Early Start Services

DDS Service Standards Survey 2011

SurveyMonkey

1. I am a:

	Response Percent	Response Count
Consumer	10.4%	162
Family Member or Friend of a Consumer	**41.6%**	**647**
Service Provider Employee or Board Member	26.5%	413
Regional Center Employee or Board Member	9.0%	140
Decline to state	4.2%	66
Other (Specify Below)	8.2%	128
	Please Specify if Other	202
	answered question	**1,556**
	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	**77.6%**	**1,208**
No	22.4%	348
	answered question	**1,556**
	skipped question	**0**

Early Start Services

3. Suggested service standards about who should receive these services:	
	Response Count
	1,481
answered question	1,481
skipped question	75

4. Suggested service standards about how often a specific service should be provided:	
	Response Count
	1,311
answered question	1,311
skipped question	245

5. Suggested service standards about how to make sure the services provided are useful and effective:	
	Response Count
	1,228
answered question	1,228
skipped question	328

6. Suggested service standards about the qualifications and performance of the person or organization that provides these services:	
	Response Count
	1,143
answered question	1,143
skipped question	413

7. Suggested service standards about the payment for these services:	
	Response Count
	1,097
answered question	1,097
skipped question	459

8. Suggested service standards about the responsibilities of parents and consumers for these services, e.g., co-payment, time commitment, etc:	
	Response Count
	1,172
answered question	1,172
skipped question	384

9. Suggested service standards about self-directed or self-determination options for these services:	
	Response Count
	708
answered question	708
skipped question	848

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	and Licensed Clinical Psychologist	Jan 28, 2011 1:54 AM
3	The former Assistant Commissioner who developed the service standards for Massachusetts.	Jan 28, 2011 2:39 AM
4	School Psychologist	Jan 28, 2011 3:44 PM
5	Family member and a service provider.	Jan 28, 2011 4:57 PM
6	also work for RC	Jan 28, 2011 5:31 PM

Early Start Services

1. I am a:

	Please Specify if Other	
7	Parent of a child with a disability	Jan 28, 2011 5:46 PM
8	I am also a caregiver.	Jan 28, 2011 6:06 PM
9	Advocate for three clients	Jan 28, 2011 6:08 PM
10	Service Provider Vendored with Regional Center	Jan 28, 2011 6:14 PM
11	Family member and FRC employee	Jan 28, 2011 6:28 PM
12	Vendor	Jan 28, 2011 6:59 PM
13	early start intake coordinator	Jan 28, 2011 7:41 PM
14	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
15	Professor of Communicative Disorders	Jan 28, 2011 8:42 PM
16	vendor	Jan 28, 2011 9:47 PM
17	Teacher	Jan 28, 2011 10:53 PM
18	I am a Regional Center employee and the mother of two Regional Center consumers	Jan 28, 2011 11:06 PM
19	parent of child who received services and no longer needs them	Jan 28, 2011 11:09 PM
20	Also Parent Vendor & Service Provider Employee	Jan 29, 2011 12:02 AM
21	Also a health advocate	Jan 29, 2011 1:11 AM
22	Mother of a beautiful 9 yr. old daughter born with Down Syndrome and autistic characteristics.	Jan 29, 2011 4:17 AM
23	I am a Mother and the client's conservator.	Jan 29, 2011 5:02 AM
24	I am both a parent of a consumer and a regional center board member.	Jan 29, 2011 8:26 AM
25	SCCOE Speech/Language Pathologist	Jan 29, 2011 6:56 PM
26	Mother of 3 year old child with ASD	Jan 29, 2011 7:28 PM
27	Father/conservator of consumer.	Jan 29, 2011 8:51 PM
28	RESPITE CRE PROVIDER MSW LCSW	Jan 29, 2011 11:27 PM
29	public school speech language pathologist, providing testing and intervention to children age 3 to 14	Jan 30, 2011 1:13 AM
30	I also work at a regional center as an occupational therapist	Jan 30, 2011 2:02 AM
31	I am both the parent of a consumer and an advocate with clients who are RC consumers	Jan 30, 2011 4:53 PM
32	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
33	Both a family member and a service provider	Jan 31, 2011 3:46 PM
34	educator	Jan 31, 2011 4:12 PM
35	Mother of Autistic Child in Early Start	Jan 31, 2011 4:26 PM
36	Regiolan center employee and friend of a consumer	Jan 31, 2011 4:55 PM
37	Local school district personnel	Jan 31, 2011 5:05 PM
38	My six year old has autism	Jan 31, 2011 5:23 PM
39	Early Intervention provider 0-3	Jan 31, 2011 6:05 PM
40	I am a parent and a service provider	Jan 31, 2011 7:24 PM
41	Currently unemployed due to state budget deficit. Worked with children birth to 3 years for 25 years.	Jan 31, 2011 7:55 PM
42	Parent of Regional Service Client	Jan 31, 2011 9:11 PM
43	"Purchase of Service Limits" is more appropriate than "standards"	Jan 31, 2011 9:49 PM

Early Start Services

1. I am a:

	Please Specify if Other	
44	university staff	Jan 31, 2011 11:19 PM
45	special education administrator	Feb 1, 2011 2:55 AM
46	Researcher	Feb 1, 2011 3:16 AM
47	speech Language pathologist	Feb 1, 2011 4:05 AM
48	Service provider	Feb 1, 2011 4:56 AM
49	Early Interventionist	Feb 1, 2011 4:49 PM
50	Service Provider & Board Member	Feb 1, 2011 5:08 PM
51	my son has autism	Feb 1, 2011 5:38 PM
52	spouse of a service provider	Feb 1, 2011 5:49 PM
53	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
54	consultant to regional center and private practitioner	Feb 1, 2011 7:21 PM
55	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
56	physician	Feb 1, 2011 10:17 PM
57	Mother of a child who is a client of Kern Regional center.	Feb 2, 2011 12:31 AM
58	Educator	Feb 2, 2011 12:36 AM
59	A foster parent with two consumers and now I am their legal guardian.	Feb 2, 2011 1:51 AM
60	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
61	service provider contract	Feb 2, 2011 6:01 AM
62	My child is receiving service from Kids in Motion.	Feb 2, 2011 7:36 AM
63	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
64	I also work as a Regional Center Employee	Feb 2, 2011 6:34 PM
65	Mother of 6 year old autistic twins (diagnosed at 18 months)	Feb 2, 2011 6:35 PM
66	Coordinator of an HRIF clinic in hospital setting	Feb 2, 2011 6:56 PM
67	Area Board staff	Feb 2, 2011 8:51 PM
68	For my Daughter age 5	Feb 2, 2011 9:28 PM
69	Parent	Feb 2, 2011 9:44 PM
70	Two of my three children are Regional Center Clients	Feb 2, 2011 9:54 PM
71	Educator	Feb 2, 2011 9:59 PM
72	consultant service provider and consultant to regional center for transition services (moving people from developmental centers to community)	Feb 2, 2011 10:32 PM
73	my son has Autism	Feb 2, 2011 11:23 PM
74	I am mother of a child with autism	Feb 2, 2011 11:52 PM
75	Parent of 2 children with Autism	Feb 3, 2011 6:27 AM
76	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
77	My son has Autism and through regional center we have received services for his needs.	Feb 3, 2011 4:23 PM
78	Concerned citizen	Feb 3, 2011 5:01 PM
79	Behavior Tutor at Capitol Autism Services	Feb 3, 2011 5:25 PM
80	Parent	Feb 3, 2011 6:02 PM

Early Start Services

1. I am a:

	Please Specify if Other	
81	Care Provider	Feb 3, 2011 6:51 PM
82	Parent of consumer	Feb 3, 2011 7:15 PM
83	Work in a Day Program	Feb 3, 2011 8:24 PM
84	My son needs developmental services that are proposed to be cut.	Feb 3, 2011 8:25 PM
85	interested party with past Regional Center connections	Feb 3, 2011 10:01 PM
86	Behavior Consultant and family member of a consumer	Feb 3, 2011 11:33 PM
87	Mother	Feb 4, 2011 12:52 AM
88	Employee of an Intervention Program for kids with special needs that includes Regional Center children.	Feb 4, 2011 12:59 AM
89	Both a service provider and parent of a consumer receiving services.	Feb 4, 2011 1:13 AM
90	As well as a family member of a consumer	Feb 4, 2011 1:14 AM
91	Parent of child with autism	Feb 4, 2011 3:35 AM
92	Advocate	Feb 4, 2011 3:38 AM
93	Service Provider, independent contractor, providing Early Intervention Physical Therapy Services	Feb 4, 2011 4:10 AM
94	Parent of a consumer	Feb 4, 2011 5:27 AM
95	Our 2 year old grandson would be without the help he needs for his speech therapy and development.	Feb 4, 2011 4:02 PM
96	Mother of consumer.	Feb 4, 2011 4:45 PM
97	Early Start Vendor	Feb 4, 2011 5:02 PM
98	Special education teacher...credentialed with a district Early Start program	Feb 4, 2011 5:26 PM
99	Service Provider and Family Member of a consumer	Feb 4, 2011 6:24 PM
100	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
101	Independent contractor in the Clinical Services division for 1 of 21 your regional centers	Feb 4, 2011 8:45 PM
102	My son has autism he is now 4 yrs old.	Feb 4, 2011 9:06 PM
103	I am category one, two, and three	Feb 4, 2011 9:15 PM
104	mother of two sons with autism	Feb 4, 2011 9:45 PM
105	Clinical Social Worker in a specialty pediatric clinic for children with developmental disabilities including autism	Feb 4, 2011 10:12 PM
106	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
107	I am a consumer, but also a Severely Handicapped Education Specialist.	Feb 5, 2011 5:04 AM
108	I am also a researcher working with children and adults with rare genetic disorders	Feb 5, 2011 5:30 AM
109	Concerned citizen of California.	Feb 5, 2011 7:14 AM
110	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
111	Special Educator	Feb 7, 2011 5:57 PM
112	SELPA	Feb 7, 2011 11:28 PM
113	Child development specialist and mental health provider	Feb 8, 2011 12:43 AM
114	Life-long Californian	Feb 8, 2011 3:45 AM
115	Mother of a consumer, service provider of home health agency and former Vendor Advisory Committee Member.	Feb 8, 2011 5:53 AM

Early Start Services

1. I am a:

	Please Specify if Other	
116	My niece has a two year old son diagnosed with autism	Feb 8, 2011 6:05 AM
117	School Psy	Feb 8, 2011 4:03 PM
118	REgional Center	Feb 8, 2011 9:36 PM
119	Behavior Consultant	Feb 9, 2011 5:41 AM
120	Physical Therapy Vendor	Feb 9, 2011 1:28 PM
121	Disability Rights California, non-profit advocacy organization.	Feb 9, 2011 5:23 PM
122	Also have many friends who use these services	Feb 9, 2011 7:45 PM
123	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
124	I'm a mom of a consumer.	Feb 9, 2011 7:48 PM
125	Contracted Provider of Pediatriv Physical Therapy	Feb 9, 2011 8:38 PM
126	Speech Language Pathologist	Feb 10, 2011 9:09 PM
127	Speech-Language Pathologist for a non-profit agency	Feb 10, 2011 10:12 PM
128	Foster parent of consumer	Feb 10, 2011 10:21 PM
129	I am also a parent of a Consumer receiving Early Start services.	Feb 11, 2011 12:48 AM
130	Pediatric Occupational Therapist for 37 years all in the state of california. I worked at Fairview Developmental center for 9 years from 1974-1983 and have been around since all these laws were established.	Feb 11, 2011 1:42 AM
131	Program Director Adult Day Services	Feb 11, 2011 1:43 AM
132	Parent of two consumers who are disabled and a advocate for regional center consumers	Feb 11, 2011 2:37 AM
133	Concerned parent of a child with Multiple disabilities	Feb 11, 2011 5:44 PM
134	I am an employee of the Regional Center, and have been for 14 years.	Feb 11, 2011 6:46 PM
135	Both a Family member and a Board Member	Feb 11, 2011 7:01 PM
136	Optometrist, eye care specialist	Feb 11, 2011 8:33 PM
137	Public health professional	Feb 11, 2011 9:27 PM
138	Friend of consumer and consulting psychologist to Regional Center	Feb 11, 2011 10:46 PM
139	parent of a special needs child	Feb 11, 2011 10:57 PM
140	Vendor	Feb 11, 2011 11:44 PM
141	Speech-Language Pathologist	Feb 12, 2011 12:31 AM
142	I am a parent of a child with Autism and I am a Vocational Specialist.	Feb 12, 2011 6:28 AM
143	I am a mother of a child with Down syndrome and another child with developmental disabilities.	Feb 12, 2011 8:12 AM
144	Mom of 18 yr old adopted child with Fetal Alcohol Spectrum Disorder	Feb 12, 2011 3:07 PM
145	Special Education teacher and advocate for the disabled.	Feb 12, 2011 4:06 PM
146	And a family member of a boy with autism	Feb 12, 2011 5:27 PM
147	Past service provider; current contractor with a regional center	Feb 12, 2011 5:34 PM
148	and a special ed teacher	Feb 12, 2011 5:38 PM
149	Concerned citizen and tax payer	Feb 12, 2011 6:15 PM
150	Physical Therapist	Feb 12, 2011 8:50 PM
151	behaviorist	Feb 12, 2011 9:23 PM
152	My son has autism	Feb 12, 2011 10:21 PM
153	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

Early Start Services

1. I am a:

	Please Specify if Other	
154	Board Certified Behavior Analyst	Feb 13, 2011 3:24 AM
155	I am a service provider and a family member of a consumer	Feb 13, 2011 4:46 AM
156	I am the parent of a consumer as well as a service provider	Feb 13, 2011 6:00 AM
157	conservator also	Feb 14, 2011 3:35 AM
158	California Association for Behavior Analysis Board Member	Feb 14, 2011 5:41 AM
159	service provider employee and family member of a consumer	Feb 14, 2011 5:16 PM
160	Professor of Behavioral Clinical Psychology and director of the BCBA course-seres for post-graduate students.	Feb 14, 2011 7:50 PM
161	Adult Residential Facility Administrator/Licensee	Feb 14, 2011 8:19 PM
162	community member	Feb 14, 2011 8:42 PM
163	BCBA - Clinical Director	Feb 14, 2011 8:47 PM
164	Parent of a child who once qualified for services and researcher/professor/provider of Applied Behavior Analysis (ABA) services.	Feb 14, 2011 10:12 PM
165	BCBA and School Psychologist	Feb 14, 2011 10:40 PM
166	disablitity advocate	Feb 14, 2011 11:01 PM
167	Researcher/ Occupational Therapist	Feb 14, 2011 11:30 PM
168	I had my son evaluated by RCOC from referal from my Doctor and he was recommended for speech therapy and because due to the budget cuts I've yet to find someone that accepts my insurance and I'v been looking since August 2010. This is really sad that we as tax payers have less opportunities than if compared to someone in jail they would have these services provided with our tax dollars and my now 31 month old is the one that is sadly being forgotton. I've called over 12 different facilities and counting. So much for early start. So you see I can't call myself a consumer because I've yet to get any help for my son.	Feb 14, 2011 11:31 PM
169	Clinical supervisor for an Early Start Autism Intervention Program services and Early Intensive Program services.	Feb 14, 2011 11:39 PM
170	i am a foster parent of medically fragile and special needs infants.	Feb 15, 2011 12:41 AM
171	parent vendor for my son with special needs	Feb 15, 2011 1:10 AM
172	Both of my sons received services before the age of 3.	Feb 15, 2011 1:39 AM
173	I work for a company that works with children with autism.	Feb 15, 2011 2:41 AM
174	Mother of 2 disabled children	Feb 15, 2011 5:17 AM
175	Father of 2 consumers	Feb 15, 2011 5:35 AM
176	parent of two consumers	Feb 15, 2011 5:47 AM
177	Mother of 20 month old daughter	Feb 15, 2011 6:32 AM
178	Self-employed contractor/consultant	Feb 15, 2011 4:41 PM
179	Also a social worker for the county.	Feb 15, 2011 5:18 PM
180	I am a Mother of two children on the Autism spectrum that both recieve ABA services.	Feb 15, 2011 5:36 PM
181	Instructor working with developmentally disabled.	Feb 15, 2011 6:00 PM
182	Parent	Feb 15, 2011 6:09 PM
183	Temporary employee at Regional Center	Feb 15, 2011 6:15 PM
184	service provider - pediatric physical therapist	Feb 15, 2011 6:22 PM
185	My son has Autism and benefits greatly from Regional Center benefits.	Feb 15, 2011 6:36 PM
186	child advocate	Feb 15, 2011 6:41 PM
187	pediatric nurse practitioner and prescriber of services	Feb 15, 2011 6:50 PM

Early Start Services

1. I am a:

	Please Specify if Other	
188	I am a single parent of Autistic boy	Feb 15, 2011 7:21 PM
189	Behavior Specialist	Feb 15, 2011 8:09 PM
190	Service provider	Feb 15, 2011 10:34 PM
191	Service provider	Feb 15, 2011 10:56 PM
192	Special Education Administrator in a School District	Feb 15, 2011 11:12 PM
193	health care professional	Feb 15, 2011 11:54 PM
194	I am a family member of a consumer as well.	Feb 15, 2011 11:57 PM
195	special ed teacher	Feb 16, 2011 12:17 AM
196	Special Education Teacher Visually Impaired/Blind Birth to three years.	Feb 16, 2011 12:33 AM
197	Grandparent of a 4 year old with autism	Feb 16, 2011 2:20 AM
198	therapist providing services to children and families of need	Feb 16, 2011 3:46 AM
199	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
200	Parent of child in need of regional center services	Feb 16, 2011 4:03 AM
201	Parent of one child with autism and another child at risk for autism.	Feb 16, 2011 4:13 AM
202	general public	Feb 16, 2011 7:24 AM

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

	Response Text	
1	Early Start services should be given to those children who exhibit 25% or more delay	Jan 28, 2011 12:00 AM
2	Every child with a disability should receive this service. The early years of a child are the most crucial years. Please do not use "service standards" to put any limitations.	Jan 28, 2011 1:04 AM
3	those with a identified/defined developmental disability. those with high likelihood of becoming developmentally disabled (those with significant delays in cogntive function, motor skills, and language).	Jan 28, 2011 1:09 AM
4	The standards are approriate at this time. But I would like to see a child with a 25% delay in all areas of development receive services and be reevaluated for services in one year. I would also like children who reach age level in all areas of development stop receiving these services or the parents to then begin paying for part of the services these age appropriate children receive. They make great role models and that is why I say only partial payment. If they remain witht ES and are in a small group setting we benefit fromm them. At this time once a child is with ES its up to the parents if they want to close their case.	Jan 28, 2011 1:13 AM
5	BIGGER EMPHASIS TO EDUCATE PARENTS AND SUPPORTS FOR PARENTS.	Jan 28, 2011 1:19 AM
6	Children who are developmentally delayed by six months or more need to receive services.	Jan 28, 2011 1:23 AM
7	Early Start services provided by the regional centers should have the same eligibilty criteria as infant programs provided by the county offices of education.	Jan 28, 2011 1:25 AM
8	all babies who are at risk of developing a disabling condition and their families.	Jan 28, 2011 1:31 AM
9	All children at risk!	Jan 28, 2011 1:32 AM

Early Start Services

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

	Response Text	
10	children determined to be at risk by birth weight of developmental delay	Jan 28, 2011 1:41 AM
11	early intervention in the case of a premature infant may make the difference between the child becoming fairly self-sufficient, OR that of needing a lot of care and more services throughout their life.	Jan 28, 2011 1:44 AM
12	ICB	Jan 28, 2011 1:48 AM
13	0-3 year old infant and small children with developmental disabilities or with high risk.	Jan 28, 2011 1:53 AM
14	all children referred should be tested by an independent service provider not related to the regional center (and not under contract with them). this will provide objectivity.	Jan 28, 2011 1:57 AM
15	as soon as possible after the child's condition is identified.	Jan 28, 2011 2:01 AM
16	Children with a developmental disability or those at risk of a developmental disability, as well as the parents/caregivers of these children.	Jan 28, 2011 2:28 AM
17	all who may exhibit need or sibling of those effected	Jan 28, 2011 2:30 AM
18	A child with a developmental delay and who is at high risk or at risk for a developmental disability	Jan 28, 2011 2:44 AM
19	early start programs should be recommended , by a family physician.	Jan 28, 2011 2:48 AM
20	This is only an additional suggestion to current services: First born premature born babies should get a homevisit .every half year the first 2 years, and a phone call from the same person at age 2.5 and 3, to discuss a possible need for resources and to have their baby screened for delays. Parents of first borns have not always a clear view of appropriate growth and development. Not all premature born babies are seen at the follow up clinic at the hospital. It might be cheaper for the State if we can do child find under the age of three than when we wait till the child is older and will need special ed services through the education system. It might also help in preventing child abuse.	Jan 28, 2011 2:55 AM
21	I believe all children in the State of California should receive these services (minus illegal aliens).	Jan 28, 2011 3:08 AM
22	Early start should be available to babies with the most significant disabilities.	Jan 28, 2011 3:09 AM
23	Any child or baby who has signs or symptoms of a disability.	Jan 28, 2011 3:10 AM
24	We were not fortunate enough to have an RDI consultant in our area when our son was young so we have no comment on this section.	Jan 28, 2011 3:23 AM
25	I think there are a number of superb early intervention services standards out there, both by independent early intervention organizations and by other states. Governments don't have time to reinvent the wheel.	Jan 28, 2011 3:30 AM
26	Every child with a developmental disability or speech or cognitive delay	Jan 28, 2011 3:30 AM
27	Any child who is performing at least 25% below their chronological age in any developmental area.	Jan 28, 2011 3:41 AM
28	Any child who has a developmental delay will have a far better outcome if intervention services are started when young. It will save money in the long run.	Jan 28, 2011 3:43 AM
29	Lanterman Act. Needs of the consumer as written in the IPP	Jan 28, 2011 3:44 AM
30	The "Trailer Bill" is already a disaster! Increase the ability of folks with these children to access services in compliance with NRC and American Academy of Pediatrics standards. If clinical experts and doctors suggest services, these should be put in place.	Jan 28, 2011 3:47 AM
31	Any child who has been diagnosed with a developmental delay	Jan 28, 2011 3:56 AM
32	The current standards are appropriate.	Jan 28, 2011 3:59 AM

