 4648 (a) (5) and 4690 require the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that regional centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 15, 2011 6:19 AM
1578	FOCUSED APPLIED BEHAVIOR ANALYSIS (ABA) BEHAVIORAL SERVICES AND COMPREHENSIVE ABA AUTISM TREATMENT SERVICES FOR CHILDREN OVER AGE 3: In addition to funding obtained through regional centers, funding for behavioral services for school-aged children should be pursued through generic resources such as schools and health insurance plans. However, the legal and procedural mechanisms for such services have yet to be established. The State of California should help facilitate and assist consumers and their families in accessing coverage of these services through all responsible parties. Depending on the Individual needs (comprehensive treatment programs for children with Autism) of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 15, 2011 6:23 AM
1579	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 15, 2011 6:24 AM
1580	Medicare rates for telemedicine consults should be the guideline.	Feb 15, 2011 6:25 AM
1581	FOCUSED APPLIED BEHAVIOR ANALYSIS (ABA) BEHAVIORAL SERVICES AND COMPREHENSIVE ABA AUTISM TREATMENT SERVICES FOR CHILDREN OVER AGE 3: In addition to funding obtained through regional centers, funding for behavioral services for school-aged children should be pursued through generic resources such as schools and health insurance plans. However, the legal and procedural mechanisms for such services have yet to be established. The State of California should help facilitate and assist consumers and their families in accessing coverage of these services through all responsible parties. Depending on the Individual needs (comprehensive treatment programs for children with Autism) of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 15, 2011 6:33 AM

5. Suggested service standards about the payment for these services:

	Response Text	
1582	FOCUSED APPLIED BEHAVIOR ANALYSIS (ABA) BEHAVIORAL SERVICES AND COMPREHENSIVE ABA AUTISM TREATMENT SERVICES FOR CHILDREN OVER AGE 3: In addition to funding obtained through regional centers, funding for behavioral services for school-aged children should be pursued through generic resources such as schools and health insurance plans. However, the legal and procedural mechanisms for such services have yet to be established. The State of California should help facilitate and assist consumers and their families in accessing coverage of these services through all responsible parties. Depending on the Individual needs (comprehensive treatment programs for children with Autism) of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 15, 2011 6:38 AM
1583	Cost sharing when the family is able to provide the funding. When not it needs to be provided at no cost. The consideration of what the result could be on society if services are withheld could be a travesty.	Feb 15, 2011 6:48 AM
1584	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: In addition to funding obtained through regional centers, funding for behavioral services for school-aged children should be pursued through generic resourcessuch as schools and health insurance plans. However, the legal and procedural mechanisms for such services have yet to be established. The State of California should help facilitate and assist consumers and their families in accessing coverage of these services through all responsible parties. Depending on the individual needs (comprehensive treatment programs for children with autism) of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 15, 2011 6:55 AM
1585	services should be paid by the gov't	Feb 15, 2011 6:58 AM
1586	Pls look at the cost of living index and it is very easy to find out. Go to internet to find out that the most asking services price. On the other hand, pls promote more high school students the career in different kind of therapies. I love to work with children, if at my time, I knew there's career in this field, I would not hesitate to go for it.	Feb 15, 2011 7:11 AM
1587	If tax money is not available then the state should pay for the ABA program initially as a loan to the family. Then each month the family pays back a portion back to the state for the loan (like a mortgage).	Feb 15, 2011 7:12 AM
1588	Behaviors are the basis of safety, communitiy and law! Providing funding for helping individuals be safe and less dependant would always be less than the high crime level, homeless increase and abuse increase the missing interventions would cause. Before services provided, kids like mine were put in institutions. Mistreated and not seen as a person. We have moved far beyond those days. Individuals with needs are the last group of people whom are in need of civil rights. They have a right to be safe. A right to learn laws. A right to have opportunity to have a job and make money. A right to have a voice. It all starts with learning appropriate behavior.	Feb 15, 2011 7:16 AM
1589	If the parent vendor model is used, the RC pays the behaviorist and the parent hires their own tutors, which RC reimburses them for. This is much cheaper than using tutors from clinic. Remember, there is no age limit for the consumer who needs behavioral services.	Feb 15, 2011 7:19 AM

5. Suggested service standards about the payment for these services:

	Response Text	
1590	Hourly plus bonus based on results which could be made based on the report from teachers	Feb 15, 2011 7:20 AM
1591	Families should have a co-payment on a sliding scale based on income. The co-payment should be low enough not to prohibit families from any access, but enough to increase parental buy in for services and assist with budgetary conditions. In addition to funding obtained through regional centers, funding for behavioral services for school-aged children should be pursued through generic resourcessuch as schools and health insurance plans. However, the legal and procedural mechanisms for such services have yet to be established. The State of California should help facilitate and assist consumers and their families in accessing coverage of these services through all responsible parties. Depending on the individual needs (comprehensive treatment programs for children with autism) of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 15, 2011 7:49 AM
1592	Funding for behavioral services for school-aged children should be through health insurance plans and the State of California should assist families that are unable to receive this type of funding.	Feb 15, 2011 7:53 AM
1593	Regional centers and health insurance	Feb 15, 2011 8:01 AM
1594	Based on service provided as per IPP	Feb 15, 2011 8:13 AM
1595	Standard unit rates. Some services are hourly/daily/weekly/monthly rates. Having a uniformed unit rate will maximize best use of funds.	Feb 15, 2011 8:22 AM
1596	100 per hour for RDI services	Feb 15, 2011 8:46 AM
1597	The Lanterman Act requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 15, 2011 10:28 AM
1598	DDS should continue providing services to children/family with children suffering from autism	Feb 15, 2011 10:46 AM
1599	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 15, 2011 12:40 PM
1600	Government	Feb 15, 2011 3:02 PM
1601	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 15, 2011 3:46 PM
1602	Ok to have a universal state-set rate.	Feb 15, 2011 3:50 PM
1603	Funding for behavioral services for school-aged children should be pursued through generic resources such as health insurance plans. However, legal and procedural mechanisms for realistic pursuit of such funding do not widely exist. The State of California will need to assist families if they are to successfully pursue this type of funding	Feb 15, 2011 3:50 PM

5. Suggested service standards about the payment for these services:

	Response Text	
1604	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 15, 2011 3:58 PM
1605	Continue existing procedures.	Feb 15, 2011 4:02 PM
1606	Pay should depend on the service and level of intensity.	Feb 15, 2011 4:03 PM
1607	In addition to funding obtained through regional centers, funding for behavioral services for school-aged children should be pursued through generic resourcessuch as schools and health insurance plans. However, the legal and procedural mechanisms for such services have yet to be established. The State of California should help facilitate and assist consumers and their families in accessing coverage of these services through all responsible parties. Depending on the individual needs (comprehensive treatment programs for children with autism) of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 15, 2011 4:04 PM
1608	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 15, 2011 4:06 PM
1609	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: In addition to funding obtained through regional centers, funding for behavioral services for school-aged children should be pursued through generic resources such as schools and health insurance plans. However, the legal and procedural mechanisms for such services have yet to be established. The State of California should help facilitate and assist consumers and their families in accessing coverage of these services through all responsible parties. Depending on the individual needs (comprehensive treatment programs for children with autism) of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 15, 2011 4:07 PM
1610	none	Feb 15, 2011 4:23 PM
1611	Payment of services should be provided on a sliding scale if not covered by their family insurance provider.	Feb 15, 2011 4:28 PM
1612	Applied Behavioral Analysis is very expensive, and also designed not to be a lifelong service. The state should be paying for these services as even families with above average incomes can not realistically pay for these services. Children who do not receive adequate treatment may group up to require group homes or prison. . .both of which may end up more expensive than paying for early intervention.	Feb 15, 2011 4:35 PM
1613	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 15, 2011 4:40 PM

5. Suggested service standards about the payment for these services:

	Response Text	
1614	In addition to funding obtained through regional centers, funding for behavioral services for school-aged children should be pursued through generic resourcessuch as schools and health insurance plans. However, the legal and procedural mechanisms for such services have yet to be established. The State of California should help facilitate and assist consumers and their families in accessing coverage of these services through all responsible parties. Depending on the individual needs (comprehensive treatment programs for children with autism) of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center). Funding should be based on the qualifications and credentials of the service provider, as well as client outcomes and quality of services, not a standard rate set for each service. Currently, service providers differ greatly in the quality of their service delivery!	Feb 15, 2011 4:42 PM
1615	See above	Feb 15, 2011 4:48 PM
1616	An answer which has demonstrated financial savings is to implement the Individual Choice Budget.	Feb 15, 2011 4:50 PM
1617	$15 and up, it takes patience, time, and gas.	Feb 15, 2011 4:59 PM
1618	Payment should be done by the state	Feb 15, 2011 5:07 PM
1619	caregivers have to show implementation of the services.	Feb 15, 2011 5:29 PM
1620	The cost can be split equally between the family and the RCEB.	Feb 15, 2011 5:35 PM
1621	Funding for behavioral services for school-aged children should be pursued through generic resources such as health insurance plans. However, legal and procedural mechanisms for realistic pursuit of such funding do not widely exist. The State of California will need to assist families if they are to successfully pursue this type of funding.	Feb 15, 2011 5:38 PM
1622	Look for models where TRAINED and EXPERIENCED professionals (speech, psych, behavior) are providing quality intervention and pay them a reasonable rate. DON'T demand that they additionally hire a Board-Certified Behavior Analyst (BCBA) to sit and keep data. (This is a joke -- an attempt by the behaviorists to corner the market on autism services for children. Behavior programs are critically important, but the drive to make sure everything is "data based" has nothing to do with the best interests of children with ASD's and everything to do with a fight among the disciplines.)	Feb 15, 2011 5:45 PM
1623	Fair market value based on the qualifications of the personnel providing the services.	Feb 15, 2011 5:45 PM
1624	Shared cost with parents. Parents should not bare the full brunt of the cost for these treatments nor should it be the responsibility of the Regional Center.	Feb 15, 2011 5:47 PM
1625	Eliminate funding for interventions and treatments whose effectiveness have not been proved by well documented scientific findings.	Feb 15, 2011 5:48 PM
1626	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 15, 2011 5:53 PM
1627	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 15, 2011 6:12 PM

5. Suggested service standards about the payment for these services:

	Response Text	
1628	The Lanterman Act requires the Director of the Depaartment of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director The Lanterman Act requires the Director of the Department of Developmental Services to should comply with these laws.	Feb 15, 2011 6:14 PM
1629	School and regional centers should share in the costs. I have had both ABA and behavioral services for my daughter at her school and it was very successful. The costs was shared equally by the school and regional centers and I feel that it was a win, win as all parties involved gained from this arrangement.	Feb 15, 2011 6:18 PM
1630	Having a budget for each person that receives services.	Feb 15, 2011 6:20 PM
1631	Payment for behavior intervention services provided by a group/agency billing under Code 612, Behavior Analyst, should be no less than $50.00 per hour. This rate should be applied to all behavior services that are delivered by the behavior supervisor or behavior therapists, including but not limited to 1:1 behavior therapy, parent training, program supervision, and team meeting attendance. If payment is made under code 615, for Behavior Management Assistant, it should also be for no less than $50.00 per hour.	Feb 15, 2011 6:20 PM
1632	To insure the services are not abused by the consumer, there should be a cut off to the maximum allowable amt one consumer can receive (total) from all services provided by the Regional Center.	Feb 15, 2011 6:24 PM
1633	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: In addition to funding obtained through regional centers, funding for behavioral services for school-aged children should be pursued through generic resources such as schools and health insurance plans. However, the legal and procedural mechanisms for such services have yet to be established. The State of California should help facilitate and assist consumers and their families in accessing coverage of these services through all responsible parties. Depending on the individual needs (comprehensive treatment programs for children with autism) of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center). However, if funding is not available through generic resources, regional centers should continue to fund the behavioral program based upon the child’s needs and recommendations, not based upon arbitrary biases.	Feb 15, 2011 6:27 PM
1634	Funding for behavioral services for school-aged children should be pursued through generic resources such as health insurance plans. However, legal and procedural mechanisms for realistic pursuit of such funding do not widely exist. The State of California will need to assist families if they are to successfully pursue this type of funding.	Feb 15, 2011 6:32 PM
1635	Payment should be through the regional center or Medical.	Feb 15, 2011 6:34 PM
1636	evaluate parents' income inorder to develop a co-payment plan.	Feb 15, 2011 6:40 PM
1637	As a mom of a candidate,i am not paying for any services. I think all the payments are by the regional center.	Feb 15, 2011 6:42 PM
1638	not sure what you mean by this question.	Feb 15, 2011 6:44 PM
1639	These services should be paid for to help families no matter what the cost. There has to be a way to keep services for those in need while trying to keep a budget. However, I do not believe that any services should be reduced or canceled if the person in need still benefits from the services.	Feb 15, 2011 6:46 PM
1640	Bring on the insurance companies NOW! Insurance companies, school districts, federal funding and part payment for families who can afford to contribute.	Feb 15, 2011 6:53 PM

5. Suggested service standards about the payment for these services:

	Response Text	
1641	Funding for behavioral services for school-aged children should be pursued through generic resources such as schools and health insurance plans. Depending on the individual needs of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 15, 2011 6:53 PM
1642	Funding for behavioral services for school-aged children should be pursued through generic resources such as schools and health insurance plans. Depending on the individual needs of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 15, 2011 6:54 PM
1643	Funding for behavioral services for school-aged children should be pursued through generic resources such as schools and health insurance plans. Depending on the individual needs of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 15, 2011 6:58 PM
1644	contracting with the county and NGOs to provide these services whenever possible.	Feb 15, 2011 7:01 PM
1645	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: In addition to funding obtained through regional centers, funding for behavioral services for school-aged children should be pursued through generic resourcessuch as schools and health insurance plans. However, the legal and procedural mechanisms for such services have yet to be established. The State of California should help facilitate and assist consumers and their families in accessing coverage of these services through all responsible parties. Depending on the individual needs (comprehensive treatment programs for children with autism) of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 15, 2011 7:03 PM
1646	Payment for services for supervision should be comparable to any PhD who provides direct supervision services. For direct services it would be a lesser amount.	Feb 15, 2011 7:17 PM
1647	Can't really speak to the specifics of this (as we are not in the loop of that portion), but do continue to fund fantastic service agencies such as Learning Solutions in Sacramento, who have provided phenomenal services for our son over the last few years.	Feb 15, 2011 7:18 PM
1648	Monthly	Feb 15, 2011 7:29 PM
1649	I feel that private insurance should be held accountable and regional center should help with copays, extra incurred costs. There is a terrible battle with the insurance/autism coverage going on right now and I guarantee if we can fund more effective treatments early on, then we can reduce the length of time the consumer is a tax burden. I feel that these services now are teaching him to be independent and thereby one day, a tax PAYER. We need help from government to fight the insurance companies that don't want to pay. Until that happens, I feel we must rely on the regional center/state to cover these costs.	Feb 15, 2011 7:30 PM
1650	I HAD TO QUIT MY JOB, I COULDN'T AFFORD THESE TYPES OF SERVICES, MY DAUGHTER WAS ABOUT 1 YEAR AND A HALF, HER THERAPY SESSIONS WERE CONDUCTED AT HOME,,MY CHILDREN REQUIRED 24/7 SUPERVISION..I AM THANKFUL THAT THE REGIONAL CENTERS WERE ABLE TO FUND THESE TYPES OF PROGRAMS FOR OUR KIDS AND FOR OTHER CHILDREN AS WELL..	Feb 15, 2011 7:31 PM

5. Suggested service standards about the payment for these services:

	Response Text	
1651	State or federal funding	Feb 15, 2011 7:32 PM
1652	Should be paid by government	Feb 15, 2011 7:33 PM
1653	I feel that the Insurance Companies should be paying for all the therapy services that a child with Autism requires, but that's not happening because our state hasn't passed any legislative law requiring all services including ABA to be paid by the Insurance Industry, which is hard on us families who don't have the income to pay for these services, but want to do everything possible to help our child succeed in their future with this diability. So my next suggestion would be to have the regional centers help pay for these services, and that won't happen if their budget keeps getting cut by our state government. We need their help finacially, please don't take that away as part of the state budget cut, your playing with our sons and daughters futures here.	Feb 15, 2011 7:34 PM
1654	Please make sure that the persons delivering services are actually qualified. The credentials and qualifications should be made available to families as at RCRC persons delivering services were not always qualified and parents did not know the required qualifications.	Feb 15, 2011 7:34 PM
1655	The Regional Centers and/or Medical are to provide and fund these services, according to the Lanterman Act, and they are also to pay for the evaluations/assessments.	Feb 15, 2011 7:39 PM
1656	See above	Feb 15, 2011 7:44 PM
1657	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 15, 2011 7:47 PM
1658	SSI - Should handled or medi-cal	Feb 15, 2011 7:50 PM
1659	Depending on the individual needs (comprehensive treatment programs for children with Autism) of the consumer, a combination of funding sources may be utilized (ex: school, insurance, regional center)	Feb 15, 2011 7:54 PM
1660	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 15, 2011 7:56 PM
1661	Keep services funded at SMA rates, allow tiered rates to dilineate between direct intervention and supervision. Allow supervision only by licensed, PHD level BCBAs, for up to one hour of in home face to face supervision of program and interventionist per every 8 hours of direct intervention. Supervision shall include time with family on site as well as 1-2 hours per month in office, off site supervision (can be individual or group) of direct interventionist. RC supervision funding shall not include new staff training, on-going in-service training, report writing or program development.	Feb 15, 2011 7:57 PM
1662	government since we all pay taxes	Feb 15, 2011 8:07 PM

5. Suggested service standards about the payment for these services:

	Response Text	
1663	I would prefer the use of the individual choice model whenever practicable. (see ind. Choice model section) When the individual choice model is not practicable, I would like to see the Regional Center set up a subrogation unit for health insurance. Experts in health insurance billing & CA Health insurance law, working in conjunction with the Dept. of Ins., could subrogate the insurance companies to recover payment of partial payment for services initially paid by the regional center. Client families often are too overwhelmed with caring for their disabled loved ones to learn and be able to implement effective methods for insurance payment. Many insurers automatically deny all claims for services that many clients need such as speech, OT, PT, and ABA. Many client families do not know that these “automatic” denials are not legal under CA laws. The Regional Centers could significantly improve funding of these services by this method. Only if the thus derived funding plus the other funding available to the Regional Center for this services is insufficient, should a formula be developed to required additional funding from client families. This formula should take into account not only income but other expense amounts including, but not limited to: support of other child, disabled and elderly in the family, the inability of one parent to work due to the needs to care for other children, alimony or other court ordered support, disabled or elderly, UNREIMBURSED MEDICAL EXPENSES, education & other tuition costs, fluctuations in income for those who work on a job to job basis, cost of living in client’s zip code.	Feb 15, 2011 8:09 PM
1664	As always, a cost share with the family based on their ability to pay. No one should be turned away - especially when you consider the possible outcome if no support is provided.	Feb 15, 2011 8:10 PM
1665	The services should be provided by the Regional Center as well as the insurance companies. These insurance companies must be held accountable and cover this condition. Private funding is also an option for those who want to contribute.	Feb 15, 2011 8:14 PM
1666	Insurance companies or the state	Feb 15, 2011 8:15 PM
1667	Implement a negotiated fee, much like the insurance industry, to avoid preferential treatment based on fees charged.	Feb 15, 2011 8:16 PM
1668	Paid by the State of California through Local Regional Centers.	Feb 15, 2011 8:18 PM
1669	In addition to funding obtained through regional centers, funding for behavioral services for school-aged children should be pursued through generic resourcessuch as schools and health insurance plans. However, the legal and procedural mechanisms for such services have yet to be established. The State of California should help facilitate and assist consumers and their families in accessing coverage of these services through all responsible parties. Depending on the individual needs (comprehensive treatment programs for children with autism) of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 15, 2011 8:18 PM
1670	In addition to funding obtained through regional centers, funding for behavioral services for school-aged children should be pursued through generic resourcessuch as schools and health insurance plans. However, the legal and procedural mechanisms for such services have yet to be established. The State of California should help facilitate and assist consumers and their families in accessing coverage of these services through all responsible parties. Depending on the individual needs (comprehensive treatment programs for children with autism) of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 15, 2011 8:26 PM

5. Suggested service standards about the payment for these services:

	Response Text	
1671	Funding for behavioral services for school-aged children should be pursued through generic resources such as health insurance plans. However, legal and procedural mechanisms for realistic pursuit of such funding do not widely exist. The State of California will need to assist families if they are to successfully pursue this type of funding.	Feb 15, 2011 8:29 PM
1672	In addition to funding obtained through regional centers, funding for behavioral services for school-aged children should be pursued through generic resources such as schools and health insurance plans. However, the legal and procedural mechanisms for such services have yet to be established. The State of California should help facilitate and assist consumers and their families in accessing coverage of these services through all responsible parties. Depending on the individual needs (comprehensive treatment programs for children with autism) of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 15, 2011 8:30 PM
1673	payment should reflect more what parents have to pay caregivers, eg I can't get someone for less than $15-25/hour and Regional Center reimbursement is between $8-10/hour, not counting food money that I provide for my child and the caregiver which has never gotten reimbursed. If programs existed payment could be made directly to the program and I know this is the case in other areas.	Feb 15, 2011 8:30 PM
1674	In order to provide and maintain effective service providers for families in California, supervision rate should be consistent with the rates for PhD Psychologist operating within LA county.	Feb 15, 2011 8:31 PM
1675	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: In addition to funding obtained through regional centers, funding for behavioral services for school-aged children should be pursued through generic resources such as schools and health insurance plans. However, the legal and procedural mechanisms for such services have yet to be established. The State of California should help facilitate and assist consumers and their families in accessing coverage of these services through all responsible parties. Depending on the individual needs (comprehensive treatment programs for children with autism) of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center). However, if funding is not available through generic resources, regional centers should continue to fund the behavioral program based upon the child’s needs and recommendations, not based upon arbitrary biases.	Feb 15, 2011 8:33 PM
1676	Vendors should be paid on a scale according to results of their grading scale	Feb 15, 2011 8:41 PM
1677	medicare/social security/medical	Feb 15, 2011 8:43 PM
1678	I have no expertise in this area. I know pay grades differ from district to district.	Feb 15, 2011 8:48 PM
1679	The Lanterman Act, requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that regional centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 15, 2011 8:51 PM
1680	The payment for the services should be based on the individual's capability to pay.	Feb 15, 2011 8:54 PM
1681	Regional center pays for approved services, Copay maybe required if that is the only way that the services can be provided budget wise for relavent services	Feb 15, 2011 9:01 PM
1682	It can cost the same as childcare, but dependent on the income levels of the parents.	Feb 15, 2011 9:09 PM
1683	I think if families are mandated to pay a high percentage for the supports and services they would not request them like they are now.	Feb 15, 2011 9:19 PM
1684	DDS should oversee this and to make sure the Regional Center clients are receiving high quality services. This is in the Lanterman Act.	Feb 15, 2011 9:20 PM

5. Suggested service standards about the payment for these services:

	Response Text	
1685	This is an individual decision based on their experience and what they bring to the table. It shouldn't be about their company budget or their advertising bills. Professionals know how to bill and how much to bill for their services.	Feb 15, 2011 9:20 PM
1686	If a child has Autism, we must begin to hold the insurance companies accountable for thier part in providing services for this child. If a child requires a 35-40hr/week program....possible to have the Regional center account for 10hours, the school district for 10 hours and health insurance for 10hours. But what occurs is a minimal amount of ABA hours from a regional center (and that is usually after months and years of asking until at last parents seek a claim through the office of Administrative Hearing Office). If attempting hours from a school district (many months and at times years of pleading and asking until attorneys are brought in and due processing hearing is the started. And yet after this,school districts still take parents into federal court despite rulings granting ABA services for your child)...Same senario with Health insurance. So at the end parents privately fund an instensive ABA service for their child...AMAZING a child begin to flourish. And eventually parents face many financial hardships...and at times services are dropped...back to square one!...All in the attempt to help their child!	Feb 15, 2011 9:23 PM
1687	The Lanterman Act requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regioal Centers can secure high quality services for developmental disabilities. The Director should comply with these laws.	Feb 15, 2011 9:23 PM
1688	Depending on the individual needs (comprehensive treatment programs for children with Autism) of the consumer, a combination of funding sources may be utilized (e.g school, insurance, regional center).	Feb 15, 2011 9:26 PM
1689	The state needs to fund the services.	Feb 15, 2011 9:29 PM
1690	These services should be funded by the regional centers.	Feb 15, 2011 9:32 PM
1691	It's hard work with many unforseen circumstances, so the therapists/consultants should be compensated properly.	Feb 15, 2011 9:37 PM
1692	Fair and reasonable. We need highly qualified professionals, so paying a fair wage is important.	Feb 15, 2011 9:41 PM
1693	POS when possible if not through other State Funding to ensure families are not gun shy or opt not to participate in services for the welfare and benefit to the consumers.	Feb 15, 2011 9:41 PM
1694	The regional centers should continued to pay for all necessary services, as determined by the IPP team.	Feb 15, 2011 9:42 PM
1695	Provided by the Regional Center and School disctrict.	Feb 15, 2011 9:43 PM
1696	Follow what DMH pays.	Feb 15, 2011 9:56 PM
1697	Sliding scale related to level of experience of individual providing the services.	Feb 15, 2011 10:01 PM
1698	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: In addition to funding obtained through regional centers, funding for behavioral services for school-aged children should be pursued through generic resourcessuch as schools and health insurance plans. However, the legal and procedural mechanisms for such services have yet to be established. The State of California should help facilitate and assist consumers and their families in accessing coverage of these services through all responsible parties. Depending on the individual needs (comprehensive treatment programs for children with autism) of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 15, 2011 10:11 PM

5. Suggested service standards about the payment for these services:

	Response Text	
1699	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 15, 2011 10:11 PM
1700	Self-directed	Feb 15, 2011 10:17 PM
1701	Audits should be frequent and fraud should be swiftly and severely dealt with. There should be a forum for clients/family and employees to report problems anonymously. Families should be able to select vendors from a publicized vendor list and change vendors at any time, to promote transparency. it would be AWESOME to give parents an allowance and allow THEM to spend it as they see fit (according to guidelines). This would really promote better performance due to accountability and competition.	Feb 15, 2011 10:23 PM
1702	The Lanterman Act requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 15, 2011 10:24 PM
1703	Has to be based on costs per area - sf would be much higher then bakersfield - cannot be a standard through out the State	Feb 15, 2011 10:25 PM
1704	Payment for behavior intervention services provided by a group/agency billing under Code 612, Behavior Analyst, should be no less than $50.00 per hour. This rate should be applied to all behavior services that are delivered by the behavior supervisor or behavior therapists, including but not limited to 1:1 behavior therapy, parent training, program supervision, and team meeting attendance. If payment is made under code 615, for Behavior Management Assistant, it should also be for no less than $50.00 per hour.	Feb 15, 2011 10:28 PM
1705	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 15, 2011 10:28 PM
1706	above minimum wage for tutors; leads should be paid at least 10% more than tutors; program managers should be paid at least 15% more than leads and even more with Behaviorial analysis education.	Feb 15, 2011 10:33 PM
1707	Service should be funded by an hourly rate and not a flat fee.	Feb 15, 2011 10:37 PM
1708	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: In addition to funding obtained through regional centers, funding for behavioral services for school-aged children should be pursued through generic resourcessuch as schools and health insurance plans. However, the legal and procedural mechanisms for such services have yet to be established. The State of California should help facilitate and assist consumers and their families in accessing coverage of these services through all responsible parties. Depending on the individual needs (comprehensive treatment programs for children with autism) of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 15, 2011 10:38 PM

5. Suggested service standards about the payment for these services:

	Response Text	
1709	Take it from another budget/ funds... Like the police department/ fire department etc budget/funds that are over leverage with money.	Feb 15, 2011 10:42 PM
1710	SMA rates with consideration for adjustments for the actual cost of living	Feb 15, 2011 10:43 PM
1711	Payments should be sent the person who needs the assistance.	Feb 15, 2011 10:49 PM
1712	Payment for services should be based on quality of services, education level and competence.	Feb 15, 2011 10:49 PM
1713	$30-$40 per hour	Feb 15, 2011 10:53 PM
1714	parents must submit income/salaries and be required to pay a portion.	Feb 15, 2011 10:57 PM
1715	Adequate to cover the costs of delivering the services	Feb 15, 2011 11:01 PM
1716	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: In addition to funding obtained through regional centers, funding for behavioral services for school-aged children should be pursued through generic resourcessuch as schools and health insurance plans. However, the legal and procedural mechanisms for such services have yet to be established. The State of California should help facilitate and assist consumers and their families in accessing coverage of these services through all responsible parties. Depending on the individual needs (comprehensive treatment programs for children with autism) of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 15, 2011 11:03 PM
1717	Payments are based on services provided	Feb 15, 2011 11:09 PM
1718	Each regional center should decide how the allotment of funds are delievered based on the PPO. Every regional center has a different and unique population in which they are serving. One measure (statewide) standard will result in failure for the client to receive appropriate and INDIVIDUALIZED services, lack of continued success, dependence on the system and in my opinion, the potential for many law suits for families who are not getting the appropriate services for their children under the law.	Feb 15, 2011 11:10 PM
1719	In addition to funding obtained through regional centers, funding for behavioral services for school-aged children should be pursued through generic resources such as schools and health insurance plans. However, the legal and procedural mechanisms for such services have yet to be established. The State of California should help facilitate and assist consumers and their families in accessing coverage of these services through all responsible parties. Depending on the individual needs (comprehensive treatment programs for children with autism) of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 15, 2011 11:11 PM
1720	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: In addition to funding obtained through regional centers, funding for behavioral services for school-aged children should be pursued through generic resources such as schools and health insurance plans. However, the legal and procedural mechanisms for such services have yet to be established. The State of California should help facilitate and assist consumers and their families in accessing coverage of these services through all responsible parties. Depending on the individual needs (comprehensive treatment programs for children with autism) of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center). However, if funding is not available through generic resources, regional centers should continue to fund the behavioral program based upon the child’s needs and recommendations, not based upon arbitrary biases.	Feb 15, 2011 11:13 PM

5. Suggested service standards about the payment for these services:

	Response Text	
1721	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 15, 2011 11:46 PM
1722	I believe these services should be low cost and afforable to all. Especially for the low income families.	Feb 16, 2011 12:00 AM
1723	Regional Centers should be funded to continue to provide necessary services.	Feb 16, 2011 12:05 AM
1724	If your child qualifies, then the Regional Centers need to pay for these services. Having Behaviorist cost quite a bit of money that the family is already dealing with, they don't need to burdened with the cost as well.	Feb 16, 2011 12:07 AM
1725	The Lanterman Act, in Sections 4648 (a) (5) and 4690 require the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that regional centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 16, 2011 12:11 AM
1726	every body should be able to use these services, and it should be paid by all insurances.	Feb 16, 2011 12:17 AM
1727	community service if unable to pay a reduced rate.	Feb 16, 2011 12:18 AM
1728	Parents should have some responsibility when the RC delivers intensive, high dollar programs to kids.	Feb 16, 2011 12:20 AM
1729	The service standards should be maintained by the standards already in place by Title 17. Early Start/Early Intensive Behavioral Intervention services are cruicial in providing children a chance to acquire the skills needed to function and communicate with others/peers. The developing brain from 0-3 years of age has not been mylenated, meaning it is flexible in creating new connections/pathways. This is one of the crucial aspects in providing services to the 0-3 age group because a diagnosis of Autism, Mental Retardation, or an Receptive/Expressive Language Delay, to name a few, will be able to alter to varying degrees the overall impact/severity of the diagnosis/delay. Service Standards are also important in lessening the overall burden of the state/federal monetary aid because it has been proven that the earlier the services are provided, generally, the less impact and less the child(ren) will be in the "system." These services should be provided according to the professionals who work directly with the children (i.e., treating therapists) and be determined by the IFSP team.	Feb 16, 2011 12:28 AM
1730	Services should be paid for by the individual or their family to the greatest extent possible. A sliding scale should be applied so that lower income families can still access services, while higher income families would pay a greater portion of the cost for their services. This should be done such that nobody is denied a necessary service because they are not able to pay, but also so that the family receiving the service is invested. Having families that are able to do so cover more of the cost of their services will also enable appropriate services to be provided to more of those in need.	Feb 16, 2011 12:29 AM
1731	Pay must be consistent with level of expertise of provider.Co-pay if child if not covered by generic or private insurance/services; otherwise Reg. Ctr. would have to cover.	Feb 16, 2011 12:47 AM

5. Suggested service standards about the payment for these services:

	Response Text	
1732	The Lanterman Act, in Sections 4648 (a) (5) and 4690, requires the director of DDS to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for peersons with developmental disabililties. The director should continue to comply with these laws.	Feb 16, 2011 12:48 AM
1733	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: In addition to funding obtained through regional centers, funding for behavioral services for school-aged children should be pursued through generic resources such as schools and health insurance plans. However, the legal and procedural mechanisms for such services have yet to be established. The State of California should help facilitate and assist consumers and their families in accessing coverage of these services through all responsible parties. Depending on the individual needs (comprehensive treatment programs for children with autism) of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 16, 2011 12:56 AM
1734	Funding for behavioral services for school-aged children should be pursued through generic resources such as health insurance plans. However, legal and procedural mechanisms for realistic pursuit of such funding do not widely exist. The State of California will need to assist families if they are to successfully pursue this type of funding.	Feb 16, 2011 1:01 AM
1735	dds and medi-cal	Feb 16, 2011 1:05 AM
1736	* Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: o In addition to funding obtained through regional centers, funding for behavioral services for school-aged children should be pursued through generic resourcessuch as schools and health insurance plans. However, the legal and procedural mechanisms for such services have yet to be established. The State of California should help facilitate and assist consumers and their families in accessing coverage of these services through all responsible parties. o Depending on the individual needs (comprehensive treatment programs for children with autism) of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 16, 2011 1:07 AM
1737	These services should be paid for by the state / government AND insurance companies. Once this intensive therapy cost is addressed, the future cost of intensive therapy will not be an issue. As the child gets better, the child will not need as much therapy, if any. Better to take care of these children early, then try to deal with an uncontrollable behavior later in life.	Feb 16, 2011 1:17 AM

5. Suggested service standards about the payment for these services:

	Response Text	
1738	Vendors should be paid at a professional rate for services; $75 for supervision and $52 for direct line staff. In addition to funding obtained through regional centers, funding for behavioral services for should be pursued through generic resources such as health insurance plans. However, the legal and procedural mechanisms for such services have yet to be established. The State of California should help facilitate and assist consumers and their families in accessing coverage of these services through all responsible parties. Depending on the individual needs and resources, a combination of funding sources may be utilized (e.g., school, insurance, regional center). Models of co-funding of comprehensive treatment programs between schools and regional centers have been successfully demonstrated at both Valley Mountain Regional Center and Alta California Regional Center. Similar arrangements have been accomplished with partial payment from health plans.	Feb 16, 2011 1:23 AM
1739	none at this time	Feb 16, 2011 1:29 AM
1740	Not my field of expertise.	Feb 16, 2011 1:33 AM
1741	Funding for behavioral services for school-aged children should be pursued through generic resources such as health insurance plans. However, legal and procedural mechanisms for realistic pursuit of such funding do not widely exist. The State of California will need to assist families if they are to successfully pursue this type of funding.	Feb 16, 2011 1:33 AM
1742	These services should be paid for by the state / government AND insurance companies. Once this intensive therapy cost is addressed, the future cost of intensive therapy will not be an issue. As the child gets better, the child will not need as much therapy, if any. Better to take care of these children early, and then try to deal with an uncontrollable behavior later in life.	Feb 16, 2011 1:38 AM
1743	Funding for behavioral services for school-aged children should be pursued through generic resources such as health insurance plans. However, legal and procedural mechanisms for realistic pursuit of such funding do not widely exist. The State of California will need to assist families if they are to successfully pursue this type of funding.	Feb 16, 2011 1:51 AM
1744	Medical insurance companies have, so far, escaped responsibility. What if there was a PPO like model where 80% was covered by the private insurance and 20% was covered by Alta? For those of us who don't have private insurance and are on Medi-CAL, then it should be 80% Alta and 20% County Consortium.	Feb 16, 2011 1:54 AM
1745	Funding for behavioral services for school-aged children should be pursued through generic resources such as health insurance plans. However, legal and procedural mechanisms for realistic pursuit of such funding do not widely exist. The State of California will need to assist families if they are to successfully pursue this type of funding	Feb 16, 2011 1:59 AM
1746	$140-160 per hour for supervision (individuals appropriate for this position have extensive training and experience in the field, as well as advanced degrees in most cases)	Feb 16, 2011 2:01 AM
1747	as the Lanterman Act provides	Feb 16, 2011 2:15 AM
1748	No comment	Feb 16, 2011 2:16 AM
1749	Payment for behavior intervention services provided by a group/agency billing under Code 612, Behavior Analyst, should be no less than $50.00 per hour. This rate should be applied to all behavior services that are delivered by the behavior supervisor or behavior therapists, including but not limited to 1:1 behavior therapy, parent training, program supervision, and team meeting attendance. If payment is made under code 615, for Behavior Management Assistant, it should also be for no less than $50.00 per hour.	Feb 16, 2011 2:22 AM

5. Suggested service standards about the payment for these services:

	Response Text	
1750	THESE SERVICES SHOULD BE PROVIDED BY THE FUNDING SOURCE, IE REGIONAL CNTRS. NOT SERVICE PROVIDERS AND PARENTS.	Feb 16, 2011 2:23 AM
1751	Usual and customary rates for services for PhD Psychologist operating in LA county are $140.38 for a 75-80 minute face to face contact (see AMA website for information on usual and customary rates). If the state wishes to recruit capable and effective service providers for the families in California, the reimbursement rates should be similar for supervision.	Feb 16, 2011 2:24 AM
1752	One thing I will state again. I believe that eventually I will lose my best people because they aren't paid enough for the difficulties of the job. Do you go to work in an environment where you might get clocked in the normal course of your day? How much do you think that is worth? Then they also need to feel that the service that they provide is valuable. The only real way to reward a job well done is monetarily. The cuts to the crisis care givers will eventually backfire if it isn't already. You will have an unacceptable amount of turnover; leaving your children vulnerable to the undertrained and inexperienced. Some of the most damage while we have been in crisis was caused by persons very well meaning but without training and experience. If this is a new state of being for your child and family then you don't really know the best ways of dealing with extreme behaviors so you have to trust people that often know even less than you do. Don't cut the safety nets and quit acting like putting kids into group homes because it is more cost effective is better because in the long run, how would you like to have someone else raising your child? It is never easy even my so called normal kids were difficult many times.	Feb 16, 2011 2:30 AM
1753	In addition to funding obtained through regional centers, funding for behavioral services for school-aged children should be pursued through generic resources such as schools and health insurance plans. However, the legal and procedural mechanisms for such services have yet to be established. The State of California should help facilitate and assist consumers and their families in accessing coverage of these services through all responsible parties. Depending on the individual needs (comprehensive treatment programs for children with autism) of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 16, 2011 2:35 AM
1754	Rates should be comparative to a psychologist (LA county rates are $140 per 75-80 minute session)	Feb 16, 2011 2:39 AM
1755	In addition to funding obtained through regional centers, funding for behavioral services for school-aged children should be pursued through generic resources, such as schools and health insurance plans. However, the legal and procedural mechanisms for such services have yet to be established. The State of California should help facilitate and assist consumers and their families in accessing coverage of these services through all responsible parties. Purchase of Service standards should be consistent across ALL Regional Centers, as well as the information sent with a standard referral. (e.g., A brief Functional Assessment should be 10-hours while an Intensive Behavior Assessment should be 20-hours for ALL providers, not arbitrarily determined by Service Coordinators.) Families should not be forced to wait 21-days for services to be initiated or transferred via the local Regional Center once services are approved. This puts consumers at great risk and also pro-longs the period of time in which services will need to be provided. The initial "clinic" process consumers must go through in order to receive services should have a time limit and be standardized across ALL Regional Centers.	Feb 16, 2011 2:40 AM
1756	Implementation of the Individualized Budget - while this will in fact represent a reduction in actual dollars spent - it will give you CHOICE.	Feb 16, 2011 2:41 AM
1757	Regional Center will do POS for the services for the clients	Feb 16, 2011 2:58 AM

5. Suggested service standards about the payment for these services:

	Response Text	
1758	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 16, 2011 2:59 AM
1759	(based on income--and insurance) programs should really be offered free-more children and familys would bennefit from early intervention programs-----maybe no child left behind would really come true.	Feb 16, 2011 3:17 AM
1760	Set rate	Feb 16, 2011 3:19 AM
1761	You get what you pay for. Stop paying providers who provide substandard services. You lose money in the end becasue they don;t get results and then ultimately you'll have to send the kids to the providers who have a good track record and who have been around for a while. Do it right out of the gate! Stop wasting our kids precious time. Qualified providers provide good services and good programming which in the end is more cost effective.	Feb 16, 2011 3:23 AM
1762	In addition to funding obtained through regional centers, funding for behavioral services for school-aged children should be pursued through generic resourcessuch as schools and health insurance plans. However, the legal and procedural mechanisms for such services have yet to be established. The State of California should help facilitate and assist consumers and their families in accessing coverage of these services through all responsible parties. Depending on the individual needs (comprehensive treatment programs for children with autism) of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 16, 2011 3:26 AM
1763	AS SARC has in the past.	Feb 16, 2011 3:30 AM
1764	Payment should be according to the economic status of the parents. For those who are unable to pay but are in need of these services, payment should be minimal to free of charge.	Feb 16, 2011 3:31 AM
1765	Most families will not have the resources for these services. DDS should not forsake families struggling to maintain the child in their home. Exploring the option of insurance payment is appropriate. Co-payments are also appropriate if not ridiculously disproportionate to the service. (some insurance co-payments can be $75/visit). Working with families with catastrophic deductible amounts ($2500-$5000) would also ensure access for families that need this service without causing the family undue financial hardship to access behavior supports.	Feb 16, 2011 3:33 AM
1766	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: In addition to funding obtained through regional centers, funding for behavioral services for school-aged children should be pursued through generic resourcessuch as schools and health insurance plans. However, the legal and procedural mechanisms for such services have yet to be established. The State of California should help facilitate and assist consumers and their families in accessing coverage of these services through all responsible parties. Depending on the individual needs (comprehensive treatment programs for children with autism) of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 16, 2011 3:41 AM
1767	Insurance companies and school districts, along with funding from the state of California.	Feb 16, 2011 3:44 AM
1768	Co-payments for ABA services would break most families, as the frequency is so great. Thats why I suggested insurance.	Feb 16, 2011 3:54 AM

5. Suggested service standards about the payment for these services:

	Response Text	
1769	Follow the model that is practiced currently in Stanislaus and San Joaquin Counties. Learn from the mistakes of the model in Los Angles County.	Feb 16, 2011 3:59 AM
1770	Payment for behavior intervention services provided by a group/agency billing under Code 612, Behavior Analyst, should be no less than $50.00 per hour. This rate should be applied to all behavior services that are delivered by the behavior supervisor or behavior therapists, including but not limited to 1:1 behavior therapy, parent training, program supervision, and team meeting attendance. If payment is made under code 615, for Behavior Management Assistant, it should also be for no less than $50.00 per hour.	Feb 16, 2011 4:25 AM
1771	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: In addition to funding obtained through regional centers, funding for behavioral services for school-aged children should be pursued through generic resourcessuch as schools and health insurance plans. However, the legal and procedural mechanisms for such services have yet to be established. The State of California should help facilitate and assist consumers and their families in accessing coverage of these services through all responsible parties. Depending on the individual needs (comprehensive treatment programs for children with autism) of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 16, 2011 4:26 AM
1772	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: In addition to funding obtained through regional centers, funding for behavioral services for school-aged children should be pursued through generic resourcessuch as schools and health insurance plans. However, the legal and procedural mechanisms for such services have yet to be established. The State of California should help facilitate and assist consumers and their families in accessing coverage of these services through all responsible parties. Depending on the individual needs (comprehensive treatment programs for children with autism) of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 16, 2011 4:27 AM
1773	Payment for behavior intervention services provided by a group/agency billing under Code 612, Behavior Analyst, should be no less than $50.00 per hour. This rate should be applied to all behavior services that are delivered by the behavior supervisor or behavior therapists, including but not limited to 1:1 behavior therapy, parent training, program supervision, and team meeting attendance. If payment is made under code 615, for Behavior Management Assistant, it should also be for no less than $50.00 per hour.	Feb 16, 2011 4:27 AM
1774	There should be a "usual and customary" fee schedule in place, as there is in medicine and dentistry.	Feb 16, 2011 4:34 AM
1775	Less regional centers and the over head cost and each one is so different give the consumer a budget amount and let them choose what they need.	Feb 16, 2011 4:35 AM
1776	It's vital that Regional Center still be capable of funding these programs as they have in the past. I believe "means testing" is wrong, is a crude instrument that doesn't truly tell whether a family has any disposable income, and completely goes against the spirit of the Lanterman Act	Feb 16, 2011 4:41 AM

5. Suggested service standards about the payment for these services:

	Response Text	
1777	The Lanterman Act, in Sections 4648(a)(5) and 4690 require the Director of the Department of Developmental Services to develop and maintain equitable processes for setting the rates to assure that regional centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 16, 2011 4:43 AM
1778	•Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: •In addition to funding obtained through regional centers, funding for behavioral services for school-aged children should be pursued through generic resources such as schools and health insurance plans. However, the legal and procedural mechanisms for such services have yet to be established. The State of California should help facilitate and assist consumers and their families in accessing coverage of these services through all responsible parties. •Depending on the individual needs (comprehensive treatment programs for children with autism) of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 16, 2011 4:45 AM
1779	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: In addition to funding obtained through regional centers, funding for behavioral services for school-aged children should be pursued through generic resourcessuch as schools and health insurance plans. However, the legal and procedural mechanisms for such services have yet to be established. The State of California should help facilitate and assist consumers and their families in accessing coverage of these services through all responsible parties. Depending on the individual needs (comprehensive treatment programs for children with autism) of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 16, 2011 4:55 AM
1780	FOCUSED APPLIED BEHAVIOR ANALYSIS (ABA) BEHAVIORAL SERVICES AND COMPREHENSIVE ABA AUTISM TREATMENT SERVICES FOR CHILDREN OVER AGE 3: In addition to funding obtained through regional centers, funding for behavioral services for school-aged children should be pursued through generic resources such as schools and health insurance plans. However, the legal and procedural mechanisms for such services have yet to be established. The State of California should help facilitate and assist consumers and their families in accessing coverage of these services through all responsible parties. Depending on the Individual needs (comprehensive treatment programs for children with Autism) of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 16, 2011 4:56 AM
1781	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 16, 2011 4:59 AM

5. Suggested service standards about the payment for these services:

	Response Text	
1782	FOCUSED APPLIED BEHAVIOR ANALYSIS (ABA) BEHAVIORAL SERVICES AND COMPREHENSIVE ABA AUTISM TREATMENT SERVICES FOR CHILDREN OVER AGE 3: In addition to funding obtained through regional centers, funding for behavioral services for school-aged children should be pursued through generic resources such as schools and health insurance plans. However, the legal and procedural mechanisms for such services have yet to be established. The State of California should help facilitate and assist consumers and their families in accessing coverage of these services through all responsible parties. Depending on the Individual needs (comprehensive treatment programs for children with Autism) of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 16, 2011 4:59 AM
1783	really make it affortable for families to be able to keep the comitment	Feb 16, 2011 5:05 AM
1784	FOCUSED APPLIED BEHAVIOR ANALYSIS (ABA) BEHAVIORAL SERVICES AND COMPREHENSIVE ABA AUTISM TREATMENT SERVICES FOR CHILDREN OVER AGE 3: In addition to funding obtained through regional centers, funding for behavioral services for school-aged children should be pursued through generic resources such as schools and health insurance plans. However, the legal and procedural mechanisms for such services have yet to be established. The State of California should help facilitate and assist consumers and their families in accessing coverage of these services through all responsible parties. Depending on the Individual needs (comprehensive treatment programs for children with Autism) of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 16, 2011 5:06 AM
1785	mostly by Medi-cal unless they have their own private ins. ILS or SL hours for follow up	Feb 16, 2011 5:09 AM
1786	FOCUSED APPLIED BEHAVIOR ANALYSIS (ABA) BEHAVIORAL SERVICES AND COMPREHENSIVE ABA AUTISM TREATMENT SERVICES FOR CHILDREN OVER AGE 3: In addition to funding obtained through regional centers, funding for behavioral services for school-aged children should be pursued through generic resources such as schools and health insurance plans. However, the legal and procedural mechanisms for such services have yet to be established. The State of California should help facilitate and assist consumers and their families in accessing coverage of these services through all responsible parties. Depending on the Individual needs (comprehensive treatment programs for children with Autism) of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 16, 2011 5:09 AM
1787	FOCUSED APPLIED BEHAVIOR ANALYSIS (ABA) BEHAVIORAL SERVICES AND COMPREHENSIVE ABA AUTISM TREATMENT SERVICES FOR CHILDREN OVER AGE 3: In addition to funding obtained through regional centers, funding for behavioral services for school-aged children should be pursued through generic resources such as schools and health insurance plans. However, the legal and procedural mechanisms for such services have yet to be established. The State of California should help facilitate and assist consumers and their families in accessing coverage of these services through all responsible parties. Depending on the Individual needs (comprehensive treatment programs for children with Autism) of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 16, 2011 5:13 AM

5. Suggested service standards about the payment for these services:

	Response Text	
1788	The Lanterman Act, in Section 4648 (a)(5) and 4690 requires Director of Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 16, 2011 5:18 AM
1789	DDS should develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services	Feb 16, 2011 5:20 AM
1790	State funded	Feb 16, 2011 5:25 AM
1791	i donot have idea about this .	Feb 16, 2011 5:28 AM
1792	Based on education and experiences, behavioral therapists should START at $20-25 an hour.	Feb 16, 2011 5:32 AM
1793	There should be a standard rate of payment for behavior vendors. Some vendors have rates of set according to the "usual and customary" standard, and there is currently a wide range of rates paid to these service providers. some vendors are paid $120/ hour while others receive less than half of that. The difference in rates does not correspond to the quality of services provided in my experience.	Feb 16, 2011 5:38 AM
1794	o Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: In addition to funding obtained through regional centers, funding for behavioral services for school-aged children should be pursued through generic resourcessuch as schools and health insurance plans. However, the legal and procedural mechanisms for such services have yet to be established. The State of California should help facilitate and assist consumers and their families in accessing coverage of these services through all responsible parties. Depending on the individual needs (comprehensive treatment programs for children with autism) of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 16, 2011 5:48 AM
1795	In being that providers work hard and try their best to make a difference in many people`s lives and helping the consumer and accommodating families in many areas of need and support, the payment to these services should be very reasonable and rewarding.	Feb 16, 2011 5:53 AM
1796	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 16, 2011 5:58 AM
1797	Direct time with consumers should be the only time billed to the Regional Center.	Feb 16, 2011 6:09 AM
1798	the government or private insurance if they're willing to cover some of it	Feb 16, 2011 6:13 AM
1799	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: In addition to funding obtained through regional centers, funding for behavioral services for school-aged children should be pursued through generic resources such as schools and health insurance plans. However, the legal and procedural mechanisms for such services have yet to be established. The State of California should help facilitate and assist consumers and their families in accessing coverage of these services through all responsible parties. Depending on the individual needs (comprehensive treatment programs for children with autism) of the consumer, a combination of funding sources may be utilized (e.g., school, insurance, regional center).	Feb 16, 2011 6:25 AM
1800	state and federal dollars to suppot such services. as well as potentail donors.	Feb 16, 2011 7:13 AM

5. Suggested service standards about the payment for these services:

	Response Text	
1801	1. 3rd Party Funding - Health Insurance Coverage under "Counseling/Psychotherapy/Psych.Eval. Regional Centers need to understand HOW TO HELP parents obtain 3rd Party funding for Behavioral Intervention Services. I sat through a workshop provided by FEAT in Los Angeles (Families for Early Autism Treatment) and the attorney who was presenting asked if there were any regional center personnel present. There was only 1 regional center service coordinator. Out of the 200 + participants, there was only 1 . Since 1993 (the year my first daughter entered the regional center system, I've heard the "mantra" from regional center to "seek generic payment for services" or "seek generic services". However, the service coordinators DO NOT KNOW HOW TO HELP YOU TO DO SO. If Regional Center wants to have parents seek payment from their health insurance, I believe that DDS needs to quickly train "3rd Party Funding Specialists" to train the service coordination divisions so that parents can be guided in obtaining services. I learned that payment from the health insurance can occur if we parents KNEW what "industry words" to use when discussing our benefit coverages with the insurance company and vendors knew how to use the appropriate "medical jargon" in describing their intervention. For example, vendors should have a "medical doctor/consultant" on staff to write the definitive statement that the consumer is diagnosed with a NEUROLOGICAL DISORDER called Autism Specturm Disorder and would benefit from COUNSELING SESSIONS with a PSYCHOLOGIST and their trained team. 2. Medi-cal should pay for the initial Evaluation done by the vendor. Even though the vendor may call it a Behavioral Assessment they should use the Medi-cal codes for Psychological/Behavioral Assessment so Medi-cal will pay. 3. Regional Center should pay for subsequent services as payor of last resort. Again, regional center needs to provide parents with information to help them seek payment from 3rd Party. When the service coordinator asks parents/guardians about generic services and parents/guardians mention that private insurance is in place, regional center should provide a Parent Workshop or give info. on workshops that would help parent obtain funding from their private insurance. 4. Someone at Regional Center needs to keep abreast of what agencies are providing ABA orientation to strategy and methodology ------free of charge. And research groups that are offering behavioral intervention as part of a research effort ----free of charge.	Feb 16, 2011 7:28 AM