Early Start Services

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

	Response Text	
33	These services should be available to all children 0-36 months regardless of their insurance coverage. I have many parents complain that they are penalized for having health care coverage as they are directed to their insurer for services. These are generally the families that are paying taxes to support the services yet they are not able to utilize them free of charge, almost a reverse discrimination if you will. The previous guidelines regarding preemies appear more appropriate than the new ones, children referred for one service, say Child Development should automatically be screened for Occupational Therapy since there are many children with sensory integrative dysfunction that are being missed for early start services as the Child Development practicioners often miss the signals indicating difficulty. Some of these kids aren't picked up until 2.6, early intervention should be just that, early.	Jan 28, 2011 4:09 AM
34	EARLY ASSESSMENT AND IMPLEMENTATION OF SERVICES. I had to beg and beg for my severely autistic son to get assessed and get services. RC would not accept the diagnosis of outside medical professionals. If they don't have the resources to diagnose children, then they should accept outside diagnoses from qualified professionals.	Jan 28, 2011 4:09 AM
35	Any child who displays any delays in any significant area.... speech, motor, etc...	Jan 28, 2011 4:18 AM
36	Any child who is at risk or has a disibility.	Jan 28, 2011 4:21 AM
37	Services should be provided to 0-3 year of children with developmental delays or suspected delays because of diagnosis.	Jan 28, 2011 4:22 AM
38	CA is currently at the federal requirement for Early Start. We can't make the requirements any tighter.	Jan 28, 2011 4:30 AM
39	Any baby or young child who either has a disability or who the doctor thinks will have disability when they get older.	Jan 28, 2011 4:47 AM
40	Children with a need. No consideration should be made on race or income. Any child in need should be able to receive services needed to catch up.	Jan 28, 2011 5:45 AM
41	All young children in the categories listed should be provided services. It has been proven that early intervention can make a huge difference in the potential quality of life of children with disabilities.	Jan 28, 2011 6:32 AM
42	Parents and caregivers of infants and toddlers who are at risk for having, or already demonstrate, developmental delays. Families who have a child with a diagnosed condition such as hearing impairment, vision impairment, cerebral palsy, syndromes, etc. Services should be direct to the child, but also encompass the family. Parents need extreme support in the beginning to pave the way for helping their child to develop into the future.	Jan 28, 2011 6:39 AM
43	Do not adopt them.	Jan 28, 2011 6:46 AM
44	All Children SHOULD Have this service available!	Jan 28, 2011 6:56 AM
45	This is a program that I have watched for many years. It is a costly, extensive program that provides very little, if anything at all, in the way of meaningful services. Tracking children via this program could be incorporated within the service codes for ILS. Child development is a necessary component of teaching Independent Living Skills for any consumer with children. It is essentially duplicated with the Regional Centers Early Start Program.	Jan 28, 2011 7:00 AM
46	New borns who have developmental disabilihties/delays and parents.	Jan 28, 2011 7:12 AM
47	Babies (birth to 3 years old) who have developmental delays as determined by a trained professional.	Jan 28, 2011 7:15 AM
48	Every elegable child should receive early start services Every parent should receive early start training	Jan 28, 2011 3:05 PM
49	The earlier the better, as many children can have a much better and more independent outcome with early intervention.	Jan 28, 2011 3:16 PM

Early Start Services

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

	Response Text	
50	any infant with a disability	Jan 28, 2011 3:47 PM
51	Any baby who qualities	Jan 28, 2011 4:31 PM
52	The recent trailer bill should be revoked, and the early eligiblity criteria should be reinstated (such as allowing at-risk children to qualify). Taxpayer money is well spent on Early Intervention programs!!!!	Jan 28, 2011 4:34 PM
53	Any child identified with a need.	Jan 28, 2011 4:35 PM
54	birth to school age	Jan 28, 2011 4:37 PM
55	For those who truly need it and those truly asking for help/direction.	Jan 28, 2011 4:41 PM
56	Eligible at-risk children from ages 0-3.	Jan 28, 2011 4:46 PM
57	No problem with current eligibility requirements as long as we keep the Prevention Program.	Jan 28, 2011 4:59 PM
58	Once the insurance issue is settled, there needs to be a standard set on who pays for this service and the order of payment as well as a coordination of who pays for what. I hate hearing parents who are double and tripple dipping. For instance, if your child needs ABA service and your insurance covers it, who should pay-the Regional Center, the insurance, or if the child is over 3, the school district? How do you ensure that they all aren't paying and someone is pocketing the excess?	Jan 28, 2011 5:00 PM
59	A child is the most precious individual in the society. Any child that has or might have problems now or in their future deserves all attention to help that child succeed in life, regardless of income. Personnally to even think of taking from a child is unbelievable to me and my question to the person that even thought of cuting this would be how would you feel if your child got denied services.	Jan 28, 2011 5:01 PM
60	All the people currently receiving them and all the people cut off by the ridiculous proviions of AB9	Jan 28, 2011 5:04 PM
61	All children at risk!	Jan 28, 2011 5:07 PM
62	Individuals birth to three years of age, with any developmental disability, or who may be "at risk" for a developmental disability.	Jan 28, 2011 5:12 PM
63	Most of the early Start Children are not even United State Citizans. There problem is they do not know the English language. I do not think we could go to a different Country and receive services.	Jan 28, 2011 5:16 PM
64	Children under 3 with significant delays in social emotional, gross/fine, receptive/expressive language, cognitive areas. Children at risk due to early trauma, exposure to violence, drugs/alcohol, etc.	Jan 28, 2011 5:19 PM
65	Services should revert back to 0-3 and include the prevention children in Early Start once again. Serving the children earlier if far less expensive to the State then serving them in the school system later.	Jan 28, 2011 5:24 PM
66	far too many reports are required by the providers, far too much respite is offered - ALL PARENTS HAVE TO CARE FOR THEIR YOUNG CHILDREN- which means the families become dependent on it and want on going even if not appropriate.....	Jan 28, 2011 5:34 PM
67	Any child at risk of a delay. Current eligibilty standards and prevention services.	Jan 28, 2011 5:45 PM
68	all at risk and identified infants and children with special needs - early intervention is known effective and the earlier the better - this is an important place to put our state's resources	Jan 28, 2011 5:48 PM
69	Make the eligibility criteria the same for 0-3. Infants ages 0-3 should meet same eligibility critera as the toddlers ages 2-3 must meet (50% delay in one area or 33% in 2 areas). Not fund a service for a particular domain (such as speech therapy) unless is at least a 1/3 delay.	Jan 28, 2011 5:49 PM

Early Start Services

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

	Response Text	
70	Children with developmental delays Children at risk for developmetnal delays, i.e. prenatal drug exposure, premature babies, babies in foster care, etc.	Jan 28, 2011 5:52 PM
71	Any child under the age of 3 who demonstrates a significant delay (greater than 25%) in one or more areas of development.	Jan 28, 2011 5:54 PM
72	Anyone from birth to three who is at risk or has a diagnosed developmental delay	Jan 28, 2011 6:04 PM
73	Any individual who is diagnosed with a disability.	Jan 28, 2011 6:11 PM
74	Absolutely necessary. KEep at the current rates and amounts.	Jan 28, 2011 6:14 PM
75	This one is difficult because if you dont do the services now then the system may need to provide more services later. I would however recommend that you do not provide services until a doctor has formally diagnosed one of the 5 qualifying disabilities. Many of the children in early start never develop a developmental disability. FOr this reason I think we should only provide services to those people who actually have the formal diagnosis.	Jan 28, 2011 6:16 PM
76	Maintain the Prevention Program using current criteria. I understand that few if any children in the Prevention Program go on to status 2.	Jan 28, 2011 6:18 PM
77	Premature babies, at risk children (siblings of children with special needs), all children demonstrating delays beyond developmental norms in the areas of gross and fine motor development, receptive and expressive langauge, adaptive/self-help skills and social/emotional development.	Jan 28, 2011 6:28 PM
78	These services should be available to any child 0-36 months of age who has a known disability or who is at risk for a disability. I believe the Prevention Program is a disservice to many of these children, allowing them to "fall thru the cracks" and not get the necessary assistance they need to grow and develop.	Jan 28, 2011 6:29 PM
79	Definitely any child who is showing signs of disability at an early age. There is such a short window of opportunity.	Jan 28, 2011 6:31 PM
80	Children with mild to profound developmental disabilities should receive services. Some regional centers have become too restrictive and don't offer direct services to infants with even severe and profound disabilies. Excluding infacts from early intervention services is penny smart and pound foolish.	Jan 28, 2011 6:36 PM
81	Any infant or toddler who meets the eligibility criteria for Early Start.Part of the eligibiilty criteria is not only showing a delay or having an established risk condition, but there has to be a need for service.	Jan 28, 2011 6:43 PM
82	any child the ID Team identifies as needing early intervention	Jan 28, 2011 6:44 PM
83	All children who are at risk for a developmental disability should recieve Early Start Services, including premature infants. If we invest the money and effort now, we will find that children will be less likely to need special education and other related services once they turn 3. The cuts and changes to GGRC services have been dramatic and will no doubt impact the quality of life of children and thier families, as well as over-burden our already over-burdened school's.	Jan 28, 2011 6:56 PM
84	Anyone with developmental disabilities who has this identified as a need in their IPP	Jan 28, 2011 7:07 PM
85	Current methods of determining eligibility are sufficient. Standards should not be changed or made more difficult to meet. These services are vital to future development of child into a productive citizen. Saving money on these services will only result in more funds being spent later on for adult services.	Jan 28, 2011 7:12 PM
86	Limited funds suggest that the Regional Center shoud focus on individuals the state is responsible for--adults over the age of 18 years. Services to children are neccessary but should recieve funding from the public school system or other early intervention funding.	Jan 28, 2011 7:16 PM

Early Start Services

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

	Response Text	
87	When parents and professionals have assessed a child to determine that the child is delayed should qualify them to receive early intervention.	Jan 28, 2011 7:18 PM
88	Families with infants or young children under three should be able to access these services if they can commit to the family participation requirements and if research shows that improvement is likely if access to these services is provided.	Jan 28, 2011 7:20 PM
89	I firmly believe that no services should be provided to any individual that is not a legal resident/citizen of this country.	Jan 28, 2011 7:21 PM
90	Children who are are suspected of having a disability by parents, doctors etc or those who have a sibling with a disability since the risk tend to be higher.	Jan 28, 2011 7:22 PM
91	I think people who are citizens with social security numbers and proof of Ca residency should receive these services. Our state cannot afford to support those who are not paying into the system. Bottom line.	Jan 28, 2011 7:24 PM
92	REVERSE the prevention program and get all of our kids back in Early Start!!! You are only delaying the inevitable and pushing off the kids on the schools. By the time the kids are going to be in Kindergarten, they are going to have a tougher time catching up. This change is yet another example of Service Coordinator confusion causing inaction that hurts the kids. Plus, the clinicians in the community now believe that most kids they refer to Early Start won't be eligible so this makes me wonder if they even refer them anymore.	Jan 28, 2011 7:30 PM
93	all in question should receive a thorough testing opportunity.. I have been a care home operator for over 30 years starting when the consumers were being integrated from state hospitals to the community. I KNOW early intervention is critical..and in many cases will PREVENT the need for long term services. I have living proof one of my former seriously autistic children is now as an adult employed in this same field and fully independent. Although that is not a typical case...early intervention will prevent most of the very expensive services..medical care , durable medical equipment etc	Jan 28, 2011 7:35 PM
94	These services should continue to be provided for children who have the required 33% delay in two qualifying areas or 50% delay in one qualifying area.	Jan 28, 2011 7:37 PM
95	Any child who has had a traumatic birth, premiees, any one with a syndrome, or sign of not being age level in development, and any child who is not babbling by age 1 y.o.	Jan 28, 2011 7:43 PM
96	Service standards need to follow the established laws regarding natural environment.	Jan 28, 2011 7:44 PM
97	Those who have physical or cognitive disablities that would allow them to benefit from early intervention and therapies.	Jan 28, 2011 7:47 PM
98	Although the service standards recently changed I believe that it will actually be more cost effective to keep that from 6months and up. Reason being early diagnosis can be preventive for future illness and cost and the same applies here with diagnosis of such conditions as autism and down syndrome.	Jan 28, 2011 7:54 PM
99	Change the requirements for children 24 month and older to a 1/3 delay instead of a 50% delay in one developmental area. Too may children are falling through the cracks, then impacting the schools at age 3 year.	Jan 28, 2011 8:02 PM
100	Children who are at risk or have a developmental delay under 5 years old.	Jan 28, 2011 8:02 PM
101	OT should be for kids over age 18 months. speech should be for kids over 24 months. useliess for kids under 24 months. no speech services for severely autistic or profoundly retarded children; waste of their time. they need behavior services, not specialized.	Jan 28, 2011 8:03 PM
102	As early as possible	Jan 28, 2011 8:05 PM

Early Start Services

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

	Response Text	
103	Persons who are determined by a health care professional not affiliated or funded by the regional center as needing services. Currently health care providers will refer, and regional centers will deny/stall for time/ignore referrals while parents learn how to effectively advocate. Early intervention should address all these areas of service regardless of delay identified by a regional center employee. Currently regional centers are giving children only speech, ignoring other possible areas of need to increase the consumer's capacity in one area of disability therefore creating a person who is disqualified from services at age 3. All parents should be trained in how to appropriately assess their child's behaviors and confidently share those behaviors with the professionals that work with their children.	Jan 28, 2011 8:41 PM
104	services should not end at age 3 - some kids are not even diagnosed by age 3. Early start should begin at age 0 and continue on until it makes sense - base it on the child - not an age	Jan 28, 2011 8:41 PM
105	All young children who qualify.	Jan 28, 2011 8:45 PM
106	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 8:46 PM
107	Anyone with developmental disabilities who has this identified as a need in their IPP	Jan 28, 2011 8:48 PM
108	Birth to 3 who have a 1/3 deficit in speech/language, or a specific disability such as mental retardation, autism, high risk. Many regional centers are using early intervention teachers in lieu of the speech therapist as a cost saving measure. This is resulting in poorer outcomes for the children with speech/language delays. Early intervention teachers are not highly skilled or experienced. They tend to just play with the children rather than providing specialized intervention.	Jan 28, 2011 8:50 PM
109	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 8:55 PM
110	Early Start is proven to save money by reducing or eliminating the need for future services. Service eligibility should be broadened, not decreased.	Jan 28, 2011 9:04 PM
111	All such children who present with disabilities or who are deemed at risk for the presence of disability. This piece is falling apart against all peer-reviewed studies and data (and rhetoric) about positive outcomes with early intervention. By the way, monitoring and referral for parents to try to access services on their own is NOT intervention by any stretch of the imagination.	Jan 28, 2011 9:05 PM
112	All children at risk!	Jan 28, 2011 9:09 PM
113	See reply to Behavior Services	Jan 28, 2011 9:19 PM
114	Any child who is not developing appropriarly up to age 3.	Jan 28, 2011 9:30 PM
115	all infants who fit the eligibility criteria	Jan 28, 2011 9:42 PM

Early Start Services

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

	Response Text	
116	First of all, your description above is woefully inadequate. Who wrote this? Early Start is ages 0-3, not one and two year olds. Services are for BOTH children with delays and children with established disabilties (i.e. identified at birth). Nothing is mentioned about the proactive approach to increasing and optimizing development to add to a child's growth trajectory not to mention to lessen the child's dependence on specialized services later in life. Continue outreach to all children/families ages 0-3. Bring back the previous criteria that includes children identified as "AT RISK" who are now excluded from Early Start services, as we are seeing these children return from an inadequate "Prevention Program" into Early Start due to their regression from having services discontinued in the first place.	Jan 28, 2011 9:46 PM
117	Children with an established disability Children with a 25-30% delay in cognition, language, motor, social-emotional or adaptive development Children at risk for developmental delay due to having a parent with mental retardation, prematurity or drug exposure	Jan 28, 2011 9:53 PM
118	0-5 year olds	Jan 28, 2011 9:54 PM
119	Children ages birth-36 months who fit the Federal definition for Early Start Services.	Jan 28, 2011 10:02 PM
120	children 0-=3 years who demonstrate delay of 6 months in communication, cognition, motor development or are at risk for those delays.	Jan 28, 2011 10:05 PM
121	Any child who is at risk of developing a deficit in any area of development should get services.	Jan 28, 2011 10:16 PM
122	Any child at risk for/or with a disability.	Jan 28, 2011 10:18 PM
123	The Prevention program is working. Please keep eligibility for both programs the same.	Jan 28, 2011 10:36 PM
124	Any clients who really need them and can provide proof of the eligiblity.	Jan 28, 2011 10:40 PM
125	To any small children that are under 2-years old that are born with or diagnosed with disability/ies.	Jan 28, 2011 10:47 PM
126	speaking to eligibility and percentage of delay for children 2 and over should be reversed to the original 33% delay. Children who are presenting with 33% are still significantly delayed and should not be considered as not needing services. children in the at risk catogory should be monitored by a therapist, not send out on a prevention program. These children typically come back to have to fund for another reassessment. That would save monies. Regarding participation, onlly really committed families should be served.	Jan 28, 2011 10:48 PM
127	all RC eligible who apply. Family pays 1% of total cost per session.	Jan 28, 2011 10:59 PM
128	Everyone who would benefit from the service.(Evaluate "prevention program", seems like to many at risk infants and children are having to wait for services until their disability is more pronounced. This defeats the purpose and effectiveness of Early Start.	Jan 28, 2011 11:02 PM
129	All children with suspected disabilities should have access to services.	Jan 28, 2011 11:09 PM
130	Infants and young children who are not meeting developmental milestones and are at risk for not making appropriate progress later due to physical (fine motor or gross motor) or language delays.	Jan 28, 2011 11:12 PM
131	Babies and small children who qualify for Regional Center services or at risk for disability.	Jan 28, 2011 11:17 PM
132	All children diagnosed with a disability for which they are referred fo early jintervention services by a health professional or parent	Jan 28, 2011 11:28 PM

Early Start Services

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

	Response Text	
133	Should be based on a significant delay in one area or a smaller delay in two or more. More outreach for speakers on languages other than English on availability of services.	Jan 29, 2011 12:03 AM
134	Should go to neediest infants (i.e. ones with most issues or most severe issues) first.	Jan 29, 2011 12:04 AM
135	All who qualify as disaled. Early start services are very crucial to give a child with disabilities an appropriate education for a more productive life.	Jan 29, 2011 12:12 AM
136	Any infant/toddler functioning 10% below their developmental age level	Jan 29, 2011 12:32 AM
137	Children 0-3 years of age. However, if the child is turning 3 during the summer months, services should be extended till the start of the school year (when the enter pre-school) so as not to create a lapse in services.	Jan 29, 2011 12:38 AM
138	All children screened by and referred by a Regional Center caseworker should receives the noted services ASAP. Time is crucial for young children with special needs. The earlier services are started the more effective they are and some cost savings in future years will occur because the child will be more able to interact in society and school.	Jan 29, 2011 12:39 AM
139	All infants and young children from birth to 3 that have an identified disability or are truly at risk due to family, economic or environmental circumstance are at risk.	Jan 29, 2011 12:55 AM

Early Start Services

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

	Response Text	
140	California Early Intervention Services Act California Government Code Division 14. California Early Intervention Services Act Chapter 4. Eligibility	Jan 29, 2011 12:56 AM

95014. (a) The term "eligible infant or toddler" for the purposes of this title means infants and toddlers from birth through two years of age, for whom a need for early intervention services, as specified in the federal Individuals with Disabilities Education Act (20 U.S.C. Sec. 1431 et seq.) and applicable regulations, is documented by means of assessment and evaluation as required in Sections 95016 and 95018 and who meet one of the following criteria:

(1) Infants and toddlers with a developmental delay in one or more of the following five areas: cognitive development; physical and motor development, including vision and hearing; communication development; social or emotional development; or adaptive development. Developmentally delayed infants and toddlers are those who are determined to have a significant difference between the expected level of development for their age and their current level of functioning. This determination shall be made by qualified personnel who are recognized by, or part of, a multidisciplinary team, including the parents. A significant difference is defined as a 33-percent delay in one developmental area before 24 months of age, or, at 24 months of age or older, either a delay of 50 percent in one developmental area or a 33-percent delay in two or more developmental areas. The age for use in determination of eligibility for the Early Intervention Program shall be the age of the infant or toddler on the date of the initial referral to the Early Intervention Program.