5. Suggested service standards about the payment for these services:

	Response Text	
1802	$40.00 per hour	Feb 16, 2011 7:31 AM
1803	The current law states that clearly. (or at least it used to)	Feb 16, 2011 7:32 AM
1804	Work groups can be useful in determining payment standards. The work groups must have representation by consumer family members on each group. Otherwise, the decisions are made by non-stakeholders. That is not the way the consumer's needs are ensured to be met. A reduction in amounts is much more realistic than "elimination" of programs. California needs a health insurance law which mandates coverage for autism related medical costs and therapies. The individuals that have insurance, the insurance should be billed first, thus saving the Regional Centers the money. The individuals that do not have insurance coverage should access the services through the RC. Money spend now on ABA will save the state, the counties, the schools and the families money in the long run. Families that have children/ disabled adult family members living with them that have received services are more likely to keep that family member at home.	Feb 16, 2011 7:33 AM
1805	There should be a sliding scale family share of cost for every service. Vendors should be required to submit timelogs to regional center to show that the higher paid staff (supervisors) are actually providing services. In many cases, they tell the parents that they are using the hours to write the reports when in actuality they should be providing in home supervision. There should be a written statement (not the IPP) which describes the role of the behavior supervisor and what they are expected to provide during in home services and how the hours are to be utilized. If they cannot or need not provide those hours, the number should be reduces in the pos system.	Feb 16, 2011 7:52 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1	Co-payment Parental fee based on income .	Jan 28, 2011 12:35 AM
2	Parents of higher income brackets should have to pay a co-payment and put in the commitment to work with their child.	Jan 28, 2011 12:39 AM
3	Parents should be involved in education and generalization activities	Jan 28, 2011 12:50 AM
4	parents/caregivers must commit to learning the intervention techniques, completing homework assignments, and fully participating in the intervention with the direct service provider 100% of the time the direct service provider works with the family/caregiver/dd family member	Jan 28, 2011 12:53 AM
5	Based on need. Most parents of special needs children don't have extra money for co pays since they had to quit there jobs to care for their children. Time commitment should be evaluated by consultant. If parents agree and follow program plan that should suffice. If parents are not participating they should loose the service.	Jan 28, 2011 12:53 AM
6	Parents commit to group training, orientation, and commit to be present during child's behavior intervention sessions, and available for ongoing parent training/consultation	Jan 28, 2011 12:59 AM
7	absolutely -- families must be involved without causing harm in the family; families have some level of fiscal responsibility or their insurance company, etc.	Jan 28, 2011 1:00 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
8	Create a copay system where a parent pays the regional center. This would be similar to the system that exists with insurance companies. When a referral is made and there are no other resources available other than regional center, the parent would be obligated to pay a defined amount ($10, $20, etc) in order to receive services in this area Obviously the law must be changed in order for regional centers begin accepting payment.	Jan 28, 2011 1:01 AM
9	Parents should be partially responsible for a small portain. If they want free services they should submitt a the last 6 paystubs, TANF POS and or a tax return. All other agenices such as SSI, welfare, foodstamps require proff of income.	Jan 28, 2011 1:02 AM
10	A) parents need to be in the sessions 80% of the time, first as observers and then slowly moving in to the role of facilitator, with staff observing. B) parents need to attend at least 80% of the classes.	Jan 28, 2011 1:03 AM
11	Medicaid Waiver must be part of the plan. The alternative of Family Cost Participation must be effectively implimented.	Jan 28, 2011 1:07 AM
12	Parents must participate in the service training and become sufficiently trained to support the client when service providers are not in the home.	Jan 28, 2011 1:08 AM
13	BECAUSE THE LANTERMAN ACT IS BASED ON THE INDIVIDUAL, TIME COMMITMENT CAN NOT BE A STANDARD. THE ACTUAL STANDARD CAN BE BASED ON PROGRESS. PLEASE REALIZE THAT IF THEIR DISABILITY WOULD BE ON A TIME COMMITMENT THEN THE STANDARDS SHOULD REFLECT IT, BUT SINCE MORE THAN LIKELY THEIR DISABILITY IS PERMANENT, LOOK AT THE PROGRESS, IDENTIFY THE STRENGTH.	Jan 28, 2011 1:09 AM
14	I'm undecided. Our philosophy is to mitigate handicaps such that the family can live as "normal" a life as possible. Co-payments and time commitments are the responsibility of every "normal" family.	Jan 28, 2011 1:11 AM
15	Parents should be encouraged to attend group instruction and provided with individual sessions for follow-up. This is a clinical service and no fee should be assessed. Parents of typical children may take parenting classes, but they are not staffed by the same type of professional. Parents of disabled children should not have to pay for any part of a service that their neighbors don't have to purchase for their typical children.	Jan 28, 2011 1:14 AM
16	Consumers parents should attempt to use someone who is covered through their primary insurance when possible. Parents should participate to the extent that they are able to continue to encourage appropriate behaviors and extinguish new inappropriate behaviors as they come up. This could most often be accomplished through a 10 minute wrap up session at the end of each session. If the parent does not seem to understand how the therapy works they should sit in on sessions until they understand how to continue to back up the therapy.	Jan 28, 2011 1:19 AM
17	Parents can co-pay $5.00 per visit (per hour).	Jan 28, 2011 1:20 AM
18	Regional centers need to become more skilled at dealing with medical insurance as well as medi cal in order to help with funding services. I think the 2009 trailer language put enough emphasis on parental responsibility.	Jan 28, 2011 1:27 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
19	Training/education should be given highest priority to encourage empowerment. However, families also need to have stable environments to provide the necessary structure for the intervention to be successful. A distinction between behavioral intervention and crisis intervention should be highlighted. For those families under high stress or crisis those crisis areas need to be evaluated as to whether effective behavioral intervention can take place or not at the current time under the current circumstances. Parents should be encouraged to rate their own abilities and deficit areas- and seek personal help first- for example if they are under duress and seek out anger management classes, stress reduction classes, or short term therapy if there are multiple factors. These are topics outside of the purview of regional centers but can be addressed in parent support groups and parent behavioral training classes.	Jan 28, 2011 1:28 AM
20	Caregivers should participate in all sessions of behavior services. It would be reasonable to expect a small share of cost for these services as such a financial commitment by parents would encourage more active participation.	Jan 28, 2011 1:29 AM
21	Co-payment, time committment responsibilities should be based on the resources and abilities of the family. I believe that, as a society, we benefit from successful citizens. Unsuccessful citizens cost us all in many ways. Therefore I would be reluctant to deny services that would contribute significantly to a child's development toward being a successful citizen due to family disfunction that prevents parents from contributing at the required level. On the other hand, if intervention was not successful due to the families inability to follow through, I would discontinue the service.	Jan 28, 2011 1:33 AM
22	largest responsibilty belong to parents	Jan 28, 2011 1:36 AM
23	Parents should pay a copay for services when their children are under 18. They should also participate in trainings.	Jan 28, 2011 1:40 AM
24	ICB	Jan 28, 2011 1:40 AM
25	If the parents can afford to pay, allow them to contribute Currently some monetary contributions to the consumer on a regular basis are considered income for the purposes of section 8 housing and social security, thus disallowing services the consumer cannot live independently without. Making the families provide replacement funds for section 8, medical, and social security is imposible for most families.	Jan 28, 2011 1:42 AM
26	1) Time commitment 2) copayment of parents for children	Jan 28, 2011 1:42 AM
27	parents should provide the time commitment but that is it. no cost.	Jan 28, 2011 1:53 AM
28	Parents that have a certain income level (say over $200,00) should pay a portion of services.	Jan 28, 2011 1:54 AM
29	Since most consumers are on SSI/SSA and Medi-Cal they have very little money to cover the costs of services and also the cuts proposed to Medi-Cal. It has been shown that if the appropriate services are provided many consumers can work and thus pay into our tax system. This is only possible with support and proper care	Jan 28, 2011 2:05 AM
30	reasonable and by reasonable I mean $20. or less per visit should be considered and the professional would be responsible for deeming the time commitment...	Jan 28, 2011 2:26 AM
31	parents need to participate and be active a minimum of an hour a week but room for more is always there. Participate not run we need the guidance of the knowledgeable therapists.	Jan 28, 2011 2:27 AM
32	Our consumers are the most complex and all under the poverty line. People who come from wealthy families dont always have wealth themselves.	Jan 28, 2011 2:35 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
33	Caregivers should always be the primary therapist. This would improve quality and reduce dependency on services.	Jan 28, 2011 2:41 AM
34	For both in order to recieve these services they should have an expectation to cooperate with the behavioral plan.	Jan 28, 2011 2:49 AM
35	The issues involved in this discussion are of civil rights. California must adhere to the law. However, as stated previously, parents or other advocates may provide assistance, either monetary or through volunteering. The state and federal governments need to assist in this endeavor by making jobs for the handicapped a financial plus. Other than that, how about changing fines for cell phone use while driving to match that for drunk driving? The NTSB has shown that it's at least - if not more - dangerous. Plus, we recently read an articles in the Los Angeles Times about a small pharmacy in Florida who is collecting MILLIONS of dollars in "finder's fees" when identifying pharmeceutical company fraud against the government. Suppose California does the same thing? We'd not only get money back from the fraud (plus "finder's fee), we could also launch a campaign among Medicare and Medi-Cal recipients to identify fraud with rewards for successful prosecutions. Dang! We've got a very significant percentage of residents using government-sponsored care. The resulting windfall could be tremendous.	Jan 28, 2011 2:50 AM
36	Parents of children must be involved and contributing to the process but I would provide a fair trial with services even if the parents are uninvolved, as a means of making the best effort on behalf of a child.	Jan 28, 2011 3:03 AM
37	Co-payment could be required by families if there is an income guideline sliding scale, low income families should not have to pay a co-pay. Time commitment should be given and appointments not missed more than a couple of times without a doctor's note. Cancelation should be given in a timely manor when possible. If families miss too many appointments they should not be receiving the services and should make room for other families who will not miss.	Jan 28, 2011 3:05 AM
38	Less than 18 required family input depending on ability of family to do so in all aspect under #6.	Jan 28, 2011 3:06 AM
39	no comment	Jan 28, 2011 3:06 AM
40	Time commitment, clinical meeting with parents and providers.	Jan 28, 2011 3:11 AM
41	Sliding scale and parents must be present and follow through	Jan 28, 2011 3:21 AM
42	Parents of RDI clients spend huge amounts of time familiarizing themselves with the RDI program, making videos and attending conferences and meeting with the RDI consultant, as well as spending much of every single day providing the RDI lifestyle. It is gratifying. However, it is extremely time consuming for the family.	Jan 28, 2011 3:22 AM
43	Fee, minimum 2 hours	Jan 28, 2011 3:24 AM
44	Low co payments since parents and caregivers already have to supplement needed therapies.	Jan 28, 2011 3:25 AM
45	Parents and consumers were involved in the development of our services standards and are involved in survey. I don't remember what our regulations say about payment. I do know that consumers who work are required to pay for a portion of their services.	Jan 28, 2011 3:28 AM
46	co-pay to what they can afford and they can also manage the funds given to them to help their child.	Jan 28, 2011 3:28 AM
47	A sliding scale co-payment should be required for family involvment.	Jan 28, 2011 3:29 AM
48	Parents should make co-payments based on a sliding scale based on income. What is not paid by parents/caregiver organizations may be paid by either the IEP process or Regional Center. If parents have insurance that pays for behavioral services those funds should be utilized.	Jan 28, 2011 3:32 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
49	Parents should be directly involved & not use these services as babysitting as many do	Jan 28, 2011 3:33 AM
50	Lanterman Act. Needs of the consumer as written in the IPP	Jan 28, 2011 3:43 AM
51	While some parents may be able to pay a percentage of their children's services, in today's market condition where unemployment is a constant dilemma, holding parents accountable for payment is unsustainable.	Jan 28, 2011 3:46 AM
52	Parents should be required to give time towards services provided.	Jan 28, 2011 3:53 AM
53	If the parent has substancil income they should pay co pays on a sliding scale.	Jan 28, 2011 4:05 AM
54	Parents should be trained on how to implement techniques, but not to the point where it is intrusive or distracting for the consumer. For example, I am being forced to be in my son's classroom when he learns social skills and not only is this not helpful, it's actually hindering his progress. This is frustrating and counterproductive.	Jan 28, 2011 4:05 AM
55	Commitment to apply Services ay home as homework to continue the services in a different setting.	Jan 28, 2011 4:08 AM
56	For consumers living with their family, as a minimum, a family member must always be present during the receipt of the behavioral training and must be the primary person receiving the training and implementing the behavioral program. This must be a family member, and cannot be a paid or live-in staff person, though such a person may also participate at the same time as the family member, in order to receive the same training.	Jan 28, 2011 4:10 AM
57	parents shall have some responsibilities of fees to help their child, funds shall be available for care givers to care for consumers.	Jan 28, 2011 4:14 AM
58	The service should include parents/care giver training. Behavior management strategies need to be utilized/implemented consistently throughout the day, every day for them to work effectively. For this reason, if the child is in school, the training may need to include the teachers/teachers' aides.	Jan 28, 2011 4:14 AM
59	A co-payment is a reasonable request by the DDS. Most parents with gladly pay a co-payment for quality services.	Jan 28, 2011 4:15 AM
60	If parents can't commit to services, excepting reasonable circumstance, e.g. no more than minimum number of missed appointments w/o good reason, then appropriateness of services should be considered. The currently-required parent training series helps gauge parent's commitment, at least it's working that way at my RC.	Jan 28, 2011 4:22 AM
61	reasonable copayment sould be required	Jan 28, 2011 4:31 AM
62	Parents should be responsible for taking data and taking part in behavior plans as dictated by the behavior plan.	Jan 28, 2011 4:38 AM
63	Families often are the first ones to put in the "time commitment" those are the ones who spend 24/7 with the individual so that goes unsaid. If they are asking for help in this area then they need help from a professional and based on their income they could have a sliding scale for payment. But most of the time money and energy is spent fighting for needed services instead of just providing what a family needs. Much money can be saved by eliminating the fighting and seeing the real need and addressing it through the IPP.	Jan 28, 2011 4:41 AM
64	co-pay 25%	Jan 28, 2011 4:55 AM
65	Certainly the commitment to implement a well planned approach is critical to success, thus the plan must be presented in a way in which the family can do so. Co pays are reasonable so long as the family has resources to do so.	Jan 28, 2011 5:19 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
66	Families do not clock out. It is 24-hour per day work to keep a disabled family member at home. The state has gradually and systematically reduced their participation in rehabilitation of the disabled continuously since 2000. All families with a disabled family member deserve equal State services, regardless of their income. It is lunacy to have families with higher incomes, on a sliding scale fee who have paid the bulk of the taxes to provide the programs. It costs the state (taxpayers) more to administrate sliding scale fees for families with disabled family members, than the state saves or collects. Families do a better job than the State of raising and rehabilitating the disabled family members. All studies show the average institutionalization costs $250.000 per year per person. Families are being paid 10 cents on the dollar of this figure. Before the State take further aim at disabled persons and their families, try charging inmates and their families for the cost to the State that they drain out of taxpayers.	Jan 28, 2011 5:31 AM
67	Parents should be report any service that is not provided in a professional maner by agencies, in order to save money to the regional centers.	Jan 28, 2011 5:31 AM
68	Parents should be required to commit to being trained in how to do positive behavior supports Parents should be required to commit to following through with the techniques every day	Jan 28, 2011 5:47 AM
69	Parents NEED to be involved directly for services to be effective. Change does not happen for the consumer if the family is not participating. Providers need to be flexible however when families need to work and find ways to maintain communication and a working relationship. Sliding scale copayments CAN be acceptable at times, but people need to realize that families who care for children with special needs are constantly paying for medical bills, copays, therapies, equipment and other needs. You need to look at the entire situation, not just income.	Jan 28, 2011 6:09 AM
70	Most people could do a $2.00 to $3.00 copay. They also need to arrange for enough time to get the full course of treatment as prescribed in order to get the best results.	Jan 28, 2011 6:30 AM
71	Small co-payment for parents, but a commitment to meet with the service provider on a regular basis. They may be part of the problem and yet don't know it.	Jan 28, 2011 6:36 AM
72	Parents should also be involved with their childrens theray. I see that Parents are the ones who CaUSE MOST OF THEIR CHILDRENS BEHAVIOR!	Jan 28, 2011 6:42 AM
73	See answer #1	Jan 28, 2011 6:52 AM
74	There should be minimum of time (say 5 hours per month) that Parent/Caregiver needs to spend directly with a Behavior Supervisor who is insuring they are learning to take over behavioral program on their own. Parent/Caregiver should be required to be monitoring and involved in all behavior sessions in the home to prevent instances where these behavior supports may be utilized instead as a form of respite. It may make sense to implement a copay system based upon ability to pay as families would be most likely to attempt to get the most benefit from these programs and only use them as long as necessary in this case. Perhaps a copay of 50.00 per month.	Jan 28, 2011 6:53 AM
75	Parent should pay a co-payment so the families can buy into the training. Parent should participate in all training, not care providers, etc.	Jan 28, 2011 7:51 AM
76	Within 30 days of billing.	Jan 28, 2011 1:29 PM
77	Would need support of parents/staff to make this work. Parents and staff could also set goals and follow program.	Jan 28, 2011 2:22 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
78	Who gets these services? The home operators! If IHHS is restored and people are sent home that want to go home the State can save a lot of money. Right now the reverse is happening. The State attorneys have learned expertise at digging up dirt on families to get control of clients and feather thei own nests while suppressing harms to clients. "The State can do no wrong and the client's family can do no right" has to change along with attitudes.	Jan 28, 2011 2:47 PM
79	Parents need to be REQUIRED to participate. Many of them feel this is a time for respite, or they believe that the service will come in and "fix" their child.	Jan 28, 2011 2:52 PM
80	To receive service parents must have completed a seminar within the last three years on mental health.	Jan 28, 2011 2:58 PM
81	The time commitment is huge and if you cannot work or have reduced your employment a lot, you should not have a co-pay unless you have substantial other income.	Jan 28, 2011 3:13 PM
82	Parents and consumers must take responsibility. No professional can take the place of a parent who is with a child most of the time. If parents and consumers don't follow through with behavior plans the service should be dropped. I believe there should be co-payment structures for families based upon income in similar ways that there are for higher education e.g. Cal Grant, Federal loans, etc.	Jan 28, 2011 3:59 PM
83	Parent-time committment for training	Jan 28, 2011 4:05 PM
84	FCPP should apply to behavior services. Parents MUST attend sessions and should be required to participate in a "basic skills" group before 1:1 service can start.	Jan 28, 2011 4:08 PM
85	these services should continue to be paid by the state as Yes we did pay taxes for this even if the goverment does not know to budget. Don't put the issue on our children for your mistakes	Jan 28, 2011 4:10 PM
86	For us, if it was for the program our Regional Center found for us we never would have been able to get our son the therapy he needs. We could not afford it. We are more than willing to be involved and to put in whatever time is necessary but financially we cannot do much.	Jan 28, 2011 4:17 PM
87	A plan should be established immediately following either an interview or written concern. Those who will be hands-on should take responsibility for following the plan	Jan 28, 2011 4:27 PM
88	Parents and careproviders must maintain at least a 90% attendance rate at all required meetings and appointments. Co-payments by parents or care providers should be determined by income and may increase based on poor attendance.	Jan 28, 2011 4:28 PM
89	Time commitment is very important. working on the goals laid out by the behavioral consultant is imperitive.	Jan 28, 2011 4:29 PM
90	Only if the parent is a high income earner or consumer	Jan 28, 2011 4:34 PM
91	Payment should be made affordable for every one even the working poor no one should be exculded .	Jan 28, 2011 4:35 PM
92	The parents should participate in understanding what is going on with their child at alll times. Although I might add that the social service personel might find that as they help the child the parent or parents have the same issues in which then we must re evaluate the situation to get the entire family help, due to the fact if one is helped and they use the stratagies learned and they dont get the response that is needed to continue with whats expected then they will fall back into the same field of stress and it becomes a never ending cycle. As for co payments yes I could a gree with that for low income families I think it should definately be as low as $1 and the copayment shouldnt go over $20.	Jan 28, 2011 4:37 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
93	These are, by and large, people who are not wealthy - the State has a responsibility to pay, people with developmental disabilities deserve at least as much as felons in our prison system	Jan 28, 2011 4:47 PM
94	Establish a minimum amount of parent involvement with regular progress evaluations.	Jan 28, 2011 4:53 PM
95	Co pays are fare.	Jan 28, 2011 4:59 PM
96	Remember that very fesw professionals will provide the in home tutoring at the rate that Regional Centers reimburse. Parens are already making up the difference in addition to paying for services not covered by Regional Centers. If there is any co payments it needs to come with easy to understand paperwork	Jan 28, 2011 5:02 PM
97	Parent financial contribution if there's no insurance benefits; per decades of scientific research, parents must participate in their child's services. A minimum of 10% of the number of service hours their child receives seems like a reasonable and effective amount of parent participation No parent participation, no services for the child.	Jan 28, 2011 5:04 PM
98	Parent should have an active role. They are the most important piece.	Jan 28, 2011 5:05 PM
99	Regional centers need to become more skilled at dealing with medical insurance as well as medi cal in order to help with funding services.	Jan 28, 2011 5:06 PM
100	There should be a commitment by others to participate in the plan. If the client is working and earning wages develop% of co-pyament by the client.	Jan 28, 2011 5:07 PM
101	Co-pays should be minimal if any, and be universal. Middle class is poorer than many on welfare, by the time they pay for health care, child care, taxes, and food, they should not take on one more burden for care.	Jan 28, 2011 5:09 PM
102	Parent must be present during sessions, attend monthly meeting and trainings	Jan 28, 2011 5:09 PM
103	People who can pay a portion of the cost, based on income, should do so. Family members and residential staff should be accountable for following the plan, with application of practices noted at each review.	Jan 28, 2011 5:13 PM
104	Parents should have to commit to time and participation in program.	Jan 28, 2011 5:22 PM
105	Parents should particpate at least weekly in a form that works within their family routines.	Jan 28, 2011 5:31 PM
106	Parents should participate, but currently parent requirements are being used as a roadblock to services, and not as a way to improve outcomes for consumers.	Jan 28, 2011 5:31 PM
107	Nothing is wrong with encouraging literal buy-in for services, but a higher level of consistent and ethical service delivery will be expected by those individuals who pay. I would expect to have more control over a service which I was contributing to. DDS should also mount a large campaign (possibly with other state wide entities such as the State Department of Managed Health Care and the American Academy of Pediatrics) to get insurance companies to step up to providing services. It needs to be universally accessible and not fought individually by consumer families. If a time commitment is required RC needs to be able to facilitate it, other family responsibilities may interfere with a parent's ability to invest the considerable time that is involved. It should not become another hurdle used to limit a family's ability to participate.	Jan 28, 2011 5:33 PM
108	I believe that an income-based, tiered share of cost plan should be applied to parents or caregivers. It is their family, and a co-payment would help offset costs.	Jan 28, 2011 5:38 PM
109	The parents should be invloved at least once a week with their childs program and be inform of the child's progress.The parents should be consistent with the program and take into practice what is taugt to them on a daily basis.	Jan 28, 2011 5:40 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
110	Parents need to have some level of involvement with their children's behavioral programs, but the level of involvement should be individualized by family and not set as a universal standard. Participation may include a variety of responsibilities such as: - direct implementation of behavioral strategies - creating protocols - collecting data on behaviors - purchasing therapy materials - seeking mental health services for themselves if mental health issues are a barrier to participation, This may increase parent's capacity to respond to their children's needs and become active participants in intervention.	Jan 28, 2011 5:41 PM
111	Parents should participate in at least 60% of services, apply strategies outside of services, have clear goals and objectives on how to meet those goals, and take behavioral data daily.	Jan 28, 2011 5:41 PM
112	*Sliding scale for co-payments -- with consideration given to over-all cost of parent portion. If my copay for respite is $8 per hour, and for childcare is $3 per hour -- then I'm up to multiple hundreds per month. Add to that the non-covered portions of private therapies NOT provided via the regional centers and I'm broke. If I had to pay 10% of my son's behavior program, I'd have to chose between it and food, clothes, school needs for my other kids . . .	Jan 28, 2011 5:44 PM
113	all involved need to be on the same page and must cooperate to acheive the goal..document document document..the regional center liason or representative needs to keep tabs on progress, not just go to purchase committee on Monday morning and renew the purchase,,he/she needs to interview persons about the progress i.e.care home staff, teacher, day program, bus driver...persons OUTSIDE of the money. I told the regional center for years that the vendor was ripping them off...billing nonexistent hours, sending aides that had no idea what to do, aides that were afraid of the consumer, aides that stole food off other consumers plates and ate it themselves, I finally put in video camera and a made them punch a time clock and compared it to their hand written time sheet and I reported it Reported it over and over and Alta still to this day uses this agency but not for my consumer I am now being reimbursed $8.00 an hour to pay 3 times that amount to the consumers aide because I WANT him to get better so I hired a trained aide that actually does the job.	Jan 28, 2011 5:45 PM
114	Parents should be required to participate in 100% of routines. Copyament options could be considered.	Jan 28, 2011 5:48 PM
115	Time commitment to follow the goals and protocol to address behaviors.	Jan 28, 2011 5:48 PM
116	No suggestions - times are hard for everyone.	Jan 28, 2011 5:54 PM
117	Again parents need to be present so it is not a babysitting exercise. Time is outlined in the IPP based on indivudual needs. Co-payment is based on household income, no one should be turned away from getting help for their child.	Jan 28, 2011 5:55 PM
118	I'm not sure you can have a service standard about the time commitment of families . . . I think children's services should be means-tested in whatever form that takes, co-pays, partial payment, etc. Families with enough means to pay, will probably have health insurance and that should always be accessed first.	Jan 28, 2011 5:58 PM
119	Sliding scale fee should be income based. Parents or caregivers should be included in these services so they can also learn	Jan 28, 2011 5:58 PM
120	If in the family home there should not be a co-pay or share of cost for the family.	Jan 28, 2011 6:00 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
121	In regards to parent training classes for behavior training: Has there been any thought to working with other agencies/organizations such as local community colleges, college extension programs or "The Learning Exchange" type of programs to have parent training classes run through them? These programs could easily add a class as they already have the infrastructure set up for registration and adminstering classes. For those families that qualify the RC can pay for the the tuition. For those who do not (and/or famlies who are not even RC families) can still attend with them paying the full tuition. The RCs win by not having to administer the classes and families win by having access to information and training that they need.	Jan 28, 2011 6:05 PM
122	Service standards should require initial and ongoing participation of parents in behavioral training and ongoing behavioral support plans. This should be a condition for providing the service. Parents with combined household income above $150K/yr. should co-pay for services at a reasonable rate. Time/length of service parameters should be measured by progress milestones that allow latitude for the learning pace of the individual.. Families should be subject to progress measures taking family dynamics, resources and challenges into consideration.	Jan 28, 2011 6:08 PM
123	The parents and consumers that require these services should play a proactive part and should also be provided support because of the huge stressors that these individuals have in their lives.	Jan 28, 2011 6:08 PM
124	Keep the established amounts of time and amounts of services.	Jan 28, 2011 6:09 PM
125	Parent involvement in all intervention sessions. All services purchased by regional centers should require means tested copayments.	Jan 28, 2011 6:12 PM
126	Parents and conusmers who fail to show up for services or to engage with them should be dropped. Services should be structured so that additional levels of service can be purchased.	Jan 28, 2011 6:14 PM
127	FIRST QUARTER OF SERVICES = ZERO CO-PAY 2ND QUARTER OF SERVICES = 20% CO-PAY 3RD QUARTER OF SERVICES = 40% CO-PAY ETC.	Jan 28, 2011 6:21 PM
128	Parents should be actively involved in the treatment of their child for a majority of the services. Service models should be focused on parent training and support.	Jan 28, 2011 6:21 PM
129	Have parents more involved in ABA therapy so that child may possibly be weened off services earlier, with Parent and caregivers taking on the lead role of behavior intervention.	Jan 28, 2011 6:29 PM
130	Parents should be involved in the programming but not the direct person responsible unless the parent feels that will be effective for their family. Many parents lack the skill to initially be effective and some kids will respond better to an outsider at first than their parent. Parents should be involved in planing meetings and be available to observe the interventionist so that they can learn the strategies and implement the program during the hours that the interventionist is not there however parents should not be required to be the interventionist or to be present %100 of the time...	Jan 28, 2011 6:35 PM
131	Parents need to be committed to the tasks required, follow through, etc.	Jan 28, 2011 6:36 PM
132	Parents are already doing all that they can.. Most of the people I serve have parents who have spent an enormous amount of time, energy and dollars to get their family member into a good program.. Families have a large enough burden just caring for their loved ones..	Jan 28, 2011 6:38 PM
133	no thoughts	Jan 28, 2011 6:41 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
134	Leave the system of payment alone, The problem is when the parents pass away the process must continue. Keep the unions out if it.	Jan 28, 2011 6:45 PM
135	Parents should be required to commit to putting in the time and effort to follow through on behaivor plans. If parents are unwilling too follow through it is basically a waste of time and money. A co-payment if fine if it takes into account a persons income and what they are already paying out.	Jan 28, 2011 6:46 PM
136	Behavioral help should be covered, and not be an extra expense for the families, as this is something that could help ALL consumers and their families and should be given to, and not as an "extra"	Jan 28, 2011 6:46 PM
137	parent contribution may be part of contributing based on income, which could be determined by tax returns.	Jan 28, 2011 6:46 PM
138	As parents have varying availability to financial means, behavioral services would be less likely to only be available for the wealthy if a time commitment and level of participation was required rather than a co-pay. Many families that our organization currently work with live in poverty and would not be able to access services if a co-pay was required. If families were instead required to observe and run skill acquisition or problem behavior reduction lessons in addition to attending parent training meetings on an ongoing basis, it would positively impact the consumer's progress and the family's ability to maintain and generalize skills, in addition to having the empowering skill set to apply teaching principles to new skills that arise in the consumer's future development.	Jan 28, 2011 6:52 PM
139	It is unrealistic and not legally enforceable to require parents of adult consumers to commit to payment or time constraints to pay for these services.	Jan 28, 2011 6:52 PM
140	Primary care giver is often real loosely defined and manipulated so that the parent never or only casually gets involved with treatment. Many families have won fair hearings about continuation of service beyond the determination of effectiveness or age of effectiveness and use the service as extremely high quality respite well into adulthood.	Jan 28, 2011 7:02 PM
141	There is already a co-payment for some services, but behavior services are underfunded. No further co-payment should be required. Both time commitment and transportation provided by parents/consumers could be documented to show personal commitment to necessity of services.	Jan 28, 2011 7:02 PM
142	These standards already exist at levels that many family's cannot bear; (for adult services like day programs) these services are provided to adults, nearly all of whom qualify for public assistance and should not have to pay.	Jan 28, 2011 7:04 PM
143	Parents have to be involved or else this therapy is useless and a waste of money. There should be a requirement of parent training at least 3 hours per week. The reason why our child's intervention has been so successful is b/c my spouse and the rest of our family carry over the principles that we are taught. If a primary caregiver cannot participate they shouldn't get the support. It HAS TO be collaborative.	Jan 28, 2011 7:06 PM
144	Parents should be responsible for learning and implementing behavior techniques and autism treatment techniques in order to carry on the treatment throughout the child's day even when the professionals are not in the home. I hear from parents that they are discouraged by the high turnover rate for consultants and tutors who come into their homes to implement programs. If the parent is trained in the techniques and essentially becomes the tutor (what we refer to as a trainer to trainer model), then the problem of turn-over and generalization of consumer skills will be avoided.	Jan 28, 2011 7:09 PM
145	Parents and service providers must work together for success to be possible	Jan 28, 2011 7:11 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
146	All individuals involved with Consumer should be trained by behaviorist in order to maintain consistency. They must have a detailed list of measurable goals they must achieve, as well as the Consumer, in order for services to continue. These should be reviewed monthly by the behaviorist and reviewed by the planning team. If individuals are not meeting their goals sufficiently, goals should either be reviewed, revised if necessary or services should be terminated.	Jan 28, 2011 7:15 PM
147	If we could mandate a partial payment system based on income level that would immediately have an impact on our system - a positive impact by most measures. The only negative I can see/feel right now would be the backlash from folks who feel they are being charged when they shouldn't be. This is really where all the problem is from anyway - the sense of entitlement that has been pushed forward by the providers has got us in a really tough position here. Still, there will be 1,000s of families ready/willing to help ensure these services can continue and will pay something to keep it available to them.	Jan 28, 2011 7:17 PM
148	When parents and individuals are able to contribute in anyway and invest in there own success be it funds or time can positive effect outcomes and help with making services more affordable and available to the wider public. How ever I would not support decreased funding across the board.	Jan 28, 2011 7:18 PM
149	Maybe offer a parent suport group for parents of adult children with Autism. Most Autism support groups are focused on Autistic children with severe impariments. Need something focused on Adults.	Jan 28, 2011 7:20 PM
150	As the conservator of a Regional Center client, I do not have the resources to assist in payment for the behavioral services she needs.	Jan 28, 2011 7:21 PM
151	No co-pay, things are hard enough on all of us and we are already being punished by cutting our respite hours for making a decent wage event hough we live in a high cost of living area. Parents should still have to go to a Behavior 101 class within the first 30 days of the authorization for services.	Jan 28, 2011 7:22 PM
152	Parents - should definately be made RESPONSIBLE and accountable for their children by dedicating enough time daily working with their child. If parent needs to be trained and retrained then "so be it" because bottom line this child will not be a child all their lives	Jan 28, 2011 7:23 PM
153	Parents should be responsible to care for their own children.	Jan 28, 2011 7:27 PM
154	Existing standards provide for parental and consumer contributions. Even so, some consumers have difficulty contributing. Dealing with developmental disabilities is very expensive.	Jan 28, 2011 7:29 PM
155	Parents should be actively carrying out their child's program 100% of the time.	Jan 28, 2011 7:29 PM
156	Parents should be involved with setting up services and implementation and carry over at home.	Jan 28, 2011 7:30 PM
157	My mother gave pretty much all her time to my autistic brother. It should not fall upon siblings to be responsible. I give as much time as I can, 4 hours/week, unpaid. My brother cannot earn any income and can barely manage on social security. He doesn't understand why his services are cut. Autism is a community problem and cannot be the burden of nuclear family only.	Jan 28, 2011 7:31 PM
158	Parents would need to be responsible to have children ready for their sessions. A sliding fee rate for a co-pay could work.	Jan 28, 2011 7:39 PM
159	services should have sliding scale. parents should pay their own co-pay if their insurance can provide service. no services to any consumer living at home unless a parent is active participant AND no hours provided unless parent is participating during those hours.	Jan 28, 2011 7:50 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
160	Parents will participate in at least 1 hour per week of intervention and support but not until the consumer has mastered the skill with the behavioral staff. If a parent cannot, or special circumstances, participate, they will be provided help through increased respite care.	Jan 28, 2011 7:58 PM
161	A parent should not work as therapist. The agencies needs to help kids in all areas. Parent should be allowed to have articles or any methods that is scientifically proven . If parent has another private evaluator a psych assessment the agency needs to follow the independent evaluators recommandations and write goals to help the child make significant changes.in develpment , social and communications. and the provider has to keep changing the material so the child could generlize the skills in other setting. and the provider should send the proof that they are changing the materials often and the parents should not be responsible for costly equipment such as scooters ,Wii game ect...	Jan 28, 2011 8:00 PM
162	Primary caregivers must be physically present and participating in the intervention, so that they can develop the skills they need to be more effective intervenors in the future. They must agree to implement any behavioral modification plans designed to improve behavioral functioning.	Jan 28, 2011 8:03 PM
163	Current requirements for parent participation should continue.	Jan 28, 2011 8:07 PM
164	As parents we need to keep a close eye on what happens in day care and homes. Sometimes this is very difficult. You feel you have no control.	Jan 28, 2011 8:07 PM
165	Parents and consumers must be committed to participating in the services for the consumer and evidence that they are learning the skills taught by the service providers. Co-payments should not be required as families already have tremendous financial burdens in caring for someone with a developmental disability that are not covered through other means, both private and public.	Jan 28, 2011 8:20 PM
166	The time commitment of parents and consumers are a given - there is no choice for them but to live this every moment of every day. When a family has a member who needs behavioral support the commitment is beyond 24/7; often requiring such families to miss significant work days or weeks or months, or necessitates stopping work to support the person; or losing their job because of what the commitment and crises demand. I believe such families are the most vulnerable financially of any group - individuals with behavioral and mental health needs have their needs exacerbated by the communities and family stressors they are surrounded by every moment - poor communities, single family situations, violent and dangerous neighborhoods. Co-payments will likely put most of these families beyond their capacity to survive and children will be given up to the state and group homes.	Jan 28, 2011 8:26 PM
167	With the use of the Internet, this parent panel could meet once a month, and thereafter "meet" virtually online. Time commitment would be limited to the participant's choice - as access to the group would be 24/7.	Jan 28, 2011 8:32 PM
168	I think a parent or consumer that ask for these services has the commitment to make things better and will put the time in. If you don't care why ask for these services?	Jan 28, 2011 8:43 PM
169	Early start should continue to be not tied to the families financial situation.	Jan 28, 2011 8:43 PM
170	Parents should be present - should be responsible for following through.	Jan 28, 2011 8:44 PM
171	As long as your department focuses on buying houses for long-term care living arangements for people coming out of the Regional Center Facilities, in say, the Bay Area, then nothing else can be addressed because you spent all the money on a few privilaed individuals, losing site of your responsibility to reach the most with what we have collectively.	Jan 28, 2011 8:45 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
172	These Standards already exist at levels that many family's cannot bear; (for adult services like day programs) these services are provided to adults, nearly all of whom qualify for public assistance and should not have to pay	Jan 28, 2011 8:45 PM
173	Ideally no co-pays of course. If co-pay is needed, i suggest $10 or $15 (Similar ot some insurance company co-pays). Also, the faster the parents or others can be trained to implement the intervention, the less the need for payment/co-pays. I like the idea of specifying a collaborative approach, wherein the consumer or parent agrees to put in a certain amount of time (decided on a case by case basis) to continue working with the prescribed intervention. If there is a co-pay, and a system for the consumer/parent/teacher/etc to take over, hopefully this would 9a0 cut down on cost for regional center and consumer and (b) provide greater probability of follow-up.	Jan 28, 2011 8:50 PM
174	Require parents to sign contracts confiming their attendance and participation. Issue a monetary penalty for contracts that are broken or not adhered to.	Jan 28, 2011 8:50 PM
175	Service standard should achieve the promise that people with intellectual and developmental disabilities will have an individualized program plan and access to the services and supports best suited to them throughout their lifetime, to enable them to live an independent, self-directed, and typical life.	Jan 28, 2011 8:54 PM
176	Regional centers need to become more skilled at dealing with medical insurance as well as medi cal in order to help with funding services. I think the 2009 trailer language put enough emphasis on parental responsibility.	Jan 28, 2011 9:03 PM
177	1. Parent, caregiverf, and client participation is essential. 2. I am not opposed to a co-payemtn based on need.	Jan 28, 2011 9:04 PM
178	Parents must be present for all sessions Co-Payment should follow the current system of "family cost participation."	Jan 28, 2011 9:04 PM
179	The services should be provided free to clients by the Regional Center system under the Lanterman Act. Parents should be involved in the process to ensure appropriate follow up on behaviioral skills modifications.	Jan 28, 2011 9:05 PM
180	Parents, when physically and mentally capable, should be present and participate in therapies for no less than 70% of the sessions (In-Home based therapies). Parents should also be mandated to learn strategies and to continue to implement the interventions applied during therapy. Parents ought to capture data and require information in order to assist the therapist on tracking the progress in the natural environment.	Jan 28, 2011 9:10 PM
181	Co-payment by parents should be on a sliding scale based on net income. Parents must be held accountable for payment on a timely manner, either at time of service, or through a billing procedure acceptable to both parties. This must be spelled out in the IPP or a separate contract should be attached as an addendum to the IPP. Failure of payment by parents after 1 month should cause a notice to be mailed demanding payment; after the 2nd month should cause a call by the Case Manager with a written notice stating the cessation of services will occur upon the 4th month; failure of payment on the 3rd month, shall cause immediate cessation of services with a written notice from both the Regional Center and the vendor. If parents do not respond a notice that they are being sent to collections should follow. A bounced check will cause a call from the Regional Center and the Vendor with a written notice from both stating that payment must be made in cash, money order, or cashier checks.	Jan 28, 2011 9:11 PM
182	If you implement copayment, please please consider a sliding scale. If assignments are given (such as a list of reinforcers), evidence of participation and completion of assignments within a reasonable period of time must be shown to continue service.	Jan 28, 2011 9:19 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
183	Follow up will be documented on objective sheets and behavior tracking forms. Regulary monthly reports will be reviewed by team to see if approach is successful and to determine if service is still needed or can be decreased. Time commitment will be determined per individual and team for a successful outcome.	Jan 28, 2011 9:27 PM
184	I understand the services can't go on forever, in this case, a maximum time should be allocated.	Jan 28, 2011 9:28 PM
185	I believe that there should be a co-payment of all parents for these services, even if it is only $5.00 per session and parents must commit to a schedule that is made for the same day and time of each week. The only thing that should disrupt this schedule is illness or family emergency.	Jan 28, 2011 9:29 PM
186	parents should fully participate in each hour service. co-payment should be required, per hour, of service. the scale should not be so generous that only the very wealthy pay a co-pay. the co-pay should begin with annual income of $40,000 for a family of four, similar to CCS scale.	Jan 28, 2011 9:31 PM
187	Raising developmentally disabled children is very difficult and time consuming, often preventing employment for one of the parents or single parent. Given the time commitment, there should not be a co-payment involved, regardless of income. At least one of the caregivers needs to be present during the provision of services. Services need to be focused on the caregiver and what they need to learn to help the consumer.	Jan 28, 2011 9:38 PM
188	Parents and consumers have a responsibility to be involved and contribute to the therapy and services provided to their child or community. As a parent, I would be willing to pay a $5 co-payment of therapy and services, as long as those services are provided by a HIGHLY qualified (and certified and/or licensed) professional in the field. Education should remain a free and appropriate education without cost to parents and consumers and should NOT be fee-based.	Jan 28, 2011 9:45 PM
189	Parents should have to sign an agreement before services that they agree to participate in the parent training component of the program regardless to whether or not they child gets direct services or not. Parents need to learn skills to be able to manage their child's behavior so when the program ends they can successfully manage thier child's behaviors and continue the program on their own.	Jan 28, 2011 9:45 PM
190	Parents should committ to 100% of the sessions and "homework"	Jan 28, 2011 9:45 PM
191	co-pay on a sliding scale. Parent/guardian should make a written participation commitment to work with service provider (and create plan) on all levels, as well as a time commitment. Should aim at the overall health and well being of the client and their family.	Jan 28, 2011 9:47 PM
192	perhaps a co payment with higher income families. Families need to be part of the training. If families refuse to participate, then they may be responsible for a higher co-pay.	Jan 28, 2011 9:51 PM
193	I strongly feel that payment for services should be proportionate to the parents income. Parents with higher income should have to pay regional centers a share of cost (like Medicaid) in order to receive Regional Center services.	Jan 28, 2011 9:52 PM
194	Parents shold have to be pro active in the care and if they can afford they should pay a co pay.	Jan 28, 2011 9:52 PM
195	1. Parents must agree to the service. 2. Parents must meet a minimum standard of participation and follow-through (e.g. 80%). 3. Parents must be present for all sessions.	Jan 28, 2011 9:56 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
196	Parents must be a part of the services, especially if they are requesting them. If there are failed appointments that are outside of documented medical issues; this should be under scrutiny. Providers should not be billing for services not rendered, (just as for day programs), further the service provider needs to determine how many "no shows" they will allow before terminating services. Also the reason(s) for canceled appointments must be considered.	Jan 28, 2011 10:11 PM
197	Service standards should not be rigid for families. Many are already stressed and beyond the ability to add yet another "time" commitment" to their day unless it is arranged convenient to their schedule as opposed to the provider's schedule. Co-payments are not what was intended in the Lanterman Act so I disagree with any suggestion that a family should provide additional funding to what is supposed to be a legally required service provided by the RC and state. Just because we're in a budget crunch doesn't mean we strip away the law's requirements. Get our state and federal reps to fight for the needed funding so families may receive whatever service is needed to help their loved ones with disabilities. Tax big business and wealthy at the pre-Reagan levels and we'd get out of this mess.	Jan 28, 2011 10:17 PM
198	Parents need to be involved in the service provision and not use behavior services as babysitting.	Jan 28, 2011 10:20 PM
199	Parents need to have services reduced if they cancell more than three times in a month. Parents should not use ABA services as babysitters and be required to participate 50% of the time.	Jan 28, 2011 10:23 PM
200	It is the responsibility of parents or consumers to call and cancel the appointment at least 12 hours in advance. If the person did not call and cancel the appointment, the person should be charged half price not not calling to cancel. (This needs to be in writing and given to the customer so they know in advance that they will be charged if they do not call to cancel 12 hours in advance). Special expections would be a car accident or death in the family. Co-payments need to be paid at the time of service, not a week later. Co-payments (the amount) depend on what type of insurance the customer has.	Jan 28, 2011 10:23 PM
201	Behavioral services do not work unless parents are willing to implement the strategies at home. If parents are not willing to follow the behavioral program at home then the program should be immediately terminated. The parents should only be able to have services terminated in this way twice before behavioral intervention is no longer an options for them. There should not be a prescribed time commitment for parents to participate in behavioral services (for example 15 hours a week). This unfairly penalizes parents who can not afford to quite their jobs.	Jan 28, 2011 10:26 PM
202	You can't set a specific time or co payment for behaviors.	Jan 28, 2011 10:26 PM
203	parents should be charge every time they cancel the in home behavioral intervention.	Jan 28, 2011 10:27 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
204	Ideally no co-pays, of course. If co-pay is needed, I suggest $10 or $15 (Similar to some insurance company co-pays). Also, the faster the parents or others can be trained to implement the intervention, the less the need for payment/co-pays. Also, it would be useful for the Regional Centers to have simple information on what is and is not covered by insurance companies and directions/tips for parents/consumers to get their insurance companies to pay. Same re Authorizations and denials, see above. Asking consumers to navigate the ridiculous maze of finding payment sources with no clear guidelines is NOT appropriate. I like the idea of specifying a collaborative approach, wherein the consumer or parent agrees to put in a certain amount of time (decided on a case by case basis) to continue working with the prescribed intervention. If there is a co-pay, and a system for the consumer/parent/teacher/etc to take over, hopefully this would (a) cut down on cost for regional center and consumer and (b) provide greater probability of follow-up.	Jan 28, 2011 10:29 PM
205	Ideally no co-pays, of course. If co-pay is needed, I suggest $10 or $15 (Similar to some insurance company co-pays). Also, the faster the parents or others can be trained to implement the intervention, the less the need for payment/co-pays. Also, it would be useful for the Regional Centers to have simple information on what is and is not covered by insurance companies and directions/tips for parents/consumers to get their insurance companies to pay. Same re Authorizations and denials, see above. Asking consumers to navigate the ridiculous maze of finding payment sources with no clear guidelines is NOT appropriate. I like the idea of specifying a collaborative approach, wherein the consumer or parent agrees to put in a certain amount of time (decided on a case by case basis) to continue working with the prescribed intervention. If there is a co-pay, and a system for the consumer/parent/teacher/etc to take over, hopefully this would (a) cut down on cost for regional center and consumer and (b) provide greater probability of follow-up.	Jan 28, 2011 10:30 PM
206	The services should be free to the consumers (no co-pay.)	Jan 28, 2011 10:37 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
207	Ideally no co-pays, of course. If co-pay is needed, I suggest $10 or $15 (Similar to some insurance company co-pays). Also, the faster the parents or others can be trained to implement the intervention, the less the need for payment/co-pays. Also, it would be useful for the Regional Centers to have simple information on what is and is not covered by insurance companies and directions/tips for parents/consumers to get their insurance companies to pay. Same re Authorizations and denials, see above. Asking consumers to navigate the ridiculous maze of finding payment sources with no clear guidelines is NOT appropriate. I like the idea of specifying a collaborative approach, wherein the consumer or parent agrees to put in a certain amount of time (decided on a case by case basis) to continue working with the prescribed intervention. If there is a co-pay, and a system for the consumer/parent/teacher/etc to take over, hopefully this would (a) cut down on cost for regional center and consumer and (b) provide greater probability of follow-up.	Jan 28, 2011 10:37 PM
208	complete commitment if going to recieve the services	Jan 28, 2011 10:39 PM
209	Share of cost for parents of minors	Jan 28, 2011 10:49 PM
210	parents should be required to participate in all portions of service provided, could implement FCPP standards as a copayment	Jan 28, 2011 10:49 PM
211	Parent's should be an active participant for each session which is offered.	Jan 28, 2011 10:51 PM
212	The parents must cooperate and be proactive, or services can be suspended.	Jan 28, 2011 10:51 PM
213	I would be willing to share the costs if I can have control of how often and how long we get services.	Jan 28, 2011 10:54 PM
214	eliminate 90% of the paper work and get back to basics	Jan 28, 2011 11:04 PM
215	Already spoken to.	Jan 28, 2011 11:05 PM
216	There should be some parent co-pay - enough for the parents to be a partner in how to use these services most effectively.	Jan 28, 2011 11:19 PM
217	Parents and consumers should be required to participate fully as asked.	Jan 28, 2011 11:23 PM
218	Good luck getting parents to "copay". When my consumers were under 18 years, families were asked to "copay" and they (except one family) did everything they could to avoid this responsibility. You just won't be able to enforce a copay consistently. Doesn't mean I think that families shouldn't help but they just wont unless they are really wealthy...small %.	Jan 28, 2011 11:26 PM
219	Families would need to agree to: 1. have child present at all agreed upon sessions (unlesss ill) 2. pay co-payment at time of service	Jan 28, 2011 11:27 PM
220	Parents should pay a co-pay of at least 10% of the services or they should have the option of working to help the service provider. Time commitment could be 10% of the total time of services. If the service is provided to the client 40 hours per week, then caregivers should volunteer at least 4 hours per week.	Jan 28, 2011 11:40 PM
221	Depending on services and participation in those services. Follow through is a huge responsibilities and an important part of effective treatment.	Jan 28, 2011 11:48 PM
222	If the service is not needed but just desired then the responsibility should go to the consumer and family. If it is needed then co-pays could be considered if the families are able to contribute.	Jan 28, 2011 11:50 PM
223	See Procedural Safeguards/Parental Rights: http://www.cde.ca.gov/sp/se/qa/pssummary.asp	Jan 28, 2011 11:56 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
224	Parents need to be involved in the treatment so they can learn to use better techniques with their child when the therapist is not around.	Jan 28, 2011 11:59 PM
225	Parents need to make a time commitment to implement the strategies. Perhaps they could also commit to journaling or recording behavioral changes (which could be used for assessing the success of the program).	Jan 29, 2011 12:05 AM
226	Include behavioral services for Family Cost Participation. Orientation (above) and quarterly meeting with regional center. ONLY time vendor can bill is when the parent/provider is present for service.	Jan 29, 2011 12:09 AM
227	Parents that have private policies that can cover these services then after age 26 the system takes over. I think some of the clients P & I moneys should be able to be used instead of spending money on vacations they don't enjoy when they have behaviors.	Jan 29, 2011 12:10 AM
228	Parents, caregivers, and consumers need to commit to participate in the behaviorial services being offered. Participation could be a condition of receiving the service. Co-payments could be charged, but I would not support a person being denied a service because he or she did not have the money for the co-payment.	Jan 29, 2011 12:12 AM
229	Due to a variety of issues, many parents don't have the money to pay for these services out of pocket. Many parents do feel strongly about getting services for their children, and are willing to volunteer. It would be helpful if parents bring any services received to the table at their child's IEP.	Jan 29, 2011 12:18 AM
230	Co-payment may be relevant for families that can afford the payment. Regional center may need to determine sliding scale base on income of the family. Parents need to be involve in the services at least 90% of the time.	Jan 29, 2011 12:27 AM
231	Parents should pay anything above and beyond the $100.00 and services will be terminated if they miss two or more consecutive visits.	Jan 29, 2011 12:30 AM
232	Parent should be right there for each session providing the intervention and not allowed to walk away to cook dinner while the instructor attempts to get instructional control first and then have the parent participate. If the parent or other caregiver isn't there and participating at all times then basically the service is meaningless and useless. the service should also be done in typical settings.	Jan 29, 2011 12:36 AM
233	It need.	Jan 29, 2011 12:49 AM
234	parents should pay a co -payment specially the rich dual income earners. There should be a limit of services , once a month if needed.	Jan 29, 2011 12:50 AM
235	All parents should be involved with learning how to work with their children and to follow through with program if not they should not be allowed to continue.	Jan 29, 2011 1:07 AM
236	commitment from parents is critical, yes. but most households now have both parents working so this must be taken into consideration. if they don't both work they likely will not be able to afford to even share the cost. and they have other children who need time and attention. there is no easy answer. However, as a parent - you do whatever you have to do!	Jan 29, 2011 1:09 AM
237	Regional centers should go after insurance companies, as they are the direct beneficiaries of insurance companies paying. They should pick up the co-payments for such services, as currently, families can have to incur large co-payments. If they could get services from insurance or RC, they would have a disincentive to get it from insurance because of the co-pays.	Jan 29, 2011 1:35 AM
238	co-pay for any family that earns over $100,000.00 not including the money received from SSI, SSDI Time commitment is responsibility of family and if out of home placement, Regional center provide, out of their current budget necessary staffing to go into the residential setting.	Jan 29, 2011 1:41 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
239	See above	Jan 29, 2011 1:50 AM
240	Parents should have commitment to attend the team meeting, and consumer should attend the session routinely. If financial permitted, parents should share the materials cost for the services.	Jan 29, 2011 1:51 AM
241	Parents with children under 18 should work with the behavioral consultants and be willing to be consistent with implementing mod techniques. For adults and for families they should not be charged a co-payment for these services as they are habilitative.	Jan 29, 2011 1:56 AM
242	1. Parents have to commit to training with autism services.	Jan 29, 2011 2:34 AM
243	A child who has autism should be appropriately engaged every waking moment (not just occupied). Thus, I think it is VITAL that all parents who receive RC funding, should be provided extensive training in some autism specific teaching methodology (e.g, ABA, RDI, DIR/Floortime). Research calls for a 30-40 hour per week program for young ASD children. I think it is fair to ask that parents cover a specific percentage of these hours once they are provided with appropriate training. I think that MUCH more focus should be placed on assisting parents to secure funding from insurance providers. AB88 has been in place for some time and yet insurers are still largely side-stepping autism treatment coverage. If the RC were willing to advocate for parents with their insurance providers, coordinate the billing and co-pay process, a large portion of treatment costs could be shifted from the RC. I think that there needs to be some type of Family Cost Participation Plan. I know of families who live in multi-million dollar homes who still except IHSS and respite funding from SARC.	Jan 29, 2011 2:50 AM
244	Consumers should expect to provide a small co-payment. In order to attain the best results, consumers must commit the appropriate amount of time to it. I suggest a contract at the very start that spells it all out.	Jan 29, 2011 2:56 AM
245	it really depends on the situation. You can't ask the family for much if they are already dealing with severe behaviors.	Jan 29, 2011 3:02 AM
246	eliminate	Jan 29, 2011 3:08 AM
247	For the parents I think times need to be planed in advanced. For exsample every Tue session a parent will implement all of the programs for the child. BUT please remember that we are parents that now have a child in ABA. This was not our plan and the few hours of the day that we have professional help we want the professionals working with our child... giving us some HOPE in our lives. Living this day in and day out is not easy!!!!!!	Jan 29, 2011 3:14 AM
248	As a friend of a consumer who has hoarding disease she deserves to live her life like a typical human being lives his or her life regardless of what he or she can and cannot do	Jan 29, 2011 3:28 AM
249	Parents should be heavily involved. I think if the parent isn't following up then the service providers need to step in and find out why. A child is only going to progress if the parent works with him or her during non treatment days.	Jan 29, 2011 3:39 AM
250	co-payment based on income	Jan 29, 2011 3:46 AM
251	Parent goals, expectations need to be spelled out. For working parents, there needs to be services on the weekends.	Jan 29, 2011 4:07 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
252	co-pay is fine, but time commitment varies, not something that can be set in stone, too many variables and challenges to stil to a time commitment.... hours can vary based on various appointments for both the individual diagnosed and as well as for family members, the degree of challenges per individual varies and sometimes multiple...	Jan 29, 2011 4:31 AM
253	Parents should be completely involved and required to do so for these services to cont and be provided. We need to be taught so we can cont to follow through once therapy stops	Jan 29, 2011 4:35 AM
254	If the consumer has an income that could provide a co pay let's do it. Any amount of time	Jan 29, 2011 4:40 AM
255	At the end of the day, it is most important that these children receive the services they need NOW rather than later. By receiving the services early, it has been proven that they have a better chance of becoming independent, self-sufficent adults. If they do not receive services now, to save money, it will not only cost the state more money in the long run, but it would be doing a great disservice to humanity. As far as co-payments, time committments, etc., yes, I think that all parents should have some form of time committement required in their programs. With that said, for the single parent that must work 1 or 2 jobs, it may be difficult to meet unrealistic time committment. Co-payments and/or subsized services by parents are certainly something to be discussed as a standard. Whether you get money from parents in the form of co-pays or a deductible it should be proportional, so it is fair, and EVERYONE should pay something. Everyone needs to have some skin in the game.	Jan 29, 2011 4:54 AM
256	Behavior evaluation and modification planning should involve parents. Time commitment is necessary. Co-payment should be similar to current regional center services.	Jan 29, 2011 4:57 AM
257	Consumers and parent's of consumers should learn the basics of the service provided within reasonable means. For ex: What is the therapy? What will it do for consumer? What should be expected and any home instructions. The consumer is the client/patient; the consumer should be available for the service being provided. The parent is just that, the parent. The parent is not a therapist, nor should be treated as such or expected to be such. If there is a co-pay, Regional Center should assist in billing MediCAl or insurance available. If claim is denied, the Regional Center should not bill for the co-pay or should assist with appealing the denial and providing advocacy for family to maximize their insurance. Consumer service/therapy should continue regardless.	Jan 29, 2011 5:12 AM
258	A meeting after initial assessment and team has developed a conherent treatment plan. Parents must commit to treatment plan. Usually at this stage, the kid can't. Co-payment based on ability to pay.	Jan 29, 2011 5:27 AM
259	Parents and care givers should be committed to see that the consumer attends all sessions and if there is any "homework" that it is completed. Payment on a sliding scale according to the parents income might be a possibility.+	Jan 29, 2011 5:49 AM
260	time commitment is needef	Jan 29, 2011 6:20 AM
261	The Ability To Pay Is A Big Factor, As For Some Can't Afford Any Expence And Other Can. Time Commitment Is The Duty Of All Parents!!!!.	Jan 29, 2011 6:25 AM
262	time commitment and co-payment would be good. Write POS so that it includes time for parents and service provider to meet.	Jan 29, 2011 6:27 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
263	Parents and consumers should put in either a time requirement or a co-pay on a sliding scale. They are more likely to treat it as an investment. if they don't keep up their end, the service should be pulled.	Jan 29, 2011 7:05 AM
264	These services should be provided for children as long as needed and co-payment should not apply	Jan 29, 2011 7:24 AM
265	It is incredibly assinine to suggest consumer purchase these services. Talk about a situation that is rip for abuse of people with disabilities. You would never see anyone improve. They might starve to death, purchasing supportive services instead of food. This is a Nazi proposal.	Jan 29, 2011 7:30 AM
266	Parents must cooperate with the program but the program must also accomidate the working families too. As far as Co-Payment for the patient and their families, it should be at least $5.00 for family sessions and $0 for patient sessions. If sessions are not canceled 1 hour before the session starts, family must pay a fine of $20 if there is not a legit reson for not calling (ex: Car trouble, no ride, family emergency, illness, ect.).	Jan 29, 2011 7:51 AM
267	Training should be done in the home as well as community	Jan 29, 2011 7:55 AM
268	A 5 dollar co-payment for all services helps keep people committed to the process.	Jan 29, 2011 8:36 AM
269	Parents should be required to be present to observe/consult with the behaviorist so they can follow-through with the interventions in between sessions.	Jan 29, 2011 4:20 PM
270	Services should be given to all consumers free of charge, no matter what their income level. When we know we have to pay for one more service for our child, we begin to think, do I really have the money for this and what will I need to sacrifice now to pay for this. I know many mothers who didn't use this service because they just didn't know what to cut out. would it be horse therapy, social skills training, or occupational therapy. All our children and families deserve to be given equal opportunity to help our children. I also believe it is up to the family to be 100% committed to working with the therapist or it won't help. If the parents are not going to put in the effort and follow through on their part, the therapist needs to move forward and be allowed to help somebody else's family.	Jan 29, 2011 5:28 PM
271	How any suggested time standard for early intervention can be applied is dependent on the severtiy of disability-diagnosis of the child. Responsibility should mirror from service provider, insitution/behavioral center-parent. Co-payment, disgusting to ask any parent who's monthly health insurance premium increase every 2-3 months. Aetna, Blue Cross, Anthem are raising their premiums again on April 1, 2011. Aetna and Blue Cross are going for a major gut punch to consumers (65%).	Jan 29, 2011 5:40 PM
272	As I mention in number 4 and 5..I document and follow up on the xause of a change in behavior therefor resolve a hehavior problem working closely with doctors and day programs,Review communication for consumer and get to the cause.	Jan 29, 2011 5:46 PM
273	The goal of all behavioral services should be to transfer the skills and responsibilities directly to the consumer and their family and caregivers. This requires ongoing training and support and follow up. It is critical for these services to be provided in the home and community where the behavior and learning and life occurs. Co-payment for these services would be appropriate if there is some sort of sliding scale.	Jan 29, 2011 5:53 PM
274	Time commitment is a MUST, complete requirement. Payments should be funded by the school district. More fundraising specifically for these programs should be brought to city council.	Jan 29, 2011 6:15 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
275	See above	Jan 29, 2011 7:01 PM
276	If consumers or family members do have private insurance they should have to apply for services. The services should be provided and monitored by the regional centers. When private business becomes part of the service the cost go higher. Regional center have the knowledge. Ideally you start at a early age when the behavior is identified. Having the parents be as involved as the professionals in the treatment. At this time we have many adult consumers that have never received the treatement or service and it is making it harder on the community to deal with there behaviors.	Jan 29, 2011 7:07 PM
277	All the parents should be involved in there childrens therapys. Commit time to train and even volunteer. Concerning co-payments again each case should be evaluated.	Jan 29, 2011 8:14 PM
278	sliding scale co-payment based on family income.	Jan 29, 2011 8:58 PM
279	I think that it is important the service be matched to the needs. Most will need a regular schedule in order to make/keep progress.	Jan 29, 2011 8:59 PM
280	The Initial Mandatory Workshop that gives the overview of Parent Behavior Training should be free and the Regional Center should receive funds from DDS to to the workshop. Parents who do not have MediCal coverage should be levied a $5-$10.00 copay per session; total cost of a 6 week training would be $30-60 out of pocket for the parent. Parents who have MediCal should have $0 copay. The CA STATE ASSEMBLY BILL 88 (The Mental Health Parity Act) should cover group parent behavior training, as well as in home services, through the parents' insurance if the child has Autism. THE CALIFORNIA STATE INSURANCE commissioner should be aware that AUTISM is a MEDICAL/NEUROLOGICAL condition and that parents NEED this behavior training. It should be a covered insurance benefit. The STATE INSURANCE Commissioner should FAST TRACK THIS BENEFIT TO ALL children with neurological deficits. EARLY BEHAVIORAL intervention for children with autism is as essential as prenatal vitamins.	Jan 29, 2011 9:03 PM
281	Parents of juvenile consumers should be required (where feasible) to devote a certain number of hours to assisting the responsible agency in their programs.	Jan 29, 2011 9:04 PM
282	As a requirement for any NPA providing behavioral services in the home, parent training must be part of their curriculum. There must be proof of parent training and demonstration of parent proficiency by way of video or audit in order to authorize additional service. Parents cannot and should not pay for this service it is already incredibly expensive to care for these childrens needs, despite RC contributions. Asking them to pay more is not an option	Jan 29, 2011 9:06 PM
283	INVOLVEMENT IN CLIENT FOCUSED, FAMILY CENTERED ASSESSMENT UNTIL THE CRISIS IS RESOLVED, SOME CO=PAY WOULD BE HELPFUL	Jan 29, 2011 11:31 PM
284	Parents would be more motivated to participate more if they had to pay something toward services and be less reluctant to decrease or end services if there was a cost to them.	Jan 30, 2011 12:12 AM
285	If i trusted the people who were lableing my son to work wtih him I wold be willing to meet. But they were rude and judgmental. The case manager I had a the regional center listnend to me and gave me resources for legal help, low cost. Withoht that help I would probably be home schooling my kid or going to a different state. The regional center could give me names of people who work with kids like mine, but how would I pay for that, or drive to their lcoation?	Jan 30, 2011 12:13 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
286	a sliding scale should be established for minor consumers and family members of adult consumers can be asked to help with co-pays Family members need to be asked to volunteer to keep costs down with appt setting, basic paperwork requirements.	Jan 30, 2011 12:14 AM
287	Don't know	Jan 30, 2011 12:22 AM
288	If the parent or consumer needs services above and beyond those provided, the parent or consumer should pay for those additional services.	Jan 30, 2011 12:25 AM
289	Parents are not trained providers. And parents only work with their own children. The expectations that parents should supplement the role of providers and trained personnel who work with and learn from a variety of cases is irresponsible and negligent of the standards set by research and practice for delivering intervention services for children with autism.	Jan 30, 2011 12:51 AM
290	The parents should be required to be part of the therapy that is being provided. The providers are not babysitters. The parents should know how to carry out the programs when the providers are not in the home.	Jan 30, 2011 1:02 AM
291	Parent training and follow through must be mandatory.	Jan 30, 2011 1:19 AM
292	1) Parents or care provider MUST be involved. 2) Scaled payment. 3) Most clients of IRC have limited incomes, so I guess it would basically be scaled for those under 18 years.	Jan 30, 2011 2:11 AM
293	time commitment.	Jan 30, 2011 2:41 AM
294	REQUIRE A CO-PAY FROM PARENT AND/OR CONSUMER	Jan 30, 2011 2:54 AM
295	co-pay depend on family income. Time - all should be held to a time commitment.	Jan 30, 2011 3:49 AM
296	Parents must commit to implementing the interventions designed for their child. Without that compliance, the relationship should be severed, as there can be no success without consistent, sincere implementation. However, as the dark spiny underside of having a child with a disability is the crushing financial burden that accompanies the responsibility, I do not believe parents should be asked to make a co-payment. This needs to be viewed as an investment in the future of a person with a developmental disability, an investment that, if used wisely, will save a lot of $$$ further down the road, as the goal would be for the person with the deveopmental disability to function more fully and appropriately in society, allowing for employment, volunteer work, and interaction with people in the community.	Jan 30, 2011 4:02 AM
297	Parents should pay a fee for these services. If they do not keep appointments, then they should not be allowed to receive services for a period of time. Adults should be held accountable for keeping their appointments and for following the behavior programs.	Jan 30, 2011 4:12 AM
298	Parents should not be burden with more financial responsibilities. A special need child brings already a lot of financial hardship on families as it is.	Jan 30, 2011 4:45 AM
299	see above	Jan 30, 2011 5:31 AM
300	Parents should have to take a course on what their rights are and how to monitor their childrens progress.	Jan 30, 2011 7:58 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
301	Some families can't pay. Period. They are broke. I think everyone should pay a little bit, like minimum wage per hour of time use by people who the state pays for, even if the people get (and should get) a lot more to make up the difference. That should help parents be aware of how much time they use and use it well, and they'll be picky about whether the person is worth it too. Some parents work a lot, but I think some minimum time is crucial, because we need to have help as parents learning how - therapy and intervention has to be about teaching us how to help our kids. So we also need to have laws that give us job security if we have to take time from work. The minimum for any family will be different and will change over time, but maybe requiring at least 15 min of parents time being involved for every hour of service delivered? At it's best it would be 100%, because it would all be consult time.	Jan 30, 2011 3:42 PM
302	no co-payments	Jan 30, 2011 4:48 PM
303	See response to question 1 for views re parent involvement. In addition, a sliding scale co-pay capped at either a percentage or a flat dollar amount would be charged by private insurance and seems reasonable. In our experience, most parents receiving IPP services who can afford to contribute will do so. I believe that there cannot be a co-pay for IFSP services under Part C without a Federal waiver. That said, a family service plan can - and should - require substantial family involvement, even if working parents need to be given alternate methods to achieve the participation (see suggestion for webcast-type services). Rather than simply a "group training", arranging a webcast of a child's ABA sessions is targeted and specific. Families with camcorders could also review and respond this way.	Jan 30, 2011 5:32 PM
304	In this budget climate, I believe parents should provide a co-pay for services at a rate that they can afford. We live in an affluent area and there are some families that can afford to pay for services. There are many families that could not afford to take on a financial burden. It is important for some families to pay even a small amount as it makes them invest in the services provided more. It "costs" them more than the time and the energy it takes to be with their provider for the session. They will evaluate their services more critically if they are financially invested, even at a small rate, in the services provided.	Jan 30, 2011 6:14 PM
305	There are only 2 families involved in the lives out of the 6 residents in my home.	Jan 30, 2011 10:06 PM
306	Any service plan presented by a behaviorist should have a plan for parental involvement at level necessary to achieve and maintain the goals of the intervention. If the parents are not to be involved, there should be a detailed explanation of why this is the case. The client's time commitment should be concrete...if services are needed they should be there. If they're behavior affects other areas of their lives in which the RC is paying for those services, then they should be cancelled until the client is cooperative and participative. If there's a means test for services across the board, then that should apply. I do not believe that co-pays should be applied to some services and not to others.	Jan 30, 2011 10:20 PM
307	Parents should have a share of cost, if they wish to have their family member take part. When we participate in the costs, we can be invested in participating in the outcomes. Parents need to realize entitlement has some limitations and some responsibilities.	Jan 31, 2011 12:00 AM
308	Definitely co-pays.	Jan 31, 2011 1:00 AM
309	Parents/consumers should participate in their service. Based on the variability of each family situation, it seems difficult to create a standard across the board. It should be required that parents/consumers meet directly with their consultant on a monthly basis (at a minimum) and that progress is shown. Parents who do not participate should lose services or be required to pay (in part) for these services until specific goals are met.	Jan 31, 2011 2:43 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
310	see above	Jan 31, 2011 3:33 AM
311	Parents/guardians should be allowed to observe the provision of these services at all times.	Jan 31, 2011 3:55 AM
312	PL 94-142 if it is still in effect; otherwise, an equitable needs-based co-payment system based on research and statistics by the State.	Jan 31, 2011 6:28 AM
313	Quarterly meetings that are MANDATORY for parents and/or caregivers to attend at RC offices. A co-payment on a sliding scale would really should committment of parents/caregivers.	Jan 31, 2011 2:37 PM
314	Responsibility has to attatched to ABILITY. Many parents are just too busy when they are not....when time could be made. Other parents are too busy, trying to put food in their childrens mouth. Then, there are consumers who will not work at correctly thier situation becuse they don't have too.....they get a Fed. check/SSI which comes automatically to them each month. If a servce is to be provided, the SSI check should be attatched to thier ability to work towards meetings goals set by their Reg. Ctr. worker(s).	Jan 31, 2011 3:22 PM
315	Families/parents need to follow the behavior plan with their child and if they don't - no services.	Jan 31, 2011 3:38 PM
316	co pay based on income level, missed appointments = termination of service	Jan 31, 2011 3:47 PM
317	Seek co-pays.	Jan 31, 2011 3:54 PM
318	I believe that clients should bear some responsibility for payment for full investment in the process and for better attendance. This should be on a sliding scale with a maximum cap. Perhaps full payment for the session should be client responsibility if cancelled in less than 24 hours. Homework should be required as an aspect of the therapy to ensure generalization of skills.	Jan 31, 2011 3:56 PM
319	yes to co-payment yes to time committment parents need to be willing to do the work to help their child, not just want someone else to come in and "fix" them	Jan 31, 2011 3:58 PM
320	I do believe that parents need to be accountable for the services they receive. You will likely need to use a sliding scale. One other suggestion is to collaborate with insurance companies for shared financial responsibility.	Jan 31, 2011 4:02 PM
321	Parents should have a time commitment if the behavior services are for a child since they are the major implementers of the program.	Jan 31, 2011 4:19 PM
322	Co-payment on a sliding fee scale. Parent training and follow-through mandatory.	Jan 31, 2011 4:25 PM
323	Parents should be required to attend an initial behavior orientation to be informed about their participation and expectations in order for them to continue to receive services. They need to attend sessions (group) related to basic behavior principles prior to receiving the 1 on 1 consult. If they receive consultaion following that, they need to be present and participating in the treatment / assessment process. Consultants should not provide services to the consumer unless the party who will be responsible for carring out the plan is present and learning what to do and why. Families who have a certain income level should have a share of cost for services.	Jan 31, 2011 4:29 PM
324	Parents should be expected to be involved at least 50% of the time of session.	Jan 31, 2011 4:33 PM
325	Time commitment should be standardized to allow for people to work. I read every book. I do everything I need to to make sure my son gets better. But I have to work. I don't have a choice. If I do not work, we do not eat. Why is that not taken into consideration when the Alta worker insists my son cannot receive some of his therapy at daycare with a woman who has watched and loved him his entire life? Why make my life so much harder? I will starve if I have to choose between my son getting better and working to feed us.	Jan 31, 2011 4:36 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
326	Parents should be required to contirbute to the costs of these services, even on a sliding scale. Additonally, parents should be tested to determine if they are learning the skills being taught. Parents and care providers should be required to take data during services and provide to clinical staff.	Jan 31, 2011 4:45 PM
327	mor ecommitment of parent in writing as part of a contract	Jan 31, 2011 4:58 PM
328	parents should commit to service before starting for buy in to services to ensure engagement in process.	Jan 31, 2011 4:58 PM
329	parents should pay a co-payment and there should be a time commitment.	Jan 31, 2011 4:59 PM
330	A co-payment for families above a certain income level. An understanding of the commitment of families to support the work of the professional to be reached by the team.	Jan 31, 2011 5:00 PM
331	parents need to be fully commited and participants of the program or service can't be deliver. parents need to attend the parent training sessions before any direct intervention is provided. share of cost (FCPP) should be implemented regardless of medicaid waiver status.	Jan 31, 2011 5:02 PM
332	Please see answers 2, 3 and 5.	Jan 31, 2011 5:04 PM
333	1) Means testing/family share of cost should be implemented based on gross income (not AGI, which reflects pre-tax deductions for retirement savings plans, FSAs, etc.). RC reimbursement should be reduced as income increases, just as some tax credits (e.g. education tax credits) phase out with higher income levels. 2) At least 1 parent/primary caregiver (not a "nanny" or similar) must be present - observing or directly participating -during all direct intervention services. No particpation, no services.	Jan 31, 2011 5:15 PM
334	Co-payment should be required, as parent would be more likely to value the service and be an active participant if they have an investment in the program. Parent/family member must be an active participant in the program at all times.	Jan 31, 2011 5:29 PM
335	IF autism has a cure, then that is as long as the commitment should take.	Jan 31, 2011 5:29 PM
336	There definitiely needs to be a better accountability system in place for parents regarding compliance with interventions. The requirement of payment for services on a sliding scale fee and or penalties for non-adherence may be a necessary measure to ensure progression and complaince with programs.	Jan 31, 2011 5:33 PM
337	n/a	Jan 31, 2011 5:40 PM
338	Required participation and teach the teacher model.	Jan 31, 2011 5:47 PM
339	For parents who are concerned, a resource to help them track their time commitment (will require daily "exercise")	Jan 31, 2011 5:54 PM
340	Involvement for any Conserved consumers is always indicated. Clearer rules about who is responsible for picking up a sick or injured consumer, care providers/family or ILS workers? All too often consumers wait all day when they need to go home.	Jan 31, 2011 5:54 PM
341	commitment is key! there should be a co payment based on the income of the family perhaps 10% if that is all they can afford. I am low income and would be willing to pay a portion just to make sure that my child receives the apropriate services.	Jan 31, 2011 5:54 PM
342	I believe that the time commitment should be met by parents and consumers - the penalty would be loss of services. Co-payments should not be prohibitive. If a family can prove they cannot afford services they should not be made economically responsible. There are State and Federal standards for household costs.	Jan 31, 2011 5:56 PM
343	As a parent of autistic kid, I am committed to provide my time for my son to help him develop and live functionally to our society.	Jan 31, 2011 6:08 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
344	For young consumers, parents need to be part of the service so they can carry it on at home. For adults, their caregiver should be knowledgeable about what the services expectations are.	Jan 31, 2011 6:16 PM
345	-Make parent participation (not just observation) mandatory 80% of the time. -Caregivers may be present but parent needs to be primary individual learning the techniques	Jan 31, 2011 6:16 PM
346	Attendance and participation in behavior modification interventions	Jan 31, 2011 6:17 PM
347	Time commitment from parents should include attending the HOBT class, and complete involvement in other in home BIS services provided (up to 40 hours total).	Jan 31, 2011 6:18 PM
348	Once the child turns 18 the parents should have no financial obligation.	Jan 31, 2011 6:32 PM
349	See above.	Jan 31, 2011 6:33 PM
350	There should be a letter of understanding that if the state/regional center is going to provide services, the family must make a commitment to see it through.	Jan 31, 2011 6:43 PM
351	Parents MUST be involved in behavioral programs for children living at home (especially young children) or they are not effective--that is an absolute for regional center funded services. Schools should be responsible for children of school age.	Jan 31, 2011 6:51 PM
352	Consumers who could afford better than what Regional Centers offer most likely already receive those services. Copayments are punitive to already financially-strapped families Many consumers come from families where both parents are working outside of the home so time commitment can be difficult...and again punitive to situations which are common in California. Services should not require that parents of consumers become de facto therapists. Parents should commit to follow thru with specific, realistic and well-defined behavioral plans when the therapists are not present.	Jan 31, 2011 6:56 PM
353	Sliding scale for payment, time commitment appropriate to achieve progress on goals.	Jan 31, 2011 7:11 PM
354	Parents should be responble for time and commitment for services.	Jan 31, 2011 7:13 PM
355	none	Jan 31, 2011 7:18 PM
356	Parents should not have to provide co-payments. Parents should be commited to the time and homework necessary to cooperate with a behavioral intervention	Jan 31, 2011 7:35 PM
357	Yes I feel there should be a co-pay. Sliding scale for those whose income in limited.	Jan 31, 2011 7:46 PM
358	Parents and consumers must be responsible for been available at the time of services or attending the centers in a timely manner. RC should have a policy about cancellation of services due to absences. Parents and consumers should complete a progress chart stating implementation of strategies during daily living.	Jan 31, 2011 8:04 PM
359	have the child ready as much as possible - clear an area - also be on time - make reasonable co payment where required	Jan 31, 2011 8:19 PM
360	I think that parents should be made aware of how effective this treatment is (i.e., regional center should OFFER this rather than the parent finding out about it from another parent), and commit to the time. But, I think if you start asking parents to pay for it, there will be push back. I could never afford to pay for behavioural services for my child, but it has done wonders for him.	Jan 31, 2011 8:39 PM
361	Parents must be present in all planning meetings (team meetings) and should follow through with parent goals and data.	Jan 31, 2011 8:40 PM
362	For those living in ICF facilities families should not be required to fund. Most of the families are living on the cusp of poverty. Many are retired and on fixed incomes.	Jan 31, 2011 8:46 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
363	Parents/Guardians of minor children should be required to meet an income eligibility in order to receive services at no cost (i.e. fee scale). Parents/Guardians who have a higher income should be charged a co-payment based on their income. Parents/Care-providers of adult children should not be required to pay a co-payment; however in all cases, 100% participation from parent/care-provider should be required throughout the training. If there is no participation, service should be subject to early termination.	Jan 31, 2011 8:49 PM
364	Parents should have to pay a one time co-payment for services. Parents should only be able to continue to receive services if they are involved and showing that they are trying to implement ideas provided by the behavior specialists.	Jan 31, 2011 8:52 PM
365	Parents should have co-pay	Jan 31, 2011 9:06 PM
366	Depending upon income, parents who make over $80k a year should have a co-pay, those who make over $100k a year should pay for the services.	Jan 31, 2011 9:07 PM
367	People who spend much time with the consumer (e.g., family members, group home operators, teachers, job coaches, etc.) MUST be involved with the behavior plan. If they are not, it is a whole heap of wasted money. As many individuals who are in the consumer's environment as possible must be involved with the formulation of the behavior plan, to create "buy-in" for the carrying through with the plan. All must also be willing to commit to the time it takes to meet, evaluate how effective the plan is, and suggest necessary modifications. Family members, or conservators who are not family members, should participate in paying for these services, to the extent they are able to.	Jan 31, 2011 9:13 PM
368	These standards already exist at levels tha many family's cannot bear; (for adult services like day programs) these services are provided to adults, nearly all of whom qualify for public assistance and should not have to pay.	Jan 31, 2011 9:20 PM
369	Parents should be required to participate in services on a regular basis, begining with modeling and observation and gradually working toward 100% involvement in behavior modification.	Jan 31, 2011 9:31 PM
370	Parents need to participate and should be required to do so.	Jan 31, 2011 9:36 PM
371	HOnest and potential outcomes should be presented to the family early.	Jan 31, 2011 9:51 PM
372	There should be a share of cost for parents of children under the age of 10, even if it is nominal. This might also prompt parents to follow through with techniques more readily.	Jan 31, 2011 10:06 PM
373	co-payment on a sliding fee scale.	Jan 31, 2011 10:11 PM
374	Sliding scale fee for families. Commitment to follow behavioral recommendations or lose the services.	Jan 31, 2011 10:14 PM
375	Sliding scale depending on the clients/families ability to pay. Parents/care givers must be committed to weekly sessions and follow through.	Jan 31, 2011 10:14 PM
376	Co pay based on income, and time commitment should be based on need of the child.	Jan 31, 2011 10:14 PM
377	Co-Payments if appropriate	Jan 31, 2011 10:18 PM
378	co-payment based on income (no waived co-pay because of being a medi-cal recipient as happens with respite/daycare). must participate at least 80% of time, 100% of time as services are fading.	Jan 31, 2011 10:38 PM
379	co payment should be investigated. I think it is a good idea as it creates a "buy in" from the family. They may value the service more if they are financially invested in it. Best if the family is involved as much as possible in the work with the individual.	Jan 31, 2011 10:38 PM
380	There should be greater accountability in regard to parent participation. There also needs to be a community training component	Jan 31, 2011 10:58 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
381	Parents should be required to be present during all services provided so that they can learn the skill to implement the program independently. A small co-pay could be requested.	Jan 31, 2011 11:00 PM
382	Appointments must be kept, progress must be shown	Jan 31, 2011 11:13 PM
383	Family should be required to pay if they have above a specified income	Jan 31, 2011 11:24 PM
384	Medi-Cal co-payment should be enforced along with the recommended parent training issue stated above. Functional outcomes should be established to occur within a certain period of time. Again, like OT, PT and Speech, consumers not making progress would revert to monitoring status.	Jan 31, 2011 11:29 PM
385	It has been effective in the past about an array of services that a consumer can get from the regional services and it this will be afforded back, then this will be effective	Jan 31, 2011 11:43 PM
386	none at this time	Feb 1, 2011 12:02 AM
387	Parents need to be fully responsible for implementation of the program. The original Lovaas study showed that the parents impleneted the techniques and strategies outside of the hours that were provided by the UCLA staff. A share of cost should also be assessed based upon the family units income (many parents do not get married so that only 1 parent's income is taken into consideration- this is global). The share of cost should not be based upon the current FCPP model as it is too lenient.	Feb 1, 2011 12:07 AM
388	Parents must sign contract to commit to the program. Must be present, observing, participating, getting feedback, input from parent of what is working best, etc.	Feb 1, 2011 12:13 AM
389	Parents should follow thrugh with expert recommendations as needed to obtain service.	Feb 1, 2011 12:32 AM
390	Parents and consumers are already overburdened with the financial responsibilities and labor-intensive (time-consuming) situation of supporting a family member with disabilities.	Feb 1, 2011 12:47 AM
391	Copay for minor children, parents required to participate in implementing plan. Adults living in family home subject ot co-pay as well. Parents of adults living at home required to participate in implementing plan.	Feb 1, 2011 1:10 AM
392	That they are instructed on the techniques and demonstrate proficiency.	Feb 1, 2011 1:11 AM
393	Co-payments must be reasonable.	Feb 1, 2011 1:12 AM
394	fg	Feb 1, 2011 1:12 AM
395	Parents and siblings need to be involved with small children. Adult disabled individuals and their siblings(if any) and parents(if still here)need to be included in planning and and assessment of the are of their family member.	Feb 1, 2011 1:34 AM
396	The parents should be involved, however, when our children are in their 40s, we parents are aging also and are very tired of the daily responsibilities. Many parents just "give up" and are not involved any more. There are only a few of us left.	Feb 1, 2011 1:51 AM
397	Parents must be required to attend ongoing workshops and receive parent training at least once per year! Parents must be involved during the sessions of in home behavior therapy to observe, learn, and generalize the skills that are taught to their children. Parents need to feel supported that they are not alone and we understand their experience and can help them overcome their stress, feelings of guilt, hopelessness, shame, and empower them to feel effective with their children.	Feb 1, 2011 1:59 AM
398	Parents and other family members must participate in each session, must learn the strategies, and must implement the strategies.	Feb 1, 2011 3:39 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
399	Co-payments, if any, must be of an amount which is reasonable and fair to the consumer, and which does not prevent the client from receiving needed behavioral services if the client or his family/guardian is unable to pay. Time commitments of all parties involved should be agreed upon in the IPP meeting/at the establishment of services. The agreed-upon time commitments should reflect the amount of time - determined by the IPP team - that will be needed to address the behavioral issue(s) in question so that appropriate progress is made toward resolving the issue in question.	Feb 1, 2011 3:55 AM
400	Behavioral services should not continue beyond the first year if parents fail to participate in the maintenance of their children's skills and behavior.	Feb 1, 2011 4:39 AM
401	Parents should if possible help in as many ways as possible. Many if not most are all on fixed incomes and cannot afford to do co-payments, so alternative payment arrangements could be made such as volunteering in programs such as head start for children and maybe adult day programs for adult consumers. The only cost would be fingerprinting each volunteer.	Feb 1, 2011 4:50 AM
402	See above. For those	Feb 1, 2011 4:52 AM
403	Parents need to be involved on continued therapy for the child so that repetitiveness is established to help the child. A parent must not be able to use this as respite and/or be able to use any money for a friend/relative to perform this therapy. This would allow the child to not get the therapy and a parent to use monies as an income. I do not think a co-payment should be asked for. It is very important for both parties to make a commitment for the child and sign a plan agreeing to it.	Feb 1, 2011 4:57 AM
404	There should be a contract that states if you don't follow the plan then you can be dropped from the plan after a certain amount of tries.	Feb 1, 2011 5:00 AM
405	in some cases	Feb 1, 2011 5:07 AM
406	I think there should be a sliding scale and parents should be asked to contribute financially for services.	Feb 1, 2011 5:16 AM
407	Depends on the needs of the families, some have more needs than others. Some have multiple children with disabilities, some have one child who is more severe than the other Some families are well off, while some don't have the knowledge or abilities to use resources around them.	Feb 1, 2011 5:17 AM
408	Consumers families should be responsible per a sliding scale for co-payments. All families should be required to directly participate in 100% of consultation hours and adaptive skills trainign hours, and at least 50% of direct intervention hours.	Feb 1, 2011 5:20 AM
409	Add a copayment for children	Feb 1, 2011 5:35 AM
410	The parents and the consumers have the responsibilty of making sure the consumer attends their facility everyday.	Feb 1, 2011 5:38 AM
411	parents, siblings and relatives live with these individuals with disabilities 24 hours a day in most cases. they ARE involved 24 hours a day. if there is any other requirements for parents to receive programs in order to help individuals who can't help themselves then we're all is trouble. our world would be a different place if all parents "parented" the way they should - right. we should not hold individuals with disabilities who cannot help themselves at bay because they have less than average parents. everyone deserves help. it would be reasonable to have parents check in with service providers on a weekly basis to get training, feedback, and ask any questions needed to help their children. however, parents should not be the target for these services, the individuals with the disability should be the target of interventions to help their disability.	Feb 1, 2011 5:49 AM
412	Sliding scale payment. Co-payments. Insurance needs to cover ABA for individuals with autism. Parents MUST also be trained and participate in their child's ABA therapy.	Feb 1, 2011 6:21 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
413	Parents need to be involved with as much time as they can give, understanding that most work through out the day, and can not attend everything. I understand co-payments like $20 for neuroligists, reviews, diagnosing etc, but the daily therapy that becomes to much, and children will end up losing in the end.	Feb 1, 2011 6:42 AM
414	This is a non-issue if DDS decrease the outrageous payments to providers. 30-40 per hour is reasonable.	Feb 1, 2011 7:03 AM
415	Parents should pay a minimum of $5.00 copayment. To encourage attendance, parents should know that they will have to pay a cost if they miss sessions.	Feb 1, 2011 7:21 AM
416	Parental time committment with proper training is required. Co - payment if budgetary constraints exist for the client if at age of majority	Feb 1, 2011 7:23 AM
417	Parental Time commitment for counseling/teaching sessions with no penalty from employers. Penalties for parents who fail to show up, participate, or follow through. SSI check may be affected by noncompliance.	Feb 1, 2011 8:01 AM
418	parents should be included in facilitating services when needed.	Feb 1, 2011 8:14 AM
419	Services contingent on one or both parents participating in all training sessions, demonstrating understanding of the training, and carrying out training activities. If parent/caretaker fails "x" appointments or fails to carry out assigned training activiites without a valid reason (e.g. sickness) more than "y" times, then services should be cancelled.	Feb 1, 2011 8:21 AM
420	Insurance	Feb 1, 2011 9:25 AM
421	I think parent should work with the behaviorist and plan ahead the care	Feb 1, 2011 10:33 AM
422	Behavior services need to be time limited and they are however some of the families get really dependent on the vendors in their home helping with the consumer's behaviors and then they have a very hard time letting go of the program.	Feb 1, 2011 4:04 PM
423	We are all responsible, especially the parents.	Feb 1, 2011 4:04 PM
424	Parent/care givers should be involved in all areas of behavioral intervention. With a train that parent model. Behavioral intervention will not be successful if the parent or care provide is unable to provide consistent implementation of behavioral training when the service agency is not present.	Feb 1, 2011 4:07 PM
425	Based on the IRS Federal tax return families making over $250,000 should have a reasonable co-pay	Feb 1, 2011 4:14 PM
426	Standards should include parent training in the implementation of behavioral therapy for use in the consumers natural environment. Co-pay might be determined on a sliding fee scale with options to secure funding from generic sources such a medi-cal.	Feb 1, 2011 4:38 PM
427	i think parents should be committed to parent participation and if going thru private insurance be responsible for copayment	Feb 1, 2011 5:10 PM
428	I feel strongly about co-payment from families for consumer services. This should be on-going for the lifetime of the client and provisions should be made by the families to provide for this ahead of time.	Feb 1, 2011 5:21 PM
429	I think co payment and getting a time commitment from parents are critical. I also think that mental health support for families is crucial in helping them make these decisions.	Feb 1, 2011 5:22 PM
430	certainly time commitment and some element of co-pay if economically able...	Feb 1, 2011 5:25 PM
431	Parents and staff that provide daily care for these consumers should have to make an investment in learning the strategies that are being implemented in order to provide additional reinforcement during the times the provider is not present.	Feb 1, 2011 5:36 PM
432	Co-pays should be on a graduated scale, according to family's financial status.	Feb 1, 2011 5:46 PM
433	sliding scale for parents to pay	Feb 1, 2011 6:03 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
434	Many of the families are poor and some cannot afford a co-payment. And if there is going to be a co-payment make sure that it is affordable for the really poor.	Feb 1, 2011 6:16 PM
435	attendance by consumer and parents.	Feb 1, 2011 6:17 PM
436	Its a very huge financial burden on parents to pay for these services. Make it as affordable as possible for all involved.	Feb 1, 2011 6:28 PM
437	That standard falls to the situation involving the comsumer and family members/natural supports, etc.	Feb 1, 2011 6:32 PM
438	DDS should pay the entire rate due as is published for the service level and collect the money from the SSI Fed payment and not allow the dual payment to have third parties who misuse the SSI money intended for the Consumers care. When the money is not paid there is no reasonable/viable recourse for the RSP, it is enough to focus on all we do without becoming collectors and bounty hunters.	Feb 1, 2011 6:41 PM
439	There are some parents who demand special services for thier children that are very costly such as music lessons, horse back riding etc... Those types of services need to stop. We need to give them teh resources for places that offer free services and that is it. They can take them to thier local church where they have free music classes etc...	Feb 1, 2011 6:42 PM
440	co-payment should be look at with a curve for financial hardship	Feb 1, 2011 6:42 PM
441	Parents and clients with assets should do a share of cost like medi-cal	Feb 1, 2011 6:49 PM
442	As a parent, the time commitment was the hardest for me. I work full time and have four kids. The service provider was able to work around the crazy schedules and came in the evenings and weekends.	Feb 1, 2011 6:52 PM
443	Parents need to be willing and able to participate in the home program, with exceptions allowed as agreed by the IPP Team.	Feb 1, 2011 7:05 PM
444	The parents and consumers must be willing to work with the professionals who are offering these services. The time commitment should be agreed upon before services are rendered and all parties should be held accountable to keep these commitments.	Feb 1, 2011 7:12 PM
445	The current standards are effective for the next fiscal year.	Feb 1, 2011 7:20 PM
446	There should absolutely be standards. "Free" services are not appreciated and there should be a co-pay. The co-pay would be based upon ability to pay per financial statements. Disabled family members do make finances and time difficult. However it should not be the responsibility of tax payers to bear 100% financial burden . Other disabilities that are not regional center covered do not result in a 'free ride' for the family. Having a family is a responsibility. No one 'chose' the disability, but we must play the hand we are dealt.	Feb 1, 2011 7:30 PM
447	Make it a requirement that parents have to be active participants in the behavior program. Many times parents want someone to come in and "fix the child" and take behavior intervention time as a break from the child who is acting out. However, the goal of the behavior services is that parents will learn the behavioral principles so that they can eventually implement them without the need for a direct behaviors service to be in place.	Feb 1, 2011 7:34 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
448	I feel that families should certainly be as involved as possible and this can always make a difference in progress. I mentor families--some can be more emotionally available than others. I know, however, that the majority of the time, when people know and truly understand more, they can do better. That has been my experience. As far as payment, this is challenging. Our family, for example, is a middle-income family, however, we pay for most of our services privately and have felt extremely fortunate to receive Regional Center support. Still, we have sacrificed much and we are involved in learning and living every aspect of her needs, so we can help her to develop. This really works. At the same time, I mentor families who can't afford the opportunities my daughter has had and have unique challenges. Each situation has to be viewed individually.	Feb 1, 2011 7:34 PM
449	Parents should be willing and able to participate in various aspects of their child's therapy and school. Available training should be taken advantage of, but the state and regional centers must also accept the fact that this does not, and never will, effectively take the place of vital therapies conducted by licensed and credentialed professionals.	Feb 1, 2011 7:36 PM
450	All R.N and psy tech should be able to address issues such: hyperactiviuties, pica, insomnia, exceive water drinking, over eating.	Feb 1, 2011 7:45 PM
451	These standards already exist.	Feb 1, 2011 7:50 PM
452	In my experience most parents would be willing to participate an in any way possible. The problem is with the providers. There is no incentive for the provider to train the parent, then they would be out of a job. In fact in my interviews with direct providers NONE has had any formal training on how to teach a caregiver or parent. Lack of parent participation is not the parents' faults, it is the providers. The entire behavioral services program should be parent/caregiver training. If parent/caregiver cannot implement the behavioral plans then your are basically hiring a very expensive babysitter. Without consistency, there will be no generalization. A child learns quickly to behave well for one adult and not another. Parent time commitment must be 100%. Otherwise, other services should be considered.	Feb 1, 2011 7:53 PM
453	Parents should be required to have 70% participation. If they fall below this for three consecutive quarters, services should be terminated. Also, parents should be required to fill out a "report card" on each person involved in the child's program.	Feb 1, 2011 8:01 PM
454	Co-pay, must meet scheduled appointments unless ill or otherwise unable to and must cancel in advance or pay for missed appointments. Parents should also participte in training so that they can carry over techniques at home.	Feb 1, 2011 8:01 PM
455	Most of our consumers come from broken families. Many of these family members have mental health issues, or live in sub standard low income environments. To place ANY standards upon them is a fringe upon the consumers rights (it wouldn't be the consumers fault that their family is highly disfunctional) THIS IS ABSOLUTELY A RECIPE FOR DISASTER. This should be avoided at all costs.	Feb 1, 2011 8:07 PM
456	Co-payments should be made by insurance companies and parent should be required to participate and be held to a standard of commitment or services will be terminated.	Feb 1, 2011 8:11 PM
457	Care provider is responsible for payment.	Feb 1, 2011 8:36 PM
458	Are parents supportive to the child and the therapists with time and with contributions to the therapy and does the family work with the therapists rather than merely being a spectator?	Feb 1, 2011 8:39 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
459	My husband and I have been totally involved in the treatments and implementation of all of our kids services throughout the years. As parents we want to see them progress and we do feel it is our responsiblity to implement the behavior plans and therapies. However, we have and still do, need the services and guidance from professionals to figure out how to deal with the changing situations and issues as our children start to mature. New issues are always popping up. There is no easy fix, no one time therapy and then they are all better and can fend for themselves. You, Mr. Brown, will be throwing defenseless people to the wolves. You really wanna go there?	Feb 1, 2011 9:05 PM
460	Possible co-payment, also assessed individually. Committment to parent trainining and ongoing support groups mandatory.	Feb 1, 2011 9:11 PM
461	1) "Purchase of Service Limits" is a more appropriate name than "standards." 2) We oppose statewide purchase of service "standards." 3) There is no "one size fits all" solution. Purchase of service standards for each individual are defined by the IPP. 4) For questions 3 & 4: These standards already exist. 5) "Up to but not to exceed the cost to house one individual in a Developmental Center."	Feb 1, 2011 9:13 PM
462	Use all available public resources first prior to using Regional center funding. However, in most incidences the consumers are barely making ends meet as well as the families. I believe pending on the family income that there be certain co-payments. (create waivers as well)	Feb 1, 2011 9:17 PM
463	Should increase requirements for parents involvement, and parents should demonstrate marked progress in integrating and implementing behavioral strategies.	Feb 1, 2011 9:22 PM
464	I think a minimum amount of parent training and involvement should be required of parents. They SHOULD NOT have to be direct providers of service however! This has caused many a family to fall apart. But they should be involved, and demonstrate they are following through with behavioral plans in their time with the consumer. If the child has two parents, some training should be required of each parent. Too many families have dissension because one parent disconnects. They should have a minimum of amount of training hours to complete themselves, perhaps 24 per year.	Feb 1, 2011 9:26 PM
465	There should be a time frame to report the progress of the client, and should be monitored as in an IEP.	Feb 1, 2011 9:32 PM
466	The parents must be able to show the behavioral consultant that they are interested in learning the techniques and are using them to be able to keep having the service. They must also want to learn English. We should not be providing these services in all languages.	Feb 1, 2011 9:32 PM
467	Time commitment should be defined by IPP. Services should be evaluated for effectiveness after three months.	Feb 1, 2011 9:41 PM
468	- 100% hands on requirement for at least one parent - no more than 3 missed sessions - 15% co-pay - no more than 1 meeting a month without the child present. (too many times these meeting happen without the child present, therefore the service provider and parent just 'chat' about problems rather than actually having the service provider demonstrate the skill and then watch the parent implement the skill)	Feb 1, 2011 10:03 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
469	Parents need to be actively involved in the behavior programs. If they cannot be for reasons of illness, not living in the home,etc. then another responsible adult needs to be available.	Feb 1, 2011 10:10 PM
470	The responsibilites of the parents, agency and the state should all be consistent. One of the reasons why there is so much confusion is because the standards are inconsistent, the rules changes and the one thing that remains consistent is the need for care for the consumers and the support that enable them to be	Feb 1, 2011 10:30 PM
471	Parents NEED to be involved. I think if the parents are involved with the therapy, the child learns much quicker.	Feb 1, 2011 10:35 PM
472	Time-commitment.	Feb 1, 2011 10:39 PM
473	Parents of children with disabilities should be included in planning and setting of treatment goals for young children (and the older consumers should do this themselves when developmentally appropriate), Parents should be included in treatment teams using evidence based interventions that improve the function of the child / consumer and their family. Children with disabilities are benefited by the economic security and sustained self worth of their parents and family providers and any requirement for care participation that is not economically supported and that jeopardized parental jobs / energies and ability to meet responsibilities for all family members should be avoided.	Feb 1, 2011 10:51 PM
474	Each month depends on the IEP.	Feb 1, 2011 10:53 PM
475	And these services are guaranteed in law. We don't have a fee for children attending public schools.	Feb 1, 2011 11:01 PM
476	A co-payment seems feasible as long as the price does not exceed what would be expected from an typical consumer or family. Typical meaning a "normal" person or family.	Feb 1, 2011 11:11 PM
477	Parents should be held accountable for implementing skills that are being taught to their children in the home enviroment.	Feb 1, 2011 11:11 PM
478	Parents and caregivers HAVE to be committed to the process or it will not work. Therapists have to have great training in the area of need!	Feb 1, 2011 11:14 PM
479	Parents/family/caregivers must be supported and educated to address the goals of the disabled individual and these caregivers must also remain committed to seeking these services. For families making over $200,000 per year perhaps they could have co-payments that are reasonable so that their family member will have access to services. Many middle income families can not afford additional out-of pocket costs as they are already struggling to manage the needs of disabled family member and often are not able to work to care for their disabled family member or need to pay for appropriate care which is very costly.	Feb 1, 2011 11:24 PM
480	Parents, caregivers can monitor their support by filling in data sheets that are supplied by the service provider	Feb 1, 2011 11:33 PM
481	The parents need to be involved in the program to the best of their ability. You must remember that the services are "direct" to the client. The parent involvement or lack thereof should have no bearing on the direct services that the client receives. Either the state pay now for ABA or pay later for Day Care, etc. Either way, the clients direct services should not be cut or altered by having a competent, involved parent or a incompetent, uninvolved parent. If the family makes over 100,000.00 per year, then they can contribute.	Feb 1, 2011 11:39 PM
482	Parents should not have to pay for these services. Parents do need to be committed and participate in every session.	Feb 1, 2011 11:58 PM
483	the parent needs to be 100% committed. If the said family cant afford a co-payment, they shouldnt be denied. maybe parents offer thier time at fundraisers or at the day cares at regional centers in exchange for services. Or group sessions at houses if the children are capable in that type of enviroment	Feb 2, 2011 12:00 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
484	Parents need to follow through with even making the first step in returning phone calls to the providers. If they are unable to follow through with this step, in home behavior services should not be offered.	Feb 2, 2011 12:09 AM
485	If deemed necessary, there needs to be a mechanism for which parents and guardians are held accountable, as they are ultimately the ones that will need to continue using the techniques when services are terminated. There also needs to be a clear limit to the duration of this service. As you know this service is quite expensive and without parent accountability and specific parameters regarding length of service, individuals have been known to abuse it.	Feb 2, 2011 12:09 AM
486	Parent is required to do the parent training but should not be responsible for the therapy sessions. Parents should be provided by written statment or research based material to improve their knowllge . and have them know about their data and they should be helping their kids.	Feb 2, 2011 12:21 AM
487	This is a team effort like every other services offered via RCEB. Co payments based on income level should be considered, as well as time commitment, etc... All parties involved in the proces will have to participate in the process so progress can be measured.	Feb 2, 2011 12:22 AM
488	If parents do not wish to act as their child's case manager, that's fine. But the $25k per year cap should still apply when they hire an agency to run all aspects of the child's program.	Feb 2, 2011 12:22 AM
489	These are outlined in the book I have referenced in my response to question 1.	Feb 2, 2011 12:26 AM
490	Parents/Caregivers who provide ongoing care/services for an DD adult with behavioral issues have already made a "committment" with respect to time and finances. If you think the adult consumer's expenses are magically "covered" by the State or any other agency when they live at home, you need a reality check.	Feb 2, 2011 12:42 AM
491	Parents need to participate in all the therapy sessions and implement the behavioral plan if one is set up. Parents need to provide a verbal report of when and how often the plan details are being implemented during each therapy session.	Feb 2, 2011 12:54 AM
492	Parents should be oriented and trained prior to receiving the service so there is an understanding regarding their participation. Periodic reiview with parents regarding their participation. Terminate service if parent unable to participate.	Feb 2, 2011 1:15 AM
493	All consumers, workers, parents etc. should commit their time.	Feb 2, 2011 1:48 AM
494	data required about what, when, who, where and why.	Feb 2, 2011 2:17 AM
495	See above, I love the fact that as a parent I had to go through and continue parent training. This helps me help my child learn even during non therapy hours and has been priceless.	Feb 2, 2011 2:27 AM
496	There should be a co-payment for services as well as time commitment	Feb 2, 2011 2:36 AM
497	Co pays and parent	Feb 2, 2011 2:38 AM
498	Parents should agree upon some level of participation at the onset of services however, it should be noted that each family is unique. Requirements should not restrict or prolong service delivery at the expense of the consumer but rather responsibilities on part of the caregiver should be consistent with ensuring the quality of services for the consumer. Co-payments are unethical! This would only further increase the disparity of who gets services and who doesn't.	Feb 2, 2011 2:41 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
499	Bio-logical parents are so burned out when they finally make the decision to place they child in care, but at some point they should participate with their care. I know respite care is an essential part of the service caregivers need. Why can't bio-families be required to provide respite care services on an on-going basis if at all feasible, for their minor children and quite psoosibly their adult children. Some may be able too becuase of abuse or neglect, but those that can must support their child and the system. This would be cost-effective because they would receive no-pay. This would keep them active in the lives of their children and take some of the financial burden off the state and federal government. This would also give caregivers needed respite, eliminate the fight for services and provide a most viable option for the agencies.	Feb 2, 2011 2:58 AM
500	Parents have sacrificed enough. A legal guardian/parent has to be present while the child is receiving behavioral services. We have given up career opportunities, used our vacation time, lost business clients and have paid for bio-medical treatments and supplements all in an effort to help our son.	Feb 2, 2011 3:03 AM
501	It would be helpful for the parents to commit to the program in time & effort. If the parents can afford a co-pay that would be nice but it shouldn't mean no services if they don't. Some parents would let the behavior get way out hand before wanting to pay for help.	Feb 2, 2011 3:39 AM
502	Ask the consumers or the family what they felt about the services, and ask them to elaborate on things and do this for every service you provide them. This does two things: it gives you feedback as to the quality of the services, and it shows you which consumers are actually using these services and getting benefits out of them. In this way you can tell if it is the consumer or the service that is not doing its part. Again, this needs to be individual, as many of these people have very difficult situations and every situation is different.	Feb 2, 2011 3:46 AM
503	Co-payment based on household expense.	Feb 2, 2011 3:47 AM
504	definitely not for adults	Feb 2, 2011 4:05 AM
505	see above #2 explains	Feb 2, 2011 4:55 AM
506	100% parent participation. Co-pay only if it is like the FCPP, so as to avoid it being a barrier to someone receiving a needed service.	Feb 2, 2011 4:58 AM
507	have the parent participate at least 50% of the time	Feb 2, 2011 5:17 AM
508	The parents, caregivers, teachers etc should also be rated by the behaviorist based on the level of committment that they are giving to the behavior plans. If they fall below a certain level services should be terminated.	Feb 2, 2011 5:40 AM
509	Any parent who can get their kid to services is already putting in a huge time commitment. We spend 5 hours in floortime and diadic therapy a week, plus the 1.5 hours to commute, plus all the juggling of the other kids we have to make sure they feel included in our lives. If they can pay anything, institute a sliding scale fee, but otherwise, understand that these services are not just an investment in an individual and his/her family, they are investments in the community and society as a whole. Money well-spent now will be saved many times over as these kids grow into adults who can understand the world around them, and find it easier to contribute.	Feb 2, 2011 5:45 AM
510	Co-payments, if instituted must be on a sliding scale basis. For minor children, parents should make a substantial commitment of their time to the service.	Feb 2, 2011 5:52 AM
511	Participants need to show good faith effort. Failure to participate in program, keep appointments or show any vested interest in following through with the program recommendations/mandates should be grounds for dismissal from the program.	Feb 2, 2011 5:54 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
512	CONSUMERS SHOULD RECEIVE TRAING ON THEIR RESPONSIBILITIES AND SUPPORT TO MEET THOSE RESPONSIBILITIES. IE IF A PERSON RESIDING IN A RESIDENTAL CARE HOME HAS INDICATED THEIR DESIRE TO PARTICIPATE IN A TRAINING ON A GIVEN TOPIC AT THEIR IPP. AND THEY ARE NOT AN INDEPENDANT TRAVELER. ARANGEMENTS SHOULD BE MADE FOR STAFF TO PROVIDE TRANSPERTATION.	Feb 2, 2011 6:01 AM
513	Parents who can afford (based on the income) should pay co-pay. Putting artificial time limit on the behavior services (e.g., that each child only gets 2 years of intensive behavior service) is absurd- for some, it may be sufficient, and for others, it may not. Parents should be asked to shoulder the burden, if they have the means to do so.	Feb 2, 2011 6:27 AM
514	A responsible guardian must be present at all times.	Feb 2, 2011 6:31 AM
515	Parents must also be trained to implement training at home; at least not to subvert the purchased training.	Feb 2, 2011 7:14 AM
516	Participation from consumers and family is a must for effective successes, or services can be denied.	Feb 2, 2011 7:56 AM
517	ABSOLUTE - sliding co-payment scale. Everyone must particiapte in this monetarily or they do not value it - this is well established in research for many years. We are creating a lot of inappropriate dependence instead of equipping people - stop the "I am entitled to mindset".	Feb 2, 2011 1:45 PM
518	You figure that out, that is why you get paid	Feb 2, 2011 1:52 PM
519	Perhaps have families/caregivers pay a small fee for cancelled 612/615 hours	Feb 2, 2011 2:29 PM
520	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (Lanterman Act Section 4501). The state does not ask parents and student for co-pays in California 's pubic schools and the same logic applies here.	Feb 2, 2011 3:26 PM
521	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (Lanterman Act Section 4501). The state does not ask parents and student for co-pays in California's pubic schools and the same logic applies here.	Feb 2, 2011 4:46 PM
522	Parents should be directed to seek generic services and go through their health insurance first	Feb 2, 2011 4:48 PM
523	parent/care giver training and participation required, consumer choice and desire for service (adults) co-pay or denial of insurance for parents of minor children	Feb 2, 2011 4:53 PM
524	A small co-payment, even $5.00 would make them understand the value and make them commit more.	Feb 2, 2011 5:12 PM
525	Behavior training is most effective in a consistent environment. A commitment and input from the care provider is necessary to be successful.	Feb 2, 2011 5:14 PM
526	Parents shall sign off a committment-to-service agreemenent shall at the outset of services. This agreement shall require parents to participate in goal development and implementation of suggested and recommended behavior procedure at home and community. As a number of parents who use the services come from low SES, co-payment will be a deterent for these families to use the much needed behavior services. Perhaps asking parents to bear responsibility for a portion of recommended hours of service will not only encourage a formal participation of parents it will also help reduce cost to RCs. For example, if recommended hours for a given family is to receive 4 hours per week of ABA, 1 hour can be allocated to parents. therefore, vendor will will the RC only for 3 hours per week.	Feb 2, 2011 5:15 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
527	Parents should participate 100% of time with the behavior analyst with the expectation that they are learning to implement the behavior plan themselves. Parents should be given homework assignments and goals which should be presented at the Quarterly Review meetings.	Feb 2, 2011 5:17 PM
528	Depending on income level, debts, family dynamics etc, there can be a co-pay from consumers. Similarly time commitment from parents is needed. However, none of these should hinder the reception of service to the consumer.	Feb 2, 2011 5:20 PM
529	See above	Feb 2, 2011 5:25 PM
530	co-payment within reasonable level of income depending on the severity of the treatment time needed for treatment of individual parents to commit to the treatment plan	Feb 2, 2011 5:32 PM
531	IPP process drivves this does it not?	Feb 2, 2011 5:44 PM
532	Parents need to be there to learn techniques on how to deal with child's behavior. Must commit to time services are rendered.	Feb 2, 2011 5:50 PM
533	The consumer must go to each appointment scheduled and followup on any suggestions made to improve their situation. Paying a co-payment would be ok.	Feb 2, 2011 5:51 PM
534	Parents must be required to participate in training and service. Service is solely the responsibility of the partents of children. Co-payments to be required - per total assets, not just household income. For unconserved adults with behaviors, services, payments, etc must be indiviualized.	Feb 2, 2011 6:09 PM
535	Parent involvement is necessary to generalize skills. Co-payment okay if reasonable fee.	Feb 2, 2011 6:29 PM
536	Parents should be taught skills and present 100% of time Fees should be income based and cancelations, unless the child is sick, should follow any other office protocal..a fee in which is paid to REGIONAL CENTER to help off set cost.	Feb 2, 2011 6:30 PM
537	Especially children with Autism cannot attend "normal" afterschool programs such as the YMCA or afterschool programs at their local Church. My daughter makes $40,000 a year at a school for kids with Autism. Do you really want her to quit her job (and benefits) to stay at home and watch TV while a therapist works with her son. The current rule is that a family member be in the house when the therapist is present. We would agree to pay a co-pay for quality services. My concern is that many parents cannot afford not to work or to pay a co-pay for services.	Feb 2, 2011 6:40 PM
538	Families should pay something; it will keep them honest about keeping the appointments and applying themselves to pick up the skills. Parents should be required to at least engage 2x/week for 2hr each time. $50 copay per session (can be reduced if need is proved).	Feb 2, 2011 6:41 PM
539	Parents receiving services should be given and required to attend training.	Feb 2, 2011 6:49 PM
540	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's public schools and the same logic applies here.	Feb 2, 2011 6:51 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
541	Parents should make contributions to the services when it is possible. For example, any service including medical that is available through the parent should be used, as well as any services available through the school system. But if a parent cannot pay or does not have access to treatment, it should be provided through the Regional Center.	Feb 2, 2011 7:00 PM
542	time committment; 100% parent/caregiver participation; expectation that family will be able to implement techniques at the end of intervention.	Feb 2, 2011 7:10 PM
543	Not every family is able to pay and they are not responsible for what disabilities their child is born with. We all pay taxes and this is where the money should come from. It don't think it is right to make some pay out of pocket and not others. I do however believe that parents are responsible for their children and they need to give the time necessary to help in treating their child.	Feb 2, 2011 7:17 PM
544	I cannot answer as I am not a parent however, as a relative I know that it is often difficult for some to make ends meet. As a family member I feel that first thing family needs to do is step up and be involved. Not just to assure that the individual can identify their rights but also to know what their responsibility's are and to follow through with consistancy of what the family expectation is going to be. (Granted some families are not realistic on the expectations or follow through.Maybe behavioral training for families as well ?)	Feb 2, 2011 7:33 PM
545	the parents should not have a co-payment, but they should be required to be present and participate in all sessions (ie: mom attends all behavorial therapy sessions)	Feb 2, 2011 7:35 PM
546	There needs to be an agreed time commitment by the consumer and a minimal co-payment.	Feb 2, 2011 7:40 PM
547	The parent is already incuring lots of other financial responsibilities from Autism... if they are trying biomedical approach, trying therapies that aren't offered... special diets, etc.	Feb 2, 2011 7:52 PM
548	The intial meeting between the client, parent,care provider, Regional Center case manager and the service provider should set down each person's responibility. The time commitment should be heavly stressed for both the service provider and the client, parent, care provider. This should all be put into the IEP/IPP. There could be a sliding scale set for co-pays per the income of the family. If the client has no family then the client should not have to pay.	Feb 2, 2011 8:03 PM
549	The parent should give time commitment. No co-paymment. Families with speical need children genereal have a lower income, due to only one parent working the other caring for the child.	Feb 2, 2011 8:05 PM
550	Co-payment is a great idea. If it meant being allowed to keep my behavioral services, I would do it. I don't like to be told that my son doesn't need his services anymore when the real reason is that there isn't any money to fund the services. It makes my relationship with the RC adversarial and makes the RC personnel come across as stupid (with all due respect). I think it's wrong that they have to be put in this position, and that a child who clearly needs and benefits from a service can't have it. I also feel it is inappropriate for a parent to be trained under the program to facilitate social interactions between two 15 year old boys. Even typical 15 year olds don't want their parent (espcially their mom) to hang out with them. When you are trying to shape inappropriate social behaviors (which is a legitimate service goal) for a child with autism, mom is not the person to do this. A young, male, behavioral therapist is. So to tell a parent they are trained and good luck, is wrong.	Feb 2, 2011 8:08 PM
551	Behavioral intervention must occur with parent or care provider present and involved in the intervention at minimum 3/4 sessions.	Feb 2, 2011 8:30 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
552	Parents should be required to be involved in these services. The level of involvement and opportunities to be involved need to be flexible to allow working parents to participate outside normal work hours. These services can be publicly or privately provided and may be free or paid services. However, free services (free to the consumer) need to be available so that ability to pay for services does prevent a person from receiving services.	Feb 2, 2011 8:47 PM
553	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge (Lanterman Act Section 4501) The state does not ask parents and student for co-pays in California's public schools and the same logic applies here	Feb 2, 2011 9:12 PM
554	The State of Calif has a high standard of providing services for a population that through no fault of their own cannot provide for themselves. A disabled consumer cannot advocate for themselves. Alta has a responsibility to be that advocate. To hold the state responsible for their acceptance of care for this population. To require parents to shoulder more of the responsibility that goes on for a lifetime is unconscionable.	Feb 2, 2011 9:19 PM
555	Parents of individuals that require behavioral services should be required to partipate to the fullest possible in their childs treatment plan. Maybe even something like training parents how to do drills and supervisors overseeing the parent in making that successfull. Pretty much , teaching the parent how to apply the DTT or ABA so when services are cut off or no longer in place for whatever reason , the parent can still teach the child new things. Maybe start off by giving the parents one program per period and have them try to have that program mastered by the end of 3 months or 6 months (depending on the SD's that the program requires to fullfil)	Feb 2, 2011 9:27 PM
556	Require for Autism behavioral therapy that a parent has a co-pay and also a time commitment into the same service to ensure they are vested into the Intervention Service	Feb 2, 2011 9:29 PM
557	Parents should spend 75% or more time in sessions or be dropped.	Feb 2, 2011 9:30 PM
558	Perhaps a small co-pay would be acceptable and appropriate	Feb 2, 2011 9:31 PM
559	parents should follow providers recommendations for improving consumers behavior. No co payment or fees to family	Feb 2, 2011 9:31 PM
560	Based upon financial needs some co- payments may be in order.	Feb 2, 2011 9:33 PM
561	IF THE PARENT IS ABLE TO PAY SOME OF IT MAYBE BUT, IF NOT OH WELL.	Feb 2, 2011 9:35 PM
562	I feel parents should have time to be an active member in the progress of their child.	Feb 2, 2011 9:36 PM
563	No copayment. But, services should not be cut just because the child has had it for 2 years. It should be based on need and not a time commitment.	Feb 2, 2011 9:38 PM
564	With all the financial berdain's of a parent or family with a child with disablities I do not think they should be asked to pay. If they had the money they would seek them out indendatly or do them in addition to the minimum being provided. I like they can be offered at time commitment to volteer hour or able do to there responsiblity or to voluteer in the program that the diabled person is in inorder to get maximum benefit of service. Everything can not be done at a hour appointment it has to continue at home.	Feb 2, 2011 9:41 PM
565	There should be a time commitment for both parents and therapist who are working with these children. It should be taken seriously and both parties should show commitment.	Feb 2, 2011 9:41 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
566	Most parents of disabled children are not able to work a full time job or even part time without some type of assistance from the government. If the government wants to cut down service assistance and require a cp-payment then there should be more programs for after school, day care, evening care so that parents can go to work and get insurance etc. Without assistance in care besides a group home, parents are limited in contributing to funding.	Feb 2, 2011 9:45 PM
567	Parents / familiy members should show growth in using skills acquired and should be present for as many sessions as possible.	Feb 2, 2011 9:53 PM
568	Parents must be activly involved to best assit children to reach their best potential and be independent adults.	Feb 2, 2011 9:55 PM
569	Families should participate in services and team meeting as much as they are able to do so for the benefit of their child. However, many parents cannot do so because of needing to be outside of the home to work. Requiring families to pay portions of the service cost is unfair, in my opinion, because it violates the federal mandate that early start services not be a financial burden to families. No parent would refuse to pay the money if they could. But, it seems to me that the state often forgets that we as families also are terrified about the future needs of our children and need to be setting aside money for that. Any money I spend on these services now is money I cannot put aside for my child for his future care. The care I want him to have in the future and am trying to provide for will hopefully mean that he will not be in a state facility.	Feb 2, 2011 10:01 PM
570	Every body that works must get taxed period. No copay	Feb 2, 2011 10:02 PM
571	Agreement to be educated on behavior strategies and fidelity in implementation. No charge to families if income is over 200,000 annually	Feb 2, 2011 10:03 PM
572	Parents should not have the ability to affect payment, or receive payment directly for services. The funding should go between regional center and service provider.	Feb 2, 2011 10:13 PM
573	Many parents who have a child or children affected with autism had to quit their jobs to attend to their children's need. Most if not all are unable to afford co-payments. It is ok to demand for parents' participation and time commitment as these will benefit their children tremendously.	Feb 2, 2011 10:15 PM
574	Children with developmental disabilities are expensive to all families in a myriad of different ways. Trips to hospitals, missed work days or professional opportunities, unemployment, divorce rates, on and on, all make our children much more expensive than their non-disabled peers. Through no fault of their own, families have children who are exceptionally expensive on a regular basis. If families had the resources to research and present the impact of having a disabled child on their finances, the legislature would not be so hot on this topic. Most families don't have the resources to do this, but before any co-payments are mandated, someone should attempt to understand the true cost that families already bear. If the DDS attempts to assess a families ability to pay, they are going to need to open up a new division to fairy assess this ability. It can't be a random event. It also must account for the variety of income and tax situations a family deals with. I haven't seen that the DDS has the capacity to do this in any fair or defensible manner. There is also a difference between family choice and IPP team decision. There are times that, at no fault of the parents, children require expensive services to protect their life, health and safety. This can even come at the request of law enforcement. How much should a family have to pay because they or their child are not safe? Regional Centers should not have the ability to bankrupt families and I fear that if the DDS is not careful with co-payments for parents, parents will have to choose between necessary services and basic family maintenance.	Feb 2, 2011 10:17 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
575	-Again, Families/Caregivers need constant help in dealing with the ever-changing behaviors of individuals with autism & should be provided video, practical skills training & support (Q&A with a specialist) for the equivalent of 1 hour week. Currently the parent/caregiver portion of services seems to have a punitive tone. It should be empowering & even pleasant for those doing the care. The current MO seems to be punitive to these individuals -- as if they are not doing something right. In contrast, there should be an annual stipend for caregivers & families to use to do additional training for pertinent training for caring for the developmentally disabled, so that families/caregivers who have the time can be better at their responsibilities (but not penalized if they do not have the extra time).	Feb 2, 2011 10:18 PM
576	When we went through the regional center, we were blessed to have these services covered through the state. Since we are in the economy we are in, maybe there should be more of a sliding scale based on income. Also consideration should be made in the best interest of the person needed coverage and the demands on the family.	Feb 2, 2011 10:19 PM
577	Parents should be required to sit on a be an active part of at least 6 of the 10 hours a week of partcipation to recieve services	Feb 2, 2011 10:19 PM
578	co-payment is totally irresponsible. Parents of special needs children usually have at least one parent that is unable to work, due to the care requirements of the child. Right off the bat that makes them 50% poorer than the vast majority of other people in our culture. Most parents of disabled children would not be able to get the service if a co-payment is required, so the Regional Center services would be of no benefit to them. We also may have increased medical, diet or educational expenses associated with the disability. Adult consumers are already forced to live below poverty standards unless they are subsidized by family members, due to the penalties in loss of benefits for working or earning money. They can't afford a co-payment either. It is perfectly reasonable to require a time commitment to a program.	Feb 2, 2011 10:20 PM
579	Under the budget crysis, it is nesessary for parent to pay co-payment, depending on the financial situation.	Feb 2, 2011 10:23 PM
580	A co-pay by parent. (Per session would be cost prohibitive) maybe on a sliding scale. demonstrate actively participating- no missed appts. allow vendor to bill parent for missed appts.	Feb 2, 2011 10:40 PM
581	Parental responsibility is an absolute MUST, both in time commitment as well as in some co-payment, based on ability to pay. Might be none for some, and a little bit for others. Should be reasonable in ordfer to make sure all those who need the services can get it.	Feb 2, 2011 10:40 PM
582	supervision must be in the house while client is getting service	Feb 2, 2011 10:42 PM
583	Responsibilities may vary depending on the desired service, but training of key social agents (the people in the environment who will be responsible to assuming treatment responsibility after the service has ended) should be a component of services and supports. It is recommended that each party's specific responsibilities are outlined clearly at the onset of the service relationship.	Feb 2, 2011 10:53 PM
584	Parents should be involve in order to have the most advancement for our kids and report any unprofessional action, being on time etc.	Feb 2, 2011 10:55 PM
585	There should be a Share of Cost system implemented for this service.	Feb 2, 2011 11:08 PM
586	Parents should complete some pre-requisite orientation, reading assignments, watch video etc before beginning training so that they understand their responsibility.The trainer should evaluate the parents active participation level. Regional Centers should review parents participationand success at practicing what they are taught before they can be allowed to receive more services.	Feb 2, 2011 11:12 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
587	As I stated, many families cannot afford a co-payment but those that can should be required to do so. Also parents should play an active roll in their child's therapy by being present during the therapy.	Feb 2, 2011 11:17 PM
588	The parent needs to take responsibility for learning the appropriate techniques, co-payments if applicable, making time, etc.	Feb 2, 2011 11:26 PM
589	Parents should be involved in all aspects of the services provided	Feb 2, 2011 11:29 PM
590	Parents/consumers can be requested for co-payment for any and all Regional Center services based on federal poverty guidelines up to an annual maximum.	Feb 2, 2011 11:29 PM
591	parents need to commit to making time for programs they are useless without parent involvement also co-payments should be affordable parents with disabilities or those with others with disabilites the right to be able to afford to live too.	Feb 2, 2011 11:38 PM
592	Ideally no co-pays, of course. If co-pay is needed, I suggest $10 or $15 (Similar to some insurance company co-pays). Also, the faster the parents or others can be trained to implement the intervention, the less the need for payment/co-pays. Also, it would be useful for the Regional Centers to have simple information on what is and is not covered by insurance companies and directions/tips for parents/consumers to get their insurance companies to pay. Same re Authorizations and denials, see above. Asking consumers to navigate the ridiculous maze of finding payment sources with no clear guidelines is NOT appropriate. I like the idea of specifying a collaborative approach, wherein the consumer or parent agrees to put in a certain amount of time (decided on a case by case basis) to continue working with the prescribed intervention. If there is a co-pay, and a system for the consumer/parent/teacher/etc to take over, hopefully this would (a) cut down on cost for regional center and consumer and (b) provide greater probability of follow-up.	Feb 2, 2011 11:38 PM
593	parents should have more say in how the services are payed for by the state.it looks to me that HRC should be reorganized,I would think most parents are having a hard time dealing with autism and trying to keep there family life and there jobs going it seems to me HRC could do a better job at helping with info and having parents with older kids that have been threw alot of the changes in there families lives help out with info like a support group but having some say in services provided by HRC	Feb 2, 2011 11:41 PM
594	Write a service standard that would require the behavioral provider to actively plan for, include and document effectiveness of each parent's participation at each intervention session. Many families are not present at times when behavioral providers work with their children, or if they are "at home" during the intervention, are not actively participating.	Feb 2, 2011 11:46 PM
595	services should be provided until necessary per health and safety guidelines. Parents should contribute towards services should they be deemed able to pay.	Feb 2, 2011 11:47 PM
596	Most parents are already responsible, and are paying for additional services out of pocket, and since they live with the child or relative, time commitment is not an issue.	Feb 2, 2011 11:51 PM
597	I think a co-payment is fair, but I am not sure if the current guidelines are. As I understand it, a family of 4 that makes 4 times the poverty level is required to pay a share of cost. That does not seem like a lot of money for a family of 4. It makes more sense to me to raise the cap or even eliminate it. I am tired of the wealthy(set) people getting breaks.	Feb 2, 2011 11:56 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
598	There should be a family cost participation fee for the behavioral services.	Feb 3, 2011 12:03 AM
599	Parents should partake in all services and copayts based on income.	Feb 3, 2011 12:03 AM
600	Parent's should contribute with co-payments or pay a portion of the service fees out of their pocket based on their financial circumstances and abilities. Parents should be involved in the treatment component but keeping in mind most of the parents do have to work outside the home to take care of the family. The parent's tax dollars should then be allocated towards these treatments (responsibility goes back to the state).	Feb 3, 2011 12:03 AM
601	Some parental time commitment should be required but not 100%.	Feb 3, 2011 12:05 AM
602	See above comments regarding sliding scale. I also think that parents should clearly demonstrate that they are working hard too, providing the support and resources necessary (like proper environment and following the training) in order to ensure that their child(ren) reach their highest potential. I often hear other parents say that they aren't the experts, why should they be trained. This is ridiculous. No one is in a better place to help than the parents.	Feb 3, 2011 12:12 AM
603	As noted above, parents and/or family members need to be the primary person responsible for learning the basics of ABA and the specific techniques the vendor uses with their child/consumer. They will need to disseminate this information to any others interacting with the child. The services should be discontinued if the vendor finds the family member and/or parent is not fully participating and attempting to implement the services consistently. The parent or family member should have to attend a class or complete an on line course on the basics of ABA, prior to in home or individual services being provided. A parent share of cost for these services would also be a good plan.	Feb 3, 2011 12:16 AM
604	Parents should be required to participate in these services and complete parent education programs so they can learn how to extend the learning process for their children beyond the specified sessions.	Feb 3, 2011 12:24 AM
605	I feel the parents should be responsible for a co payment based on income and a time commitment to learn behavioral interventions	Feb 3, 2011 12:30 AM
606	Parents and consumers must step in with co-payments and willingness to assist with actual program, if at all possible.	Feb 3, 2011 12:30 AM
607	Should not be co payments,since the parent have to provide for home and all other expenses. Time should be considered (all parents need to put some time).if they don't have a full time jobs or more than that,. still parents need to continue the interventions and therapies.	Feb 3, 2011 12:30 AM
608	parents must be committed in order for the services to work.	Feb 3, 2011 12:36 AM
609	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (Lanterman Act Section 4501). The state does not ask parents and student for co-pays in California 's pubic schools and the same logic applies here.	Feb 3, 2011 12:50 AM
610	My private insurance covers what it can for my son's treatment and I pay A LOT out of pocket for his care as well. As far as time-commitment, parents of special needs children have a 24/7 time commitment!!! The State does not do enough to help families!	Feb 3, 2011 12:59 AM
611	SEE ABOVE	Feb 3, 2011 12:59 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
612	I would say co-payment after a certain amount of cost per month. Mom and dad...we can go 1,000.00 per month...after that...you pay 20%... In terms of parent commitment...I know what you guys are trying to do...and it is only going to create a system of deceit because there is NO WAY to enforce it. You are just going to ask vendors and parents to fill out more forms with a bunch of info. that cannot be verified...Don't do it...it is a time waste for SO many people.	Feb 3, 2011 1:08 AM
613	parents should have time commitment and implement the behavioral change suggestions at home; Co-payment only if attain a successful outcome	Feb 3, 2011 1:17 AM
614	there should be checks and balances for everything. everything should be laid out for both parties	Feb 3, 2011 1:19 AM
615	Parents should undergo training and be able to continue the services during the hours the child is not in official sessions.	Feb 3, 2011 1:19 AM
616	Regional Center often disqualifies families in our local regional center because of income. The qualification for being a Regional Center consumer is not income but disability. If the family is able to make the time commitment (which often means losing time from work and income as well as time with other family members), then they should be able to receive the services from qualified vendors paid by Regional Center.	Feb 3, 2011 1:26 AM
617	no copayment for this, as that would be a disincentive to parents allowing a vital service to help individuals make developmental progress. Plus, this intervention could help avoid placement. The parents should have to be present for all hours. If it is an adult, then any caregivers should be present for all hours. Prior to authorization, parents of minor children should be assessed for ability to participate in the intervention.	Feb 3, 2011 1:59 AM
618	100 % parent participation in sessions Parent should be responsible for generalization of learned behaviors out of session; data required	Feb 3, 2011 2:02 AM
619	There should be a sliding scale for copays. There are parents who are very capable of paying for services and there are those who are having financial difficulties. This should be assessed on the consumer's need of services and whether this is putting the family through hardship.	Feb 3, 2011 2:03 AM
620	A co payement for parents above a certain income would be acceptable.	Feb 3, 2011 2:14 AM
621	Parents unfortunately sacrifice a great deal of their time and as a consequence their finances due to the common necessity of having at least one parent or guardian at home, unemployed in order to take care of a consumer. Due to the needs of a great deal of these consumers it is often impossible for a parent or guardian to maintain employment. And, unfortunately, if service is not provided to the consumer, more expensive costs in their future are often the outcome. That said, parents should be aware of the incredible cost of these services. Perhaps parents should be copied on invoices or purchase orders so that the value of these services in never forgotten, and optimized. Consumers and parents should work to support and make every minute of service time as effective as possible. Consumers and their guardians should work diligently with the service providers being consistently aware that independence of the family and/or the family is the goal. Parent training is essential.	Feb 3, 2011 2:37 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
622	Parents should most definately be required to participate and learn from the services being provided so that there can be follow through and continued efforts to meet the clients overall goals. This also will mean you can send a Specialsit to work with the client at a reduced frequency as the family will be implementing the tools and techniques into their daily routine. The Specialist should be a support to the client and family, not the sole person working with the client. In lieu of reducing rates, I think it would be very reasonable to put small co-pays on services. Possibly $10-$20 with a sliding scale for income qualifiers. However, those families that are living in poverty should not be charged a co-pay to recieve services. There are many families that are doing well financially that could very easily contribute a small or nominal co-pay for services. It may be hard at first to get people used to the change, however, it think it may be necessary for closing the budget deficit.	Feb 3, 2011 2:42 AM
623	We believe commitment from the parents is very vital and for ourselves we are very committed involved parents.	Feb 3, 2011 2:51 AM
624	Guidelines should be in place	Feb 3, 2011 2:53 AM
625	If parents cannot afford co-payments, they should be able to pay in installments or the state needs to cover these costs if it is a hardship for the family.	Feb 3, 2011 4:25 AM
626	I beleive that the time commitment and implementaion with carry thru should be a must	Feb 3, 2011 4:26 AM
627	I have committed time (quit my job) and monies to try and help my son. I am still waiting to see if regional center will be able to help my son when he needs to transition into adulthood. If the budget is cut any further I dont' think I will ever have any chance of getting any help and will continue to have to choose between working and saving monies to support my son, then once some monies is saved quiting my job to provide him the service. In the meantime, what happens to my retirement and my future. It is too low on the priority list for me to think about saving and working for my future. All my efforts are for my son.	Feb 3, 2011 4:28 AM
628	Parent and consumers should be part of the implementation plan and should sign on to it. I do not think they should have a co-payment. They must commit to a time committment.	Feb 3, 2011 4:33 AM
629	most parent pay for some services out of pocket and our tax dollars are supposed to cover these services but they dont cover much of the services needed.	Feb 3, 2011 4:41 AM
630	no comment	Feb 3, 2011 4:56 AM
631	parental presence for all DTT. Implementation and fidelity testing for parents after 6 months. Possibly independent evaluator to continue service.	Feb 3, 2011 5:02 AM
632	Copay on sliding scale. Written agreement of terms for resonsibilites and time	Feb 3, 2011 5:15 AM
633	See No. 5	Feb 3, 2011 5:18 AM
634	Parents need to be trained on the proper steps and behavior plans to help their child become successful. Without the parents doing their parent the services providers can only do so much.	Feb 3, 2011 5:21 AM
635	Time commitment for sure is a good idea. Co-pay for intensive BA is also suggested.	Feb 3, 2011 5:43 AM
636	parents must commit to equivalent of an hour per day for services	Feb 3, 2011 5:53 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
637	Parents should be responsible for attending formalized, state-funded education in behavior intervention/modification twice a year, and allowed to voluntarily attend more if more workshops/programs are available. Behavior modification therapy education should be available evenings and weekends in addition to regular business hours, as well as in languages other than English. Parents should be personally involved in plan implementation and behavior tracking with behaviorists once a week. Any payments a parent would make would be for therapies sought outside assessment recommendation and paid through personal insurance policy or state health plan insurance policies.	Feb 3, 2011 5:56 AM
638	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (Lanterman Act Section 4501). The state does not ask parents and student for co-pays in California's pubic schools and the same logic applies here.	Feb 3, 2011 5:59 AM
639	Depending on income, co-payments would be reasonable.	Feb 3, 2011 6:00 AM
640	For an disabled adult living at home, this consumer should not pay anything. If my daughter was in an institution/care facility, it would cost the State more money to take care of her. I pay a lot of income tax and my taxes should go towards her services.	Feb 3, 2011 6:00 AM
641	Services which can help keep consumers in their home should be more cost effective for state of California	Feb 3, 2011 6:00 AM
642	Please, you people... make the parents of consumers buy their own supplies and diapers and so forth. You were running a complete give-away, even to those who were gainfully employed, in the 90's. I don't know if you are currently still doing that, but cost savings should occur through this sort of thing...cut back on those freebies for parents. Cut back on the therapy for parents to, as I said, once a month. People need to take responsibility for the children they have given birth to by buying them supplies when they are able; if they refuse to do that, they should be reported for neglect.	Feb 3, 2011 6:07 AM
643	Parent can receive consultation hrs	Feb 3, 2011 6:09 AM
644	If parents deem the need to seek services outside of school (provided the school is meeting the needs of the child), there can be a co-payment plan for those who are unable to afford private services.	Feb 3, 2011 6:22 AM
645	Our therapist does not work with my son..only me. So I am 100% responsible for following the directions of therapist...which I do. $10 a week co-pay for working parents.	Feb 3, 2011 6:28 AM
646	Depending on the family resources and the age of the consumer. There should be a time commitment and family insurance should help co-pay for service for pre-adult consumers. For adults it depends more on the living arrangements for the consumer whether the family can be required to provide support.	Feb 3, 2011 6:32 AM
647	Time commitment is important. There should be NO co-payment.	Feb 3, 2011 6:35 AM
648	time commitment is very important but there should be no co-payment.	Feb 3, 2011 6:37 AM
649	Parents should continue the responsibilities of being present in the home during ABA sessions, should participate in team meetings with the ABA provider (therapists and program directors) to monitor progress of the child and adjust the ABA program on a regular basis	Feb 3, 2011 6:45 AM
650	as amom for diable child i have responsibility to learn and practice it all the time at my home or out side my home with my family to learn how to learn my son and show him mentaly and fisicaly things that he wouldn't know without our help.	Feb 3, 2011 6:50 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
651	The burden of finances should remain with the state as this should provide for any services that disabled children need. The families of these children already have the strain and difficulty raising these kids and should not be over-burdened with co-payments. The children could be placed in institutions or become wards of the state which would then become the total financial responsibility of the state. Why not meet the families half way? The families should be helped financially instead of giving them another reason to worry or become overly stressed. It is unbelievable how stressful it is to raise a special needs child especially if they have physical issues that are medically related.	Feb 3, 2011 7:09 AM
652	you should have to make a commitment and make sure the parent is involved	Feb 3, 2011 7:38 AM
653	Time commitment to oversee so that plan can be implemented and reinforced.	Feb 3, 2011 8:03 AM
654	Parents, or primary caregivers, should be required to be present for sessions. Goals should be written for them that must be met. If there are 2 quarters that parents don't meet their goals (ie: not obtaining teaching materials, or keeping data) the program should be put on hold while taken to the behavior supports committee. Perhaps the parent should then be allowed to attend to plead their case. Co-payments are simply a roadblock and shouldn't be implemented. As FCPP is now, there is no participation if you have medi-cal. Consumers can access medi-cal as a secondary insurance through a medicaid waiver program. Usually the parent will opt for this.	Feb 3, 2011 8:23 AM
655	offer classes on how best to care for child or individual support for parents or caregiver	Feb 3, 2011 8:29 AM
656	see # 5	Feb 3, 2011 1:39 PM
657	Time commmittment	Feb 3, 2011 2:21 PM
658	It has always been understood by the families that they are an integral part of behavioral services. The families will be required to participate in all behavioral intervention.	Feb 3, 2011 3:25 PM
659	As above	Feb 3, 2011 3:40 PM
660	Co-payment is a good choice	Feb 3, 2011 4:12 PM
661	Parents/caregivers need to be involved with there child to learn how to interact with them when services are no longer provided. co-payment options will bring to much overhead to the system for collection, billing, etc. Instead a basic service should be provided and any additional services should come out of pocket for the family with assistance like low interest loans available.	Feb 3, 2011 4:30 PM
662	Sliding scale could be used. Insurance companies must be much more responsible. Parents should have a time commitment to learn to enjoy being with their dependent.	Feb 3, 2011 4:31 PM
663	Bother parents/direct caregivers need to be available to participate in order for services to be provided and a co-pay or Share of Cost needs to be established.	Feb 3, 2011 4:39 PM
664	Parents should not pay for services their children need. The only time there should be a type of payment or co-payment if parents were denied an extension for services but parents want to continue with it anyway.	Feb 3, 2011 4:50 PM
665	Minimum Time committment requirements. Parent/family participation in plans.	Feb 3, 2011 5:07 PM
666	I believe parents who are in upper income levels should be required to bear a percentage of the financial responsibility for any and all care. So often, financial responsibility is borne by the state regardless of ability to pay.	Feb 3, 2011 5:10 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
667	Parents have to be involved. Homework, logging of behaviors, and progress reports during the service period should be completed.	Feb 3, 2011 5:12 PM
668	there should definatelybe a timecommitment as well as a co-pay so that there is incentive to participate	Feb 3, 2011 5:16 PM
669	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 3, 2011 5:16 PM
670	Parents must be very involved with the services since it is up to the ones living with the consumer at home that must follow the recommended treatment.	Feb 3, 2011 5:20 PM
671	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 3, 2011 5:21 PM
672	Parents or care givers to meet with analyst for consultation at least monthly. Clients to attend skill training at least weekly. Parents to attend group instruction at least weekly.	Feb 3, 2011 5:31 PM
673	I think that the parents should receive training at least two times a month because they are the ones who have to work with their children on a more regular basis. They should understand how each program works and its benefits for the child.	Feb 3, 2011 5:31 PM
674	All parents must partiocipate in parental trng prior to beginning services for consumer Minimum 50% participation at home	Feb 3, 2011 5:42 PM
675	Parents should continue the responsibilities of being present in the home during ABA sessions, should participate in team meetings with the ABA provider (therapists and program directors) to monitor progress of the child and adjust the ABA program on a regular basis	Feb 3, 2011 5:43 PM
676	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's public schools and the same logic applies here.	Feb 3, 2011 5:47 PM
677	as a parent I have to take classes and participate in the changes we are implementing. I believe this is effective.	Feb 3, 2011 5:50 PM
678	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 3, 2011 5:53 PM
679	Parents/consumers to be held responsible for time committment as reported by service provider. If parent/consumer does not put in time as agreed, service to stop after one month allowed to get back into agreed upon time committment and schedule.	Feb 3, 2011 6:02 PM
680	Having a special needs/disabled child is very costly and creates huge financial burdens on families. I believe the state should pay since we make the choice not to add to the states financial burden by institionalizing them. That would be very expensive to the state.	Feb 3, 2011 6:03 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
681	Parents/primary caregiver should be present and actively involved in all program sessions. Consumers should also participate in sessions unless time is needed to speak only with the caregiver to discuss strategies/concerns. Co-payment could be established based upon family income/size, similar to FCPP. Med-Cal eligibility should not be a method of opting out of the copayment. An agreement should be signed by all participating parties (Regional Center, family members, behavior providers) outlining expected participation levels and reasons to terminate services (such as lack of participation, frequently cancelled appointments, no progress on goals, etc) prior to starting services.	Feb 3, 2011 6:11 PM
682	See above on co-payment. Absolutely the parents need to follow the plan and implement this at thome otherwise it is not going to work.	Feb 3, 2011 6:26 PM
683	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's public schools and the same logic applies here	Feb 3, 2011 6:26 PM
684	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California’s pubic schools and the same logic applies here.	Feb 3, 2011 6:27 PM
685	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. The state does not ask parents and students for co pays in California's public schools and the same logic applies here.	Feb 3, 2011 6:28 PM
686	Families should be accountable for running the in-home programs and documenting client's progress when behaviorist/tutors are not present. The behavior program is meant to aide in "catching" the children up (if possible) and teaching the Parents the necessary tools and behavior plans to be able to continue running program when service ends. BECAUSE services WILL end. They are not meant to be life time nor meant to replace parent's responsibilities. Thus if there is no data from families to support they are continueing programing when vendor is not scheduled to be in home then they are not following the protocol and requirements of the service hence should be discontinued. Families also should be responsible for a share of cost if they are financially able and services should not exceed 2 years or less of programing.	Feb 3, 2011 6:29 PM
687	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's public schools and the same logic applies here.	Feb 3, 2011 6:29 PM
688	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 3, 2011 6:31 PM
689	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's public schools and the same logic applies here.	Feb 3, 2011 6:34 PM
690	Parents need ongoing inhome support with children to set the standard expectation for their children parents should not have to pay for this service but should be required to have frequent training to support continuation of the service	Feb 3, 2011 6:38 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
691	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 3, 2011 6:45 PM
692	Develop a very clear, simple list of the sorts of things MediCal funds, and clear easy instructions for how to ask/get MediCal to pay. As a parent, I have wasted weeks of my life in phone calls, emails, visits to social service agencies`to try to clarify what's covered by Regional Center, CCS, MediCal. The process of getting authorizations and denials is far too complicated as it now stands! Ideally no co-pays, of course. If co-pay is needed, I suggest $10 or $15 (Similar to some insurance company co-pays). Also, the faster the parents or others can be trained to implement the intervention, the less the need for payment/co-pays. Also, it would be useful for the Regional Centers to have simple information on what is and is not covered by insurance companies and directions/tips for parents/consumers to get their insurance companies to pay. Same re Authorizations and denials, see above. Asking consumers to navigate the ridiculous maze of finding payment sources with no clear guidelines is NOT appropriate. I like the idea of specifying a collaborative approach, wherein the consumer or parent agrees to put in a certain amount of time (decided on a case by case basis) to continue working with the prescribed intervention. If there is a co-pay, and a system for the consumer/parent/teacher/etc to take over, hopefully this would (a) cut down on cost for regional center and consumer and (b) provide greater probability of follow-up.	Feb 3, 2011 6:53 PM
693	Family equally committed. ABA should not be a respite service as is the case with many families.	Feb 3, 2011 7:00 PM
694	1 yr. tops to PROVE their has been improvements.	Feb 3, 2011 7:04 PM
695	Parent participation and time commitment is a necessacity for success. Perhaps is parents are not participatin because providers are not enforcing them to, providers should be held responsible with how they get paid by RC.	Feb 3, 2011 7:07 PM
696	We need many options to choose from and not just one vendor system.	Feb 3, 2011 7:21 PM
697	Parents, or other care givers involved with child are required to participate 100% of the time	Feb 3, 2011 7:27 PM
698	I already listed suggestions about co-payments above. Since our respite worker is a single mom, we utilize her as much as we can. I've also recommended her to other parents who use Regional Center for respite. We always hire her for 4 or 5 hours at a time as well.	Feb 3, 2011 7:43 PM
699	A sliding co-payment would be an excellent idea. By this I mean the more time the caregiver participates in the therapies the lower the co-payment.	Feb 3, 2011 7:47 PM
700	Time commintment, 6 sessions per family.	Feb 3, 2011 7:58 PM
701	co- pay; parents must be able to meet with consumer, professional as plan deems for treatment; Parents also must have plan to follow to implement changes decided upon	Feb 3, 2011 8:02 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
702	Most parents can not afford to contribute but maybe if they have an adjusted gross of over 150,000 then there should be some contribution. Visit by a parent, relative or conservator, at least once a quarter to the facility home or other place being paid to house. If consumer is on their own should be per their wants.	Feb 3, 2011 8:03 PM
703	time commitment through the family and I do already feel the parents/family already help supplement what is received through the GGRC	Feb 3, 2011 8:06 PM
704	Families should be held accountable for attending or accessing the services, so included in their goals a time commitment could be added for them to follow. However, if they are having medical or other crises, then they should not be cut from services, just put on hold. No co-pays should be asked for if their services are already being paid for.	Feb 3, 2011 8:08 PM
705	Consider adopting Parent cost participation (like scaling system upon family income).	Feb 3, 2011 8:13 PM
706	The State of California has accpeted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and student for co-pays in CA's public schools and the same logic applies here.	Feb 3, 2011 8:16 PM
707	If a person needs help, help them The parents are working very hard and supporting these people and that is a lot cheaper than an institution.	Feb 3, 2011 8:17 PM
708	as parents we already do everything we can to better the lives of our children-co-payments would be fine as long as they were reasonable for each family	Feb 3, 2011 8:24 PM
709	Parents should not be asked to pay for these services. These services are benefitting the State, actually. Without them children may not be able to remain in the home which would cost the State much more per month than if they provide a means crictical to keeping the child in the home. Parents should be home when a behaviorist is in the home with their child but does not necessarily have to be on an "outing".	Feb 3, 2011 8:33 PM
710	If a parent or consumer is not making use of the service then they apparently can go without it. If they are not able to make use of the service, there is always another who needs it. All appointments and services must be used at the time set up. If a parent or consumer is having transportation issues, transportation must be provided.	Feb 3, 2011 8:37 PM
711	Payment would be dependent upon the co-payment of the consumer's health/medical provider. The provision of behavior services should, as in any family, be the responsibility of the parent/caregiver once thoroughly trained.	Feb 3, 2011 8:41 PM
712	Parents should have a participation level of at least 90% in their in-home program with a minimum number of cancellations per quarter. This should be determined by the vendor, no more than 20% of program hours cancelled by parents. If a co-payment is required then it should be no more than $10 a month.	Feb 3, 2011 8:48 PM
713	small co pay if absolutely needed although some can not afford co pay	Feb 3, 2011 8:50 PM
714	On his I.EP. Contract there should be a section whereas if needed private insurance can be billed.	Feb 3, 2011 8:54 PM
715	Just like Dr..no show still need to pay, co pay based on a sliding scale	Feb 3, 2011 8:54 PM
716	As a parent of a disabled child, I fill out paperwork to inform care givers of my child's issues on a regular basis. If the time and money I spend on my child could be calculated and "counted" as a match expense and or co-payment it could have benefits to the community as a whole.	Feb 3, 2011 8:59 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
717	Parents/caregivers need to be part of the training and follow-through therefore the time commitment should be 100%. The disabled individual needs to participate 100%. If a co-pay were involved, then it would best if it were on a discounted basis given the inability for many parents/caregivers to work outside of the home full-time, or the consumer to bear given the minimal income he/she receives from the government. It would be a disincentive to have a fee that would force the individual or family to have to choose behavioral services versus medicines or some other necessary expense and then have the behavior be difficult and limiting for a decent life for all.	Feb 3, 2011 9:00 PM
718	Should be absolute commitment to participate as needed for services to be effective, but when a parent won't commit, that should not bar qualified consumer from receiving services if a dependable care giver is willing to commit and the parents issue with participation doesnt preclude effective services.	Feb 3, 2011 9:05 PM
719	per the IPP	Feb 3, 2011 9:05 PM
720	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 3, 2011 9:07 PM
721	Time commitment- families should commit to a time, and minimum cancellations. Parent participation should be a requirement, and parents should be accountable by completing a small survey that goes over some facts on behavior modification. It will make the parent accountable and the service providers.	Feb 3, 2011 9:15 PM
722	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's public schools and the same logic applies here.	Feb 3, 2011 9:23 PM
723	Answer: The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 3, 2011 9:33 PM
724	Time commitment for activities and advocacy.	Feb 3, 2011 9:37 PM
725	Time commitment is imperative. They need to do the work.	Feb 3, 2011 9:51 PM
726	Due to budget cuts there could be a sliding scale co-pay for parents, but all outside costs family is incurring must be taken into account and if financial situation changes (loss of job, critical illness in the family) the co-pay must immediately be re-assessed.	Feb 3, 2011 10:01 PM
727	parents need to be involved	Feb 3, 2011 10:01 PM
728	A reasonable co-payment can be requested. Parents should be expected to put in a time commitment as long as services remain in effect or deemed necessary by behavioral professionals.	Feb 3, 2011 10:03 PM
729	I think that there should be a sliding scale for services based on the family's income.	Feb 3, 2011 10:08 PM
730	NO PARENT CO PAY- PARENTS MUST PARTICIPATE IN DEVELOPMENT AND IMPLEMENTATION OF PROGRAM, IRC SHOULD PROVIDE ONGOING TRAINING FOR PARENTS IN ORDER TO EDUCATE PARENTS AS TO WHAT A GOOD SERVICE AND PROVIDER SHOULD BE LIKE	Feb 3, 2011 10:13 PM
731	parents or other care providers have the biggest responsibility to commitment and co-payment unless consumer is independent adult and can be included in that responsibility. Free services have been shown to not be as effective as those paid for in some manner so I think it is essential to involve responsible input (monetary, commitment to frequency, etc) from all participants who stand to gain from the service.	Feb 3, 2011 10:13 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
732	Parents/caregivers have to be part of the service plan in that individual is not the sole responsibility of the day program/residential program in addressing behaviors needs.	Feb 3, 2011 10:13 PM
733	time commitment rather than co-payment	Feb 3, 2011 10:15 PM
734	Through the Lanterman Act, the State of California has accepted responsibility for people with developmental disabilities and has an obligation to them. The state doesn't ask parents and students for co-pays in California's public schools and the same should apply here!	Feb 3, 2011 10:27 PM
735	Parents should be expected to contribute their time to ensuring that the goals for their child are met. If there is a co-payment required then it should be capped at a set amount and should not exceed more than $25-$30 per session, irrespective of the family's income. Developmental disabilities are a lifelong expense for families and there is a significant financial burden placed on them to provide for their child's needs in all aspects of their care. Until there is a statewide provision in health insurance to cover the costs of therapy for disabilities (i.e. autism) then it is unfair to expect that parents will be able to contribute a large portion of their income for behavioral services, especially if the child is receiving multiple forms of therapies in addition to behavior therapy.	Feb 3, 2011 10:28 PM
736	100% parent participation. co-payment on sliding scale should be considered.	Feb 3, 2011 10:37 PM
737	For any addtitional services, co-payments should be suggested.	Feb 3, 2011 11:06 PM
738	I think the co-payment depends on what type of service is being offdered, as well as economic status of the family/individual. Low level educational programs (parenting, etc.) should have a low co-pay (for instance $5 per session). Services targeted to folks at risk of institutionalization due to the severity of their behavioral issues shoudl not have a co-pay, as they have enough problems.	Feb 3, 2011 11:10 PM
739	Parents must follow through with behavior technique recommendations (collect data, implement program, commit to scheuduled visits, etc.) or services terminated immediately. Parent could pay a fee upfront for the service and the fee could be returned if they follow through with the program. Community Service could also be a great way to have parents pay for BIS service and be committed to implementing the program.	Feb 3, 2011 11:19 PM
740	Sliding scale.	Feb 3, 2011 11:26 PM
741	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 3, 2011 11:35 PM
742	parents have resposibility to attend parents meeting and staff meeting to facilitate. they should get special training for behavioral management as well.	Feb 3, 2011 11:36 PM
743	It shoudl depend on the family income level and level of services needed	Feb 3, 2011 11:49 PM
744	Co-payments from their families should be looked into according to a scale.	Feb 3, 2011 11:57 PM
745	Whatever copays are for med services & parents need to be required to participate in their Childs treatment	Feb 3, 2011 11:58 PM
746	NONE	Feb 4, 2011 12:01 AM
747	Parents must put in the time at each session and be part of the process with no exceptions. They need to work on developing their tools of implementation of behavioral plans and techniques since the beginning. Have parents sign contracts explaining specifically what is expected of them. Co-payments should be for those whose income is above the poverty level on a sliding base fee and no exceptions. Verifying household and parental income with valid documentation (check stubs, last income tax return & etc.)	Feb 4, 2011 12:09 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
748	Co payment based on income is a great idea and may lead to more committment to th the services. While i am an advocate of parent participation i think that it should not be a requirement as if parents do not participate and the child cannot receive services because of this, the child is the one who suffers.	Feb 4, 2011 12:12 AM
749	The State of California has accepted a respponsibility for persons with developmenhtal disabilities and an obligation to them which it must discharge as outlined in the Lanterman Act Section 4501. The state does not ask parents and students for co-pays in California's public schools and the same logic applies here. It is time taxes were raised to cover these costs of California residents.	Feb 4, 2011 12:15 AM
750	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same should apply here.	Feb 4, 2011 12:41 AM
751	Group training on behavior services and the baics of applied behavior analysis should be a requirement before consultant behavior services are tried. The current language in the law which says the regional center "shall consider" is not strong enough. The families/individuals who go through group training benefit greatly from the service and they come out of these trainings with realistic expectations of behavior services. Families who start behavior services without receiving training on the front side often expect an outside agency, funded by the regional center, to come "fix" their child which is not possible. The family needs to understand the basics of behavior change so that they can put the program developed by the professional into action when that person is not there.	Feb 4, 2011 12:43 AM
752	There should be a billing process to the parent when they fail to keep appointments with the behaviorist.	Feb 4, 2011 12:46 AM
753	Should be required to participate if the funds are being requested and allocated.	Feb 4, 2011 12:46 AM
754	100 % time commitment	Feb 4, 2011 12:47 AM
755	yes--this is very important and critical. We need to define responsibilities of parents, care givers and definition of what/whom consists of parents/care givers.	Feb 4, 2011 12:52 AM
756	We would get our refls. re-upped every 6 months based on progress. I think it should stay the same, every 6 months.	Feb 4, 2011 12:53 AM
757	Parents already have an enormous responsibility with their children. To expect the same level of intervention for a life-time is prohibitive. Most children will leave their home around the age of 18 and the same should be expected of individuals with developmental disabilities. The less support DDS is able to provide for parents and individuals the more costly their care and intervention will cost the State and the country in the long run.	Feb 4, 2011 1:03 AM
758	Parents should not have a co-pay towards ABA. Private insurance should help fund, school districts should help fund (especially academic/educational/social aspects of ABA) and the Regional Centers should supplement a portion of this cost. Parents of children with disabilities already have a high price to pay not just fiscally but relationally in their relationships with each other, their families, etc. To say, congratulations, you just won the genetic lottery pay up is asking far to much. The state must accept responsibility for the cost of providing at least 3-5 years of proper intensive b-mod.	Feb 4, 2011 1:30 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
759	Parents should sign a contract about the time they will spend with specialist and implementing a plan. A co-pay is not a bad idea, in that it may be a motivating factor. However, if a consumer is experiencing behavioral difficulties/challenges, it would be a shame if they did not receive services because of parent being unable or unwilling to contribute a co-pay.	Feb 4, 2011 1:35 AM
760	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's public schools and the same logic applies here.	Feb 4, 2011 1:43 AM
761	parents should not have to pay a copayment unless insurance covers it and then it would be set at the rate of their current copayment. parents should have a written plan that is agreed to, and if the parent is not showing effort then they should be taken out of the program.	Feb 4, 2011 1:54 AM
762	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's public schools and the same logic applies here.	Feb 4, 2011 2:04 AM
763	Parents of children with Regional need to take responsibility and follow up on working with their child for accomplishment in skills to take effect. They need to set aside a time to commit in working with their child on skills.	Feb 4, 2011 2:31 AM
764	It's important for parents to understand and participate in services. Parents who are educated about the services provided can help the progress of the consumers. I don't believe in co-payments since it's the responsibility of the regional centers to provide for payment of services. This is not an insurance but a benefit that the consumers are entitled to.	Feb 4, 2011 2:36 AM
765	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 4, 2011 2:40 AM
766	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 4, 2011 2:46 AM
767	Parents should pay toward this as possible depending on their income and consumers should also chip in in some way. Donations and volunteer work would also go a long way to help.	Feb 4, 2011 2:58 AM
768	They must show the time commitment and effort since they must provide day to day support for the treatment to work.	Feb 4, 2011 3:01 AM
769	The young autistic consumer is a victim through now fault of their own- they can not be held responsible. If the consumer is also unfortunate enough to have parents that will not help, again it is not the consumer's fault. Please do not base the delivery of services on the basis of the degree of helpfulness of the parents! Again you should be more aggressive and let the delivery of early intervention services flow more easily. Pay now or pay MUCH more latter.	Feb 4, 2011 3:18 AM
770	Parent involvment is absolutely key. At a minimum parents should be attending all team meetings and actively setting goals for their child. Parents also need to follow through with all behavior plans as set up by the behavior consultant. Follow up by parents is key to the succcess of this type of program.	Feb 4, 2011 3:21 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
771	I dont think the burden should be put on the parents who are sufferng enough already with other expenses raising a disabled child and probably other siblings of the disabled child. We are all mostly tax payers. It takes the whole village to raise a child.	Feb 4, 2011 3:31 AM
772	Fed and State funded	Feb 4, 2011 3:37 AM
773	Parents should reinforce what the agencies are working on with their child/adult and not negate these plans.	Feb 4, 2011 3:51 AM
774	A billing system needs to be created monitored by the state government or set up with the provider.	Feb 4, 2011 4:03 AM
775	Wait a minute. Do parents and "normal" students co-pay in California public schools? We family members are struggling in an economy that has been mismanaged. The least our State government can do is live up to its commitment to help our most helpless citizens. Again, the Lanterman Act, Section 4501 has been made law in this state. The State of California must, with integrity, honor its commitment. We family members work hard on behalf of our "consumer". If the State of California demanded co-payments from struggling families, it will further cripple our ability to support the economy of the state.	Feb 4, 2011 4:19 AM
776	Parents should be required to attend training courses as well as fully participate in the creation and delivery of the program in order for it to be long-term successful.	Feb 4, 2011 4:26 AM
777	Many consumers waste P&I funds. The state should reduce the P&I and put in place a small annual co-pay fee. Parents and providers of small children should not be required to pay a co-payment.	Feb 4, 2011 4:38 AM
778	A small co-payment based on financial circumstances may increase incentive for some families to follow-through with a home program. Parents and primary caregivers need to be present during sessions not only so they can learn but so they can share information that is unique about the client.	Feb 4, 2011 5:05 AM
779	see above	Feb 4, 2011 5:09 AM
780	There should not be a co-payment, as under the Lanterman Act, consumers are entitled to these services. Children with DDs cost the parent thousands upon thousands of dollars more than a child w/o a DD over the course of their lifetimes, and it is important for society at large to help shoulder the burden of these costs. Regarding time commitment, I do think it is important for parents to be integrally involved with their children's behavioral programs so they can implement what is being taught across time and settings. However, the risk for RCs to act punitively towards parents is huge, as we parents have seen. The parents need to be encouraged and supported to be integrally involved, and RCs could aid in this by not constantly battling parents over needed services for the children involved. RCs seem to have the goal of wearing parents down instead of helping them. It's a crime.	Feb 4, 2011 5:43 AM
781	Consumer/family must make sincere effort to do the work, otherwise no more service. Co-pays could work, if reasonable.	Feb 4, 2011 5:46 AM
782	Co-payments, and time commitments sound good, but reality is many families of special need children quickly become single mothers trying to make ends meet, work full time and raise a special child... Where would you like her to find th time or money?	Feb 4, 2011 6:18 AM
783	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California’s pubic schools and the same logic applies here.	Feb 4, 2011 6:25 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
784	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (Lanterman Act Section 4501). The state does not ask parents and student for co-pays in California's pubic schools and the same logic applies here.	Feb 4, 2011 7:21 AM
785	parents time commitment and responsibilities.	Feb 4, 2011 7:25 AM
786	have co-payments based on income and set time limits to behavioral services	Feb 4, 2011 9:16 AM
787	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 4, 2011 3:10 PM
788	It is immoral and incomprehensible to suggest that parents are not already doing as much as possible for their adult children. Just try to live my life for a week and see how much we already do. I am personally offended by this question in light of the fact that we pay taxes for the education of illegal immigrants and all other children in the public schools, and their parents are not required to make co-payments for services. The Lanterman Act clearly states the State's responsibility for persons with developmental disabilities.	Feb 4, 2011 3:35 PM
789	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 4, 2011 3:55 PM
790	I believe that servcies should be primarily the responsibilty of the parents, but I also understand that many of those who need such services, may not have insurance or the financial ability to pay in full. Co-payments should be used when possible, but I believe that a "barter" system should also be put into place, for those who can offer payment by service, rather than by cash.	Feb 4, 2011 4:06 PM
791	Parent involvement a must.	Feb 4, 2011 4:10 PM
792	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act section 4501). The state does not ask parents and students for co-pays in California's public schools and the logic applies here.	Feb 4, 2011 4:30 PM
793	ALta needs to do more (ie, something) to force either the school district or the health insurance to help with diagnosis and treatment. Right now, everybody says it is someone else's responsiblitiy. I have had to quit my job in order to be available for my child's ABA. THe only way I can afford ballet lessons for my non-disabled child is because I have a respite worker watch my son and a grandparent paid for her ballet as a Christmas present. I cry because so often I have to tell her "no, we cannot do that because her brother is too out of control to go to the park or we cannot afford things for her.	Feb 4, 2011 4:32 PM
794	As a parent of an autistic child, we encounter so many costs that are not covered by insurance. How can you jeopardize the future of our children by taking away services they need and no normal middle class family could afford?	Feb 4, 2011 4:43 PM
795	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act section 4501). The state does not ask parents and students for co-pays in California's public schools and the same logic applies here.	Feb 4, 2011 4:49 PM
796	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 4, 2011 4:51 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
797	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's public schools and the same logic applies here.	Feb 4, 2011 4:58 PM
798	The State of California has accepted responsibility for persons with developmental disabilities and has an obligation to them which it should not be allowed to discharge. The state does not ask parents for co-payment in Californias public school system, therefore it should not be allowed for persons with disabilities.	Feb 4, 2011 5:04 PM
799	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge.(The Lanterman Act Section 4501). The State does not ask parents and students for co-pays in California public schools and the same logic must apply here.	Feb 4, 2011 5:15 PM
800	Parents already bear a heavy burden for the care of their developmentally disabled children - not only in terms of things like physical and occupational therapy and day care beyond the age of 12, but also because these children cannot move out on their own like non-disabled children so that these parents are supporting their disabled children for many years longer than they have to support non-disabled children. After the disabled child reaches the age of 22, the state should fund the child's care.	Feb 4, 2011 5:34 PM
801	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 4, 2011 5:38 PM
802	Parents should not be required to pay, as the state has accepted this as part of their job, as they do with public schools. And people who work extensively should not be penalized either if they cannot commit a certain amount of time.	Feb 4, 2011 5:40 PM
803	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 4, 2011 5:50 PM
804	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501)The State does not ask parents and students for co pays for public schools, and the same logic applies here.	Feb 4, 2011 5:59 PM
805	California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it MUST discharge (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in this state's public schools and the same logic applies here!	Feb 4, 2011 6:00 PM
806	Time commitment.	Feb 4, 2011 6:05 PM
807	Parental participation is required	Feb 4, 2011 6:18 PM
808	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge (The Lanterman Act Section 4501). The state does not ask parents and students for co-pay in California's public schools and the same logic applies here.	Feb 4, 2011 6:29 PM
809	Agency works out a time commitment with parents/consumers ahead of time. Co-pay due at time of service	Feb 4, 2011 6:38 PM
810	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's public schools and the same logic applies here.	Feb 4, 2011 6:47 PM
811	Based on ability.	Feb 4, 2011 6:56 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
812	Unless there is availability of money from insurance the co payment should not be sought from parents unless they are very wealthy.This in essence creates a tax on those parents of "sick children". Obama's criteria is that there would be no tax for family's making under $250.000 per year. As to time commitment, most parents are willing to participate in training and help outside of work time. If parents are asked for much more than that it constitutes an imposition which the man in particular is not willing to put up with and often results in divorce which is more destructive to the child and to the family.	Feb 4, 2011 7:05 PM
813	The ability of the parents/consumers to pay for services should be dependent on whether or not they pay taxes at all and also on the amount of the parents annual income. I think that a family that does not pay tax should not receive state services beyond 1 year. Meaning, give them a break for one year but make it understand that they can no longer not pay tax to the government and expect to receive services after the 1st year.	Feb 4, 2011 7:12 PM
814	Developmentally disabled citizens seem to have a lot more time than money. Consumers generally do not have enough funds to pay for these services, the parents are basically not legally responsible once the consumer has passed age 18. Back to question # 5, the government should pay.	Feb 4, 2011 7:15 PM
815	If families are below 80% of the median income for their community, there should be no co-pay. A sliding scale for a once a month payment, regardless of hours provided, could be developed for other families. All parents need to have information on positive behavior management and child development. Maybe an interactive parent training module on line that is geared to the developmental age of their children would work. Wested could help with this. A course taught by someone with a BCBA does not necessarily provide practical effective information for parents. Depending on the age of the child different courses should be considered. Family Solutions curriculum from The center for Social Emotional Foundations of Early Learning is an example.	Feb 4, 2011 7:23 PM
816	Whoever is seeking service needs to have some responsibility.....community service?, co-pay etc. Can not make it so difficult to deal with as to not want to participate.	Feb 4, 2011 7:36 PM
817	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (Lanterman Act Section 4501). The state does not ask parents and student for co-pays in California's pubic schools and the same logic applies here.	Feb 4, 2011 7:42 PM
818	Parents need to be fully involved. When parents work, the nanny or other child care worker can take the training, but the training needs to be passed on to the parents, or there would not be any consistency among the adults in the home. Many behavioral programming has been compromised when the learning is not pased on to all the adults living in the home. .	Feb 4, 2011 8:03 PM
819	Parents and other family caregivers must participate actively in sessions (should be quantifiable and have an established minimum threshold--for example, participation to be not less than 50% involvement for time in sessions pursuant to clinical practice standards); under guidance of therapists, parents/caregivers should collect data outside of sessions (collections should be documented and verifiable, with failure to do so resulting in consequences up to and including termination of intervention); parents/caregivers actively practice techniques and strategies taught in sessions (with failure to do so resulting in consequences up to and including termination of intervention)	Feb 4, 2011 8:09 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
820	Co-payment should not be required for behavioral services as explained above. Time commitment is something that I would require all parents to have 100% I think it would also be beneficial to put it mandatory that every parent gets about two programs per period (so every 6 months) and with the help of the agency's supervisor and their parent trainer , they should be able to master or achieve the goals set forth in this time period. Parents can attend bi-weekly clinic meetings and discuss the programs given with their supervisor. Maybe the first 3 months of implementation a supervisor can work with a parent twice a week for an 1 hour session to train the parents and show the different SD's , SRT's and consequences, etc, etc. This way parents are "forced" to get more involved in their childs treatment and will learn how to apply therapy and to teach their own child new things by being able to apply the therapy properly.	Feb 4, 2011 8:09 PM
821	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 4, 2011 8:09 PM
822	The alternative to keeping our disabled children at home, is to place them in State Institutions at an outrageous cost both morally and financially. The State of California set up the system to care for its disabled citizens--it has an obligation to them which must be met.	Feb 4, 2011 8:23 PM
823	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's public schools and the same logic applies here.	Feb 4, 2011 8:32 PM
824	Families who are receiving this service for the children should have a share of cost. Families with adult children should not have to pay for services. These adults should be coverered by the state.	Feb 4, 2011 8:36 PM
825	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must perform.(The Lanterman Act Section 4501) Parents and students in California public schools are not asked for co-pays and they should not have that onus here.	Feb 4, 2011 8:45 PM
826	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 4, 2011 8:47 PM
827	The Lanterman Act already has guidelines on payment, including parent co-pays as determined by gross household income.	Feb 4, 2011 8:56 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
828	Ideally no co-pays, of course. If co-pay is needed, I suggest $10 or $15 (Similar to some insurance company co-pays). Also, the faster the parents or others can be trained to implement the intervention, the less the need for payment/co-pays. Also, it would be useful for the Regional Centers to have simple information on what is and is not covered by insurance companies and directions/tips for parents/consumers to get their insurance companies to pay. Same re Authorizations and denials, see above. Asking consumers to navigate the ridiculous maze of finding payment sources with no clear guidelines is NOT appropriate. I like the idea of specifying a collaborative approach, wherein the consumer or parent agrees to put in a certain amount of time (decided on a case by case basis) to continue working with the prescribed intervention. If there is a co-pay, and a system for the consumer/parent/teacher/etc to take over, hopefully this would (a) cut down on cost for regional center and consumer and (b) provide greater probability of follow-up.	Feb 4, 2011 8:57 PM
829	Parents and consumers, themselves, have to be committed to all behavior programs in order for them to be successful.	Feb 4, 2011 8:59 PM
830	the state does not ask parents and students for co -pays in california public schools and the same logic applies here.	Feb 4, 2011 9:05 PM
831	As appropriate, parents should be involved in the implementation of services if there child is a minor. As children reach adulthood less involvement in the process should be required.	Feb 4, 2011 9:08 PM
832	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 4, 2011 9:12 PM
833	Its a huge time commitment for the parents of any child with special needs. No one will ever understand it unless you are the one dealing with it everyday. My whole life has been nothing but therapy including, ABA, Speech, OT, Music, and special center based school for 2 years. The only thing I ever get now through ALTA is my ABA. I pay for everything else on my own!	Feb 4, 2011 9:18 PM
834	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 4, 2011 9:25 PM
835	Parents as well as consumers should have "goals" to meet. This is what I like about the DIR/Floortime model--both child and parent have goals to meet!! This makes it less of a problem when considering termination of a service. Did both parent and child meet his/her respective goals in the service? This can help with the "time commitment" piece in the standards. If the parent is not "actively participating," s/he cannot reach his/her goal(s), a grounds for terminating the service, unless there are extenuating circumstances. In the end, the consumer cannot meet his goals if the parent is not able or willing to participate. This should be explained at the time the service is initially requested. This commitment should be a part of the IPP or IPP addendum.	Feb 4, 2011 9:27 PM
836	- Have parents sign a contract that outlines their responsibilities. Put it at the front of the parent binder.	Feb 4, 2011 9:30 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
837	Parents must be active participants in the delivery of behavior services. Parents should have training and ultimately should be the implementor of the plan. If parents cannot commit to learning and implementing the plan then the state is wasting money.	Feb 4, 2011 9:31 PM
838	Co-payment for a non medical individual should be $20.00 per session. The parents are reposible to scheuld and arrange for the appointments. The parents need to keep a scheduling and progress books.	Feb 4, 2011 9:37 PM
839	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to the which it must discharge. (The Lanterman Act section 4501). The state does not ask parents and students for co-pays in California's public schools and the same logic applies here.	Feb 4, 2011 9:38 PM
840	I am against any kind of co-payment. I have been in contact with other family members and I know a high percentage of these people already give their time and whatever else their family member needs.	Feb 4, 2011 9:47 PM
841	Both parents and consumers need to understand that a lot of the responsibility for working on behaviors falls on them. They have to be willing to put in work to make changes and work with the behaviorists to improve behaviors. If this is not happening, I would support eliminating the service for that individual.	Feb 4, 2011 9:51 PM
842	Parents and children should use the services available at no cost to them.	Feb 4, 2011 9:57 PM
843	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 4, 2011 10:01 PM
844	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 4, 2011 10:09 PM
845	Answer: The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 4, 2011 10:13 PM
846	DDS should consider how private pay services are provided in the community and how this model can be adapted to provide services within a regional center model that enables parents to receive needed services	Feb 4, 2011 10:14 PM
847	Parents should be required to participate a minimum of 20% of the 1:1 service hours. In addition, co-payment for service may be beneficial, if it is affordable.	Feb 4, 2011 10:20 PM
848	Parents of children with disabilities should be included in planning and setting of treatment goals for young children (and the older consumers should do this themselves when developmentally appropriate), Parents should be included in treatment teams using evidence based interventions that improve the function of the child / consumer and their family. Parents of children with disabilities should be included in planning and setting of treatment goals for young children (and the older consumers should do this themselves when developmentally appropriate), Parents should be included in treatment teams using evidence based interventions that improve the function of the child / consumer and their family. Children with disabilities are benefited by the economic security and sustained self worth of their parents and family providers and any requirement for care participation that is not economically supported and that jeopardized parental jobs / energies and ability to meet responsibilities for all family members should be avoided.	Feb 4, 2011 10:23 PM
849	Parents, consumers and care givers need to be directly involved in any treatment plans for the ultimate success of the therapy.	Feb 4, 2011 10:24 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
850	ENFORCE particiaption requirements. Co-pays have prooven to have a direct affect on particiaption.	Feb 4, 2011 10:25 PM
851	See above.	Feb 4, 2011 10:27 PM
852	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's public schools and the same logic applies here.	Feb 4, 2011 10:29 PM
853	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California’s pubic schools and the same logic applies here.	Feb 4, 2011 10:36 PM
854	The State of California has accepted responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's public schools and the same logic applies here.	Feb 4, 2011 10:38 PM
855	parents are responsible for all classes, regular staff meeting. so they are also one of team member.	Feb 4, 2011 10:49 PM
856	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 4, 2011 10:52 PM
857	Require a parent training focus for all behavioral servies (similar to the system-wide change that CCS recently made). Require that all behavior programs must include speicific plans that identify what skills and training are needed to be mastered by the parent in order the behavioir intervention and management to be trasferred to the the parent.	Feb 4, 2011 10:53 PM
858	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 4, 2011 10:53 PM
859	co-payment on sliding scale as income warrants time commitment in writing prior to treatment onset	Feb 4, 2011 10:59 PM
860	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 4, 2011 11:05 PM
861	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (Lanterman Act Section 4501). The state does not ask parents and student for co-pays in California’s pubic schools and the same logic applies here.	Feb 4, 2011 11:16 PM
862	Time commitment as above, good point about co-pay - there should be some payment so that people value the service, but it shouldn't be prohibitive.	Feb 4, 2011 11:25 PM
863	Lanterman Act 4501 states that the State of California accepts the responsibility for persons with developmental disabilities. Just as the State DOES NOT ask parents to pay a co-pay for public schools, neither should parent of persons with developmental disabilities.	Feb 4, 2011 11:38 PM
864	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge (The Lanterman Act Section 4501). The State does not ask parents and students for co-pays in California's public schools and the same logic applies here.	Feb 4, 2011 11:39 PM
865	Full participation as deemed by the intervention plan, monitored by the interventionist.	Feb 4, 2011 11:44 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
866	Parents have a co-pay, based on sliding scale. Institutional Deeming MediCal is not justification to not have co-pay. They must show proof that they have paid their portion prior to any billing to the RC. Parents (or other primary caretaker) must actively participate in the services	Feb 4, 2011 11:53 PM
867	The State of California ha accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California public schools and the same logic applies here.	Feb 4, 2011 11:56 PM
868	I believe that Regional Centers should continue to fund services and interventions. Having a child with a developmental disability puts a huge financial burden on families just in terms of daily life and if families had to pay for these services or provide co-pays I'm not sure that people who desperately need help would be getting it. I think many families would not be able to provide these co-pays and their children would stop getting desperately needed therapy. In the short term that might save the state funds but in the long term children who might be helped to live independent lives could potentially end up on long-term disability or in state care for their entire lives. I do believe it's fair to ask parents and caregivers to participate in therapy, to be educated about how to work with their children when service providers cannot be there and to show that they are working on goals and putting in the necessary time to make these services effective, not just function as babysitters.	Feb 5, 2011 12:07 AM
869	There needs to be a time commitment from parents for their participation. If they don't do their part, then their children should not be able to receive their services.	Feb 5, 2011 12:07 AM
870	I do believe parent involvement is key next to education of the provider. Every parent should be present at all meetings and tested. Our provider actually tested us every meeting. I beleieve if a co-payment is required it will deter families from getting services. Many families are going through financial hardships already.	Feb 5, 2011 12:54 AM
871	Answered above. Most parents care enough to give there all and really need to be counseled to take care of their persons too, or all the family will suffer.	Feb 5, 2011 1:05 AM
872	Parents must always be involved.	Feb 5, 2011 1:05 AM
873	Parents should be expected to actively participate in the planning and implementation of services.	Feb 5, 2011 1:21 AM
874	Parents would have to commit to be present at least 50% of the time	Feb 5, 2011 1:21 AM
875	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (Laterman Action Section 4501). The state does not ask parents and student for co-pays in California's public schools and the same logic applies here.	Feb 5, 2011 1:22 AM
876	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 5, 2011 2:10 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
877	Parents and Consumers should demonstrate their commitment to the intervention/service by maintaining at least an 85% participation rate. If they are not participating, then service coordinators should meet with them to determine if this is a service that they really need. Co-payments I have the concern that it would exclude a segment of the population who is low income. Further, parents of consumers are already paying a fee in the form of taxes to the state. As tax payers that is the social contract we have with each other. We pay for services that benefit us and our families and we also pay taxes that go to funding things that we don't access. Time commitments are important in terms of training and education, but I have serious concerns about this being used as a tactic to deter families from accessing certain services. Again, a class segment of the population mill be adversely impacted and this could amount to a form of discrimination where people aren't accessing services b/c they don't have jobs that allow for time flexibility even if their child truly needs the service.	Feb 5, 2011 3:15 AM
878	?????	Feb 5, 2011 3:34 AM
879	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (Lanterman Act Section 4501). The state does not ask parents and student for co-pays in California’s pubic schools and the same logic applies here.	Feb 5, 2011 3:46 AM
880	Sliding scale, copayment within family means, one hour per week meeting with provider as needed.	Feb 5, 2011 3:51 AM
881	Parents have a weekly meeting with the behaviorist famliy mus comply	Feb 5, 2011 4:37 AM
882	I really don't think that the LOA needs to revisit the poverty rate adjustment. My husband and I make $150K a year, and we were shocked at how low the FCP program was for us. I think those consumers that are using familiy members, should not be receiving free respite. although it already looks like its on the chopping block entirely. People need to remember that it truly does take a village to raise a child, let alone special needs twin girls. These families are just getting extra checks to babysit their own kids. Thats not right. Most of the consumers, are also getting medical, disability, welfare themselves.	Feb 5, 2011 5:21 AM
883	Parents should be supported, as they are in the best societies such as Sweden and Canada. We had to pay $400/month to stay involved in our daughter's life when she went to out-of-home care at age 11 and ultimately we were bankrupt and divorced. We could not get in-home respite and so we had to go to out-of-home placement, an exponential difference that was ten times more expensive than providing in-home support would have been!!!	Feb 5, 2011 5:36 AM
884	Parents will be more committed to and appreciative of the programs if they have buy-in. They should be responsible for co-pays as they are able, and they should be involved with and trained by the therapists during the treatment sessions.	Feb 5, 2011 5:46 AM
885	The parents have the responsibility to make sure the behavior plan is followed as prescribed. If they are able to make a co-payment that is reasonable, they should be expected to make one. Exceptions should be made for the adoptions of special needs children.	Feb 5, 2011 6:15 AM
886	California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and should only institute co-pays here if it institutes co-pays for public school services.	Feb 5, 2011 6:29 AM
887	Educate parents, validate their wffort & respect when they need to retreat from a session as they r with child all day.	Feb 5, 2011 6:31 AM
888	Parent participation 25-50% of time; co-payments for families above the poverty line.	Feb 5, 2011 6:40 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
889	Asking parents and students for copays creates a strangely tiered system, where the disabled who are born to the rich receive services and the disabled who are born to the poor are endowed. Those in the middle will receive nothing, or be forced into poverty trying to pay "their share". Our family is often in this position of having too much to receive help, and not enough to pay for what we need.	Feb 5, 2011 6:48 AM
890	No copaiments for families	Feb 5, 2011 7:25 AM
891	Behavioral services is a necessity for those who need it. The parents and consumers should not have to take on the majority of the financial burden.	Feb 5, 2011 7:31 AM
892	Parents will participate as much as possible, depends on their work schedule, 10% of the time is a reasonable target. RC can work with parents to seek reimbursement for copayment from medical insurances.	Feb 5, 2011 7:43 AM
893	at least 10% parental participation. RC can help parents to navigate the insurance maze for co-payment etc.	Feb 5, 2011 7:52 AM
894	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. The state does not ask parents and students for co-pays in California’s pubic schools and the same logic applies here.	Feb 5, 2011 2:41 PM
895	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 5, 2011 3:12 PM
896	The State of California has accepted a responsibility for persons with develpmental disablilities and an obligation tothem which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's public schools and the sam logic applies here.	Feb 5, 2011 3:33 PM
897	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 5, 2011 3:47 PM
898	Parents who do not come to behavior training or provide documentation that they are participating and implementing the training should be banned from the service. The child is really not "losing" any services because the parent who does not participate or value the service is not going to make sure the child has the consistency and follow up he/she needs. There should be a mandatory waiting period for the parents who are no-shows and get dropped from a behavior program before they can start another program.	Feb 5, 2011 3:57 PM
899	Parents should be required to participate in 100% of the therapies.	Feb 5, 2011 4:10 PM
900	Parents should be required to follow thru on suggestions given by the service provider. If their are classes that the parents can attend then those should be offered.	Feb 5, 2011 4:15 PM
901	Parent training is a vital component. I feel like the parent training should be incorporated in with the children's interventions. Hands on training is empowering and vital However, the hours that I felt of mine that were wasted (along with tax payer money and vital funding for more important programs) were the ones based on theory and logic behind the services being given to my daughter. The parent training should be done WITH the child, not absent of the child! Parents need to be taught strategies and COACHED along with their loved one. Otherwise, the two don't transfer well!	Feb 5, 2011 4:44 PM
902	The standard for the parent(s) of a child with Autism/Special Needs should be time commitment that works for the parents. Parent envolvement clear communication between the service provider and parent(s). Some financial contribution from the parent(s) that they can afford.	Feb 5, 2011 4:53 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
903	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California’s pubic schools and the same logic applies here.	Feb 5, 2011 5:12 PM
904	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's public schools and the same logic applies here.	Feb 5, 2011 6:30 PM
905	Parent's should be required to participate a minimum of 50% of the time. A co-payment would be appropriate after services have been offered for one year.	Feb 5, 2011 7:54 PM
906	Ins if available...levels of care to add on to if parents are willing to pay.	Feb 5, 2011 8:11 PM
907	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's public schools and the same logic applies here. We will have a much bigger financial problem if we don't have a public way of helping these members of our society.	Feb 5, 2011 8:25 PM
908	I oppose POS standards. The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them it must discharge. In The Lanterman Act Section 4501 it states that the State of California does not ask parents and students for copays in California Public schools and the same logic applies here.	Feb 5, 2011 8:33 PM
909	This should be based on parents income. There should be a contract signed by all involved so that the program is successful. The needs of the consumer is what should be looked at.	Feb 5, 2011 9:50 PM
910	Parents should be required to commit time Co-payment for any family with combined parental income over 50,000.	Feb 5, 2011 10:16 PM
911	The state of Californis has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanternman Act Section 4501) The state does not ask parents and students for copays in California's public schools and the same logic applies here.	Feb 5, 2011 10:22 PM
912	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (Lanterman Act Section 4501). The state does not ask parents and student for co-pays in California’s pubic schools and the same logic applies here.	Feb 5, 2011 10:47 PM
913	The State of California has accepted the responsibility for persons with developmental disabilities, which it must honor. This obligation is the Lanterman Act.	Feb 5, 2011 11:24 PM
914	Parents should have to participate in 50% of in-home therapies, pay for 25% of therapies (or pay through insurance) and attend parent-trainings.	Feb 5, 2011 11:56 PM
915	It is essential that parent make the commitment if not they should be penalized for not being responsible for their children's well being.	Feb 6, 2011 12:24 AM
916	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California’s pubic schools and the same logic applies here.	Feb 6, 2011 1:20 AM
917	parents and consumers should pay (a sliding fee scale) based on their income as reported on their taxes, every year they should be asked for their tax forms so that anyone who makes more money or less on a certain year is not over charged or under charged,	Feb 6, 2011 1:53 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
918	The child and family should be responsabile for being at the appointments, with the family losing services for 6 months after missing 4 unexcused appointments. The families living in poverty should pay with Medical, Those with health insurance should be able to use it. And the rest of the families payments should be on a sliding scale.	Feb 6, 2011 2:47 AM
919	Mandate parent participation as a requirement; no parent no service	Feb 6, 2011 2:50 AM
920	Parents must be committed to the program and be responsible for follow up. Attending counseling sessions, learning activities. If they are not participating they should be dropped from the program.	Feb 6, 2011 3:49 AM
921	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 6, 2011 4:27 AM
922	Regardless of any suggested standards, the consumer, the consumer's caregivers and consumer's teachers and other school service providers where applicable must still have input regarding behavioral services, and the entire IPP team, including the above, must retain the ability to determine the responsibilities of parents and/or caregivers and consumers relative to the services and supports needed by the consumer.	Feb 6, 2011 5:04 AM
923	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 6, 2011 5:50 AM
924	See question # 3. It can sometimes be counter productive to require a parent to participate in every hour of behavioral therapy.	Feb 6, 2011 6:00 AM
925	Consumers/families should be expected to put in an honest effort to make effective use of the advice and techniques given.	Feb 6, 2011 6:43 AM
926	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them, which it must discharge. The state does not ask parents and students for co-pays in California’s pubic schools and the same logic applies here.	Feb 6, 2011 8:02 AM
927	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 6, 2011 4:23 PM
928	I feel that the idea about educating the parents about how to apply the behavior program is a good idea.	Feb 6, 2011 4:28 PM
929	Parents and care giver should not be ask to pay for these services.	Feb 6, 2011 5:55 PM
930	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 6, 2011 6:45 PM
931	Co-payment sounds like health insurance. If it was the difference between having these services or not, I would be happy to make a Co-payment. I don't feel everything should be free. Maybe parents who attend behavior classes can get a discount on fees. Parents should be given training classes provided by Alta (I did take a class provided by Alta.)	Feb 6, 2011 7:18 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
932	Parents, family members, conservators and care providers and consumers (where able) must be committed to implementing behavioral plans. As demonstrated by time commitment outlined in behavioral intervention plan. This must be charted weekly. Co payments should be paid by parents, family members and conservators. Unless a financial hardship has been determined. Then and only then will regional centers fund all or part of support services.	Feb 6, 2011 7:27 PM
933	Everyone should keep their scheduled appointments with the exception of emergencies. Behavior does not change with one hour a week service. I think in the beginning when targeting a specific behavior, a clinician should spend three days a week for at least two or three hours with the family and slowly fade out as the parent or caregiver has success.	Feb 6, 2011 7:41 PM
934	Parents and/or conservators should be present at all review meetings.They should be consulted for any and all major decisions regarding the client's welfare.	Feb 6, 2011 7:46 PM
935	If you keep applying the pressure on parents, you are going to see a huge increase in institutional rates, which cost much, much more.	Feb 6, 2011 8:02 PM
936	Co-payment if needed to continue services for clients instead of cutting services all together. Time commitment would be case specific.	Feb 6, 2011 10:37 PM
937	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 6, 2011 10:59 PM
938	Parents should be required to contribute, on a sliding scale, some contribution to the services. When the consumer reaches adulthood the parents should no longer be required to contribute as is the case now.	Feb 7, 2011 1:39 AM
939	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 7, 2011 1:59 AM
940	parents should bear some responsibilies for the services,copay schedule are already inplace for children 18 and under,	Feb 7, 2011 2:09 AM
941	Monthly parental evaluations, as well.	Feb 7, 2011 2:46 AM
942	The State of California has accepted o responsability for persons with developemental disabilities and an obligation to them which it must discharge (The Lanterman Act section 4501) The State does not ask parent and student for co-pays in California's public school and the same logic applies here.	Feb 7, 2011 5:01 AM
943	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 7, 2011 5:08 AM
944	Parents could pay based upon a sliding scale.	Feb 7, 2011 5:15 AM
945	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 7, 2011 6:05 AM
946	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 7, 2011 6:29 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
947	for parents and consumers with low income maybe time commitment is the key for parents and consumers with high income maybe co-payment is necessary. Sometimes, these clients tend to have many services because they are well educated people and find the way of getting everything.	Feb 7, 2011 7:08 AM
948	the parents are only a small part of the team for intensive behavior therapy. they should follow through on what the therapists are working on during non therapy time when they can. Parents of special needs kids have enough issues draining their time and pocketbooks. Most of us get inadequate sleep because of our kids and all the stress fighting to get them help.	Feb 7, 2011 7:16 AM
949	There should be a time schedule.	Feb 7, 2011 7:40 AM
950	Parental participation must be mandatory	Feb 7, 2011 2:36 PM
951	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them, which it must discharge. The state does not ask parents and students for co-pays in California’s pubic schools and the same logic applies here.	Feb 7, 2011 2:44 PM
952	Need is important, but individuals need to contribute according to their means.	Feb 7, 2011 5:10 PM
953	For behavior intervention and adaptive skills training the parents must participate. The modality of the service is trainer to trainer. The parents need to be the ones in the driver seat and the vendor should be providing them with the tools to be able to teach their chidlren. For Social skills trianing parents should know what their child is learning in each session. There should also be some kind parent training component to help the parents generalize what their child is learning in the group across areas. Parents should also continue to be required to attend and complete parent training prior to the start of any behavioral service.	Feb 7, 2011 5:13 PM
954	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them, which it must discharge. The state does not ask parents and students for co-pays in California’s pubic schools and the same logic applies here.	Feb 7, 2011 5:41 PM
955	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them, which it must discharge. The state does not ask parents and students for co-pays in California’s pubic schools and the same logic applies here.	Feb 7, 2011 6:14 PM
956	The State of California has accepted responsibility for persons with developmental disabilities and an obligation to them which it must discharge (Lanterman Act section 4501). Co-payment is not a viable option.	Feb 7, 2011 6:16 PM
957	Parents cannot be held responsible for paying the therapy bill for autistic toddlers and children in this position of needing intensive therapy. As it is medical services are not covered by insurance for autistic children and parents must shoulder tremendous expenses above and beyond daily maintenance when they receive this diagnosis on their child.	Feb 7, 2011 6:19 PM
958	I am for parental co pay.	Feb 7, 2011 6:22 PM
959	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here. The state should consider especially for kids, that services provided to meet development milestones will result in the future in lower total expenses if a person becomes a contributer instead of a dependent of the state.	Feb 7, 2011 6:28 PM
960	If parents ar involed in the persons life than a standard of abiltiy on a scale should be cosidered. Others who have no family should not be required to pay if not able to afford.	Feb 7, 2011 6:33 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
961	Time-commitment is important. As parents we need to learn how to continue the therapy when the tutors or providers are not there. We need to be accountable for our portion. I think a parent needs to be there about 30% of the time. 100% is not possible for all parents, there are single parents that need to work and provide for their family. But dedication is important on the parent's part.	Feb 7, 2011 6:35 PM
962	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 7, 2011 7:29 PM
963	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 7, 2011 7:38 PM
964	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 7, 2011 7:49 PM
965	Although parents can be trained to some degree to help them become more effective in helping their child, they will never be able to use the skills required to evalute changes in therapeutic techniques required to help their child advance without the services of trained personnel, unless the parent goes to school to become a licensed physical therapist, licensed occupational therapist, licensed speech therapist, and licensed behavior specialist.	Feb 7, 2011 8:16 PM
966	Time commitments are in place for parents (must be at meetings, go thru trainings, participate in therapy). If must have co-payments must look at individual family and their real expenses and need.	Feb 7, 2011 8:16 PM
967	No copayment in that caregivers are normally under incredible financial need due to caring for a chronically ill person.	Feb 7, 2011 9:19 PM
968	Parents should continue the responsibilities of being present in the home during ABA sessions, should participate in team meetings with the ABA provider (therapists and program directors) to monitor progress of the child and adjust the ABA program on a regular basis	Feb 7, 2011 9:29 PM
969	Finances should be taken into account. Those with the resources should have a co-payment for the care and services.	Feb 7, 2011 9:34 PM
970	Time committment is critical. no behavior plan is going to "fix" the child. parents need to be present at ALLsessions. And active participants.	Feb 7, 2011 9:44 PM
971	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 7, 2011 9:59 PM
972	We often see that the ABA trainer in the home it working without the parent and essentially providing free and expensive babysitting with no training for the parent occurring. This needs to change to a parent training model	Feb 7, 2011 10:01 PM
973	Parental involvement must be mandatory.	Feb 7, 2011 10:41 PM
974	Allow the RC to set the standard in there own communities.	Feb 7, 2011 10:42 PM
975	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 7, 2011 10:59 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
976	According to the Lanterman Act, Section 4501, the State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must fulfill. California does not require co-pays in California's public schools, nor should it require them for DDS services. Rather than assuming that parents are looking for a free ride, the DDS should acknowledge that most if not all families continue to overextend their time, energy and finances in support of their developmentally disabled family members.	Feb 7, 2011 11:00 PM
977	Co-payment is appropriate when the families or consumers can realistically afford to pay something. To even mention time commitment is a joke - we as families are embroiled in our children's situations sometimes from birth. Some of our children have difficulties so extensive that in two-parent families one parent usually has to stop working. In one-parent families, that parent may struggle to remain employed.	Feb 7, 2011 11:05 PM
978	Similar to what is expected of the typical population when they seek specialty services. Citizens are citizens, with and without disabilities.	Feb 7, 2011 11:09 PM
979	Let the Regional Centers make the decisions regarding program services	Feb 7, 2011 11:12 PM
980	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them, which it must discharge. The state does not ask parents and students for co-pays in California’s pubic schools and the same logic applies here.	Feb 7, 2011 11:14 PM
981	The state of California has accepted responsibility for persons with developmental disabilities and an obligation to them which it must discharge.	Feb 7, 2011 11:16 PM
982	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501).The state does not ask parents and students for co-pays in California's public schools and the same logic applies here.	Feb 7, 2011 11:26 PM
983	should be based on sliding fee scale and ability to pay	Feb 7, 2011 11:48 PM
984	* Parents need to be present at all times and participate in the session * In-home behavior services should not be a replacement for respite or baby sitting * Co-payments via insurance should be explored * Parents need to be educated and prepared for the required tranistion periods in their child's life (e.g. IFSP to IEP; preschool to kindergarten, etc.)	Feb 8, 2011 12:00 AM
985	Parents should pay a copay of $5-$25 per session on a sliding scale.	Feb 8, 2011 12:19 AM
986	Parents will giving the most responsibility for implementing the services. They al;ready shoulder the burden for daycare and medical expenses, I do not believe they should be charged	Feb 8, 2011 12:42 AM
987	Answered above.	Feb 8, 2011 12:44 AM
988	Follow through for any cases that result in neglect or worsening of symptoms or condition without services is required.	Feb 8, 2011 12:47 AM
989	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's public schools and the same logic applies here.	Feb 8, 2011 1:00 AM
990	Services should be able to be delivered at any location that the teaching needs to occur due to where the behavior challenges are occurring. Parents should have parent goals and have to comply with provider recommendations. Parents should demonstrate the same competency that the interventionists have to implementing treatments.	Feb 8, 2011 1:50 AM
991	All individuals are to be responsible to for time commitment co-pays if applicable	Feb 8, 2011 1:55 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
992	Parents should have to sign a contract stating the are making a time committment and if they fail to follow through the parent should be responsible for requesting to stop the service or paying for missed sessions just like any other doctor.	Feb 8, 2011 2:08 AM
993	The responsibility of the parents is to provide feedback whether good or bad regarding services received through the regional centers.	Feb 8, 2011 2:12 AM
994	the same as they are now	Feb 8, 2011 2:16 AM
995	I applaud the regional center in my local area. Parents are required to attend the behavior workshop before getting the services. Parents need to show commitment and demonstrate that they can carry over the learned techniques. Just like other services regional center is payor of last resort, there are many insurances that now offer behavior therapy, so parents that can afford it should be responsible for co-payments.	Feb 8, 2011 2:53 AM
996	These children are part of the future. Putting a financial burden on parents who are already struggling with a diagnosis and the financial stresses is not good. The government should take an interest in helping these families.	Feb 8, 2011 3:24 AM
997	Parents and/or caregivers needs to be active participants in their child's behavioral intervention, at least 70-80% of the time, with consideration to work and day-care situations.	Feb 8, 2011 3:41 AM
998	Parents should have a co-pay and be required to make a time commitment.	Feb 8, 2011 3:44 AM
999	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 8, 2011 3:48 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1000	Copayments are not a fair requirement for an entitlement. Parents and consumers are helped by the state because they are under undue emotional and financial burdens and pressures due to the disabling condition. Expecting parents and consumers to pay for Regional Center behavioral intervention services is akin to asking school children and their families for copayments for each class they wish to take. Families of consumers have already paid for the services through their tax dollars. Expecting them to shoulder more of the cost is shifting the burden unfairly onto the families which have been afflicted with disabling conditions, effectively punishing them for the conditions. Similarly, parents of consumers are burdened by time/energy constraints of raising a child with a disability and providing transportation to all of their various service appointments. Passing state standards for time commitment would not be wise: time commitments should be worked out individually by the treating provider in the family's particular context based on the parents' current level of work burden, other children and elder care duties, and many other factors affecting feasibility. Tutors for children having academic problems do not require parents to be present for a certain percentage of the tutoring sessions in order to help the child progress. Parents should be involved, informed, and invested in the treatment but must not be required to commit a certain amount. Such a standard of required parental time commitment would be prejudicial with discrimination against those families with less wealth (children of parents working more total hours would be excluded or given diminished access), more children, and worse life organizational skills. Developmental approaches to behavior services view behavior and development in a relational context. Therefore, developmental approaches target improvement in the parent-child and sibling-child relationships as central for a child to make progress. General research samples demonstrate the increased effectiveness of programs which target parents in general. Nevertheless, clinical practice is not the same as conducting research on large samples. **Clinical evidence-based practice is defined as applying the most effective techniques for a particular client, using research findings, clinical observation, and family preferences as a guide. Regional Center clinicians assuming and insisting that parent training is always the best approach (and disallowing direct intervention by a professional!) is misguided and professionally naiive. In many cases, the child presents enough complexity as to require intervention services from a professional. While all children may benefit from parents being provided with support, consultation, coaching, etc., not all parents are trainable to become interventionists or take the place of interventionists!	Feb 8, 2011 3:50 AM
1001	Seeing the word "parent" written beneath an expected goal is not very eye-catching for that individual. It would make more sense if we could see the listed expectation with our initialed understanding in relation to a timeframe or cost. Written commitment with a copy sent home is necessary for it to sink into consciousness. Compliance is another issue.	Feb 8, 2011 4:07 AM
1002	Parents should be involved in 90% of services.	Feb 8, 2011 4:14 AM
1003	You cannot count on parents for anything for behavior students. Often times they are part of the problem. There is not going to be any change. Don't punish the student for the mistakes their parents have made. The services are to help the students.	Feb 8, 2011 4:33 AM
1004	If appointment is missed more that twice, POS will be terminated (unless extenuating circumstances, such as hospitalization of client or parent). Co-Payment of $10.00 each appointment. If appointment is missed, a $25.00 charge will apply.	Feb 8, 2011 4:42 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1005	The hardships are already emotionally draining just due to the daily tasks of performing and giving basic needs along with emotional support for their loved one. How can you put a level of service in dollar amounts for parenting an already difficult situation. The time commitment definitely exists as parents give a lot of their time to see their child succeed.	Feb 8, 2011 5:11 AM
1006	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California’s pubic schools and the same logic applies here.	Feb 8, 2011 5:25 AM
1007	The State of California has accepted the responsibility for individuals with developmental disabilities and has an obligation to discharge this responsibility. The Lanterman Act - section 4501. Parents of students are not asked to participate in co-payments for public schools, so why should this be different?	Feb 8, 2011 6:04 AM
1008	Parents and consumers need to put in the hours in order to make progress and reap the benefits of services being provided. Co-payment, if necessary, should be as minimal as possible and should take into account the family's income level. If there is a need for a service, true inability to pay should not exempt someone from getting that service.	Feb 8, 2011 6:08 AM
1009	I think this co-payment or payments should be based on a sliding scale according to the income of the family.	Feb 8, 2011 6:19 AM
1010	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them, which it must discharge. The state does not ask parents and students for co-pays in California’s pubic schools and the same logic applies here.	Feb 8, 2011 6:54 AM
1011	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 8, 2011 7:19 AM
1012	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 8, 2011 3:08 PM
1013	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 8, 2011 3:35 PM
1014	Co-payments based on income	Feb 8, 2011 4:07 PM
1015	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 8, 2011 4:16 PM
1016	Co- payment - share of cost -would make a huge difference as to only people who are truly seeking the service for what it is actually meant for using it. It appears that if you are willing to pay for something out of your own poccket you are much more committed to investing your time into trying to make it work and work as soon as possible.	Feb 8, 2011 4:21 PM
1017	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 8, 2011 4:21 PM
1018	If someone's parents are their conservator and the parents are deemed "well-off" by the government then I believe some sort of co-payment should be considered for services rendered.	Feb 8, 2011 4:28 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1019	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 8, 2011 4:43 PM
1020	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 8, 2011 5:46 PM
1021	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 8, 2011 5:52 PM