(2) Infants and toddlers with established risk conditions, who are infants and toddlers with conditions of known etiology or conditions with established harmful developmental consequences. The conditions shall be diagnosed by a qualified personnel recognized by, or part of, a multidisciplinary team, including the parents. The condition shall be certified as having a high probability of leading to developmental delay if the delay is not evident at the time of diagnosis.

(b) Regional centers and local educational agencies shall be responsible for ensuring that eligible infants and toddlers are served as follows:

(1) The State Department of Developmental Services and regional centers shall be responsible for the provision of appropriate early intervention services that are required for California's participation in Part C of the federal Individuals with Disabilities Education Act (20 U.S.C. Sec. 1431 et seq.) for all infants eligible under Section 95014, except for those infants with solely a visual, hearing, or severe orthopedic impairment, or any combination of those impairments, who meet the criteria in Sections 56026 and 56026.5 of the Education Code, and in Section 3030(a), (b), (d), or (e) of, and Section 3031 of, Title 5 of the California Code of Regulations.

(2) The State Department of Education and local educational agencies shall be responsible for the provision of appropriate early intervention services in accordance with Part C of the federal Individuals with Disabilities Education Act (20 U.S.C. Sec. 1431 et seq.) for infants with solely a visual, hearing, or severe orthopedic impairment, or any combination of those impairments, who meet the criteria in Sections 56026 and 56026.5 of the Education Code, and in Section 3030(a), (b), (d), or (e) of, and Section 3031 of, Title 5 of the California Code of Regulations, and who are not eligible for

Early Start Services

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

	Response Text	
140	as established annually by the State Department of Education in consultation with the State Department of Developmental Services and the Department of Finance. (d) No agency or multidisciplinary team, including any agency listed in Section 95012, shall presume or determine eligibility, including eligibility for medical services, for any other agency. However, regional centers and local educational agencies shall coordinate intake, evaluation, assessment, and individualized family service plans for infants and toddlers and their families who are served by an agency. (e) Upon termination of the program pursuant to Section 95003, the State Department of Developmental Services shall be responsible for the payment of services pursuant to this title.	Jan 29, 2011 12:56 AM
141	All "at risk" children from ages 0-3 years of age.	Jan 29, 2011 1:27 AM
142	Those who need these services should recieve these service. It shouldn't be age based. Regional center is very good about getting kids diagnosed early and getting services started early. But you shouldn't be dropping kids at age three regardless, which I've heard parents report. Children should be transitioned gradually, many are dropped on their third birthdays.	Jan 29, 2011 1:39 AM
143	Any child who is currently demonstrating developmental delay, regardless of whether or not a diagnosis has been received should receive Early Stat services.	Jan 29, 2011 1:59 AM
144	Trailer bill language from FY09/10 cuts of $334 million state wide achieved significant savings in early start. This may end up being a curse on our system because these infants/toddlers could come into the system later and need more services. I would not add any more standards in this area.	Jan 29, 2011 2:48 AM
145	Two and three year olds	Jan 29, 2011 2:51 AM
146	all consumers within age requirments at risk	Jan 29, 2011 3:07 AM
147	no one	Jan 29, 2011 3:13 AM
148	Any child who truly needs them.	Jan 29, 2011 3:42 AM
149	All	Jan 29, 2011 4:02 AM
150	anyone who wants it	Jan 29, 2011 4:38 AM
151	all babies and small children who were assessed by the pediatrician to have a disability. Early intervention is a must to help the child minimize or reduce the problem.	Jan 29, 2011 4:43 AM
152	Any child under three who shows a disability or at risk	Jan 29, 2011 4:45 AM
153	all kids at risk; restore previous eligibility standards - these services can help kids 'outgrow' their diagnoses!	Jan 29, 2011 5:10 AM
154	Current standards are appropriate. We have already eliminated many children from receiving services when the eligibility guidelines were tightened 1-2 years ago.	Jan 29, 2011 5:27 AM
155	Every family with an infant/toddler meeting the qualification criteria for regional center services.	Jan 29, 2011 5:59 AM
156	The current standards, but adding anyone the Docs or parents see at risk, including OCD; Autism spectrum; Pervasive developmental disorder.	Jan 29, 2011 6:08 AM
157	any referred child	Jan 29, 2011 6:22 AM

Early Start Services

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

	Response Text	
158	Any child who has been diagnosed with a PDD or who is at risk for PDD. Consideration should be given to a child having siblings with a PDD. Early Start is VITAL. Under the last round of regulation changes, this program was gutted. Currently, it is nearly impossible to receive appropriate services for a child under 3. For a child who has autism, there is no single more important thing you can provide than early and intensive intervention. For those families who did receive approval for an intensive program, the services were not provided because parents were told that generic funding sources must be exhausted first. Additionally, parents with any insurance coverage were told by SARC that they would not pay co-pays. This was a de-facto denial of services for most families since co-pays for a 20 hour ABA program run around $2k/mo.	Jan 29, 2011 6:25 AM
159	ANY child at risk for disability, diagnosed or not. They could be referred by doctors or schools.	Jan 29, 2011 7:14 AM
160	Any child who is identified as dvelopmentally delayed	Jan 29, 2011 7:18 AM
161	I have seen first hand how Early Start on a 9 months old has far reaching benefits on a person. This operson I observed is now 7 years old, in regular school and oing well.	Jan 29, 2011 7:26 AM
162	Babies who have a delay in any or all of the five areas of development should be offered infant program services with consent by the parents.	Jan 29, 2011 7:32 AM
163	Autism children	Jan 29, 2011 7:38 AM
164	Any child identified through comprehensive evaluation to be delayed in any one area of functioning.	Jan 29, 2011 7:39 AM
165	Those qualified by a specialist as soon as possible.	Jan 29, 2011 8:23 AM
166	Every child in California should be able to receive these services from birth to age 5.	Jan 29, 2011 8:40 AM
167	1 standard deviation below the mean in one area of development should trigger the purchase of services in early intervention to alleviate the problem early and prevent significant delay and increased cost.	Jan 29, 2011 8:43 AM
168	Keep the current eligibility requirements without change.	Jan 29, 2011 4:29 PM
169	The current eligibility criteria seems appropriate at this time.	Jan 29, 2011 5:07 PM
170	I think the child should begin receiving services as soon as the doctor suspects the child is showing signs or is at risk for developing a disability. The earlier the services begin, the better chance the child has of possibly being able to stop the progression of the disability, especially in the case of autism.	Jan 29, 2011 5:35 PM
171	Any child with a behavioral disabilitty. Those who do not have any health insurance.	Jan 29, 2011 5:41 PM
172	All children with a disability or suspected of having a disability should be allowed to participate in Early Start SErvices. All research supports that Early Intervention is a good investment and gives children the best start possible.	Jan 29, 2011 6:24 PM
173	Those with a diagnosed intellectual disability. I do not believe it should be provided for speech articulation disabilities only.	Jan 29, 2011 7:06 PM
174	Having accurate assessments of children, having people that are experieneced with autism doing the assessments of suspected autism cases. It is a waste of time and resources to send out someone who knows very little about autism to assess for autism.	Jan 29, 2011 7:41 PM
175	All children diagnosed w/developmental delays or on the autism spectrum should receive access to a day program offering applied behavior analysis or school support/aide. They should also have access to speech therapy, occupational therapy as needed.	Jan 29, 2011 8:08 PM

Early Start Services

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

	Response Text	
176	Again, research at the U.C. Davis M.I.N.D. institute suggests that babies as young as 12 months can be identified with autistic like symptoms. Following the EARLY START DENVER MODEL all children who are assessed "at risk" for neurological or developmental delays, especially autism should receive intensive EARLY START ASSESSMENT as prescribed in the book by Sally Rogers. Many children with disabilities go unidentified until they enter preschool school at age 3. The CA STATE SCHOOL System is currently ill equiped to handle the influx of children with autism in AUTISM SPECIFIC CLASSROOMS. The American Academy of Pediatrics suggests that a 25 hour weekly school program is the minimum intervention and the standard of care for 3 year olds with autism. Have the CALIFORNIA STATE DEPARTMENT OF SPECIAL EDUCATION reveal how many Autism Specific Special Education Classrooms currently exist in EVERY school district throughout the State of Ca. Once those numbers are revealed ask those TEACHERS what the service standards should be for a child entering an Autism Specific Classroom at age 3. The State of California is already UNABLE to adequately serve all children with autism who are preschool aged. Therefore Early Intervention Services targeted to parents from age 0-6 are ESSENTIAL in saving the STATE of CA money in the long run. NOW MORE THAN EVER Early Inteventin is the key!!!! Infant development programs are essential, along with family training, early intenstive behavioral services, specialized therapy, speech pathology OT and PT.	Jan 29, 2011 9:27 PM
177	Parents of babies with disabilities are in severe need of early service due to the disability itself and the psychological trauma of such a birth. Where only the possibility of such a need appears, services should be delayed until there is specific evidence of the disability.	Jan 29, 2011 9:33 PM
178	ALL DISABLED INFANTS AND HIG RISK SHUOUL HAVE ACCES TO PROGRAMS TO PREVENT FUTHER DISABILITIES AND HAVEA BETTER CHANCE TO MAKE GAINS WE KNOW ARE POSSIBLE WITH EARLIEST AND ONGOING INTERVENTION, INITIALLY IN HOME, THENM IN COMMUNITY CEMTER BASED PROGRAMS ESSENTIAL SERVICES TO FAMILIES CRITICAL IN INFANT CHILD'S DEVELOPMENT! INCLUDE A RESPITGE CARE COMPONEMT	Jan 29, 2011 11:43 PM
179	Keep current standards	Jan 29, 2011 11:51 PM
180	Children at risk of developmental delay from any cause in the birth to 3 year old age category should be eligible. Preventing disability is much easier than coping with a lifelong disability. Early intervention works.	Jan 29, 2011 11:58 PM
181	Often a child is not referred for services until after they begin preschool, and it seems that Regional Center sometimes tries their best to defer beginning services so that the child can be referred to the school district. This is unfortunate, as Regional Center services are much better than those available through the school district, and often precious time is lost during the 4 - 6 months of delay.	Jan 30, 2011 12:25 AM

Early Start Services

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

	Response Text	
182	As an Early Start Service Coordinator, I find the Prevention Program for over 2 year olds to be unecessary. Parents don't really see the benefit to meeting with the SC for monitoring alone and SCs don't have time to provide direct services, like developmental screening and parent training. However, there is some benefit to providing the Prevention Program to newborns who fit the high risk criteria, but the screening should not be done by Service Coordinators who do not have time or the training to do developmental screenings. Eligibility for high risk babies in Prevention should be time limited if they do not show a delay after 6 months in the program.	Jan 30, 2011 12:54 AM
183	I like the new Prevention Program. It needs to be understood better, though.	Jan 30, 2011 12:56 AM
184	50% delay in one or more developmental area. Delay should not be a function of lack of opportunity.	Jan 30, 2011 1:23 AM
185	1) The new requirements of Oct. 2010 - prevention and early start - appear more reasonable. 2) Consideration should be taken as it pertains to service provision. Babies get tossed back and forth between the school district, CCS, Medical Insurance, and Early Start. All babies should be served under one umbrella.	Jan 30, 2011 3:17 AM
186	Any child with a developmental disability, diagnosed or strongly suspected, should receive these services.	Jan 30, 2011 4:08 AM
187	Referral by a primary doctor or specialist.	Jan 30, 2011 6:27 AM
188	Infants up to 3 years old who have a disability or are "at risk".	Jan 30, 2011 6:27 AM
189	Every child must be screened! The pediatric society says to do it, but it doesn't happen. Not really. I hear that doctors are afraid to screen because then they have to do something about it. How stupid and shameful. Don't we know that if we do more now we save so much later? Why are they even doctors if they are hiding from helping? It should be a law. Teach them how to do it and make them do it. And every family should have help in connecting with their babies and children, and the ones who are having trouble should get help. A parent knows - if a parent thinks there is a problem, THEN THERE IS A PROBLEM. Even if it is a matter of educating a parent about what's normal everyone needs this support. Otherwise we miss so many problems (yup - happened to my son, just not listening to us). Also, parents are so often in denial. We had worries and denial mixed together - and I think a lot of people do. So doctors need to screen and follow up to help parents move toward getting help. I am sure we won't catch every child with problems, but it will help.	Jan 30, 2011 4:23 PM
190	ALL DD infants and toddlers should receive ES services, and there should in fact be an increase in child find programs and outreach. Early Intervention is the single most important factor in many of these childrens' lives. We find numbers of kids in our special ed practice who are "late identified" (or never identified at all) and thus miss out on so much that could be done to help them and their families. There is no dispute within the parent and advocate community that school district services are far less effective than those provided through ES. That said, RCs need to implement a strong statewide committment to the dispute resolution process contained in AB140. Sorry these are more comments than service standards per se.	Jan 30, 2011 5:57 PM
191	Infants as young as 6 months old may display signs of being at-risk. The new research coming out shows that families can tell that there is something "off" about their infant and that they are more often than not right! We need early screening and we need to invest in early start services for infants and young children as soon as possible. It will save money in the long run!	Jan 30, 2011 6:27 PM
192	Children who are presenting a 50% or greater delay in one area or 2 areas of development that each present a 33% or greater delayfor 24 months old or older. Children under 2 years old should present a 33% or greater delay in 1 area of development.	Jan 30, 2011 8:11 PM

Early Start Services

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

	Response Text	
193	Childen who have difficulty with language and/or speech should be helped.	Jan 30, 2011 9:07 PM
194	any child with developmental delay especially autism and aspergers spectrum	Jan 30, 2011 9:07 PM
195	Any child that shows a need for them. The earlier that a child is diognosed and treated the better.	Jan 30, 2011 10:33 PM
196	Should receive services if severely or physically handicapped.	Jan 30, 2011 11:28 PM
197	At risk children should again be made eligible for ES services	Jan 31, 2011 12:04 AM
198	I recommend that the eligibility criteria be tightened.	Jan 31, 2011 12:09 AM
199	Babies and children with a 30% delay in any one modality, or those at risk for delay due to prematurity or environment.	Jan 31, 2011 1:30 AM
200	All children who have been diagnosed with a disability, or who are at risk of being diagnosed with a disability, should receive these services. Early intervention services are the most cost effective because often children with developmental disabilities such as autism can significantly improve with early intervention.	Jan 31, 2011 4:02 AM
201	All children and family who have or will have disability should get early intervention.	Jan 31, 2011 7:14 AM
202	Children ages 0-2.11 who are at risk of developing a developmental, physical, or social delay should receive these services.	Jan 31, 2011 3:48 PM
203	kids over 2 and language delays only = 2x week preschool in neighborhood preschool or weekly groups with other paretns and little ones, save weekly IDS and speech therapy for more involved children Stop the practice of consultation unless needed -	Jan 31, 2011 3:57 PM
204	children under age three who meet eligibility under the Federal guidelines	Jan 31, 2011 4:02 PM
205	Early start is a vital service for children and families. This has been proven in many states across the United States. After assessment, parent training either in group or home-based should be mandatory before beginning any early start service. Based on the needs of the child, related services should be offered for in-home and center based services.	Jan 31, 2011 4:20 PM
206	Early start for children with significant problems. I would mnot inlcude children considered "at risk" or "highly at risk". Many assessment tools to determine the needs are not appropriate for diverse community.	Jan 31, 2011 4:22 PM
207	All children under 3 with a demonstrated disability OR who shows to be at-risk.	Jan 31, 2011 4:33 PM
208	Babies and toddlers who appear to have delays should be assessed and provided with services.	Jan 31, 2011 4:39 PM
209	Children under 3 years of age who's development is 25% or below age level in 2 or more areas, or 33% below in one area.	Jan 31, 2011 4:46 PM
210	Kids with disabilities.	Jan 31, 2011 4:46 PM
211	any baby or small children at risk of a developmental disability	Jan 31, 2011 5:05 PM
212	The Trailer Bill changed eligibility for Early Start last year. The criteria that was determined under the Trailer Bill sets the standard for "who" should receive these services.	Jan 31, 2011 5:23 PM
213	...same...	Jan 31, 2011 5:31 PM
214	All infants and young children that have an identified disablity as well as being at risk of being developmentally disabled.	Jan 31, 2011 5:59 PM
215	children presenting with developmental delay, gross motor, fine motor, speech, cognitive, emotional/ behavioral. Families should utilize prv insurance for ongoing services. May access insurance or RC first.	Jan 31, 2011 6:03 PM

Early Start Services

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

	Response Text	
216	ideally, integrate with early headstart (with "typical" children). This should be a win-win for both cohorts, as the Early Start providers would not only know the development piece, but also the skills and resources to help with the children who need more support. Though Early Headstart are required to find children with special needs, this hasn't succeeded very well in the past (not sure about last year, with the break-out of the DD early childhood Prevention program). It would be good if Regional Centers were also mandated to help plug children into Early Headstart programs near the child's place of residence.	Jan 31, 2011 6:10 PM
217	The Regional Centers are doing a good job qualifying children for 0-3 - guidelines appear to be being adhered to. Prevention program should have a 1x/mo monitoring from a licensed professional	Jan 31, 2011 6:10 PM
218	Terminate prevention cases (PPP) and have those children re-referred at a set interval if milestones are not achieved.	Jan 31, 2011 6:16 PM
219	Include referrals from Department of Social Services	Jan 31, 2011 6:23 PM
220	I feel that the current regulations for how a child qualifies for Early Start are effective and should stay in place. I especially agree with guidelines for how a child qualifies for a "speech only" delay. If over two years old, the child must have a 50% delay or be demonstrating 2 one third delays to qualfy for Regional Center services. I also feel that each regional center should be allowed some room for "administrative decision" - (i.e. a child does not exhibit a qualifying delay but shows significant concerns for an Autism Spectrum Disorder - this child should qualify by team decision to pursue further diagnostic evaluation).	Jan 31, 2011 6:32 PM
221	Any child with a developmental or physical disability as defined by generally accepted diagnostic protocols	Jan 31, 2011 6:49 PM
222	Respite service no longer available, unless the family has two our more children. The parents have an resppnsibility to supervise their infants or pay for supervsion at times when the parent is away from the family home.	Jan 31, 2011 6:59 PM
223	The eligibility should be returned to the pre 2009 definition. High risk children are those for whom there is often the greatest opportunity for making a life long impact and preventing children from having to require ongoing special education and regional center services. Services should be provided and FUNDED for the parents of children receiving services.	Jan 31, 2011 7:11 PM
224	Children 0-3 years old who have a developmental delay or who are at risk for developmental delay.	Jan 31, 2011 7:28 PM
225	Any child diagnosed with autism who exhibits delays in communication, social referencing, excesses in self injury or stereotypical responding should be enrolled in Early Intensive Behavioral Services. Any child suspected but not yet confirmed as ASD should also recieve EIBI services.	Jan 31, 2011 7:49 PM
226	Parents/Family members/Caregivers who are willing to learn what interventionists can offer to become the best teachers/therapists for their children. If no participation is observed in the first 3 months of service, terminate the service and close the case.	Jan 31, 2011 7:54 PM
227	High risk babies, toddlers who are showing developmental delay in any area, babies and toddlers referred by pediatricians or any other professional in the health and developmental field.	Jan 31, 2011 8:15 PM
228	age 3 & 4 - same as now or same as it was 2003-2005	Jan 31, 2011 8:27 PM
229	All children who are at risk of having a disability.	Jan 31, 2011 8:27 PM

Early Start Services

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

	Response Text	
230	All children recognized as "at risk" should be receiving developmental screenings at the very least. Fact: 78% of children birth to 3 years who receive early intervention services do not require life-long services. If we do not provide these individualized services, what is the prospect for the children? their families? our society? Fact: 95% of brain development occurs in the first 5 years. For an infant every month counts. To "skip" important developmental services until a delay presents itself further down the line is a crime to the child, the family and to society.	Jan 31, 2011 8:31 PM
231	At risk children or children who have siblings with disabilities.	Jan 31, 2011 8:44 PM
232	Only U.S. citizens should be eligible. I work in San Diego and I cannot tell you how many people lie about their address to obtain services. They use someone else's address, and come across the border for services. If the parents are tax-paying citizens, they should be eligible. The continual provision of services to illegals or non tax payers is increasing the deficit.	Jan 31, 2011 8:49 PM
233	anyone showing developmental problems even if they are small so that they will not develope into big problems in the future because they did not have interventions early on.	Jan 31, 2011 8:54 PM
234	Early start services are so important, and can save money in the long run.	Jan 31, 2011 9:09 PM
235	No services. Early Start services should be eliminated. Parents should be responsible to pay for services for their own children	Jan 31, 2011 9:09 PM
236	Foster Children are often drug exposed or at high risk for developmental issues and should be screened as soon as possible. Any child who is determined to be at risk or disabled by a doctor should be refered to regional center.	Jan 31, 2011 9:17 PM
237	a. Infants and Toddlers who have demonstrated more than a 3 month delay in any one domain should receive that specific service b. Infants and Toddlers who have demonstrated more than a 3 month delay in two or more domains should be in an infant deelopment program c. Infants and Toddlers with at-risk diagnoses should be monitored and parents trained to watch for specific signs indicating delay	Jan 31, 2011 9:20 PM
238	All children should be served in their home or in a program that is fully integrated with peers or typical community program where supports can be provided to support child in the typical setting.	Jan 31, 2011 9:22 PM
239	Anyone with developmental disabilities who has this identified in as a ned in their IPP	Jan 31, 2011 9:24 PM
240	Infants and toddlers who have established risk for developmental disabilities and/or speech and language disorders should receive these services. Conditions that are diagnosed at birth should automatically qualify the child for early intervention. Conditions that are usually not diagnosed until later (e.g. autism), should be promptly addressed. Assessment for children under the age of 3 should be conducted immediately, results disclosed, and, when necessary, early intervention should be provided.	Jan 31, 2011 9:30 PM
241	any child diagnosed with a condition that has proven to cause children to regress, become delayed or which can cause problems with developing strong, appropriate, healthy relationships. Examples, Autism, speech delays, Cerebral Palsy, Traumatic Brain injury, Epilepsy, seizure disorders, adoption, Foster care children with multiple placements, neglect, Post traumatic Stress Disorders and other maladaptive conditions.	Jan 31, 2011 9:39 PM
242	Develop a holistic approach and move past the departmentalization of services	Jan 31, 2011 9:54 PM
243	same as other programs	Jan 31, 2011 9:55 PM
244	Any child under the age of 3 who would benefit from early intervention that may eliminate or decrease need for future services.	Jan 31, 2011 9:59 PM

Early Start Services

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

	Response Text	
245	Children below the age of three who have developmental delays of more than 25% in two or more of the domains.	Jan 31, 2011 9:59 PM
246	Premature infants, all infants born with special needs and those whom medical professionals assess may have developmental delays.	Jan 31, 2011 10:03 PM
247	any infant/ toddler who is in need of service.	Jan 31, 2011 10:16 PM
248	Triage method; who will (or can) benefit.	Jan 31, 2011 10:26 PM
249	dklkrel	Jan 31, 2011 10:29 PM
250	Children from 0-3 years old with an established developmental delay AND those at risk.	Jan 31, 2011 10:54 PM
251	Any child demonstrating a significant delay in their development. At-risk services could include service coordination.	Jan 31, 2011 11:06 PM
252	Children under 18 months of age should not be evaluated for speech therapy or receive speech therapy on ongoing basis, period. EIBTT should be paid for (at least in part) by health insurance or Medi-Cal.	Jan 31, 2011 11:06 PM
253	Only babies with a diagnosis should have services, not babies at risk	Jan 31, 2011 11:12 PM
254	Developmentally delayed	Jan 31, 2011 11:20 PM
255	I think the current regulations are ok. If CA is trying to save money, the speech only kids should also be culled from the more severely impacted EI population. First 5 should pick up all the intervention services for speech-delayed kids.	Jan 31, 2011 11:40 PM
256	Some RC fund IEP attendence and some do not. IFSP service providers should not be paid to attend IEP if they have a service coordinator. The rate is not the same for all IDP. IDP should have the same high rate as Early Start Therapuetic Services as the IDP is comprehensive.	Jan 31, 2011 11:45 PM
257	All children who meet current Early Start eligibility and their families/caregivers. Eligibility for children who are 24 months of age and older at referral should be changed for the developmental delay category to 33% delay in one developmental area (same as children under 24 months of age).	Jan 31, 2011 11:51 PM
258	All disabled children.	Feb 1, 2011 12:12 AM
259	old standards were better for the babies than the current requirements after Trailer Bill 9	Feb 1, 2011 12:19 AM
260	Premature infants, infant up to three years of age with developmental (including sensory processing) delays.	Feb 1, 2011 1:18 AM
261	Help the desparate parents who need support for services (ABA, etcc>>) for thier children with autism and other disabilites. Use Micrboard system and DEFUND the Regional centers. Use transportation sparingly--for most needy and vulnerable consumers.	Feb 1, 2011 1:22 AM
262	This is a place that should not be limited, as we can change the outcomes for un written tablets/blank slates that children are...	Feb 1, 2011 1:29 AM
263	ANY child who tests on to the spectrum. INCLUDING PDD-NOS cases.	Feb 1, 2011 1:47 AM
264	Children who are born premature or have a clear diagnosis (e.g. Down's syndrome) tend to have many delays in development. Their services should be determined based on a thorough developmental assessment (I prefer the Bayley Scales of Infant development), as well as other tools like Sensory Profiles, observation and parent/caregiver interviews. Once this assessment is completed, services should be determined on need and possibility of disability in the future. Goals should be set and reassessed at regular intervals to ensure good service provision and clear direction, and should be discussed with parents regularly. Services should be given based on the severity of the delays that are present, and should not be determined according to developmental level only, but all factors should be taken into account.	Feb 1, 2011 2:24 AM

Early Start Services

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

	Response Text	
265	Autism Spectrum Kids	Feb 1, 2011 2:32 AM
266	Any consumer who gives birth to a child.	Feb 1, 2011 2:32 AM
267	DDS and CDE should collaborate to determine uniform eligibility criteria to minimize confusion for families and service providers.	Feb 1, 2011 3:00 AM
268	All children and families eligible for early intervention ---and the eligibility should include children who are at risk for delay. High quality early intervention services save the state money so the economically responsible policy is to use broader eligibility criteria and serve a higher percentage of children. (Will the standard have criteria built in that allow the state to see if the standard is being achieved? Early Start has never served the percentage of children and families it should have been serving even when the criteria were broad. All of these standards will be worthless if data are not collected on implementation.)	Feb 1, 2011 3:44 AM
269	All high risk infants including premature infant all infants and toddlers that are high risk * I think it was highly unethical if not illegal for DDS to determine a 2 year old ONLY qualifies for speech services with a 50% delay.	Feb 1, 2011 4:15 AM
270	The changes that our State Legislators made to the Early Start system last year are devastating! The "at-risk" category must be reinstated! The Prevention Program is a hoax that is helping no one. Many children receive no services for months and then finally end up falling behind enough to qualify for Early Start wasting valuable time. Early Start Services are cost effective! They work to prevent children from developing a disability and costing the State much more in the future.	Feb 1, 2011 4:23 AM
271	All children before the age of 3yrs who have diagnosis OR noticeable delays OR are high risk children.	Feb 1, 2011 4:29 AM
272	All children under age 3 who are not currently meeting developmental milestones, or are at risk of not meeting those milestones.	Feb 1, 2011 4:30 AM
273	EIBT providers should not be allowed to discriminate in determining which clients they will or will not serve. They should not be allowed to choose the high-functioning children for their programs in order to make their own stats look good. If they are as good as they claim to be, make them get their hands dirty in the trenches with the challenging kids who desperately need the help. Children should not be denied EIBT services on the basis of any medical, health, behavioral or developmental issue. They should not be denied EIBT services on the basis of their nationality, language, ethnic or religious group or the level of their parent's income. If there is a situation where a child is denied EIBT services (whether by a regional center, school district or an EIBT provider), that agency must produce - IN WRITING - the reason for the denial of EIBT services and the full range of other options available to that child. And EIBT services must extend beyond the age of 5 - if you want to change the name of the EIBT service after the age of 5 fine, but the same range of service must continue to be available to the child if the child is still in need of these services.	Feb 1, 2011 4:41 AM
274	those children newly diagnosed, and those who need continual help, service should never stop until 100% progress is made	Feb 1, 2011 4:42 AM
275	Children birth to 3 at risk for speech and language delay, as well as those who have a known delay	Feb 1, 2011 4:42 AM

Early Start Services

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

	Response Text	
276	all children who are born to consumers should be at the top of the list, then I believe any child who has shown medical needs or emotional needs should be assesed.	Feb 1, 2011 5:09 AM
277	A child's brain is developing the most rapidly between birth and 3 years of age. According to the best available evidence, connections in the brain that are utilized and reinforced are strengthened and those that are not used are lost. For infants and toddlers with conditions associated with developmental disabilities and/or those showing early delays, specialized therapeutic intervention during this critical period of brain development is vital. Once this period passes, the optimal opportunity to strengthen appropriate brain connections and improve a child's function has been lost, never to be regained. All infants and toddlers with a 33 1/3 percent delay in 1 area of development (regardless of age) should receive services specific to their area of delay. I am a principal evaluator for eligibility determination for Harbor Regional Center and all year have identified children over 24 months of age with significant developmental problems who test with a delay between 33 13% and 49% in 1 domain, which is often expressive communication. These children have significant impairments in communication that we are unable to address due to the change in eligibilty criteria. For families without insurance or the financial means to pay privately for speech therapy, their only option is to wait until 3 years of age and hope that the local school district will be able to help. It is not a cost savings for these children but rather a deferment in cost from the Regional Center budgets to the School district budgets. Because we have missed the more sensitive period of brain development, I suspect these children ultimately will require more services than they would have needed had services been initiated in a more timely manner. Who should receive services? All infants and toddlers with a 33 1/3 % delay in 1 or more areas of development. In addition, we are really missing the boat on those previously served under the "high risk" category. These babies now do not have the opportunity to even be monitored by a licensed therapist since no Purchase of Service is available in the Prevention program. As the owner of a private clinic who also contracts with insurance carriers in addition to the Regional centers, I have evaluated many babies at the center enrolled in prevention who are referred to our clinic by the Pediatrician. These babies are not looking good at 6 months of adjusted age and have had no therapeutic intervention. They present with altered motor skills, movement patterns and atypical muscle tone, none of which is picked up by a screening completed by a counselor/ service coordinator. Again, early intervention is vital to the development of typical movement patterns and the process of pruning that ocurrs with the connections in the brain- we simply are missing the boat on these fragile and compromised babies.	Feb 1, 2011 5:10 AM
278	a baby that is behind on their first 3 milestones and/or a baby who falls under one of the four categories that Regional Center serves.	Feb 1, 2011 5:17 AM
279	Should get rid of trailer bill standards which inevitably decrease prevention and will result in more direct services for individuals later in life. Does not allow intervention/prevention at early stages of development when results are more promising/prominent. Families should be required to participate to greater extent--time committment, tests regarding child development, turning in developmental surveys during certain milestone months, etc.	Feb 1, 2011 5:22 AM
280	The age range is about right, these are the most critical times of early development.	Feb 1, 2011 5:23 AM
281	Vision evaluation by a vision specialist should be provided before age one for all children with developmental disabilities, or earlier if there is an overt eye problem like an eyeturn, eyes that move in odd ways (jittering or roving), or unusual visual behavior such as poking eyes, or lack of fixation.	Feb 1, 2011 5:24 AM
282	children in risk to Autism	Feb 1, 2011 5:33 AM

Early Start Services

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

	Response Text	
283	Premature infants receive consultation by OT every 4 - 6 months unless their development is delayed compared to their adjusted age.	Feb 1, 2011 5:38 AM
284	any child that needs it because of a disability beyond their control	Feb 1, 2011 5:54 AM
285	Early intervention is CRUCIAL for young children with many disabilities, especially autism! Intensive intervention should be provided as soon as possible when the effect of such therapies can have the maximum potential.	Feb 1, 2011 6:32 AM
286	Infants who are premature and considered at high risk. Infants who are assessed with developmental delays	Feb 1, 2011 6:54 AM
287	It is critical the population who currently receives these services continues to receive them.	Feb 1, 2011 7:19 AM
288	Current eligibility criteria should continue.	Feb 1, 2011 7:50 AM
289	family with babies who will have trouble in the future if the issues are not dealt with at this stage.	Feb 1, 2011 8:16 AM
290	Any child either exhibiting a disAbility or seen as at risk for developing a disability without early intervention. The earlier services are started, the better the outcome is likely to be. Programs like the current so-called Prevention program and the practice of providing services only to the most disabled are doomed to failure, because they waste the time available for early intervention and fail to help those with milder disabilities who might be able to go on to regular education and productive lives, if they get the assistance in development they need. They are short-sighted ways of temporarily saving a little money. CCS needs to expand the categories of children eligible for physical and occupational therapy to include kids with conditions such as Down syndrom and Lissencephaly, not just classes CP kids.	Feb 1, 2011 8:44 AM
291	45 days for proof of private insurance is way too long to wait to provide regional center service. Often times the 45 days will pass then regional center requires an additiona 10 days to approve funds, then referral is made to vendor. The vendor then takes up to two weeks to schedule first appt. By this time, it is nearly 3 months before therapy service begins.	Feb 1, 2011 3:42 PM
292	All children under 3, who are determined to be at risk or in need. EARLY INTERVENTION IS KEY!!!!!!	Feb 1, 2011 4:07 PM
293	Children who are at least at risk of being develpmentally disabled should be in Early Start. Let's prevent instead of reacting to problems later when the kids are older and having a hard time in school.	Feb 1, 2011 4:17 PM
294	any child showing signs of delay	Feb 1, 2011 5:13 PM
295	Family & caregiver (where applicable) should be required to participate in ALL training programs for disabled infants/children. Annual updates for caregivers/families should also be required.	Feb 1, 2011 5:23 PM
296	All eligible infants and young children. We are missing the most important opportunity to impact children and families early. This in and of itself is the most cost effective measure. Prioritize early identification and intervention. Right now physicians are still poorly trained in recognizing early signs and often do not know how to refer other than the medical model of speech and ot. We need a stronger network that connects doctors to intervention. We need to provide more parent training programs like the PLAY PROJECT out of Michigan, PROJECT IMPACT a twelve week parent training program that combines developmental and behavioral intervention and Hanen More that Words that trains parents in communication strategies. DIR /flooritme is essesentilal because it is specifically designed to address challenges from birth to three and through the life span. THese are skills that will help young children and their families grow through the life span.	Feb 1, 2011 5:46 PM
297	these are crucial services and can change lives. they should be provided by the reginal center.	Feb 1, 2011 5:48 PM

Early Start Services

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

	Response Text	
298	All children 0-3yrs identified as having a disability, health condition delay that necessitates Intervention.	Feb 1, 2011 6:00 PM
299	any infant birth to three who has experienced events that have research determined risk for developmental delays; e.g. low birth weight, prematurity (<= 28 weeks); NICU stay for >= 24 hours; hospitalization >= 48 hours; neonatal surgery; intrauterine or post-natal stroke; metabolic disorders; other birth trauma, any child birth to three who shows delays in the following areas of development - motor, perception, cognition, sensory regulation, speech/language, social, and feeding.	Feb 1, 2011 6:11 PM
300	kids who are certain ages - 0 to 5 then it switches to their developmental age	Feb 1, 2011 6:18 PM
301	Though my son did not receive services until 3 years old it would have made a huge difference in his preschool years if we, the parents, would have known what was wrong. Having pediatric doctors educated on special needs is a necessity.	Feb 1, 2011 6:56 PM
302	I believe, the earlier and more individualized the intervention, the better. I support the focus of social-emotional awareness and intelligence, beginning early as possible.	Feb 1, 2011 7:38 PM
303	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) "Up to but not to exceed the cost to house one individual in a Developmental Center."	Feb 1, 2011 7:54 PM
304	The service should beging as infants.or sendinf care staff to client"s home.	Feb 1, 2011 7:55 PM
305	Need to determine strict guidelines based on reserach for EIBI servcies prior to turning 3 years of age and after turning 3 years of age. ONLY for young children with autism under the age of 6. Must be comprehensive. Must follow an established individualized curriculaum.	Feb 1, 2011 8:01 PM
306	The new regs that require more significant delays to qualify for services will not ultimately save money. We in the field have worked hard to get the word out that early intervention is important. waiting for a preemie to demonstrate delays at 1 year is wasted time. windows of opportunity can be lost. babies can fall thru the cracks. they become more of a burden, requiring more services from the system. Parents lose out on learning skills early on ... they develop habits that are difficult to change. the regs make it harder to qualify for services once the child turns 2yrs. For the communication domain, for many that's when we start to see the delays / disorders - but we can't really assess and provide AGE RANGES that show 50% delays . Read any textbook on testing and look at what it says about "Age Equivalents" It says "not a reliable measure". But the service coordinators don't understand standard scores and it is easier to take a chronological age and divide in half and look at age equivalents. The professional service provider (eg OT, PT, SLP) is the expert and should be able to provide professional judgement or opinion beyond a test score that is considered.	Feb 1, 2011 8:08 PM
307	Revert back to the previous eligibility standards, too many children will receive services too late under the new guidelines and will end up costing more in the long term.	Feb 1, 2011 8:21 PM
308	asdfdsa	Feb 1, 2011 8:40 PM

Early Start Services

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

	Response Text	
309	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 9:14 PM
310	FINDING the children is a tough part of it. Go to Moms Clubs in every city. Give current client parents the tools to approach other parents. Suggested comments and qauestions, and a RCOC business card to call for intake. MAKE RCOC Business cards with website and intake phone number. The current business cards at reception do not have the web address on them.	Feb 1, 2011 9:23 PM
311	After the interdisciplinary assessment the family and the service coordinator (case manager) write up the Individualized Family Service Plan (IFSP). They decide based on those assessment what services are needed as stated in federal law IDEA.	Feb 1, 2011 9:25 PM
312	As we all know, early intervention is key. I am grateful that our daughter received services under the 33.33% rule (percent delayed) as opposed to the new more restrictive percentage. We could not have afforded to pay for her services out of pocket. As it stands, because of the early intervention we were able to discontinue one of the two services provided a year after starting. I believe that had we not been accepted into the system or both services had not been provided, we would have seen an even greater need with later intervention.	Feb 1, 2011 9:36 PM
313	It is so important for more services to be readily available - especially for the youngest members of our Early Start program. It has been proven, especially with children on the spectrum, that the first 5 years are absolutely crucial for development and catching up; in some cases. Right now there is not enough support for this age group...too many children slip through the cracks at a time when the help would make the most difference for their future. A prime example of this shortcoming is in the availability and frequency of speech therapy. It seems that everywhere a parent turns, they are faced with another waiting list. There needs to be more funding spent in this area to adequately cover these needs throughout all parts of California. I believe that any child diagnosed with a autism, aspberger's, or similar conditions should receive equal consideration by regional centers for funding. I have heard the statement, "Not autistic enough..." several times in conversations with these agencies. Who determines exactly if a child is or isn't "autistic enough?" This does not seem appropriate to me as autism is varied to begin with. I believe that if a child has a diagnosis of autism/aspberger's then they should all be considered equally for services. A recent conversation that really hit home for me occurred between another mother and myself last week. Our children participate in ABA programs with our local school district and we noticed that there were only 7 children enrolled in this program currently. How can this even begin to cover the need present within our society when 1 out of 150 boys on average is diagnosed with autism? I find it hard to believe that throughout our entire district there is such a small number of children in this program.	Feb 1, 2011 9:57 PM
314	- any child with a sibling in the RC system - any child with adaptive functioning skills (via standardized testing) below 30% of average levels across 3 or more areas	Feb 1, 2011 10:12 PM

Early Start Services

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

	Response Text	
315	Children age 0-3	Feb 1, 2011 10:17 PM
316	Children who do not meet typical milestone developments.	Feb 1, 2011 10:42 PM
317	No services to illegal immigrants.	Feb 1, 2011 10:47 PM
318	Each child should receive an assessment in each area of concern to determine if they need that particular therapy by a specialist for that particular discipline. Services should be determined by the recommendation of a specialist.	Feb 1, 2011 11:08 PM
319	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. The requirement of a 50% delay for children over 2 years (implemented from 7/10) has become a barrier to care for children with a high likelihood for a positive treatment response. The denial of communication assessments to children with lower cognition creates an inappropriate barrier to the promotion of early communication landmarks, such as joint attention. This malleable target has a positive influence on outcome for children with ASDs and is not even assessed for many young Early Start clients nor are treatment activities or progress adequately assessed.	Feb 1, 2011 11:12 PM
320	Early Start services are absolutely critical to disabled children. This is evident and documented through research. No child should not receive these early intervention services that needs help to grow, to move, to eat, to communicate, to function. It is morally right to provide these services to our population of disabled citizens and what we do not invest in them in infancy we will pay for later in needed services and difficulties within our public context.	Feb 1, 2011 11:33 PM
321	The Central Valley did not have ABA when my child needed it the most and lost his opportunity to be a normal child.	Feb 1, 2011 11:39 PM
322	Please see suggestions for behavioral services. They apply to the EI section.	Feb 2, 2011 12:29 AM
323	I believe that infants who are born premature with delayes should receive these services as early as possible.	Feb 2, 2011 12:37 AM
324	For toddlers with disabilities, the test of choice to document their special needs is the Bayley Scales of Infant and Toddler Development. This standardized tool is ideal in accurately describing the child's early cognitive, language, motor, social-emotional and adaptive behavior, strengths and weaknesses. It can serve as a wonderful baseline measurement for educators, speech pathologists, and behavioral psychologists. To the best of my knowledge, this test has not been used on my child who is now 28 months old.	Feb 2, 2011 12:50 AM
325	I believe we should follow the IDEA guideline and provide services to all three categories of infants and toddlers. I believe setting eligibility at 50% delay for 24 month-olds is too high. I prefer 33% delay standard that was set before.	Feb 2, 2011 12:52 AM
326	All kids with identified disabilities before they enter Kindergarten.	Feb 2, 2011 1:04 AM
327	There should be no service standards for these children, they are unique and individual and each child needs individualized care and attention. By creating a standard we restrict our ability to provide individualized services for each child.	Feb 2, 2011 1:15 AM
328	Anyone who would benifit from ES and have the potential to fade out as they get older.	Feb 2, 2011 1:22 AM