1022	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 8, 2011 5:58 PM
1023	Parents must receive some form of parent training for consistency purposes	Feb 8, 2011 6:30 PM
1024	The responsibility of the parent and consumer is to make sure that the provided services are being implemented and worked on per the individualized plan. The parent should not bare any burden of the cost, as their time commitment is already enough of a strain.	Feb 8, 2011 6:51 PM
1025	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge (Lanterman Act Section 4501). The state does not ask parents and students for co-pay in California's public schools and the same logic applies here.	Feb 8, 2011 7:24 PM
1026	Two hours per month? One class. Repeat classes with different topics.	Feb 8, 2011 7:28 PM
1027	Parents should be required to participate in the service and this should be part of what must be reported in quarterly progress reports. Parent participation must consist of being present for the sessions, observing and pariticpating as appropraite, as well as collecting data towards goals specficially designed to be targeted by parents.	Feb 8, 2011 7:37 PM
1028	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California’s pubic schools and the same logic applies here.	Feb 8, 2011 7:48 PM
1029	If possible, parents and/or consumers pay on a sliding scale. If possible, parents participate if asked by behavioral service provider.	Feb 8, 2011 7:54 PM
1030	Family should take responsibility. Where needed additional outside help should be provided.	Feb 8, 2011 8:08 PM
1031	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's public schools and the same logic applies here.	Feb 8, 2011 8:14 PM
1032	To ask for parents and/or families of individuals with intellectual and developmental disabilities to co-pay or in some way subsize their family member's services would be in line with the same course of action as asking parents of public school students to co-pay their children's public education. As with children of public schools, the State of California has accepted and maintained responsibility for providing appropriate services to individuals with developmental disabilities, and is required by the Lanterman Act (and by good faith in general) to abide by that commitment.	Feb 8, 2011 8:19 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1033	The standard of responibilities of both the consumer and the parents should be very high. These services are very expensive and should not be taken for granted. The agencies and the parents should have to meet a minimum expectation in order to be able to receive and deliver this service.	Feb 8, 2011 8:24 PM
1034	I would enforce mother's needing to make a co-payment for treatment. If something is entirely free, people are more likely to view the product as inferior which in mental health treatment translates to "no-shows".	Feb 8, 2011 8:35 PM
1035	Parent should pay at least half.	Feb 8, 2011 8:53 PM
1036	as above #5	Feb 8, 2011 9:03 PM
1037	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501) The state does not ask parents and students for co-pays in California's public schools and the same logic applies here.	Feb 8, 2011 9:25 PM
1038	Answer: The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 8, 2011 9:42 PM
1039	As parents, we didn't ask for the disability. If the State offers programs for those with disabilities then the children should be able to access these programs. If we can get the insurance companies to pick up the primary it would save the State. Also, if children can benefit from early services to gain functional and life skills, this will save the State in the long run.	Feb 8, 2011 9:44 PM
1040	Time commitment: Sessions are scheduled based on the parents' availability and requested times; therefore, errands, etc need to be scheduled around the weekly session times. Parents should be held accountable for consistent and/or frequent cancellations.	Feb 8, 2011 9:55 PM
1041	co-payments, time commitment from parents and caregivers alike.	Feb 8, 2011 10:01 PM
1042	Parents/caregivers should commit 100%. Families are not allowed to " vendor hop" when a vendor makes a recommendation they don't agree with. Parents should be required to access their private isurance if applicable, and should be required to appeal any denials from private insurance. Parents should be required to pay a co-payment, I've noticed that some families take this service for granted, something similar to the FCPP related to respite and day care.	Feb 8, 2011 10:07 PM
1043	If a parent/consumer requests the service from the social worker and is given the name of a provider, then it is really their responsibility to get in contact with the provider, schedule meetings and be present at the meetings ready to deal with the problem.	Feb 8, 2011 10:16 PM
1044	Time commitment	Feb 8, 2011 10:19 PM
1045	If u r going to force parents to pay, how can u force a time commitment? One usually has to work to get $ to pay for the services.	Feb 8, 2011 11:13 PM
1046	I believe it's reasonale to require a level of commitment by families, perhaps demonstrated in the form of attending ongoing parent trainings during weekend or evening hours.	Feb 8, 2011 11:25 PM
1047	Parents or clients should be required to pay using a sliding scale using their income or taxes if their insurance does not cover behavioral services. If their insurance covers behavioral health than either the insurance company should be billed or should be the first avenue for receiving services before asking the state or county to step in. Clients receiving the services need to make the commitment to show up for appointments on time, follow through on recommendations at home or school made by therapists. If consumers or parents are not willing to make the time commitment necessary to have any real progress then services should be terminated.	Feb 8, 2011 11:35 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1048	Answer: The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 8, 2011 11:47 PM
1049	Very low co-payment might increase family commitment and investment in positive outcomes.	Feb 8, 2011 11:58 PM
1050	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California 's pubic schools and the same logic applies here.	Feb 9, 2011 12:01 AM
1051	The state of California should pay in full, in the same way that it doesn't require co-pays or volunteer time for kids to go to public school.	Feb 9, 2011 12:13 AM
1052	Parents need to attend w/ child. Group program where children learn social skills w/ other children.	Feb 9, 2011 12:22 AM
1053	n/a	Feb 9, 2011 12:42 AM
1054	copayment based on ability	Feb 9, 2011 12:47 AM
1055	Parents and care providers should also be charged a co-payment. they need to make their child, clients their first priorty.	Feb 9, 2011 12:51 AM
1056	copay where possible.	Feb 9, 2011 1:10 AM
1057	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 9, 2011 1:12 AM
1058	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 9, 2011 1:24 AM
1059	There should be no payment on the part of the parent if the child receiving services is disabled (developmentally, physically). All parents should be required to take a class seminar explaining ABA design if they want to receive services (this should be accessible to all parents, their should be no language barriers).	Feb 9, 2011 1:28 AM
1060	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 9, 2011 2:24 AM
1061	Parents and consumers should be implementing the program.	Feb 9, 2011 3:13 AM
1062	Parents should have to take part in a parent training so they can help out at home.	Feb 9, 2011 3:21 AM
1063	I agree with the audit recommending co-pays	Feb 9, 2011 3:57 AM
1064	Parents are already paying a significant amount for care. I have never met a family that is not trying their hardest to provide for their loved one. I am sure there are greedy people and people who scam the system but these should be evident through a IPP process. Parents are already paying their taxes. Do we as families in prison for a co-payment?	Feb 9, 2011 4:01 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1065	Parents need to be very involved. It's exhausting and draining, but informed, well trained parents are vital. All the parents I've met have paid hugh out of pocket expenses. Not all families are able to get the services they need and end up paying for it themselves. I think co-payments would be fair, if they can afford to pay. What's not fair is paying for Health Insurance that does not cover our chidlren's medical needs. All of these services are medically nessesary, in my opinion.	Feb 9, 2011 4:09 AM
1066	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 9, 2011 4:35 AM
1067	Refer to the Lanterman Act.	Feb 9, 2011 5:07 AM
1068	These should remain at the same standard as currently in place.	Feb 9, 2011 5:25 AM
1069	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 9, 2011 5:35 AM
1070	Time commitment and involvement are important from the parents and/or consumers for this service to be effective. Involvement includes receiving parent training, taking data, implementing interventions and following through, etc.	Feb 9, 2011 5:51 AM
1071	a 5 minute film explaining the benefits for them and thier TCRC client.	Feb 9, 2011 6:04 AM
1072	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here	Feb 9, 2011 6:42 AM
1073	Parents have a HUGE responsibility. I am a parent and I feel we, as parents need to be "highly" involved with all services our child/ren, or adults are receiving. We need to be at the home when therapy is delivered, I feel BOTH parents need to be, IF both parents are in the picture. It's important that both parents are on the same page, especially when it comes to an intensive behavior program. Perhaps a signed document stating that...."I, as the parent of.....?".....commit to..4 months...6 months.... 12 months...of a specific service. Email or mail out a document that the parent has to fill out monthly to answer questions how the progress is going. I feel it will force parents to get more involved and show them the importance of their ex: ....child's crucial development.	Feb 9, 2011 6:45 AM
1074	Parents are already unpaid service providers, by virtue of having to raise a disabled child. Family members and consumers should NOT have to pay or co-pay for services, or be otherwise be burdened by taking on the professional roles of the agencies. The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 9, 2011 7:43 AM
1075	Parents/providers must be present & actively participate in all sessions. Parents w/private ins should not have to pay	Feb 9, 2011 7:56 AM
1076	Behavior Services: Parents are already unpaid service providers, by virtue of all the extra interventions required to raise a disabled child. Family members and consumers should NOT have to pay or co-pay for services, or be otherwise be burdened by taking on the professional roles of the agencies. The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 9, 2011 8:01 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1077	Look there have been so many cuts in our state budget, The issue is who can qualified for these services. . As far as paying for it. thats another issue with our state and/or their financial status..	Feb 9, 2011 8:15 AM
1078	Family actively participates in process co-payment : none	Feb 9, 2011 1:41 PM
1079	Monthly parent follow up with service coordinator. Weekly class (6-8 weeks) before having in-home support with behaviorist. parents must build strong Partnerships with schools.	Feb 9, 2011 3:15 PM
1080	1. Parents who have limited income and resources should not have a co-pay. Given the increased cost of caring for a child with a disability, the income and resource limit which exempts parents from payment must exceed the federal poverty guidelines. 2. DDS is encouraged to identify when it is appropriate to require consumers to use funds that are maintained in a trust.	Feb 9, 2011 5:25 PM
1081	Parent training a requirement, behavioral intervention should not be in lieu of the parent involvement / responsibility. Clear guidlelines about reviews every 6 months to ensure service is effective and clear phas-out plan. This service should not go longer than one year.	Feb 9, 2011 6:22 PM
1082	use existing standards	Feb 9, 2011 6:23 PM
1083	The State of CA has accepted a responsibility for persons with developmental disabilities and an obligation to them, which it must discharge. The state does not ask parents and students for co-pays in CA's public schools and the same logic applies here.	Feb 9, 2011 6:25 PM
1084	participation in a group is essential and follow up of all sugggestions to be made by family...instructor to fade out ASAP	Feb 9, 2011 6:42 PM
1085	Parents should receive surveys from Regional Center about service providers in order to track ineffective service providers.	Feb 9, 2011 7:06 PM
1086	The State of California has accepted a responsibility for persons for developmental disabilities and an obligation to them which it must discharges (Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's public schools and the same logic should apply here. It would leave some people no option but to keep the developmentally impaired person at home.	Feb 9, 2011 7:08 PM
1087	the state of California has accepted the responsibility for people with developmental disabilities and an obligation to them which it must deliver. (Lanterman Act section 4501) the state does not ask parents and students for co-pays in California's public schools and the same logic applies here.	Feb 9, 2011 7:27 PM
1088	N/A	Feb 9, 2011 7:32 PM
1089	Is should be made clear that services will only be rendered when parent's participate and pay their co-payment. It should also me a set schedule so there is no confusion of when services will be rendered.	Feb 9, 2011 7:34 PM
1090	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's public schools and the same logic applies here.	Feb 9, 2011 7:53 PM
1091	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (Lanterman Act Section 4501). The state does not sk parets and student for co-pays in California's public schools and the same logic applies here.	Feb 9, 2011 8:26 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1092	There should be a co-payment based on the household income.(Period) So many affluent families are getting these services for free when it appears they could share some of the cost. And the parents should be held accountable for the time they spend with the behavior specialist and the amount of time they spend implementing the program once the specialist leaves.	Feb 9, 2011 8:30 PM
1093	Parents should certainly be held to paying their co-pays on time. The ability of a parent to pay should not affect whether a service is provided to a child in need. Services must last as long as they are needed and not be determined by some arbitrary standard that doesn't account for the individual child.	Feb 9, 2011 8:34 PM
1094	Time commitment to their childs progress.	Feb 9, 2011 8:37 PM
1095	The State of California has accepted responsibilities for persons with developmental disabilities and an obligation to them that must be discharged (Laterman Act Sec. 4501). The state does not ask parents or students of California public schools for co-pays or funding and the same laws should apply here.	Feb 9, 2011 8:55 PM
1096	There should be a service log submitted for the amout of time that the parent participates during session. If the parents are not participating in the given number of hours required then services should be cut.	Feb 9, 2011 8:57 PM
1097	Getting care givers, parents and consumers on the same page. teaching them how to discuss sex eduation, safe sex, abstinence etc..	Feb 9, 2011 9:12 PM
1098	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's public schools and the same logic applies here.	Feb 9, 2011 9:20 PM
1099	Parents should be involved - absolutely. However, it should be appropriate. For example when working on social and community situations with an autistic child, the inclusion of the parent could keep the child from learning to generalize his skills. The biggest problem with the "parent training" clause is that the regional center uses it as a way to keep services from the consumer as opposed to actually providing parent training.	Feb 9, 2011 9:37 PM
1100	For all missed appointments there should be a limit on how many make up sessions are allowed. There should be penalties put in place for more than one missed appointment with a behavior specialist.	Feb 9, 2011 9:48 PM
1101	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act 4501) The state does not ask parents and students for co-pays in California’s public schools and the same logic applies here.	Feb 9, 2011 9:54 PM
1102	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's public schools and the same logic applies here.	Feb 9, 2011 10:30 PM
1103	Parents would need to make a commitment to receive the service so that the service is delegated appropriately. Small co-payment based on insurance coverage, financial means and individual needs of family is a good idea.	Feb 9, 2011 10:35 PM
1104	Please see above. For behavioral training Families could be asked to match by a certain % the time spent in training by providers from outside the family, as a requirement for receiving these service for a minor - various schedules/options for completing it should be offered (eves, Sat, . online etc.).	Feb 9, 2011 10:37 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1105	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 9, 2011 10:37 PM
1106	The state does not charge for public school; so all the individuals should receive the same opportunities.	Feb 9, 2011 10:38 PM
1107	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 9, 2011 10:47 PM
1108	California as accepted the responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (Lanterman Act Section 4501). The state does not ask parents and students for coo-pays in public schools and the same logic applies here.	Feb 9, 2011 11:28 PM
1109	These standards already exist at levels that many families cannot bear; (for adult services like day programs) these services are provided to adults, nearly all of whom qualify for public assistance and should not have to pay.	Feb 9, 2011 11:32 PM
1110	No co-pay for parents/conservators for these services - only time commitment when and during visits of behavior specialists.	Feb 9, 2011 11:48 PM
1111	Depending on the degree of behavior modification that is necessary, the parents should show, through data collection that they have made a good faith effort to follow the plan set forth by the BIS.	Feb 9, 2011 11:53 PM
1112	According to Sections 4501 of the Lanterman act. The state does not ask parents and students for co-pays in california's schools and tthe same logic applies here.	Feb 10, 2011 12:04 AM
1113	A time commitment from a parent/relative/caregiver is needed. A child should not be excluded from receiving the service if a parent has very limited ability to participate due to both parents working full time or a single-parent household where the parent works full time. Some families can not afford a co-payment.	Feb 10, 2011 12:10 AM
1114	Advocation, Everyone has skills that they can provide for their family and become self supportive for their families efforts. Whether it be for their own child or a relatives. They must provide a healthy family environment free from the stresses of life as much as possible. If they are a contributing factor to undernining the success of the program then they should be required to donate time to that service for repayment of services rendered. Everyone could use more resourceful skills on their resume.	Feb 10, 2011 2:32 AM
1115	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's public schools and the same logic applies here.	Feb 10, 2011 7:34 PM
1116	both are good sources ....time and money. However I get the feeling that is the crux of this survey did the various agencies cut their budgets and personal to the minimuim?	Feb 10, 2011 7:36 PM
1117	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 10, 2011 7:50 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1118	Parents should be required to keep up with the services after the therapist have left the individual's home or building where the service is provided. Parent should put in as much time as the therapist do in each individual. If a co-payment is required, there should be payment option plans and the possibility of financial assistance or supplemental funding in which will assist the parents or individual with the cost of services. Even special insurance that can be covered with regular insurance that will cover developmental required services. Many insurance companies do not cover services that are developmental... I speak of experience.	Feb 10, 2011 7:59 PM
1119	The state is responsible for people with disabilities; however, if consumers/parents want a choice in which specific services they want and are capable of paying for it themselves, this should be considered.	Feb 10, 2011 7:59 PM
1120	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (lanterman Act Section 4501). The state does not ask parents and student for co-pays in California's public schools and the same logic applies here	Feb 10, 2011 8:01 PM
1121	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 10, 2011 8:10 PM
1122	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 10, 2011 8:15 PM
1123	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 10, 2011 8:48 PM
1124	parents to be present for at least 25% of all sessions	Feb 10, 2011 9:15 PM
1125	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 10, 2011 9:16 PM
1126	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 10, 2011 9:25 PM
1127	Parents should not be expected to pay for behavioral services. Raising a child or adult with special needs costs families thousands of dollars a year in other expenses.	Feb 10, 2011 9:36 PM
1128	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 10, 2011 9:47 PM
1129	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. The state does not ask parents and students for co-pays in California's public schools and the same logic applied here.	Feb 10, 2011 10:40 PM
1130	It is the responsibility of the State of CA to pay for these services. Family members of prisoners are not asked to pay anything towards their daily living expenses why who you hold parents of consumers with DD to a higher standard??	Feb 10, 2011 11:04 PM
1131	The parents should also get involved and help the consumer when he or she is at home, to practice the same procedure.	Feb 10, 2011 11:12 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1132	State Funded and some should be paid by health insurance	Feb 10, 2011 11:30 PM
1133	Parent participation has to be 100%. Co-payment based on income.	Feb 10, 2011 11:36 PM
1134	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's public schools and the same logic applies here.	Feb 10, 2011 11:37 PM
1135	Parents with the ability to pay should fund additional training / services as needed outside a basic week of services. Parents/families must make a commitment to learn and use strategies taught by professionals so the affected clients will maintain an effective relationship within the family and minimize the need to send DD clients to state supported group homes or other facilities.	Feb 10, 2011 11:43 PM
1136	Consumers can not rely on parents money.	Feb 10, 2011 11:51 PM
1137	Parents of consumers need to include grandparents, and other relatives in learning how to better understand the needs of children with disabilities. But parents need to have more schooling so they also can better understand the needs of children.	Feb 10, 2011 11:59 PM
1138	co-payment, time commitment including active participation.	Feb 11, 2011 12:08 AM
1139	The child does not choose his/her parents. Do not hinge approval of services on parent compliance. The therapist may be the only adult giving quality care to the child.	Feb 11, 2011 12:33 AM
1140	re-avulate semi-annualy	Feb 11, 2011 12:58 AM
1141	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge (Lanterman Act Section 4501). The state does not ask parents and student for co-pays in California’s pubic schools and the same logic applies her. No means testing.	Feb 11, 2011 1:05 AM
1142	The parents should definetly be involved in this process and have an alloted time commitment. There should perhaps be qualifications for families who can or cannot offer a co payment	Feb 11, 2011 1:12 AM
1143	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 11, 2011 1:43 AM
1144	Supports should remain the same or increase.	Feb 11, 2011 1:46 AM
1145	I would be more than willing to have a copayment if the skills provided were beneficial to my son.	Feb 11, 2011 1:55 AM
1146	time commitment	Feb 11, 2011 1:59 AM
1147	Parents and conservators shall be responsible for timely payment of co-pays. Consumers, care providers, teachers and parents shall be mandated to follow the recommended frequency of implementing behavior interventions and corrective actions. Such as daily or as behavior arises.	Feb 11, 2011 2:04 AM
1148	suggest a co- pay based on income level and the co- pay would apply to all services as a 1 co-pay for the set of services provided based on the total volume and amount requested. required parents to seek services from insurnace first if appropriate. families must partiicpate in service delivery and make progess toward meeting the goal. Develop levels of service volumes based upon intensity of need.	Feb 11, 2011 2:07 AM
1149	The most important is the education and the services. Especially medical insurance is not helping any more with a majority if not all the services then it should be based on what is affordable for the people needing the services. Co-payments should be the same as what the medical coverage is for the family.	Feb 11, 2011 2:07 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1150	There should be communication between parent,consumer and regional center csc coordinator	Feb 11, 2011 2:43 AM
1151	The State of California has accepted a responsibility for persons with developmental disabilities (both mental and Physical) and therefore an obligation which it must discharge (Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California public schools and should not ask individuals who have the least resources to pay, let alone survive, to pay.	Feb 11, 2011 3:05 AM
1152	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 11, 2011 3:44 AM
1153	Family for consumers living in own home should be trained and should follow behavior plan developed by professional.	Feb 11, 2011 3:59 AM
1154	If parents cannot pay, perhaps some service to Regional Center: clerical, childcare, housekeeping duties when client is otherwise occupied.	Feb 11, 2011 4:05 AM
1155	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California’s pubic schools and the same logic applies here.	Feb 11, 2011 4:34 AM
1156	Each parent should vested in their own child and receive intensive ABA training prior to services.	Feb 11, 2011 4:39 AM
1157	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California’s pubic schools and the same logic applies here.	Feb 11, 2011 5:00 AM
1158	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 11, 2011 5:19 AM
1159	The parent should make a time commitment with the provider to be there for the sake of the costumer.	Feb 11, 2011 5:29 AM
1160	Co-payment paid as agreed within 30 days All payments should be paid as agreed within 30 days!!!	Feb 11, 2011 5:54 AM
1161	Every parent with a child with Special needs that I know personally gives more than 110% of their time and effort to teach, train, learn, etc. all they can to and for their child. They certainly don't need someone "monitoring" their activities. It's an insult. As for co-payment...If the family can afford it, why not? However; I also am aware that most families spend far more than any governmental agency will ever really know on services that they have personally paid for out of pocket to help and/or assist their child in one way or another. This is true of those families receiving assistance and those who are not. The reality of the situation is that a vast majority of families with Special Needs kids spend a lot of out-of-pocket money because of the nature of having a child with Special Needs. For example; I know of a family whose child only eats certain foods that are at certain restaurants...refuses all home cooked food. This child is by no means starving...this family is forced to have at least one family member eat out every day with that individual child. This can get very expensive. There are little nuances like this that most "typical" families/folks just don't ever even have to think about.	Feb 11, 2011 6:03 AM
1162	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge (Lanterman Act Section 4501). The state does not ask parents and student for co-pays in California’s pubic schools and the same logic applies here.	Feb 11, 2011 6:05 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1163	A 10% copay would be reasonable or a fixed monthly rate of copay.	Feb 11, 2011 6:06 AM
1164	a reasonable co-payment should be implemented. there is plenty of research that demonstrates increased "buy-in" when an individual has to make even a modest payment. parents need to be active participants in all services for their children.	Feb 11, 2011 6:17 AM
1165	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 11, 2011 6:32 AM
1166	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 11, 2011 6:41 AM
1167	There should be no co-payment. Families and consumers do not have the ability to pay except for the rare occasion when they live onSocial Security or stay at home to care for a child with a disability or a dependent adult. Time commitment should be based on ISP Team's conclusions, as well as those of doctors, social workers, and therapists involved. Again, services must be provided according to the needs of the individual.	Feb 11, 2011 6:56 AM
1168	I believe it should be mandatory (and covered) for parents to take parent training classes to learn better ways to cope and teach our special needs children on a daily basis. I think classes should be offered through the Regional Center or ABA agency. I also think that insurances companies need to be more flexible in helping costs on diagnosis. I would be willing to do a copayment rather than have the state chop $650 million from our special needs kids and the ones who need the most help!	Feb 11, 2011 12:49 PM
1169	Families of children should contribute on a sliding scale.	Feb 11, 2011 2:17 PM
1170	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 11, 2011 3:12 PM
1171	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 11, 2011 4:09 PM
1172	For families with the means, it is a valid contribution. In my estimation, that represents about 5% of the families served.	Feb 11, 2011 4:29 PM
1173	Parents or other caregivers should participate in ongoing training with the therapist so that they can continue the treatment during nontherapy hours. Seminars and workshops are ineffective because each treatment program is individualized for the consumer. Any training should be offered simultaneously with therapy so as not to delay the onset of therapy. Consumers must participate in the therapy.	Feb 11, 2011 4:37 PM
1174	co paymenet, time commitment, millage, Especial Insurance plan for the rest of family when they are attacked and or injured by the recipient.	Feb 11, 2011 4:48 PM
1175	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's public schools and the same logic applies here.	Feb 11, 2011 4:53 PM
1176	perhaps a co-pay of $5.00 per visit would help the parent feel they are contributing to their childs development?	Feb 11, 2011 5:13 PM
1177	The parent should provide proof of income in order to address payment liability.	Feb 11, 2011 5:27 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1178	Parents must be present at all times. This service should not be provided in the child's day care or preschool (i.e., when the parent is not present).	Feb 11, 2011 5:32 PM
1179	Especially consumers living with family MUST be held responsible to follow the treatment plan. It is family who misuse/abuse the consumers for their SSI benefit, thus over burdening the health care system(unwanted visits to ER). Ombusman MUST be assigned to coordinate with family. For consumers living in group homes, the regional center must be provided with dates of yearly visits to psychiatrist/ psychotherapist.	Feb 11, 2011 5:34 PM
1180	If a family is charged a no-show fee, such as $15.00, I think families would be more responsible about making appointments and being on time.	Feb 11, 2011 5:37 PM
1181	parents should be responsible to assure they are committed to participate and be involve as much as possible to the point of using these services for the benefit and growth of their family member and not as a babysitter agency. In regards to payements, families must be assisted fully as most of them lack the income to cover such cost.	Feb 11, 2011 5:51 PM
1182	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 11, 2011 5:54 PM
1183	Parents who have concerns regarding their child's behavioral challenges and request in-home services should be held accountable to participate and implement strategies to ensure consistency. Many parents, not all, become dependent on the service provider and expect them to "fix" their child instead of owning the responsibility of doing the work themselves to help their child. There should be clear guidelines for service providers and parents so that they understand that behavior services is a "Teach the Teacher Model" and that ultimately the parents need to change and restructure their responses to their child. Parents should have a co-payment on a sliding scale. I believe this will not only alleviate some of the state's funding, but parents will take the service seriously and hopefully they will participate more willingly.	Feb 11, 2011 5:56 PM
1184	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 11, 2011 6:03 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1185	This is one of my BIGGEST issues.... Parents who make over 100,000 a year and are asking for financial assistance from an agency when they can afford it themselves. First... I think that a parent / actual client, needs to provde Regional with a copy of their insurance card to see if some of the services can be paid for thru their own medical insurance. Second, I think that a copy of their last year tax return along with current income verification needs to be provided. I think that people should offset the cost for the Regional Center Services.... for one, it gives the services more "value" becuase they are helping to pay for it and second it allows for more money to be in the system and thus allows for more clients to receive help. I think that an expense and income declaration needs to be investigated and depending upon the ratio expense vs income then a percentage of the services are allocated to be paid by the client or the clients parents. So in other words, if someone makes $5,000.00 a month and between the doctor bills, insurance, house payment, food allowance, car payment, clothing allowance, car insurance etc.... (necessary expenses the things that would be excluded would be credit card debit, automatic savings account payments, incedentials such as entertainment or vacations. The same catagories that Child Support Enforcement Agency allows and considers necessary monthly expenses.) And their monthly expenses comes to $2,800.00 a month then that gives them $2,200.00 per month "extra". They would be responsible to give 25% of that to support their services. 25 percent of your monthly "profit" is not a lot to ask of someone.	Feb 11, 2011 6:08 PM
1186	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 11, 2011 6:18 PM
1187	While most of the clients live in group settings this is a hard question to answer.	Feb 11, 2011 6:30 PM
1188	VENDOR HAVE SPECIAL AND TRAINED STAFF TO HELP DISABLED AND CAN TEACH PARENTS AND CAREGIVERS.	Feb 11, 2011 6:33 PM
1189	If the family has insurance, then their standard co-pay would apply. If the family doesn't have insurance, require the family to pay a co-pay back to the State to help offset the costs to the State.	Feb 11, 2011 6:35 PM
1190	Provide to parents at a no fee cost. Parents desperately need this support and guidance!	Feb 11, 2011 6:51 PM
1191	Parents need show commitment to the services, be on time and not cancel. Termination guidelines should be implemented.	Feb 11, 2011 6:56 PM
1192	Redesigned, means tested co-pays for parents of the disabled	Feb 11, 2011 6:56 PM
1193	parent and caretaker involvment required and a must for all sessions. parents to attend a 2 session orientation in which they are explained their role in services and information on what to expect, what is behavioral therapy.	Feb 11, 2011 7:02 PM
1194	Parent's in the past have not had to be responsible for services provided. For instance, in past years client's receiving in home behavioral sevices(ABA), did not have to have a parent in the home during the time of service. Now the Regional Center encourages parent participation, but many parent's have told me that they dont have the time to follow through with techniques that are taught to their children. In other words they expect the vendor to irradicate the behavior, without their participation. It is a waste of money. Parent's have never had to make a copayment.	Feb 11, 2011 7:05 PM
1195	If start copaying for public education, we can start copaying for special education.	Feb 11, 2011 7:08 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1196	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 11, 2011 7:12 PM
1197	Parents or others involved in caring for the individual should be required to observe or participate in a minimum of 50% of the time he or she is receiving services. Parents or caregivers cannot always participate in services 100% of the time when the child they have requires so much work and time that they are unable to take care of basic chores when they are caring for their child. However, a requirement that they observe 50% of the sessions is reasonable. Parents or caregivers should have weekly or daily assignments that they complete related to teaching or training the individual with the disability. They should complete these 70% of the time for the duration of the services, or the services may be discontinued.	Feb 11, 2011 7:26 PM
1198	IMPLEMENTATION , CONSISTENCY, GENERALIZATION ANS COMMITMENT TO THEIR CHILD. If the parent do not response to the program, they should paid a % to the State. WHEN THINGS ARE FOR FREE, IT IS NOT APPRECIATED	Feb 11, 2011 8:02 PM
1199	Time commitment on the part of the parents should be aimed at 100% participation, and if participation drops below 80% for 2 consecutive months, services should only be provided when the parent(s) are there. All studies show that the children learn faster and generalize skills better when the parents are fully involved in the therapy and are learning how to take over when out of session. There should also be a co-payment of some sort especially for those families who can afford it. There should be a time limit on the duration of services of 2 - 3 years for all children. 2 years is probably more than ample if you have the parents being trained in all but the most extreme situations. The ultimate goal of any program must be that the parents are trained and knowledgable in the required skills. They may still not be willing to implement - but that should not be the basis for continuing a program.	Feb 11, 2011 8:03 PM
1200	Parents and consumers need to demonstrate that these services are vital to them by actively participating during the service time and showing up regularly (90% of the time) for all appointments unless that absence is for medical or emergency reasons.	Feb 11, 2011 8:17 PM
1201	The state of Calif.accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge.(Lanterman Act Section 4501)The state does not ask parents and students for co-pays in Calif.'s public schools. The same logic applies here.	Feb 11, 2011 8:31 PM
1202	The State of California has accepted a responsiblity for persons with developmental disabilities and an obligation to them which it must disccharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's public schools and the same logic applies here.	Feb 11, 2011 8:45 PM
1203	people with the means too support their family should not be receiving state funded services	Feb 11, 2011 8:49 PM
1204	Co-payment and some responsibilities from consumers will help facilitate motivation for the therapy. Parents tends to be more involved when they have to contribute some. However, too much financial responsbilities will take them away from providing help for their kids.	Feb 11, 2011 8:57 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1205	for children, co-pay based on income for adults, time limited based on parameters set in IPP and including consumer's willingness to participate and take personal responsibility	Feb 11, 2011 9:29 PM
1206	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 11, 2011 9:30 PM
1207	Parents come to request assistance because they can't afford it themselves, so implementing a co-payment would create problems for those who can't pay. However, parents should be held accountable for time commitment...meaning: if they don't take it seriously and are constantly late or miss appointments they would loose the services.	Feb 11, 2011 9:35 PM
1208	Time commitment	Feb 11, 2011 9:39 PM
1209	The functional behavior assessment or functional analysis should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. In addition, in order to enhance understanding of basic principles of ABA and increase the likelihood of success, parents and other caregivers should be required to attend behavior management workshops offered by regional center or through community resources. These workshops should focus on proven behavioral methods used to manage a wide range to behaviors.	Feb 11, 2011 9:41 PM
1210	The functional behavior assessment or functional analysis should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. In addition, in order to enhance understanding of basic principles of ABA and increase the likelihood of success, parents and other caregivers should be required to attend behavior management workshops offered by regional center or through community resources. These workshops should focus on proven behavioral methods used to manage a wide range to behaviors.	Feb 11, 2011 9:42 PM
1211	1. Family Cost Participation 2. parent training	Feb 11, 2011 9:43 PM
1212	The functional behavior assessment or functional analysis should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. In addition, in order to enhance understanding of basic principles of ABA and increase the likelihood of success, parents and other caregivers should be required to attend behavior management workshops offered by regional center or through community resources. These workshops should focus on proven behavioral methods used to manage a wide range to behaviors.	Feb 11, 2011 9:43 PM
1213	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge (Lanterman Act Section 4501). The state does not ask parents and student for co-pays in California's pubic schools and the same logic applies here.	Feb 11, 2011 9:44 PM
1214	The functional behavior assessment or functional analysis should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. In addition, in order to enhance understanding of basic principles of ABA and increase the likelihood of success, parents and other caregivers should be required to attend behavior management workshops offered by regional center or through community resources. These workshops should focus on proven behavioral methods used to manage a wide range to behaviors.	Feb 11, 2011 9:44 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1215	The functional behavior assessment or functional analysis should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. In addition, in order to enhance understanding of basic principles of ABA and increase the likelihood of success, parents and other caregivers should be required to attend behavior management workshops offered by regional center or through community resources. These workshops should focus on proven behavioral methods used to manage a wide range to behaviors.	Feb 11, 2011 9:45 PM
1216	The functional behavior assessment or functional analysis should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. In addition, in order to enhance understanding of basic principles of ABA and increase the likelihood of success, parents and other caregivers should be required to attend behavior management workshops offered by regional center or through community resources. These workshops should focus on proven behavioral methods used to manage a wide range to behaviors.	Feb 11, 2011 9:46 PM
1217	The functional behavior assessment or functional analysis should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. In addition, in order to enhance understanding of basic principles of ABA and increase the likelihood of success, parents and other caregivers should be required to attend behavior management workshops offered by regional center or through community resources. These workshops should focus on proven behavioral methods used to manage a wide range to behaviors.	Feb 11, 2011 9:47 PM
1218	If the Regional Centers cannot pay in total, based on family income, the services should be made available in the home or community at a minimal co-pay - $10 per hour.	Feb 11, 2011 9:48 PM
1219	None	Feb 11, 2011 9:49 PM
1220	The functional behavior assessment or functional analysis should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. In addition, in order to enhance understanding of basic principles of ABA and increase the likelihood of success, parents and other caregivers should be required to attend behavior management workshops offered by regional center or through community resources. These workshops should focus on proven behavioral methods used to manage a wide range to behaviors.	Feb 11, 2011 9:50 PM
1221	The functional behavior assessment or functional analysis should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. In addition, in order to enhance understanding of basic principles of ABA and increase the likelihood of success, parents and other caregivers should be required to attend behavior management workshops offered by regional center or through community resources. These workshops should focus on proven behavioral methods used to manage a wide range to behaviors.	Feb 11, 2011 9:52 PM
1222	The functional behavior assessment or functional analysis should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. In addition, in order to enhance understanding of basic principles of ABA and increase the likelihood of success, parents and other caregivers should be required to attend behavior management workshops offered by regional center or through community resources. These workshops should focus on proven behavioral methods used to manage a wide range to behaviors.	Feb 11, 2011 9:55 PM
1223	The functional behavior assessment or functional analysis should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. In addition, in order to enhance understanding of basic principles of ABA and increase the likelihood of success, parents and other caregivers should be required to attend behavior management workshops offered by regional center or through community resources. These workshops should focus on proven behavioral methods used to manage a wide range to behaviors.	Feb 11, 2011 10:08 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1224	1.Parents must be present at all times and hours should be consultative in nature to ensure follow through. 2. Parents should have a share of cost 3. Parents should be required to complete some type of behavior management workshop prior to receiving direct services funded by the Regional Center	Feb 11, 2011 10:14 PM
1225	The functional behavior assessment or functional analysis should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. In addition, in order to enhance understanding of basic principles of ABA and increase the likelihood of success, parents and other caregivers should be required to attend behavior management workshops offered by regional center or through community resources. These workshops should focus on proven behavioral methods used to manage a wide range to behaviors.	Feb 11, 2011 10:17 PM
1226	Parents should be responsible to attend each of the classes, then use the skills learned at home prior to in home services being considered.	Feb 11, 2011 10:19 PM
1227	The functional behavior assessment or functional analysis should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. In addition, in order to enhance understanding of basic principles of ABA and increase the likelihood of success, parents and other caregivers should be required to attend behavior management workshops offered by regional center or through community resources. These workshops should focus on proven behavioral methods used to manage a wide range to behaviors.	Feb 11, 2011 10:20 PM
1228	The functional behavior assessment or functional analysis should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. In addition, in order to enhance understanding of basic principles of ABA and increase the likelihood of success, parents and other caregivers should be required to attend behavior management workshops offered by regional center or through community resources. These workshops should focus on proven behavioral methods used to manage a wide range to behaviors.	Feb 11, 2011 10:29 PM
1229	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them, which it must discharge. The state does not ask parents and students for co-pays in California’s pubic schools and the same logic applies here.	Feb 11, 2011 10:37 PM
1230	The functional behavior assessment or functional analysis should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. In addition, in order to enhance understanding of basic principles of ABA and increase the likelihood of success, parents and other caregivers should be required to attend behavior management workshops offered by regional center or through community resources. These workshops should focus on proven behavioral methods used to manage a wide range to behaviors.	Feb 11, 2011 10:50 PM
1231	Any type of parental training should have a sliding scale co-pay. For servcies needed above the yearly limit, have another sliding fee. We can not longer afford to give everyone everything.	Feb 11, 2011 10:51 PM
1232	everyone that needs it between the ages of 0-3 years, early intervention is the key!!!!	Feb 11, 2011 10:58 PM
1233	I believe in getting these services for free because I am a good citizen paying my taxes. I expect my government to help me financially with these. Parents/care giver should be required to participate in the sessions.make sure they are following through with what was being taught or implemented in the program.These will ensure success overtime.	Feb 11, 2011 11:04 PM
1234	Time commitment.	Feb 11, 2011 11:07 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1235	There should be no Co payment. Time commitment of parents is a must and should support the hours when services are given. Parents and consumer shall provide at home the space, time and ease of use of the place when the services are given.	Feb 11, 2011 11:13 PM
1236	The functional behavior assessment or functional analysis should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. In addition, in order to enhance understanding of basic principles of ABA and increase the likelihood of success, parents and other caregivers should be required to attend behavior management workshops offered by regional center or through community resources. These workshops should focus on proven behavioral methods used to manage a wide range to behaviors.	Feb 11, 2011 11:19 PM
1237	The mechanics of behavioral services are intended to be taught to the parents and consumers, then faded out as the parent/consumer becomes proficient at applying the mechanics. In reality, parents and consumers become dependent on the behaviorists to design, perform, and monitor the services with the minimal amount of involvement by the parent or consumer, creating a countertherapeutic dependency on the behaviorist, which the behaviorist is quick to embrace since it provides some degree of job security and ego enhancement. Behavioral principles are quite straighforward, and if substantial progress is not being made within two months or so, it is not likely to be made with further service provision under the current model.	Feb 11, 2011 11:25 PM
1238	Parents should be required to complete a training program and participate in a Functional Behavior Assessment prior to behavioral services being implemented. Once behavioral services are implemented then parents should be required to participate during structured sessions and by making themselves available outside of structured sessions for parent training/consultation. North LA Regional Center has a good model for the parent training component prior to the start of services. Requiring 100% participation is not realistic and there is no evidence to support this amount once services have begun.	Feb 11, 2011 11:39 PM
1239	I believe that if the family can afford it, they should have a share of cost. The Regional Center can require that the families give them an annual earnings statement or something that would prove they need assistance.	Feb 11, 2011 11:50 PM
1240	The functional behavior assessment or functional analysis should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. In addition, in order to enhance understanding of basic principles of ABA and increase the likelihood of success, parents and other caregivers should be required to attend behavior management workshops offered by regional center or through community resources. These workshops should focus on proven behavioral methods used to manage a wide range to behaviors.	Feb 11, 2011 11:51 PM
1241	Parents should have objectives written for them as well relative to: 1.) ABA concepts and principles they are learning 2.) Aspects of program they are participating in-time commitment/requirement does NOT work because the skills some teenage individuals are working will not be appropriate to have parents present. Participation in at least 1 environment that is difficult for them with their child, participation in the reward system and in data collection are reasonable criteria.	Feb 12, 2011 12:22 AM
1242	The state of califoria has accepted a respioncibilty for perons with developmental diabilities and an obligation to them which it must discharge .(Lanterman Act section 4501 . The state does not ask parants and student for co-pays in california,s public schools and the same lodgic applies here.	Feb 12, 2011 1:00 AM
1243	Parents should be involved/trained in the program so they can continue to support the Customer. As for co-pay, I think Medical Insurance should pickup the cost.	Feb 12, 2011 1:23 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1244	There should be no co-payment from parents for the services. There should be a time commitment from the services given from sessions to the time that is spent when the behavioral therapist is not present in order to further increase the consumer's progress.	Feb 12, 2011 1:27 AM
1245	THE STATE OF CALIFORNIA HAS ACCEPTED A RESPONSIBILITY FOR PERSONS WITH DEVELOPMENTAL DISABILITIES AND AN OBLIGATION TO THEM WHICH IT MUST DISCHARGE. (THE LANTERMAN ACT SECTION 4501). tHE STATE DOES NOT ASK PARENTS AND STUDENTS FOR CO-PAYS CALIFORNIA'S PUBLIC SCHOOLS AND THE SAME LOGIC APPLIES HERE	Feb 12, 2011 2:03 AM
1246	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which is must discharge (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California public schools and the same logicv applies here.	Feb 12, 2011 2:09 AM
1247	Reports are submitted quarterly by consumers and should show progress. Parents should be required to take data of challenging behaviors that they are reporting.	Feb 12, 2011 2:38 AM
1248	Parents need to be provided with the oportunity to give feedback on services. The fees for therapy may be dependent on financial need.	Feb 12, 2011 3:08 AM
1249	Many programs aren't available unless vendered by a regional center. Inland Regional Center doesn't cover Asperger's/higher-functioning autistic & autism spectrum kids. Therefore, these programs aren't available to our kids -- even if parents are able to private pay. Please include parents in training so parents can learn how to help their children more effectively.	Feb 12, 2011 3:09 AM
1250	Before services are discontinued, parents should be given options to keep services, e.g. co-payment and or participation.	Feb 12, 2011 3:31 AM
1251	Co - payment could be on a sliding scale similar to Family Cost Participation schedule.	Feb 12, 2011 3:36 AM
1252	Should be held responsible to a committment. Services may be removed if not utilized consistently.	Feb 12, 2011 3:38 AM
1253	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 12, 2011 3:38 AM
1254	It is always good to pay it forward with a little time commitment. Also for those unable to commit time the their should be another option available.	Feb 12, 2011 3:45 AM
1255	The most important thing is that the child get these services regardless of the ability of the parent to pay or the time commitment available from the family. I don't think it is bad to ask for a co-pay from parents that have been means tested and can afford it.	Feb 12, 2011 4:08 AM
1256	The parents could also attend the class if they wished. They could help with transportation by bringing their child to program.	Feb 12, 2011 4:28 AM
1257	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 12, 2011 4:43 AM
1258	There shoould be no co pay by parents	Feb 12, 2011 4:47 AM
1259	Parents should participate in one to three hours per week. If parents have financial ability, they should pay for a portion of the service.	Feb 12, 2011 4:48 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1260	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (Lanterman Act Section 4501). The state does not ask parents and student for co-pays in California's public schools and same logic applies here.	Feb 12, 2011 4:50 AM
1261	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 12, 2011 5:10 AM
1262	I think time commintment is something parents must do as part of their commintment.	Feb 12, 2011 5:36 AM
1263	The State of California had accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's public schools and the same logic applies here.	Feb 12, 2011 6:22 AM
1264	Make parents more accountable for hours billed by making sure they receive a copy monthly or bimonthly of the billable hours for their child to ensure companies are not over billing and the consumers have received the services billed for.	Feb 12, 2011 6:23 AM
1265	Parents should have a co-payment so that they are more invested in the behavioral therapy. The co-payment can be on a sliding scale, depending on the family's finances. Often times, parents who receive "free" services tend to cancel their appointments/session more than parents who have to pay for services out of their own pockets.	Feb 12, 2011 6:24 AM
1266	If they can be supportive then they should be, bit not all people can so they need to have allowances for that and for emergencies that invariably happen.	Feb 12, 2011 6:44 AM
1267	parents are recommended to be highly involved so that the child can learn from them as well as service provider. it would depend on the service provider's direction as to how much the parents are involved but a recommended time of at least 5 hrs of week to be devoted to parent training.	Feb 12, 2011 6:59 AM
1268	Parents with higher incomes should pay a share of cost. Consumers are impaired and therefore, dependent adults. They can't be held responsible.	Feb 12, 2011 7:25 AM
1269	poor people who need a parent at home should not have to pay for a fair amount of respite time just for a break for the constant demands of caring for an autistic person.	Feb 12, 2011 7:33 AM
1270	As I stated previously, Regional Center should only be financially responsible for patients who have no other source of payment. We see far too many patients who have private insurance, Medi-Cal and/or Medicare, and Regional Center is paying for services that could have been paid for by alternate sources but the patient wanted to be seen by a specific provider and their insurance was not accepted so Regional Center paid for the services instead of making the patient utilize the provider panel of the insurance the parents have for the patient. Regional Center should utilize the provider panels of the patient's insurance when seeking services.	Feb 12, 2011 7:35 AM
1271	Parents should make some time and commitment, however, I believe that most of you have no idea what physical and emotional demands on put on our families. The added stress of keeping copious notes and adding more time to our ridiculous schedules is so burdensome.	Feb 12, 2011 8:36 AM
1272	The amount of funds it cost the parents to raise disabled children with the little support provide is more than efficient, what is the point of keeping the children within the home where they are with their family or into an institution-rcf that costs more than 6 times the amount.	Feb 12, 2011 1:32 PM
1273	Cosumers who have family support or means of their own should pay what is reasonable for their services,	Feb 12, 2011 1:53 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1274	none	Feb 12, 2011 1:53 PM
1275	For intensive ABA services to be effective beyond the professionals providing such services, parents need to be an integral part of the clinical team. Parents must become as competent in applying ABA methods as the tutors providing these services as parents are the life-long teachers for their children. Parents need to be able to identify antecedents for inappropriate behvaiors and be able to identify the maintaining factors (the consequences) of such behaviors. They need to be taught how to analyze such information so as to be able to apply effective ABA methods to reduce such behaviors and teach their child important replacement behvaiors. Without this trainig and knowledge, parents then become dependent on ABA servicve providers each time their children display behavior problems as they get older. Parents should co-pay for ABA services if their income permits it. levels of income and family size and other factors should be taken into consideration when designing a co-pay system.	Feb 12, 2011 2:08 PM
1276	Most can't afford help it is a disability and should be cover by regional center like school covers the specific needs of kids	Feb 12, 2011 3:24 PM
1277	Need to attend	Feb 12, 2011 4:09 PM
1278	See above--time or a $$ comittment of parents a must!	Feb 12, 2011 4:12 PM
1279	I think that it should not be paid for by regional center if the parents make $200,000 or more a year. If this is the case the parents should be paying for half of the services. Time commitment, by the family should be a part of the training and requirements in receiving the services.	Feb 12, 2011 4:14 PM
1280	Some if not all of the consumers recieve SSI money and would be using some of those funds to help pay for the program if a co-payment was required. As it is already any funding for food or other entertainment activties done during the day is provided by the consumer/and or their families. This added cost of a co-pay could cause a hardship, it could become too expensive in some cases for consumers to attend these programs.	Feb 12, 2011 4:22 PM
1281	Parents cpould help in the first transition by their insurance and then if te adult get Medicare or Medical then they can help in cost but set a number of visit and review follow up so one doesn't get depressed	Feb 12, 2011 4:51 PM
1282	Parents/significant family & friends have to be involved in the process or it will be ineffective. The involvement and coordination from schools is likewase necessary and cannot be ignored.	Feb 12, 2011 5:10 PM
1283	Most parents are responsible and know their kids best. They know how much help they need. Parents should not have to deal with co-payments but should be listened to in terms of what things their child needs and to what extent.	Feb 12, 2011 5:13 PM
1284	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in Californias pubic schools and the same logic applies here.	Feb 12, 2011 5:13 PM
1285	Copayment? Time commitment? Really? I commit every waking hour to my child. I take care of him day in and day out. I have to hand over hand everything with him. I have two jobs - one that helps pay the bills and one taking care of my child. Again at the end of the day we live upside down. Copayment is not an option in my life. What more do you want for time committment? I work with the therapists when they are here and continue their work when they are not. Remember I only get 4 hours per week of services. That is nominal when you take into consideration where my child is at! Tell me, who will take care of my child when he is an adult and cannot function in society independently?	Feb 12, 2011 5:25 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1286	Parent participation in absolutely necessary. However, this participation should be individually determined based upon what can realistically be completed. If parents cannot complete what is individually determined to be a fair amount of commitment, services should be reduced or taken away. Realistically, state funded services for everyone is not possible. A more fair way around this is to use a sliding scale for all families. Families below the poverty line and with significant economic stress, should receive services for free, while other families are charged a co-payment based on their income.	Feb 12, 2011 5:35 PM
1287	Parents/consumers have to commit to the time involved. However, the goals and methods have to be a joint effort with the service providers. Everyone must buy into the same goals. Many of us do not have the financial resources to pay for these services, but they are desperately needed for our families to function.	Feb 12, 2011 5:44 PM
1288	Parents and consumers of these services should follow the recommendations provided by a behavioral services professional, such as a Psychologist, BCBA, Psychiatrist, Developmental Pediatrician.	Feb 12, 2011 5:44 PM
1289	See above. Parents and consumers should also have a responsibility to follow through with the behavioral techniques taught to them.	Feb 12, 2011 5:46 PM
1290	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 12, 2011 6:06 PM
1291	Parents should participate in a behavioral training program and participate in the development of a Functional Behavioral Assessment. They should participate in the development of goals and objectives. Parents should also actively participate during sessions and meetings when behavioral staff are present. Parents need to learn the skills and techniques necessary in order to maintain consistency and generalize the skills when behavioral staff are not present across environments. Parents should also collect data. Co-payment: yes, on a sliding scale.	Feb 12, 2011 6:11 PM
1292	Parents should be involved in the therapy. I believe that as a parent you need to be present to learn the tools that are being used to help your child. This should be considered "Training" time for the parents so that when services are ended the parents can continue this therapuetic intervention.	Feb 12, 2011 6:11 PM
1293	If low income, and cannot contribute financially, they should contribute to help doing work for city or county to compensate for the costs.	Feb 12, 2011 6:15 PM
1294	Parent commitment should be time. I don't agree with co-payment because so much many we spent with our son from other therapies, supplement, tools to make his life easy such as books, application for computer. But parent should involve with therapy from the beginning with 25-75 (parent-therapist) and gradually moving up. The child should compliance with the parent not with the therapist. If the parent thinks that ABA is the time for parent to get a break, wrong, there is no break for parent who has child/children in the spectrum. With the parent involvement, you can eliminate the case of family who has been receiving ABA for more than 4 years. Perhaps, if the parents want to continue the service after 4 years, they should pay.	Feb 12, 2011 6:21 PM
1295	Parents should commit time to parent training and observations of the behaviorist to ensure that they are implementing the interventions correctly.	Feb 12, 2011 6:22 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1296	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 12, 2011 6:23 PM
1297	As insurance companies move to reimburse behavior analytic services, parents should be required to submit requests for payment through this system. It is likely that this requirement for insurance companies remains at least 2 years away. Until this occurs, it would be unprecedented to charge a family a co-payment for services. Parents/clients should be required to sign a understanding of services PRIOR to starting services. This understanding of services should clearly outline the time commitment and openness to changing the environment. If a parent/client does not accept these terms, BIS should not be provided. An exception to this could occur when an adult client is in jeopardy of loosing a least restrictive living arrangement (independent or semi-independent living arrangement). BIS can be effective even when a client shows initial resistance.	Feb 12, 2011 6:35 PM
1298	Insurance as first payor, then co-pay based on sliding fee, then as long as there is improvement. Then maintenance for those not showing standardized improvement.	Feb 12, 2011 7:03 PM
1299	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 12, 2011 7:11 PM
1300	There should be time that the parents should be required to commit to the application of services. For the majority of consumers, education of the parents & their participation in the process is critical.	Feb 12, 2011 7:15 PM
1301	If the consumer has money he or she shoudl pay, but most have no money. However, even if Regaional Center had to pay, it woudl save money in the long run because the consumer may then be able eto move to a home with less supervision which would cost less.	Feb 12, 2011 7:17 PM
1302	Parents are committed to the well being of their kids. Care providers are to be forced to commit to the well being of their clients.	Feb 12, 2011 7:18 PM
1303	Co-payments would encourage caregiver investment.	Feb 12, 2011 7:48 PM
1304	I do believe that parents should take an active role in attempting to improve their childs life through following through on the methods and tips given to them by tutors. However, most families are unable to fiancially pay for the services that are in need for their child. From personal experience, my husband was unemployed, and the level of services my children were getting was something we would have never been able to pay for, whether through our insurance, co pay, or on our own. I had everyday service minus holidays and weekends, and this type of cost would have been out of the question for us. My children would have suffered because of our financial situation. I do however believe in possible volunteer work. I would have been happy to volunteer to help out where I could.	Feb 12, 2011 7:50 PM
1305	Parents actively participate in training at the beginning and intervals during the program demostrate certain skills that demonstrate carrying out aspects of the behavioral program Co payment after a certain amount of time or Co payment when shift to maitenance model	Feb 12, 2011 7:55 PM
1306	C0- payment should be based on ability to pay. Time commitment would depend on behavior being worked on but parent must commit to some time.	Feb 12, 2011 8:10 PM
1307	Parents or responsible individual should provide a co-payment for these services.	Feb 12, 2011 8:11 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1308	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 12, 2011 8:14 PM
1309	This will need to be determined based on the individual receiving services.	Feb 12, 2011 8:16 PM
1310	I feel strongly that our tax dollars should be reserved for training parents rather than consumers directly, unless the family situation is such that the parents cannot benefit from training or carry out a beneficial program for their child. It is important for the child to maintain a primary remedial relationship with the parent rather than an outsider whenever possible, and I know too many families who despite the rules, use the time provided by an in-home ABA person to go shopping or do their personal things. I know firsthand that life with a DD kid is rough, but this is not right. I do think co-payment is an interesting idea, as it may help parents be more committed to following through. It would have to be affordable, though, and that is a costly determination....	Feb 12, 2011 8:22 PM
1311	20% co-pay by family, specified number of sessions	Feb 12, 2011 8:32 PM
1312	Co-payment based on a sliding scale and ability to pay. My goodness, my orthopedically handicapped son (Cerebral Palsy Spastic Triplegia) has OASDI and MED CARE deducted from his bi-weekly check his Work Activity Program (Sheltered Workshop). Then of course a portion of the gross is deducted from his SSI. He is a contributing member of the society, why not those who can afford to pay, pay there fair share.	Feb 12, 2011 8:52 PM
1313	Parents utilize insurance to pay for evaluations, offer personal aide with other parents. Regional Centers and Dept of Rehab be involved as support from Kindergarten on. Schools need expanded teacher training & college coursework in behaviorism including internships for teachers to work effectively with parents and avoid wasting valuable resources--both the parents and the school budget.	Feb 12, 2011 9:08 PM
1314	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them, which it must discharge. The state does not ask parents and students for co-pays in California’s pubic schools and the same logic applies here.	Feb 12, 2011 9:12 PM
1315	the more time the better- extended time commitment	Feb 12, 2011 9:18 PM
1316	Direct observations by professionals to determine whether parents of consumers or staff at group homes are implementing the plan. Consistency across all settings. Check lists pursuant to goals. Co payment - yes - could be set up similar to a co payment when anyone sees a doctor or pays a co pay for medications.	Feb 12, 2011 9:34 PM
1317	I don't think co-payment will be a good solution, taking care about disable person is a full time job for his parent, in this situation family of disable people are usually not rich and not able make a lot of money	Feb 12, 2011 9:36 PM
1318	I believe the parents should have a time commitment so they can also learn ways to support their children.	Feb 12, 2011 9:50 PM
1319	Training for parents so they can continue intervention outsode of therapy	Feb 12, 2011 10:04 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1320	Parents should participate in a percentage of the childs direct services to be trained. However, I do not think that Parent Training as a sole basis for manageing a childs behavior is effective. If the Regional Center would consider vendoring parents a possible scenario would be that the Regional Center provide a vendor for supervision and the parents hire the individuals providing direct service. Private hires are typically much less expensive. I pay $16 per hour for individuals who work directly for me and not the vendor.	Feb 12, 2011 10:09 PM
1321	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 12, 2011 10:25 PM
1322	Parents certainly need to continue the education they were taught by the teacher with their children. The co-pay should be guided by the parents income. Time commitment depends on each child. There can not be a limit without a re-evaluation. That would be like saying the child gets only "X" amount of treatments for cancer whether the child is better or not.	Feb 12, 2011 10:28 PM
1323	Parent is responsible for submitting time sheets and information about provider to GGRC. Assistance with collecting coverage by insurance companies and making recommendations would be helpful and could cut costs for the state.	Feb 12, 2011 10:31 PM
1324	Co-payments	Feb 12, 2011 10:35 PM
1325	All historical info, forms, services rendered, payments, etc. can be standized on a secure website...with account numbers and personal passwords. All secured info should be "encypted coded" so that only the consumer or parents have access.	Feb 12, 2011 10:36 PM
1326	explained in number 2	Feb 12, 2011 10:44 PM
1327	Sliding scale, token co-pay. Should not be totally free.	Feb 12, 2011 10:51 PM
1328	Parents who are dealing with children with behavioral, cognitive, and developmental deficits are already paying out of pocket to provide the necessary to fill in the holes that the regional center and the school district do not fund. In addition, parents do not have much choice or control over the quality of services the school district provides. One hour of bad therapy will require three or more of adequate therapy to fix. Many parents are paying out of pocket to try to fix or improve upon inadequate therapy delivered to their child.	Feb 12, 2011 11:12 PM
1329	The issue here is not insufficient funds, it is insufficient service.	Feb 12, 2011 11:31 PM
1330	Time commitment	Feb 12, 2011 11:56 PM
1331	If the consumer's parents have identified a problem, they should commit to an amount of time. The amount of time should be related to the individual plan that would be constructed for the consumer. If the difficulties have been identified by caregivers other than the consumer's parents, they should commit to time with the individual and the behaviorists.	Feb 13, 2011 12:12 AM
1332	follow through with modification/ therapy. Co payment if financial need is not great	Feb 13, 2011 12:20 AM
1333	Co-payment at time of service.Time committment would need to be flexible due to the family's circumstances.	Feb 13, 2011 12:29 AM
1334	Parents must be part of the program. They must be available for behavioral therapy session with and without their child. Copayments could be considered for families with significant assets and/or salaries. Ex: in excess of $250.000 annually.	Feb 13, 2011 12:42 AM
1335	co- pay	Feb 13, 2011 12:48 AM
1336	time committment	Feb 13, 2011 1:13 AM
1337	parents should not be held responsible if unable to pay	Feb 13, 2011 1:28 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1338	Commitment of parent participation.	Feb 13, 2011 1:40 AM
1339	Parents and/or caregivers should commit time to their childs needs through consultation with service providers and participation in implementation of childs services.	Feb 13, 2011 2:03 AM
1340	Time commitment once per week for two hour meeting Time commitment for reading material and implementing services as discussed during meetings.	Feb 13, 2011 2:20 AM
1341	parents already do their job, & the GOVERNMENT is making it harder for our kids needs to be met by stripping funds	Feb 13, 2011 2:33 AM
1342	I think the companies proviing the behavior services are doing a great jove of providing good parent training and staying with a client when needed. Sometimes the parents need more help and support than previously anticipated, not always the child that needs the extra support. I do not believe a co-payment should be considered, hard enough to get the underprivileged to reach out for services as it is.	Feb 13, 2011 2:35 AM
1343	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: The assessment should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. There is a need for ongoing training in the application and maintenance of programs that will ensure significant behavior change.	Feb 13, 2011 2:36 AM
1344	Caregivers of Regional Center consumers should make co-payments for services at a rate of 5% of actual costs of services. This should be waived in cases of extreme hardship. Failure of caregivers to make 'good use' of the services provided (e.g. repeated failure to implement a treatment plan, excessive missed appointments, or other 'cause') should have services terminated on the recommendation of the service provider.	Feb 13, 2011 2:43 AM
1345	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: The assessment should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. There is a need for ongoing training in the application and maintenance of programs that will ensure significant behavior change.	Feb 13, 2011 2:55 AM
1346	Parents need a full time commitment.	Feb 13, 2011 3:06 AM
1347	There definitely should be means testing and co-payment. Services tend to flow to those who have the most expensive advocates and can most afford to pay.	Feb 13, 2011 3:07 AM
1348	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California’s pubic schools and the same logic applies here.	Feb 13, 2011 3:08 AM
1349	Co payment up front or payment for program up front. Too many parents want to just 'hand off' their children to others who will do 'their' work. Too many parents not committed for the level of work that is needed. They are looking for an easy fix or to 'retrieve' their children out of a horrible diagnosis. They all are horrible diagnoses actually. Again, where do you start? Who gets what? Why should one child be passed over., ie, Down's syndrome for a child with Autism?	Feb 13, 2011 3:25 AM
1350	with respect to time commitment every consumer or parent has the responsibility to fully understand the obligation they incur. By accepting services they become equal partner in providing continuity of care.	Feb 13, 2011 3:30 AM
1351	Parents need to participate fully in all behavior change programs.	Feb 13, 2011 3:33 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1352	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 13, 2011 3:34 AM
1353	If there is a contract between the parent and the provider the provider will not be paid by regional unless they are doing their job - well the parents should PAY regional if they are not doing their part in this.	Feb 13, 2011 3:36 AM
1354	# Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: * The assessment should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. There is a need for ongoing training in the application and maintenance of programs that will ensure significant behavior change.	Feb 13, 2011 3:37 AM
1355	Parents must be present at the time of sevices	Feb 13, 2011 3:58 AM
1356	I believe income should be considered when providing services for a child. The families in our area who are making over six figures and could clearly pay for their childs therapy and maybe not drive an expensive car or live in a million dollar house should at the very least be paying a co-pay.There are many parents like myself who is the sole parent for their child and have chosen to put their childs needs first and cant provide therapy for their child.	Feb 13, 2011 4:01 AM
1357	Families need to sign a contract for committment to be able to obtain behavioral services. Strict guidelines should be put into place in which if a family breaks one of the contract terms, services are automatically discontinued.	Feb 13, 2011 4:08 AM
1358	A co-payment would be reasonable.	Feb 13, 2011 4:10 AM
1359	If absolutely necessary, a sliding scale of co-payment could help ensure children get the needed services.	Feb 13, 2011 4:12 AM
1360	Time commitment is a great idea to make sure that we are providing services to families that will use them to the fullest. I don't believe parents should have to have a co-pay for services because their child has a disability.	Feb 13, 2011 4:24 AM
1361	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501) The state does not as parents and students for copays in California's public schools and the same logic applies here.	Feb 13, 2011 4:24 AM
1362	parents should be committed to the time commitment required	Feb 13, 2011 4:28 AM
1363	We are open to having a co payment but like many other families we are forced into a single income situation since the child cannot be left supervised by an unqualified person. This puts a deep financial strain on the families which will lead to the inevitable decision to forgo the therapy all together which will be detrimental to the family and to society as a whole	Feb 13, 2011 4:37 AM
1364	Parents and consumers should be active participants in treatment. However funding agencies should not hold parents to unrealistic or unethical standards of unreasonably high percentage of participation when this would be detrimental to these families income and overall wellbeing.	Feb 13, 2011 4:41 AM
1365	Family training is an integral part of early start applied behavior analytic (ABA) treatment for young children at risk of or with autism. Training is provided at least once monthly. Additional training is included for parents who are able to observe sessions and for skills that are rapidly changing and need to be carried over outside of the sessions.	Feb 13, 2011 4:48 AM
1366	Co payments are hard ones, some families can pay but raise these kids are expensive, time commitment that such be a no brainer but people will be people	Feb 13, 2011 4:53 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1367	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: The assessment should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. There is a need for ongoing training in the application and maintenance of programs that will ensure significant behavior change.	Feb 13, 2011 4:53 AM
1368	No commentno	Feb 13, 2011 4:56 AM
1369	The methodology of PBS expands so that once DDS establishes qualified RC staff and a foundation for PBS in each RC, the RC flotilla then expedentially expand out to all families, careproviders, and homes. There is a deadline set for RC's and there will be a deadline for anyone or group that is receiving a payment from a DDS Vendoring RC; whether that is a family, home or trainer, etc: that each must qualify as "Qualifed PBS"(QPBS) to continue receiving payments and services. This does not eliminate anyone that is not able to learn the methodology but it eliminates them from continuing to infect those that can truly be helped - meaning that QIRs will receive services only from QPBS providers.	Feb 13, 2011 4:59 AM
1370	Should be funded by state	Feb 13, 2011 5:00 AM
1371	Parents should observed their teens and be active in the realization of their childs dream	Feb 13, 2011 5:01 AM
1372	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: The assessment should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. There is a need for ongoing training in the application and maintenance of programs that will ensure significant behavior change.	Feb 13, 2011 5:04 AM
1373	if the parent has a child any child of that matter who LOVES will not complain in helping with these service.	Feb 13, 2011 5:27 AM
1374	See above for co-payment issue. Parent should be required to sit in the whole session with the child no matter how boring, or distracting they are. ABA service providers are there to teach the parent how to interact, teach, and support their child. The therapists are not babysitters, or time for a break. Parents need to be involved. Maybe after the first three months of the therapist working alone, the parents need to start to sit in all the time, for the whole session, because there is a time period where the therapist needs to gain instructional control and the parents can be a distractor. If parents are not willing to sit and watch, cut reduces services, then cut services. They need to be there.	Feb 13, 2011 5:29 AM
1375	They need a yearly meeting on how the consumer is doing.	Feb 13, 2011 5:33 AM
1376	Parents should be committed up to the excepted ethical standard. For example, if parent involvement or copay effects income then the service should be 100% free as to not take away from family resources.	Feb 13, 2011 5:40 AM
1377	It is not recommended that caregivers or consumers be required to pay for services, as this likely will lead to a return to the abuses of the past, in which caregivers, both family members and residential staff, made up their own interventions, leading to abuse and violation of rights of consumers.	Feb 13, 2011 6:08 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1378	Each parent or guardian must have a part in implementing the behavioral program set up for the individual. Many parents can not work due to the difficulty of raising a special needs child. Also, the majority of parents of an Autistic child are divorced. Medical Insurance would be one. If a co payment is needed then based on the families earned income.	Feb 13, 2011 6:22 AM
1379	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 13, 2011 6:23 AM
1380	Recipients of services need to demonstrate an ability and willingness to participate in the development of a behavior plan and program as well as a commitment to supporting its' implementation.	Feb 13, 2011 6:36 AM
1381	This concept is based upon "you do the job - you get paid" "you do not do the job - you pay money or you do not get paid"	Feb 13, 2011 6:55 AM
1382	Time and commitment	Feb 13, 2011 6:57 AM
1383	The state of California has accepted responsibility for persons with developmental disabilities and an obligation to them, which it must discharge. The state does not ask parents and students for co-pays in californias public schools and the same logic applies here.	Feb 13, 2011 7:19 AM
1384	Perhaps, an additional parental share of cost should be based on parental participation.	Feb 13, 2011 7:39 AM
1385	Consumers/parents would be responsible for certain amount of co-payment of the services, and be able to commit at least 75% of the suggested service hours to the services.	Feb 13, 2011 9:35 AM
1386	Families should sign a contract and agree to implement, to the best of their ability the components of the plan, and attend followup sessions. Copays may be appropriate depending on the families means, however the client who generally has no resources should be the first priority	Feb 13, 2011 1:31 PM
1387	time comittment--- yes --100% people that make more than 200, 000,... they should not get free serevices	Feb 13, 2011 3:38 PM
1388	Parents would be required to attend a 10 week parenting course with statistics taken on attendance and some type of summative evaluation of skills learned. All of the services in the world will not help if parents are not invested. Co-payment encourages investment and should be on a sliding scale. If parents cannot pay in cash they can pay in volunteer time.	Feb 13, 2011 4:09 PM
1389	Do not waste money trying to regulate what parents do. Just monitor if the consumer is making progress. Do not require co-pays. These parents are already providing plenty of sweat equity.	Feb 13, 2011 4:24 PM
1390	Parents should take an active role in therapy for their kids.	Feb 13, 2011 4:36 PM
1391	There should be at least a time commitment based on how successful my child's goals are.	Feb 13, 2011 5:09 PM
1392	Parents are (usually) NOT therapists. They have enough on their plates to pay their bills and parent their special needs child and any other children. Requiring parents to be therapists on top of the other responsibilities that go along with a special needs child is asking a lot.	Feb 13, 2011 5:12 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1393	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: The assessment should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. There is a need for ongoing training in the application and maintenance of programs that will ensure significant behavior change.	Feb 13, 2011 5:21 PM
1394	See above. A co-pay is a great idea.	Feb 13, 2011 5:25 PM
1395	It is important for parents to cooperate in being responsible and having availability when these services are being given to their child. Toys and certain therapy materials can be something that parents can definitely assist with, regarding therapy.	Feb 13, 2011 5:34 PM
1396	Small co-pay on a sliding scale.none	Feb 13, 2011 6:24 PM
1397	Sliding scale, 10% of service cost to be paid by parents or consumers.	Feb 13, 2011 6:35 PM
1398	yes, co-payment , the presence of parents have to be madatory,	Feb 13, 2011 7:07 PM
1399	parent/caregiver training should be an integral part and the ultimate goal of providing services.	Feb 13, 2011 7:26 PM
1400	All parties involved in the client's life should be active recipients of behavioral services.	Feb 13, 2011 7:37 PM
1401	I have tricare (military insurance) and it has pretty good benefits but we cannot use it because no one accept it.	Feb 13, 2011 7:43 PM
1402	Payment at time of services provided, no exceptions	Feb 13, 2011 7:46 PM
1403	Parents are responsible to make sure that the child is receiving services and is taken to all appointments necessary. If co-payments are necessary they should be low enough that low income parents can afford them. The parents must put in the time with their children to get the results.	Feb 13, 2011 8:03 PM
1404	Family training is an integral part of early start applied behavior analytic (ABA) treatment for young children at risk of or with autism. Training is provided at least once monthly, preferably once per week or more. Additional training is included for parents who are able to observe sessions and for skills that are rapidly changing and need to be carried over outside of the sessions.	Feb 13, 2011 8:17 PM
1405	Include parent training so that services provided a few hours a week are continued throughout the clients home day/week. Parents need to come to regional center for training and demonstrate their skills to received continued services. Trainings should be offered at various times so all can come. Attendance and competence are equally important. Independent observations should be made to validate the quality of services of providers. When consumers ask for additional services (e.g., additional respite hours, time to conduct toilet training in the home, swimming, etc.,), these should be paid by the families/consumers using a fee for service or a sliding scale	Feb 13, 2011 8:19 PM
1406	Parents should be required to participate in parent training to ensure that the skills being taught are generalized outside of session. Parents should not be responsible for payment. Unfortunately, parents are required to pay for far too many of the services that should be provided for by the regional center. It is in the best interest for the state to pay a small amount now and far less later if these services are missed.	Feb 13, 2011 8:24 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1407	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: The assessment should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. There is a need for ongoing training in the application and maintenance of programs that will ensure significant behavior change.	Feb 13, 2011 8:24 PM
1408	To the extent of their ability consumers, caretakers, family should accept responsibility to provide some of the resources to toward the care of DD persons.	Feb 13, 2011 8:27 PM
1409	Parents should be required to be involved with the treatment, because parents are a very important part of the team. As for co-payment, only parents who are in the upper income level should have to pay a co-payment.	Feb 13, 2011 9:00 PM
1410	Time commitment and follow through with suggestions given by specialists/service providers.	Feb 13, 2011 9:05 PM
1411	I think parents of consumers should be required to co-pay if their income is higher than $50,000. Some parents already make time to go to optometrists and dentists due to their children's current insurance situation. The rest expect the careprovider to pay.	Feb 13, 2011 9:29 PM
1412	Integrity is of the upmost importance by the parent. Follow thru by the service coordinator is of the upmost importance, perhaps every three months.	Feb 13, 2011 9:51 PM
1413	co payment from an SSI check???give me a break if parents are alive - yes, a time commitment and minimal co pay - if a parent has no money, services should not be denied consumer.	Feb 13, 2011 9:57 PM
1414	Most consumers have n o means of earning money and often families are streach thin providing care for thier family member, therefore no co-pay should be required.	Feb 13, 2011 10:01 PM
1415	The State of California has accepted responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California public schools and the same logic applies here.	Feb 13, 2011 10:02 PM
1416	maybe a small co payment for hours above 10 hours a week.	Feb 13, 2011 10:09 PM
1417	CLIENTS DO NOT HAVE THE FUNDS FOR CO-PAYMENT AND I DO NOT KNOW WHAT TIM E COMMITMENT MEANS, MAYBE WHEN THERE IS A BOARD AND CARE AND THEY REQUEST TIME FOR THE CLIENT TO BE AT HOME, THEY COULD DEDUCT THOSE TIMES FOR PAYMENT.	Feb 13, 2011 10:41 PM
1418	Parents should be part of the therapy solution. There is no such thing as a magic pill. The best success is achieved with heavy parental involvement. Those who do not invest the time do not deserve to get financial assistance. Nothing wrong with co-pays... Private sector works fine using this method.	Feb 13, 2011 10:55 PM
1419	Parents should also be consistant with what the other people are working on with the consumer.	Feb 13, 2011 11:48 PM
1420	See above re co-pay. I think that parents should commit to spending at least 25% of all sessions directly working with the professionals and their child.	Feb 13, 2011 11:49 PM
1421	That parents are fulfilling their commitment.	Feb 14, 2011 12:07 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1422	Recent data indicates that parents raising children w/ autism earn 35% less over their adult lifetimes than their counterparts raising typical children. For this reason, DDS should resist the inclination to charge parents co-pays for behavioral services, even when certain families may seem to have the "means" to pay for them. The undocumented costs in terms of reduced lifetime earnings, loss of leisure, and the documented impact to the health of long-term family caregivers is reason enough not to charge parents in order to access a vital support service. Parents should participate in the development and ongoing implementation of a behavioral service program for their child, but should not be required to be physically present during each and every minute it is delivered. Parents must be allowed to parent their other children, to run their households, to work outside the home, and to engage in their own lives within the community, and this is not possible if they are imprisoned to their child's behavioral service program. Likewise, a child's access to needed behavioral services should not be limited by his/her parents' physical availability to participate.	Feb 14, 2011 12:30 AM
1423	Parents should be involved with aspects of behavioral services. If a proper behavioral support program is being implemented, parents, siblings, caretakers, and service providers should all be trained/informed on what is being implemented for the child. Consistency is so important for these children and it needs to happen in all environments. Whether or not a co-payment should be mandatory, should only be dependent on whether the family can afford it and/or has insurance that cover services. As a parent of a child with autism if someone told me it was either no services or pay a co-pay of $20 a visit or a set fee for monthly ABA services, I would pay the $20. However, not everyone has that option and if with newly diagnosed children, sometimes parents are in denial and will not do anything for their child if it is not given them. Then you run the risk of having these children slip through the cracks and end up needing further care later on down the road, costing the state and schools more money.	Feb 14, 2011 1:04 AM
1424	The State of California has accepted a responsibility for persons with development disabilities and an obligation to them which it must discharge. (Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's public schools and the same logic applies here.	Feb 14, 2011 1:10 AM
1425	I suggest means testing for families as a way to assess co-payment for services. Even a small co-payment (i.e. $1 an hour) may be appropriate for lower income families. Any form of co-payment may be a motivator for families to be more accountable and participatory in their child’s program. A fee for missed appointments may also be appropriate to this end. Level of parent commitment should be measured by rate of goals met and their attendance in the program.	Feb 14, 2011 1:11 AM
1426	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (Lanterman Action Section 4501). The state does not ask parents and students for co-pays in California' public schools and the same logic applies here.	Feb 14, 2011 1:21 AM
1427	if consumer understands the concepts, then they share as much responsibility as they can. Most consumers live below poverty level - so co-payments would be counter productive.	Feb 14, 2011 1:23 AM
1428	Should be able to give some time commitment to the learning some stratagies for helping trainer and child.	Feb 14, 2011 1:40 AM
1429	Share of cost - while this would impose a parent fee for services it would allow consumers to continue to receive needed services without an arbitrary standard that might eliminate them from receiving a service at all	Feb 14, 2011 1:45 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1430	The commitment must be there for parents and consumers. Too often the services are fought for and granted and then the visits are not kept and/or taken seriously. Co-payment is a good idea, either out of parents pocket, their insurance or yes even from medi-cal/cal-optima.	Feb 14, 2011 1:47 AM
1431	As needed and the recommendation by an individual with at least a masters in the relative field. A low co-pay on a sliding scale.	Feb 14, 2011 2:18 AM
1432	Consumer should be obligated to give their time and commitment. Co-payment should be minimal .	Feb 14, 2011 2:23 AM
1433	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: The assessment should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. There is a need for ongoing training in the application and maintenance of programs that will ensure significant behavior change.	Feb 14, 2011 2:35 AM
1434	The State of California has accepted a responsibility, and has an obligation to them.	Feb 14, 2011 2:56 AM
1435	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 14, 2011 3:18 AM
1436	The assessment should identify parent and/or caregiver goals regarding implementation of recommended behavioral strategies. There is a need for ongoing training in the application and maintenance of programs that will ensure significant behavior change.	Feb 14, 2011 3:26 AM
1437	The parent reaches out for services only to find a "deaf" ear.	Feb 14, 2011 4:25 AM
1438	Parents should be part of the training program; they should be present when the service is provided. Parents should have a co-payment for this service.	Feb 14, 2011 4:42 AM
1439	I do not favor establishing co-payments unless RC's are not able to provide any services in this category in any clients. It is simply not worth the time and expense to monitor such a system.	Feb 14, 2011 4:56 AM
1440	Most families of the kids wi autism are stretched to the core financially, because they are paying out of pcket for additional treatment such as ot, speech, tutors and nannies for their disabled children not to mention that a lot of families of children with autism are for ec to have just one job in order to have one parent available to manage healthcare of the disabled child so I think to make parents copay for very expensive aba programs is not a good idea. Parental involvement is a must though for an aba program to be effective, because even wi 20 hours of aba per week it is the parents who spend the remaining hundreds of hours with their child. Require for parents to take courses, participate in meetings and perhaps making themselves available for several aba sessions during a month.	Feb 14, 2011 4:56 AM
1441	this is also extremely important. Responsibity of commitment from the parent is important and I feel this needs to be solid. As in if I am late or cancel an appt. then I will be charged a fine like we do if we are late on a mortgage payment.	Feb 14, 2011 5:14 AM
1442	time commitment for parents could be a possibility for helping to make sure professionals are more effective in their ability to provide services	Feb 14, 2011 5:17 AM
1443	No comment.	Feb 14, 2011 5:28 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1444	The assessment should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. There is a need for ongoing training in the application and maintenance of programs that will ensure significant behavior change. Parental involvement is an important component in order to obtain the full benefits of treatment.	Feb 14, 2011 5:44 AM
1445	Determined by Regional Center, service provider and DDS.	Feb 14, 2011 6:04 AM
1446	No specific recommendation regarding co-payment. I recommend that parents be an integral part of treatment planning, and of treatment itself. Consumers should also be involved to the extent capable. Parents should demonstrate that commitment by participation in monthly (at minimum) participation in training, treatment sessions, or meetings with providers.	Feb 14, 2011 6:39 AM
1447	PARENTS AND CONSUMERS SHOULD BE RESPONSIBLE FOR THE TIME COMMITMENT. PAYMENT AT THE MEDI-CAL LEVEL MAY BE NECESSARY IF THE SESSIONS NEEDED ARE MORE THAN THE STANDARD OF 3, FOR EXAMPLE.	Feb 14, 2011 6:48 AM
1448	The assessment should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies as well as documentation of progress towards goal. There is a need for ongoing training in the application and maintenance of programs that will ensure significant behavior change.	Feb 14, 2011 7:59 AM
1449	Behavioral intervention services (especially via Parent Consultations) require that the parent or primary caregiver be available and willing to participate. Given the various avenues of funding sources, some consumers may be more inclined to pay out of pocket for services that will no longer be covered by their insurance or benefits. Perhaps a "co-payment" may evoke in the consumer more interest, motivation, and willingness to embrace the services being delivered, by virtue of having a monetary investment in the process.	Feb 14, 2011 8:14 AM
1450	The assessment should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies and teaching protocols without overlooking maintenance of the mastered skills and generalizing them across different settings and environments. There is a need for ongoing training in the application and fidelity of programs that will ensure significant behavior change. The focus should not be restricted to consumer only but on other individuals that interact daily with consumer such as parents, family members, caregivers, and teachers.	Feb 14, 2011 8:49 AM
1451	28-hours a month.	Feb 14, 2011 8:49 AM
1452	I have been doing parent training for over 20 years and I must say that we cannot depend on parents to change and become therapists. The only thing that we can hope for is that they follow specific guidelines in providing or withholding reinforcers. Parents cannot run a laboratory of behavior intervention in the home. It is NOT natural. They simply need general counseling on how to approach behavioral issues, hoe NOT to reinforce inappropriate behavior and to stick to some basic rules of a behavioral plan. Again, the most effective intervention for the child is effective counseling to the parents.	Feb 14, 2011 1:22 PM
1453	Co payment - No Time commitment - Yes Other suggestions from you??	Feb 14, 2011 3:05 PM
1454	Consumers could have a co-payment, based on a "sliding scale". Consumers should commit to any length of time appropriate to achieve desired outcome.	Feb 14, 2011 3:21 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1455	The functional behavior assessment or functional analysis should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. In addition, in order to enhance understanding of basic principles of ABA and increase the likelihood of success, parents and other caregivers should be required to attend behavior management workshops offered by regional center or through community resources. These workshops should focus on proven behavioral methods used to manage a wide range to behaviors.	Feb 14, 2011 3:48 PM
1456	It is highly recommended that a co-payment be included to increase the level of commitment by the parents. In addition, as discussed in #3, parents should be required to have a parent training session for at least 2 hours per week and observe/participate in at least 50% of 1:1 sessions. The ultimate goal is transferring strategies to the parents and therefore, their involvement is the most crucial.	Feb 14, 2011 4:07 PM
1457	Copayment is recommended. Parents should be the ultimate provider of the behavior plan.	Feb 14, 2011 4:16 PM
1458	Not all parents can be therapists and not all parents can be well trained to implement a behavior intervention plan. In an ideal world, I would expect 5 hours a week of participation from a family, but I'm not sure how to implement this or enforce it, and sometimes it just ends up being a bad idea.	Feb 14, 2011 4:19 PM
1459	The functional behavior assessment or functional analysis should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. In addition, in order to enhance understanding of basic principles of ABA and increase the likelihood of success, parents and other caregivers should be required to attend behavior management workshops offered by regional center or through community resources. These workshops should focus on proven behavioral methods used to manage a wide range to behaviors.	Feb 14, 2011 4:20 PM
1460	Parents must committ and be willing to follow through all requirements suggested by the professionals.	Feb 14, 2011 4:22 PM
1461	Parents should be highly involved in the program and maintain the same therapy standards during the balance of the time. My family pay enough taxes to the government which should cover these services which amounts to about 45% of our income.	Feb 14, 2011 4:36 PM
1462	Should be mandatory for those it is deemed necessary for.	Feb 14, 2011 4:42 PM
1463	At least 10 hours per week overlap	Feb 14, 2011 4:44 PM
1464	The functional behavior assessment or functional analysis should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. Additionally, in order to enhance understanding of basic principles of ABA and increase the likelihood of success, parents and other caregivers should attend behavior management workshops offered by regional center or through community resources. These workshops should focus on proven behavioral methods used to manage a wide range to behaviors.	Feb 14, 2011 4:46 PM
1465	measurable objectives for parental support, perhaps sliding scale for financial support	Feb 14, 2011 4:47 PM
1466	Parents and other caregivers should be required to attend behavior management workshops offered by regional center or through community resources. These workshops should focus on proven behavioral methods used to manage a wide range to behaviors.	Feb 14, 2011 4:49 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1467	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: The assessment should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. There is a need for ongoing training in the application and maintenance of programs that will ensure significant behavior change.	Feb 14, 2011 4:49 PM
1468	I don't know about other family members, but the level of service and time commitment is quite intensive for a lot of us. Some family members cannot devote the time, so maybe some co-payment would be required? That is hard too because there are a lot of out-of-pocket expenses we cover as well. I'm not sure all consumers/clients have the cognitive ability to be responisible.	Feb 14, 2011 4:50 PM
1469	The functional behavior assessment or functional analysis should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. In addition, in order to enhance understanding of basic principles of ABA and increase the likelihood of success, parents and other caregivers should be required to attend behavior management workshops offered by regional center or through community resources. These workshops should focus on proven behavioral methods used to manage a wide range to behaviors.	Feb 14, 2011 5:01 PM
1470	The assessment should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. There is a need for ongoing training in the application and maintenance of programs that will ensure significant behavior change.	Feb 14, 2011 5:06 PM
1471	The assessment should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. There is a need for ongoing training in the application and maintenance of programs that will ensure significant behavior change.	Feb 14, 2011 5:08 PM
1472	As a parent, in a single income household who is constantly fighting to maintain services for two children on the spectrum I can tell you that we are living in a constant state of fear (and fatigue) that the funding for services will be reduced or dry up. We feel pressure from the regional centers to fade services when we know that our children aren't ready, this is all due to rationing of services due to the budget crisis in the state. While our family does not have the means to pay the full price for ABA service and our insurance carrier does not cover it we would GLADLY pay a co-pay to protect services. There would be a reduced financial burden on the state and the Regional Centers and less of a push to fade too early. There is currently means testing for services at the Regional Centers but I suggest that EVERY family, pay a co-pay regardless of income for these services. Income would determine the co-pay amount (for example, $5, $10 or $20 per 3 hours)-given the economic crisis our state is in any amount will help! Doing this will cause several things to happen: families will have a vested interest in seeing that the services are effective, they will participate more, there will be greater accountability on the part of agencies that provide services-demanded by parents who would feel they are directly involved in how the service is paid for. Parents would be less likely to tolerate poor service and unethical practices if they aren't worried about losing their child's services and because they are paying a co-pay for it.	Feb 14, 2011 5:12 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1473	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: • The assessment should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. There is a need for ongoing training in the application and maintenance of programs that will ensure significant behavior change. • Parents should be required to attend weekly meetings, take data, work with their child on generalization and maintenance of skills, and attend parent training sessions conducted by the program supervisor. • Parents should be responsible for providing all material related to their child's program including but not limited to binders, copies, pens/paper, toys, icons, reinforcers, etc. • Parent co-payment option should be explored.	Feb 14, 2011 5:14 PM
1474	time commitment is the most important due it is a factor that will affect the goal fulfillment.	Feb 14, 2011 5:15 PM
1475	Parents and consumers shoudl be present and actively participate during sessions. They need to demonstrate a time committment based on the numebr of hours their child is receiving. Also, they need to limit the cancellation of services.	Feb 14, 2011 5:17 PM
1476	Parents should not be held accountable for the payments of these services, nor co-payments. They should be free; this ensure that low-income parents also have access to these valuable resources. But parents should be required to take parenting classes, follow the program, and keep up with their schedules (i.e. not cancel therapy sessions)	Feb 14, 2011 5:23 PM
1477	Please refer back to 1 & 2 above. In deed, if family members can't or do not want to participate, a service shoud stop by definition. The intervention demands their participation, we are training the parents not the individual. If what the family expects is a "nanny service", then lets review their eligibility for personal support and perhaps fund for this services instead (after all, this is more cost effective).	Feb 14, 2011 5:34 PM
1478	The functional behavior assessment or functional analysis should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. In addition, in order to enhance understanding of basic principles of ABA and increase the likelihood of success, parents and other caregivers should be required to attend behavior management workshops offered by regional center or through community resources. These workshops should focus on proven behavioral methods used to manage a wide range to behaviors.	Feb 14, 2011 5:35 PM
1479	Parents/caretakers should recieve training in implementing behavior programs. Parents should recieve training from the start of intervention. Parent training should be provided through the NPA who is providing the 1:1 for the child or through other resources (e.g. workshops).	Feb 14, 2011 5:46 PM
1480	Parents must be commited to bring their child daily and attend amount of hours in a month	Feb 14, 2011 5:59 PM
1481	Parents and consumers should be required to utlize insurance if that is available to them to supplement payment.	Feb 14, 2011 5:59 PM
1482	I should not have to pay for ABA services provided by DDS or the Regional Centers. The system was put in place so that we wouldn't be financially burdened because we happen to have a child with a disability. We are already emotionally and physically burdened, why add another?	Feb 14, 2011 6:00 PM
1483	Parents and such should have to take some classes also, and or show some improvement, but one doesn't want to negatively impact the student with learning challenges, because of a neglectful caregiver.	Feb 14, 2011 6:02 PM
1484	Parents must be involved, trained and expected to carry out the treatments at home!	Feb 14, 2011 6:03 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1485	The functional behavior assessment or functional analysis should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. In addition, in order to enhance understanding of basic principles of ABA and increase the likelihood of success, parents and other caregivers should be required to attend behavior management workshops offered by regional center or through community resources. These workshops should focus on proven behavioral methods used to manage a wide range to behaviors.	Feb 14, 2011 6:05 PM
1486	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: • The assessment should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. There is a need for ongoing training in the application and maintenance of programs that will ensure significant behavior change. • Parents should be required to attend weekly meetings, take data, work with their child on generalization and maintenance of skills, and attend parent training sessions conducted by the program supervisor. • Parents should be responsible for providing all material related to their child's program including but not limited to binders, copies, pens/paper, toys, icons, reinforcers, etc. • Parent co-payment option should be explored.	Feb 14, 2011 6:05 PM
1487	Has the open communication and vigilant of asking and giving information per to every needs of the person.	Feb 14, 2011 6:06 PM
1488	Parental involvement is key and while required, the level of involvement is not always made clear by the vendors. This might be in due to their desire to preserve their working relationship with the family. Parents who are identifed as lacking in their active involvement with beh. services should not be allowed months to "get on board" often delaying the child's acquisition of skills because of lack of consistent implementation by the families. Intensive behavioral services should be time limited with the intent that parent are "on board" from day 1 and contributing to their child's programming needs on an ongoing basis. I think that parents should be required to pay towards its cost to ensure level of commitment. Co-payment should be based on a sliding scale depending on the family's income level and household size.	Feb 14, 2011 6:08 PM
1489	The functional behavior assessment or functional analysis should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. In addition, in order to enhance understanding of basic principles of ABA and increase the likelihood of success, parents and other caregivers should be required to attend behavior management workshops offered by regional centers or through community resources. These workshops should focus on proven behavioral methods used to manage a wide range to behaviors.	Feb 14, 2011 6:09 PM
1490	The functional behavior assessment or functional analysis should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. In addition, in order to enhance understanding of basic principles of ABA and increase the likelihood of success, parents and other caregivers should be required to attend behavior management workshops offered by regional center or through community resources. These workshops should focus on proven behavioral methods used to manage a wide range to behaviors.	Feb 14, 2011 6:14 PM
1491	The functional behavior assessment or functional analysis should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. In addition, in order to enhance understanding of basic principles of ABA and increase the likelihood of success, parents and other caregivers should be required to attend behavior management workshops offered by regional center or through community resources. These workshops should focus on proven behavioral methods used to manage a wide range to behaviors.	Feb 14, 2011 6:20 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1492	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays inCalifornia's pubic schools and the same logic applies here.	Feb 14, 2011 6:20 PM
1493	Parents/families should ALWAYS pay a portion of the treatment costs. There is direct experimental evidence that the more invested (financially) an individual or family system is, the more treatment effects follow.	Feb 14, 2011 6:21 PM
1494	The functional behavior assessment or functional analysis should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. In addition, in order to enhance understanding of basic principles of ABA and increase the likelihood of success, parents and other caregivers should be required to attend behavior management workshops offered by regional center or through community resources. These workshops should focus on proven behavioral methods used to manage a wide range to behaviors.	Feb 14, 2011 6:21 PM
1495	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays inCalifornia's pubic schools and the same logic applies here.	Feb 14, 2011 6:24 PM
1496	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: • The assessment should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. There is a need for ongoing training in the application and maintenance of programs that will ensure significant behavior change. • Parents should be required to attend weekly meetings, take data, work with their child on generalization and maintenance of skills, and attend parent training sessions conducted by the program supervisor. • Parents should be responsible for providing all material related to their child's program including but not limited to binders, copies, pens/paper, toys, icons, reinforcers, etc. • Parent co-payment option should be explored.	Feb 14, 2011 6:24 PM
1497	There is should be a share of cost for behavioral services.	Feb 14, 2011 6:29 PM
1498	The assessment should identify parent and/or primary caregiver goalsrgarding implementation of rcommended behavioral strategies. There is need for ongoing training inthe application and maintenance of programs that will ensure significant behavior change.	Feb 14, 2011 6:30 PM
1499	Family training is an integral part of early start applied behavior analytic (ABA) treatment for young children at risk of or with autism. Training is provided at least once monthly. Additional training is included for parents who are able to observe sessions and for skills that are rapidly changing and need to be carried over outside of the sessions. Parents must be involved or the interventions will not be effective. They need to be implemented in all settings by various people (therapists, family members, etc.)	Feb 14, 2011 6:30 PM
1500	Family training is an integral part of early start applied behavior analytic (ABA) treatment for young children at risk of or with autism. Training is provided at least once monthly. Additional training is included for parents who are able to observe sessions and for skills that are rapidly changing and need to be carried over outside of the sessions.	Feb 14, 2011 6:32 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1501	Parents should be required a held to participate in all 1:1 and parent consultation services. Some parents still make excuses for why they do not participate and RC continues to fund those services for them. Parents request services and do not think to be held responsible for maintaining those services within their home. Hundrends of thousands of dollars or waisted yearly on behavioral services in general. Because parents refuse or neglect to maintain what they are being taught, all the money that RC spends is waisted. Parents need to have an expectation to participate and utilize services as much as possible. This service is not babysitting. Maybe it would be a motivation for parents to participate more if they had to pay for sessions that were missed or not made up during the service periods.	Feb 14, 2011 6:34 PM
1502	The primary caregiver should be identified in the assessment process and this person should be responsible for at least 80% participation in programs.	Feb 14, 2011 6:35 PM
1503	The assessment should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. There is a need for ongoing training in the application and maintenance of programs that will ensure significant behavior change.	Feb 14, 2011 6:35 PM
1504	Parents are a vital component in these programs, they are required to be trained, participate and apply the suggested techniques.	Feb 14, 2011 6:41 PM
1505	The parent of a nondisabled child would have the responsibility to provide this services to his or her child. Appreciating that children with special needs are not "typical" and can be overwhelming, I'd propose the following: 4 months - of intense (daily - outcomes reviewed every 30 days for improvement) services at no cost to the family, with the exception of the existing family share of cost. If sufficient outcomes, 50% reduction in behavior, or better are not achieved service funding stopped. If outcomes achieved, then an additional 4 months considered. This would allow the family to receive up to 8 months of intense behavioral supports. After that, it would be the families responsibility to fund.	Feb 14, 2011 6:43 PM
1506	Parents and family members could be advised re co-payments at a reasonable rate.	Feb 14, 2011 6:45 PM
1507	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: The assessment should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. There is a need for ongoing training in the application and maintenance of programs that will ensure significant behavior change.	Feb 14, 2011 6:45 PM
1508	Education of benefits available so as to be able to deal with time committments... Again, we are all taxpayers contributing to the education of our youth, adults, and immigrants.	Feb 14, 2011 6:46 PM
1509	Family training is an integral part of early start applied behavior analytic (ABA) treatment for young children at risk of or with autism. Training is provided at least once monthly. Additional training is included for parents who are able to observe sessions and for skills that are rapidly changing and need to be carried over outside of the sessions.	Feb 14, 2011 6:52 PM
1510	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: The assessment should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. There is a need for ongoing training in the application and maintenance of programs that will ensure significant behavior change.	Feb 14, 2011 6:56 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1511	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: The assessment should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. There is a need for ongoing training in the application and maintenance of programs that will ensure significant behavior change.	Feb 14, 2011 6:59 PM
1512	The functional behavior assessment or functional analysis should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. In addition, in order to enhance understanding of basic principles of ABA and increase the likelihood of success, parents and other caregivers should be required to attend behavior management workshops offered by regional center or through community resources. These workshops should focus on proven behavioral methods used to manage a wide range to behaviors.	Feb 14, 2011 7:03 PM
1513	In home support should include family training and committement	Feb 14, 2011 7:05 PM
1514	Parent responsibilities would include (but are not limited to) the attendance of and participation in meetings discussing their child's current progress and future directions of services. Agreement and understanding of the recommendations for their child's program would be established prior to the continuation of services. Parents and consumers will continue to implement all recommendations made by educational staff (e.g., hours of program, methods of instruction). Parents will not bear monetary responsibility beyond the requirement for insurance benefits, assuming that current push for legislation requiring insurance companies to fund some level of ABA intervention becomes law. Parents should be required to purchase basic materials and provide adequate reinforcement for their child's intervention program.	Feb 14, 2011 7:05 PM
1515	Parents will try to seek out co-payment by the insurance companies. Parents should participate with the service providers to find out the best strategies for their children.	Feb 14, 2011 7:11 PM
1516	* Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: o The assessment should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. There is a need for ongoing training in the application and maintenance of programs that will ensure significant behavior change.	Feb 14, 2011 7:12 PM
1517	The functional behavior assessment or functional analysis should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. In addition, in order to enhance understanding of basic principles of ABA and increase the likelihood of success, parents and other caregivers should be required to attend behavior management workshops offered by regional center or through community resources. These workshops should focus on proven behavioral methods used to manage a wide range to behaviors.	Feb 14, 2011 7:13 PM
1518	Try to get a payment out of parents, especially since a lot of parents do not care.	Feb 14, 2011 7:24 PM
1519	The State of CA has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanternman Act Section 4501). The state does not ask parents and students for co-pays in California's public schools and the same logic applies here.	Feb 14, 2011 7:25 PM
1520	Many programs now insist that parents go through a training program; they also ask that parents commit to supporting the contingencies introduced by service providers at home; both these conditions should be met before these services are instituted.	Feb 14, 2011 7:31 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1521	Parents should collect all the behavioral data and discuss the problems with the implementers.	Feb 14, 2011 7:36 PM
1522	The functional behavior assessment or functional analysis should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. In addition, in order to enhance understanding of basic principles of ABA and increase the likelihood of success, parents and other caregivers should be required to attend behavior management workshops offered by regional center or through community resources. These workshops should focus on proven behavioral methods used to manage a wide range to behaviors.	Feb 14, 2011 7:39 PM
1523	there needs to be an income test, ie income over $300,000.00 per year should not qualify for services. All consumers need to pay a co-pay.	Feb 14, 2011 7:42 PM
1524	Family training is an integral part of early start applied behavior analytic (ABA) treatment for young children at risk of or with autism. Training is provided at least once monthly. Additional training is included for parents who are able to observe sessions and for skills that are rapidly changing and need to be carried over outside of the sessions.	Feb 14, 2011 7:51 PM
1525	Co-pay of $10 per session. Parent responsibility for completing recommended number of sessions and report on efficacy after recommended number of sessions.	Feb 14, 2011 7:54 PM
1526	Every good parents wants to be responsible. Affordable co-pays; "bundle" packages of therapy would be great i.e., behavioral intervention 9 weeks = $$$ with dates, reports, reviews, etc. Caseload for social workers very, very important.	Feb 14, 2011 7:54 PM
1527	The functional behavior assessment or functional analysis should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. In addition, in order to enhance understanding of basic principles of ABA and increase the likelihood of success, parents and other caregivers should be required to attend behavior management workshops offered by regional center or through community resources. These workshops should focus on proven behavioral methods used to manage a wide range to behaviors. The family should be expected to contribute financially to behavior services based on a sliding scale. This would make caregivers more accountable and save the state/RC's money. Families too often expect the maximum amount of behavior service hours without fully committing to learning the strategies which will ultimately reduce and eliminate the need for these services. Right now, RC therapists determine the amount of service hours to be implemented and expect the families to participate. Whether its intentional or not, the families lack of commitment/time prolongs RC's behavior services (which is NOT cost effective) or the services are ineffective b/c of the families lack of involvement. A financial obligation on the part of the family would better guarantee their participation at a service level they can commit to.	Feb 14, 2011 7:58 PM
1528	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: The assessment should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. There is a need for ongoing training in the application and maintenance of programs that will ensure significant behavior change.	Feb 14, 2011 7:58 PM
1529	n/a	Feb 14, 2011 8:05 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1530	Parents and individuals receiving services should be required to participate in services to the best of their abilities. Due to factors ranging from mental health, substance abuse and/or other issues, some families are unable to learn the strategies as effectively and quickly as others. These individuals should not have services reduced due to these factors, but should be supported through other services to ensure that the consumer is able to benefit from the behavioral service.	Feb 14, 2011 8:13 PM
1531	The assessment should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. There is a need for ongoing training in the application and maintenance of programs that will ensure significant behavior change.	Feb 14, 2011 8:26 PM
1532	Family training is an integral part of early start applied behavior analytic (ABA) treatment for young children at risk of or with autism. Training is provided at least once monthly. Additional training is included for parents who are able to observe sessions and for skills that are rapidly changing and need to be carried over outside of the sessions.	Feb 14, 2011 8:36 PM
1533	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: The assessment should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. There is a need for ongoing training in the application and maintenance of programs that will ensure significant behavior change.	Feb 14, 2011 8:45 PM
1534	yes the parents should pay something	Feb 14, 2011 8:48 PM
1535	The functional behavior assessment or functional analysis should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. In addition, in order to enhance understanding of basic principles of ABA and increase the likelihood of success, parents and other caregivers should be required to attend behavior management workshops offered by regional center or through community resources. These workshops should focus on proven behavioral methods used to manage a wide range to behaviors. Services should be timelimited...	Feb 14, 2011 8:50 PM
1536	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: The assessment should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. There is a need for ongoing training in the application and maintenance of programs that will ensure significant behavior change.	Feb 14, 2011 8:51 PM
1537	If you could show parents that the services are quality services with proven results a co-payment would probably be accepted. Parents and caregivers must commit to any behavioral program for it to work.	Feb 14, 2011 8:52 PM
1538	The State of Calif. has accepted a responsibility for persons with developmental disabilties and an obligation to them which it must discharge. (Lanternman Act Section 4501). The state does not ask parents and students for co-pays in California's public schools and the same logic applies here.	Feb 14, 2011 8:53 PM
1539	See above. Regional Centers shall not provide behavioral services to children who are undocumented or whose parents are in the US on a visa.	Feb 14, 2011 8:54 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1540	Most definitely it is the responsibility of parents for these services, co payment and time commitment. I have no doubt that if the proper care is administered by the provider, parents will be more than happy to cooperate in any way possible. I speak for myself as my grandson is autistic, and right now I am currently sending time (4 times a week) with the therapist in assisting my grandson.	Feb 14, 2011 8:57 PM
1541	Suggested service standards about the responsibilities of parents and consumers for those services; e.g., copayment, time commitment, etc.: Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: The assessment should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. There is a need for ongoing training in the application and maintenance of programs that will ensure significant behavior change	Feb 14, 2011 8:58 PM
1542	"Consumers" of services have mental retardation by definition (or they would not be members of DDS), and accordingly their financial responsibility is covered by their monthly SSI check. The responsibilities of families of clients depends upon the level of disability of their family member, the nature of the relationship to that family memmber (i.e. cousin of a client? Grandmother of a client?), and the types of services the client receives.	Feb 14, 2011 9:02 PM
1543	They need to be committed and willing to learn and adapt to challenges that may come their way as the child grows. If they don't take behavior services serious, consequenses should be given.	Feb 14, 2011 9:05 PM
1544	Commitment by parent to review and practice weekly lesson plans and attend weekly speech sessions w/ child.	Feb 14, 2011 9:07 PM
1545	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them, which it must discharge. The state does not ask parents and students in CA schools for co-pays.	Feb 14, 2011 9:09 PM
1546	Parents and consumers of Behavioral Services should be willing to commit to devoting at least as much time as the Behavior Services provider, to learning and understanding the principles and techniques inherent in ABA informed support. They should also be responsible for implementing the recommended interventions, taking data and giving feedback to the Behavior Services provider.	Feb 14, 2011 9:14 PM
1547	The assessment should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. There is a need for ongoing training in the application and maintenance of programs that will ensure significant behavior change.	Feb 14, 2011 9:15 PM
1548	Parents ensure that the consumers are consistently getting the needed services.	Feb 14, 2011 9:28 PM
1549	Parents need to make time for these individuals and make sure they are getting the help they need to be able to lead as normal life as possible.	Feb 14, 2011 9:33 PM
1550	I think an awareness of the cost for all ABA services should be incorporated in every IPP, PTM, and conversation. A minimal share of cost would be helpful as a mechanism to hold families accountable to the services. Many families like the "Idea" of ABA to fix their child but do not truely realized the time committment that will be required of them. A change of "culture" is needed to allow vendors and families to be able to maximize the service delivery.	Feb 14, 2011 9:35 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1551	parents must be available to observe their child, with service provider present, to discuss improvement/or lack of, and discuss what can be done in the home.	Feb 14, 2011 9:44 PM
1552	No co-payment, yes time and commitment, and never miss any appointments, and be sure to implement the practices at home.	Feb 14, 2011 9:49 PM
1553	a parental co-payment might be a good idea to ensure more parent buy-in and implementation.	Feb 14, 2011 9:52 PM
1554	Service standards should be maintained as they currently are.	Feb 14, 2011 9:54 PM
1555	Parent time commitment of at least 2 hours per month.	Feb 14, 2011 10:05 PM
1556	The functional behavior assessment or functional analysis should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. In addition, in order to enhance understanding of basic principles of ABA and increase the likelihood of success, parents and other caregivers should be required to attend behavior management workshops offered by regional center or through community resources. These workshops should focus on proven behavioral methods used to manage a wide range to behaviors.	Feb 14, 2011 10:06 PM
1557	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 14, 2011 10:11 PM
1558	The State of California has accepted a responsibility for persons wit developmental disabilities and an obligation to them which it must discharge (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's public schools and same logic applies here.	Feb 14, 2011 10:21 PM
1559	It is ultimately the parent's responsibility to provide what ever services are needed for their children, however, I do not feel as though a co-payment should be out of the ordinary. Therefore, if the parent is paying for a portion of the service they should be more inclined to actively participate.	Feb 14, 2011 10:23 PM
1560	This is really a difficult question. The regional centers often turn the table on parents by insisting on a certain time commitment because they know it's a strategy to withhold a service. When both parents work 40+ hours per week, the regional center knows they can try to insist the parent must be in the home for behavior services.	Feb 14, 2011 10:28 PM
1561	This is not a health maintenance program and the behaviroal services could be extensive and on-going. Recognizing this the Lanterman Act was enacted to cover the financial obligations of services in such instances. Once a co-pay system starts the Lanterman act will be defeated because it will produce a two class system, those who can afford coverage and the majority who cannot. This would not be equality under the law.	Feb 14, 2011 10:29 PM
1562	Parent responsibilities would include (but are not limited to) the attendance of and participation in meetings discussing their child’s current progress and future directions of services. Agreement and understanding of the recommendations for their child’s program would be established prior to the continuation of services. Parents and consumers will continue to implement all recommendations made by educational staff (e.g., hours of program, methods of instruction). Parents will not bear monetary responsibility beyond the requirement for insurance benefits, assuming that current push for legislation requiring insurance companies to fund some level of ABA intervention becomes law. Parents should be required to purchase basic materials and provide adequate reinforcement for their child’s intervention program.	Feb 14, 2011 10:32 PM
1563	Services should be free as we are paying plenty of taxes!!!! However, Parents are and should be required to take part in the therapies if possible ie stay at home mom's.	Feb 14, 2011 10:33 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1564	I would be willing to provide a co-payment for these services.	Feb 14, 2011 10:35 PM
1565	parents should be educated to participate in the method of therapy provided. parents should commit to the schedules time assigned for the therapy.	Feb 14, 2011 10:36 PM
1566	Cio payments should be required. Parent to be present at all times	Feb 14, 2011 10:39 PM
1567	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 14, 2011 10:43 PM
1568	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: * The assessment should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. There is a need for ongoing training in the application and maintenance of programs that will ensure significant behavior change.	Feb 14, 2011 10:44 PM
1569	obligation attending all parents training so they can practice behavioral approach	Feb 14, 2011 10:44 PM
1570	I have not seen parents pay for this, is this for individuals who reside at home?	Feb 14, 2011 10:46 PM
1571	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California’s pubic schools and the same logic applies here.	Feb 14, 2011 10:46 PM
1572	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: The assessment should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. There is a need for ongoing training in the application and maintenance of programs that will ensure significant behavior change.	Feb 14, 2011 10:54 PM
1573	Family training is an integral part of early start applied behavior analytic (ABA) treatment for young children at risk of or with autism. Training is provided at least once monthly. Additional training is included for parents who are able to observe sessions and for skills that are rapidly changing and need to be carried over outside of the sessions.	Feb 14, 2011 11:09 PM
1574	The assessment should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. There is a need for ongoing training in the application and maintenance of programs that will ensure significant behavior change.	Feb 14, 2011 11:16 PM
1575	parents should agree to carry-out treatment plan and generalization training of all recommendations	Feb 14, 2011 11:25 PM
1576	Family training is an integral part of early start applied behavior analytic (ABA) treatment for young children at risk of or with autism. Training is provided at least once monthly. Additional training is included for parents who are able to observe sessions and for skills that are rapidly changing and need to be carried over outside of the sessions.	Feb 14, 2011 11:25 PM
1577	Family training is an integral part of early start applied behavior analytic (ABA) treatment for young children at risk of or with autism. Training is provided at least once monthly. Additional training is included for parents who are able to observe sessions and for skills that are rapidly changing and need to be carried over outside of the sessions.	Feb 14, 2011 11:31 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1578	The functional behavior assessment or functional analysis should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. In addition, in order to enhance understanding of basic principles of ABA and increase the likelihood of success, parents and other caregivers should be required to attend behavior management workshops offered by regional center or through community resources. These workshops should focus on proven behavioral methods used to manage a wide range to behaviors.	Feb 14, 2011 11:38 PM
1579	Many regional centers require parents to take classes in order to receive behavioral therapy. While I think this is important, I don't think it should be mandatory. Exceptions SHOULD be made for children whose parents have difficulty finishing these classes to do life circumstances, so that the children do not suffer for their parents inabilities. Perhaps these parents should be offered private classes in the home, if they have repeatedly shown that they cannot make the parent training. I know parents who have not been able to receive behavioral therapy for their children with autism because they cannot be present during the therapy (ie they are a single parent and work full time). Their child suffers because they need to work and/or are a single parent. I think exceptions should be made for parents who cannot be present for behavioral therapy, to allow a family member or other caretaker be present during behavior therapy if a parent	Feb 14, 2011 11:40 PM
1580	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: The assessment should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. There is a need for ongoing training in the application and maintenance of programs that will ensure significant behavior change	Feb 14, 2011 11:44 PM
1581	The functional behavior assessment or functional analysis should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. In addition, in order to enhance understanding of basic principles of ABA and increase the likelihood of success, parents and other caregivers should be required to attend behavior management workshops offered by regional center or through community resources. These workshops should focus on proven behavioral methods used to manage a wide range to behaviors.	Feb 14, 2011 11:44 PM
1582	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 14, 2011 11:45 PM
1583	Parent's need to participate in the goals and objectives.	Feb 14, 2011 11:49 PM
1584	copay based on income sliding scale	Feb 14, 2011 11:51 PM
1585	Parents should not be expected to provide copayment for these services because this would likely present an economic burden to many families who already have financial stress from greater health, child care and related needs. A time commitment is reasonable as long as behavior intervention agencies are able to accommodate the schedules of working families, which currently many are ill-equipped to do.	Feb 14, 2011 11:53 PM
1586	Family training is an integral part of early start applied behavior analytic (ABA) treatment for young children at risk of or with autism. Training is provided at least once monthly. Additional training is included for parents who are able to observe sessions and for skills that are rapidly changing and need to be carried over outside of the sessions.	Feb 14, 2011 11:54 PM
1587	I think regional centers should pay for 100% of services. Parents have to maintain 80% participation & attendance to continue services.	Feb 14, 2011 11:58 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1588	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 15, 2011 12:02 AM
1589	Parents should continue the responsibilities of being present in the home during ABA sessions, should participate in team meetings with the ABA provider (therapists and program directors) to monitor progress of the child and adjust the ABA program on a regular basis	Feb 15, 2011 12:02 AM
1590	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: The assessment should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. There is a need for ongoing training in the application and maintenance of programs that will ensure significant behavior change.	Feb 15, 2011 12:04 AM
1591	The Sate of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act section 4501). The state does not ask parents and students for co-pays in California's public schools and the same logic applies here.	Feb 15, 2011 12:13 AM
1592	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge (Lanterman Act Section 4501). The state does not ask parents and student for co-pays in California's pubic schools and the same logic applies here	Feb 15, 2011 12:14 AM
1593	Parents should be held to their commitment if they choose to recieve services they need to be active participants and make sure their child meets their hour requirments. At least 15 hours a week	Feb 15, 2011 12:31 AM
1594	The definition of parent participation in the Trailer Bill Implementation Plan of 2009 Section 4686.2 (d) (4) should be changed from saying "'Parent Participation' shall include, but shall not be limited to, the following meanings:" to the following statement "'Parent Participation' shall be fulfilled if a consumer's parent performs at least two of the following:' This statement will allow parents the flexibility to choose to participate in their child's behavior intervention program in the ways that best fit their individualized circumstances. By adding a number to this statement, it also gives behavior agencies and regional centers a way to quantify parent participation in the behavior intervention program.	Feb 15, 2011 12:36 AM
1595	Parents should be required to put in so many training hours to ensure they are maintaining the behavior plan at all times.	Feb 15, 2011 12:41 AM
1596	When a service need is agreed upon by the IT & circle of support, an obligation of both the consumer and parent(s) to participate with that service should reflect the average length of such service provided in the typical community. Co-payment should be based upon the discretionary funds available to the financially responsible party(ies).	Feb 15, 2011 12:42 AM
1597	Expect parent participation in 50% of the hours authorized, with the requirement they practice skills in 25% of all sessions.	Feb 15, 2011 12:42 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1598	Parents must be willing to commit the time necessary to learn strategies (no matter what the methodology) and implement these strategies consistently. This must be a requirement for continued service. Of course schedules and ability must be taken into consideration. In addition, insured families and individuals should be required to access insurance payment or partial payment if possible or available. For families with income over $250,000 per year a co-payment should be assessed. Their expenditures on therapies privately should be taken into account when determining the co-payment amount.	Feb 15, 2011 12:45 AM
1599	Parents should be given a standard allotment of hours at a minimum for 4 years. Including increase parent education and decreased behavior intervention during year 3.	Feb 15, 2011 12:45 AM
1600	Parents need to take the services seriously and apply what is taught at home on a day to day basis. Parents should be expected to partake in the intervention and have supervisors observe parents working with their child to ensure they are following the ABA goals. Additionally there should be a time commitment of 2 years for intensive ABA services. Lastly parents making a combined income of over 200K should contribute to the services.	Feb 15, 2011 12:47 AM
1601	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. The Lanterman Act Section 4501. The state does not ask parents and students for co-pays in California's public schools and the same logic applies here.	Feb 15, 2011 12:55 AM
1602	For optimal outcomes, parents should be involved as often as possible both in the direct treatment program and by carrying over the effects of the treatment into family-time. Parents should be trained in the behavioral techniques during an initial training, throughout treatment at progress-review team meetings, and during the week either with support from the supervisor or from the direct interventionist. Parents should be trained to take data, to determine the function of behavior, and to learn to problem solve based on past interventions. Providers should be required to make recommendations for parent involvement that are appropriate to the needs of the child and the household. If both parents are working, requiring direct parent overlap during therapy time may not always be feasible. Co-payments could be considered on a sliding scale. Perhaps direct parent involvement could also lessen co-payment amounts.	Feb 15, 2011 1:13 AM
1603	If parents can afford services, great. Not everyone can. At the very least everyone needs to put in time to ensure the success of the interventions.	Feb 15, 2011 1:13 AM
1604	Parents need to be responsible for their requirements of having their child in a EIBT program. If they dont follow the rules, their child needs to exit the program.	Feb 15, 2011 1:14 AM
1605	parents should receive service and attend the meeting.	Feb 15, 2011 1:16 AM
1606	There needs to be commitment on both sides... the agency and the consumer or parent.	Feb 15, 2011 1:16 AM
1607	I would not recommend a co-payment. I definitely support a required time commitment by the parents or primary caregivers as well as commitment to follow the program provided.	Feb 15, 2011 1:22 AM
1608	Family training is an integral part of early start applied behavior analytic (ABA) treatment for young children at risk of or with autism. Training is provided at least once monthly. Additional training is included for parents who are able to observe sessions and for skills that are rapidly changing and need to be carried over outside of the sessions.	Feb 15, 2011 1:23 AM
1609	Share of cost so as not to eliminate certain services altogether.	Feb 15, 2011 1:25 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1610	FCPP should apply. IF there is a co-pay, maybe they won't want to keep the services in place for years. Maybe have an increasing rate (x for the first 3 months, x+y for 3-6 months, etc.).	Feb 15, 2011 1:25 AM
1611	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 15, 2011 1:26 AM
1612	These should be pro-rated based on the client caretaker's income, insurance coverage, abilities, etc.	Feb 15, 2011 1:33 AM
1613	time commitment on the part of primary care provider improves overall outcome and efficacy of behavioral programs due to consistency interacting with consumer and understanding of method.	Feb 15, 2011 1:37 AM
1614	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California’s pubic schools and the same logic applies here.	Feb 15, 2011 1:44 AM
1615	parents can pay their co-share as per there benefits in medical plans	Feb 15, 2011 1:44 AM
1616	Family training is an integral part of early start applied behavior analytic (ABA) treatment for young children at risk of or with autism. Training is provided at least once monthly. Additional training is included for parents who are able to observe sessions and for skills that are rapidly changing and need to be carried over outside of the sessions. If a parent is unwilling to commit to being responsible for following through with ABA at home then the services should be relooked at. It will not work if only the provider is working with the child. Due to the time commitment in working with your child many 2 income parents become 1 income parents. Adding a co-pay or addtional cost to working family is just not possible sometimes.	Feb 15, 2011 1:47 AM
1617	Autism is an illness, mental disorder, should be covered by Regional, School District and insurance companies. Parents can be trained, but the kiddos do better with another person trained... Parents can use it when therapists are not around..	Feb 15, 2011 1:50 AM
1618	* Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: o The assessment should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. There is a need for ongoing training in the application and maintenance of programs that will ensure significant behavior change.	Feb 15, 2011 1:51 AM
1619	Children over age 3: The assessment should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. There is a need for ongoing training in the application and maintenance of programs that will ensure significant behavior change	Feb 15, 2011 1:52 AM
1620	Time commitment, co-payment	Feb 15, 2011 1:54 AM
1621	parents commit to follow through with lessons while therapist sets reasonable limits for progress. payments sponsored by regional center for those necessary for low income.	Feb 15, 2011 1:56 AM
1622	Parents that can be involved ought to be on weekends or evenings, depending upon the consumer and/or parents' work schedule. They ought to commit to as much time as practicable depending upon the various needs of the family as a whole.	Feb 15, 2011 1:58 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1623	Parents and caregivers should be willing to continue home program carryover on a consistant basis	Feb 15, 2011 2:08 AM
1624	The behavior assessment should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. There is a need for ongoing training in the application and maintenance of programs that will ensure significant behavior change, though no research suggests that parents/care-givers should be the primary interventionists with their children, nor that they should receive as much training as professionals working in the field, nor that they should participate directly in all behavior intervention sessions.	Feb 15, 2011 2:23 AM
1625	I would be more than willing to provide a time committment to volunteer or give back to the community in lieu of payments for these services. Or, a payment plan can be worked out between the state and parents to make it an affordable option.	Feb 15, 2011 2:23 AM
1626	Parents who receive services needed to be at least 75 % attendance. Otherwise services may be discontinued without reasonable explanation. develop an assessment tool for assessing parents' income for copayment.	Feb 15, 2011 2:28 AM
1627	Parents should certainly participate in the intervention of the child. Parents should learn from the qualified professional since they will be with the child 24:7.	Feb 15, 2011 2:31 AM
1628	Time committment is essential. If they can invest thier time and follow through with homework assignements and have additional monetary support to take the time off of work to really learn and implement the strategies it is unlikely that they will have to seek behavioral services more than 2 times.	Feb 15, 2011 2:47 AM
1629	As parents we are responsible for following the guidelines recommended by Regional Center, Day Progam and health officials. Annual meetings with Regional Center is a good way to be held accountable. We do supplement pay for some of our Respite workers in order to keep them on board, because their minimum wages are not enough.	Feb 15, 2011 2:49 AM
1630	-first to meet Regional Center 'eligibility' related to diagnosis. once eligible; Parents to attend orientation/training prior to accepting services. -co pay could be (reasonable) sliding scale; also in consideration is that of parents' expenses for the special needs of the child. -time line; based on medical necessity and eligibility once in a program; follow guidelines from task force for various entrance/exit criteria.	Feb 15, 2011 2:52 AM
1631	demonstrate time commitment to keep appointments demonstrate time commitment and effort to implement whatever recommended by the provider	Feb 15, 2011 2:58 AM
1632	Parents should be involved in therapy. Parent training is key and should be required as a condition to the family receiving the services.	Feb 15, 2011 3:01 AM
1633	Parents should be required to participate in 100% of session time as well as work on individual specific parent goals.	Feb 15, 2011 3:05 AM
1634	# Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: * The assessment should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. There is a need for ongoing training in the application and maintenance of programs that will ensure significant behavior change.	Feb 15, 2011 3:10 AM
1635	The assessment should identify parent/caregiver goals regarding implementation of recommended behavioral services.	Feb 15, 2011 3:12 AM
1636	parents should be present when services are provided for family training purposes.	Feb 15, 2011 3:14 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1637	The parent does need to make the time commitment if the regional center is covering the costs. Parents need to be responsible with the services allotted to them and their child.	Feb 15, 2011 3:16 AM
1638	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them, which it must discharge. The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 15, 2011 3:16 AM
1639	Parents should be required to do their part by running some discrete trials at home after being trained by a professional agency delivering services.	Feb 15, 2011 3:23 AM
1640	Parents should be available to provide all necessary information about a client, should be actively involved in desision making invest as much time as possible for a positive outcome. However, each case should be considered individually. If the family is able to co-payment that would be appropriate also.	Feb 15, 2011 3:24 AM
1641	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: The assessment should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. There is a need for ongoing training in the application and maintenance of programs that will ensure significant behavior change.	Feb 15, 2011 3:41 AM
1642	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: The assessment should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. There is a need for ongoing training in the application and maintenance of programs that will ensure significant behavior change.	Feb 15, 2011 3:48 AM
1643	Behavioral services should take place at minimum bi-weekly.	Feb 15, 2011 3:54 AM
1644	There are times when we (families of those with DD) have to depend on the state.	Feb 15, 2011 3:54 AM
1645	Parent involvement and training should be required for a certain % of the hours to ensure consistency throughout the consumers daily life.	Feb 15, 2011 3:58 AM
1646	Time commitment of 25% of parents. Cannot suggest co-payment; parents of special needs children are broke!	Feb 15, 2011 3:59 AM
1647	Parents should be required to receive training in behavior modification techniques and follow thru with behavior plans as shown by data collection and interactions.	Feb 15, 2011 4:02 AM
1648	As stated in our previous comment, these services are vital. Co-payments are a viable means to offset the costs of these vital programs, however, caution must be exercised when setting the payment amount. A flat fee will punish the poorest members of society and dissuade them from using these services. The middle class should not have to bear the entire brunt of the offsets either. California is an expensive state to live in. A W2 statement is an inadequate means of determining ability to pay. Parental involvement is essential to the success of a disabled child. By the same token, parental education is equally important to a solution. There is a lot of misinformation touted by self-indentified "experts" that fill parents with false hopes and drain them of their finances.	Feb 15, 2011 4:13 AM
1649	Ongoing training in the application and maintenance of programs that will ensure significant behavior change.	Feb 15, 2011 4:14 AM
1650	I am a very committed parent I really try to do everything I can to be involved.	Feb 15, 2011 4:16 AM
1651	Parents/caregivers and consumers need to be available at least 70% of the time scheduled. The client should be available at least 90% of the time scheduled. The times for the scheduled interventions and education need to be made at a mutually agreeable time.	Feb 15, 2011 4:18 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1652	sliding scale; time committment should be family friendly.	Feb 15, 2011 4:19 AM
1653	IF THE BEHAVIORAL AGENCY REQUIRES THE PARTICIPATION OF THE PARENT'S, THEN THE PARENT'S SHOULD SIGN AN AGREEMENT & UNDERSTANDING OF WHAT IS REQUIRED OF THEM AND THE CLIENT, (E.G. CO-PAYMENT, TIME COMMITMENT, ETC.) WITH EVERY BEHAVIORAL PROGRAM THERE SHOULD BE CONSIDERATION, AND FLEXIBILTY; AND TIME-COMMITMENT SHOULD BE REALISTIC TO EACH INDIVIDUAL CLIENT. PARENTS NEED TO BE ASKED UP FRONT HOW MANY HOURS PER WEEK WOULD BE REALISTIC TO THE CLIENT, AND WHAT THEY THEMSELVES AS PARENTS FEEL WOULD BE APPROPRIATE NO. OF HOURS PER WEEK.	Feb 15, 2011 4:28 AM
1654	See #5	Feb 15, 2011 4:29 AM
1655	Parents must be 100% committed to be trained and following through on the recommendations.	Feb 15, 2011 4:30 AM
1656	Parents must be able to make the time commitment to stay informed of services, monitor progress or lack thereof, provide a safe environment for therapy if not offered at a school or office and make every effort to follow training guidelines and attend ABA clinics with supervisory staff.	Feb 15, 2011 4:32 AM
1657	Parents should be held to a time commitment. Many parents use the treatment as a babysitting service rather than as a treatment session.	Feb 15, 2011 4:32 AM
1658	Parents must participate with their children's in-home behavioral programs. Time commitment should be based on age of child and length of time within a behavioral program (minimum 5 hours/week).	Feb 15, 2011 4:35 AM
1659	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: The assessment should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. There is a need for ongoing training in the application and maintenance of programs that will ensure significant behavior change.	Feb 15, 2011 4:35 AM
1660	Time commitment from parents is a definite must. Training and learning therapy strategies is key for the progress of the child. However, it is just not feasible to require parents to develop and run programs. They need to be parents and an expert needs to develop programs and interventions with trained tutors executing them and collecting data.	Feb 15, 2011 4:36 AM
1661	must be an active participant co-pay possible consideration if family able to do so BUT with intensive services it may be cost prohibitive	Feb 15, 2011 4:40 AM
1662	There should be a time commitment of no missed sessions unless child or parent is ill. If sessions are missed without no note or explanation, service will be terminated. Co-payment of what the parents can donate, no forced contributions whatsoever only suggestions.	Feb 15, 2011 4:48 AM
1663	Time commitment is a must. Co-payment $25.00, but scholarship must be available for all low incomes. Meetings must be in their language and in consideration of their culture.	Feb 15, 2011 5:00 AM
1664	Raising special needs children is a tough and challenging position. Yes, the parents do have a major responsibility, yet many of our kids have to spend much more on doctors and many other costs.	Feb 15, 2011 5:00 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1665	The definition of parent participation in the Trailer Bill Implementation Plan of 2009 Section 4686.2 (d) (4) should be changed from saying "'Parent Participation' shall include, but shall not be limited to, the following meanings:" to the following statement "'Parent Participation' shall be fulfilled if a consumer's parent performs at least two of the following:' This statement will allow parents the flexibility to choose to participate in their child's behavior intervention program in the ways that best fit their individualized circumstances. By adding a number to this statement, it also gives behavior agencies and regional centers a way to quantify parent participation in the behavior intervention program.	Feb 15, 2011 5:00 AM
1666	The definition of parent participation in the Trailer Bill Implementation Plan of 2009 Section 4686.2 (d) (4) should be changed from saying "'Parent Participation' shall include, but shall not be limited to, the following meanings:" to the following statement "'Parent Participation' shall be fulfilled if a consumer's parent performs at least two of the following:' This statement will allow parents the flexibility to choose to participate in their child's behavior intervention program in the ways that best fit their individualized circumstances. By adding a number to this statement, it also gives behavior agencies and regional centers a way to quantify parent participation in the behavior intervention program.	Feb 15, 2011 5:00 AM
1667	Family training is important	Feb 15, 2011 5:02 AM
1668	Parents and consumers have to be fully involved in the treatment. In theory, if the parent were properly trained, they would be just as good as the service providers that are sent to the home. You could taper the service as the parent becomes more productive.	Feb 15, 2011 5:02 AM
1669	Time commitment unless ill.	Feb 15, 2011 5:03 AM
1670	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for children over 3: The assessment should identify parent parent and/ or primary caregiver goals regarding implementation of recommended behavioral strategies.	Feb 15, 2011 5:07 AM
1671	Parent collaboration in training with said providers would be beneficial to the children and the parents. However working parents should not be penalized by having unrealistic time commitments on training. For example, if it is determined that a child would benefit from 40 hours weekly of home-based behavior therapy, then saying 30 of those hours should be directly provided to the child and 10 hours provided to the child and parents (in the form of training) would be realistic and beneficial to the family. As for co-payments, a sliding scale for families would be appropriate. For examples, families making $70k or less a year would have no share of cost.	Feb 15, 2011 5:20 AM
1672	I think there should be a co-payment and that they should have to come up with some kind of compensation if they cancel in less than 24 hrs. of an appt. or are a no show. Vendors get no reimbursement if this happens and we have to be available for them anyway. Sometimes I have driven 30 minutes to a home visit and no one was there- no compensation- not fair. Parents should be accountable.	Feb 15, 2011 5:31 AM
1673	Families should receive training on techniques and procedures and should practice both with the behavioral staff and during parent-directed time to promote generalization across people and environments.	Feb 15, 2011 5:31 AM
1674	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them under the Lanterman Act. The state does not ask parents and student for co-pays in California's public schools and the same logic applies here.	Feb 15, 2011 5:31 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1675	Services can be shared by the parents if the rate is standardize and public for parents to see as to what constitue a fair rate. the rate at this time is prohibitedly expensive for most parents that are working and outstrip any means that ordinary working parents can afford.	Feb 15, 2011 5:40 AM
1676	Parents should be required to meet weekly with service providers for training and for their input into the program but the hours that is required should be flexible so that parents can still work.	Feb 15, 2011 5:40 AM
1677	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 15, 2011 5:46 AM
1678	The parent should have to be present during the provision of behvioral services, there should be a parent training component and the parent should be required to be present to be active in learning how to carry these services over in the natural environment. If it is a consultative model then the parent would be directly trained in the behavioral strategies/ modification program and then they would be carrying it out at home.	Feb 15, 2011 5:47 AM
1679	If the parents are seeking the help for there children, there are really committed, to get to the point of receiving services we have to go through so many levels of approvals. I had to give up my job because I was not able to bring 3000$ a month to pay for a full time nanny, if you can make insurance to cover 100% of cost then maybe state should work with insurance company but no cost to the family.	Feb 15, 2011 5:49 AM
1680	Being committed to an agreed schdule between the therapist and consumer. Also, parent involvement and parent education to ensure progress across all individuals involved in the child's day to day schedule.	Feb 15, 2011 5:51 AM
1681	Please consider legislation that would require insurers in the state of CA to provide ABA. We've been told that the therapy is much different (better) from the participating agencies when it isn't regional center funded.	Feb 15, 2011 5:52 AM
1682	Parents and consumers should accept responsibility for striving to meet goals that are set with therapist. Parent education is a necessity and should be required.	Feb 15, 2011 5:56 AM
1683	Parents and consumers should be partners in the treatment. If a parent is overwhelmed by their own issues (mental health, substance abuse, etc.), someone must advocate for the consumer. Co-payment on a sliding scale might be offset for more family involvement.	Feb 15, 2011 5:59 AM
1684	Parents and consumers work and practice every day and report to the consutant through the internet service that is monitored.	Feb 15, 2011 6:05 AM
1685	Being able to spend time in collecting some objective information with a behavior analyst, being involved in behavior planning and implementation are all crucial. Co-payment on a sliding scale makes sense as people tend to value free services less than those that cost something.	Feb 15, 2011 6:06 AM
1686	Family training is an integral part of early start applied behavior analytic (ABA) treatment for young children at risk of or with autism. Training is provided at least once monthly. Additional training is included for parents who are able to observe sessions and for skills that are rapidly changing and need to be carried over outside of the sessions	Feb 15, 2011 6:10 AM
1687	Family training is an integral part of early start applied behavior analytic (ABA) treatment for young children at risk of or with autism. Training is provided at least once monthly. Additional training is included for parents who are able to observe sessions and for skills that are rapidly changing and need to be carried over outside of the sessions.	Feb 15, 2011 6:11 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1688	Parents should fully commit themselves to understanding the procedures and methods of which the Behavioral Service is implementing, and do their part to continue the methods on an every day basis. They should also attend all scheduled meeting and do their best to understand what is trying to be accomplished and how it is to be done. I believe the number of children with behavioral difficulties is always increasing, and having that hurdle alone can be overwhelming as a parent. I believe that somehow the whole community should be made more aware of the increasing number of children who need some sort of behavioral intervention in order have the best possible chance of being the best they can be when they grow up. My child has autism, and I know for some reason more and more children are being diagnosed with some form of autism. Parents need help with this.	Feb 15, 2011 6:17 AM
1689	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge (Lanterman Act Section 4501). The state does not ask parents and student for co-pays in California's pubic schools and the same logic applies here.	Feb 15, 2011 6:19 AM
1690	FOCUSED APPLIED BEHAVIOR ANALYSIS (ABA) BEHAVIORAL SERVICES AND COMPREHENSIVE ABA AUTISM TREATMENT SERVICES FOR CHILDREN OVER AGE 3: The assessment should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. There is a need for ongoing training in the application and maintenance of programs that will ensure significant behavior change.	Feb 15, 2011 6:23 AM
1691	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 15, 2011 6:24 AM
1692	All direct teaching should be from caregivers who live with the consumer. Consultation could be provided on an on-call basis as well as a preventative basis.	Feb 15, 2011 6:25 AM
1693	Goals should include parent participation in implementation of the treatment program and adherence to the treatment program.	Feb 15, 2011 6:32 AM
1694	FOCUSED APPLIED BEHAVIOR ANALYSIS (ABA) BEHAVIORAL SERVICES AND COMPREHENSIVE ABA AUTISM TREATMENT SERVICES FOR CHILDREN OVER AGE 3: The assessment should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. There is a need for ongoing training in the application and maintenance of programs that will ensure significant behavior change.	Feb 15, 2011 6:33 AM
1695	FOCUSED APPLIED BEHAVIOR ANALYSIS (ABA) BEHAVIORAL SERVICES AND COMPREHENSIVE ABA AUTISM TREATMENT SERVICES FOR CHILDREN OVER AGE 3: The assessment should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. There is a need for ongoing training in the application and maintenance of programs that will ensure significant behavior change.	Feb 15, 2011 6:38 AM
1696	Co-payment based on the ability to pay. Direct parent involvement in the therapy process should be required. This should not become a baby sitting service, but a training for the family to improve the quality of life for the individual regional center client.	Feb 15, 2011 6:48 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1697	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: The assessment should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. There is a need for ongoing training in the application and maintenance of programs that will ensure significant behavior change.	Feb 15, 2011 6:55 AM
1698	time commitment: parents/family members should follow through the program, talk to service providers regularly and give inputs of observations at home and in school	Feb 15, 2011 6:58 AM
1699	Parents usually want to be participatecd except when the parent is the sole bread winner like me. Also, every parent' financial situation is different, it is hard to put one standard to fit all situation. I don't think parents are really mind paying co-payment if their financial situation allowing them to make the co-payment. However, i was surprise why health insurance industry is willing to pay for speech therapy for someone who lost the speech after a stoke but not for children who have delay in speech. That is totally not right.	Feb 15, 2011 7:11 AM
1700	Not all parents want an ABA program, however, for the ones that do.....they should be "helped" to provided the most researched, scientifically proven treatment option for their autistic child....that is ABA. We plan to repay the state of California someday, however, some parents should only be asked to repay what is a reasonable about to share. Parents should participate at least 25-50% of the time.	Feb 15, 2011 7:12 AM
1701	Time commitment from parents! Absolutely! Parents/caregiviers have the responsibility to learn all interventions and also, with that comes empowerment. Contracts. REPORT CARDS!!!!! BUT I'm sure there are consumers that do not have the support of their families for various reason. Exceptions always need to be provided.	Feb 15, 2011 7:16 AM
1702	In the parent vendored model, the parent attends all of the team meetings, implements the behavioral plan in the hours that a tutor is not in the home and takes data on such. It is insulting to imply that parents are not already putting in a huge time committment to care for their disabled child or adult. If the system fails to support them, these consumers will be placed out of the home which is far more expensive and less beneficial for the client.	Feb 15, 2011 7:19 AM
1703	Parents could be involved based of their income (co-paiment) or time commitment	Feb 15, 2011 7:20 AM
1704	The parent training component was essential and integral to our daughter's success. \	Feb 15, 2011 7:45 AM
1705	Families should have a co-payment on a sliding scale based on income. The co-payment should be low enough not to prohibit families from any access, but enough to increase parental buy in for services and assist with budgetary conditions. Families should be involved (either directly during sessions or outside of sessions based on work samples/videos) at least 2 hours for every 10 direct hours. Increased family involvement is ideal, but many families work and forcing a higher level of participation becomes discriminatory against lower SES families.	Feb 15, 2011 7:49 AM
1706	Family training is very important to families who have a child with autism or a child who is at risk of autism. It's very imperative that children receive early start applied behavioral analytic treatment (ABA). Training should be provided at least once a month, additional training is availiable for parents who are willing to observe sessions and for skills to use at home.	Feb 15, 2011 7:53 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1707	time commitment from family members (at least 1 parent)	Feb 15, 2011 8:01 AM
1708	-parent participation (time commitment and outcome achievement of parent executed exercises)	Feb 15, 2011 8:13 AM
1709	Parent involvement is required	Feb 15, 2011 8:46 AM
1710	co- payment, I fear would discourage me ,as a parent from asking for the services, as it does most people	Feb 15, 2011 8:54 AM
1711	The state of California has accepted a responsibility for persons with developmental disabilities and an obligation to them, which is must discharge. The state does not ask parents and students for co-pays in California public schools and the same logic applies here.	Feb 15, 2011 10:28 AM
1712	DDS should continue providing services to children/family with children suffering from autism	Feb 15, 2011 10:46 AM
1713	Parents or caregivers must be involved and child must generalize corrected behavior to people around.	Feb 15, 2011 12:02 PM
1714	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 15, 2011 12:40 PM
1715	Unfortunately the time commitment for a parent of a child with a disablility is already huge. But if they are doing in-home services there is no reason the parent can't be involved. An affordable co-payment could be an option, but one has to consider that if the parent is home with the child it is typically a one income household. It would be beneficial to have HSA or HFA accounts be a source in helping pay for these services.	Feb 15, 2011 1:41 PM
1716	None	Feb 15, 2011 3:02 PM
1717	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California 's pubic schools and the same logic applies here.	Feb 15, 2011 3:46 PM
1718	Parents must be involved and actively participate in the sessions on a weekly basis. If they are unable to be present, services may be suspended until they are available. Parents should also have a co-pay towards such services.	Feb 15, 2011 3:50 PM
1719	Family training is an integral part of early start applied behavior analytic (ABA) treatment for young children at risk of or with autism. Training is provided at least once monthly. Additional training is included for parents who are able to observe sessions and for skills that are rapidly changing and need to be carried over outside of the sessions	Feb 15, 2011 3:50 PM
1720	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 15, 2011 3:58 PM
1721	Establish a financial need based screening process. It should take into consideration parents disposable income.	Feb 15, 2011 4:02 PM
1722	Again.it depends on level of service.	Feb 15, 2011 4:03 PM
1723	The assessment should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. There is a need for ongoing training in the application and maintenance of programs that will ensure significant behavior change.	Feb 15, 2011 4:04 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1724	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501) The state does not ask parents and students for co-pays in California's public schools and the same logic applies here.	Feb 15, 2011 4:06 PM
1725	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: The assessment should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. There is a need for ongoing training in the application and maintenance of programs that will ensure significant behavior change. A parent cannot be expected to implement a 40-hr per week or even more than a 1 hour per day program for the child. Anything less than 40 hrs per week has been shown ineffective therefore it would be a futile effort to expect parents to implement such a program. I think a great number of parents (myself included) would be willing to provide co-payment (scaled for income) to help pay for ABA services if the alternative was not offering them at all. Because it is evidenced-based and I have seen the miracles of it's success, I think it is like denying a cancer patient chemotherapy, or only giving a "half-dose" of chemo because you can't afford it. Parents want to be able to help pay for their kids therapy, especially if they have a choice.	Feb 15, 2011 4:07 PM
1726	Parent responsibilities would include (but are not limited to) the attendance of and participation in meetings discussing their child's current progress and future directions of services. Agreement and understanding of the recommendations for their child's program would be established prior to the continuation of services. Parents and consumers will continue to implement all recommendations made by educational staff (e.g., hours of program, methods of instruction). Parents will not bear monetary responsibility beyond the requirement for insurance benefits, assuming that current push for legislation requiring insurance companies to fund some level of ABA intervention becomes law. Parents should be required to purchase basic materials and provide adequate reinforcement for their child's intervention program.	Feb 15, 2011 4:15 PM
1727	none	Feb 15, 2011 4:23 PM
1728	Parents/caregivers must be committed to invest their time in being present at all sessions and follow-through with recommendations provided by the behavioral therapist.	Feb 15, 2011 4:28 PM
1729	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays inCalifornia's pubic schools and the same logic applies here.	Feb 15, 2011 4:40 PM
1730	Parent involvement in the program is critical: the assessment should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. There is a need for ongoing training in the application and maintenance of programs that will ensure significant behavior change. Parent cancellations of sessions are sometime problematic. Parents shoudl have to pay for last-minute cancellations and no shows as these represent significant costs to the service provider. I think parental co-payment is important, although probably difficult for more families economically.	Feb 15, 2011 4:42 PM
1731	See above	Feb 15, 2011 4:48 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1732	I take the responsibility of a family member very seriously and thus my responsibilities are usually three fold. To family member, consumer, to be informed of the law and the Lanterman Act and to be vigilant that the system that provides such critical support to my consumer is also being checked upon. This is where I find the most difficulty, there aren't much checks and balances in fact none other than that of residential facilities such as Quality assurance specifically indicated in the Lanterman Act.	Feb 15, 2011 4:50 PM
1733	Schedules so fit both the parent, consumer, and therapist. Everyone should be involved during sessions.	Feb 15, 2011 4:59 PM
1734	It takes a team effort with family as an important measure to success.	Feb 15, 2011 5:05 PM
1735	depending on availability parents should be required to be a part of services, at least a percentage of the time.	Feb 15, 2011 5:07 PM
1736	They need to make it a priority and make themselves available for the services.	Feb 15, 2011 5:29 PM
1737	Family training is an integral part of early start applied behavior analytic (ABA) treatment for young children at risk of or with autism. Training is provided at least once monthly. Additional training is included for parents who are able to observe sessions and for skills that are rapidly changing and need to be carried over outside of the sessions.	Feb 15, 2011 5:38 PM
1738	I believe that the vast majority of parents of children with developmental disabilities are shouldering far more responsibility and cost than most Californians can fathom. It is offensive to me that the Department thinks parents need to do more. The point of the Lanterman Act was to support parents by giving them help and supports so that they have the stamina to do the exhaustive work required to raise a child with a disability, especially a child with autism, which consistently ranks as one of the most taxing and difficult of all disabilities. On top of it, they are saddled with the challenges of advocacy in IPP and IEP meetings -- a time-intensive and extremely stressful responsibility. If we want to get to "responsibilties of parents," how about asking parents of able-bodied children the California Youth Authority to bear some of the responsibility of those costs, which outpace the resources spent on individuals with DD's by a ratio of at least 10:1? How about asking able-bodied adults in CalWORKs to shoulder some responsibility for supporting themselves and their children? What about the parents of non-disabled kids who cause nothing but trouble at school and tax teachers time and energy? Maybe they should be required to work one day a week in the classroom to make up for the drain on resources casued by their child. Stop assuming that parents of children with DD's are not "vulnerable" because they are not "poor." Vulnerable and poor are not the same thing. Most parents with a developmentally disabled child -- particulary ASDs -- are heart-broken, exhausted and broke. They spend hundreds of hours a year advocating for services that should be freely offered to their children. (What parent has to fight in an IEP meeting to make sure her son gets an education in the youth authority? What parent has to go to an IPP meeting to make sure her child receives CalWORKs benefits?) Collectively, parents of individuals with DD's are saving the state billions of dollars by doing the work of caring for a developmentally disabled child themselves rather than leaving it to developmental centers. By definition, they are some of the most vulnerable people in our state. Leave parents alone. Find other ways to save money.	Feb 15, 2011 5:45 PM
1739	Time commitment and committed participation. Perhaps a small co-pay based on family income.	Feb 15, 2011 5:45 PM
1740	See above.	Feb 15, 2011 5:47 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1741	My husband and I have attended all the trainings and met all the requirements that the regional center has made available and found it helpful. Maybe making the classes manditory to recieve certain services would help.	Feb 15, 2011 5:48 PM
1742	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 15, 2011 5:53 PM
1743	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California’s pubic schools and the same logic applies here.	Feb 15, 2011 6:12 PM
1744	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them, which it must discharge. The state does not ask parents and students for co-pays in California’s pubic schools and the same logic applies here.	Feb 15, 2011 6:14 PM
1745	Time commitment for the parent would be volunteering their time to the school which would help not pay someone for other services. Parent should attend training classes and practice with the child outside of the school environment to be in concert what the child is learning.	Feb 15, 2011 6:18 PM
1746	Parents and caregivers should be held responsible to stay activity involved in the day to day activities of any and all services. Behavioral services are expensive for families: paying for games, paying for stimuli, taking days off work, one parent not working, special diets, play equipment, multiple doctors and dentist appointments to complete simple procedures, (items that are unlike what a parent of a typical child would have to invest in),etc. I know in these economic times everyone needs to contribute, so I am not sure what would be fair.	Feb 15, 2011 6:20 PM
1747	The definition of parent participation in the Trailer Bill Implementation Plan of 2009 Section 4686.2 (d) (4) should be changed from saying "'Parent Participation' shall include, but shall not be limited to, the following meanings:" to the following statement "'Parent Participation' shall be fulfilled if a consumer's parent performs at least two of the following:' This statement will allow parents the flexibility to choose to participate in their child's behavior intervention program in the ways that best fit their individualized circumstances. By adding a number to this statement, it also gives behavior agencies and regional centers a way to quantify parent participation in the behavior intervention program.	Feb 15, 2011 6:20 PM
1748	attend all classess and parents training	Feb 15, 2011 6:22 PM
1749	Their responsibilities should be transportation costs, food, board, and attendance as well.	Feb 15, 2011 6:24 PM
1750	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: • The assessment should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. There is a need for ongoing training in the application and maintenance of programs that will ensure significant behavior change. • Parents should be required to attend weekly meetings, take data, work with their child on generalization and maintenance of skills, and attend parent training sessions conducted by the program supervisor. • Parents should be responsible for providing all material related to their child’s program including but not limited to binders, copies, pens/paper, toys, icons, reinforcers, etc. • Parent co-payment option should be explored.	Feb 15, 2011 6:27 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1751	Family training is an integral part of early start applied behavior analytic (ABA) treatment for young children at risk of or with autism. Training is provided at least once monthly. Additional training is included for parents who are able to observe sessions and for skills that are rapidly changing and need to be carried over outside of the sessions.	Feb 15, 2011 6:32 PM
1752	Parents/consumers should not be responsible for cost. Parents/family are not in a position to pay for these expensive services. Parents can help shoulder the responsibility of case management and oversight since they are willing and able. Since less regional center workers would then be required if families are doing case-management, then cost savings can be realized. Since the goal under the Lanterman Act is consumer independance, it is counterproductive to have consumers dependent upon family members for providing behavioral services.	Feb 15, 2011 6:34 PM
1753	Regional center and the therapists are very flexible in timing and terapy center.Parents are also responsible for correct timing.	Feb 15, 2011 6:42 PM
1754	Co-payment and health insurance to be accepted. Co-payments on an income scaled basis so not to be so expensive that those less fortunate could still afford to have the service.	Feb 15, 2011 6:44 PM
1755	I do believe all parents should be involved and have responsibilities. Time commitment seems the best way to go. Families with disabilities do not have much money unless they are already rich. I think if families are wealthy then maybe they should pay a co payment for services. I do not think poor or middle class families should have to pay. Life is hard enough and all of us are barely scraping by.	Feb 15, 2011 6:46 PM
1756	Parents and consumers to be made aware of their responsibility in maintaining the services - eg. mandatory not to miss 2 appointments without adequate notice. Failure to pay co-pay etc would mean services would cease until payment current.	Feb 15, 2011 6:53 PM
1757	The functional behavior assessment or functional analysis should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. In addition, in order to enhance understanding of basic principles of ABA and increase the likelihood of success, parents and other caregivers should be required to attend behavior management workshops offered by regional center or through community resources. These workshops should focus on proven behavioral methods used to manage a wide range to behaviors.	Feb 15, 2011 6:53 PM
1758	The functional behavior assessment or functional analysis should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. In addition, in order to enhance understanding of basic principles of ABA and increase the likelihood of success, parents and other caregivers should be required to attend behavior management workshops offered by regional center or through community resources. These workshops should focus on proven behavioral methods used to manage a wide range to behaviors.	Feb 15, 2011 6:54 PM
1759	I believe payment for such services should be based upon a families ability to pay. In over 20 years of working in this field I have seen many families who appear to have plenty of money, getting free services. Something feels wrong when I as a service provider must constalntly take furlough days and barely pay my mortgage because I have chosen to work in the social services field. I often watch family members arrive to meetings with a clear sense of entitlement in designer clothes, coach purses and fancy cars. It seems to me that if someone has the ability to pay, then they should pay.	Feb 15, 2011 6:57 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1760	The functional behavior assessment or functional analysis should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. In addition, in order to enhance understanding of basic principles of ABA and increase the likelihood of success, parents and other caregivers should be required to attend behavior management workshops offered by regional center or through community resources. These workshops should focus on proven behavioral methods used to manage a wide range to behaviors.	Feb 15, 2011 6:58 PM
1761	Co-pays are essential, starting at $5 per visit and on up via a sliding scale. Private insurance should always be used first. Parents must sign treatment plans that spell out their responsibilities and consequencs for not fulfilling their responsibilites. These responsibilites include being on time for appts and completeting taks assigned between appts such as data recording.	Feb 15, 2011 7:01 PM
1762	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: The assessment should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. There is a need for ongoing training in the application and maintenance of programs that will ensure significant behavior change.	Feb 15, 2011 7:03 PM
1763	Parents should be considered part of the treatment team and participate in services. They should participate when their children are having direct intervention time (maybe training with the staff), but also be able to generalize skills outside of those treatment hours. They should also be trained to collect data outside of sessions. This will help them learn the functions of behavior, be able to identify behaviors to identify behaviors to decrease and increase in the future. The amount of time the parents should participate should be considered on an individual basis based on the needs of the child and taking into consideration the dynamics of the family. However, every parent should participate on some level as it is an important part of their treatment.	Feb 15, 2011 7:17 PM
1764	The more funding from the State, the better/easier (to make this available to a wider audience), but if co-pays need to be looked at to continue providing services, that would not be unrealistic or unreasonable. Parents absolutely need to be very involved, and this should be mandated.	Feb 15, 2011 7:18 PM
1765	Families need time commitment. Families who can afford it, perhaps a small copay should be instituted.	Feb 15, 2011 7:28 PM
1766	Co-payment - consider sliding scale from 0 to 20% depending on the income of the consumer. Time commitment - Varies with the type and severity of the problem, but no less than 1 hour daily.	Feb 15, 2011 7:29 PM
1767	I feel a reasonable contract establishing commitments from both sides is fair in regards to a small, income based co-pay. The time commitment requirement, however, should be the same regardless of a family's socioeconomic status.	Feb 15, 2011 7:30 PM
1768	contractual agreement to follow through, report progress or concerns, minimal co-pay as able	Feb 15, 2011 7:32 PM
1769	Parent who are able to pay (based on income verification) can pay the co-payment.	Feb 15, 2011 7:33 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1770	Again, like I said above, I wish that insurance companies would pay for all these services, because parents can't afford the expenses that come with all these therapies that these children require. It's bad enought that these families are going into debt, and some into bankruptcy just because of having to pay out of pocket for their childs services, that's not right, that should not be happening in this country we live in.	Feb 15, 2011 7:34 PM
1771	I do believe in a sliding fee co-pay by families. But as autism is an expensive disorder the standard should be higher than normal for beginning a co-pay.	Feb 15, 2011 7:34 PM
1772	only time commitment, co-payment is not fair Autism cost already to all families a lot of family, All mineral and vitamins and other treatment for autism are not reimbursable by insurances.	Feb 15, 2011 7:34 PM
1773	Parent responsibilities would include (but are not limited to) the attendance of and participation in meetings discussing their child's current progress and future directions of services. Agreement and understanding of the recommendations for their child's program would be established prior to the continuation of services. Parents and consumers will continue to implement all recommendations made by educational staff (e.g., hours of program, methods of instruction). Parents will not bear monetary responsibility beyond the requirement for insurance benefits, assuming that current push for legislation requiring insurance companies to fund some level of ABA intervention becomes law. Parents should be required to purchase basic materials and provide adequate reinforcement for their child's intervention program.	Feb 15, 2011 7:37 PM
1774	Parents or care-givers are to participate and observe the therapy whenever is needed, and suggested by the program supervisor, as well as to make notes and follow-through with the techniques showed in the therapy, throughout the day, reporting to the program supervisor their findings and results. There cannot be a specific co-payment because there are many families that barely can make ends meet and there cannot be a time commitment because it all depends on how well or not so well the consumer is doing: there are consumers who could progress fast and others could make really slow progress, which does not indicate that this last consumer does not need the behavior therapy; both need the therapy; this could only be determined by a Program Supervisor and a follow-up assessment.	Feb 15, 2011 7:39 PM
1775	See above. Also, it would be adventageous for this service to be provided through insurances. However, insurance companies are currently making recieving the service unfeasible for both the consumer and providers. Hence, they claim that there is no need for the service. Furthermore, time comitments should be desided based on kids functioning and other pertinent commitments. In the end- the time should be determined based on the time needed to sustain progress.	Feb 15, 2011 7:44 PM
1776	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's public schools and the same logic applies here.	Feb 15, 2011 7:47 PM
1777	N/A	Feb 15, 2011 7:50 PM
1778	The assessment should identify parent and/or primary caregiver goals regarding implmentation of recommended behavioral strategies. There is a need of ongoing training in the application and maintenance of programs that will ensure significant behavior change.	Feb 15, 2011 7:54 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1779	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's public schools and the same logic applies here.	Feb 15, 2011 7:56 PM
1780	Parents must be present in the home during all intervention sessions, with the intent of parents observing and learning the strategies used in the behavior plan so they can learn to implement future strategies independently. Financial contribution to the cost of services makes sense and may increase the committment of parents to learn how to implement the strategies & may also influence parent timliness in fading services. Services should not continue beyond 30 months or past a child's 8th birthday. Working parents who face scheduling hardships may need to have fewer hours of intervention & an increase in respite hours if they are unavailable to participate in training.	Feb 15, 2011 7:57 PM
1781	Parents need to be responsible and. Make copays based on a scale. Families vary so much you can not generalize and many families have no ability to make any kind of payments. Certainly if families get services they don't use they should have to try to participate has required or lose the service or chain to a service they can accomodate	Feb 15, 2011 8:01 PM
1782	Make sure to adapt and learn the skills and techniques provided by the provider for carry over at home and for the person to get better and may not need services for life	Feb 15, 2011 8:07 PM
1783	In regards to payment, see item 5 above. Family members of the client should make reasonable efforts to support services with their cooperation, implementation of techniques outside of therapy, and time. However, Behavioral services should not be denied due to the need for both parents to work, if a parent is too ill to participate or any other problem that prevents full parent/caretaker participation. Cancellations of session times should not be excessive; however, considerations should be made for illness, death in the family, surgery etc. It would be ideal to have one family member fully participate in therapy, but this should not be required if the family member has a reason excuse such as the need to work.	Feb 15, 2011 8:09 PM
1784	Co-pay when possible. A commitment to show up for every session, to follow through with the program directives or lose the program funding. Always considering there are special circumstances.	Feb 15, 2011 8:10 PM
1785	This is a group effort, so parents have to be involved as well as the professionals. An insurance company co-payment would have to be minimal and the time commitment will differ with each family.	Feb 15, 2011 8:14 PM
1786	Parents must receive training by a BCBA about how to follow through on behavior intervention when consumer is not receiving direct services by a professional.	Feb 15, 2011 8:16 PM
1787	We work closely with the Parent and Provider along with the Consumer.	Feb 15, 2011 8:18 PM
1788	The assessment should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. There is a need for ongoing training in the application and maintenance of programs that will ensure significant behavior change.	Feb 15, 2011 8:18 PM
1789	As parents, we were required to take a class from an area agency in regards to parenting and ABA. While the book provided, Steps to Independence, was helpful, the class was a complete waste of time. It would be better to have this through the ABA consultant on a one-on-one basis.	Feb 15, 2011 8:26 PM
1790	The assessment should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. There is a need for ongoing training in the application and maintenance of programs that will ensure significant behavior change.	Feb 15, 2011 8:26 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1791	Family training is an integral part of early start applied behavior analytic (ABA) treatment for young children at risk of or with autism. Training is provided at least once monthly. Additional training is included for parents who are able to observe sessions and for skills that are rapidly changing and need to be carried over outside of the sessions.	Feb 15, 2011 8:29 PM
1792	Family training is an integral part of behavioral intervention for consumers at risk. Training is provided at least once weekly. Additional training is included for parents who are able to observe sessions and for skills that are rapidly changing and need to be carried over outside of the sessions. The assessment should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. There is a need for ongoing training in the application and maintenance of programs that will ensure significant behavior change.	Feb 15, 2011 8:30 PM
1793	parents should be reinbursed more, not less--there are many extra expenses with a special needs child that no one ever understands	Feb 15, 2011 8:30 PM
1794	Families must be truly committed with helping to provide highly effective service to their child by devoting their time during parent training and when behavioral staff are present. Their level of participation is necessary in order to generalize skills outside the home and maintain consistency across all environments. Families should collect data outside of direct sessions and participate in completion of a Functional Behavioral Assessment prior to the implementation of behavioral services. In addition,	Feb 15, 2011 8:31 PM
1795	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: • The assessment should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. There is a need for ongoing training in the application and maintenance of programs that will ensure significant behavior change. • Parents should be required to attend weekly meetings, take data, work with their child on generalization and maintenance of skills, and attend parent training sessions conducted by the program supervisor. • Parents should be responsible for providing all material related to their child’s program including but not limited to binders, copies, pens/paper, toys, icons, reinforcers, etc. • Parent co-payment option should be explored.	Feb 15, 2011 8:33 PM
1796	Establish parent copayments based on income, family size and number of children who are consumers (FCPP)	Feb 15, 2011 8:41 PM
1797	parents/family/caretakers/client should assist in the implementation	Feb 15, 2011 8:43 PM
1798	Parents need to be able to make the time commitment, and to agree to follow through with whatever goals/methods have been agreed to by parent & vendor. There should not be a "co-pay" involved. Those of us parents with special needs family members are already hard hit with expensive medication/and or expensive therapies, which are not always entirely covered by private insurance. This cost to the state helps keep our disabled family members at home, helps keep families intact, and hopefully increases the disabled person's skill level to a point where employment of some sort can be a future possibility, so that he/she isn't a burden to the taxpayer for the remainder of his/her life.	Feb 15, 2011 8:46 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1799	It had been proven that districts who engage the interest and involvement of the parents fare significantly better in student scores and the percentage of students who go on to attend college. It also lowers the high school drop out rate significantly. Look at the web site for the successful schools. Go in person and see for yourself what works. There can be reward systems for parents who sign up to give a time commitment. Others may be willing to contribute financially in some way. Think outside the box, e.g., consider "gifts-in-kind" that some businesses or community agencies would be willing to contribute. (I once worked for Love INC, a nonprofit agency assisting low income clients. Periodically the parent organization, World Vision, would receive truck loads of gift-in-kind items from businesses. I would go to their warehouse and fill my own truck with items, e.g., pantyhose, National Geographic books (dated 1985 but still useful), infant items, toys, blankets for the homeless, and more.) Other parents or employees may work for businesses who are no longer using certain equipment (e.g., one employee's husband donated file cabinets he no longer was using at his business). Schedule a work day for parents (and students) to spruce up their campus and have a sense of pride (results in less grafitti if they are invested in improving it). One of our schools is an academy and has allowed students to paint beautiful art on the walls of hallways and outdoor walls of their school. Middle School students are proud of their work and have the opportunity to "show it off." This also gives them an opportunity to develop a special skill or talent. It can pave the way for future scholarships to college (music, art, etc.).	Feb 15, 2011 8:48 PM
1800	I strongly support family co-payments based on the ability to pay. Similar to the copayment for placement of consumers under 18. The same process can be used?	Feb 15, 2011 8:49 PM
1801	The State of California has rightfully accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. The state does not ask parents and student for co-pays in California’s pubic schools and the same logic applies here.	Feb 15, 2011 8:51 PM
1802	Co-payment should be based on the capability of making such payment. Possibly, the parents of consumers could allocate a time committment to assist in reducing the cost of the service.	Feb 15, 2011 8:54 PM
1803	Parents must be willing to work with the behaviorist to implement recommended strategies, and also coordinate with schools and leaders in other social settings to ensure consistency.	Feb 15, 2011 8:58 PM
1804	I believe all options need to be explored to keep this much needed service in place.	Feb 15, 2011 9:01 PM
1805	Parents or caregivers must be available time wise. Copay maybe required if that is the only way that the services can be provided budget wise for relavent services	Feb 15, 2011 9:01 PM
1806	Parents need to be present to learn and implement in the child's life.	Feb 15, 2011 9:09 PM
1807	Parents should have to attend generic parent trainings within their community if they and DDS should fund 1 x parent training up to 12 hrs not 16 hours.	Feb 15, 2011 9:19 PM
1808	The State of California has been doing this and should continue to do so. Parents and consumers should not have to pay this - This is in the Lanterman Act Sec. 4501	Feb 15, 2011 9:20 PM
1809	Parents should be held accountable in learning the various techniques for intervention with their own child. But these services should not be negated in lieu of daycare or family care situations. You already have a standard of 2 hours per week parent training and the parent or caregiver must be present during all hours done, so I'm not understanding why you are asking this question.	Feb 15, 2011 9:20 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1810	Parents hold accountable for their childern. Many are seeking avenues of better for thier childern. It is a recognized idea that parents must commit to the services request for their child. Ex.A child with Autism is part of an ABA program, in that, there are team meetings,parent education and skills taught to the families, all of which parents commit to. With regards to a co-payment...how nice to have a payment set up as opposed to parents spending $50,000-$80,00/year alone on ABA services!!	Feb 15, 2011 9:23 PM
1811	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501) The State does not ask parents and students for co pay in California's public schools and the same logic applies here.	Feb 15, 2011 9:23 PM
1812	The assessments should identify parent and /or primary caregiver goals regarding implementation of recommended behavioral strategies. There is a need for ongoing training in the application and maintenance of programs that will ensure significant behavior change.	Feb 15, 2011 9:26 PM
1813	Some parents can afford it, so they could pay a percentage. Some parents have incomes that might be higher than average, but who have other children and have gone into debt (mortgaging their homes, etc.) to hire attorneys to help them get bare minimum services from their school districts and/or pay for private services when the school system was out-of-compliance, letting their child regress. An evaluation of the family's ability to pay would need to be done in certain cases by a 3rd party panel, I think, to evaluate the ability of the family to contribute in relation to the needs of the family. It does no good to drive parents into an early grave with the non-stop stress of fighting for critical services and then forcing the parents to begin taking on the burden of treating their teenaged children on their own following "parent training." It would behoove the state to support parents because, when parents are burned out, their health is destroyed from the stress, and they can no longer keep their grown children at home, it will cost the state MUCH more per year for those individuals. The state/regional centers should support parents (by supporting the consumers) and see parents as a cost-saving feature in the grand scheme.	Feb 15, 2011 9:29 PM
1814	Parents should be required to take an active role in behavioral services since they are with the consumers 24/7.	Feb 15, 2011 9:32 PM
1815	Parents should be available for regular meetings and consultations. Parents should also be willing to train and learn so that they can implement the proper approach and behavior-correcting practices with their child every day.	Feb 15, 2011 9:37 PM
1816	I would GLADLY help pay with a co-pay per session for the services we get. They are invaluable. That said, I'm blessed to be in a position where we can do that. I think a sliding scale would be fair in determining how much a family can afford to help. Time commitment? I live with my child. I take care of him all the time. I don't know what you mean by time commitment. 24/7 is the physical maximum possible. I take my duties as a partner with the therapists very seriously. I carry out the behavioral plans even when they aren't there. From everything I've seen, this is all very clearly written out in the contracts we sign with the Regional Center. The other parents I know take the partnership seriously to because the behavioral therapies HELP US!	Feb 15, 2011 9:41 PM
1817	Definitely time commitment is a must and co-payments are not always the best, as mentioned before this might deter a family to participate or willingly engage into this type of intervention or service to assist the consumer in the overall picture, money is tight for families and sometimes they will reject or decline services.	Feb 15, 2011 9:41 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1818	Quality participation from parents is more important than just an arbitrary number (e.g., 50% of session or 5 hours).	Feb 15, 2011 9:41 PM
1819	Parents and family members already perform many responsibilities in supporting and advocating for their family members, as well as caring for them. No additional burden should be placed on families.	Feb 15, 2011 9:42 PM
1820	Parent time Commitment	Feb 15, 2011 9:43 PM
1821	Parents should always be involved.	Feb 15, 2011 9:56 PM
1822	Parents must agree to attend training outside of the home for the 6-8 sessions of parent training.	Feb 15, 2011 10:01 PM
1823	Parents need to particiapte fully in the services being provided incuding share of cost, particpation in training, with and without the preson receiving the services.	Feb 15, 2011 10:06 PM
1824	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: The assessment should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. There is a need for ongoing training in the application and maintenance of programs that will ensure significant behavior change.	Feb 15, 2011 10:11 PM
1825	he State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 15, 2011 10:11 PM
1826	Yes, require parents to go to parent training. Although the therapy should start concurrently. I child should not have to wait for services while a parent struggles to find sitters and attend an often weeks-long course. On that note, provide child care for the parent training! BUT, this needs to be handled on an individual basis. If I'm a stay-at-home mom with a college degree, great, train ME to take over the therapy under the supervision of a vendor. Unless my child's needs are too severe. But if I have to work all day and can only afford a barely competent sitter, or if I have 4 other kids, or if I am simply not capable, it is NOT realistic to expect the parent to handle the therapy to the detriment of the child with special needs. Maybe give a bonus or incentive to parents to make greater time and involvement commitments when that is reasonable. Time commitment and involvement must be individualized. Rather than institute a co-payment, give parents an allowance so they can participate and be more invested in the therapy, and can make more personal choices to better promote competition and excellence between vendors. The bottom line is that ANY parent, even one who is wealthy and only has one child, is OVERWHELMED, financially, emotionally, with their time, etc. Yes, open the doors and make it possible for parents to get involved, but to put too many requirements and barriers only hurts the children who most need help.	Feb 15, 2011 10:23 PM
1827	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them, which it must discharge. The state does not ask parents and students for co-pays in California’s pubic schools and the same logic applies here.	Feb 15, 2011 10:24 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1828	The definition of parent participation in the Trailer Bill Implementation Plan of 2009 Section 4686.2 (d) (4) should be changed from saying "'Parent Participation' shall include, but shall not be limited to, the following meanings:" to the following statement "'Parent Participation' shall be fulfilled if a consumer's parent performs at least two of the following:' This statement will allow parents the flexibility to choose to participate in their child's behavior intervention program in the ways that best fit their individualized circumstances. By adding a number to this statement, it also gives behavior agencies and regional centers a way to quantify parent participation in the behavior intervention program.	Feb 15, 2011 10:28 PM
1829	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here	Feb 15, 2011 10:28 PM
1830	Parents should be part of the treatment team if available. A co-payment may keep parents or guardians from seeking services.	Feb 15, 2011 10:33 PM
1831	Service will be terminated if family does not actively participate.	Feb 15, 2011 10:37 PM
1832	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: The assessment should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. There is a need for ongoing training in the application and maintenance of programs that will ensure significant behavior change.	Feb 15, 2011 10:38 PM
1833	Learn and lead by example, make it more personal with the teacher and regional centers, having a better relationships... Feeding off each others... Two heads work better then one.	Feb 15, 2011 10:42 PM
1834	Utilize medical insurance where applicable-otherwise provide the services at no premium to the family or adult consumer	Feb 15, 2011 10:43 PM
1835	Parents need to be responsible for the people needing aid or assistance.	Feb 15, 2011 10:49 PM
1836	No charge for behavior services. The cost of "un-served" children with behaviors will be greater down the road if unserved at a young age.	Feb 15, 2011 10:49 PM
1837	parents participations, weekly meetings.	Feb 15, 2011 10:53 PM
1838	Parent responsibilities would include (but are not limited to) the attendance of and participation in meetings discussing their child's current progress and future directions of services. Agreement and understanding of the recommendations for their child's program would be established prior to the continuation of services. Parents and consumers will continue to implement all recommendations made by educational staff (e.g., hours of program, methods of instruction). Parents will not bear monetary responsibility beyond the requirement for insurance benefits, assuming that current push for legislation requiring insurance companies to fund some level of ABA intervention becomes law. Parents should be required to purchase basic materials and provide adequate reinforcement for their child's intervention program.	Feb 15, 2011 10:53 PM
1839	See above.	Feb 15, 2011 10:57 PM
1840	Parents need to be responsible for the people needing aid or assistance to take them to and from and making sure the program is working for them.	Feb 15, 2011 10:59 PM
1841	Must be individual, no copayment	Feb 15, 2011 11:01 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1842	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: The assessment should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. There is a need for ongoing training in the application and maintenance of programs that will ensure significant behavior change.	Feb 15, 2011 11:03 PM
1843	Parents should play a role in the development and growth of thier child, so that all activities demonstrated can transfer and control established. Payment should be carried out by the state, as theyt are developing thier public education and working towards enetering public schools.	Feb 15, 2011 11:09 PM
1844	Parents should havea co-pay for services... maybe include behavior services in FCPP assessment. Parent or primary caregiver should be required to be in attendence during ALL service hours.	Feb 15, 2011 11:09 PM
1845	Families currently are considered responsible for helping in treatment of their child. It is a trainer to trainer model. Co-payments should be contingent on reimbursement from insurance companies.	Feb 15, 2011 11:10 PM
1846	a parents involvement is critical in the development of their child...I believe that if the parents want their child to make significant improvement that they need to be involved and learn how to help with the progrmas their child receives. Workshops are an excellent way to learn the necessary skills and build an understanding of how to better help their child.	Feb 15, 2011 11:11 PM
1847	The assessment should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. There is a need for ongoing training in the application and maintenance of programs that will ensure significant behavior change.	Feb 15, 2011 11:11 PM
1848	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: • The assessment should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. There is a need for ongoing training in the application and maintenance of programs that will ensure significant behavior change. • Parents should be required to attend weekly meetings, take data, work with their child on generalization and maintenance of skills, and attend parent training sessions conducted by the program supervisor. • Parents should be responsible for providing all material related to their child’s program including but not limited to binders, copies, pens/paper, toys, icons, reinforcers, etc. • Parent co-payment option should be explored.	Feb 15, 2011 11:13 PM
1849	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 15, 2011 11:46 PM
1850	I believe that the parents should devote time during their week to support these activities at home.	Feb 16, 2011 12:00 AM
1851	Parents and consumers should be required to participate in the planning of the services and be required to take training to meet the needs of the child or disabled person.	Feb 16, 2011 12:05 AM
1852	A co-payment can be made by the family as long as it is not out of price range. It should be straight across the board. I don't feel just because the parents work that they should pay for all the parents who don't.	Feb 16, 2011 12:07 AM
1853	There should be time commitments by parents. Depending on the intensive therapy, co-payments.	Feb 16, 2011 12:09 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1854	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge (Lanterman Act Section 4501). The state does not ask parents and student for co-pays in California's pubic schools and the same logic applies here.	Feb 16, 2011 12:11 AM
1855	educating consumers and parents is crucial, and can help prevention. one can not be responsible if does not know what to do.	Feb 16, 2011 12:17 AM
1856	signed contract between parent/child to do community service or pay a reduced rate, could be set up on a payment plan if necessary.	Feb 16, 2011 12:18 AM
1857	Determining co-payments should not be based on gross household income alone. Family size, other household expenses, other healthcare expenses, etc. should be taken into consideration.	Feb 16, 2011 12:20 AM
1858	See above	Feb 16, 2011 12:20 AM
1859	Parents should be provided opportunities to gain parent education and play roles in the daily aspect of carrying out therapy strategies at home that were learned during the therapy sessions. Programs such as Hanen, "More Than Words" and "It Takes Two To Talk" are parent education classes that are taught by certified speech language pathologists. When parents take these classes, paid for by the state agencies, the children often resolve speech-language issues faster due to the hands-on-nature and coaching of the program.	Feb 16, 2011 12:28 AM
1860	There should be some co-payment on the part of parents/consumers based on their ability to afford it (income). Parents or any other people who deal with the individual receiving services on an ongoing basis should participate in some degree of training in behavioral techniques. Reasonable standards should be discussed and set forth from the beginning of a program regarding the time commitment (a percentage of the funded hours) that is to be expected. Families should be encouraged to participate and providers should explain to them that the service will be most effective with greater participation. If parents are only able to participate minimally or not at all (e.g., if both parents work full time and the child stays with a babysitter) this should be considered in the initial discussion. Under no circumstances should a person be denied services because the family is not able to pay or has limited time/ability to participate in the service provision. These accommodations should be made on an individual basis such that the regional center and service provider ensures that they meet the individual's basic needs.	Feb 16, 2011 12:29 AM
1861	Possible parent co-pay if child client if not inconsistent with Parent Program Fee if no generic service or private insurance covers. Otherwise, Reg. Ctr. would have to cover. For children, parents may need to transport, give legal consent for meds, make time commitment to assist within home environment, return child for follow-up. For adults, either Conservator or case worker need accompany to followup if client in own home and/or give legal consent if client not of mental capacity.	Feb 16, 2011 12:47 AM
1862	Families should participate in behavioral services so they can follow the protocol consistently. Parents of minors should have assessment of ability to pay.	Feb 16, 2011 12:48 AM
1863	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: The assessment should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. There is a need for ongoing training in the application and maintenance of programs that will ensure significant behavior change.	Feb 16, 2011 12:56 AM
1864	Family training is an integral part of early start applied behavior analytic (ABA) treatment for young children at risk of or with autism. Training is provided at least once monthly. Additional training is included for parents who are able to observe sessions and for skills that are rapidly changing and need to be carried over outside of the sessions.	Feb 16, 2011 1:01 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1865	Recently, the law changed and parents have to be very involed with all servcies provided to their loved ones. get the money from medi-cal and dds, it's already hard enough to spend more money on our kids beause we already buy separate foods, more diapers, more medicine, more copayments than anyone else because our kids get sick more often. i dont understan why you want to bleed us to death	Feb 16, 2011 1:05 AM
1866	# Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: * The assessment should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. There is a need for ongoing training in the application and maintenance of programs that will ensure significant behavior change.	Feb 16, 2011 1:07 AM
1867	Attempt to educate parents. If the parents are willing to do the work, then make it easier for them to get the help and services they need.	Feb 16, 2011 1:12 AM
1868	I believe the parents are completely responsible for learning everything they can about their child's affliction. Autistic behaviors can be helped, if done correctly. ABA services have allowed us to help our child. I think our responsibilities for our current agency should be typical for every parent requiring ABA help for their child: we are asked to attend two hour, bi-monthly clinics, where everyone on our child's team and the supervisor attend. We go over problem behaviors, address other concerning issues, and run programs to make sure we all understand. This is very helpful to us, to help our child after ABA leaves our home each day. Also, we have been asked to do training through the company, and ask questions of our supervisor or the training consultant. The access is amazingly helpful, and without these invaluable services (for us), we might not be where we're at today with our child.	Feb 16, 2011 1:17 AM
1869	The assessment should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. There is a need for ongoing training in the application and maintenance of programs that will ensure significant behavior change. Parental involvement is an important component in order to obtain the full benefits of treatment. Time commitment should be based on the individual needs of the family and the frequency, duration and intensity of the problem behaviors. Families should pay a co-payment for services if their financial situation allows for it.	Feb 16, 2011 1:23 AM
1870	Parents should be involved from the get go but please remember that the parents are only human and are tasked to take on the consumers daily 24/7. We need professional help in order to learn and help our children. The way to help us best is through constant support not annual meetings or quarterly meetings that give us more homework. The best way for us to learn is to watch how seasoned professionals interact with our children directly and how they can motivate them. This needs to happen frequently so as the child changes so can our approach. We can then emulate this and continually teach once we are taught accross environments. Like I said earlier, hopefully with gods grace our children won't need to be lifetime clients.	Feb 16, 2011 1:29 AM
1871	This is a team approach which requires commitment. The results will only be as good as the input from all parties.	Feb 16, 2011 1:33 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1872	Family training is an integral part of early start applied behavior analytic (ABA) treatment for young children at risk of or with autism. Training is provided at least once monthly. Additional training is included for parents who are able to observe sessions and for skills that are rapidly changing and need to be carried over outside of the sessions.	Feb 16, 2011 1:33 AM
1873	I believe the parents are completely responsible for learning everything they can about their child's affliction. Autistic behaviors can be helped, if done correctly. ABA services have allowed us to help our child. I think our responsibilities for our current agency should be typical for every parent requiring ABA help for their child: we are asked to attend two hour, bi-monthly clinics, where everyone on our child's team and the supervisor attend. We go over problem behaviors, address other concerning issues, and run programs to make sure we all understand. This is very helpful to us, to help our child after ABA leaves our home each day. Also, we have been asked to do training through the company, and ask questions of our supervisor or the training consultant. The access is amazingly helpful, and without these invaluable services (for us), we might not be where we're at today with our child.	Feb 16, 2011 1:38 AM
1874	Family training is an integral part of early start applied behavior analytic (ABA) treatment for young children at risk of or with autism. Training is provided at least once monthly. Additional training is included for parents who are able to observe sessions and for skills that are rapidly changing and need to be carried over outside of the sessions.	Feb 16, 2011 1:51 AM
1875	This is a tough question. Cal-Works in our state has a 5 yr limit. And I know of people who find a way to abuse that, too. I have spent ALL of my son's life (15 yrs) working crappy minimum wage jobs, well below my level of education and expertise, desperately trying to strike a balance between income and commute and time with my child and trying to afford a decent place to live and raise my kid. And there is no end in sight. These kids don't magically stop needing services at age 18.So to answer the time commitment part - never. Services should grow and change with the child's needs and changing skill level, just like school. RE: Co-payment - If a household can afford to pay the 20% then they should. But this should be re-evaluated annually just like Medi-CAL and SSDI. Too many families have lost their jobs, lost their homes, lost their savings and their marriages trying to solve this puzzle. That shouldn't happen, to any of us.	Feb 16, 2011 1:54 AM
1876	Family training is an integral part of early start applied behavior analytic (ABA) treatment for young children at risk of or with autism. Training is provided at least once monthly. Additional training is included for parents who are able to observe sessions and for skills that are rapidly changing and need to be carried over outside of the sessions	Feb 16, 2011 1:59 AM
1877	Parent responsibilities include presence during all treatment sessions, participation in sessions as requested, participation in parent training, data collection as requested. Co-payment would only be appropriate for a two-parent household in which both parents are employed full-time. Co-payment should be determined on a sliding scale.	Feb 16, 2011 2:01 AM
1878	as the Lanterman Act provides some children are better off without their parents some parents have more children to take care of while their disabled child receives services Adults are not obligated to make a time committment	Feb 16, 2011 2:15 AM
1879	I think the current arrangements are working great.	Feb 16, 2011 2:16 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1880	The definition of parent participation in the Trailer Bill Implementation Plan of 2009 Section 4686.2 (d) (4) should be changed from saying "'Parent Participation' shall include, but shall not be limited to, the following meanings:" to the following statement "'Parent Participation' shall be fulfilled if a consumer's parent performs at least two of the following:' This statement will allow parents the flexibility to choose to participate in their child's behavior intervention program in the ways that best fit their individualized circumstances. By adding a number to this statement, it also gives behavior agencies and regional centers a way to quantify parent participation in the behavior intervention program.	Feb 16, 2011 2:22 AM
1881	CO-PAYMENTS WOULD BE APPROPRIATE, IF SERVICES ARE PROVIDED AND ARE BENEFICIAL TO THE CONSUMER AND PARENTS THEY WOULD COMMIT TIME, I BELIEVE.	Feb 16, 2011 2:23 AM
1882	Families should be involved when direct services with their child take place in order to generalize the skills to other environments, and implement the same behavioral interventions consistently. Data collection outside of direct sessions would be important. Families should also participate in training and be a part of a Functional Behavioral Assessment as services begin.	Feb 16, 2011 2:24 AM
1883	There is definitely a need for buy in from the family but don't be unduly restrictive. Most consumers aleady are dealing with higher expenses just because their child has alot of needs that other kids outgrow. So I do not think that a necessity should be a shared expense. Do you want to see if medical will pay instead? There will be another fight on that front. Flexibility is key and the needs of the child. Working with the family and at their schedule times is really necessary. It is very difficult to do behavior services when you are working but it is also impossible to schedule when a slot opens up for you. So rigid demands would be unreasonable. The family does need to be committed because it is a long term requirement.	Feb 16, 2011 2:30 AM
1884	The assessment should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. There is a need for ongoing training in the application and maintenance of programs that will ensure significant behavior change.	Feb 16, 2011 2:35 AM
1885	Parents should participate in parent training program to facilitate generalization. They should also implement following training and record data.	Feb 16, 2011 2:39 AM
1886	The assessment should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. There is a need for ongoing training in the application and maintenance of programs that will ensure significant behavior change. It should not be the job of service providers to raise children, but to help parents get on track to raising their children by learning the necessary skills. However, situations do arise in which parents are incapable of learning and implementing the strategies necessary to support the development of their special needs children. The Regional Center and contracted service provider should work together to differentiate between those parents who are "unable" vs. those who are "unwilling" and continue to support the development of those children whose parents are "unable."	Feb 16, 2011 2:40 AM
1887	Share of cost - while this would impose a parent fee for services it would allow consumers to continue to receive needed services without an arbitrary standard that might eliminate them from receiving a service at all.	Feb 16, 2011 2:41 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1888	Parents should be commited to learn ABA therapy techniques because they are with their sp.needs children/young adults daily. This will help the therapist give feedback on parents techniques or what needs to be changed or worked on. With my experience in this, it very helpful for our family.	Feb 16, 2011 2:58 AM
1889	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's public schools and the same logic applies here.	Feb 16, 2011 2:59 AM
1890	parents should always participate and not be alowed to drop off or leave children-and those that do so should be charged babbysitting fee-2hrs. 4 to 5 days a week depending on severity of child//parents and those involved in raising the child should have coping classes and educated in ways to self help their child.everyone should be on the same page for the consistency of the child and to make the learning process work efficiently.	Feb 16, 2011 3:17 AM
1891	Famly copay after certain income level . Famlies must participate minimum number of hours per week	Feb 16, 2011 3:19 AM
1892	Parents spend thousands of dollars out of pocket alrady on services, medications, uncovered therapies, uncovered medical, etc. that RC's, schools and insurance cos. don't cover. They can't afford to take any more hits. Parents or their children's caregivers can and should be trained on the interventions so that the skills can be generalized all settings. Don't limit services to only when parents can be available. Many parents must both work to put food on the table. Allow caregivers and other family members to be available to learn the skills and they can assist in helping the families and children learn the skills.	Feb 16, 2011 3:23 AM
1893	The assessment should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. There is a need for ongoing training in the application and maintenance of programs that will ensure significant behavior change.	Feb 16, 2011 3:26 AM
1894	The client or family member should have an option to chose their service provider, submit the bill. Current SARC providers are not adequate.	Feb 16, 2011 3:30 AM
1895	Parents who are in need of these services should make the commitment to follow through with service provided.	Feb 16, 2011 3:31 AM
1896	Co-payment as above. Time committment is important for the success of the intervention. Written expectations are appropriate and should be signed by both the service provider/regional center and the family.	Feb 16, 2011 3:33 AM
1897	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: The assessment should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. There is a need for ongoing training in the application and maintenance of programs that will ensure significant behavior change.	Feb 16, 2011 3:41 AM
1898	Parents and consumers should commit to their involvement in learning the strategies and methodologies used in ABA and demonstrate these basic principles of behavior during and outside of ABA sessions.	Feb 16, 2011 3:44 AM
1899	It is hard to expect parents to be therapists, as it takes away their ability to connect as parents. That being said, parents should agree to training to insure consistency of therapy (as otherwise it is hard to get it to succeed).	Feb 16, 2011 3:54 AM
1900	a LOT of these cases seem to stem from the lower socio-economic population. i think a co-payment is a respectable thing to offer, but it should depend on the family's monthly income.	Feb 16, 2011 3:55 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1901	Parents are, and should always be, the first line of education for their children. Parents should be required to attend training, at a reasonable interval, to assist in the development of perishable skills necessary to the growth and development of their children.	Feb 16, 2011 3:59 AM
1902	The definition of parent participation in the Trailer Bill Implementation Plan of 2009 Section 4686.2 (d) (4) should be changed from saying "'Parent Participation' shall include, but shall not be limited to, the following meanings:" to the following statement "'Parent Participation' shall be fulfilled if a consumer's parent performs at least two of the following:' This statement will allow parents the flexibility to choose to participate in their child's behavior intervention program in the ways that best fit their individualized circumstances. By adding a number to this statement, it also gives behavior agencies and regional centers a way to quantify parent participation in the behavior intervention program.	Feb 16, 2011 4:25 AM
1903	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: The assessment should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. There is a need for ongoing training in the application and maintenance of programs that will ensure significant behavior change.	Feb 16, 2011 4:26 AM
1904	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: The assessment should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. There is a need for ongoing training in the application and maintenance of programs that will ensure significant behavior change.	Feb 16, 2011 4:27 AM
1905	The definition of parent participation in the Trailer Bill Implementation Plan of 2009 Section 4686.2 (d) (4) should be changed from saying "'Parent Participation' shall include, but shall not be limited to, the following meanings:" to the following statement "'Parent Participation' shall be fulfilled if a consumer's parent performs at least two of the following:' This statement will allow parents the flexibility to choose to participate in their child's behavior intervention program in the ways that best fit their individualized circumstances. By adding a number to this statement, it also gives behavior agencies and regional centers a way to quantify parent participation in the behavior intervention program.	Feb 16, 2011 4:27 AM
1906	Some parents cannot afford to pay. Others can. Perhaps a sliding scale? A time commitment cannot be forced on anyone (people have to work, have other kids, etc). That is why an ABA program is so much more effective than parent training. The parent is frequently distracted by running a household, work, other children, etc. It should be noted and made clear to parents, however, that any ABA program less than 20 hours a week is wasting everyone's time. 40 hours/week has been proven to be quite successful.	Feb 16, 2011 4:34 AM
1907	No parent training classes a waste of time and money most parents know and watch the intervention	Feb 16, 2011 4:35 AM
1908	Some sort of time commitment (trainings, etc) seems appropriate. Again, co-payment is wrong. It will eliminate so many people who truly need these services--because they will not be able to pay for them. And it just puts the problem off into the future, when it will be bigger and harder to fix. This is morally wrong.	Feb 16, 2011 4:41 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1909	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them must discharge. (Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's public schools and the same logic applies here.	Feb 16, 2011 4:43 AM
1910	•Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: •The assessment should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. There is a need for ongoing training in the application and maintenance of programs that will ensure significant behavior change.	Feb 16, 2011 4:45 AM
1911	Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: The assessment should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. There is a need for ongoing training in the application and maintenance of programs that will ensure significant behavior change.	Feb 16, 2011 4:55 AM
1912	FOCUSED APPLIED BEHAVIOR ANALYSIS (ABA) BEHAVIORAL SERVICES AND COMPREHENSIVE ABA AUTISM TREATMENT SERVICES FOR CHILDREN OVER AGE 3: The assessment should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. There is a need for ongoing training in the application and maintenance of programs that will ensure significant behavior change.	Feb 16, 2011 4:56 AM
1913	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 16, 2011 4:59 AM
1914	FOCUSED APPLIED BEHAVIOR ANALYSIS (ABA) BEHAVIORAL SERVICES AND COMPREHENSIVE ABA AUTISM TREATMENT SERVICES FOR CHILDREN OVER AGE 3: The assessment should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. There is a need for ongoing training in the application and maintenance of programs that will ensure significant behavior change.	Feb 16, 2011 4:59 AM
1915	There should probably be some kind of sliding scale fees based on income. Perhaps the co-payments could start after a certain dollar amount of service is reached, or after a certain number of sessions or services are reached.	Feb 16, 2011 5:03 AM
1916	not tobe obligated to go, but to go willininglly, to weed out the people that dont want to be there	Feb 16, 2011 5:05 AM
1917	FOCUSED APPLIED BEHAVIOR ANALYSIS (ABA) BEHAVIORAL SERVICES AND COMPREHENSIVE ABA AUTISM TREATMENT SERVICES FOR CHILDREN OVER AGE 3: The assessment should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. There is a need for ongoing training in the application and maintenance of programs that will ensure significant behavior change.	Feb 16, 2011 5:06 AM
1918	contract maybe for time. very small co-pay like $5. for a visit	Feb 16, 2011 5:09 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1919	FOCUSED APPLIED BEHAVIOR ANALYSIS (ABA) BEHAVIORAL SERVICES AND COMPREHENSIVE ABA AUTISM TREATMENT SERVICES FOR CHILDREN OVER AGE 3: The assessment should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. There is a need for ongoing training in the application and maintenance of programs that will ensure significant behavior change.	Feb 16, 2011 5:09 AM
1920	FOCUSED APPLIED BEHAVIOR ANALYSIS (ABA) BEHAVIORAL SERVICES AND COMPREHENSIVE ABA AUTISM TREATMENT SERVICES FOR CHILDREN OVER AGE 3: The assessment should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. There is a need for ongoing training in the application and maintenance of programs that will ensure significant behavior change.	Feb 16, 2011 5:13 AM
1921	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Action Section 4501). The state does not ask parents and students for co-pays in California public schools and the same logic applies here.	Feb 16, 2011 5:18 AM
1922	According to The Lanterman Act the state of Calif made a promise to pay for services for persons with DD	Feb 16, 2011 5:20 AM
1923	Parent involvement	Feb 16, 2011 5:25 AM
1924	Families should always be involved in the therapy process. This includes collecting data and remaining consistent when therapists are not present. Families who earn above a certain amount should be responsible for a co-pay. That amount should be determined by looking at living expenses and family necessities.	Feb 16, 2011 5:26 AM
1925	for sure parents and helper need to contact , that way kids and get better result.	Feb 16, 2011 5:28 AM
1926	Parents should be committed to following through on behavior plans even when behaviorists are not around. This should be monitored by requesting parents fill out parent plans, surveys, take some data themselves, etc.	Feb 16, 2011 5:32 AM
1927	Parent should be required to participate 100% of the time, and to have "homework" when the behavior consultant is not in the home. I would be in favor of a sliding scale for a co-payment by parents, similar to what is currently being used as "share of cost" for respite services. If parents are spending some of their own money on the intervention, they would be more likely to be active participants, learn appropriate behavioral techniques, and be less likely to rely too much on behavior service providers.	Feb 16, 2011 5:38 AM
1928	o Focused Applied Behavior Analysis (ABA) Behavioral Services and Comprehensive ABA Autism Treatment Services for Children over age 3: The assessment should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. There is a need for ongoing training in the application and maintenance of programs that will ensure significant behavior change. There should be measurable data documenting the level of family participation and progress towards meeting these goals.	Feb 16, 2011 5:48 AM
1929	Parents should be very much be involved, participate and commited in working cohesively with providers.	Feb 16, 2011 5:53 AM
1930	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 16, 2011 5:58 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1931	I suggest means testing for families as a way to assess co-payment for services. Even a small co-payment (i.e. $1 an hour) may be appropriate for lower income families. Any form of co-payment may be a motivator for families to be more accountable and participatory in their child's program. A fee for missed appointments may also be appropriate to this end. Level of parent commitment should be measured by rate of goals met and their attendance in the program.	Feb 16, 2011 6:09 AM
1932	to be pro-active and participate in every appointment; to attend all appointments if possible; more hands-on teaching given by therapist to parent to actually carry out with child.	Feb 16, 2011 6:13 AM
1933	The assessment should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. There is a need for ongoing training in the application and maintenance of programs that will ensure significant behavior change.	Feb 16, 2011 6:25 AM
1934	Time commitment	Feb 16, 2011 6:48 AM
1935	Parents ought to be involved/consumers involvement if they are cspable;	Feb 16, 2011 7:13 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1936	1. Time commitment should be stated thus: " It is preferred that the parent devote X amount of time as an observer of the 1:1 sessions and implementor of strategies during 25% of the 1:1 sessions" Then state the benefits of parent involvement. The reason that the term "preferred" is used and not "required", is that there is a great disparity between the coping ability of the parent and the socio-economics of their family unit. I deal with middle-class to upper-class families who have children with Autism/Down Syndrom/ MR. I have found that the less economic stress a family has and the smaller the family unit, the more willingness/motivation/time they have to participate in the 1:1 sessions (either as an observer, implementor, participant at the monthly team meetings with the Psychologist and /or Behavioral Supervisor.) When regional center REQUIRES a specific % of involvement, many stressed-out parents decline services even though their child needs it because the parent can not meet the initial expectation of the regional center. 2. Another idea: (which worked with my situation of having 2 children with autism) is the graduated time investment approach. Have the parent sign a contract that they will INCREASE their time commitment over a specific period of time. Initially, it may seem like they are providing 1% involvement, but remember, they have to develop confidence in the vendor and maybe for the first time (as in my case) they are getting a real RESPITE, while watching someone who is competent provide effective therapy . That feeling of confidence in handing over your child to someone who can truly help is important to help the parent de-stress. A stressed-out parent can not be an effective team partner. Specify a time, initially, that the parent will be allowed to step-back a bit. Slowly, introduce an increased time commitment based upon the dynamics of the family unit. Remember, it is unfair to require the parent of a 4 child family (with 1 child being the consumer) to provide the same time commitment of a parent who has ONLY 1 CHILD ; and that child is the consumer. 3. If you ask the parent to pay a co-payment for these services, it should be based upon their ability to pay and the age of the consumer. If the consumer is still a minor and the income of the parent/parents would allow them to make a minimal co-pay for sessions: $5 , then I think it should be required. However, if the consumer is 18 or older, no co-pay should be required.	Feb 16, 2011 7:28 AM
1937	no co-payment. families on limited income cannot afford to pay.	Feb 16, 2011 7:31 AM
1938	parents have an even greater commitment to their other children without a disability. Behav. services need to SOMEtimes include entire family, but not often. The family probably knows more than you'd think.	Feb 16, 2011 7:32 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1939	There should not be co-payments for families. They are overburdened with many medical and other costs for their disabled children and/or adults. If an amount is set per consumer, it should be based on the intensity of their need (tiered) and should be consumer (or consumer family) driven and the choice should be up to the individual on what they can spend the service dollars on.	Feb 16, 2011 7:33 AM
1940	There should be a sliding scale family share of cost for every service. Services should only be given to tax paying residents of CA. Do you know that people move to CA from other cities, states and other countries to get services?!!!! Very wealthy people have moved here to utilize our services for free. Celebrities, millionaires, etc use our services for free and then move on. We need a sliding scale share of cost. One parent should be required to be in the home at all times during this service (no nannies). The service is ineffective if the parents are not participating and aware of what is occuring during services. A very high percentage of cases where both parents are absent during behavior sessions creates a situation where the service period ends up being longer than necessary. The consumer spends several years in a service they could have completed in half the time if the parents were involved. Yes, we know parents have to work, but why are we paying extra to teach because they are never available. Would our health insurance give us extra services just because we weren't available for a needed procedure? no, i don't think so. Parents must also be required to be trained, and vendors must take the responsibility of carrying this out.	Feb 16, 2011 7:52 AM