Early Start Services

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

	Response Text	
329	They earlier the better, even the smallest delays can make a huge difference in the life of a child. I think no matter how small the delay any intervention can benefit the child and family.	Feb 2, 2011 2:29 AM
330	See my notes in Behavioral services.	Feb 2, 2011 2:39 AM
331	Documented disabilities only	Feb 2, 2011 2:42 AM
332	Those children who are at risk OR already have identified diagnosis or delays.	Feb 2, 2011 2:48 AM
333	The changes to Early Start in 2009 set the criteria as to who should receive the services, and it should remain. What needs clarifying is that the 21 Regional Centers follow the same criteria....with clear, precise guidance from DDS so that there is consistency. The interpretation as to what is considered medical and should be directed to pediatrician for referral needs clarification statewide. Informed guidance to medical practitioners and community partners related to what developmental delay concerns should be referred to the Regional Center, LEA...[hearing impairment, vision impairment, and severe orthopedic impairments, or a combination thereof. Guidance from the CDE should be emphasized to the education system as to their role and responsibilities for the the birth to three population. Clarification with medical providers of supports that should be provided for a child such as speech therapy, occupational therapy, or physical therapy when determined to be needed and is identified in the child's evidence of coverage. Some medical insurers are providing a denial of services before it is clear what the child may or may not need. ...that should be illegal. Some insurers are indicating that speech therapy, physical therapy, or occupational therapy are chronic conditions that require long term care.....odd that this would be the case for a child eligible for Early Start services. Early Start is not long term.....it ends at age 3.	Feb 2, 2011 3:03 AM
334	The services should be available to all consumers that are clients of regional center. Some will need more and some will need less. As it stands now, the service coordinators determines who, what, when or where and if it happens at all. This is not person-centered. The struggle to get the regional center to provide payment for services is an obstacle to their quaility of life. If you advocate, then your placed on the back burner. The IPP resource manual states that the consmers or the family decides what the client need. Tell this to service coordinators and if the service is in their IPP, then they should not be able to simply change it when they please and without the consumers or the clients permission.	Feb 2, 2011 3:22 AM
335	Babies and small children with moderate to profound developmental disabilities	Feb 2, 2011 3:39 AM
336	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 and any child with a disablity should recieve services. Because so many childhood disabilities have varying prognosis and co-morbidities it is very difficult to tell which "hole" the child fits into (e.g. "are they on the spectrum", "delayed or MR", "permanent or temporary"). I feel a lot of emphasis is put on getting a diagnosis to qualify for certain services, even when it is obvious to Physicians and Caseworkers that the child is delayed and not developing properly. I think the casework, the Regiona Center Physician and the Child's physician should work together to put together the services for each INDIVIDUAL child regardless of diagnosis or needing a certain diagnosis to qualify for certain services.	Feb 2, 2011 3:54 AM
337	Any child that needs it. I currently provide this service. I have seen the remarkable results these services have provided.	Feb 2, 2011 4:14 AM
338	Children under the age of 3 with a clear disability.	Feb 2, 2011 4:39 AM
339	These services should be offered and provided to parents and other caregivers of children who have any special needs, including, but not limited to, physical therapy, speech therapy, etc. As a mother of a 2 year old boy who is currently in speech therapy, I am happy and grateful these services are available to us.	Feb 2, 2011 4:49 AM

Early Start Services

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

	Response Text	
340	Early Start standards need to address identification and provision of prevention services to at risk children, as well as those who have diagnosed conditions.	Feb 2, 2011 4:55 AM
341	there should be clear documentation on exisiting problem with the individual before servies offered. If that child before age 5 shows signs of disability then of course evaluate and refer	Feb 2, 2011 5:05 AM
342	The Prevention Program should be folded back into Early Start. Therapies such as speech, OT and PT should be training for the parents and not just direct service to the child. Infant programs should be limited to the medically fragile. EIBI should be just like for over 3.	Feb 2, 2011 5:09 AM
343	any parent who feels their child might be affected with a disability because the earlier you intervene the better. i think the services that are given if the child is still in need after age 2..they should continue to get services...because the schools only do academic and if a child needs intensive OT they should must get it to help their child. mine needed it but as soon as my child was no longer eligible due to age..the sudden cut off hurt a lot...and i was under a lot of pressure	Feb 2, 2011 5:20 AM
344	Anyone who has been referred from their pediatrician. They need the help and their dr is the one who is qualified.	Feb 2, 2011 5:21 AM
345	Children with a medical diagnosis who have been thoroughly screened and have been determined to be developmentally delayed. Also, their parents should be well informed about early intervention and they should agree 100% that they want the service for their child.	Feb 2, 2011 5:22 AM
346	Anyone who might need it. Again, the earlier the intervention, the better -- ameliorating the most devastating effects of a disability is best done young.	Feb 2, 2011 5:50 AM
347	Infants and children who have a developmental delay of 30% or more in any one developmental domain.	Feb 2, 2011 6:00 AM
348	Any child who referred by primary treating physician or any medical specialist who is treating the child should be evaluated. After being evaluated, if a child meets a minimum standard of need then that child should be eligible for services.	Feb 2, 2011 6:03 AM
349	any child between the age of birth to three who is showing a developmental delay, is at risk of a developmental delay (i.e. High risk infant, Down syndrome, etc.) Also. if a medical provider or parent has a concern about their child, the child should be entitled to a developmental assessment (not paper screened). Children should meet eligibility criteria to receive services, and if they do not-there should be another service to monitor their development.	Feb 2, 2011 6:21 AM
350	any young child with a developmental disability.	Feb 2, 2011 6:32 AM
351	children who have provisional diagnosis of developmental disability, PDD-NOS, Autism, and other developmental disability.	Feb 2, 2011 6:33 AM
352	Anyone whose pediatrician thinks they would benefit.	Feb 2, 2011 7:41 AM
353	Any child who presents with a 6 month or greater delay in an age appropriate skill. A child who presents with these delays and does not have medical insurance. A child who presents with these delays, has utilized their medical insurance, has received a diagnosis and request for treatment from a health care provider, and the insurance company has denied the child services.	Feb 2, 2011 8:07 AM
354	Very important to identify and help support as soon as possible - how much better so many would be today had they received these services and much less the financial impact would be.	Feb 2, 2011 1:51 PM
355	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 3:31 PM
356	Families who do not qualify for services through their insurance or medi-cal.	Feb 2, 2011 3:34 PM

Early Start Services

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

	Response Text	
357	California should follow federal guidelines on who is eligible and what services are provided. California should not go beyond the federal guidelines when providing services.	Feb 2, 2011 3:50 PM
358	no child should be denied services based on age.	Feb 2, 2011 4:41 PM
359	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 4:51 PM
360	clear guidelines regarding prevention program, in our regional center we only do full development evals on kids over four months adjusted age, before then almost all kids, especially those born prematurely would qualfiy for therapy services that they may not need. Clear guidlines regarding what is english as a second language and what is speech therapy. Many families call and say their child has a speech delay when the parents themselves aren't proficeint in English	Feb 2, 2011 5:07 PM
361	1/3 delay or more in atm least 1 area of development for all chldren in early start	Feb 2, 2011 5:17 PM
362	Current practice seems fine with family support and clinical practic being the focus	Feb 2, 2011 5:29 PM
363	All children who are experiencing delays. This program is about prevention and will save dollars in the future.	Feb 2, 2011 5:36 PM
364	See Early Start Guide for Families.	Feb 2, 2011 5:42 PM
365	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 5:48 PM
366	Families who are directly affected by a develpment disablilitiy should receive these servicies. This can range from babies with disabilities to parents who need to be trained in how to appropriatly care for their children.	Feb 2, 2011 6:00 PM
367	Children who are deemed high risk either through standardized screening/testing (i.e. APIB, TIMP, Bayley III, or Gesell) upon discharge from NICU or Newborn nursery who are found to be at risk for developmental delay due to extreme prematurity or low birthweight, genetic disorders, respiratory issues (i.e. ventilatory support for greater than 48 hours or ongoing need for oxygen), neurologic disorders, feeding dysfunction, sepsis impacting normal growth and development (i.e. meningitis), cardiac anomalies or other birth anomalies, spinal or limb deformities, abnormal muscle tone, or any other issues that would impair or impede normal growth and development of a newborn.	Feb 2, 2011 6:03 PM
368	Any child who may be affected with a disability in the future. Early intervention works!	Feb 2, 2011 6:03 PM
369	no comment	Feb 2, 2011 6:16 PM
370	Those infants that are at risk for disabilities should receive services. That's a must. It's been proven over and over that early intervention can make a world of difference to the child.	Feb 2, 2011 6:19 PM
371	Any child under the age of 3 years who is showing a delay in one or more areas.	Feb 2, 2011 6:30 PM
372	All children who have more than a 35% delay in 2 or more areas.	Feb 2, 2011 6:37 PM
373	any child who is showing a speech delay (<5 words by 18mo) should get speech services. any child who is showing a walking delay (not walking competently by 18mo) should get PT. any child who is showing social delays (<5 receptive responses by 18mo) in addition to one other area should get the "full" monty for autism (20h/week of in-home ABA, 2h/week of in-home speech, 2h/week of in-home OT)	Feb 2, 2011 6:49 PM
374	a	Feb 2, 2011 6:49 PM

Early Start Services

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

	Response Text	
375	Early start services are essential to saving money in the long term for DDS and CA. There should be a parental co-pay based on income and there could be a limit. If someone has the ability to pay for all the services with their own income- then that should happen. Day care should have limits and only be avaliable for two working parents and based on income limits.	Feb 2, 2011 6:50 PM
376	Any child who has a developmental delay or disability should be eligible for services.	Feb 2, 2011 6:52 PM
377	infants and toddlers who have defined disabilities and those with a high potential for developing delays in the future. infants of parents who are developmentally disabled should automatically get services to encourage development	Feb 2, 2011 6:57 PM
378	current DDS standards are adequate.	Feb 2, 2011 6:59 PM
379	Graduates from the NICU setting who fit the previous Regional Center criteria to prevent early disabilities.	Feb 2, 2011 7:02 PM
380	Qualifying factors are way to high - factors should be more "reasonable"	Feb 2, 2011 7:10 PM
381	Eligibility to age 3 for children who have a 33% or greater delay in one developmental area, or identified medical need.	Feb 2, 2011 7:21 PM
382	they should maintain the standards used currently	Feb 2, 2011 7:23 PM
383	Early Start services should be received by children from the age of newborn up to 3 years, who have have a disability which affects their acquisition of age appropriate developmental skills in all areas. These disabilities could be caused by having a definite diagnosis such as Down syndrome or being born prematurely. I believe that early intervention services or the lack of it would definitely affect the outcome for these young children.	Feb 2, 2011 7:35 PM
384	I am seeing a lot of children falling through the cracks due to the requirment of a 50% delay (over the age of 24 months) that was implemented last year. I suggest returning to the previous standard of a one third delay or, perhaps we could adopt the school district guidelines of two 25% delays. I do like the availability of the prevention program in general, but don't feel it adequetly serves the consumers over the age of 24 months who have less than a 50% delay.	Feb 2, 2011 7:37 PM
385	Services should be made available to infants and young childrens who have medical or developmental conditions that may or do cause disability such as genetic disorders (Down Syndrome), medical disorder (failure to thrive, spina bifida) or at great risk such as prematurity with complications (BPD, bleeds, etc). Services may be discontinued when a child reaches age level on developmental testing.	Feb 2, 2011 8:48 PM
386	All people who qualify for these services as assessed by current standards should be able to receive these services under FAPE. Education and developmental services are critical to all people in California, these types of services should be considered "off limits" to the current budget reduction process. Cuts to this type of service are simply too important to limit, we can all live without so many other things but these types of services set children up for life. Cuts need to happen elsewhere!	Feb 2, 2011 8:59 PM
387	Those individuals who IPP team has identied a need for these services, as described in the Lanterman Act Section 4646 (a)-(d)	Feb 2, 2011 9:30 PM
388	Only children of parents with low income or single parent situations. Too many families abuse this option.	Feb 2, 2011 9:31 PM
389	Diagnosis of Autism or ASD or any other diagnosis that puts a child at risk for a developmental disability.	Feb 2, 2011 9:31 PM

Early Start Services

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

	Response Text	
390	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 9:33 PM
391	Family members and caretakers of those diagnosed with a disablity who deal with the consumer on a daily basis	Feb 2, 2011 9:35 PM
392	NEEDED for 2 year olds. By the time kids are two, it often becomes apparent if they have a disability. we must invest here now toward their development, or pay more as a society with our taxpayer dollars later when they are unable to have jobs, require institutionalization, etc	Feb 2, 2011 9:38 PM
393	ALL CHILDREN WHO NEED IT	Feb 2, 2011 9:39 PM
394	Autisc or other severly impacted children(CP Blind)	Feb 2, 2011 9:44 PM
395	Any child who is at any risk of having a disability as they are older. Any child that has a disability.	Feb 2, 2011 9:58 PM
396	Early Intervention is key for those with disabilities, such as autism spectrum disorder. Standards should be developed to outline deficiencies and also a doctor's diagnosis or recommendation should suffice to obtain services.	Feb 2, 2011 9:58 PM
397	Children that are at 50% develoPmental delay, to aide parents.	Feb 2, 2011 9:59 PM
398	Any baby at risk	Feb 2, 2011 10:00 PM
399	THE EARLIER WE START HELPING CHILDREN THE BETTER OFF CHILDREN ARE THIS IS A KNOWN FACT!	Feb 2, 2011 10:01 PM
400	Any child who exhibits significant delays should be able to access early start services. The IFSP team, outside professionals, and parents should determine the need for service. Imposing an arbitrary standard violates the spirit of the Lanterman Act and doe snot serve our children well.	Feb 2, 2011 10:08 PM
401	Children who are at risk for developmental delays and are exibiting delays based on a standardized assessment.	Feb 2, 2011 10:08 PM
402	Do not implement a $750 million cut to the Department of Developmental Services (DDS) budget. It is too drastic! We need these services for our kids on the spectrum!	Feb 2, 2011 10:11 PM
403	Eliminate the separate Prevention Program. It does little more than confuse poeple. Reinstate High Risk as an eligibility category for Early Start.	Feb 2, 2011 10:12 PM
404	1. Infants and toddlers who demonstrate delays greater than 30% 2. Infants and toddlers with a diagnosis likely to cause delays 3. Infants and toddlers whose parents are at risk (DD, drug or alcohol abuse) 4. Infants and toddlers born at-risk for delays such as prematurity or drug-exposure 5. All foster children because of the social-emotional risk factors 6. All teen moms/dads 7. Infant/family mental health services in Early Start services	Feb 2, 2011 10:14 PM
405	Same comments as earlier	Feb 2, 2011 10:20 PM
406	Babies to 2 years old of age with a developmetal disability	Feb 2, 2011 10:21 PM
407	Children at risk. (drug/alcohol exposed, children in foster care before age 3 that show delays in one or more areas of development.	Feb 2, 2011 10:29 PM

Early Start Services

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

	Response Text	
408	Children who clearly are born with a deformity or brain injury or genetic disability. Not every child born pre-term or to a teen-age mother should be given services on a "just in case" basis. I have seen too many children that are clearly healthy and normal being assessed by CCS. I believe this is money wasted!	Feb 2, 2011 10:58 PM
409	Children under 10	Feb 2, 2011 11:05 PM
410	All infants and young children who have a disability or are at risk for having a disability should receive these services. Initial assessment should clarify each child's particular needs (PT, OT, ABA, etc.).	Feb 2, 2011 11:07 PM
411	All children under the age of three that have a clear delay, have an established risk condition or are at high risk for delays.	Feb 2, 2011 11:08 PM
412	Any child with 30% of more of a delay in speech and language would be appropriate to receive these services.	Feb 2, 2011 11:10 PM
413	Any concerned parent should get an assessment.	Feb 2, 2011 11:23 PM
414	all with a diagnosis of a disability	Feb 2, 2011 11:31 PM
415	All current consumers of the Regional Centers.	Feb 2, 2011 11:32 PM
416	Early intervention should not be contingent on funding. Any child who is at risk or identified as having a developmental delay should get services.	Feb 2, 2011 11:33 PM
417	The whole Trailer Bill should be trashed. It destroyed one of the most successful service models that ever existed. Only 12 % of the children receiving Early Start services ultimately ended up needing Special Education services by the time they reached first grade. Now that most of those children no longer qualify for services, (no "at risk" students, no preemies, no children being raised by developmentally disabled parents, so sibs of children with autism who are displaying atypical development), where is the money going to come from for the increased wave of needs when those children reach elementary age? Parents of a newly diagnosed child desperately need direct services, not "training". It is difficult enough to parent a child with a disability, the parents should not be expected to provide their own therapy to the child as well.	Feb 2, 2011 11:41 PM
418	The state has already changed these criteria. Sadly, many children who would benefit are not receiving services. The Prevention Program does not seem to be highly utilized.	Feb 3, 2011 12:09 AM
419	EVERY child that is in need of these services and is diagnosed by a professional.	Feb 3, 2011 12:12 AM
420	Those who need them.	Feb 3, 2011 12:14 AM
421	Early intervention is key to developmental disabilites especially for kids on the Autistic Spectrum.	Feb 3, 2011 12:21 AM
422	All at risk children!	Feb 3, 2011 12:22 AM
423	Any child identified as being at risk as stated in the parameters above.	Feb 3, 2011 12:25 AM
424	Children at risk from birth to age 3.	Feb 3, 2011 12:42 AM
425	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 12:56 AM
426	I'm not sure what the current standards and I know they have changed since my son was in Early Start. I do know they have changed A LOT and it is extremely difficult for small children to get the services they need early which could prevent future or long term services. The system is a MESS!	Feb 3, 2011 1:01 AM
427	those that have a qualifying diagnosis	Feb 3, 2011 1:19 AM
428	anyone who has a delay or has a disability	Feb 3, 2011 1:27 AM
429	Our baby had a stroke at birth and uses these services.	Feb 3, 2011 1:31 AM
430	Clients who need the services.	Feb 3, 2011 1:50 AM

Early Start Services

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

	Response Text	
431	The needy...with honesty. Those who are non-verbal and have not the ability to function on their own.	Feb 3, 2011 1:55 AM
432	Any child under the age of three with a disability or risk of a disability	Feb 3, 2011 1:57 AM
433	Require the use of insurance and generic resources prior to RC funding	Feb 3, 2011 2:11 AM
434	All young children who have an established risk or at risk for developmental delay.	Feb 3, 2011 2:23 AM
435	Early intervention is essential to positive outcomes. If a diagnosis is missed or one is questioned and not addressed and that consumer regresses as a result costs for that consumer will be significantly higher.	Feb 3, 2011 2:39 AM
436	If it weren't for Early Start services, our son would've never had the progress which he has made so far. He was put on Early start services at almost 2yrs old and it was a Blessing for us to see him improve! As we continue on this road to his progress, we are learning that many many more citizens are not able to receive services because they were never aware of them...early assessments make such a big difference as well as early services (all of them)..it almost seems crucial especially with the diagnosis of Autism.	Feb 3, 2011 2:57 AM
437	Children 0-3 who demonstrate delays in functioning.	Feb 3, 2011 3:01 AM
438	Children who are exhibiting a delay in their development. This means any child functioning below the "normal limits" of basic development for their age. It is crucial that we serve these children at a young age in order to provide more opportunities for sucess in their later years. Children have a very small window for learning and establishing the initial synapses in the brain. If these patterns are not established early on (below 5 years of age) a child will more than likely need for intensive or greater length of services in the furture costing the state even more oney in the long run. Research has proven that providing Early Start services early on reduces the need for services in the future. This is especially true for our kiddos that are speech delay only, premature at birth with minimal health risks, down syndrome, and other at-risk babies.	Feb 3, 2011 3:15 AM
439	All children birth on up should receive this service that has not met developmental milestones.	Feb 3, 2011 3:23 AM
440	I believe that any young child with a disability should receive these services atleast until they are old enough to attend school and continue services with the school district.	Feb 3, 2011 4:06 AM
441	A child that is evaluated by the regional center and is identified as needing services.	Feb 3, 2011 4:31 AM
442	any child as small as 4-5 mos that clearly is nott reflecting normal development despite the disability	Feb 3, 2011 4:35 AM
443	people who cannot afford special care for there child.	Feb 3, 2011 4:51 AM
444	Children who have an identifiable developemental delay or a history of early trauma which may lead to a developmental delay or who have a delayed parent or sibling. 50% in one area or 25% in two or have some risk factor which will likely cause them to have dysfunction in later life. . These are critical services which will relieve the system of long term expense when they are provided early and effectively.	Feb 3, 2011 4:57 AM
445	all that qualify	Feb 3, 2011 5:06 AM
446	All babies and children who are at risk	Feb 3, 2011 5:23 AM
447	Low income families, as defined by IRS	Feb 3, 2011 5:24 AM
448	Any baby at high risk of developmental delay as defined by the child's birth history or a developmental profile result.	Feb 3, 2011 5:50 AM
449	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 6:04 AM

Early Start Services

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

	Response Text	
450	Children at risk for an eligible disability should be evaluated and receive these services. The regional center should use the services of licensed professionals to determine need. The standards should be clear and should be communicated to potential consumers. Presently, some of the evaluations are done on an ad-hod basis by GGRC physicians who may not have expertise in the area being evaluated. If initial determination is negative by GGRC, the parents shall have the opportunity to appeal that decision and introduce into the record evaluations from independent licensed professionals. If the GGRC determination is overturned on appeal, it should be responsible for reimbursing families for the evaluation.	Feb 3, 2011 6:16 AM
451	All infants 0-3 at risk of developmental delay should be afforded preventative services.	Feb 3, 2011 6:17 AM
452	Essential to all children under three.	Feb 3, 2011 6:18 AM
453	The current guidelines are good. However, kids that used to fall under high risk who now fall under Prevention program end up coming back anyway and critical time was lost. This category of kids needs to be looked at again for ES support. Prevention does not pay any direct services for them at this time.	Feb 3, 2011 6:25 AM
454	All disabled. It is very important for all! Use same standard as Valley Mountain Regional Center	Feb 3, 2011 6:42 AM
455	All infants, toddlers and children with or suspected to have developmental disabilities. Early start and Early Intensive Behavioral Intervention works miracles in the lives of these children and their families especially those diagnosed with Autism. Children are the future of this nation. One of them could be the next Einstein. We need to help them develop and reach their maximum potential.	Feb 3, 2011 6:47 AM
456	Young children under 3	Feb 3, 2011 6:52 AM
457	Any child diagnosed by the RC or a M.D. with a disability.	Feb 3, 2011 7:11 AM
458	Any infant who is at the risk of developmental delays should get intervention services. Its almost all the time the discretion of the case coordinator and what she thinks.	Feb 3, 2011 7:54 AM
459	Early start should cover children until they get to kindergarden. During the transition from Early Start to School District, Regional Center plays games by withholding need services, states that one provider is for under 3 only and another is over 3 only. Regional Center does not offer any advice as to what services are available, and if they do they make them hard to get.	Feb 3, 2011 8:02 AM
460	Any child for whom parents and/or healthcare providers suspect an area of disability. "At risk of" should be the standard.	Feb 3, 2011 8:06 AM
461	Keep the current standards. I also have liked the implementation of the CA Prevention Plan. I would like to see the standards be the same for children over the age of 2 years (33% delay). I would speculate data would indicate most children over the age of 2 years have been qualifying for services due to severe delays (50%) or don't qualify at all (including Prevention Plan). There are few that actually fall in the new CA Prevention Plan at the age of 2 years. Those few, are delayed and should be helped.	Feb 3, 2011 8:49 AM
462	Infants birth to three who are at risk for delay--history of drug/alcohol exposure, parents with DD, infants who are less than 33 weeks gestation or who have medical complications at birth should have a complete assessment by six months of age. If 33% delay in any area, or if living situation continues to be at risk, should receive weekly services.	Feb 3, 2011 1:50 PM
463	The recent removal of qualification for premature infants is allowing a large population of babies to slip through the cracks. I suggest that they be allowed early intervention services in addition to children with documented developmental delays and those with a diagnosis.	Feb 3, 2011 3:55 PM

Early Start Services

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

	Response Text	
464	If you catch a child that needs support before age three you will have the best results for the child's future. This has been well proven.	Feb 3, 2011 4:38 PM
465	Autism - excluding mild autism who can be mainstreamed.	Feb 3, 2011 4:39 PM
466	Children who have been identified as developmentally delayed by their pediatricians or a psychologist should receive early start services.	Feb 3, 2011 4:57 PM
467	All children under three should be given Early Start services. By excluding children who are not the most severe you are being penny wise and pund foolish. Kids who are prevention kids stand the best chance of improvement with traditional Early Start Services. By taking them out of ES you are asking for them to be a long term financial burden on the education and Regioanl Center system then they would if you gave them the ES services up frot so they could get the help they need then and move on to full inclusion thereafter.	Feb 3, 2011 5:02 PM
468	Children who are at risk or are already behind in developmental delays. Siblings of current and past consumers should be tested and monitored.	Feb 3, 2011 5:15 PM
469	I believe any child identified as disabled should receive intensive therapeutic and behavioral services to allow as normal development as possible. Pediatricians should be better educated to identify children at risk and should be required to provide contact information to families.	Feb 3, 2011 5:16 PM
470	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 5:20 PM
471	All children under three years old who are demonstrating a one third delay (if under 2 yrs old) or a six month or more delay (if over 2 yrs old)	Feb 3, 2011 5:32 PM
472	Any child that has been diagnosed with a disability or a doctor has a concern about.	Feb 3, 2011 5:35 PM
473	Infants with a developmental disability, syndrome and measurable delays in cognitive skills between the age of 0 and 2 years 12 months.	Feb 3, 2011 5:36 PM
474	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 5:41 PM
475	Young children under 3	Feb 3, 2011 5:44 PM
476	Children UP TO AGE FIVE (5) with at risk conditions, documented developmental delay or diagnosed disabilities that could result in developmental delay.	Feb 3, 2011 6:06 PM
477	Anyone who has been assessed witha need. Infant development programs and family training are essential to any family with a diability. It makes all the difference in the future of the child.	Feb 3, 2011 6:12 PM
478	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 6:28 PM
479	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 6:34 PM
480	Any child who is determined to need this by their pediatrician should recieve these services. The earlier we intercwed the better the outcome for the child, and the less it will cost in the long run.	Feb 3, 2011 6:38 PM
481	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 6:48 PM
482	Every family with babies and small children who are one or two years old and who have a disability	Feb 3, 2011 6:56 PM
483	Those individuals whose Individual Family Service Plan (IFSP) team has identified a need for these services, as described in the Lanterman Act Section 4646(a) - (d).	Feb 3, 2011 6:59 PM
484	Kids who were born with disablities	Feb 3, 2011 6:59 PM

Early Start Services

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

	Response Text	
485	I feel the same for all services as I do with the first survey I took.	Feb 3, 2011 7:17 PM
486	as above	Feb 3, 2011 7:30 PM
487	People with developmental disiblities/mental illness	Feb 3, 2011 7:32 PM
488	Babies and small children with potential developmental delays.	Feb 3, 2011 7:53 PM
489	Early Start is the most necessary program for all babies showing not only delays, or disabilities but those at rish. Please get rid of the Prevention Program, those children need to be part of the Early Start Program until they are 3 years old.	Feb 3, 2011 8:08 PM
490	Cerrtainly, services should be for all children with a diagnosis. In addition, services need to include children with the potential for learning differences issues who do not have nor will never get an official diagnosis. Just because someone does not have a label does not mean there is no issue to be addressed.	Feb 3, 2011 8:10 PM
491	Recommendation by doctors and assessment by independant evaluators in ALL areas of development, not just those reported by doctor or parent	Feb 3, 2011 8:12 PM
492	Children who have a delay at 33% delay should recieve services. You might also look into income requeriments as all the other state agencies have such as WIC and CCS.	Feb 3, 2011 8:32 PM
493	It depends on the severity of the disability. I have a real problem with an autistic child getting more services than other children. Autism is a very expenisive syndrome and it appears that the louder the parents scream the more services they get. I think that early intervention is important but needs to be monitored that these services are not being abused.	Feb 3, 2011 8:34 PM
494	those that need services. early intervention is the best and cheapest in the long run and much more humane than helping after the fact.	Feb 3, 2011 8:39 PM
495	No therapy services after age three, no exceptions, no appeals.	Feb 3, 2011 8:39 PM
496	Anyone showing signs of development delays in any area.	Feb 3, 2011 8:47 PM
497	Any child who have any diagnosis of a developmental disability, including PDD-NOS, Autism, Down Syndrome, etc. (age 0-3 years)	Feb 3, 2011 8:55 PM
498	Due to the recent trailer bill language the criteria for services for children under 3 years of age has been tightened which has taken many critical services away from children and families in need. The research shows that early intervention services provide a long term cost savings to the state by teaching appropriate behaviors at an early age and avoiding the development of a long history of inappropriate behavior and the development of new problem behaviors. This is achieved by teaching appropriate behaviors at and early age allowing the child a successful way to interact with others. This is shown to be achieved through behavioral services, and therefore 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 8:56 PM
499	Every baby that qualifies.	Feb 3, 2011 8:56 PM
500	Three and under, no therapy services after age 3, no exceptions, NO APPEALS!	Feb 3, 2011 8:57 PM
501	All infants and toddlers who have disabilities require early start and early intervention services. This is time and money well spent as every dollar spent before age 5 in service delivery for young children will save hundreds later on in their lives in special education and related service needs.	Feb 3, 2011 9:02 PM
502	Eligible children for EI criteria. No Prevention Program. Criteria for 24 months until three years children should change and not be as large as a 50% delay.	Feb 3, 2011 9:12 PM

Early Start Services

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

	Response Text	
503	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 9:14 PM
504	Infants and toddlers who have a disability or are at risk should receive services addressing their areas of delay or their disability. Early intervention is effective and many children may need little in special education by receiving appropriate services young.	Feb 3, 2011 9:27 PM
505	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 9:37 PM
506	Seek and find. Every time. Every child who might need to be assessed should be assessed quickly.	Feb 3, 2011 10:00 PM
507	Since the standard of care for children with autism is a 40 hour a week program, this should be offered as soon as a child is dianosed. It can be split between RC and school district. We know what works for autism, you should wait until a parent becomes educated and then asks for appropriate services. This will help more children need LESS services as they get older.	Feb 3, 2011 10:02 PM
508	Infants and toddlers that are demonstrating significant delays in their development.	Feb 3, 2011 10:11 PM
509	Every premature baby 32wks or less ahould have access to Regional Center services, especially in the the infant developmental and early start programs. It's a shame that babies born @ 28wks are being turned away from Regional Center becaause they are "heathy" at discharge. There is no telling when/where developmental delay will present with these types of babies. They need follow up from the start.	Feb 3, 2011 10:11 PM
510	It should be ensured that all at risk babies are at least referred and parents are at least given ample opportunity to feel comfortable with possible services. Lots of education and patience needed especially in some cases. It behooves this kind of program to get parent involved as much as possible both for their benefit and for the child's benefit. If parents are "forced" in any way to participate without feeling that certain comfort and vested zone, the program loses legitimacy.	Feb 3, 2011 10:21 PM
511	As a father of two children with special needs, I feel that these services should be available and easily accesible to all children with developmental delays. The Early Start program has made a life changing difference for my family, as I am sure it does for many others.	Feb 3, 2011 10:23 PM
512	Any child in need of services should get services. This is a critical time to help our children.	Feb 3, 2011 10:36 PM
513	Children who are recommended for evaluation and who receive a diagnosis indicating that they would benefit from these services.	Feb 3, 2011 10:48 PM
514	Any child showing a developmental delay or a child at risk due to being born with a disability (cerebral palsy, down syndrome, etc.) and especially if a parent is requesting the service.	Feb 3, 2011 11:05 PM
515	Any child under the age of 3 who shows possible signs of a disability. Studies show that early intervention is instrumental in having optimal outcome. The earlier that intervention starts, the better the chance the child has of leading an almost or even normal life.	Feb 3, 2011 11:12 PM
516	Any one with an established risk or a developmental delay.	Feb 3, 2011 11:14 PM
517	Children and/or infants designated at risk due to prematurity, low birth weight, brain bleeds, developmental delays.	Feb 3, 2011 11:27 PM
518	Young autistic children & emerging adults.	Feb 3, 2011 11:27 PM
519	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 11:38 PM

Early Start Services

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

	Response Text	
520	It is crucial that children identified with diagnoses which typically leads to some form of disability, or who are at risk or showing signs of being at risk for a disability continue to receive early intervention. Early intervention services have shown to reduce or eliminate many areas of delay/concern. Thus allowing children to achieve optimal function, health, wellness, participation, integration into society, independence, productivity and success.	Feb 3, 2011 11:49 PM
521	Any child with special needs.	Feb 3, 2011 11:57 PM
522	The earlier the intervention, the better. Provide help before the child goes to school.	Feb 4, 2011 12:03 AM
523	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 12:04 AM
524	Anyone w/a med need	Feb 4, 2011 12:06 AM
525	see my suggestions for behavioral services.	Feb 4, 2011 12:13 AM
526	0-3 years that is behind in milestones by 3 months.	Feb 4, 2011 12:57 AM
527	Yes, this is very important, especially with EIBI services. It should be time limited and not for children over the age 10 (with or wihout an exception).	Feb 4, 2011 1:08 AM
528	Current standaards are Ok but services should only be offered to children whose parents are in this country legally.	Feb 4, 2011 1:22 AM
529	All children and their families should be provided with these services without requiring co-payments from families. It is a proven fact that children who receive services and participate in infant development programs have much better outcomes in school and adult life. All therapies necessary should be extended and provided to these children in order to increase their skills before they begin attending school.	Feb 4, 2011 1:25 AM
530	Early start services should be provided to those who have been diagnosed with a disability that will impair their learning skills, social skills, and education.	Feb 4, 2011 1:32 AM
531	Infants who have been diagnosed with a life long disability.	Feb 4, 2011 1:41 AM
532	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 1:48 AM
533	This is one of the most important services that should be offered to families. The earlier we start with therapies during development the better is the outcome. All babies at risk of developmental disabilities (and their families) should benefit from it.	Feb 4, 2011 1:51 AM
534	Children and toddlers with delays. We should reconsider having preemies eligible for Early Start services, rather than just prevention services. I think the current standards are fairly clear.	Feb 4, 2011 2:02 AM
535	Any child who has been evaluated and is eligible should be accepted regardless of financial status.	Feb 4, 2011 2:44 AM
536	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 2:48 AM
537	Every chilled need to be rescued there shouldn't be a question about.	Feb 4, 2011 3:01 AM
538	All children with disabilities, regardless of insurance coverage. If the child does have insurance, but the insurance only pays 70%, the remainder of the balance should be covered for PT, OT, speech, and Early intervention.	Feb 4, 2011 3:12 AM
539	All children with disabilities should receive the service, so they can be productive in society and not have to rely on society. They should enter in the developmental stage, so they can learn from the beginning how to cope and learn new skills.	Feb 4, 2011 3:13 AM
540	All kids on the ASD spectrum should be considered for some type of behavior services.	Feb 4, 2011 3:23 AM
541	ALL children before the age of 3	Feb 4, 2011 3:37 AM

Early Start Services

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

	Response Text	
542	They should be an American citizen.	Feb 4, 2011 3:58 AM
543	Went in doubt, over the service. Pay now or pay more later.	Feb 4, 2011 4:16 AM
544	Children identified as having a 1/3 delay in any domain, and premature infants who are at risk for delay, as early intervention can help provide parents support and guidance to optimize their baby's development. This will save money/resources in the long run, so that children who are known to be at risk don't have to wait until they are delayed and may have a harder time catching up, requiring even more resources.	Feb 4, 2011 4:20 AM
545	Any child showing signs of a disability or sibling of child with disability	Feb 4, 2011 5:04 AM
546	Same as the previous page	Feb 4, 2011 5:10 AM
547	Children with developmental delays who are 3 or more months behind per standardized developmental testing. Children with nutritional and feeding problems due to developmental delays. Children who are sibling of children diagnosed with autism should only receive on-going therapy if they are exhibiting delays, otherwise they should be monitored only - for example follow-up visits by a therapist with experience in assessment. If they are	Feb 4, 2011 5:23 AM
548	Only the most severely affected individuals in each specific area's who demonstrate positive measurable results through an initial few months of intervention.	Feb 4, 2011 5:43 AM
549	Need to be determined in an IPP meeting, with parent input given a priority.	Feb 4, 2011 5:49 AM
550	babies showing a discrepancy in development.	Feb 4, 2011 5:49 AM
551	Children suspected/diagnosed with a disability.	Feb 4, 2011 5:52 AM
552	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 6:35 AM
553	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 7:30 AM
554	any child who fits the criteria for high risk developmental delay	Feb 4, 2011 8:08 AM
555	Childrent who are at risk or have high risk issues. Also children who do not have medical insurance or that their medical insurance does not cover this type of service but have a share of cost based on income for those who need it. Babies of Teen moms and drug exposed babies. Children of parents with a developmental disability	Feb 4, 2011 9:24 AM
556	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 3:14 PM
557	Everyone	Feb 4, 2011 4:09 PM
558	Infants and small children that have disabilities or delays in an area of development or those that may be at risk for delay.	Feb 4, 2011 4:34 PM
559	Give pediatricians more information about Early Intervention. Nobody told me about it even though at 3 months I could tell something was wrong with my son. At 9 months I finally self referred myself and got and Early Intervention intake appt. I will always wonder how much less disabled my son would be by his cerebral palsy had we started services six months earlier. . .	Feb 4, 2011 4:41 PM
560	They work as they are.	Feb 4, 2011 4:46 PM
561	Same as previous section	Feb 4, 2011 4:54 PM
562	A doctor should recommend or suggest the services.	Feb 4, 2011 4:55 PM
563	Early start services should be more concerned meeting timeline obligations.	Feb 4, 2011 4:59 PM
564	Children that are slow thinkers. Children that have limited ability to move around	Feb 4, 2011 5:00 PM

Early Start Services

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

	Response Text	
565	Individuals whose IPP team has identified as having a need for services as decribed in the Lanterman Act	Feb 4, 2011 5:09 PM
566	All children under the age of 3 years old with a developmental delay of 33% in any area of development.	Feb 4, 2011 5:09 PM
567	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 5:25 PM
568	Children with developmental difficulties or physical delays.	Feb 4, 2011 5:40 PM
569	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 5:42 PM
570	Make sure the speech therapist is qualified to provide both speech and language. Most of them try to get by with only expertise in language (grammar) when speech therapy(pronunciation) is what's really needed.	Feb 4, 2011 5:42 PM
571	Any child identified at risk should be eligible. Early Start, while costing a lot of money, helps to give some kids the early detection and treatment they need, to limit the need for services in the future. I know that one of my boys will need far less treatment (and thus cost to Regional Center) because he was identified and given intensive services at 1 1/2 rather than 2 1/2 years old. That extra year early on will save Regional Center many years in the future, and will ensure a better quality of life for my son as well.	Feb 4, 2011 5:47 PM
572	I think standard should include: at risk premies based on factors other than just developmental levels....since IRC adjusts the age and then they don't qualify...I think the new criteria is going to miss some kids and why are losing our focus on what Early Intervention is all about. It is about Early Intervention: premies fall in this category and if they are under a certain gestational age, weight and have been on a vent they should be followed!	Feb 4, 2011 5:51 PM
573	The current standards used by the Golden Gate Regional Center are very clear. A child must demonstrate a delay of 50% in one area or 33% in tow areas to receive services. Already this has excluded many children who are "borderline" who undoubtablely need and benefit from services. Let's be honest, if your child has a 45% delay...is that something that should just be monitored??? We ahve already forced families to use private insurance...often to the child's deficit. A $25 per session reimbursement for therapy services when the cost of a session is well over $100 in most private clinics, is in effect prohibitive for most families...but because the are technically covered the regional center will not assist the families.	Feb 4, 2011 5:57 PM
574	0-3 year-old children who are at risk or have a developmental delay in a variety of areas including, social-emotional, sensory integration, cognitive, fine motor, gross motor, speech-language, or self-care should be provided this service.	Feb 4, 2011 6:09 PM
575	Children between birth and 36 months at risk or experiencing developmental delays	Feb 4, 2011 6:24 PM
576	In our society, babies and small children service are absolutely critical! No infant or young child with disabilities should be denied consistent services to assist them to gain the skills they need in life. Too often these children get shuffled around with inconsistent services or being denied or postponed from receiving them. Besides developmental services, hearing services and speech services are very important even at this early age.	Feb 4, 2011 6:50 PM
577	Any child age birth to 3 who meet the qualifying criteria should receive receive the needed serices to be successful in and around the community. The current criteria appears to be appropriate.	Feb 4, 2011 6:58 PM
578	Those 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 4, 2011 7:01 PM
579	The same as previous #1.	Feb 4, 2011 7:15 PM
580	All disabled children deserve the support as soon the disability is discovered	Feb 4, 2011 7:28 PM