7. Suggested service standards about self-directed or self-determination

	Response Text	
1	No suggestions	Jan 28, 2011 12:35 AM
2	this is not a service which should be self-directed	Jan 28, 2011 12:53 AM
3	i would strongly suggest that families be given a set amount of money and let them purchase the service. excellent suggestion	Jan 28, 2011 1:00 AM
4	If a service is approved, a regional center can figure out what the cost of that particular service would be for a given fiscal year. Those funds can be passed on to the parent or the consumer to be used for the behavioral services. There would be a contract signed by both parties that would indicate no other funds are available and that both parties agree to the sum that is being provided to the parent or consumer. This should also be written in the IPP, of course.	Jan 28, 2011 1:01 AM
5	It's vital that services be available and provided in an interdisciplinary format that allows families to learn skills and effectively navigate systems that provide services.	Jan 28, 2011 1:07 AM
6	Parents/clients should be allowed to have the amount provided through RCs given to them to apply toward the services.	Jan 28, 2011 1:08 AM
7	IT WAS PASSED LAST YEAR BUT NOT IN PLACE, ICB INDIVIDUAL CHOICE BUDGET... CAN SAVE MONEY TO THE SYSTEM AND ALLOW FAMILIES/CONSUMER TO TAKE A MORE ACTIVE ROLE IN THE SERVICES NEEDED.	Jan 28, 2011 1:09 AM
8	If individuals are supported in making "informed" decisions, then I believe these should be an option. In my experience, however, I've never seen a consumer being supported in making informed decisions.	Jan 28, 2011 1:11 AM
9	Clinical service should not be part of a self-directed option.	Jan 28, 2011 1:14 AM

7. Suggested service standards about self-directed or self-determination

	Response Text	
10	Same as above. The fee should be set and the family can either agree to that fee or pay anything additional out of pocket. The fee should be determined using at least three company's prevailing rate of pay to preferred providers in order to determine an appropriate rate.	Jan 28, 2011 1:19 AM
11	I 100% suport self directed services for ALL services!	Jan 28, 2011 1:27 AM
12	Monitoring and accountability would be diffferent for self-directed/determination- the suggestion would be that the parent/consumer would receive behavioral services through parent training education courses. Although there is no service code for "behavioral respite" many parents ask for it and probably use it via other service code categories such as "tutor" and "behavioral aide". these categories do not require any additional training or expertise- just allow for a higher rate for respite. Self directed should be aimed towards achieving less dependency on professionals.	Jan 28, 2011 1:28 AM
13	I am not in favor of self-directed or self-determination services.	Jan 28, 2011 1:29 AM
14	Same as above. People providing the service need to be qualified; there needs to be assessment by a qualified behavior specialist; realistic, clear objectives that are related to the individual's realistic long term goals need to be developed; progress needs to be evaluated.	Jan 28, 2011 1:33 AM
15	My experience is that people with behavioral issues are treated like juvenile delinquents-always being told they have to achieve a certain level of appropriateness before they are considered for employment or community inclusive opportunities. This is wrong. People with a tendency for behavioral issues have the same rights as anyone else and should have the right to try more challenging activities and shoudl have the intensive support they need to be successful.	Jan 28, 2011 1:36 AM
16	none no self directed services	Jan 28, 2011 1:36 AM
17	ICB	Jan 28, 2011 1:40 AM
18	The consumer should be allowed to direct their own service as much as possible.	Jan 28, 2011 1:42 AM
19	Self-directed or self-determination should be options for the services	Jan 28, 2011 1:42 AM
20	i think that this is important in order to weed out the poor performing providers. i think self-directed is the best way. this will make the family take responsibility for choosing a qualified professional, and find someone who is best suited to provide the services for their child.	Jan 28, 2011 1:53 AM
21	the consumer or respected family member should have available to them the option to make an appt. with a professional to discuss optimal services to help a consumer to succeed.	Jan 28, 2011 2:26 AM
22	All of our services are about choice. I would worry about any voucher program actually getting to the services needed. the current system works well here in Orange County.	Jan 28, 2011 2:35 AM
23	Eliminate the regional center and work directly with DDS.	Jan 28, 2011 2:41 AM
24	If parents or client advocates agree to pay for supporting job location/training/coaching, they should be given metrics against what could potentially be accomplished within a given timeframe (say six months). The metrics should include a specific number of (truly) possible jobs in the area specified; results of interviews with employers, including job availability, timing, job scenarios, pay scales, requirements for job coaches, ability for assimilation into the workforce, etc.	Jan 28, 2011 2:50 AM
25	Sorry I'm not familiar with this.	Jan 28, 2011 3:05 AM
26	Consumer input coupled with guided direction from interested parties.	Jan 28, 2011 3:06 AM
27	no comment	Jan 28, 2011 3:06 AM

7. Suggested service standards about self-directed or self-determination

	Response Text	
28	The person who is the client is not, at the beginning, anyway, usually able to discern whether or not he or she needs the service and cannot self-direct what they need to do. That is why he or she is a regional center client in the first place! Our son does comply with what is asked of him, spending many hours learning new tasks as well as feeling somewhat uncomfortable due to the nature of always challenging him. He is compliant. He is not self-directed or able to determine what he needs to do next. That is why we are his conservators.	Jan 28, 2011 3:22 AM
29	online sites availability, perhaps even post online classes and have use of computers at center for a fee for those with no home computers.	Jan 28, 2011 3:24 AM
30	DDS here is required to assure the service quality of people with ID and people with autism, regardless of their funding source in the community (even if services are not funded by the state). We do not have community ICFs/MR and switching all ICF/MR services to the waiver was a GREAT improvement in both the services realm and the financing realm! Self-determination is a process, but the outcomes to the individual should be the same. We created an Intermediary Services Organization (independent from the state and the service providers) to do the finances (and brokering if the individual/family wants). We also created a Consumer-Directed RFP in which the consumer/family describes the services they want, picks the agencies to send to, reviews the agencies and the responses, and choosed the service agencies within the budget established with DDS.	Jan 28, 2011 3:28 AM
31	self directed. parent in charge of their children service standard.	Jan 28, 2011 3:28 AM
32	Families should be able to choose a provider that meets the needs of the family.	Jan 28, 2011 3:29 AM
33	Parent participation should be required. Individual consumer participation should be required. Services for parents who do not wish to participate should be declined unless there is a caregiver who will participate. Services for individuals should be terminated if there are excessive cancelations.	Jan 28, 2011 3:32 AM
34	Lanterman Act. Needs of the consumer as written in the IPP	Jan 28, 2011 3:43 AM
35	Self-directed or self-determination options is the biggest farse I have ever heard! When most of our consumers are nonverbal, when their cognitive level is so low that they cannot make decisions affecting their lifes, when they are unconserved and the parents have no voice, then, self-directed or self-determinations options entitled the regional centers to be the sole decision-making entity. And, it has been proven that regional centers do not have the consumers' best interest at heart.	Jan 28, 2011 3:46 AM
36	California's ideas about self determination have been warped into a cost containment. Therefore I don't support it.	Jan 28, 2011 4:05 AM
37	I don't know what this means.	Jan 28, 2011 4:05 AM
38	Assessments are individually done and a plan is setup with the consumer and family.	Jan 28, 2011 4:08 AM
39	Any behavioral services purchased as part of a self-determination program must be provided by a provider who meets the same qualifications as those required for purchase by the regional center.	Jan 28, 2011 4:10 AM
40	An excellent option.	Jan 28, 2011 4:15 AM
41	As available, parents should be able to choose modality of service and service provider.	Jan 28, 2011 4:22 AM
42	mental helath service providers should not exclude autistic persons as it has been the case due to an immoral "division of labor" agreement between the two relevant departments of CA government. Anyone suggesting or practicing exclusion of autistic people from access to mental health services should be punishable by law	Jan 28, 2011 4:31 AM

7. Suggested service standards about self-directed or self-determination

	Response Text	
43	Consumers should be able to participate in self directed behavioral programs if they are willing and able to do so.	Jan 28, 2011 4:38 AM
44	I would love this, I personally would like to eliminate the case-worker/ service coordinator. But that said, most families are not a savy as ours and need the assistance therefore the service coordinator is still needed.	Jan 28, 2011 4:41 AM
45	no... this is flawed service model	Jan 28, 2011 4:55 AM
46	Using person centered approaches for successful outcomes are essential. www.elpnet.net Without knowing what is important to the individual and a well thought out and articulated method of how to best support an adult with disabilities, it is pointless. My daughter now benefits from person centered practices and we have next to no issues around behavior that we cannot overcome quickly and without anyone getting hurt. This has taken 24 years to accomplish.	Jan 28, 2011 5:19 AM
47	Flexibility needs to remain in this program. Skill levels vary widely demanding a broad range system of supports to best serve the clients and produce higher functioning citizens. This reduces in turn, ultimately reduces costs.	Jan 28, 2011 5:31 AM
48	N/A	Jan 28, 2011 5:31 AM
49	People who require these services are unlikely to choose them, but if given the choice of positive or negative supports, people would be likely to choose the positive approach	Jan 28, 2011 5:47 AM
50	Families need mentors, not self directed treatment plans. Someone needs to help and guide the intervention, listen to parents, and problem solve with them. Handing parents an assessment and suggestions is useless.	Jan 28, 2011 6:09 AM
51	Provide consumers or families with funding for these services and let them choose who gives the services and how. This will maximize consumer choice in a very important area.	Jan 28, 2011 6:30 AM
52	I don't believe in self direction or self determination. Yes, we make choices, but how and when these choices are made depends upon the tools we have in our back pocket! Are the right tools in place to make good choices? Does a person have ANY TOOLS? I am a school bus driver about to retire and an artist. I watch these young people every day. I pick them up in the countryside and bring them into town for high school and junior high and take them home. Out of 45 students I'd say 10 are going to be prepared to face the wold realities. The rest don't have a clue of what's to come. I want to help those with ADD discover some tools so they won't be like the other 35 students on my bus.	Jan 28, 2011 6:36 AM
53	Covered by insurance or small fee	Jan 28, 2011 6:42 AM
54	See answer #1	Jan 28, 2011 6:52 AM
55	Some parents may not be savy enough to protect themselves from providers that will exploit them. If a broker is use, they should be certified by DDS as being competent in ABA, etc.	Jan 28, 2011 7:51 AM
56	Personal goal setting for each participant.	Jan 28, 2011 2:22 PM
57	the Lanterman Act Civil Rights standards have to be followed as a start. It is ludicrous to impose standards of care on families when no real standards exist except in pretext for DDS workers. Free people can make their own standards within the law. DDSs role is service not supervision.	Jan 28, 2011 2:47 PM
58	N/a	Jan 28, 2011 2:53 PM
59	Same as item 6. Training and prevention is a key to reducing costs.	Jan 28, 2011 2:58 PM
60	These should meet the same standards as above when used in SDS	Jan 28, 2011 3:59 PM

7. Suggested service standards about self-directed or self-determination

	Response Text	
61	Self-directed/self-determination options will be largely inadequate. Families may fall victim to unscrupulous vendors absent a service coordinator to evaluate the vendor's work and to insure that tax dollars are well spent. Such a standard would require an ability to appeal for more funds based on ability to pay due to the overwhelming nature of some individual's behaviors, which would require intervention far in excess of the family's ability to pay and state supplement.	Jan 28, 2011 4:08 PM
62	Consumers may choose services they determine as a best fit for them. If consumers are unable to make decisions, a decision may be made for them by guardians or their ID team as determined by progress within their current supports.	Jan 28, 2011 4:28 PM
63	If a parent thinks a child needs service that a evaluation should be done. No one should be turned away	Jan 28, 2011 4:35 PM
64	Some people can handle being self directed and self determined, but others that have mental problems or disorders dont have that mantality to accomplish these tasks without at least starting to get the help.	Jan 28, 2011 4:37 PM
65	Self-determination as defined by California is a joke, it will NEVER save money; it will always cost more and deliver less while DDS uses it as an excuse to continue to limit services like Respite and to eliminate other service categories altogether. As an idea, self-determination is great but it should never be considered a cost saving measure.	Jan 28, 2011 4:47 PM
66	Provide industry standard services.	Jan 28, 2011 4:53 PM
67	Differentiating that one size does not fit all and that that one standard amount of money will not be able to meet the needs of all families. You will have to have accomodations for severity of the disability and parental income.	Jan 28, 2011 5:02 PM
68	???	Jan 28, 2011 5:04 PM
69	I 100% support self directed services for ALL services!	Jan 28, 2011 5:06 PM
70	People should always have the option of determining if they need a service.	Jan 28, 2011 5:09 PM
71	Must follow best practice standards in SD plan	Jan 28, 2011 5:09 PM
72	NA	Jan 28, 2011 5:31 PM
73	Recognize that a problem overlooked and mitigated today can result in serious life limiting problems later on. Pinching pennies now can result in more greatly involved disabling conditions as our children grow.	Jan 28, 2011 5:33 PM
74	Parent's need to be made aware of their children's specific needs and deficits if they are not as educated in the areas of autism or other developmental disabilities as the professionals. Informed consent is a crucial component to self-determination. If parents do not understand the extent of their children's needs and deficits, they cannot be proper advocates and self-directed agents for behavioral change.	Jan 28, 2011 5:41 PM
75	*You mean how can I chose my own providers? Or how can my son chose them? Or how can he chose if he WANTS them? If it's about me chosing my own providers, run it like my insurance: fully pay for those providers who are vendorized (or small co-pay), pay less for those providers who agree to except payment but are not vendorized and pay nothing for those providers who won't play at all.	Jan 28, 2011 5:44 PM
76	N/A	Jan 28, 2011 5:48 PM
77	Same as above	Jan 28, 2011 5:48 PM
78	This could be possible for some consumers, but for others parents do not have the knowledge or experience to handle the very difficult behaviors that some consumers have. Having parents try to handle some of these could put them and the consumer in danger.	Jan 28, 2011 5:54 PM

7. Suggested service standards about self-directed or self-determination

	Response Text	
79	Not sure	Jan 28, 2011 5:55 PM
80	For children: If the child needs behavioral intervention, the families will need to go to a professional for the plan and the strategies. I'm not sure that a self-determination model fits with the clinical needs. For adults: Probably unable to reasonably manage their own behavioral needs.	Jan 28, 2011 5:58 PM
81	no self directed or self determination	Jan 28, 2011 5:58 PM
82	Self-directed/determined services are more difficult to overee or evaluate. For people who are able to manage their own services and supports, there should be measurement tools in place to determine service outcomes and cost-effectiveness.	Jan 28, 2011 6:08 PM
83	no comment	Jan 28, 2011 6:08 PM
84	with all the cut backs in the services the hours for these services should also be cut back.	Jan 28, 2011 6:08 PM
85	Keep the established amounts of time and amounts of services .	Jan 28, 2011 6:09 PM
86	People need to be able to choose service providers because quality is a problem and providers have very different philosophies and styles. Behavioral services are very expensive ways to get competent child care but I think for many, that is how it is used. It would be better to pay child care or adult care providers more ($15-20/hr instead of $10-13) for those who have significant behavior challenges so someone competent can be hired then to keep the person engaged in meaningful activity and out of trouble and give caregivers a break.	Jan 28, 2011 6:14 PM
87	I guess that is for over 18? My kids are 8 & 10 so I don't know about this one...	Jan 28, 2011 6:35 PM
88	It has been my experience that some self determination services are more expensive for tax payers.. I think there should be a standardized cost of in home living support that is received, unless there are extreme medical issues involved.	Jan 28, 2011 6:38 PM
89	Depending on individual resident, could include increasing resident's empowerment for self directed coping skills & choices	Jan 28, 2011 6:41 PM
90	Developmentally disabled people have a problem not pf their making and need our support. Not like pregnant teens. The state needs to go after the father of teen children!~~	Jan 28, 2011 6:45 PM
91	no comment	Jan 28, 2011 6:46 PM
92	n/a	Jan 28, 2011 6:46 PM
93	The consumer and/or family should have the right to chose a vendor in that each vendor has clinical practices, training practices, and a set mission and vision that determines if that organization is the right fit for the consumer and/or family. Not every vendor will be the right fit for a family and although vendor hopping should not be allowed, at times there are valid reasons (i.e., vendor not providing meaningful, functional services for the vendor or not training the family and/or addressing family concerns) for a family to request a vendor change. This should be monitored by the regional center to ensure families/consumers are not requested a change due to the vendor's requirements of parent participation or because the vendor is recommending a fade of services that is appropriate for the family/consumer.	Jan 28, 2011 6:52 PM
94	An option with a flat rate for a fixed time-limited service that could be useful if not combined with other authorized services to achieve the same outcomes.	Jan 28, 2011 7:02 PM
95	There should be more broad services. Services offered are very limited.	Jan 28, 2011 7:02 PM
96	Self-determination is not a cost saving mechanism nor should it continue to be used as an excuse to reduce or eliminate other types of services.	Jan 28, 2011 7:04 PM

7. Suggested service standards about self-directed or self-determination

	Response Text	
97	Self-directed options is one way to save a TON of money. If we eliminated the middle man and got rid of the service coordinators, the state would save tons of money by getting rid of unnecessary administrative staff, but also forcing parents to actively be involved in their child's program. It's a win-win. Personally I think our regional center (Tri-Counties) does not look at the best interest of the child and they push sub-standard ABA/behavioral companies on parents b/c they have agreements. It's not right. I also think the regional center wastes a lot of time and money b/c as a parent you have to go through so many channels to get approval for x, y or z and then ultimately you are strong armed to use a company that really isn't qualified.	Jan 28, 2011 7:06 PM
98	I think you will go down a road that shows just how many people we have that aren't in a position to self-direct and/or self-determine w/out the same level of or greater support (dollars) than they currently receive through traditional support services.	Jan 28, 2011 7:17 PM
99	Self direct and self determination are paramount. this would decrease unecessary spending and increase success for individuals.	Jan 28, 2011 7:18 PM
100	I don't support self-directed services because it puts more stress on the families. We should be able to trust that our chosen providers are going to listen to our preferences and suggestions and design a program that meets our needs, while they take care of all the payroll and taxes, etc... If they don't, we'll ask for a new provider. Every time DDS makes changes to service standards, it only results in confusion at the regional centers and Service Coordinators are more fearful of authorizing incorrectly so they don't authorize services at all or it takes forever.	Jan 28, 2011 7:22 PM
101	For individuals with developmental disabilities, self-direction is generally not an option. Services should be provided as identified in the IPP	Jan 28, 2011 7:29 PM
102	If a disabled person is capable of and struggling to maintain some semblance of a free and independent life, they should be able to have a majority input into the quality and kind of their behavioral help.	Jan 28, 2011 7:31 PM
103	I have no strong feelings re this.	Jan 28, 2011 7:39 PM
104	Don't do it. I have been lied to far too many times by families, who have taken monies intended for IHSS workers, behavior services, and respite, who have used the mney for vacations, cosmetic surgery, and home remodeling. Lies Lies Lies	Jan 28, 2011 7:50 PM
105	Their shall be a list of vendors available for consumers to choose from. They may utilize their monies for self-directed services as they feel is most appropriate for themselves.	Jan 28, 2011 7:58 PM
106	Self-directed behavioral services should only be available to parents of minor children or relatives who have conservatorship over an adult family member.	Jan 28, 2011 8:07 PM
107	Services shall be determined by parents and health care providers/professionals not affiliated with regional centers.	Jan 28, 2011 8:20 PM
108	Absolutely start from the place of what an individual family needs, what they say would help them most, rather than impose a bureaucratically-defined set of services that may have no relevance or help to them. One might be surprised that such help could be quite simple and economical but would turn the tide for such families.	Jan 28, 2011 8:26 PM
109	Consumers could also access the parent panel to self-advocate.	Jan 28, 2011 8:32 PM
110	As long as your department focuses on buying houses for long-term care living arangements for people coming out of the Regional Center Facilities, in say, the Bay Area, then nothing else can be addressed because you spent all the money on a few privilaed individuals, losing site of your responsibility to reach the most with what we have collectively.	Jan 28, 2011 8:45 PM

7. Suggested service standards about self-directed or self-determination

	Response Text	
111	Self-determination is not a cost saving mechanism unless the State is actively cheating people, nor should it continue to be used as an excuse to reduce or eliminate other types of services (as it has been for the last two years	Jan 28, 2011 8:45 PM
112	If self-determination refers to a system wherein a certain amount of $$ is provided to the consumer, and the consumer decides how to use it, I love this process because it allows for a sense of (a) being gifted and (b) the independence to purchase services that the consumer really needs, in their opinion. Two recommendations: 1. I would suggest that the consumer needs to provide an assessment/recommendation from a professional to back up their choice; 2. Not all consumers have the same level of need. Thus I recommend a fair process to determine need/allocation of funds. Include consumers/parents in the design of this model, not just regional Center or other professional personnel.	Jan 28, 2011 8:50 PM
113	Service standard should achieve the promise that people with intellectual and developmental disabilities will have an individualized program plan and access to the services and supports best suited to them throughout their lifetime, to enable them to live an independent, self-directed, and typical life.	Jan 28, 2011 8:54 PM
114	I 100% support self directed services for ALL services! This will definitely benefit the individual with special needs enabling them to purchase the necessary services which save the state money in the long run. Cut out the middle people who are not really helping the individual at all.	Jan 28, 2011 9:03 PM
115	I do not believe that we will ever reach self-directed or determined services.	Jan 28, 2011 9:04 PM
116	?	Jan 28, 2011 9:04 PM
117	Behavioral skills training should be at the direction of the counselor.	Jan 28, 2011 9:05 PM
118	No comment.	Jan 28, 2011 9:10 PM
119	N/A due to lack of services	Jan 28, 2011 9:11 PM
120	As with any service, consumer and family drive the plan and the behavior analyst customizes plans to fit the needs and interests of the consumer/family to obtain their buy-in on the plan.	Jan 28, 2011 9:19 PM
121	Indivdiuals with self determiniation or self directed services will review the need and cost of the service and budget within their alloted funding. Priority will be given to this service over others if their is a proven need for behavior supports for an individual to be successfull.	Jan 28, 2011 9:27 PM
122	We provide many tools for the families, such as books to read, charts, handouts that discuss behavioral techniques, activity handouts for child and parents... some of which help the child and parent discuss problem behaviors, teach or discuss emotions and how to nurture these, etc. A closer relationship between the service coordinator and the service provider to insure these are being used would be helpful.	Jan 28, 2011 9:29 PM
123	Self-directed services is fine if it is monitored and made sure there are guidelines that parents have to adhere to eliminate and reduce conflict that can lead to fair hearing requests..	Jan 28, 2011 9:45 PM
124	Where possible the client should make a commitment for success, where not able to, the parent/guardian needs to commit for the client, while encouraging self directed behavior. (Sometimes therapy must create positive environment to become self-directed and self-determined)	Jan 28, 2011 9:47 PM
125	Families get an allowance or a certain number of points they can spend through the year and can choose services based on what's right for their family.	Jan 28, 2011 9:51 PM
126	This question is ambiguous and should be removed.	Jan 28, 2011 9:52 PM
127	The perosn or family should be able to choose services and agency.	Jan 28, 2011 9:52 PM

7. Suggested service standards about self-directed or self-determination

	Response Text	
128	There should be generic information kept by Service Coordinators to give to parents who want to run their own behavior programs at home. For example, hand-outs on toilet training, aggressive behavior, etc. Once again, these resources should be translated into different languages so families can have immediate access to them.	Jan 28, 2011 9:58 PM
129	The problem with self determined services is how does one decide how much service one person deserves over another. There will always be people with more severe needs than others. Do we put people into categories based on their needs, (behavioral, social, medical, academic, etc.), or do we just give everyone a set amount of funds that they are allotted to spend? The Regional Center's should only have the responsibility for directing consumers./families to were the service requests can be filled based on the category or the spending limits of the consumer/family, they would have to decide how to spend "their" funds. I do believe there is entirely too much money spent for Regional Center Operations and these funds could be more fairly distributed if they were given for the purpose they are intended for.....service!	Jan 28, 2011 10:11 PM
130	Vouchers to families for access to agencies of their choice would be a good option as there are not enough available contracted thru RCs to fulfill all family needs. A list should be compiled and provided to families if RCs have no immediate service provider available. Sometimes families find amazing jewels outside the RC who would do excellent work, but don't want the added burden of government paperwork requirements to become RC contractors. School districts provide funding for outside speech, ot, etc when they're unable to provide at school sites - RCs should do the same. As the RC is required to provide service - it should do so with funding support if there is no actual agency available on their roster to perform these services as soon as possible.	Jan 28, 2011 10:17 PM
131	I don't know what this is refering to.	Jan 28, 2011 10:23 PM
132	Give the consumer more choices. Period. Don't put the consumer is a little box	Jan 28, 2011 10:23 PM
133	self-determination	Jan 28, 2011 10:27 PM
134	If self-determination refers to a system wherein a certain amount of $$ is provided to the consumer, and the consumer decides how to use it, I love this process because it allows for a sense of (a) being gifted and (b) the independence to purchase services that the consumer really needs, in their opinion. Two recommendations: 1. I would suggest that the consumer needs to provide an assessment/recommendation from a professional to back up their choice; 2. Not all consumers have the same level of need. Thus I recommend a fair process to determine need/allocation of funds. Include consumers/parents in the design of this model, not just regional Center or other professional personnel.	Jan 28, 2011 10:29 PM

7. Suggested service standards about self-directed or self-determination

	Response Text	
135	If self-determination refers to a system wherein a certain amount of $$ is provided to the consumer, and the consumer decides how to use it, I love this process because it allows for a sense of (a) being gifted and (b) the independence to purchase services that the consumer really needs, in their opinion. Two recommendations: 1. I would suggest that the consumer needs to provide an assessment/recommendation from a professional to back up their choice; 2. Not all consumers have the same level of need. Thus I recommend a fair process to determine need/allocation of funds. Include consumers/parents in the design of this model, not just regional Center or other professional personnel.	Jan 28, 2011 10:30 PM
136	If self-determination refers to a system wherein a certain amount of $$ is provided to the consumer, and the consumer decides how to use it, I love this process because it allows for a sense of (a) being gifted and (b) the independence to purchase services that the consumer really needs, in their opinion. Two recommendations: 1. I would suggest that the consumer needs to provide an assessment/recommendation from a professional to back up their choice; 2. Not all consumers have the same level of need. Thus I recommend a fair process to determine need/allocation of funds. Include consumers/parents in the design of this model, not just regional Center or other professional personnel.	Jan 28, 2011 10:37 PM
137	End funding for SD, for behavior services.	Jan 28, 2011 10:49 PM
138	N/A	Jan 28, 2011 10:54 PM
139	Do not provide them.	Jan 28, 2011 11:05 PM
140	Not sure how to answer this.	Jan 28, 2011 11:23 PM
141	Are you suggesting that someone who is disabled enough to use your services might be self directed and self determined on their own? Well, in some cases, they might be. But, you may have to work with the disabled person and their family or caregivers to set goals for the consumer/person needing services. They would have to agree that they wanted to try to attain the goal(s) and would then commit to attending the training that is needed to help them toward the goal (s).	Jan 28, 2011 11:40 PM
142	Provide daily models to implement behavior management procedures.	Jan 28, 2011 11:48 PM
143	California Department of Developmental Services http://www.arccalifornia.org/GA%20Committee/Public%20Forum%20ARC%20Orange%20County.ppt#259,3,SELF-DIRECTED SERVICES PROGRAM	Jan 28, 2011 11:56 PM
144	Same ideas should apply, but the selection of the therapist could be more open market. Still expect the provider to meet qualifications.	Jan 28, 2011 11:59 PM
145	If a client specifically asks for these services, they should be supplied.	Jan 29, 2011 12:05 AM
146	Super Nanny may only be utiized when proceeds from the show will be distributed to regional centers. ;) I think I'll do this survey in steps. I thought SDS went out with CADDIS. Self determination option-no hiring your parent as your behaviorist.	Jan 29, 2011 12:09 AM
147	I am not sure what this means. Our clients usually cannot self direct because they are not able to communicate why they feel the way they do. I think they just get medicated until it is hard for them to function.	Jan 29, 2011 12:10 AM
148	I don't understand what is meant by "self-directed" or "self-determination".	Jan 29, 2011 12:18 AM
149	Families can use the Psychologist of their choice.	Jan 29, 2011 12:30 AM

7. Suggested service standards about self-directed or self-determination

	Response Text	
150	none	Jan 29, 2011 1:07 AM
151	I'm not sure what this means. Does it mean that the family gets to choose? Perhaps, from a choice of necessary services, but some kids need ALOT of services. Who will pay?	Jan 29, 2011 1:35 AM
152	Self Directed or self Dertermined can be a detriment to most consumers due to lack of ability to appreciated fully their level of disability and its impact on others, particularly in behaviors	Jan 29, 2011 1:41 AM
153	If parents take full charge of the services, parents should be reimbursed for the time they spend on the services, since they have to give up their time to earn money from work. The reimbursement is kind of support for their living.	Jan 29, 2011 1:51 AM
154	Behavioral services for self-directed or self-determination options should go through an outside source (qualified) source to be validated-reference checks for behaviroal consultants.	Jan 29, 2011 1:56 AM
155	I think that the RC would save a lot of resources if they gave consumers credits and allowed them to allocate as they see fit for their own child's needs. RC needs to have a lot more transparancy about what they have to offer and how families can qualify.	Jan 29, 2011 2:50 AM
156	Not sure	Jan 29, 2011 3:02 AM
157	eliminate	Jan 29, 2011 3:08 AM
158	N/A	Jan 29, 2011 3:28 AM
159	Chemistry and trust between a parent and a provider are probably as big of indicators for progress as having credentials/licensed vendors. A parent will give 200% if they have this trust with a consultant. As long as theere is progress on well - defined goals, there should always be exceptions allowed for self-determination/choice. RC should have that Quality Assurance BCBA then monitor the program quarterly or every 6 mos.	Jan 29, 2011 4:07 AM
160	this is a good option	Jan 29, 2011 4:31 AM
161	Don't know	Jan 29, 2011 4:40 AM
162	I don't think I know what self-directed or self-determination options mean. If you mean my child qualfies for EIBIS and I get to choose the vendor, than I think I should be able to choose the vendor. I beleive the vendor should be on Alta's list of vendors. Or if you mean that I am allotted a certain number of hours and/or money, for the quarter or year, and I choose how that is spent between providers than I'm for that as well. I think parents should be responsible for their children and be involved in their care.	Jan 29, 2011 4:54 AM
163	n.a.	Jan 29, 2011 4:57 AM

7. Suggested service standards about self-directed or self-determination

	Response Text	
164	I had no idea this was an available option from Inland Regional Center. When I was told to contact specific MediCAL speech therapists in my area, (the lisiting provided to me by the IRC, with the MediCAl rate), I found that there was not an agency in my area that actually accepted the MediCAL rate. I was given the MediCal rate by the IRC and then berrated by the IRC for actually asking the speech therapists if they indeed accepted the mediCAl rate. That's interesting. Yet, the speech therapy agency I was self funding, was not being offered to me as a choice by IRC. In fact, the IRC insisted that the only way they could fund the agency my child was at, was if the agency vendored as a MediCal only agency. I asked to be parent vendored for the agency, and was told that was not possible and not an option. I was told by various individuals from the IRC, that they had not heard of "parent vendoring". I had to hire an attorney and file for Fair Hearing to get it done. Waste of time and money. I consider it to be a stalling tactic, waste of IRC time/funds and bullying of consumer and consumer families. {Why did I have to contact all of the agencies myself? Shouldn't my Caseworker do this service for me? What is the point of having a Caseworker or Caseworker Supervisor?}	Jan 29, 2011 5:12 AM
165	That would take hours, but I'm glad you asked the question. It would take a thesis to answer this.	Jan 29, 2011 5:27 AM
166	N/A	Jan 29, 2011 6:25 AM
167	no experience; I don't really know what this is	Jan 29, 2011 6:27 AM
168	Various programs could be offered to the client depending on the results of the caregiver/support system survey. The client, if able, could select a course that would meet his/her needs.	Jan 29, 2011 7:05 AM
169	Should be self-directed	Jan 29, 2011 7:24 AM
170	Skip	Jan 29, 2011 7:30 AM
171	Consumers should be given the option of choosing between different vendors and have the ability to switch therapists if the one they are currently working with is not effective or not a good match.	Jan 29, 2011 4:20 PM
172	This could save so much money for everyone. Parent has control the service provider but this dependent that the parent is aware of what is available for them.	Jan 29, 2011 5:40 PM
173	Education classes like Human development help me also buying a book on Mental Wellness and being a part of emailing with Parents support group on Downs Syndrome and Parents Helping Parents support group helped us a lot.	Jan 29, 2011 5:46 PM
174	Regional Center setting and monitoring the standards.	Jan 29, 2011 7:07 PM
175	Train family to meet these standards.	Jan 29, 2011 8:14 PM
176	not sure	Jan 29, 2011 8:58 PM
177	It is important to give the teen or adult recipients as much opportunity to make decisions about their own care as possible in order to empower them and to safeguard their well being.	Jan 29, 2011 8:59 PM

7. Suggested service standards about self-directed or self-determination

	Response Text	
178	An ounce of prevention is worth a pound of cure. ALL parents of children with neurological deficts who need behavior services should be made aware of CA STATE ASSEMBLY BILL 88 if they have insurance. The State insurance commissioner MUST be made aware of the fact that if intensive ABA style in school BEHAVIOR SERVICES are not supported by California State Special Education Departments (a generic service that supplants Regional Center Services) then children with severe behavior problems, Autism and other neurological handicaps will enter the school system and TEACHERS ARE NOT PREPARED to handle children with autism in mainstream classrooms. The rate of autism diagnosis has dropped from 1:150 to 1:90. Classroom teachers have not been trained for this and there are not enough Autism Specific classrooms in the STATE of CA to serve the need. For that matter, there are not enough Behavior Analysts vendored with the State of California School Districts to provide a functional behavioral analysis plan for every child diagnosed with autism who needs a behavior plan. Do California STATE SCHOOL DISTRICTS currently have after school intensive ABA, Pivotal Response, or Floortime programs for 3-6 year olds? ARE school Districts aware of research done in the EARLY START DENVER MODEL by UC DAVIS MIND Institute? NO! Most preschool programs are 2-3 hours per day in classroom of children with mixed disabilities. No coordinated behavior services delivered by special education preschool programs leave a giant gap in service and where children with autism fall mostly through the cracks at a CRITICAL TIME IN THEIR DEVELOPMENT. Their parents pick them up from preschool and then take them to a babysitter so they can maintain their jobs. Often their babysitter is a grandparent or a family member who doesn't know a thing about positive behavior training. Parents would be better served by attending behavior support groups twice a week directly after school at their child's special eduation preschool site. Health care plans such, as Kaiser HMO style plans or PPO plans, do NOT ROUTINELY provide intensive behavior training services to children with developmental delays or with autism. They do not provide children with neurological differences between ages 0-12 with MENTAL HEALTH therapy -- or BEHAVIORAL THERAPY on site. These types of HMO's such as Kaiser, DO provide behavioral pediatricians who suggest the neurologically affected child would "benefit from ABA at school" The HMO-PPO stance has been that "These children (with mental retardation and neurological delays) cannot cognitively comprehend "therapy" or comply to therapist's requests." If an HMO provides intensive ABA behavioral therapy for a neurologically damaged child it is because the parent sought out an insurance advocate and went to the State HMO board. The behavior service is NOT DELIVERED the HMO staff clinicians. The therapy is given by an HMO approved vendor in the community. The vendor often has a 3 month wait list. Valuable time is being lost in the life of a child's development. A class system exists where parents with ability to fight their insurance company for 4-6 months will get behavior services funded by insurance for a 6 month service cycle. Then they will need to battle their insurance company for round #2. Parents who are wealthy will be able to pay $80 per hour for the behavior analyst and $35 per hour for the behavior trainer. The costs of an in home ABA program at 10 hours per week tutoring, 8 hours per month supervision and materials development, plus 4 hours of monthly Director Level coaching to parents is $12,000 to $18,000 out of pocket over a 6 month period! Parents who are middle class will get an equity line of credit and forsake vacations, clothing, and toys for themselves and the siblings of their neurologically impaired child. Parents who are blue collar will ask the Regional Center to fund services but may not be able to participate in ANY intensive services if it means time off from work. Both parents in blue collar families work full time -- ususally graveyard or swing shifts. Frequently one parents sleeps during the day and the other parent gets home by 12 midnight and is the overnight person. It is a miracle if they see any of their children. The disabled child is often raised by teenage siblings so that parents can maintain their	Jan 29, 2011 9:03 PM

7. Suggested service standards about self-directed or self-determination

	Response Text	
178	jobs. The parents who are on MediCal often have an education that does not go past high school. They may have undiagnosed mental retardation themselves. They do NOT understand big vocubulary to understand what "affective and reciprocal communicative intent means. These types of parents and would do BEST in group parent support training workshops at a REGIONAL CENTER. where they can watch a super nanny style video, and SEE and DO with others. There are also cultural competency considerations in that some parents have themselves been in foster care, incarcerated, are married to an incarerated person, or have suffered abuse, neglect and mental illness. Regional Centers, along with Family Resource Support Centers, Parent Centers provide parents a common ground. These community settings and settings such as First Five allow parents to come together, meet other parents like themselves, form bonds in their community and learn from each other. Until Calfornia State Schools become MULTI SERVICE CENTERS for social work, housing, health, and behavior services for children..CONTINUED funding of Regional Centers, Family Resource Networks, and First Five Centers for parent training, outreach, AND SERVICE DELIVERY is essential for tracking parent outcomes in learning to help their child develop new skills. California STATE Schools DO NOT TRACK PARENT OUTCOMES. Children with neurological deficits will be entering the State school system at increasing rates and the State Education system is already underfunded for general education and overwhelmed by Special Education budgets.	Jan 29, 2011 9:03 PM
179	If a child has the cognitive ablity to direct the level of intervention they want and the family agrees, self-determiniation should be embedded into any decision about services.	Jan 29, 2011 9:06 PM
180	IN CASE OF SEVERE PSYCIATRIC CRISIS- 5150 HOSPITALIZATION FOR ASSESSMENT AND AFTWER CARE MAY BE MECESSARY-	Jan 29, 2011 11:31 PM
181	RCs need to have the authority to hold parents to the amount of money that they will get for self-directed services. The parent should not be able to come back to the RC for more money when they run out.	Jan 30, 2011 12:12 AM
182	What is self determinatin? Do you mean thatI pay for it? If I won the lottery I would get everything for my son. My kid's doctor wasn't really clear on PPD NOS, just syaing it was kindof an autism and sent me to the regional center.Right now I am tryibg tohold ldown a part-time jb and help my teenagers stay in school. it's hard enough being a parent of a special kid.I can't run around looking for a therapist if I don't knwo what will work for him. I don't want to give a kid meds.	Jan 30, 2011 12:13 AM
183	Minors and conserved consumers needs can be coordinated through family members. Non-conserved consumers need to be offer mental health options	Jan 30, 2011 12:14 AM
184	don't know	Jan 30, 2011 12:22 AM
185	not sure what this question means	Jan 30, 2011 12:25 AM
186	I'm not sure what you mean by this question.	Jan 30, 2011 1:02 AM
187	unsure.	Jan 30, 2011 1:19 AM
188	consumers know best which company works better with them, they should have a choice.	Jan 30, 2011 2:41 AM
189	NO COMMENT	Jan 30, 2011 2:54 AM
190	not sure	Jan 30, 2011 3:49 AM
191	I am a strong supporter of self determination model	Jan 30, 2011 4:45 AM
192	We had such trouble, begged for help and never received even a referral.	Jan 30, 2011 5:31 AM

7. Suggested service standards about self-directed or self-determination

	Response Text	
193	The consumer must use the service consistently.	Jan 30, 2011 7:58 AM
194	Parents have to be able to pick who they feel comfortable working with, and how the intervention is set up. They also have to know what's out there, so case managers have to have the information and maybe there can be mandatory group meetings to make it more efficient to learn what's out there. The worst thing is to get someone who believes they know everything and you know nothing and they tell you what their research shows and they don't or won't tell you about other good treatments - ones with research too - burns me up. If a doctor does that I think you can sue them. And it happens all the time with therapists. Probably one in 50 actually listen and one in 100 get it that parents might not pick their own favorite way of doing things. We have to change this. You can't tell me that your way has to be the way - I know better - I've been through bunches of people who say that and they're wrong.	Jan 30, 2011 3:42 PM
195	preserve the IPP process	Jan 30, 2011 4:48 PM
196	Most families of young autistic children have neither the expertise nor the ability to predict their child's ABA needs. Most of our clients don't know what ABA is until we carefully explain the concept, and even then don't understand the time committment. If SDS is implemented, it should be voluntary for all consumers.	Jan 30, 2011 5:32 PM
197	If families have a budget of their own to manage, it may even further support their investment in the process of intervention. It may, for many families, pose more problems than it solves. Many families are not skilled in managing budgets and it might best be offered as an option for those families who feel they can make use of it well.	Jan 30, 2011 6:14 PM
198	This is a much more dignified way of serving people.	Jan 30, 2011 10:06 PM
199	I am not well-informed about the Self-Determination model. But if $$$$ is auth'd to pay for behavior intervention, then it's up to the client or family to demonstrate that it has spent the money in a way that is equal to standard RC vendorized providers.	Jan 30, 2011 10:20 PM
200	Currently, I know a parent that chooses their behavioral service vendor and gets reimbursed at a high rate. Parents need to be held accountable for rates and be able to justify why they choose a provider that gets a higher payment when other providers can only get the MediCal rate. Self determination seems to be available but then parents don't have to justify their use of high cost vendors.	Jan 31, 2011 1:00 AM
201	Often, it is possible for the house staff or licensee to complete behavior plans and a licensed consultant may not be needed thus saving money. It may be good to have an option stating years of experience or training in behavior management as being enough and not requiring a PH D in Psychology or a BCBA, THese do not guarantee useable knowledge.	Jan 31, 2011 4:08 AM
202	No self-directed or self-determination should be available.	Jan 31, 2011 2:37 PM
203	Answered above.	Jan 31, 2011 3:22 PM
204	If this is an area that needs to be addressed then I don't see why they couldn't use self-determination funds for it.	Jan 31, 2011 3:38 PM
205	Intensity of services should include a step-down approach where as the severity of symptoms declines, the services become increasingly more self-directed and/or implemented by the parents under the direction of the therapist. Obviously very severe cases require more direct therapy options, with less provision of services by the parents. Milder cases should require parent participation at a much higher level.	Jan 31, 2011 3:56 PM
206	I need clarification on this topic. It is unclear whether you are referring to consumers or providers.	Jan 31, 2011 4:02 PM

7. Suggested service standards about self-directed or self-determination

	Response Text	
207	Should have to adhere to same standards and should have regional center oversight to ensure quality of service. Personally, I think money for B.I. should be deducted from the self determiantion funds so regional center can oversee the service delivery.	Jan 31, 2011 4:03 PM
208	Yes, but only with evidence-based practices.	Jan 31, 2011 4:25 PM
209	No comment.	Jan 31, 2011 4:33 PM
210	Any options must meet the standards under Title 17 Service Code 612/615 and /or 620.	Jan 31, 2011 4:59 PM
211	Families/individuals should be able to initiate a process to bring a preferred professional into an agreement with regional center, and should be informed of their ability to do so.	Jan 31, 2011 5:00 PM
212	None	Jan 31, 2011 5:04 PM
213	May not be appropriate for this service - too much opportunity use of funds for non-evidence based, ineffective services.	Jan 31, 2011 5:15 PM
214	Autism takes you by surprise. They should not be self directed. Parents with the diagnosis MUST be provided ALL The orientation they can get. Don't wait for them to look for them. You can request what you aren't aware exists... Plus the shock of the diagnosis is enough in itself already!!!!	Jan 31, 2011 5:29 PM
215	No suggestions at this time.	Jan 31, 2011 5:33 PM
216	In Home parent training as seperate option to ABA or DTT services.	Jan 31, 2011 5:47 PM
217	If/when the child is able to participate, the child is a key member of the team that helps develop alternate strategies when frustrated. May include peers to a) reduce sense of isolation, b) help the child develop the strategies (what's really possible), and c) help the child (reinforce) implement the strategies	Jan 31, 2011 5:54 PM
218	Client choice.	Jan 31, 2011 5:54 PM
219	Many adults with developmental delays don't understand why they need these services. If they are conserved, the conservator can help them make decisions about self-directing the services.	Jan 31, 2011 6:16 PM
220	Annual evaluations	Jan 31, 2011 6:17 PM
221	This area should be determined by the person receiving these services.	Jan 31, 2011 6:32 PM
222	Self directed or self determination services needs to have a budget model that caps the budget. It is too loose now and the budget increases based on need as determined by the planning team. If it were clearly defined how the budget is calculated and put a cap on any annual increases to the budget, then I would think SD options for behavioral services might work - however basing the budget now on historical costs is not recommended since the costs have been so high, people would be starting with very high budget amounts in a time where we are trying to reduce costs.	Jan 31, 2011 6:33 PM
223	My child is not able to self-direct services at this time.	Jan 31, 2011 6:56 PM
224	none	Jan 31, 2011 7:18 PM
225	Self determination of need is possible in limited cases.	Jan 31, 2011 7:35 PM
226	I don't have suggestions, and I'm not sure what this means, but I am open to learning	Jan 31, 2011 8:19 PM
227	Not sure what you are asking.	Jan 31, 2011 8:39 PM
228	Not applicable with the people we serve.	Jan 31, 2011 8:46 PM

7. Suggested service standards about self-directed or self-determination

	Response Text	
229	If this service is determined to be a need, a meeting should be held between service provider and consumer/parent/care-provider to determine the level of need and type of service that is to be provided. An established criteria/checklist needs to be completed by care-provider(s). An assessment of need should be completed by service provider. Progress report should be completed for accountability and to determine if services should be continued.	Jan 31, 2011 8:49 PM
230	None. No self-directed services for anyone	Jan 31, 2011 9:06 PM
231	If they have a diagnosis, they should receive these services...period.	Jan 31, 2011 9:07 PM
232	Unfortunately, people with these types of behaviors would not often seek out remediation on their own. To the extent possible, however, people who exhibit severe behaviors should be involved with the formulation and ongoing evaluation of the behavior plan.	Jan 31, 2011 9:13 PM
233	Self-determination is not a cost saving mechansim unless the State is activley cheating people nor should it continue to be used as an excuse to reduce or eliminate other types of services (as it has been for the last two years)	Jan 31, 2011 9:20 PM
234	Families should have the voice and choice to request for a particular service. They should have the option to quit services due to family choice. Families should be given the responsibility to identify realistic, honest reasons why services are not successful or wanted. Resistant parents should be given the option to change services after an initial 6 month trial. If no progress is noted or the services appear to cause decompensation, then the services should be reevaluated, taking "Extinction Bursts", -an increase in behaviors, after a decrease in behaviors, that occurrs before long term change is realized,into account.	Jan 31, 2011 9:31 PM
235	Recipients or the care givers/parents should be given the option and programs should not be enforced.	Jan 31, 2011 9:55 PM
236	See #4 above.	Jan 31, 2011 10:14 PM
237	none	Jan 31, 2011 10:14 PM
238	I am all for choice, but sometimes choices need to be limited due to financial constarints	Jan 31, 2011 10:18 PM
239	It should be an area of service they can procure via these programs.	Jan 31, 2011 10:38 PM
240	It would be difficult to have a standard for this other than that all assessments must include information derived from the consumer on thier identified wants and needs	Jan 31, 2011 10:58 PM
241	Should be included	Jan 31, 2011 11:00 PM
242	Don't have any except I really think consumers should not have an override (as in IHSS support worker hiring) that would in any way endanger them, say the ability to hire a child-molester or rapist.	Jan 31, 2011 11:29 PM
243	no comment	Jan 31, 2011 11:43 PM
244	Evaluator for ABA services should be seperate than the implementor for the service. In evaluation, programs should evaluate the best setting or combination of options for the chidl with seperate plan for parent participation.	Jan 31, 2011 11:43 PM
245	It is of upmost importance that services are available on a self-directed basis. Developmental and social-emotional based services should be explicitly available to all families including DIR/Floortime.	Jan 31, 2011 11:53 PM
246	none at this time	Feb 1, 2011 12:02 AM
247	Not a good idea as there are too many individuals that do not have adequate training to proprerly provide ABA services.	Feb 1, 2011 12:07 AM
248	Don't think it is good idea. Parent will have to pay liability insurance, workers comp, payroll taxes, keep records. Most familes dont have the knowledge or the time.	Feb 1, 2011 12:13 AM

7. Suggested service standards about self-directed or self-determination

	Response Text	
249	Budget direct to consumers through microboard system-- Defund the regional center system they do not care about consumers anymore!	Feb 1, 2011 12:32 AM
250	don't understand the question	Feb 1, 2011 12:47 AM
251	f	Feb 1, 2011 1:12 AM
252	These have already been defined and should be described in care planning. Standards have already been defined.	Feb 1, 2011 1:34 AM
253	Sorry, I don't know what self-cirected or self-determination options are. My son has received very little support or assistance from Regional Center.	Feb 1, 2011 1:51 AM
254	I feel than an individual should be able to make choices and take responsibility for their behavior. If a recreational or alternative activity is something that helps the individual with their behavior, then that should be an option for the person to receive funding for that rather than behavioral services.	Feb 1, 2011 3:39 AM
255	unknown	Feb 1, 2011 4:50 AM
256	yes	Feb 1, 2011 5:07 AM
257	The vendors I have encountered are money hungry, & are not in it to help DD people & their families. Regional center should send out random/ anonymous surveys asking families & consumers how they feel about the services they receive. This is getting pathetic how vendors are getting away with so much.	Feb 1, 2011 5:17 AM
258	Parents/consumers should have a choice from a pre-approved list of providers from regional center. Specific statistics should be provided within grids (e.g., populations served, average age of clients served, percentage of clients provided with direct intervention services/parent consultation, etc., whether they provide group parent training, average duration of services-- direct intervention/parent consultation, etc., years providing services, etc.).	Feb 1, 2011 5:20 AM
259	Personal care/hygiene as well as productivity are also important not only for the welfare of the consumer but for the faciltity they attend.	Feb 1, 2011 5:38 AM
260	don't understand the question. speak english please	Feb 1, 2011 5:49 AM
261	Self-directed and/or self-determination options should include ABA for individuals with autism.	Feb 1, 2011 6:21 AM
262	Parents would choose more cost effective measures to provide these services.	Feb 1, 2011 7:03 AM
263	self-directed only works for a few clients. Assisted-self direction may be necessary	Feb 1, 2011 7:23 AM
264	In consultation with team composed as evaluation team is composed - one consultant chosen by the parents, one by the agency, and a third chosen by the other two.	Feb 1, 2011 8:01 AM
265	Good idea, but it seems this would run into honesty issues.	Feb 1, 2011 4:04 PM
266	As long as the provide meets that training qualifications and the services provided are imperically sound self-directed/determination should be allowed.	Feb 1, 2011 4:07 PM
267	an interview with caretaker or parent of child/adult	Feb 1, 2011 5:10 PM
268	I think that as a state we should develop network of services that reflects what is free, what is co pay and what is fully funded. I think services should be consistent throughout the state. If we were more organized in this manner, I think families would have a true option to be more self directed. But we have to recognize that many families are overwhelmed and need support and the ideas of self direction and determination is indeed the heart of the law, but we have not yet developed a fully supportive system that reflects that ideal.	Feb 1, 2011 5:22 PM
269	if a client wants to be their own advocate, allow them to work without a RC person	Feb 1, 2011 6:03 PM
270	I don't beleive this will help.	Feb 1, 2011 6:16 PM
271	self directed would be good.	Feb 1, 2011 6:17 PM

7. Suggested service standards about self-directed or self-determination

	Response Text	
272	More oppuronities need to be opened up and maybe considerated! At some point theres needs to be more responsiblity put on the consumer to direct their own life.	Feb 1, 2011 6:32 PM
273	don't know	Feb 1, 2011 6:42 PM
274	Same as above	Feb 1, 2011 6:49 PM
275	Strongly agree that consumers/family members ought to be able to select their preferred provider.	Feb 1, 2011 7:07 PM
276	The current standards are effective for the next fiscal year.	Feb 1, 2011 7:20 PM
277	This should be made available. A big reason is that Regional Centers currently have their 'favorites' which usually means the marketing people from agencies bring nice gifts and lunches and are friends with the coordinators. Families are too often not provided options - they don't know they have them and think they have to take what is offered. It is supposed to be 'person centered' but the reality is not so.	Feb 1, 2011 7:30 PM
278	Every person served should have a specific amount of money allocated for purchase of services per year, i.e. total of $15,000 per year. Person served and their family should have freedom to use the vendors they choose based on preference. However, once the person served reaches the $15,000 mark, then all services must cease, without exception, until the following fiscal year.	Feb 1, 2011 7:34 PM
279	I'm not familiar with these terms or programs?	Feb 1, 2011 7:34 PM
280	These self-directed options should be seen as enhancements to behavioral programs and never in the place of a professional-directed program. We recently took a required parenting class and were initially told that this fulfilled our need for behavioral intervention. How can one, 6 week course, take the place of experienced professionals working with children on the spectrum? I just don't see any similarity. We did find some value in the program, but honestly most of it was common sense and already part of our parenting style. We did not gain any lasting assistance from this type of training and would have been lost without the one-on-one provided by our ABA program.	Feb 1, 2011 7:36 PM
281	"Up to but not to exceed the cost to house one individual in a Developmental Center."	Feb 1, 2011 7:50 PM
282	In my experience not all parents can benfit from self-driected services. The criteria for who can must be established before service standards can be developed.	Feb 1, 2011 7:53 PM
283	Individuals and families should be allowed to choose provider from a list of those qualified	Feb 1, 2011 8:01 PM
284	What does the family and child want as an outcome for the treatment?	Feb 1, 2011 8:39 PM
285	I don't know what exactly means so I can't really answer it.	Feb 1, 2011 9:05 PM
286	not sure	Feb 1, 2011 9:11 PM
287	1) "Purchase of Service Limits" is a more appropriate name than "standards." 2) We oppose statewide purchase of service "standards." 3) There is no "one size fits all" solution. Purchase of service standards for each individual are defined by the IPP. 4) For questions 3 & 4: These standards already exist. 5) "Up to but not to exceed the cost to house one individual in a Developmental Center."	Feb 1, 2011 9:13 PM
288	None.	Feb 1, 2011 9:17 PM
289	Does not make sense in this case.	Feb 1, 2011 9:22 PM

7. Suggested service standards about self-directed or self-determination

	Response Text	
290	ALSO, For children 1-22 allow PARENT VENDORS!!!! Parents should be allowed to contract with professionals and hire their own direct care staff to be trained and supervised by those professionals. It is so much more cost effective. And often parents become highly involved, therefore ensuring progress of their child. There has not been enough information provided about how the self directed programs work for me to provide enough feedback.	Feb 1, 2011 9:26 PM
291	none	Feb 1, 2011 9:32 PM
292	I don't know what this is.	Feb 1, 2011 9:32 PM
293	I dont like these options as it takes control away from the professionals. Too many times parents choose a service provider that will do only what they want, and end up implementing the services rather than holding the parents accountable. THese services will only work if parents are the ones who truly understand how to teach their child and help them grow	Feb 1, 2011 10:03 PM
294	If a client lives outside the family home and not with any care-giver, and that client needs behavioral services, then such services should not be denied simply on the basis that the Regional Center prefers the "parent-training" model. Moreover, when that client has identified a legitimate vendor (licensed PhD's with years of experience providing direct behavioral services), the Regional Center should respect the client's choice of vendor, particularly when the Regional Center offers no other vendor capable of providing direct services.	Feb 1, 2011 10:37 PM
295	No comment, I am a pediatrician.	Feb 1, 2011 10:51 PM
296	Parents should be aware that they have choices when it comes to what type of therapy their child can received. ABA should no longer be the golden standard!	Feb 1, 2011 11:01 PM
297	I do think that the client/family should have the right to chose the services they recieve. If allotted a dollar amount to spend on services, they may see the "least costly services" aspect	Feb 1, 2011 11:11 PM
298	I'm not very clear of the difference betweenthese two options of services. Individuals should be educated and offered services, but not forced upon them. If they are need of services, they should be annually evaluated and offered needed services.	Feb 1, 2011 11:24 PM
299	If capable, client can monitor his/her own progress (graphing, check marks, etc.) Client can review progress and expectations daily	Feb 1, 2011 11:33 PM
300	Decline to respond	Feb 1, 2011 11:39 PM
301	Not sure	Feb 2, 2011 12:09 AM
302	Customers and families can opt out of those services if they want, only after they tried a few sessions.	Feb 2, 2011 12:22 AM
303	Self-directed is definitely the way to go. We have to stop wasting so much money on agencies. The service standards should be: --max $25k a year --semi annual audits --regular consultation and review of program by senior level therapists trained in a variety of approaches (not just ABA)	Feb 2, 2011 12:22 AM
304	The idea in Dr. Hanson's training is to teach the parents how to teach their child with Down Syndrome. They have certain responsibilities that make the program work (e.g., documenting daily activities and exercises). Utlimately, this should equip the parents with tools that will be useful long after the child graduates from the infant program.	Feb 2, 2011 12:26 AM
305	none	Feb 2, 2011 1:15 AM
306	??	Feb 2, 2011 1:48 AM
307	Trying and effort are milestones.	Feb 2, 2011 2:17 AM

7. Suggested service standards about self-directed or self-determination

	Response Text	
308	Consumers should always have options. However, when these options are in direct contrast with keeping them safe and healthy then special considerations are ethically warranted.	Feb 2, 2011 2:41 AM
309	When the consumer is capanle of self-directed or able to participate in self-determination activites, open up the services and options to them. In a perfect world that would be best practice and a perferred future, and the best case senarios, but as we all know it is not always feasible or possible. They are vulnerable to outside forces such as undesirable people that will pray on them sexually, financially, and emotionally. It will place them at risk because we all know services have been cut back so much, and the ones that it seems to affect the most are the most vulnerable, children, elderly and the disabled. The Lanterman Act was a good faith effort to ensure consumers the best quality of life, but we all know that they are still told basically, when and where they will live and controlled by their caretakers.	Feb 2, 2011 2:58 AM
310	First, eliminate the regional centers. Second, let the vendors compete. Third, the vendors could file quarterly statements of the services provided per client and the cost. Last, survey the parents/consumers yearly to verify that the services are actually be received, cost, etc via phone, e-mail or an internet website. A computer could easily compare vendor and consumer responses. The financing for theSelf-directed options should be indexed for inflation.	Feb 2, 2011 3:03 AM
311	Self determination the program like in WI would great if it was funded so their were brokers & providers of services.	Feb 2, 2011 3:39 AM
312	choice about programs should be based on need and choice.	Feb 2, 2011 4:05 AM
313	would need this explained more to answer	Feb 2, 2011 4:55 AM
314	I don't think there are enough safe guards and quality standards as to do this - especially with the need for accountability.	Feb 2, 2011 4:58 AM
315	The self-directed options will probably save money. The parents, caregivers and the behaviorsits should have to meet the same criteria in order to either keep services or to stay vendorized as the non self directied services.	Feb 2, 2011 5:40 AM
316	I definitely think that siblings of affected children should be included in the therapy, to help them understand their sibling and to aid in establishing a healthy and helpful family dynamic. Parents should be able to choose from a wide variety of options based upon the recommendations of the health care practitioner(s) providing the diagnosis for the affected child, and all options should be adequately explained to the parents/guardians, so that they can make the best decision possible for their child. Information dissemination in a clear and concise manner is key here, as many parents feel overwhelmed by the diagnosis they have received, and will do whatever the referring clinician recommends. It is unfair to dictate which services are available to those receiving regional center funds; given the current nature of medical and behavioral research in this area, "proven" is a debatable concept, and anything that has demonstrated promise in even a subgroup of the population of interest should be presented as an option. It is the role of the well-educated clinician to guide parents to the best option for their child, not to say, "This is the only therapy Regional Center will authorize, so even though another therapy (alone or in conjunction) might be of benefit, there are no funds for this." Of course, it should be noted that those "therapies" promoted in the media are in no way construed to be therapies that have demonstrated promise -- only therapies that have been developed and tested over a period of time, and are based on a reasonable understanding of the true nature of ASD neurologic and sensory differences, should be considered; competent clinicians are the best individuals to determine whether a given therapy meets these guidelines. These recommendations and suggestions can then be passed along to the parents/guardians of the affected child, and the team can choose the best therapy(ies) for that child.	Feb 2, 2011 5:45 AM

7. Suggested service standards about self-directed or self-determination

	Response Text	
317	1. FUND PEOPLE FIRST/ PEER MENTORING GROUPS SO THEY CAN OFFER BASIC TRAININGS LISTED IN #1, AT DAY PROGRAMS, AND COMMUNITY LIVING FACILITIES.	Feb 2, 2011 6:01 AM
318	Self-determination should be included whenever possible.	Feb 2, 2011 6:31 AM
319	Regional center workers as a group do not have a clue how to work with people with dd inthe community, most if they have any knowledge at all it is academic and not applied. There are a few out there who have done community work and were good at it but the are in the minority.	Feb 2, 2011 1:45 PM
320	You figure that out, that is why you get paid	Feb 2, 2011 1:52 PM
321	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 2, 2011 3:26 PM
322	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 2, 2011 4:46 PM
323	too expensive, self determination budgets in our regional center are high, families given too much freedom is use of tax payer money, no luck in lowering previously agreed on budgets	Feb 2, 2011 4:53 PM
324	Self-determination may be a good option for well informed families. But my 18 years of experience in the field of behavior services suggests that parents are often not informed well and they may select services that are not evidence base practice. Parents may also experience more duress since they will be responsible for hiring and managing the vendors. Issues pertaining to boundaries between vendors and family is another issue.	Feb 2, 2011 5:15 PM
325	Would not recommend	Feb 2, 2011 5:17 PM
326	Services should be approved and overseen by a prfessional, regardless of whether they are self directed or self dertmined. Consumers' progress and self-sufficiency should be the goal.	Feb 2, 2011 5:20 PM
327	Well if you can take all the middlemen and bureaucracy out of it and not place a bureaucratic net of requirements. Then the persons served shoulld have freedom to pruchase the supports as aggreed in the IPP and select thier own provider. Seems very cost efficient.	Feb 2, 2011 5:44 PM
328	Self direction is to be considered, but not at an exhorbitant expense to tax payer.	Feb 2, 2011 6:09 PM
329	More parent coaching, keep parents accountable for the service continuing.	Feb 2, 2011 6:29 PM
330	If behavior is affecting ones ability to function in society it should be addressed.	Feb 2, 2011 6:30 PM
331	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-dertmination options.	Feb 2, 2011 6:51 PM
332	If we review the cost to the public and governing bodies should something happen due to behaviors not being addressed. If we were as a society being more preventative and we are addressing issues at an early stage then It would be less of a monetary challenge to society. Individuals could be empowered to provide some of the cost (even if contribution was pro-rated.) This could be based upon ability to contribute monetarily or contribute by providing community service to others as a repayment method. This could also reduce cost or likely hood that these situations are intensified or behaviors become more severe and individuals end up incarcerated or in a locked state facility.	Feb 2, 2011 7:33 PM

7. Suggested service standards about self-directed or self-determination

	Response Text	
333	Again, establish a set amount of funds and allow the family/consumer to determine how to best utilize these funds. Allow the family to do a proposal to the RC for their review and approval. Then do a reimbursment arrangement with the family. Behavioral services are the biggest, most significant intervention for children on the autism spectrum. Their benefits are evident. For my son personally, there is nothing that we have done that has had the tremendous impact that ABA has had. It alone has allowed him to access the general education world and his community. This service must continue to be provided to children on the spectrum without an age limit, time limit, or restriction on how/when /where.	Feb 2, 2011 8:08 PM
334	Parents and/or consumers should receive independent and objective data regarding the types of behavioral services that are available such as DIR/Floortime, ABA, etc. The philosophies of the different interventions should be available to consumers/parents. Parents and consumers should have the option of changing type of intervention as warranted.	Feb 2, 2011 8:30 PM
335	This question cannot be answered until California has clearly defined mechanism for implement self-direted or self-determinationoptions.	Feb 2, 2011 9:12 PM
336	How is a self-directed or self-determined option defined or determined?	Feb 2, 2011 9:19 PM
337	Parent's/consumers have the right to An explanation of the self-directed and/or self-determination behavioral service options from their regional center case manager. My son's SARC case manager said she didn't know anything about these options, nor where to get the information for ourselves.	Feb 2, 2011 9:20 PM
338	Behavior would be too hard for a parent to do self-directed. Most parents have fulltime jobs and have not received the education nor training to be able to this by themselves. Maybe if a special rate could be put in place with agencies that are contracted thru regional centers for self-directed services, customers would make more use of these.	Feb 2, 2011 9:27 PM
339	Parents should have to complete homework from providers about the programs and attend parenting classes specific for families with special needs.	Feb 2, 2011 9:30 PM
340	TO PROMATE RESPECT HONSTY TRUTH AND FREEDOM	Feb 2, 2011 9:35 PM
341	I think a parent or responsible party should be able to self refer for consideration because they are who is with the person a majority of the time not your assesment person.	Feb 2, 2011 9:41 PM
342	I do not understand this item.	Feb 2, 2011 10:01 PM
343	It depends on the indecorous	Feb 2, 2011 10:02 PM
344	Some client behavior can put them in very dangerous situation. Part of their disability may be the inability to make choises which are safe. Effort should be made to shape safe behavior.	Feb 2, 2011 10:03 PM
345	I am not sure if I agree with this. I think if this is an option for a client, then there needs to be review by another party.	Feb 2, 2011 10:13 PM
346	Research based and meeting IPP goals.	Feb 2, 2011 10:17 PM
347	After reaching adulthood, individuals should have the option of becoming co-partners with their service providers & caregivers in their behavioral goals & services. They should also be able to opt out of behavioral services.	Feb 2, 2011 10:18 PM
348	As I said, the programs must be perceived by the users (consumer and family) as beneficial. There should not be arbitrary time limits (although there could be guidelines and targets), the services should last until the clients/families feel the stated goals have been met, or the service is no longer beneficial.	Feb 2, 2011 10:20 PM
349	People should have the option of using self-directed funds to purchase behavioral services.	Feb 2, 2011 10:53 PM

7. Suggested service standards about self-directed or self-determination

	Response Text	
350	Weekly reports to parents to have them follow up on the services.	Feb 2, 2011 10:55 PM
351	no suggestions	Feb 2, 2011 11:12 PM
352	N/A	Feb 2, 2011 11:26 PM
353	If self-determination refers to a system wherein a certain amount of $$ is provided to the consumer, and the consumer decides how to use it, I love this process because it allows for a sense of (a) being gifted and (b) the independence to purchase services that the consumer really needs, in their opinion. Two recommendations: 1. I would suggest that the consumer needs to provide an assessment/recommendation from a professional to back up their choice; 2. Not all consumers have the same level of need. Thus I recommend a fair process to determine need/allocation of funds. Include consumers/parents in the design of this model, not just regional Center or other professional personnel.	Feb 2, 2011 11:38 PM
354	Cap the annual number of hours of behavioral services by age of the child, diagnosis and severity of the problem and set a lifetime limit on the amount spent on behavioral serivces.	Feb 2, 2011 11:46 PM
355	None	Feb 2, 2011 11:47 PM
356	Ultimately self-direction and determination are the goals for individuals with special needs.	Feb 2, 2011 11:51 PM
357	The older consumers based on their mental capacity should partake in the evaluation of services and needs.	Feb 3, 2011 12:03 AM
358	Current practices are excellent.	Feb 3, 2011 12:12 AM
359	I don't think this is a good service for self determination. If a flat rate is determined based on the type and number of hours needed, this amount should be adhered to. If the parent mismanages the money and runs out before the end of the year, there would be a gap in services if the parent does not private pay. Most families can not afford these expensive services. The effectiveness of behavioral services depends on consistency, and an interruption of services would undermine effectiveness.	Feb 3, 2011 12:16 AM
360	Must be assisted by regional center personnel reviewing the need and the suggested program developed by mental health professional..	Feb 3, 2011 12:30 AM
361	Not sure what that means.	Feb 3, 2011 12:30 AM
362	there needs to be direct goals for the children, parents and services provided	Feb 3, 2011 12:36 AM
363	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 3, 2011 12:50 AM
364	Same as now	Feb 3, 2011 12:59 AM

7. Suggested service standards about self-directed or self-determination

	Response Text	
365	None. But let me close with some thoughts. I have been involved in this stuff for DECADES...The pattern is accountability=paperwork=needing more people to write and review paperwork=audits and auditors=more paperwork, more cost, slower system and just a TON of deceit and/or fiddling with the rules...DON'T do that again. A system based on outcomes...and yes that will have its weaknesses and a system based on REWARDING efficiency and effectiveness... This egalitarian stuff is CRAZY...everybody gets the same rate...WHY? Why not reward creativity, efficiency and especially parent and client satisfaction. AND...you can avoid a LOT of suits and fair hearings if you allow services to go pretty indefinitely...but with REDUCED HOURS...Families will typically accept SOMETHING as opposed to getting just cut off and that concept works better anyhow. Finally, the DDS has been hijacked by the ABA crowd who are raking in fortunes...15 hours per week on intensive ABA? Baloney...it is a lot of babysitting and SKILLS training...which is more AST anyhow... Ah...how the hell listens to me? I merely tell the truth. :)	Feb 3, 2011 1:08 AM
366	not sure I understand	Feb 3, 2011 1:19 AM
367	It would be a real blessing to our family if we were able to do self-directed service! We would much rather have self direted or self determined options for these services! Please!	Feb 3, 2011 1:26 AM
368	People should be able to select a behavioral service other than ABA. ABA is not for everyone, and social, play, relational models should be considered.	Feb 3, 2011 1:59 AM
369	All that have shown in studies to help the child with the speical needs.	Feb 3, 2011 2:14 AM
370	I am not familiar with these terms.	Feb 3, 2011 2:37 AM
371	None at this time.	Feb 3, 2011 2:42 AM
372	n/a	Feb 3, 2011 2:53 AM
373	n/a	Feb 3, 2011 4:26 AM
374	These services are not appropriate for self directed or self detemined options.	Feb 3, 2011 4:33 AM
375	self direct or self determination is already there having to care for a disabled member of yor family twenty four hours a day.	Feb 3, 2011 4:41 AM
376	after the age of 18 or depending on guardianship	Feb 3, 2011 4:56 AM
377	Ability of consumer to make decision.	Feb 3, 2011 5:15 AM
378	None	Feb 3, 2011 5:18 AM
379	Service providers and consumers/parents must have meetings to coordinate services	Feb 3, 2011 5:53 AM
380	Parents whom wish to implement their own home-based intervention without services provided by professional agencies should be responsible for their own goal reports and tracking and visited by behavioral professionals once a month for assessment.	Feb 3, 2011 5:56 AM
381	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 3, 2011 5:59 AM
382	No opinion.	Feb 3, 2011 6:00 AM

7. Suggested service standards about self-directed or self-determination

	Response Text	
383	Services for the disabled individual is always too expensive to manage. I feel the Regional Centers are doing a good job of dispersing services. I feel it is wrong that the State keeps cutting their budget.	Feb 3, 2011 6:00 AM
384	I do not understand some of your questions.	Feb 3, 2011 6:00 AM
385	Self-directed learning with caregivers should be fostered more than it was a few years ago, when I retired. There are a multitude of computer learning systems now that you could invite consumers to use right at your centers...interactive software for educating them on using online banking, math, reading, etc.	Feb 3, 2011 6:07 AM
386	Don't know	Feb 3, 2011 6:09 AM
387	do not understand statement	Feb 3, 2011 6:28 AM
388	same as the current practice at Valley Mountain Regional Center.	Feb 3, 2011 6:35 AM
389	Same as with the current practice at Valley Mountain Regional Center.	Feb 3, 2011 6:37 AM
390	Parents should be empowered to choose the provider, change if quality standards aren't met, and demand that the children receive geniune attention from caring professionals so that the children stand a better chance of becoming productive members of society.	Feb 3, 2011 6:45 AM
391	unsure what you mean by the question	Feb 3, 2011 7:38 AM
392	Not sure how these services can be self-directed or determined.	Feb 3, 2011 8:03 AM
393	I'm not sure I understand this question. In my opinion if a consumer is able to "self-direct" their behavior intervention plan; then, they care capable of communicating enough that behavior services probably aren't warranted. Consumers can self direct their reward for achieving the goals.	Feb 3, 2011 8:23 AM
394	While surveys and testing can determine suggested services, parents ultimately hold the final word in what services they desire or can afford. However, I would recommend the assessments offer packages of services that have some flexibility, but in turn, have measurable results when all services in each package are applied.	Feb 3, 2011 1:39 PM
395	No self directed options.	Feb 3, 2011 3:25 PM
396	The education about evidence basic practice is typical not available for the average person. They often follow the popular myths that are suppose the help but are often ineffective. Therefore, basic services should be uniform throughout the state and thing like popular unproven interventions should be accessible but paid by the family themselves. Floor-time comes to mind as an unproven popular fade. Service providers will provide floor-time because there is money in it but that does mean it has been proven effective and a waste of money for the state.	Feb 3, 2011 4:30 PM
397	Don't understand the question.	Feb 3, 2011 4:31 PM
398	Not a good idea as some parents do not have the ability to follow through or communicate effectifely, to the detrament of the child.	Feb 3, 2011 4:39 PM
399	See number 6	Feb 3, 2011 4:50 PM
400	Self directed determined services leaves it up to families to decide necessary services, takes monitoring and determinination out of the hands of service coordinators.	Feb 3, 2011 5:07 PM
401	Family should also sign off and agree to what services they provided. The parents should also have to complete an independent survey and submit it to their Regional Center case managers to include in any future addendums. Families should be held to the Family cost participation program.	Feb 3, 2011 5:12 PM
402	They should be the same	Feb 3, 2011 5:16 PM

7. Suggested service standards about self-directed or self-determination

	Response Text	
403	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 3, 2011 5:16 PM
404	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 3, 2011 5:21 PM
405	No! Only if time limited or there are clearly defined entrance and exit criteria	Feb 3, 2011 5:42 PM
406	Parents should be empowered to choose the provider, change if quality standards aren't met	Feb 3, 2011 5:43 PM
407	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 3, 2011 5:47 PM
408	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options	Feb 3, 2011 5:53 PM
409	None at this time.	Feb 3, 2011 6:02 PM
410	No suggestions.	Feb 3, 2011 6:11 PM
411	An adult has autonomy and if they refuse services and are not conserved then so be it.	Feb 3, 2011 6:26 PM
412	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 3, 2011 6:27 PM
413	This question cannot be answered until California has a clearly defined mechanism for implementing self directed of self determination options.	Feb 3, 2011 6:28 PM
414	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 3, 2011 6:29 PM
415	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 3, 2011 6:31 PM
416	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-deteminiation options. It should also be noted that for the past 20 years the DDS has used these terms to sugguest to the legislators that it is okay to cut services (on a supposed temporary basis) only to have never developed these program options, which has left the develpmental disabled with a permenate loss of services. Truthfully, this is used to lie to the public and to take away services as a disguise of offering independence that never materializes --- OVER 20 YEARS of promises of providing SELF-Determination, really who are you kidding.	Feb 3, 2011 6:34 PM
417	The individual identified to coordinate these services shoulf have a behavior backgroud	Feb 3, 2011 6:38 PM
418	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 3, 2011 6:45 PM
419	If self-determination refers to a system wherein a certain amount of $$ is provided to the consumer, and the consumer decides how to use it, I love this process because it allows for a sense of (a) being gifted and (b) the independence to purchase services that the consumer really needs, in their opinion. Two recommendations: 1. I would suggest that the consumer needs to provide an assessment/recommendation from a professional to back up their choice; 2. Not all consumers have the same level of need. Thus I recommend a fair process to determine need/allocation of funds. Include consumers/parents in the design of this model, not just regional Center or other professional personnel.	Feb 3, 2011 6:53 PM

7. Suggested service standards about self-directed or self-determination

	Response Text	
420	No self directed. this is far to specialized of a service.	Feb 3, 2011 7:00 PM
421	It definitely makes things easier when the individul wants to change.	Feb 3, 2011 7:04 PM
422	ABA consultation service 2-3 hrs./wk., parents are the ones doing the interventions they are taught.	Feb 3, 2011 7:07 PM
423	Families should have the ability to choose providers	Feb 3, 2011 7:27 PM
424	I'm not sure what this questions means, sorry.	Feb 3, 2011 7:43 PM
425	I can say that we never ask for more than what is needed for our son but some children receive more and others less with the same conditions because some families have no skills in self-advocating. This is an unfortunate problem.	Feb 3, 2011 7:47 PM
426	It should be offered to only those parents that will be interested and willing to work to help their own family.	Feb 3, 2011 7:58 PM
427	If requested by client or caretaker, should be evaluated and if appropriate offer services	Feb 3, 2011 8:02 PM
428	A big issue that is not addressed as it puts services and funds at risk at this time. Needs to follow a Mental Health pattern for housing -	Feb 3, 2011 8:03 PM
429	As long as the goals fit the best service needs for the child, then it should be taken in account.	Feb 3, 2011 8:08 PM
430	This questions cannot be answered until CA has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 3, 2011 8:16 PM
431	Do not know enough to comment.	Feb 3, 2011 8:17 PM
432	The goals should be directed with the IPP process.	Feb 3, 2011 8:37 PM
433	Consumers must be part of the discussion regarding services, and be assisted by trained/knowledgeable individuals (Licensed Psych [not School Psych]) to understand the behavior that is/may be undesireable.	Feb 3, 2011 8:41 PM
434	Tri-Counties Medical Private Insurance Other	Feb 3, 2011 8:54 PM
435	Should be allowed.	Feb 3, 2011 8:59 PM
436	If a consumer were to receive a package of service benefits for their given disability and ability to pay, then he/she could decide (in conjunction with the caregivers), what services would be most necessary for meeting their needs. If what they needed cost more than what was provided, they would have the option to purchase the add'tl services at a discounted rate as negotiated by the Regional Ctrs. This would be a fair approach and what I would define as "self-directed" or "self-determined".	Feb 3, 2011 9:00 PM
437	This should be allowed in circumstances in which it reduce costs, especially when a parent or care giver is willing to go above and beyond. But it is difficult as effectiveness and cost may be difficult for an engaged parent or care giver to really assess.	Feb 3, 2011 9:05 PM
438	per the IPP	Feb 3, 2011 9:05 PM
439	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 3, 2011 9:07 PM
440	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 3, 2011 9:23 PM
441	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 3, 2011 9:33 PM
442	Not familiar with a self-directed services, but if that is where the parent has a budget of funds for child's services and can utilize them as needed, then I'm all for that.	Feb 3, 2011 10:01 PM

7. Suggested service standards about self-directed or self-determination

	Response Text	
443	I need a specific examples of what "self-directed/self-determination options" are to comment.	Feb 3, 2011 10:03 PM
444	I don't think this is a good idea.	Feb 3, 2011 10:08 PM
445	N/A	Feb 3, 2011 10:13 PM
446	people need to also be responsible to know when they are succeeding or making no progress with help from staff who can train them how to keep simple but effective data. Voluntary involvement with a commitment. Maybe if a person's actions are harmful to themselves or others, it could be a requirement for at least a short period of time in order to ensure everyone has opportunity to experience a possible positive effect of the program. Not sure how that would be done because mandatory participation also jeopardizes effectiveness. Has to be a driving force such as a means to a desired end.	Feb 3, 2011 10:13 PM
447	I don't know	Feb 3, 2011 10:15 PM
448	Unknown.	Feb 3, 2011 10:27 PM
449	Option for parents to receive a lump sum of hours to use as they would like (e.g. 40 hours over 4 months or 40 hours over 2 months).	Feb 3, 2011 10:37 PM
450	As currently set.	Feb 3, 2011 11:06 PM
451	I believe that has already been clearly stated-gove consumers and family members the options to determine their providers.	Feb 3, 2011 11:10 PM
452	These individuals need professional intervention. They cannot do it themselves, otherwise they would.	Feb 3, 2011 11:26 PM
453	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 3, 2011 11:35 PM
454	parents can search and suggest which company is the most appropriate for their child.	Feb 3, 2011 11:36 PM
455	With support and trained professional consumers lives can be changes forever. The individual can function in our community with success and contribute if they can trained and provided opportunity to do so.	Feb 3, 2011 11:49 PM
456	Whatever benefits the child & their family	Feb 3, 2011 11:58 PM
457	None.	Feb 4, 2011 12:09 AM
458	Parents should play a large role in choosing appropriate evidence-based services.	Feb 4, 2011 12:12 AM
459	There have been numerous pilot programs in the state of California on Self-Directed services for the developmentally disabled. What are the results of these pilots..that should help develop standards for consideration and possible inclusion of some of our high functioning disabled residents.	Feb 4, 2011 12:15 AM
460	If allowed to go to a self directed services model, these services will bankrupt the state of California.	Feb 4, 2011 12:43 AM
461	None.	Feb 4, 2011 12:46 AM
462	Unknown	Feb 4, 2011 12:46 AM
463	No-will just make this more confusing for all.	Feb 4, 2011 12:52 AM
464	Basically the same as answer no. 5	Feb 4, 2011 12:53 AM
465	One cannot choose self-direction or self-determination without appropriate training. The earlier we start providing this service the better the outcome for future real self-determination.	Feb 4, 2011 1:03 AM

7. Suggested service standards about self-directed or self-determination

	Response Text	
466	Self directed/self determined service options are a bad idea in my opinion. We have parents that think swimming with the dolphins will cure autism. Are we going to allow this to be funded becuase it is self determined? The same goes for horse therapy and other non research based "fun" activities. Any option MUST be research based and not normative based. Peer reviewed journals etc not "internet" researched.	Feb 4, 2011 1:30 AM
467	Give people names of providers and let them choose.	Feb 4, 2011 1:35 AM
468	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 1:43 AM
469	none	Feb 4, 2011 1:54 AM
470	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 2:04 AM
471	If the child/parent do not co-operate in skill training after a certain amount of time, there should be a limit that they have to perform these learned skills, if they don't accomplish the skills they lose the service.	Feb 4, 2011 2:31 AM
472	I'm not sure if the system is ready for a self-directed or self-determination program. There maybe excessive administrative work for the parents who should be putting their time in caring for their disabled children instead of paperwork.	Feb 4, 2011 2:36 AM
473	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 2:40 AM
474	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 2:46 AM
475	none	Feb 4, 2011 2:58 AM
476	This is a great idea for those parents who are willing and passionate to embrace this option. The responsibilities lie more to the whole family and the family is given more options to select what is the best suitable way to raise their disabled children. And most all the disabled child is given the right to choose what he or she prefers if given the opportinity to make them happy.	Feb 4, 2011 3:31 AM
477	The ability of an individuals with developmental disabilities vary greatly. Again, the very essence of being a citizen of the United States is to be respected as an individual. The IPP team plays the important role in helping the "consumer". Is the State organized to have the means to implement these options?	Feb 4, 2011 4:19 AM
478	Families of and/or clients themselves should be able to have full input into what the program looks like and what is important for intervention to them. No outside vendor/regional center should be able to determine this for the client and/or family.	Feb 4, 2011 4:26 AM
479	see above	Feb 4, 2011 5:09 AM
480	None. Most people with the severe levels of DDs that qualify them for RC services are not capable of self-directing or self-determining their services, so it should be a non-issue.	Feb 4, 2011 5:43 AM
481	Would require some guidelines to follow.	Feb 4, 2011 5:46 AM
482	....	Feb 4, 2011 6:18 AM
483	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 6:25 AM
484	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 7:21 AM
485	Parents should given the opportunities to do self directed services available.	Feb 4, 2011 7:25 AM
486	Set a specific budget annually but also monthly limit.	Feb 4, 2011 9:16 AM
487	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 3:10 PM

7. Suggested service standards about self-directed or self-determination

	Response Text	
488	This is a very scary, ill-defined question. What is rationally being proposed?	Feb 4, 2011 3:35 PM
489	Information needs to be provided equally.	Feb 4, 2011 3:43 PM
490	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 3:55 PM
491	I don't know much about self-directed or self-determined services, but I would think that if a person believes that he/she should need the services, that self-referral can also be an option.	Feb 4, 2011 4:06 PM
492	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 4:30 PM
493	As said above, let parents pick provider	Feb 4, 2011 4:32 PM
494	I do not understand what the meaning of self-directed/determination options are.	Feb 4, 2011 4:43 PM
495	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 4:49 PM
496	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 4:51 PM
497	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 4:58 PM
498	I am unsure what these options are and how they are implemented	Feb 4, 2011 5:04 PM
499	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 5:15 PM
500	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 5:38 PM
501	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 5:50 PM
502	This question cannot be answered until Clifornia has a clearly defined mechanism for implementing self directed or self determination options.	Feb 4, 2011 5:59 PM
503	This question cannot be answered until California has a clearly-defined mechanism for implementing self-directed or self-determination options	Feb 4, 2011 6:00 PM
504	n/a	Feb 4, 2011 6:05 PM
505	If parent wants a substitute to represent them, a co-payment is required	Feb 4, 2011 6:18 PM
506	This question cannot be answered until California has a clearly defined mechanism for implementing self directed or self determination option.	Feb 4, 2011 6:29 PM
507	This question cannot be answered until California has a clearly defined mechanisam for implementing self-directed or self-determination options.	Feb 4, 2011 6:47 PM
508	All services should be determined through CHOICE for self-directed and self-determination, lest they be based on a one service, or one size fits all.	Feb 4, 2011 7:05 PM
509	I do not understand what is meant by self-directed options. If an individual wants a particular service, maybe they can go thru their insurance or if not, pay for services themselves.	Feb 4, 2011 7:12 PM
510	Self? What are you suggesting?	Feb 4, 2011 7:15 PM
511	No suggestion	Feb 4, 2011 7:36 PM
512	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 7:42 PM
513	N/A	Feb 4, 2011 8:09 PM

7. Suggested service standards about self-directed or self-determination

	Response Text	
514	Self directed or self-determination , I am not sure what this is. If this means that the services can be purchased directly thru the parent then a lower rate should be put in place for self directed services with agencies and the program should be reviewed once a year by Regional Centers and every 6 months by the parents and agency to find progress and effectiveness . Bi-weekly clinics should be put in place and weekly supervisor and parent training sessions.	Feb 4, 2011 8:09 PM
515	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 8:09 PM
516	Don't understand this question	Feb 4, 2011 8:23 PM
517	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 8:32 PM
518	When California has clearly defined a mechanism for implementing self-directing or self-determining options, this question may be answered.	Feb 4, 2011 8:45 PM
519	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 8:47 PM
520	This options should not be addressed now, self-directed or self-determination, standards have been on hold for quite sometime.	Feb 4, 2011 8:56 PM
521	If self-determination refers to a system wherein a certain amount of $$ is provided to the consumer, and the consumer decides how to use it, I love this process because it allows for a sense of (a) being gifted and (b) the independence to purchase services that the consumer really needs, in their opinion. Two recommendations: 1. I would suggest that the consumer needs to provide an assessment/recommendation from a professional to back up their choice; 2. Not all consumers have the same level of need. Thus I recommend a fair process to determine need/allocation of funds. Include consumers/parents in the design of this model, not just regional Center or other professional personnel.	Feb 4, 2011 8:57 PM
522	Regional center needs to help self-direct clients and their parents and advocates find high standard services that are appropriate for them in the community.	Feb 4, 2011 8:59 PM
523	There should be provided only after a clearly defined mechanism has been created by the State of California.	Feb 4, 2011 9:08 PM
524	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 9:12 PM
525	You do whatever you can for your child no matter what. But, unfortunately most people can't afford these services without the State's help. Without early intervention our kids are going to cost the state much more money down the road.	Feb 4, 2011 9:18 PM
526	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 9:25 PM
527	For self-directed or self determination allow the consumer to acess any avaible professional who is capalbe or willing to work with the consumer. It does not have to be only the vendor agencies. The fee is still be the same as above i.e, $20/per sesssion.	Feb 4, 2011 9:37 PM
528	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 9:38 PM
529	Most of the clients I have come in contact with do not have the ability to determine these standarts.	Feb 4, 2011 9:47 PM
530	none; i feel the regional center process is important, as they are qualified to hire these professionals.	Feb 4, 2011 9:57 PM

7. Suggested service standards about self-directed or self-determination

	Response Text	
531	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 10:01 PM
532	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 10:09 PM
533	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 10:13 PM
534	Parents/families should be able to at least make a case for an observation that should result in a treatment plan	Feb 4, 2011 10:14 PM
535	I think the state of Oregon has been using this model for some time now. There is a certain pot of money / consumer and he or she gets to choose how to use it. They also need to wait if there is a waiting period to get into (therefore capping the number of providers).	Feb 4, 2011 10:27 PM
536	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 10:29 PM
537	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 10:36 PM
538	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 10:38 PM
539	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 10:52 PM
540	It is impossible to answer this question until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 10:53 PM
541	agreements in writing and verbal emphasis at each meeting session	Feb 4, 2011 10:59 PM
542	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 11:05 PM
543	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 11:16 PM
544	At the time of diagnosis, these services should be strongly encouraged (mandated?). Not everyone has trouble through puberty of tranisition, so that could be more optional.	Feb 4, 2011 11:25 PM
545	Can't be answered until there is a clearly defined mechanism for implementing self directed or self determination option.	Feb 4, 2011 11:38 PM
546	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 11:39 PM
547	If family/individual is participating in SD then they should be able to choose from approved interventionist, but standards should apply.	Feb 4, 2011 11:44 PM
548	shouldn't be included in self-directed services.	Feb 4, 2011 11:53 PM
549	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 11:56 PM
550	I believe that parents and caregivers should have the option to choose the therapy that they believe is most effective for their child. If Regional Center doesn't approve a particular intervention that can put a great burden on the parents. Perhaps there could be some sort of stipend that would help them fund interventions and if it's effective help them continue with the treatment.	Feb 5, 2011 12:07 AM
551	Reason. Some parents can put themsselves in harm"s way, over extending themselves. parents and siblings need to know they care about thier family member who has a deisability and to care well they also have to take good care of every other member in the family too.	Feb 5, 2011 1:05 AM
552	No particular suggestions.	Feb 5, 2011 1:21 AM

7. Suggested service standards about self-directed or self-determination

	Response Text	
553	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 5, 2011 1:22 AM
554	I can't answer this question because I have no definition of what this would be or how it would work. Would this process save us money or cost us more?	Feb 5, 2011 2:10 AM
555	Don't know	Feb 5, 2011 3:15 AM
556	We work with him on a daily basis but there needs to be some type of structure in place as he grows to ensure we are developing him in the best way	Feb 5, 2011 3:34 AM
557	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 5, 2011 3:46 AM
558	Direct to facilitated small group where talking is encouraged. Client should have someone with them unless that hinders expression.	Feb 5, 2011 3:51 AM
559	???	Feb 5, 2011 4:37 AM
560	Self determination options should always be embraced. Standards should include, but not be limited to getting as close as possible to end life with integrity, and not dispair. Anything less,... will be in humane.	Feb 5, 2011 5:21 AM
561	All requested self-directed services that are ~reasonable~ should be considered and discussed.	Feb 5, 2011 6:15 AM
562	Not possible to answer until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 5, 2011 6:29 AM
563	Online constant access. Provide technology ipads	Feb 5, 2011 6:31 AM
564	Should be considered for quality of life, although on a limited basis.	Feb 5, 2011 6:40 AM
565	Great idea.. has anyone made any sort of paradigm where we have self-directed options?	Feb 5, 2011 6:48 AM
566	Self directeve services Education available for all families and training	Feb 5, 2011 7:25 AM
567	It should be something determined by the team who creates the individual program plan & not an umbrella standard for all persons of disability.	Feb 5, 2011 7:31 AM
568	I 100% support self directed services for ALL services!	Feb 5, 2011 7:43 AM
569	Support self directed services for all services.	Feb 5, 2011 7:52 AM
570	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 5, 2011 2:41 PM
571	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 5, 2011 3:12 PM
572	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 5, 2011 3:33 PM
573	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 5, 2011 3:47 PM
574	Parents should be educated up front on all available services regional pays for and the qualifications. It should not be handled as a secret so parents feel they have to compete for treatment and services by embellishment	Feb 5, 2011 4:10 PM
575	I don't have any experience with this area!	Feb 5, 2011 4:44 PM
576	Parent(s) need support when their child becomes aggressive and out of control with physical harm. The service provider should present some positive ways to show parent(s) how to handle their aggressive child. A Crisis Intervention Class would be very helpful.	Feb 5, 2011 4:53 PM
577	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 5, 2011 5:12 PM
578	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 5, 2011 6:30 PM

7. Suggested service standards about self-directed or self-determination

	Response Text	
579	A lump some of money for consumer to obtain their own service.	Feb 5, 2011 7:54 PM
580	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options, but we are clearly letting a huge number fall through the safety net. With this safety net they could be full contributors to society. Without it they will end up in jails or locked away at home.	Feb 5, 2011 8:25 PM
581	I oppose POS standards. The question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 5, 2011 8:33 PM
582	Yes, however this should be done early not later on in the services.	Feb 5, 2011 9:50 PM
583	NONE	Feb 5, 2011 10:16 PM
584	This question cannot be answered until Californis has a clearly defined mechanism for implementing self-directed or self-determination options	Feb 5, 2011 10:22 PM
585	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 5, 2011 10:47 PM
586	There is no mechanism yet for implementing self-directed or self-determination options. This question cannot be answered until then.	Feb 5, 2011 11:24 PM
587	his question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 6, 2011 1:20 AM
588	1. It is critical that consumers and families be able to choose agencies which have worked effectively with their child or similar children in the past. Some agencies have lots of experience working with Asperger's, while others have lots of experience with nonverbal individuals with autism. 2. This whole standards project is misguided. Instead of trying to create more unworkable standards for the regional center bureaucracy to follow, consumers should be allotted a lump sum for their child's needs and then go out and purchase their own services.	Feb 6, 2011 2:15 AM
589	The child and family should have the final say about whether to accept a behavioral techinique. The behivoral therapist should come up with an alternate therapy at the parents request.	Feb 6, 2011 2:47 AM
590	These service options would be required to ensure staff meet same qualifications as if service was being bought by regional center	Feb 6, 2011 2:50 AM
591	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 6, 2011 4:27 AM
592	Regardless of any suggested standards, the consumer, the consumer's caregivers and consumer's teachers and other school service providers where applicable must still have input regarding behavioral services, and the entire IPP team, including the above, must retain the ability to choose the services and supports needed by the consumer, with the input of the consumer and/or where appropriate the consumer's parents and/or primary caregiver given significant weight.	Feb 6, 2011 5:04 AM
593	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 6, 2011 5:50 AM
594	Lower cost "consultation basis" services where consumers/families who have learned from the behavior specialist on a more intensive basis can then "touch base" on a less frequent basis of every two or three months to follow up with questions, etc.	Feb 6, 2011 6:43 AM
595	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 6, 2011 8:02 AM

7. Suggested service standards about self-directed or self-determination

	Response Text	
596	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 6, 2011 4:23 PM
597	None at this time.	Feb 6, 2011 4:28 PM
598	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 6, 2011 6:45 PM
599	none	Feb 6, 2011 7:18 PM
600	no opinion	Feb 6, 2011 7:27 PM
601	This depends on the client. Many clients would have troubler making good decisions on their own. This is why they need support services in the first place.	Feb 6, 2011 7:46 PM
602	Do it, Do it, Do it. individuals and families have been waiting far to long for this. Regional Center are only middle men and offer very little in effectiveness for those in their early years. Reform.	Feb 6, 2011 8:02 PM
603	N/A	Feb 6, 2011 10:37 PM
604	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 6, 2011 10:59 PM
605	None.	Feb 7, 2011 1:39 AM
606	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 7, 2011 1:59 AM
607	I do not understand the nature of this question as well.	Feb 7, 2011 2:09 AM
608	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 7, 2011 5:01 AM
609	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 7, 2011 5:08 AM
610	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 7, 2011 6:05 AM
611	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 7, 2011 6:29 AM
612	Many client's parents or families do not have the knowledge to do that.	Feb 7, 2011 7:08 AM
613	That would be great if there were also self-directed notes that are added onto the behavior modification program.	Feb 7, 2011 7:40 AM
614	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 7, 2011 2:44 PM
615	Every case is different and should be handled accordingly.	Feb 7, 2011 5:10 PM
616	It is well known that parents talk about specfic vendors that provide these types of services and that many of the vendors have reputations. There should be some type of choice for parents for who they feel comfortable with, however parents should not be able to demand certain things from regional centers without really knowing what the need is.	Feb 7, 2011 5:13 PM
617	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 7, 2011 5:41 PM
618	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 7, 2011 6:14 PM
619	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or sel-fdetermination options.	Feb 7, 2011 6:16 PM
620	Self directed service for this matter should be excluded. Professionals dedicated to expertise in this area must be used for the child to reap benefit and improve. PLacing the burden on the parents to undertake this task is unreasonable.	Feb 7, 2011 6:19 PM