Early Start Services

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

	Response Text	
581	The current population receiving these services should continue to receive them. More attention needs to be paid to children who are classified "prevention". Often parents of children in prevention only get a phone call every quarter but no training. Preemies and children of developmentally delayed parents are excluded from Early Start services until they show a delay. These children need closer monitoring -- maybe twice a month or once a month visits.	Feb 4, 2011 7:37 PM
582	Anyone who needs it.....	Feb 4, 2011 7:43 PM
583	Children who are delayed in one or more areas of development	Feb 4, 2011 7:46 PM
584	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 7:47 PM
585	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 8:12 PM
586	Any child at risk for a developmental disability should receive these services no matter what the percentage of "being behind" is. This is a very critical stage in a childs life and by denying services at such young age , the state will find themselves having to offer double the therapy and expenses at a later age. Even if the risk of a developmental disability is found to be low at such young age, when not treated it will become a larger and larger risk or disability as the individual ages.	Feb 4, 2011 8:17 PM
587	At risk as determined by the IPP team	Feb 4, 2011 8:32 PM
588	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 8:52 PM
589	All children under 3 with a significant developmental delay--including the areas of speech-language, motor skills, cognition, sensory--as diagnosed by a professional in the designated area.	Feb 4, 2011 9:00 PM
590	Infants and young toddlers who display a delay of at most six months. As a parent of a child who participated in Early Start services I can tell you that the sooner children are worked with will directly correspond with how well they do.	Feb 4, 2011 9:11 PM
591	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 9:15 PM
592	Anyone with a suspected developmental delay, genetic disorder, or diagnosis on the autism spectrum	Feb 4, 2011 9:20 PM
593	children showing 6 months or more delay in speech, development milestones or motor skills.	Feb 4, 2011 9:23 PM
594	Everyone who needs them, without partiality. That's how we change a society, for the better.	Feb 4, 2011 9:31 PM
595	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 9:52 PM
596	All children should get these. 80% of kids who go through an early start program don't need Regional Center services later in thier lives. 80%!!!!!!!!! Eliminating or limiting access to early start programs will create a larger financial burden in the future.	Feb 4, 2011 9:57 PM
597	ALL children and families with developmental disabilities should be eligible to receive these services.	Feb 4, 2011 10:03 PM
598	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act.	Feb 4, 2011 10:18 PM

Early Start Services

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

	Response Text	
599	All children under the age of three at risk for or 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. The requirement of a 50% delay for children over 2 years (implemented from 7/10) has become a barrier to care for children with a high likelihood for a positive treatment response. The denial of communication assessments to children with lower cognition creates an inappropriate barrier to the promotion of early communication landmarks, such as joint attention. This malleable target has a positive influence on outcome for children with ASDs and is not even assessed for many young Early Start clients nor are treatment activities or progress adequately assessed.	Feb 4, 2011 10:26 PM
600	Children with diagnosed disabilties and those with risk factors for delays and disabilties should be able to access services and/or supports	Feb 4, 2011 10:30 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 4, 2011 10:34 PM
602	All children should have available the opportunity for a multi-disciplinary evaluation as early as there is any suspicion of problems. The regional center needs to establish a collaberative relationship with a entity that provides this service. As a result of this evaluation proper services can be provided.	Feb 4, 2011 10:39 PM
603	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 10:41 PM
604	I strongly disagree in cutting down the percentage to delay from 75% to 50%. These infants need all the help that can be given. Giving services to those who have 75% delays will save money in the long run.	Feb 4, 2011 10:43 PM
605	The current service standards outlined are workable.	Feb 4, 2011 10:51 PM
606	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 10:55 PM
607	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 11:11 PM
608	Those infant and toddlers whose Individual Family Service Plan (IFSP) team has identified a need for these services	Feb 4, 2011 11:14 PM
609	Early intervention is extremely important. Any needy young child in need should be allowed,	Feb 4, 2011 11:16 PM
610	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 11:19 PM
611	Everyone who is in need of such service	Feb 4, 2011 11:23 PM

Early Start Services

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

	Response Text	
612	It is important to keep current eligibility in Early Start as well as Prevention Program. If we continue to provide intervention services to this population, we can ameloriate many of the delays and young children can go into typical educational system at the age of three. Parents are given specific strategies to help their child achieve their developmental milestones.If they do not receive appropriate Early Intervention, delays become more significant and children are then costing taxpayers even more money as they go into Special Education. Prevention Program should not be taken away. Parents take home these babies and have no idea how to help their preemie regulate. This is a key foundation to support baby's ability to interact and relate as they age. Many behaviors are caused due to parent's lack of understanding age appropriate development and how to interact /respond to their baby . If parents can be educated in the early years how to read their babies cues and attach, many many disorders can be lessened or removed in their child. This is a critical component that professional model to families on a weekly basis.	Feb 4, 2011 11:26 PM
613	Children with diagnosed developmental disorders (actually, it was the REgional Center psychologist and MD who made the autism diagnosis of our daughter, for which we were very grateful).	Feb 4, 2011 11:34 PM
614	Any child who may have a disability. Helping the parents and child early in their development years will ensure that the child is ready to advance in a normal enviroment.	Feb 4, 2011 11:42 PM
615	Those individuals who Individual Program Plan (IPP) team has identified a need for these services, as described the The Lanterman Act Section 4646 (a) - (d).	Feb 4, 2011 11:54 PM
616	Any child at risk or with an identified disability who can not receive services through private insurance. An effort to push for private insurance coverage for health conditions of these children should be pursued.	Feb 4, 2011 11:56 PM
617	Eligibility for this program is currently appropriate.	Feb 5, 2011 12:00 AM
618	The Lanterman Act and IDEA cover Early Start services and through the assessments the IFSP team determines what is needed for the baby. Lanterman Act 4646 and IDEA	Feb 5, 2011 12:02 AM
619	Any child that may develop a disability. Early intervention will save money when they are older.	Feb 5, 2011 12:11 AM
620	Any child who is significantly behind in their development either physically or mentally or emotionally.	Feb 5, 2011 12:18 AM
621	AUTISM	Feb 5, 2011 1:11 AM
622	Any child who demonstrates needs at an early age. Early intervention that is early, positive, consistant, works wonders.	Feb 5, 2011 1:21 AM
623	Any child showing signs of a serious disability that may prevent him/her from developing typically	Feb 5, 2011 1:25 AM
624	Any child who is assessed and found to be at-risk for having a disability or those already identified with a disability. This must be based on assessment measures by the early intervention assessment team. Early start services are very possibly the most important as they have the potential of changing the level of support these children will need in the future. One thing that does seem conclusive in the research literature is that early intervention is key!	Feb 5, 2011 3:40 AM
625	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 3:52 AM
626	Early intervention is one of the most crucial programs provided for with State funding. Preemies or any infant or child with a known or suspected physical or mental disability should be provided with any and all services that will support the infant and its family.	Feb 5, 2011 4:15 AM

Early Start Services

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

	Response Text	
627	Any child with a delay of 25% in any one area should receive services. Just because a child is not delayed in multiple areas should not exclude them from receiving intervention.	Feb 5, 2011 5:33 AM
628	PDD-NOS, needs to be reimplemented as criteria for services ESPECIALLY FOR INFANTS AND TODDLERS. Let us special educators and early childhood interventionists help them get a better chance at life. They are on the spectrum, as is asperger's, How do we know (according to the MIND Institute) if their PDD-NOS isn't really autism in a mild form. And oops, wow that may look like aspergers, right? This is a spectrum disorder, an organic brain disorder, that is directly influenced by/with biological, enviornmental ,cultural sensitivity, and, SES factors. We can save the PDD kiddos, and save CA lots of money, and make money as they will be tax-paying, independent living citizens later.	Feb 5, 2011 5:34 AM
629	These should be set by the American Academy of Pediatrics, The American College of Family Practice, the Child Neurology Society and the American Academy of Nurse Practitioners.	Feb 5, 2011 5:45 AM
630	Children with delays of 33% or greater should receive the services. If we wait until the children have a 50% delay, we will waste time and children will fall farther behind in their skills.	Feb 5, 2011 5:54 AM
631	Any child at risk, but most particularly any child exposed to alcohol in utero. This group of individuals is the MOST underserved population of disabled individuals, yet exposure to alcohol it THE LEADING CAUSE OF MENTAL RETARDATION IN THE WORLD. These individuals are not simply mentally retarded. They have serious and severe issues that are limited to their specific diagnosis.	Feb 5, 2011 6:30 AM
632	All children birth to 3 years of age that exhibit and/or are at risk for a developmental delay (or) disorder.	Feb 5, 2011 6:45 AM
633	Every child who needs early start services as suggested by their doctor should receive the services. I believe it would be better in the long run if services & therapy can help these children learn skills earlier than later.	Feb 5, 2011 7:41 AM
634	All children at risk. at least 33% delay in one area, and at least 25% delay in two or more areas.	Feb 5, 2011 8:01 AM
635	People whose IP Team has identified a need for these services. See Lanterman Act.	Feb 5, 2011 2:45 PM
636	Any family who has developmentally delayed children	Feb 5, 2011 2:51 PM
637	Those who meet the current eligibility criteria.	Feb 5, 2011 4:13 PM
638	Any child at any age who is behind or presenting concerns that they may not be performing at age level.	Feb 5, 2011 4:19 PM
639	Sadly, there is a tremendous need for these services from children who will not even qualify! I think informing parents of the services available through community outreach is a missing part of the system. It took us about 12 months of doctors visits and worry before we finally got a speech therapist who told us about our local regional center. Doctor's offices and clinics should know more and maybe have brochures in their offices for people to take.	Feb 5, 2011 4:57 PM
640	Every child showing signs of Autism.	Feb 5, 2011 5:00 PM
641	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 5:20 PM
642	My son rec'd these services thru Alta regional - he has Down syndrome. It was great being a first time parent and getting information how to work with my child. I do not think that the cost of going to families homes or even working with them one on one is always necessary. I think it is too much of a luxury. It should not be a standard for service.	Feb 5, 2011 6:07 PM

Early Start Services

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

	Response Text	
643	Early Start Services have been reduced over the last 5 years so that children who would greatly benefit from these services are excluded because they are "only" 50% delayed instead of 70%, or whatever the cut off continues to be reduced to. In the long run, this hurts the state overall. If these children had early intervention, it is very possible that they would make progress to the point that by the time they were school age they would not need services, or be able to be in less expensive "higher functioning" school programs. Cutting these programs actually hurts the state in the long run.	Feb 5, 2011 6:27 PM
644	same as first set	Feb 5, 2011 6:39 PM
645	Any child determined to be at risk by a physician	Feb 5, 2011 7:57 PM
646	Very important to begin early andprovide various options for help	Feb 5, 2011 8:13 PM
647	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 8:44 PM
648	All children ages birth to 3 should be eligible to receive these services with a 37-50th percent delay in a developmental area. There is nothing more important than early intervention especially in terms of a long term cost saving measure. Without early intervention services, the DDS will not achieve their goals including maximizing functional independence during a child's earliest years and this will result in an increased frequency, duration, and amount of publicly funded services throughout the lifetime. Potentially there might even be out of home placement that could have been properly addressed in the first three years and prevented. Bottom line is that when children receive services earlier on, they require less intervention later. Feeding issues, mobility issues, long term equipment issues, and independent living, and issues related to school are all included.	Feb 5, 2011 9:00 PM
649	Children who have developmental delay or disability should have this service. Family who have children with developmental delay or disability should have this service. Children and Family who struggle with pursuing help should have this service.	Feb 5, 2011 10:04 PM
650	Doctor and or educator who does an assessment that believe the child will have a disability	Feb 5, 2011 10:07 PM
651	Any eligible child under age 3	Feb 5, 2011 10:25 PM
652	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 10:52 PM
653	A child who is considered to "maybe" have autism should be enrolled in ABA (Applied Behavior Analysis) therapy as soon as possible, just in case the diagnosis is made.	Feb 5, 2011 11:59 PM
654	All the children should. It's a matter of how to help them now so we don't have to help them as much or at all later	Feb 6, 2011 12:28 AM
655	doctor referral	Feb 6, 2011 2:25 AM
656	-Children who have identifiable and significant delays. -Services should be approved based on specific criteria for each service (e.g. PT, OT, SPCH) and continuation of service based on demonstrated improvement (This should be clearly defined)	Feb 6, 2011 2:59 AM
657	Any child who has a disability, or if their doctor thinks that they will have one when thy get older. Early intervention in important.	Feb 6, 2011 3:29 AM
658	Regardless of any suggested standards, the consumer's parents and/or caregivers must still have input regarding early start services, and the entire IPP team, including the above, must retain the ability to determine the services and supports needed by the consumer.	Feb 6, 2011 5:27 AM

Early Start Services

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

	Response Text	
659	Those individuals whose Individual Family Service Plan (IFSP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 6, 2011 5:53 AM
660	Anyone with ANY level of delay deserves early start services. Even if a child has less than 33% delay for example, they may be most able to utilize therapy provided. Sometimes children with milder disabilities or less developmental delay can produce greater gains. All types of therapy may be extremely effective at any level of loss!	Feb 6, 2011 6:08 AM
661	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). For early start, inclusion criteria should be as broad as possible. Helping children early on, in many cases, will eliminate the need for services later, and improve quality of life as well as conserve financial resources.	Feb 6, 2011 4:31 PM
662	Infants, young preschoolers, and toddlers.	Feb 6, 2011 4:59 PM
663	Babies at risk.	Feb 6, 2011 7:20 PM
664	all children who are eligible and have some sort of delay	Feb 6, 2011 9:49 PM
665	All children with developmental disabilities whether identified with a specific abnormality or described through developmental observations.	Feb 6, 2011 10:12 PM
666	All qualifying clients of regional center. So much can be done early to minimize later needs.	Feb 6, 2011 10:44 PM
667	Same as behavioral.	Feb 7, 2011 2:49 AM
668	Those indiviuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lantern Act section 4646 (a) - (d)	Feb 7, 2011 5:12 AM
669	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 6:35 AM
670	parents and babies and small children. Parents need to be present during the services because they will learn and apply that to their children all the time.	Feb 7, 2011 7:21 AM
671	Any parent whose child is assessed as behind their milestones by at least 33% in any developmental area	Feb 7, 2011 8:02 AM
672	Preterm birthds 30 weeks and earlier	Feb 7, 2011 2:55 PM
673	This is the most important program. The earlier diagnosis and services start the better. What is provided should be coordinated with other existing programs such as Easter Seals so that services do not overlap and funds are not wasted.	Feb 7, 2011 5:13 PM
674	Early Intervention Behavior Treatment and Training should be provided to children with a diagnosis of Autism between the age of 2-6. Any older than age 6 and the program should really be evaluated for effectiveness.	Feb 7, 2011 5:27 PM
675	People whose Individual Planning (IP) Team has identified a need for these services. See Lanterman Act.	Feb 7, 2011 5:43 PM
676	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 6:19 PM
677	The current standard of a 50% delay if the child is over 24 months is inappropriate. Early Start services will save the state funds later. many of the 0-3 clients are remediated by age 3 and therefore no further services or expenditures are necessary. The 33 1/2% delay should be reinstated.	Feb 7, 2011 6:22 PM
678	Children with autism must be given open access to intensive behavioral, occupational therapy, speech therapy ad specialized therapy services they may require. Early intervention is the single most imporant thing to a toddler with autism in order to be able to recover faculties or gain assistance in accessing communication and education.	Feb 7, 2011 6:24 PM

Early Start Services

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

	Response Text	
679	Diagnosed and tested children who belong to the low income	Feb 7, 2011 6:34 PM
680	Services should be provided up to school age.	Feb 7, 2011 6:45 PM
681	I believe that these services are invaluable. My son who is MR received early intervention including speech/OT and "play group" socialization 16 years ago and would not be functioning at the high level he is today had he not been in early intervention from 1 - 3 years of age.	Feb 7, 2011 7:18 PM
682	Those individuals whose IFSP team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 7, 2011 7:51 PM
683	The parent(s) and their doctors play a huge role in knowing if their child needs help. Once a problem is identified, specialists can help knowing exactly what kind of help the child needs. We've had services for 1 1/2 years. It has been amazing. Our therapists have played a HUGE role in identifying problems and working to solutions. I really think objective therapists should decide not Regional Center Case workers who gets services. Our first Regional Center case worker had no concept of what we were dealing with. She also didn't speak English well at all. While we understand that Regional Center needs to have objective people approving services, I think it would be in Regional Center's best interest to have objective therapists and family counselors, maybe from local hospitals, assessing and recommending services, instead of a person like our original case worker who only saw them on paper, couldn't understand what we were telling her, had no ability to relay information and only saw them one time for a half an hour.	Feb 7, 2011 7:58 PM
684	ALL babies need to have (at 6months, 1 year, 18months, 2 years) check-up a screening for dev. disabilities. We brought up concerns at all of those appts. and were not heard. The fact that he was finally identified to have a dev. disability at age 3 1/2 was more because we knew something was not right and a family friend was a special ed teacher an dpushed us to make an appt. with ALTA. TEST early for crying out loud and catch these children earlier so that they may be treated and helped earlier!!	Feb 7, 2011 8:22 PM
685	As stated in the prior section.	Feb 7, 2011 8:24 PM
686	All individuals identified as having need for the service. This will end up saving the state in the long run by decreasing the services needed in the future. Prior to the services being available families placed their infants and children in Developmental Centers because there were no services availble. The cost to the state will be much higher if we cannot keep the kids at home and teaching parents how to care for and work with their child. We recent looked at the life of an individual, he is 51 years old living in an ICF-DD-N facility. He was placed in Porterville as a 4 year old because the family had no support or services available. This individual lived there from 1963 until 1996. This could have been avoided, if there were services available. When he was place in the community in 1996 he had numerous institutionalized behaviors and who know what potential was lost due to the long year in an intitution. If he had stayed at home with support, it would not have cost the state much for all of the years in Porterville. We have other people in the home with similar stories.	Feb 7, 2011 9:09 PM
687	Young children under 3	Feb 7, 2011 9:31 PM
688	Children 2 and younger who need early intervention should receive these services.	Feb 7, 2011 9:48 PM
689	I think that these services must maintain a very high standard of quick intervention as these years are critical. They should be all encompassing to maintain the health and development of young children who depend on us to use common sense, not a money matrix to decide whether they are worthy of services.	Feb 7, 2011 9:57 PM

Early Start Services

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

	Response Text	
690	Any infant demonstrating a developmental delay in one domain of 30 % should be evaluated with a thorough developmental evaluation. Any infant born premature or with a genetic anomaly,or who has a history of anoxia at birth or hypotonia, or hypertonicity should be evaluated and possible seen. Any infant with a diagnosis of reflux should be seen.	Feb 7, 2011 10:25 PM
691	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 10:31 PM
692	Allow RC's to set the standards in their own communities.	Feb 7, 2011 10:44 PM
693	This should be an IFSP team decision and determined according to individual need. Any consumer and his/her caregivers should receive appropriate services when developmental needs have been documented in the IFSP. Current budget cuts eliminating whole categories of services have been devastating for many consumers and their families.	Feb 7, 2011 11:09 PM
694	Let the Regional Centers make the decisions regarding program services	Feb 7, 2011 11:13 PM
695	Should follow IDEA Part C requirements and should include those at highest risk of disabilities along with those who have a disability. Multiple risks should be an eligibility criteria. Risk must include environmental and family risk factors based on all research indicating highest likelihood of later problems associated with increasing numbers of risks	Feb 7, 2011 11:52 PM
696	Children under 3 ears of age who have been diagnosed with a speech and or language delay. The current policy of only serving children with severe delays is very shortsighted. With just a short time of intervention, many children with mild to moderate delays can be brought up to normal functioning and more importantly stay there. If these children are not served at this young age, they will most likely need services later and these service will take longer to be effective. Not to mention the psychosocial benefits for children that are able to communicate clearly.	Feb 8, 2011 12:13 AM
697	* Direct services to infants and toddlers, birth to 3, with a known and/or suspected disability * Direct and/or supportive services to family members of qualifying infants and toddlers (based on family's skills and knowledge) * At-risk infants and toddlers, including those with suspected medical needs	Feb 8, 2011 12:28 AM
698	As a former employee of NLACRC dating back to 1988 in the Prevention Unit and now 23 year later still working in the field, I know from my experience that babies from birth on should be receiving these services. It is so important to get to the ASAP. It is so much harder to get the babies and their parents in gear to " catch up": I have seen way too many babies come to our program a year or 2 late and I only think of what we could have done to help promote that child's development and help the parents learn what they could have done. It so so important at this stage in life that the services being offered are individual home based in addition to center based, but individual services is so important at this time in life.	Feb 8, 2011 12:36 AM
699	Services should be provided as early as birth when any developmental delay or high risk issue is ascertained. When professionally assessed, the infant will benefit from early intervention services.	Feb 8, 2011 1:01 AM
700	Any child under the age of 5.	Feb 8, 2011 1:12 AM
701	Follow federal mandate under IDEA for early intervention services.	Feb 8, 2011 1:27 AM
702	Individuals that are delayed and at risk of a diagnosis.	Feb 8, 2011 1:57 AM
703	All qualified individuals are to receive these services	Feb 8, 2011 1:58 AM
704	If doctor thinks a child needs services then child should receive these services.	Feb 8, 2011 2:20 AM
705	Any baby or young child identified as having a disability.	Feb 8, 2011 3:15 AM