7. Suggested service standards about self-directed or self-determination

	Response Text	
621	The purpose of an IPP Team should be to gather expertise from the state, from experienced professionals and from individuals and/or parents. Self-direction and self-determination seem to me very hard to standardize and much thought should be put into a decision like this.	Feb 7, 2011 6:28 PM
622	Most people served will need guidance to make these decisions.	Feb 7, 2011 6:33 PM
623	Parents should have the ability to choose what types of services they receive in this area including developmental services such as DIR. They should not be limited to only one specific type of service but should have the opportunity to select DIR/Floortime services as an option.	Feb 7, 2011 6:43 PM
624	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 7, 2011 7:29 PM
625	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 7, 2011 7:38 PM
626	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 7, 2011 7:49 PM
627	Again, as above, this area is not one of great concern in that these services are contingent upon involvement of the parent/caregiver. The caregiver should be given ample opportunity to request as many hours as possible (up to 30/week). This will be of the greatest benefit to the consumer.	Feb 7, 2011 9:19 PM
628	Parents should be empowered to choose the provider, change if quality standards aren't met	Feb 7, 2011 9:29 PM
629	These services should be more closely monitored,a s the people served can be more easily manipulated and taken advantage of.	Feb 7, 2011 9:34 PM
630	I dont beleive this is an appropriate service to be funded under self directed services.	Feb 7, 2011 9:44 PM
631	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 7, 2011 9:59 PM
632	Allow the RC to set the standard in there own communities.	Feb 7, 2011 10:42 PM
633	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options. However, Golden Gate Regional Center has developed language that could be modified as part of the DDS process to address this issue.	Feb 7, 2011 10:59 PM
634	This is a moot point until and unless California creates a clearly defined mechanism for implementing such options. However, we would hope that any such options would not unduly limit access to services nor place undue burdens on families' time, energy and/or finances.	Feb 7, 2011 11:00 PM
635	"Self-directed" is one of those phrases that gets tossed around a lot these days. It means absolutely nothing. And, really, "self-determination"? We're talking about people who frequently don't connect with reality in any meaningful way. I assume these questions were formulated by someone who has no clue about this kind of disablity. The problem in California, and probably the rest of the country, is that families of the disabled are thrown into into a mishmash of often pointless, self-perpetuating programs that do not work cooperatively. In reaction to this, parents have formed hundreds of small programs that are, ultimately, equally useless. They are sometimes funded by government programs. THERE IS NO COORDINATION OF DISABILITY SERVICES IN CALIFORNIA. THERE NEEDS TO BE A STATE OFFICE OF COORDINATION AND ACCOUNTABILITY. I guarantee you, if someone is watching, you're going to save money. The Regional Centers provide the only level of sanity in all this nonsense.	Feb 7, 2011 11:05 PM

7. Suggested service standards about self-directed or self-determination

	Response Text	
636	Similar to what is expected from typical people, partnerships in remedies for "behavior problems" is an aspect of rapport-building with consumers and their supports. Of course, flatly illegal behaviors must be labeled as such in Police Reports and then matters that reach this stage of severity are a matter for The Courts, just as these are for typical persons.	Feb 7, 2011 11:09 PM
637	Let the Regional Centers make the decisions regarding program services	Feb 7, 2011 11:12 PM
638	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 7, 2011 11:14 PM
639	The question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determined options.	Feb 7, 2011 11:16 PM
640	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 7, 2011 11:26 PM
641	all services must be family driven or selected and desired by the consumer	Feb 7, 2011 11:48 PM
642	* Recognize when goals have been met and services need to be faded or deleted. * The goal is self-management, so the focus needs to be on building the skills within the child * We need to teach self-advocacy so the child voices their own needs in an appropriate manner	Feb 8, 2011 12:00 AM
643	Not sure what this means.	Feb 8, 2011 12:19 AM
644	When I think of self-directed and self determination I think of individuals with developmental disabilities and the choices they make. When you ask about service standards for behavioral services for these individuals I think of services that they do not choose but are identified because of their unique behavioral challenges. What's important to them is very different than what's important for them. This question makes no sense to me.	Feb 8, 2011 12:44 AM
645	An automatic screening for the level of involvement an 18+ year old can have in their own care or self care should be done prior to turning 18 to help them transition into adulthood and secure conservatorship if necessary.	Feb 8, 2011 12:47 AM
646	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 8, 2011 1:00 AM
647	Every parent should be provided with a list of providers that they can choose from that are vendored with that regional center. Every parent should have the ability to research the agency that would work best for their child. The service coordinators should NOT tell the parents they can not have a provider listed. Maybe regional center would pay co-payments for parents that use health insurance to pay for their behavior services.	Feb 8, 2011 1:50 AM
648	A client or clients representative should be abe to make the decision on care for the person not the regional center as they do not live with the individual providing care day to day.	Feb 8, 2011 2:08 AM
649	I do not understand this question??	Feb 8, 2011 2:53 AM
650	These options would be excellent since the Regional Center does not pay for therapies such as Floortime and RDI that work for some children.	Feb 8, 2011 3:44 AM
651	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 8, 2011 3:48 AM

7. Suggested service standards about self-directed or self-determination

	Response Text	
652	To the degree that a consumer is able to make informed choices, or their parent can assist in making choices on their behalf, family choice should play a large role in determining the need for a particular service and the approach of choice. Regional Center clinical reviewers and community service managers should value the feedback from families about effectiveness and necessity of certain interventions. They should remember the great cost to a family of simply scheduling all the needed interventions and understand that if a family requests an ongoing service, it is because they have observed the benefits. Families want to be finished with services in order to have more time to relax and have a normal schedule, but feel compelled to continue with the services which they have observed to benefit the consumer.	Feb 8, 2011 3:50 AM
653	No matter the determination, a consumer will need monitoring to be self-anything. If your consumer expects self-accountability, you might actually end-up with a positive exit ticket.	Feb 8, 2011 4:07 AM
654	Parents should be able to choose between in-home and center based services.Every family has different needs. some families feel very intruded upon when people are coming in their home on a regular basis. Families/SC's can best determine where services should be provided based on each families individula needs.	Feb 8, 2011 4:14 AM
655	n/a	Feb 8, 2011 4:33 AM
656	No self directed service or self-determination to be available for this service.	Feb 8, 2011 4:42 AM
657	Wording is unclear.	Feb 8, 2011 5:11 AM
658	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options	Feb 8, 2011 5:25 AM
659	This question cannot be answered until the State can clearly define the implementation of self-directed or self-determination options.	Feb 8, 2011 6:04 AM
660	Parents and consumers should be able to have self-determination for services. If a family has been using certain therapies that are working for them, their choices should be honored and supported. If a family is new to the system, they should be educated on their options, do their own research and then be able to decide which therapies they feel would best help their child.	Feb 8, 2011 6:08 AM
661	The think these programs should be definately monitored.	Feb 8, 2011 6:19 AM
662	Families and/or consumers should be able to have the option to choose the service providers because some of the agencies that the Regional Centers send, sometimes, do not provide the appropriate services.	Feb 8, 2011 6:40 AM
663	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 8, 2011 6:54 AM
664	California has to clearly defined mechanism for implementing self-directed or self-determination options before we can honestly answer this question !	Feb 8, 2011 7:19 AM
665	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 8, 2011 3:08 PM
666	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 8, 2011 3:35 PM
667	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 8, 2011 4:16 PM
668	Oh please!!	Feb 8, 2011 4:21 PM
669	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 8, 2011 4:21 PM

7. Suggested service standards about self-directed or self-determination

	Response Text	
670	I advocate for self-directed services, mainly because it cuts out the middle men. People don't need a bunch of people shuffling papers on their behalf. The majority of my clients don't react to their RCRC staff because these people aren't present enough in their lives to cause much change. If someone can pick the staff who gives them the best services, negotiate a more livable wage, and perform their own work reviews for staff then i think we would see a good change in the field. The staff can be better pair, the clients will receive services from individuals they prefer, and the government would save on the bill.	Feb 8, 2011 4:28 PM
671	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 8, 2011 4:43 PM
672	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 8, 2011 5:46 PM
673	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 8, 2011 5:52 PM
674	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 8, 2011 5:58 PM
675	Not sure i understand this question...	Feb 8, 2011 6:51 PM
676	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 8, 2011 7:24 PM
677	ON LINE classes would be wonderful!	Feb 8, 2011 7:28 PM
678	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 8, 2011 7:48 PM
679	This should be determined by the consumer, and the support group surrounding the consumer.	Feb 8, 2011 8:08 PM
680	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 8, 2011 8:14 PM
681	No.	Feb 8, 2011 8:53 PM
682	This is not always possible for those who are effected by frontal lobe disorders or mental health DSM diagnosis. These people are not always able to have the organizational skill to be self directed because they cannot organize their ADL's their self esteem & self image takes a large beating & they need our help.	Feb 8, 2011 9:03 PM
683	This questions cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 8, 2011 9:25 PM
684	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 8, 2011 9:42 PM
685	I don't understand what you are asking.	Feb 8, 2011 9:44 PM
686	As a social worker, I strongly believe in self-determination. I also believe that quality, effective parenting classes are instrumental in helping parents and caregivers make informed decisions.	Feb 8, 2011 10:01 PM
687	Self determination should be considered with strict guidelines.	Feb 8, 2011 10:07 PM
688	Parents know their child best and must be member of service team	Feb 8, 2011 11:13 PM
689	Critical that families have involvement in selecting the provider of services.	Feb 8, 2011 11:25 PM
690	I believe it's important to have an "expert" make a recommendation for services or for services to be continued. There needs to be a safety net of an unbiased opinion from an qualified or recognized as such within the field for services be provided or not. At 18 if the person is of sound mind and cognitively able to opt out I don't see where there is much anyone can do unless they threaten to harm themselves or others. For clients who are under the age of 18 or considered cognitively impaired than the person(s) responsible for their well being should be the one to determine services.	Feb 8, 2011 11:35 PM

7. Suggested service standards about self-directed or self-determination

	Response Text	
691	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 8, 2011 11:47 PM
692	Self-directed behavioral services should reviewed or independently evaluated for effectiveness at reasonable intervals.	Feb 8, 2011 11:58 PM
693	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 9, 2011 12:01 AM
694	n/a	Feb 9, 2011 12:42 AM
695	list contacts, choices up to consumer/family	Feb 9, 2011 12:47 AM
696	parents of comsumers and care centers need to take a pro-active stance to make sure that we are responsible for our portion of services provided. We need to eat out less and stop the self indulgance and make our children/clients our number one priorty	Feb 9, 2011 12:51 AM
697	where individual is capable of making optional determination along with family then it might be an option. if not then state should help.	Feb 9, 2011 1:10 AM
698	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 9, 2011 1:12 AM
699	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 9, 2011 1:24 AM
700	Cap of stipend provided for child of same age and presenting issues.	Feb 9, 2011 1:24 AM
701	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 9, 2011 2:24 AM
702	no opinion	Feb 9, 2011 3:57 AM
703	I would have to know the actual person you are discussing services for	Feb 9, 2011 4:01 AM
704	I'm not sure what this means.	Feb 9, 2011 4:09 AM
705	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 9, 2011 4:35 AM
706	In regard to self-determination and self-directed service standards it must be kept in balance with the reality of finite budgets, consumers who have had difficulty managing their behavior to the point where they can no longer successfully participate regularly in normal day to day activities of work, leisure, an educational situations or have had run ins with law enforcement should be eligible to receive additional behavioral services. However consumers who choose not to participate after negative behavioral episodes must be made to understand that a downside will occur resulting in a short or long term suspension of purchased services for day programs or transportation.	Feb 9, 2011 5:07 AM
707	Refer to the Lanterman Act.	Feb 9, 2011 5:07 AM
708	Sugested service standards about self-directed or self-determined options for these services should remain the same as currently in place.	Feb 9, 2011 5:25 AM
709	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 9, 2011 5:35 AM
710	the agency will be the one to address if you fit thier criteria	Feb 9, 2011 6:04 AM
711	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 9, 2011 6:42 AM
712	I am not sure how to answer this.	Feb 9, 2011 6:45 AM
713	What do you mean...giving people a lump sum to hire whoever they want to do whatever they want? My son is severely disabled and cannot self-direct the purchase of his own services or personally direct his own employees. Do you mean like "parent-vendored supported living"? As a full-time-employed parent of a severely disabled adult, I cannot take over the management of any kind of direct service delivery on behalf of my son.	Feb 9, 2011 7:43 AM

7. Suggested service standards about self-directed or self-determination

	Response Text	
714	Behavior Services: these options are not clear. What do you mean...giving people a lump sum to hire whoever they want to do whatever they want? My son is severely disabled and cannot self-direct the purchase of his own services or personally direct his own employees. Do you mean like "parent-vendored supported living"? As a full-time employed parent of a severely disabled adult, I cannot take over the management of any kind of direct service delivery on behalf of my son.	Feb 9, 2011 8:01 AM
715	NA	Feb 9, 2011 1:41 PM
716	We suggest an expedient implementation of a self-directed or self-determination options so that consumers may have full programmatic access to all services. We suggest that the standards mirror the core standards developed as part of the individual choice budget process. Key elements of those standards are: 1. Eligibility: A voluntary plan for all regional center consumers excluding those in Early Start. 2. Services: Access to regional center case and financial management services. The ability to purchase the full array of services and supports including suspended services and amounts of services outside any caps and some flexibility in service providers. 3. Individual Budget: Developed through a fair, equitable and transparent methodology. Consumers are informed of how their budget was determined. 4. Appeal: Access to the due process procedures available under WIC Sec. 4700 et seq.	Feb 9, 2011 5:25 PM
717	This question cannot be answered until CA has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 9, 2011 6:25 PM
718	would be careful as experimental treatments are no appropriate	Feb 9, 2011 6:42 PM
719	Don't know what this is.	Feb 9, 2011 7:06 PM
720	This question cannot be answered until California has clearly defined the mechanism for implementing self-directed or self-determination options.	Feb 9, 2011 7:08 PM
721	this cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options	Feb 9, 2011 7:27 PM
722	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 9, 2011 7:53 PM
723	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 9, 2011 8:26 PM
724	This questions can not be answered until California has a clearly defined mechanism for implementing self directed or self determining options.	Feb 9, 2011 8:55 PM
725	This would be great for self directed services because it teaches each individual on how to control his or her sexuality and also for teens it teaches how to adjust o uberty etc.	Feb 9, 2011 9:12 PM
726	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 9, 2011 9:20 PM
727	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 9, 2011 9:54 PM
728	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options	Feb 9, 2011 10:30 PM

7. Suggested service standards about self-directed or self-determination

	Response Text	
729	Consumers should be involved in developing their behavioral training schedules and frequently consulted to see if modifications need to be made to be effective - a manner of communication that they can initiate should be available. Depending on their dx and cognitive capacities a minimum of time can be expected, but should always remain flexible and changeable to ensure progress in full participation. Any measurement of activity hours should be a monthly accumulation, not daily or weekly minimums.	Feb 9, 2011 10:37 PM
730	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 9, 2011 10:37 PM
731	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 9, 2011 10:47 PM
732	This question cannot be answered until California has a clearly defined mechanis for implementing self-directed or self-determination options.	Feb 9, 2011 11:28 PM
733	Self-determination is not a cost saving mechanism unless the State is actively cheating people; nor should it continue to be used as an excuse to reduce or eliminate other types of services (as it has been for the last two years).	Feb 9, 2011 11:32 PM
734	Careproviders will self direct clients to intervention techniques as plan by the behavioral professionals.	Feb 9, 2011 11:48 PM
735	This question cannot be answered until california has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 10, 2011 12:04 AM
736	The standards for provider credentials should not be lowered, if the services are parent-vendored, in order to protect the families from choosing unqualified providers.	Feb 10, 2011 12:10 AM
737	Ensure the family is successful. and address their concerns for their children.	Feb 10, 2011 2:32 AM
738	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 10, 2011 7:34 PM
739	goofy question	Feb 10, 2011 7:36 PM
740	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 10, 2011 7:50 PM
741	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options	Feb 10, 2011 8:01 PM
742	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 10, 2011 8:10 PM
743	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options	Feb 10, 2011 8:15 PM
744	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 10, 2011 8:48 PM
745	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 10, 2011 9:16 PM
746	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 10, 2011 9:25 PM
747	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 10, 2011 9:47 PM
748	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 10, 2011 10:40 PM
749	DDS needs to clarify what self-directed services will or will not include before this question can be answered.	Feb 10, 2011 11:04 PM

7. Suggested service standards about self-directed or self-determination

	Response Text	
750	N/A	Feb 10, 2011 11:12 PM
751	None	Feb 10, 2011 11:36 PM
752	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 10, 2011 11:37 PM
753	To the extent a client can make informed decision, has the capacity and willingness, they should be allowed to help direct their service but given limitations some accounting must be made for clients who would resist the work needed to improve their lives such that they cannot fall back on demanding full care services when they could be taught to do more for themselves.	Feb 10, 2011 11:43 PM
754	Consumers need to agree to regulations of the regional center such as working towards goals, meeting with the service coordinator quarterly and showing effort to independency.	Feb 10, 2011 11:51 PM
755	Make sure the consumer is happy with the services and it's not something that the case manager or a family member is suggesting.	Feb 11, 2011 12:58 AM
756	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 11, 2011 1:05 AM
757	Supports should remain the same or increase.	Feb 11, 2011 1:46 AM
758	as much as clients mentality allows	Feb 11, 2011 1:59 AM
759	Self direction for these service may be implemented if the regional center representative can determine that the behavior plan can and will be followed by the consumer. Quarterly review of the goals mush show progress or at least attempted progress mad by the consumer.	Feb 11, 2011 2:04 AM
760	these services should hava set maximum $ amount not to exceed a total of 1,000.00 per month.	Feb 11, 2011 2:07 AM
761	This should be a IPP team determination	Feb 11, 2011 2:43 AM
762	Until the State of California has clearly defined mechanism for implementing self-directed or self-determination options, this question is a moot point as there are no guidelines on how to implement this.	Feb 11, 2011 3:05 AM
763	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 11, 2011 3:44 AM
764	Consumer with cognitive ability should agree to receive behavioral services.	Feb 11, 2011 3:59 AM
765	Better education about self-directed services so a more informed decision(s) can be made right away, rather than the hit and miss that has to be extra costly.	Feb 11, 2011 4:05 AM
766	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 11, 2011 4:34 AM
767	I knew several parents in our group. They all are very concerned with their children. They are highly motived individual as well. As long as they were provided the information and some respit care services, they should be able to carry on the teaching, training and guidance for their kid for life.	Feb 11, 2011 4:39 AM
768	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 11, 2011 5:00 AM
769	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 11, 2011 5:19 AM
770	self directed/self determined options should be backed by a professional's opinion. (a professional that Regional Center recognizes)	Feb 11, 2011 5:54 AM
771	Client should be motivated enough to attend all sessions and participate fully, if the client is not able to participate fully perhaps then these services should not be offered as there is no benifet.	Feb 11, 2011 5:58 AM

7. Suggested service standards about self-directed or self-determination

	Response Text	
772	Show the parents more respect. Allow them to have more input. Have them make their own standards...let them tell you what they are capable of, and write accordingly. As all children are different, so are parents and other care professionals. Take that into consideration.	Feb 11, 2011 6:03 AM
773	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 11, 2011 6:05 AM
774	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 11, 2011 6:32 AM
775	If an individual requests these services, then they should be provided. Behavioral interventions can prevent costlier outcomes on untreated mental illness, physical consequences of untreated behavior problems, or societal problems that result from untreated behavioral problems that have escalated. Individuals served under the guidelines of the Lanterman Act have the right to achieve well-being in their lives.	Feb 11, 2011 6:56 AM
776	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 11, 2011 3:12 PM
777	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options	Feb 11, 2011 4:09 PM
778	Very good idea, but some mechanism would probably be need to prevent parent self-determined spending of funds being wasted or misappropriated.	Feb 11, 2011 4:29 PM
779	Consumers should be able to select their preferred provider and location of therapy. But the minimum requirements of training and time should be the same.	Feb 11, 2011 4:37 PM
780	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 11, 2011 4:53 PM
781	I think that if it is left to the vendor and the parent to address the need for behavioral services and the hours applied to the service, it won't help address the budget needs. We see it on a day to day basis, parents that think that there child would benefit from more and more hrs of therapy and vendors requesting hours for a child that needs services, but doesn't need the amount they are requesting. I think that there has to be an intermediary in order to address the possible misuse of services.	Feb 11, 2011 5:27 PM
782	In my opinion, where we have done this in the past, this has not been successful. I have not seen much progress in the children who have received services in this model, and the services have lasted MUCH longer than those provided directly by a qualified professional. These situations tend to turn into nanny services - very enabling.	Feb 11, 2011 5:32 PM
783	The consumer is unable to be self directed. On that basis, another adult (family or group home) must help in making the appointments or needed services. The main goal is to stabalize the consumer and not over burden the health care system financially and if the consumer is doing good with the provided therapy, then services can be reduced to 4-6 visits per year.	Feb 11, 2011 5:34 PM
784	No suggestions in this area.	Feb 11, 2011 5:37 PM
785	some of the clients may have the ablity to choose these services as others may not. therefore we must use the IPP/Person Center Plan process to give the client the empowerment to choose or the support to receive if needed.	Feb 11, 2011 5:51 PM
786	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 11, 2011 5:54 PM
787	cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options	Feb 11, 2011 6:03 PM
788	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 11, 2011 6:18 PM

7. Suggested service standards about self-directed or self-determination

	Response Text	
789	none at this time.	Feb 11, 2011 6:30 PM
790	All parties involved and continue to learn and grow	Feb 11, 2011 6:51 PM
791	no comment	Feb 11, 2011 7:05 PM
792	A voucher system could also be used.	Feb 11, 2011 7:08 PM
793	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 11, 2011 7:12 PM
794	see above	Feb 11, 2011 8:02 PM
795	There should be no self-directed or self-determination options because it is apparent in reviewing and doing audits on other services that these can be grossly abused by families when they hire unqualified friends, family members, high school kids, etc. and all that happens are that the client is "baby-sat". If self-directed were to mean that if there was someone qualified to perform the service for the child they could be recommended to the regional center's vendor to perform the services for the client, but had to meet the requirements of any other therapist that would probably work.	Feb 11, 2011 8:03 PM
796	Same as above	Feb 11, 2011 8:17 PM
797	These questions cannot be answered until Calif. has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 11, 2011 8:31 PM
798	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 11, 2011 8:45 PM
799	Motivation is required for the success of children who need behavior therapy. It is ideal if they are only allowed continuous service if they improve. Services will be denied later if they don't take an advantage of it.	Feb 11, 2011 8:57 PM
800	Too murky, needs to be more clearly defined	Feb 11, 2011 9:29 PM
801	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 11, 2011 9:30 PM
802	I don't feel I know enough to comment on this topic.	Feb 11, 2011 9:35 PM
803	N/A	Feb 11, 2011 9:43 PM
804	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 11, 2011 9:44 PM
805	None	Feb 11, 2011 9:46 PM
806	If self-determined, the parents should make the decision on how often behaviorists are used, and be made available for smaller increments of time - a month instead of 6 months - as a way to get through a mini-crisis.	Feb 11, 2011 9:48 PM
807	None	Feb 11, 2011 9:49 PM
808	It would be critical to be certain that experimental treatments could not be purchased with tax payer funds under any sort of self directed service plan.	Feb 11, 2011 9:52 PM
809	None noted	Feb 11, 2011 10:14 PM
810	N/a	Feb 11, 2011 10:19 PM
811	I think self-directed option should be an sption.	Feb 11, 2011 10:27 PM
812	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 11, 2011 10:37 PM
813	Same suggestions work for self-determination.	Feb 11, 2011 10:51 PM
814	everyone that needs it between the ages of 0-3 years, early intervention is the key!!!!	Feb 11, 2011 10:58 PM

7. Suggested service standards about self-directed or self-determination

	Response Text	
815	Should be able to choose the best service for the specific needs of the consumer.	Feb 11, 2011 11:13 PM
816	None	Feb 11, 2011 11:19 PM
817	Behavioral support functions and procedures should move from behaviorist-directed to self-directed at the rate the parent and/or consumer is able to maintain gains without the behaviorists involvement. A typical fading plan involves the behaviorist reducing his/her involvement in the intervention as the consumer improves, using behavioral criteria for defining the step-down sequence.	Feb 11, 2011 11:25 PM
818	Regional centers should work with providers and consumers to determine the appropriate level of service.	Feb 11, 2011 11:39 PM
819	I believe that the Self-directed or self determination option is a bad idea, due to the abuse of funds.	Feb 11, 2011 11:50 PM
820	Unsure	Feb 12, 2011 12:22 AM
821	This question cannot be answered untill california has a clearly defined mechanism for implentating self-direction or self-determination options.	Feb 12, 2011 1:00 AM
822	No sure about question.	Feb 12, 2011 1:23 AM
823	The families should seek the best treatments possible for their consumers from their case worker.	Feb 12, 2011 1:27 AM
824	THIS QUESTION CANNOT BE ANSWERED UNTIL CALIFORNIA HAS CLEARLY DEFINED MECHANISM FOR IMPLEMENTING SELF-DUIRECTED OR SELF DETERMINATION OPTIONS	Feb 12, 2011 2:03 AM
825	This question cannot be answered until California has a clearly definded mechanism for implementing self-directed or self-determination options.	Feb 12, 2011 2:09 AM
826	Parents need to be provided with information on types of services. Parents should provide evaluations based on effectiveness of a therapy program.	Feb 12, 2011 3:08 AM
827	Consumer should be a part of determining goals and monitoring progress	Feb 12, 2011 3:36 AM
828	Provide tools for consumer to learn from the services and recognize improved or correct behavior.	Feb 12, 2011 3:38 AM
829	As an adult in need of services should be able to go somewhere and be fairly considered and evaluated.	Feb 12, 2011 3:45 AM
830	I think determinativeness should be left to professionals.	Feb 12, 2011 4:08 AM
831	Not sure	Feb 12, 2011 4:28 AM
832	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 12, 2011 4:43 AM
833	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 12, 2011 4:50 AM
834	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 12, 2011 5:10 AM
835	none	Feb 12, 2011 5:36 AM
836	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 12, 2011 6:22 AM
837	I feel the option should be available, but on a monitored basis by Regional Centers.	Feb 12, 2011 6:44 AM
838	I have been in this business for 29 years and have never encountered a dual diagnosed consumer who could possibly originate a request for any mental health service. Self directed and self determination are misnomers.Those who are cognitively aware of needs must still be scripted to ask.	Feb 12, 2011 7:25 AM

7. Suggested service standards about self-directed or self-determination

	Response Text	
839	All options chosen by the parents should be paid for by the parents. I don't believe parents should have the option of choosing a treatment source and then having Regional Center be financially responsible for payment. I actually had a parent request that I bill Medi-Cal for services the patient received (the parent signed a waiver stating they did not want to use their insurance) so that they could submit the denial to Regional Center for payment.	Feb 12, 2011 7:35 AM
840	???	Feb 12, 2011 8:36 AM
841	Simplify the services in bullet points emails to be sent out to avoid waste of resources of what services can be available by online regristration of consumers disabilities, dme equipment and diagnosis online to provide suggestion of services available when contacting regional services.	Feb 12, 2011 1:32 PM
842	n/a	Feb 12, 2011 1:53 PM
843	I am unaware of this	Feb 12, 2011 3:24 PM
844	Children would need to be given tasks to complete at home (making efforts via phone calls, social contacts, etc) to encourage use of learned skills	Feb 12, 2011 4:09 PM
845	Recomended services to grad students or pro Bono groups a must!	Feb 12, 2011 4:12 PM
846	Again, an independent, qualified, outside agency should be set up to oversee this.	Feb 12, 2011 4:14 PM
847	Encouragement should be brought to the adult through the education program they receive in high school under special ed.	Feb 12, 2011 4:51 PM
848	If Behavior tutors were to become more qualified and more determined because of better pay and benefits, then agencies could continue providing them while funded by regional centers but if they continue to not be qualified, then perhaps some parents could find their own more qualified therapist such as a person with actual degrees.	Feb 12, 2011 5:13 PM
849	None.	Feb 12, 2011 5:13 PM
850	I do not understand this question. Sorry, I can't answer it.	Feb 12, 2011 5:35 PM
851	I don't understand the question. It would be helpful if this survey had some multiple choice answers so that we can understand exactly what it being asked. What are the current standards? What are the problems with these standards? This is my second time through the survey because the first time I didn't understand enough to answer any of the questions.	Feb 12, 2011 5:44 PM
852	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 12, 2011 6:06 PM
853	?	Feb 12, 2011 6:15 PM
854	(i don't understand, this is for the child or parent)	Feb 12, 2011 6:21 PM
855	Behavioral services need to be supervised by a behaviorist. Some consumers may collaborate with a behaviorist to design a behavioral contract to decrease certain 'problem' behaviors, but it is unlikely that a person would administer goals based on success or implement consequences that they agreed to when they do not meet their goals.	Feb 12, 2011 6:22 PM
856	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 12, 2011 6:23 PM
857	The definition for the terms self-directed or self-determination is unknown to me. However, a parent/client reserves the right to discontinue services at any time. In addition, a parent/client should be able to request services at any time.	Feb 12, 2011 6:35 PM
858	Only if they are not more costly.	Feb 12, 2011 7:03 PM
859	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 12, 2011 7:11 PM
860	Not sure I understand the question.	Feb 12, 2011 7:15 PM

7. Suggested service standards about self-directed or self-determination

	Response Text	
861	Parent should be able to choose behavioral service from a menu: Pivitol Response, Behavior Respite, Floortime, IBI versus the regional center medical team making the vendor decision.	Feb 12, 2011 7:55 PM
862	There should not be self determination after an initial evaluation.	Feb 12, 2011 8:11 PM
863	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 12, 2011 8:14 PM
864	I'm in favor of this sort of option as well.	Feb 12, 2011 8:22 PM
865	i don't understand this question	Feb 12, 2011 8:32 PM
866	Computer based programs (such as Alpha Omega) covering curriculum K-12 . Networking to help parents of similar needs children find each other and conduct legal home-based schooling if needed.	Feb 12, 2011 9:08 PM
867	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 12, 2011 9:12 PM
868	my children would not be able to self direct	Feb 12, 2011 9:18 PM
869	Again if the parent is allowed some flexibility in hirigin personnel this could lower costs, although not all parents would be equipped to manage this type of program.	Feb 12, 2011 10:09 PM
870	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 12, 2011 10:25 PM
871	Always have high service standards but remember each case is different and needs to be handled independently.	Feb 12, 2011 10:28 PM
872	I don't understand this question.	Feb 12, 2011 10:31 PM
873	Service standards should follow current guidelines with the evaluation signed off on an annual review of the child.	Feb 12, 2011 10:36 PM
874	not an option - same standard of payment as regional would pay.	Feb 12, 2011 10:44 PM
875	For children, parents should be able to determine with the independent evaluator when the service is very helpful, and when it is not. They know there children the best. A co-pay (low, though) validates parents voice.	Feb 12, 2011 10:51 PM
876	If an affected person makes a determination themselves, this determination should be reviewed against family and physician determinations.	Feb 12, 2011 11:31 PM
877	No, these services need to be rendered by professionals	Feb 12, 2011 11:56 PM
878	not sure	Feb 13, 2011 12:20 AM
879	collaboration is key	Feb 13, 2011 1:13 AM
880	Professional recommendation by ALTA or Doctor.	Feb 13, 2011 1:40 AM
881	drop the GOVERNMENTS payroll & put THAT money into these services for families afflicted with a special needs child(ren)	Feb 13, 2011 2:33 AM
882	Group parent training is about all I can think of, sorry.	Feb 13, 2011 2:35 AM
883	No response to this question.	Feb 13, 2011 2:36 AM
884	All persons over the age of 18 should be advised of their right to receive oe refuse behavioral services. In cases where the consumer is not able to make such decisions or communicate their wishes, their conservator should do so on their behalf.	Feb 13, 2011 2:43 AM

7. Suggested service standards about self-directed or self-determination

	Response Text	
885	Families deserve a choice of treatment options. The ABA established, while well organized and politically effective, has no right to claim exclusive evidence-based practice or to take over the Dept. of DEVELOPMENTAL disabilities. Those that scream the loudest about this know the least about the evidence basis for developmentally oriented intervention. There needs to be more effort made to listen to the robust body of evidence accumulated by the fields of psychiatry, child development, infant mental health and other branches of psychology. More people that know the evidence from these fields need to be appointed to the committees making these decisions. I say this and I am a BCBA. It takes one to know how truly limited this knowledge is and how dangerous it can be when applied with ignorance of emotional and child development.	Feb 13, 2011 3:07 AM
886	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 13, 2011 3:08 AM
887	Incorporate this early on for those young adults who can understand their role.	Feb 13, 2011 3:25 AM
888	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 13, 2011 3:34 AM
889	do not know	Feb 13, 2011 3:36 AM
890	No recommendation for response to this question.	Feb 13, 2011 3:37 AM
891	None	Feb 13, 2011 3:58 AM
892	I think self determination options is a great idea then ever4y child would receive the services that best benefit the child and family not just the regional center. This would probably be the best idea and again base the amount on the income of the family.	Feb 13, 2011 4:01 AM
893	Training for Parents and caregiver.	Feb 13, 2011 4:10 AM
894	Self-directed or self-determined options seemed to be a good way to go in these difficult financial times.	Feb 13, 2011 4:12 AM
895	I believe that there should be consideration by the parents since they know their child better than anybody, it is difficult in many circumstances because the parents are desperately looking for guidance from the experts	Feb 13, 2011 4:37 AM
896	It's a good thought some will be able to do it other won't	Feb 13, 2011 4:53 AM
897	no comment	Feb 13, 2011 4:56 AM
898	Every careprovider that is providing services now, at a current rate of funding is on notice, the sooner they are qualifed as a QPBS provider they will be intitled to reduce staffing levels to T22 standards and receive a rate of reimbursement that is commensurate with the number and verified needs of the individuals they are providing QPBS as determined by QPBS RC staff. (That would not include Negotiated Rate Homes (NRH) all NRHs must be brought back to reality through a reduction of staffing and establishment of QPBS standards that will be set to eliminate this debauchery of tax dollars and and the padding of private pockets) ALL reimbursement rates will be established as follows: In the beginning stages, each QPBS careprovider will receive a base rate as established for the Level of need of the individuals in the newly established QPBS setting, i.e. there will be one Level 2, 3 and 4 rate (all ABCD...etc. subcodes will be removed and there will be at least one medically fragile rate (NRH providers will be grouped with the Level 4 providers with the exception that RC leases will be establihsed within acceptable or extablished parameters currently being paid by non-NRH vendors but will be paid directly to the vendoring RC's. Every RC QIR will receive QPBS; and each will be supported by funding per their verifed needs as eventually established once QPBS is finally established, utilized and verified in the fully operational QPBS setting. The one caveat is that all home providers will be required to suppliment any and all required staffing support to assure safety per T22 standards, and this support may be supplimented by State funds once need is established and verified.	Feb 13, 2011 4:59 AM

7. Suggested service standards about self-directed or self-determination

	Response Text	
899	I am not knowlegable of this	Feb 13, 2011 5:01 AM
900	work together people not against remember you have children to. Right	Feb 13, 2011 5:27 AM
901	self-determination options, I suppose they could opt out of services but they would be doing a huge disservice to their child. self-directed, no, not if they are untrained.	Feb 13, 2011 5:29 AM
902	Those with a participating insurance could help alleviate the thousands of families that require services mandated federally.	Feb 13, 2011 5:40 AM
903	Consumers have and should continue to have a voice in the decision to receive behavior consultation services.	Feb 13, 2011 6:08 AM
904	Just what they are doing!! Fighting for the Children!!!	Feb 13, 2011 6:22 AM
905	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 13, 2011 6:23 AM
906	Do not know	Feb 13, 2011 6:55 AM
907	The question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self determination options	Feb 13, 2011 7:19 AM
908	Regional center needs to "seek out" why a client needs services and provide full, multiple documentation if the person does not. Therefore, denial of services should not be driven or determined by one assessment or clinical review but based on a collaborative consultation model.	Feb 13, 2011 7:39 AM
909	Self directed behavior intervention would be inappropriate in the case of my child	Feb 13, 2011 1:31 PM
910	not clear question	Feb 13, 2011 3:38 PM
911	Behavioral services must be implemented to help develop skills in the areas of self-direction and self-determination. Parents educated about their child's disability/delay help foster this growth.	Feb 13, 2011 4:02 PM
912	A standard related to self-determination is a very important aspect of cost effective service provision. The agency providing services must have standards aimed at building self-directedness and confidence that generates self-determination in parenting so that the investment in services through the agency is generalizable in the long run. If parents are required to take a 10 week parenting course to receive services, pre and post test could be administered to the parents to measure this. If parents have self-determination they are likely to model that for their children. In addition, professionals such as OTs and PTs help with personal and environmental modifications to teach self-determination at an early age and can help design standards.	Feb 13, 2011 4:09 PM
913	I am not sure what this means. Regional Center should pay for developmentally focused, family driving therapies, such as RDI (Relationship Development Intervention). The parents do most of the work in RDI, but the RDI program has a measurement system built into it. Again, if the consumer is making progress, continue the funding.	Feb 13, 2011 4:24 PM
914	Not at this time	Feb 13, 2011 5:09 PM
915	none	Feb 13, 2011 6:24 PM
916	no comments	Feb 13, 2011 7:07 PM
917	NA	Feb 13, 2011 7:26 PM
918	promotion if good service, experience	Feb 13, 2011 7:46 PM
919	Services should be offered and parents should be told what the standard of care is. They should be given the option of what services should be implemented.	Feb 13, 2011 8:03 PM
920	All services should be reviewed by the quality of life notion. If a particular service is efficacious in adding considerable to a person's quality of life, it should be considered, granted but measured for effectiveness with the particular case in question.	Feb 13, 2011 8:19 PM

7. Suggested service standards about self-directed or self-determination

	Response Text	
921	Parents should be advised on their right to choose a service provider that is contracted by the regional center and given the choice of who is the best fit for their child.	Feb 13, 2011 8:24 PM
922	as developed by the caretaker, family, consumer and social worker	Feb 13, 2011 8:27 PM
923	Very important and should be a key principle; however, depends on the capability of each individual.	Feb 13, 2011 9:00 PM
924	Only a few of the most cognitively consumers are truly self-directed. All others are instructed and scripted.	Feb 13, 2011 9:29 PM
925	n/a	Feb 13, 2011 9:51 PM
926	not a clue what you mean of course client has say in intention of BP	Feb 13, 2011 9:57 PM
927	This question cannot be answered intil California has a clearly defined mechanism for implementing self directed or self determination options.	Feb 13, 2011 10:02 PM
928	Appropriate block grants could work. This will require the needed parental involvement. They would need some guidance. This could lead to the most effective utilization of limited funds.	Feb 13, 2011 10:55 PM
929	na	Feb 13, 2011 11:48 PM
930	Not a good idea!	Feb 13, 2011 11:49 PM
931	All RC services should be made available to clients who wish to create self-directed service plans, and no unnecessary requirements should be added. A reputable behavioral services agency will adhere to professional standards and best practices; it is unnecessary for the DDS to add onto these professional standards.	Feb 14, 2011 12:30 AM
932	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 14, 2011 1:10 AM
933	I am unclear about this question.	Feb 14, 2011 1:11 AM
934	This quetion cannot be answered until California has a clearl defined mechanism for implementing self-directed or self-determination options.	Feb 14, 2011 1:21 AM
935	Seems an outlier for the population this agency serves. I would not spend a lot of time on this option. A RCOC client is a client because of a disability.	Feb 14, 2011 1:23 AM
936	As needed and the recommendation by an individual with at least a masters in the relative field.	Feb 14, 2011 2:18 AM
937	No recommendation.	Feb 14, 2011 2:35 AM
938	How can this be answered? This has to be determined for each individual in their IPP. Service standards will not work, especially for people who need self-directed options.	Feb 14, 2011 2:56 AM
939	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 14, 2011 3:18 AM
940	I have no idea what you mean by this statement. By the way, the language used for each statement is obscure and is designed to be answered by agency professionals not by family members of consumers.	Feb 14, 2011 5:17 AM
941	No comment.	Feb 14, 2011 5:28 AM
942	It would be difficult for most families to readily determine the necessary training and experience for professionals who are qualified to provide ABA treatment.	Feb 14, 2011 5:44 AM
943	Clients should be present at planning meetings when appropriate and should be given the option of communicating with the treatment team regarding desired goals, activities, and preferred consequences for progress toward goals (reinforcement).	Feb 14, 2011 6:39 AM
944	No recommendation.	Feb 14, 2011 7:59 AM

7. Suggested service standards about self-directed or self-determination

	Response Text	
945	With the understanding that Regional Center offers parenting groups and workshops to orient parents to the various components of receiving services, it may be helpful to implement an additional follow-up workshop/evlaution at the end of services. In other words, for consumers to undergo an "exit" evaluation/interview to conclude their participation in the delivery service process. Such pre-and-post data collection may help strengthen service standards via direct feedback and evaluations from consumers.	Feb 14, 2011 8:14 AM
946	None	Feb 14, 2011 8:49 AM
947	An effective plan should be titrated in frequency and intensity as the consumer improves. However, it is somewhat different if the consumer is in a long-term care situation. In that case, ongoing counseling and training must be ongoing due to staff turnover.	Feb 14, 2011 1:22 PM
948	Self determined option is great	Feb 14, 2011 3:05 PM
949	No answer.	Feb 14, 2011 3:21 PM
950	Parents may participate in planning of treatment and in setting of goals.	Feb 14, 2011 4:16 PM
951	None.	Feb 14, 2011 4:19 PM
952	Should be strongly encouraged.	Feb 14, 2011 4:42 PM
953	should be related to measurabel goals with specific outcomes that are agreed to by interdiscplinary service team	Feb 14, 2011 4:47 PM
954	Heavy sigh. I believe in self-determination, but even the most high functioning clients I've encountered can be significantly influenced. Self determination comes with consequences and many may not be thought through or understood at the time the choice is made by the client. As long as there was a safety net available for poor choices - that client can go into another program quickly if the one they chose doesn't work out, or there is emergency back up for housing, etc. due to poor choices.	Feb 14, 2011 4:50 PM
955	If I am interpreting this properly, are you referring to self-advocacy for adults who still require or benefit from ABA services? Clearly anyone with a demonstrated need should have access to continued ABA services regardless of age. There just needs to be a clear distinction between an aide who helps individuals get through their daily lives and an ABA professional providing a therapy.	Feb 14, 2011 5:12 PM
956	The state should NOT implement the median rate for these services, nor should the state require a change in vendor rates to be consistent across vendors. This would cause organizations to close, which would end up costing the state millions of dollars in the future for institutions and mental health facilities. Instead, individual files, compliance, and quality of programming should determine potential rate variance/change.	Feb 14, 2011 5:14 PM
957	N/A	Feb 14, 2011 5:17 PM
958	N/A	Feb 14, 2011 5:23 PM
959	n/a	Feb 14, 2011 5:46 PM
960	Monies should be available to a family for best use of the child - whether babysitter, therapy or educational environment.	Feb 14, 2011 6:00 PM
961	The self-directed standards should be allowed to basically do as they think is right, based on their track record.	Feb 14, 2011 6:02 PM
962	The state should NOT implement the median rate for these services, nor should the state require a change in vendor rates to be consistent across vendors. This would cause organizations to close, which would end up costing the state millions of dollars in the future for institutions and mental health facilities. Instead, individual files, compliance, and quality of programming should determine potential rate variance/change.	Feb 14, 2011 6:05 PM
963	Be vigilant for every aspects of working with the individual.	Feb 14, 2011 6:06 PM

7. Suggested service standards about self-directed or self-determination

	Response Text	
964	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 14, 2011 6:20 PM
965	Huh?	Feb 14, 2011 6:21 PM
966	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 14, 2011 6:24 PM
967	The state should NOT implement the median rate for these services, nor should the state require a change in vendor rates to be consistent across vendors. This would cause organizations to close, which would end up costing the state millions of dollars in the future for institutions and mental health facilities. Instead, individual files, compliance, and quality of programming should determine potential rate variance/change.	Feb 14, 2011 6:24 PM
968	No recommendation.	Feb 14, 2011 6:30 PM
969	No response.	Feb 14, 2011 6:32 PM
970	Never heard of this option.	Feb 14, 2011 6:34 PM
971	No response.	Feb 14, 2011 6:35 PM
972	You must have a sense of self before you can direct your life in any direction. Regional Center has been extremely helpful in aiding such support.	Feb 14, 2011 6:45 PM
973	No recommendation for response to this question.	Feb 14, 2011 6:52 PM
974	No recommendation for response to this question.	Feb 14, 2011 6:56 PM
975	No recommendation for response to this question.	Feb 14, 2011 6:59 PM
976	This seems to be non applicable as the services are specialized.	Feb 14, 2011 7:05 PM
977	No recommendation.	Feb 14, 2011 7:12 PM
978	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options	Feb 14, 2011 7:25 PM
979	Of course, all goals should only be developed WITH parents. Parents should also have the right to reject such services.	Feb 14, 2011 7:31 PM
980	No recommendation at this time.	Feb 14, 2011 7:51 PM
981	Not feasible for most DD consumers.	Feb 14, 2011 7:54 PM
982	Knowledgeable, go-getter, with support from state, federal, insurance agencies. Make it simple and co-herent.	Feb 14, 2011 7:54 PM
983	No recommendation at this time.	Feb 14, 2011 7:58 PM
984	n/a	Feb 14, 2011 8:05 PM
985	A treatment team should be developed that includes a Behaviorist from a private agency, the Behaviorist from the Regional Center, the parent or consumer receiving services, and the Service Coordinator to ensure that best practices are continuing to be provided.	Feb 14, 2011 8:13 PM
986	This is only good for selective consumers/ families and needs strong oversight to ensure proper service deliver and billing. Unfortunatley, this can be easily abused and is difficult for service coordinators to oversee with high caseloads.	Feb 14, 2011 8:18 PM
987	Self-management and self-monitoring is an integral part of any good behavior change intervention program. Self-mangement enables behavior interventionists to fade and place responsibility and continued growth in the hands of consumers. However, self-management requires various pre-requisite skills which must be targetted in a comprehensive behavioral program before teaching self-management skills can be effective.	Feb 14, 2011 8:26 PM
988	none	Feb 14, 2011 8:51 PM
989	I'm not sure what this part of the survey is asking???	Feb 14, 2011 8:52 PM

7. Suggested service standards about self-directed or self-determination

	Response Text	
990	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed options.	Feb 14, 2011 8:53 PM
991	None	Feb 14, 2011 8:54 PM
992	sorry but I do not quite understand what you are askintg.	Feb 14, 2011 8:57 PM
993	No recommendation for response to this question.	Feb 14, 2011 8:58 PM
994	Would be a good idea to provide parents w/ at home tools to be self-directed.	Feb 14, 2011 9:07 PM
995	California must first have a clearly defined mechanism for implementing self directed options.	Feb 14, 2011 9:09 PM
996	no recommendation	Feb 14, 2011 9:15 PM
997	I dont understand the question	Feb 14, 2011 9:49 PM
998	Service standards should be maintained as they currently are.	Feb 14, 2011 9:54 PM
999	Parents could select from a panel of therapists specializing in this type of therapy.	Feb 14, 2011 10:05 PM
1000	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 14, 2011 10:11 PM
1001	How can this be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 14, 2011 10:21 PM
1002	I don't agree with the self-directed services at all. Some families are already abusing the system so to give these particiular families an option to choose how services are going to be implemented is just wrong.	Feb 14, 2011 10:23 PM
1003	Nobody knows more about what is needed than the consumer himself or the parent. And of course, nobody has the long-term best interests of the consumer like that person and/or the family of the consumer. Thus self-directed or self-determined options are essential.	Feb 14, 2011 10:28 PM
1004	This question is vague and unanswerable. For a start consumers come from varied backgrounds, with varied levels of support and functionality, but the question is so general and its application undefined as to make this question meaningless.	Feb 14, 2011 10:29 PM
1005	I do not understand what this means.	Feb 14, 2011 10:35 PM
1006	Self directed services should be implemented as parents who control the program and payment for those programs have a vested interest in the outcome. Furthermore, the parent can then choose the kind of service and service delivery that fits their individual needs rather than having this imposed upon them by a RC SC. This would also help eliminate the present animosity between the RCs and the consumer. it should also save money as here would be less need for SC services and the monies saved could be directed to client services	Feb 14, 2011 10:39 PM
1007	cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 14, 2011 10:43 PM
1008	Not sure	Feb 14, 2011 10:46 PM
1009	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 14, 2011 10:46 PM
1010	If by self-directed you mean that families would be given a budget for this type of service and would be able to choose how it's spent, that could be a good model.	Feb 14, 2011 10:48 PM
1011	n/a vouchers would not work for behavior supports	Feb 14, 2011 11:31 PM
1012	Work closely with caregiver to ensure family centered care	Feb 14, 2011 11:40 PM
1013	No recommendation for response to this question.	Feb 14, 2011 11:44 PM
1014	Suggested service standards about self-directed or self-determination options for these services:	Feb 14, 2011 11:45 PM
1015	patients hould have the opportunity to self-refer to behavioral health services	Feb 14, 2011 11:51 PM

7. Suggested service standards about self-directed or self-determination

	Response Text	
1016	Parents should have input on standards and what is appropriate so as to provide a "good match" of services to individual family values and cultural considerations to increase effectiveness of intervention.	Feb 14, 2011 11:53 PM
1017	Consumers who engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance). Consumers who display behaviors that may be a barrier to his/her health or safety or the health or safety of others (e.g., aggression, self-injury, property destruction). Consumers who have failed to acquire developmentally-appropriate adaptive or functional skills (such as toileting, dressing, feeding) that are fundamental to the attainment of social inclusion and increased independence.	Feb 14, 2011 11:54 PM
1018	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 15, 2011 12:02 AM
1019	Parents should be empowered to choose the provider, change if quality standards aren't met	Feb 15, 2011 12:02 AM
1020	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 15, 2011 12:14 AM
1021	I fervently reject the ideology of self-directed options. Certainly, the consumer should be a part of the selection process of necessary service. However, there are significant concerns related to the appropriateness of service selection when a singular voice has the authority to determine legitimacy and necessity. The opportunities to manipulate the process are rife.	Feb 15, 2011 12:42 AM
1022	None.	Feb 15, 2011 12:42 AM
1023	Self determination or self directed options should generate a cost savings for the system. Standards should be set regarding what public funds might be used for, however a system of self determination or self direction would save significant funds in the entire fair hearing process as well as giving individuals and their families the opportunity to fund services that might provide significant support.	Feb 15, 2011 12:45 AM
1024	n/a	Feb 15, 2011 12:45 AM
1025	Having parents self-direct whatever services they want would be a nightmare, families may chose things such as horseback riding or swimming with dolphins for example, which have no evidence of working. Parents will be wheeled into intervention that is not effective and their children will suffer. In the long run all of these children will be adults one day and without helping them now, they will be wards of the state without any skills. The long term care of these children in 20 years will supersede the budget problems of today. We need to provide the best, most effective intervention now to help out the community of tomorrow. Autism is at an all time high, stepping back on intervention now would be detrimental for all Californians!	Feb 15, 2011 12:47 AM
1026	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 15, 2011 12:55 AM
1027	I don't know.	Feb 15, 2011 1:16 AM
1028	Important to have standards that make sure the services are purchased from providers who have the proper qualifications and experience.	Feb 15, 2011 1:22 AM
1029	No recommendation for response to this question.	Feb 15, 2011 1:23 AM
1030	Yes, think this is a better idea than eliminating certain programs & servcies altogether. an individualized yearly budget based on indiviual'sneeds to be determined by person and/or family guardian.	Feb 15, 2011 1:25 AM

7. Suggested service standards about self-directed or self-determination

	Response Text	
1031	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 15, 2011 1:26 AM
1032	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 15, 2011 1:44 AM
1033	NO suggestion	Feb 15, 2011 1:44 AM
1034	There should be none. should be performed by ABA firms.	Feb 15, 2011 1:50 AM
1035	No recamadations for this response	Feb 15, 2011 1:52 AM
1036	??	Feb 15, 2011 1:56 AM
1037	Until both parent and child know how to work together	Feb 15, 2011 1:57 AM
1038	I don't understand this question at all. If you mean whether a program should be determined by the family, I surely agree with that statement. The service provider should support the family in every way.	Feb 15, 2011 1:58 AM
1039	Not appropriate for children with developmental disabilities.	Feb 15, 2011 2:23 AM
1040	Develop an assessment tool to count total amount of service cost depending on individual client needs. May need financial specialist help. With the total amount service cost, parents can choose their desire service provider instead of using GGRC vendors.	Feb 15, 2011 2:28 AM
1041	Due to the intensity of the work involved in managing behaviors it would be best to have a training component for caregivers before it is self directed.	Feb 15, 2011 2:47 AM
1042	'self directed' options; not certain; should meet medical necessity and based on eligibility related to diagnosis and best practice guidelines.	Feb 15, 2011 2:52 AM
1043	for adult consumers, definately. for children depending on their level of functioning and appropriateness.	Feb 15, 2011 2:58 AM
1044	I agree with self-directed services - especially for children with autism, there are different philosophies on the best therapies. The best approach should be selected by parents due to the individual differences of each child.	Feb 15, 2011 3:01 AM
1045	It depends on the consumer and family.	Feb 15, 2011 3:10 AM
1046	no response	Feb 15, 2011 3:12 AM
1047	If the certified specialist/therapist recommends in writing the therapy and gives periodic updates to the regional center I think there should be self directed options.	Feb 15, 2011 3:16 AM
1048	It should depend on client's wishes.	Feb 15, 2011 3:24 AM
1049	No recommendation for response to this question.	Feb 15, 2011 3:41 AM
1050	No recommendation for response to this question.	Feb 15, 2011 3:48 AM
1051	This is not ready for response.	Feb 15, 2011 3:54 AM
1052	Parents should be able to help decide on vendor to provide these services that best fit their families needs.	Feb 15, 2011 4:02 AM
1053	We are unqualified to answer this.	Feb 15, 2011 4:13 AM
1054	Self-directed or self-determination for these services needs to have an independent opinion considered.	Feb 15, 2011 4:18 AM
1055	TO THIS I SAY, ALLOW THE CLIENT/CLIENT'S FAMILY THE RIGHT TO "SELF-DIRECTED", or 'SELF-DETERMINATION' OPTIONS FOR BEHAVIORAL SERVICES...AS THEY KNOW THEIR SON/DAUGHTER BEST. ASK FOR BRIEF STATEMENTS FROM THE CLIENT'S SPEECH, OT, ADAPTIVE SKILL, THERAPISTS, ETC...AS THEY WILL BE ONE OF THE FIRST TO NOTICE ANY CHANGES IMPROVEMENTS IN THE CLIENT AND BE ABLE TO PROVIDE SPECIFIC FEEDBACK ON THIS. AGAIN, PSYCHOLOGICAL TESTS ARE NOT THE ANSWER...THEY ARE STRESSFUL AND MAY YIELD INCONSISTENT RESULTS OF ANY CHANGES/IMPROVEMENTS!	Feb 15, 2011 4:28 AM

7. Suggested service standards about self-directed or self-determination

	Response Text	
1056	When child has advanced enough where they are able to attend school with an aide, self-direction should be considered when deemed appropriate by all parties involved (parents, school staff, ABA providers and Regional Center).	Feb 15, 2011 4:32 AM
1057	More guidance from regional ctr rep or other person not involved in vendor organization to provide advice	Feb 15, 2011 4:32 AM
1058	No recommendation for response to this question.	Feb 15, 2011 4:35 AM
1059	Consultation with specialist or parent trainer or parent mentor.	Feb 15, 2011 5:00 AM
1060	No suggestions.	Feb 15, 2011 5:00 AM
1061	No suggestions.	Feb 15, 2011 5:00 AM
1062	The number of hours provided should be based upon the families individual needs. Currently, children receive 2 hours daily, five times a week for 2 years. Why not allow the family to choose to extend the number of years but reduce the number of daily hours required, when it is appropriate? Let the family choose to have 4 years of service but for only 5 hours a week instead.	Feb 15, 2011 5:02 AM
1063	Yeah, Get kiosk as necessary	Feb 15, 2011 5:09 AM
1064	Self-directed or self-determination option may sound good theoretically however they have a major short-coming in that the consumers (and their families) are not involved in the fee negotiations between providers and the state agencies. Instead,consumers (and their families) should be allowed greater input in the drafting of the Individual Service Plans.	Feb 15, 2011 5:20 AM
1065	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 15, 2011 5:31 AM
1066	If the consumers voice a concerns that a certain therapy or agency are not performing and outcomes are not being seen, consumers should have a choice to have Regional Center/School system change to a different vendor rather then continuing to pay for a costly services that is not being provided.	Feb 15, 2011 5:40 AM
1067	Implement Individualized Budget allowing families to prioritize which therapies are getting the most 'bang for their buck'	Feb 15, 2011 5:40 AM
1068	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 15, 2011 5:46 AM
1069	I think that these services/ programs need to be monitored by licensed professionals/ BCBA that work for the regional centers.	Feb 15, 2011 5:47 AM
1070	I think parents should have saying who is delivering services	Feb 15, 2011 5:49 AM
1071	The consumer must be respected as the director of their own lives and supported by those who know them.	Feb 15, 2011 5:59 AM
1072	Everyone involved must be commited to this program.	Feb 15, 2011 6:05 AM
1073	Self-determination for services should always be the option of parents. For adults, the option should be the overwhelming majority of cases. Interventions without consent of the adult client should be decided by Regional Center procedures only in cases of extreme self or other abuse.	Feb 15, 2011 6:06 AM
1074	No recommendation for response to this question.	Feb 15, 2011 6:10 AM
1075	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 15, 2011 6:19 AM
1076	n/a	Feb 15, 2011 6:23 AM
1077	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 15, 2011 6:24 AM
1078	Consultation could be provided on an on-call basis as well as a preventative basis.	Feb 15, 2011 6:25 AM
1079	n/a	Feb 15, 2011 6:33 AM

7. Suggested service standards about self-directed or self-determination

	Response Text	
1080	n/a	Feb 15, 2011 6:38 AM
1081	I have long been anticipating the implementation of the self directed program. For whatever reason, it never seems to quite make the transfer out of "pilot program". In many cases, the parent has more connection to services than the regional center. You base the dollar amount on the average costs in the real world with the intention to truly gain progress in the discipline.	Feb 15, 2011 6:48 AM
1082	None	Feb 15, 2011 6:55 AM
1083	That is a good suggestion however need to consider the parents' participation which is very important to the child development and their needs	Feb 15, 2011 7:11 AM
1084	Proactive versus reactive. Our kids learn best typically with proactive practice. No one learns in crisis. Self directed services would be great if the guildlines and information is given to parents through vendor checks and balances.	Feb 15, 2011 7:16 AM
1085	If this model is used it must allow for the parent to hire qualified staff for an adequate number of hours to work on the behavioral plan. If the monies are inadequate then the minimal services provided will be ineffective and a waste of money and time.	Feb 15, 2011 7:19 AM
1086	I do not think that it self-directed or self-determination is an option for this services	Feb 15, 2011 7:20 AM
1087	-not proponent of self-directed/determination approach	Feb 15, 2011 8:13 AM
1088	This should already be implimented as a part of the IFSP all along	Feb 15, 2011 8:54 AM
1089	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 15, 2011 10:28 AM
1090	DDS should continue providing services to children/family with children suffering from autism	Feb 15, 2011 10:46 AM
1091	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 15, 2011 12:40 PM
1092	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 15, 2011 3:46 PM
1093	Definitely not!	Feb 15, 2011 3:50 PM
1094	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 15, 2011 3:58 PM
1095	Continue existing policies & procedures.	Feb 15, 2011 4:02 PM
1096	No Recommendation	Feb 15, 2011 4:04 PM
1097	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed of self-determination options.	Feb 15, 2011 4:06 PM
1098	An initial screening should be completed before considering behavioral intervention.	Feb 15, 2011 4:28 PM
1099	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options	Feb 15, 2011 4:40 PM
1100	See above	Feb 15, 2011 4:48 PM
1101	Individual Choice Budget has been passed last year through trailer bill but has not been implemented. The pilot of self determination demonstrated savings. With this being known there should be urgency in implementing ICB, specially if it can save dollars to the system that we are such need of doing instead of reducing the budget.	Feb 15, 2011 4:50 PM
1102	We resources aren't available right away from the company. Parents nd therapist should go out their way to supply whats needed for the consumer	Feb 15, 2011 4:59 PM

7. Suggested service standards about self-directed or self-determination

	Response Text	
1103	The consumer and the consumer's family have to input. Often time the consumer and/or family are very diligent about searching for appropriate services, their is more involvement and commitment when the consumer and/or family have a voice in determining who will provide services.	Feb 15, 2011 5:45 PM
1104	See above.	Feb 15, 2011 5:47 PM
1105	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 15, 2011 5:53 PM
1106	I think you should provide parents online, easy-to-use instruction. Many of us can not leave our homes. We usually can not read through the piles of paperwork or millions of autism websites. We barely make it through the day. There is ususally a waiting list for classes and it cuts into precious time. (It takes us twice as long do to anything - compared to other families.)	Feb 15, 2011 6:05 PM
1107	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options	Feb 15, 2011 6:12 PM
1108	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 15, 2011 6:14 PM
1109	I am unclear as to what this question is refereeing to.	Feb 15, 2011 6:20 PM
1110	No suggestions.	Feb 15, 2011 6:20 PM
1111	N/A	Feb 15, 2011 6:24 PM
1112	The state should NOT implement the median rate for these services, nor should the state require a change in vendor rates to be consistent across vendors. This would cause organizations to close, which would end up costing the state millions of dollars in the future for institutions and mental health facilities. Instead, individual files, compliance, and quality of programming should determine potential rate variance/change.	Feb 15, 2011 6:27 PM
1113	Parents and consumer should have self-directed options for how long and and how much of said services based on having an independent psychological evaluation made.	Feb 15, 2011 6:34 PM
1114	Parents can self-determine who is the service provider. Reginal Center provide a services resource list, parents decide which service provider (include bilingual services).	Feb 15, 2011 6:40 PM
1115	none	Feb 15, 2011 6:44 PM
1116	None	Feb 15, 2011 6:58 PM
1117	That could be tough, as many parents aren't aware of what is possible/available/suggested and need the input/advice/guidance of service companies such as Learning Solutions and advice from organizations such as ALTA to help navigate these murky waters.	Feb 15, 2011 7:18 PM
1118	No comment.	Feb 15, 2011 7:29 PM
1119	I do not understand the question	Feb 15, 2011 7:30 PM
1120	?	Feb 15, 2011 7:32 PM
1121	I'm not sure what to say about this, except to look for other ways to cut the state budget but don't take from children who need this because of their disability. They didn't ask for this, they shouldn't have to feel that their being punished for a disability they had no control over.	Feb 15, 2011 7:34 PM
1122	Job skills and job coaches are really needed for our adult community. As well as group homes that could ahve micro-businesses. So many group homes are boring for adult consumers and there is regression. Adults need to be in continuing services NOT babysat!	Feb 15, 2011 7:34 PM
1123	Ongoing training for caregiver is crucial, families needs help for their sanity. In home help is important for families to work on on their self-determination	Feb 15, 2011 7:34 PM

7. Suggested service standards about self-directed or self-determination

	Response Text	
1124	Service standards about self-directed or self-determination options for these services should be only specified by a Behavior Assessment, conducted by reputable companies, and then worked out with each consumer.	Feb 15, 2011 7:39 PM
1125	Unknown	Feb 15, 2011 7:44 PM
1126	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determined options.	Feb 15, 2011 7:47 PM
1127	N/A	Feb 15, 2011 7:50 PM
1128	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options	Feb 15, 2011 7:56 PM
1129	Any self directed options funded by RD dollars must still require the utilization of evidence based practices and providers meeting the same qualifications for ABA services. No experimental behavioral techniques will be funded with RD dollars.	Feb 15, 2011 7:57 PM
1130	There should be choices	Feb 15, 2011 8:07 PM

7. Suggested service standards about self-directed or self-determination

	Response Text	
1131	The Regional Center system is best suited for delivering services for those people who cannot appropriately determine what services they need or manage the services they need. However, the composition of the population served has changed since the Regional Center was put in place due to the tremendous increase in the number of children with developmental disabilities including autism. Many of the persons serviced by the Regional Center have parents or caretakers who are very capable and strongly motivated to determine and manage their child's therapy & care. My Regional Center conducts numerous meetings which sometimes require the input of multiple PhD professionals to decide matters which appear simple to me. In my business experience, I would have resolved similar matters quickly with an email between two people. I know many parents and caretakers who could do an excellent job of managing a finite amount of funds allocated to the person served without incurring the expense of the Regional Center time for numerous meetings, referral, exception considerations, and hearings brought by unhappy parents & caretakers trying to resolve issues with decisions the Regional Centers have made. My Regional Center functions inefficiently and appears to be more concerned with its own perpetuation than the welfare of the people served. The recent DDS audit showed misuse of funds for personal gain. I believe this system needs much greater transparency and a substantial reorganization. Proposed Solution: I believe we could downsize the Regional Center so that they work under two models: A. For persons serviced who are unable or unwilling to coordinate their own services: The current model Regional Center uses where they decide what services and amount of services a person needs. B. For persons served who can & wish to coordinate their own services or who have parents or caretakers willing to do this: implementation of the individual choice model to include: • A finite sum based on the CDER report of funds for the person served or their caretaker to allocate to the type of services outlined in the Lanterman Act. • The determination of who can use this model to be made by the person served or their caretaker; not Regional Center. • The ability to choose effective, licensed service providers that are responsive the person served's needs, not just the Regional Center's pre-selected providers. Subrogation Unit: For either model, I would like to see the Regional Center set up a subrogation unit for health insurance. Experts in health insurance billing & CA Health insurance law, working in conjunction with the Dept. of Ins., could subrogate the insurance companies to recover payment of partial payment for services initially paid by the regional center. Client families often are too overwhelmed with caring for their disabled loved ones to learn and be able to implement effective methods for insurance payment. Many insurers automatically deny all claims for services that many clients need such as speech, OT, PT, and ABA. Many client families do not know that these "automatic" denials are not legal under CA laws. The Regional Centers could significantly improve funding of these services by this method. Only if the thus derived funding plus the other funding available to the Regional Center for this services is insufficient, should a formula be developed to required additional funding from client families. This formula should take into account not only income but other expense amounts including, but not limited to: support of other child, disabled and elderly in the family, the inability of one parent to work due to the needs to care for other children, alimony or other court ordered support, disabled or elderly, UNREIMBURSED MEDICAL EXPENSES, education & other tuition costs, fluctuations in income for those who work on a job to job basis, cost of living in client's zip code.	Feb 15, 2011 8:09 PM

Some Benefits of Proposed Solution:

7. Suggested service standards about self-directed or self-determination

	Response Text	
1131	outcomes for the people served. The services they receive will be selected by them and those who love them. If a service provider acts unethically or provides poor quality treatment, the person served can change to a better provider	Feb 15, 2011 8:09 PM
1132	I have been waiting for the self-directed services option for years. It has been stalled at several different levels. The reality is it could provide better and more consistent services for the client. It could, if the program is set up correctly internally, be a cost saver for the regional centers. Some sort of accountability that could mirror the report necessary to the courts for guardianship/conservatorships every two years.	Feb 15, 2011 8:10 PM
1133	The Regional Center would offer the programs but giving parents the flexibility of being involved or even heading a program. The Center would provide a professional to assist with these parents who are wiling and able to give of their time.	Feb 15, 2011 8:14 PM
1134	The Consumer has input into his own personal program.	Feb 15, 2011 8:18 PM
1135	None.	Feb 15, 2011 8:30 PM
1136	do not understand the question	Feb 15, 2011 8:30 PM
1137	The state should NOT implement the median rate for these services, nor should the state require a change in vendor rates to be consistent across vendors. This would cause organizations to close, which would end up costing the state millions of dollars in the future for institutions and mental health facilities. Instead, individual files, compliance, and quality of programming should determine potential rate variance/change.	Feb 15, 2011 8:33 PM
1138	I don't think behavioral services should fall under self-directed options	Feb 15, 2011 8:41 PM
1139	involve adult client if capable	Feb 15, 2011 8:43 PM
1140	Students who have a say in setting the consequences for misbehavior often are harder on themselves than parents or teachers would be. They also feel they make a difference and are "invested" in helping and encouraging other students to do likewise so the entire group will succeed. Students who have planted a garden at or near their school have a sense of pride and ownership. It is a "win-win" situation, because the student also gets to take home some of the produce. In time, there may be enough produce grown to sell some of it, or better yet, donate it to needy families in their community.	Feb 15, 2011 8:48 PM
1141	There needs to be a cap for self directed services. Define what cost effective means within these options.The cap need to be tied to outcome achievement.	Feb 15, 2011 8:49 PM
1142	Until California has clearly defined self-directed or self-determination options it should not be looking to minimize the assistance needed in such a key aspect of recovery and assistance for persons with disabilities.	Feb 15, 2011 8:51 PM
1143	Based on interviews with Parents, caregivers, and providers on whether family steps up	Feb 15, 2011 9:01 PM
1144	As with standards with a private organization there can be goals written, etc for self directed options for these services. This can be addressed in an IPP whether or not this is a viable option. There are no clear standards right now for this.	Feb 15, 2011 9:20 PM
1145	Someone like myself could do self directed services, but not every parent in our community has the time or resources to do this. I'd like to see a group of parents be the test case for this before it is unilaterally implemented.	Feb 15, 2011 9:20 PM
1146	In stating self-direct services....That requires a definition inclusive of parents rights to choose the most apporiate and best qualified ABA company for their child.	Feb 15, 2011 9:23 PM
1147	This question cannot be answered until California has a clearly defined mechanism for implementing self directed or self determination options.	Feb 15, 2011 9:23 PM

7. Suggested service standards about self-directed or self-determination

	Response Text	
1148	I am in favor of self-directed services, but believe that parents should make those decisions when the child is not able to competently do so. For example, my teen-aged son with autism, late-diagnosed speech apraxia (limited expressive language), and auditory processing problems is likely to answer "Yes" to any question posed to him that he does not fully understand. He would not be competent to make grand-scale decisions for himself. So, if a consumer cannot pass a test of comprehension/communication at the same level that such questions would be posed to him to make a decision, then parents should be able to retain the right to make such decisions for the consumer.	Feb 15, 2011 9:29 PM
1149	These should be reviewed with a Service Coordinator, family member, consumer, and if needed a State Advocate if possible to ensure accuracy and quality.	Feb 15, 2011 9:41 PM
1150	No service standards for self-directed or self-determination standards should be issued without clear rules for how these programs would work, and without the necessary funds to allow consumers to actually purchase the quality services and supports they might choose. In addition, under the existing Lanterman Act, consumers currently have rights to make choices about their own lives and to have those choices respected. These existing guarantees should be met and respected, rather than creating new and different standards.	Feb 15, 2011 9:42 PM
1151	Consumers and representatives for consumers should be able to select who would work best for their services.	Feb 15, 2011 9:43 PM
1152	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 15, 2011 10:11 PM
1153	Yes! Self-directed, self-determined. Give PARENTS/CAREGIVERS thee ability to make as many choices as possible! Let them prioritize, choose vendors, choose hours, choose intensity, etc.	Feb 15, 2011 10:23 PM
1154	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 15, 2011 10:24 PM
1155	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 15, 2011 10:28 PM
1156	Self directed with the assistance of professionals could work well.	Feb 15, 2011 10:33 PM
1157	Learn from the teachers and lead by example.	Feb 15, 2011 10:42 PM
1158	I do not believe self-directed or self-determined services is a viable option.	Feb 15, 2011 10:43 PM
1159	Parents would not have the training or information to make appropriate decisions about a behavior analytic treatment supervisor.	Feb 15, 2011 11:03 PM
1160	The state should NOT implement the median rate for these services, nor should the state require a change in vendor rates to be consistent across vendors. This would cause organizations to close, which would end up costing the state millions of dollars in the future for institutions and mental health facilities. Instead, individual files, compliance, and quality of programming should determine potential rate variance/change.	Feb 15, 2011 11:13 PM
1161	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 15, 2011 11:46 PM
1162	Provide a menu with options for the consumer to select. Perhaps each client has a certain amount of money they can spend and choose the services that fit the client and family.	Feb 15, 2011 11:55 PM
1163	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 16, 2011 12:11 AM
1164	Doctor/clinic/hospital/school referral	Feb 16, 2011 12:18 AM

7. Suggested service standards about self-directed or self-determination

	Response Text	
1165	It needs to be started so that families can choose this option.	Feb 16, 2011 12:20 AM
1166	Individuals over the age of 18 should have some say in their service options given that they are able to understand and express their desire to participate in those various options.	Feb 16, 2011 12:29 AM
1167	If a self-directed/self-determination client (or Conservator for client) should be able to participate in needs assessment, possible resources for providing service and feedback during course of and after services in appropriateness of service for their needs.	Feb 16, 2011 12:47 AM
1168	No staff resources or funding to start self-directed option at this time	Feb 16, 2011 12:48 AM
1169	No recommendation for response to this question.	Feb 16, 2011 12:56 AM
1170	No recommendation for response to this question.	Feb 16, 2011 1:01 AM
1171	I dont know how this is to be accomplished! I dont have time to do more than I do for my child. I need the regional center to coordinate my childs services because I already have to deal with doctors, school problems, my family problems, health problems, my other children's problems. i dont get it!	Feb 16, 2011 1:05 AM
1172	No recommendation for response to this question.	Feb 16, 2011 1:07 AM
1173	I do not believe this will ever happen	Feb 16, 2011 1:12 AM
1174	I think having parents be in charge of their ASD child's program is a grave mistake. First, (all) parents have a jaded view of their child. Some think their child have skills, which really are just not there. We became aware of this once ABA in-home stepped in. Second, we thought we knew what was best for our child. Turned out, we were reinforcing her bad behavior. ABA in-home pointed this out and is teaching us how to correct it. Third, our son has been observing and participating in ABA in-home therapy since day one. It is the norm for him. He is quite aware of what his sister needs by learning from the experts. This will help out in the future on so many different levels. You don’t want a bunch of parents doing what they think is best, teaching it to another family member, only to turn out it is not what's best, therefore making the ASD child’s behavior worse.	Feb 16, 2011 1:17 AM
1175	t would be difficult for most families to readily determine the necessary training and experience for professionals who are qualified to provide ABA treatment.	Feb 16, 2011 1:23 AM
1176	none	Feb 16, 2011 1:29 AM
1177	Same answer as Number 4.	Feb 16, 2011 1:33 AM
1178	I think having parents be in charge of their ASD child's program is a grave mistake. First, (all) parents have a jaded view of their child. Some think their child have skills, which really are just not there. We became aware of this once ABA in-home stepped in. Second, we thought we knew what was best for our child. Turned out, we were reinforcing her bad behavior. ABA in-home pointed this out and is teaching us how to correct it. Third, our son has been observing and participating in ABA in-home therapy since day one. It is the norm for him. He is quite aware of what his sister needs by learning from the experts. This will help out in the future on so many different levels. You don’t want a bunch of parents doing what they think is best, teaching it to another family member, only to turn out it is not what's best, therefore making the ASD child’s behavior worse.	Feb 16, 2011 1:38 AM
1179	No recommendation	Feb 16, 2011 1:51 AM
1180	No suggestions in this area	Feb 16, 2011 1:59 AM
1181	need people providing services to be fully checked out dmv tb finger prints resume references checked	Feb 16, 2011 2:15 AM

7. Suggested service standards about self-directed or self-determination

	Response Text	
1182	N/A	Feb 16, 2011 2:16 AM
1183	No suggestions.	Feb 16, 2011 2:22 AM
1184	I do not know what you mean. Sorry	Feb 16, 2011 2:30 AM
1185	Implementation of the Individualized Budget - while this will in fact represent a reduction in actual dollars spent - it will give you CHOICE.	Feb 16, 2011 2:41 AM
1186	Provide a Parents Advocate Panel Board at each regional center would be helpful in directing families. How to find the quality services through working with Regional Center Case Mgr would be helpful too.	Feb 16, 2011 2:58 AM
1187	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 16, 2011 2:59 AM
1188	no comment	Feb 16, 2011 3:17 AM
1189	Families should be allowed to include these in self directed services. Allow families to be parent vendors and hire their own direct providers who work with an agency who can train and oversee them working with the kids. Why do the "tutors/therapists" have to be employees of the agencies?	Feb 16, 2011 3:23 AM
1190	No	Feb 16, 2011 3:26 AM
1191	The client or family member should have an option to chose their service provider.	Feb 16, 2011 3:30 AM
1192	I could support this concept as long as the entity selected by the family/person served is on an approved list of providers (ie, meets the professional expectations of the regional center/DDS).	Feb 16, 2011 3:33 AM
1193	No recommendation for response to this question.	Feb 16, 2011 3:41 AM
1194	no recommendation	Feb 16, 2011 3:44 AM
1195	This would be a ridiculous option here, as how could someone with behavioral issues choose/not choose therapy when they are endangering others (the other group besides families of children with autism that receive behavioral services).	Feb 16, 2011 3:54 AM
1196	Follow the model that is practiced currently in Stanislaus and San Joaquin Counties.	Feb 16, 2011 3:59 AM
1197	No suggestions	Feb 16, 2011 4:27 AM
1198	No suggestions.	Feb 16, 2011 4:27 AM
1199	Same options available now should remain in place.	Feb 16, 2011 4:41 AM
1200	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 16, 2011 4:43 AM
1201	No recommendation for response to this question.	Feb 16, 2011 4:55 AM
1202	n/a	Feb 16, 2011 4:56 AM
1203	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 16, 2011 4:59 AM
1204	n/a	Feb 16, 2011 4:59 AM
1205	I think self-determination might be a valuable option	Feb 16, 2011 5:03 AM
1206	n/a	Feb 16, 2011 5:06 AM
1207	open to continue either way	Feb 16, 2011 5:09 AM
1208	n/a	Feb 16, 2011 5:09 AM
1209	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 16, 2011 5:18 AM
1210	Calif needs to define a mechanism for self directed or self determination options	Feb 16, 2011 5:20 AM
1211	n/a	Feb 16, 2011 5:28 AM
1212	No opinion.	Feb 16, 2011 5:48 AM

7. Suggested service standards about self-directed or self-determination

	Response Text	
1213	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 16, 2011 5:58 AM
1214	I am not sure what this question entails so I will not respond.	Feb 16, 2011 6:09 AM
1215	No recommendation for response to this question.	Feb 16, 2011 6:25 AM
1216	n/a	Feb 16, 2011 7:13 AM
1217	1. I have heard from friends in more rural areas that their child (consumer) would benefit from self-determination options to receive behavioral services. The service standards for this route of selection of services should allow parent/guardian to select a person that they would like to have TRAINED by the behavioral agency in order to have this person provide services to their child. .	Feb 16, 2011 7:28 AM
1218	Follow the Lanterman Act. It appears that regional centers are not doing so.	Feb 16, 2011 7:31 AM
1219	if it is SELF-done, then why should the state be dictating standards?	Feb 16, 2011 7:32 AM
1220	Work groups with consumer family input should help develop ways consumers and their families can choose the services that will most benefit their lives and these choices should be changeable with the individual needs.	Feb 16, 2011 7:33 AM
1221	none	Feb 16, 2011 7:52 AM