Early Start Services

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

	Response Text	
706	Infants from 0 to three years of age . Infants born prematurely. Even infants born 4 weeks premature often have severe delays. Multiple birth situations, because this csuses delays in infant development. Infants born to mothers who are addicted to drugs or alcohol, or who have severe diabetes.	Feb 8, 2011 3:22 AM
707	Any child with a developmental delay	Feb 8, 2011 3:27 AM
708	Children who are at risk for developmental delays based on a remarkable medical history such as pre-maturity or multiple hospitalizations. Also, children who display a delay. Children under the age of three are considered to have a delay when they are 3 months or more behind (this is documented in the literature). Therefore, a 1/3 delay is clearly a significant delay. Waiting until a child has a 50% delay is waiting too long. Early intervention implies "early" not waiting later until they have the 50% delay which may be closer to when the child is turning three years of age, which leaves the client with little time to receive intervention (OT-occupational therapy, PT-physical therapy, SLP-Speech language pathology). At risk children should receive infant development programs to prevent or maintain developmental skills.	Feb 8, 2011 3:44 AM
709	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 3:53 AM
710	Low to middle income families with children who are prematurely born, have a congenital birth disorder/defect, a type of syndrome, prenatal drug exposure, history of mental health, children who are considered delayed in all areas of development.	Feb 8, 2011 3:55 AM
711	0-3 years	Feb 8, 2011 4:17 AM
712	Current standards work fine.	Feb 8, 2011 4:18 AM
713	ANy child with a developmental disability	Feb 8, 2011 4:21 AM
714	Currently infants are referred to Early Start Services either directly from the doctors, nurses or therapists at the NICU's or from other major medical centers when a child experiences a traumatic injury or illness. It is extremely critical to get these children referred as early as possible to prevent further deformities that could last a lifetime. The current system works, albiet rather slowly, loosing valuable time. There are many situations where parents are in desperate need of early assessment of their child's therapy needs (ie child has been diagnosed with failure to thrive and is no longer eating, loosing weight,etc and G-tube is placed). The children should be evaluated by professional therapists (PT or OT or ST) who have been deemed experts in their field by either their advanced credentials, or years of experience. Their sole job should be evaluation of new referrals. Currently many children are evaluated by Child Development Specialists who do not have adequate background in the musculoskeletal and neurological systems and have no experience with many of the disabilities that they may be asked to evaluate. Many times crucial months pass before the child is referred to the professional that can provide the most benefit to the family and child. If the evaluator feels that Child Development Services are indicated, they can still be referred. The system here seems backwards.	Feb 8, 2011 4:41 AM
715	Autistic/Spectrum disorder	Feb 8, 2011 5:16 AM
716	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 5:29 AM
717	Again as previously stated.	Feb 8, 2011 6:07 AM
718	I believe that these services should be based on a sliding scale, according to the family income.	Feb 8, 2011 6:24 AM

Early Start Services

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

	Response Text	
719	Current early start eligibility should remain in order to open a case and start a service. I don't feel parental income should be a factor as this may cause delay in treatment just as accessing private insurance has caused a delay in services. Regarding this delay in services due to the private ins implementation: Please consider the following: Currently RC has 45 days to determine eligibility. After the IFSP is completed another 45 days is allotted for a parent to access insurance or provide a denial. If nothing happens, most RCs begin the service. Imagine... potentially 3 mos until a therapy begins from the time the referral is made. Doesn't seem long as an adult? Now imagine the child is 9 mos old at the time of referral for motor delays and doesn't start PT until 12 mos of age. That is 25% of that child's lifetime! Is that really acceptable? If a 30 year old was referred for medical treatment and it took 25% of their lifetime, they would start receiving treatment when they were 37.5 years old. Please consider that valuable learning time is being wasted.	Feb 8, 2011 8:42 AM
720	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 3:38 PM
721	Anyone with a significant birth history or developmental disability	Feb 8, 2011 4:11 PM
722	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 4:22 PM
723	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 6:00 PM
724	Individuals diagnosed with an Autism Spectrum Disorder (e.g., Autism, Asperger's, Rett's, Childhood Disintegrative Disorder)	Feb 8, 2011 6:35 PM
725	Children/Babies should receive these services	Feb 8, 2011 7:00 PM
726	Anyone who is disabled should be offered these services.	Feb 8, 2011 7:35 PM
727	All children who have an older sibling diagnosed with Autism Spectrum Disorders and those who meet the "At Risk" criteria set forth by Regional Centers.	Feb 8, 2011 7:38 PM
728	Children from birth to three, should continue to receive early intervention services. Actually, it should even be extended to ahe ages of 5. Sometimes children get lost in the shuffle from early start to LAUSD or the local school district, and the services tend to be less one to one; therefore sometimes therapies are not as effective. Current eligibility criteria, based in my area, which is the North Los Angeles County Regional Centerm are proper in my opinion, but more children with delays need to also attend a center based program on as as neede basis.	Feb 8, 2011 7:47 PM
729	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 7:51 PM
730	Everyone who is not capable of caring for themselves who need extra care and services provided for them	Feb 8, 2011 7:58 PM
731	Any family who has been referred by a qualified professional who thinks the family/child could benefit from early intervention.	Feb 8, 2011 8:25 PM
732	those who qualify for DDD	Feb 8, 2011 9:17 PM
733	as on previous page on all these questions	Feb 8, 2011 9:43 PM
734	Any child who my show signs of a disability.	Feb 8, 2011 9:49 PM
735	Early start programs are very beneficial to children who have been identified with special needs in the categories of delayed development, birth traumas, physical disabilities, among others. They can been seen by all the therapeutic providers listed above in one location, centralizing care and therapies. This can sometimes eliminate the need for services from the regional center later in life if the child progresses to the level of a more typical child.	Feb 8, 2011 10:24 PM

Early Start Services

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

	Response Text	
736	I am concerned that service standards means finding cheeper or lesser services for children. This may not be the case, but it has been my experience working in Early Start for over 5 years now. In California we are so diverse in what our children need and what services we can provide. I believe that there are some areas within our state that can provide, for example more medical services than others as they are able to partner with Lucile Packard Hospital and UCSF Hospital. Therefore they are able to provide a possible speciality service that maybe other regional centers aren't able to in such a way. Another possible way of looking at this topic is what services are working in each regional center catchment area and which are not. What can we learn from one another that has worked in providing services to children and families and what is not working, in a way that does not take away from the integrity of services being provided to these children and families.	Feb 8, 2011 11:00 PM
737	All children should be given access to these services. The standard set should be that children receiving these services should be in definite need of them.	Feb 8, 2011 11:03 PM
738	Those who qualify under current standards	Feb 8, 2011 11:16 PM
739	The Regional Centers recently revised the service standards, making it more difficult to qualify for early intervention services. I don't believe the requirements should be narrowed yet again, they should remain as they are.	Feb 8, 2011 11:30 PM
740	Babies or children identified by their doctor as having a disability and then confirmation of said disability by a team assessing all areas perceived as a weakness. OT,PT, Speech....	Feb 8, 2011 11:48 PM
741	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 11:51 PM
742	All children who have substantiated delays should be eligible for these services. The thought and research behind Early Intervention is to work with these children when they are young, empower their families to advocate and learn the developmental process and to encourage these milestones at home. Parents have a right to choose what is appropriate for their child and the right to know what services are in their geographic area. Service delivery should be a choice for parents, not a fight.	Feb 9, 2011 12:06 AM
743	Prematurity, documented developmental delays, specific genetic or metabolic disorders which put children at risk for or have developmental delays.	Feb 9, 2011 12:46 AM
744	Any baby that shows development delayed.	Feb 9, 2011 12:47 AM
745	Maintain current eligibility requirements	Feb 9, 2011 1:26 AM
746	All children who are disabled or have a developmental, speech, occupational, or physical hinderment should have access to services such as interdisciplinary assessment services, infant development programs, family training, early intensive behavioral services, specialized therapeutic services, speech pathology, occupational therapy, and physical therapy.	Feb 9, 2011 1:33 AM
747	same	Feb 9, 2011 2:27 AM
748	The children should get all of the services that are recommended by their doctor	Feb 9, 2011 3:15 AM
749	Its important to keep current eligibility in early start as well as prevention programs. This support allows kids to go into typical education at the age of three. As parents were given specific strategies to help aid our children in reaching their milestones. If we didnt receive these services and aid then our childs delays would be that much more delayed. There are so many things that go along with having a child w Hypotonia that I never knew and without this program my child would be lost.	Feb 9, 2011 3:49 AM
750	Services should be available to any child / family with an assessed need for early intervention activities.	Feb 9, 2011 3:56 AM

Early Start Services

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

	Response Text	
751	It seems to an outsider that some un-documented people have caught on to the services of the EI unit. RCs do not require that a person be documented; indeed we are told to avoid reference to legal status in the charts. am not sure if these children need the service in the traditional sense, or not.	Feb 9, 2011 4:08 AM
752	As it stands, Early start services provide essential therapies for those children under the age of three years old with disabilities who qualify under specific guidelines. As a therapist, I have found that parents insist that their child continue with services until the age of three even though they have reached an age-equivalency that places them outside of those specific qualification guidelines. I understand that the child, once deemed eligible for services through the regional center, is entitled to services until the age of three regardless of performance. There should be a change to unify the regional center and service providers recommendations of discharge when the child is performing at age-level or above.	Feb 9, 2011 4:09 AM
753	At-risk infants and toddlers who have disabling conditions, potentially disabling conditions, or delays in developmental domains of Communication, Daily Living, Social, Motor, or Behavior.	Feb 9, 2011 4:11 AM
754	children beginning at age 0 to 3 years should be able to qualify for services based on a diagnosed disability, chronic illness, prematurity of birth, or an unspecific developmental delay. The earlier the intervention can start the more significant changes we are able to make.	Feb 9, 2011 4:28 AM
755	Children with delays need services ASAP. The wait a see approach is a crime. Everyday without services, is gone forever. The sooner they get services, the sooner they can catch up with their peers.	Feb 9, 2011 4:31 AM
756	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 5:40 AM
757	First of all, legal residents and tax payers in CA. Any child who is diagnosed with a disability or potential disability as noted. The notion of exploring coverage through ones own personal health insurance is completely supported and makes sense.	Feb 9, 2011 5:43 AM
758	Children who have received a diagnosis with a developmental disability or who may be at risk of receiving the diagnosis.	Feb 9, 2011 5:59 AM
759	Services should start when needed, as early as birth, and not at 12 months, as mentioned in the survey. Also, services should be delivered individually to maximize a child's progress. Brain research has shown that the brain is most pliable from age 0 to 3. For example, recent studies reported that increased growth in brain placicity in cases where babies have severe seizures must have a hemispherectomy.	Feb 9, 2011 6:14 AM
760	Services should start as needed, as early as birth and not at 12 months, as mentioned in the survey. Services should also be delivered individually to maximize a child's progress. Brain research has shown that the brain is most pliable from age 0 to 3 years. For example,recent studies have reported increased growth in brain plasticity in cases where babies have severe seizures and must have a hemispherectomy. I also have one child that has a subarachnoid cyst and if they had waited to give services at 12 months she would not be walking or talking but merely dragging her legs.	Feb 9, 2011 6:16 AM
761	any infant or toddler who is developmentally behind due to premature birth, drug exposure, medical issues, syndromes, parents are developmentally delayed and receive RC services, delays in one area of development at 33 % not 50% especially for child over 24 month. At age 3 children need an approximate 33 % delay to qualify for services why is it different for infants and toddlers. GO BACK TO THE WAY IT WAS BEFORE TRAILER BILLS WERE PUT INTO PLACE with Swartsenager	Feb 9, 2011 6:53 AM

Early Start Services

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

	Response Text	
762	Those born with a specific obvious long term disability, ex: Down's, CP, when it is apparent that the infant will need services for several several years and that these services will "highly" benefit the child long term, even if they don't have a specific disability.	Feb 9, 2011 7:00 AM
763	Any child regardless of ability to pay that has a physical, mental, or developmental disability. Once a family has contacted the Regional Center for evaluation/assessment, it should be timely vs weeks/months to get services after it's been deemed necessary. If the Regional Center is looking to insurance to cover services, they should go ahead and provide the child(ren) with the appropriate services while that issue is being resolved. If the family's insurance policy covers some or all of the services, then it should be billed. However, if the insurance is an HMO and covers only some or none of the services, the family should not be penalized and services should be fully covered by the Regional Center.	Feb 9, 2011 7:00 AM
764	Any children from 0-3 years with a delay in development - motor or cognitive, or a great potential for delay due to an obvious genetic, birth trauma or prematurity.	Feb 9, 2011 7:12 AM
765	This is so important to keep going.	Feb 9, 2011 7:16 AM
766	Newest standards seem appropriate, BUT High risk should be added back though! Many of these kids are gonna come back into the special Ed system later on. To cut high risk is only a short term problem that's gonna cause long term, more expensive costs. we are going to be kicking ourselves in 5-10 years for this one. That program where the service coordinators supposedly monitor them is a joke. & a waste of money. Drop it, even if you don't bring back the high risk category!	Feb 9, 2011 8:38 AM
767	Child who is unable to function at home or in community Eligibility based on evaluation from apprpropriate professional	Feb 9, 2011 1:55 PM
768	Children with true developmental delays.	Feb 9, 2011 3:56 PM
769	The criteria for the individuals who receive these services should remain unchanged. It would behoove the powers that be to review the standards set in the state of Colorado for providing early intervention services. It's based on a transdisciplinary model. I have worked under this model and although some professionals would consider this an encroachment issue, it was effective for our family members. This model helped community based service providers to better address the family concerns being that communication is the key component in this model. In addition to this, it appeared cost effective.	Feb 9, 2011 5:08 PM
770	These services should start when needed even as early as after birth because that first year can make a huge difference in development. Any child 0-3 years who has a disability or any significant delay in development should have access to these services.	Feb 9, 2011 5:28 PM

Early Start Services

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

	Response Text	
771	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. Regional centers are no longer allowed to pay for any service that is not required to be provided by federal law except for DME. Rather than limit the ability to pay for DME, we suggest increasing the use of private insurance. We recommend no further reductions or limitations be made to Early Start Services as the Budget Trailer Bill of 2009 already enacted significant service changes and restrictions on eligibility.	Feb 9, 2011 5:30 PM
772	It appears thorough assessments and standards exist as to who should receive services.	Feb 9, 2011 7:21 PM
773	At risk or high risk children.	Feb 9, 2011 7:38 PM
774	I think that eligiblity should be based on standard scores whenever possible because they are statistically more significant then age scores.	Feb 9, 2011 7:42 PM
775	I think the standards today work well.	Feb 9, 2011 7:51 PM
776	All children in need must receive services.	Feb 9, 2011 8:36 PM
777	Children with significant developmental delay should receive services. A 33% delay in one or more areas should be sufficient for any age. Mild to moderate delays or multiple risk factors for delay should warrant limited consultation services to monitor development. If consumers do not receive the services they need while in the Early Start phase, there will no doubt be further delays and exponential costs to the state down the road when the child moves on to district services. This needs to be recognized and considered when changing standards for eligibility of Early Start services. Though it's considered cost effective to cut the funds to this area, higher costs will likely be realized in the future as the child becomes older and needs are increased because of insufficient Early Intervention services.	Feb 9, 2011 8:38 PM
778	Service should be received by children who qualify based on standardized testing and known diagnostic outcomes. The earlier a child is treated for any type of delay, the better the outcome. Proper Evaluation is key in determining what the specific issues are and how they can best be addressed.	Feb 9, 2011 8:49 PM
779	This service should provided as determined by the IPP team as necessary.	Feb 9, 2011 9:00 PM
780	Sex education training for all consumers prir to sexual activity.	Feb 9, 2011 9:16 PM
781	The regional centers should err on the side of caution. It is a well-documented fact that children who receive early intervention are far more able to overcome their disabilities than those who don't. We have two children on the spectrum - one who did not receive services until he was 3 and one who received services at the age of 1. The younger child is far more capable of participating in society. The older one is still struggling.	Feb 9, 2011 9:42 PM
782	anyone who may have a disability or with development delay	Feb 9, 2011 9:54 PM
783	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 9:59 PM
784	kids under 3 who have demonstratable needs	Feb 9, 2011 10:15 PM

Early Start Services

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

	Response Text	
785	It is essential to continue funding for Early Intervention Services (0-3yrs), as we shape and make an impact on each child's life, function, participation, and future to be an independent/productive individual. EI changes families and children's lives. If we do not continue to fund for Early Intervention we will pay a high price as a society. We will pay more to assist children with special needs later with less of an effect. Neurolplasticity has a 5 year window and the cost of providing services rarely decreases over time. If we want a future for our children we must give them hope. EI is cost effective and works!!	Feb 9, 2011 10:48 PM
786	It is reasonable to follow current guidelines of 33% delay in two areas or 50% delay in one area with exceptions granted based on individual case situations. All children with some delay or "at risk" kids should be eligible for some sort of service through the prevention program. The Regional Centers should be offering more parent training programs (such as the Hanen Parent Training Program called "It Takes Two to Talk" that teaches parents to become the child's language facilitator) to reach a greater number of parents using a cost-effective method. These programs are being offered but are not recommended frequently to families as an option. These programs shoud be offered to at-risk children who may end up in jail when they get older because they did not receive preventative services.	Feb 9, 2011 11:07 PM
787	Anyone with developmental disabilities who has this identified in as a ned in their IPP	Feb 9, 2011 11:43 PM
788	All children in this catagory should recieve a vision examination to determine the need for glasses to prevent vision problems from worsening from neglect. They are more at risk for vision problems.	Feb 9, 2011 11:49 PM
789	25% delay in 2 areas or 35% delay in social or language. 14 months - 3 years.	Feb 10, 2011 12:34 AM
790	The current requirements for eligibility for Prevention vs. Early Start are reasonable and should iinclude transition assistance at all levels due to current lacks in available preschool and child-care options. However - those working in the field find that time and again parents are most ready to fully participate in support services and intervention at home when their children are around the age of 3 or after, and since there are few other developmental programs available that are not income-determined (such as Early Head Start) I feel it is most important to INCLUDE CHILDREN FROM 3 - 4.5 YEARS OF AGE and makethe eligibility more restrictive only if absolutely necessary to continue funding. Progress made at a young age is more cost-effective in the long run !!	Feb 10, 2011 12:58 AM
791	as long as HBOT is added to the services at the earliest possible qualification of services. We owe that much to the future generations to radicate this epidemic of neurological disorders and other disablities.	Feb 10, 2011 2:52 AM
792	All those with developmental disablities determinded by regional care	Feb 10, 2011 7:38 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 10, 2011 7:55 PM
794	Some people do not find out about the Regional Center until their child is 2 or 2.5. Currently, children of this age have to present a greater percentage of delay than those who are diagnosed at 18 months or earlier. As a result, I fear that some children aren't getting the services they need. The percentage should be the same across the board up to the age of 3.	Feb 10, 2011 8:04 PM
795	Children over six months who demonstrate a 33% delay in one domain Children under six months who demonstrate a 20% delay inone area	Feb 10, 2011 8:36 PM
796	Small infants and toddlers who are demonstrating delays and disabilities	Feb 10, 2011 8:48 PM
797	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 8:50 PM

Early Start Services

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

	Response Text	
798	this should have a more clear understanding of who may or maynot recive services	Feb 10, 2011 9:14 PM
799	children under age three who show developmental concern or are at risk for concern should receive an evaluation. children with border line or mild delay should recieve monthly monitoring and parent trainig within area of concern by licensed professional.	Feb 10, 2011 9:24 PM
800	Those individuals whose Individual Family Service Plan (IFSP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 10, 2011 9:29 PM
801	Any child who meets the criteria for a developmental delay or whhas a sibling with a developmental disability.	Feb 10, 2011 9:39 PM
802	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 9:53 PM
803	Same as previous survey in all areas as I thought I was covering that topic.	Feb 10, 2011 10:26 PM
804	Children at risk for developmental disabilities, children with feeding difficulties, hearing impairment, structural differences (cleft palate, Pierre Robin syndrome), indications for autistic spectrum disorders, physical limitations, etc.	Feb 10, 2011 10:27 PM
805	Children up to school age to help them adapt and grow so that when they start school, they AND their parents are better prepared to make the transition into the new environment. It upsets me that my daughter at age 3, will lose her O.T. I wish there was more available to her through Medi CAL between 3 and 5 or 6.	Feb 10, 2011 11:04 PM
806	Infants and toddlers guava the greatest likelihood of benefiting from eatly intervention. Withholding services at early start will only drive costs up later.	Feb 10, 2011 11:10 PM
807	I believe that the current standard to have a 50% delay is quite restrictive & you miss many children who may be less severely involved but ultimately may have greater success by having intervention. In addition, there are numerous children who are not identified until after 2 years of age.	Feb 10, 2011 11:12 PM
808	Depending on the disability. Autism cannot be diagnosed until 3	Feb 10, 2011 11:32 PM
809	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 11:40 PM
810	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 11:51 PM
811	This is the most important area for services, services for children now are the best chance we have to reduce future funding requirements for their adult lives. Children should receive intensive behavioral services to reduce maladaptive behaviors, learn functional skills, and to the degree possible, academic skills to maximize their opportunities for an independent and product life that can minimize future state costs to provide for those with such disabilities. Programs should target moving children into programs that can promote skill development and reduce their reliance on life long support.	Feb 10, 2011 11:54 PM
812	All family members. Parents, siblings, grandparents. Everyone should understand the needs of these babies right from the beginning	Feb 11, 2011 12:08 AM
813	Any child referred from a pediatrican or family physician or behavioral specialist. the Prevention Program can monitor progress in case of the possible development of delays Services should be individualized to the patient at hand and fluid and evolving as the child progresses through the program. If new problems arise, they should be addressed just as resolution of issues can allow for termination of services.	Feb 11, 2011 12:40 AM
814	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 1:09 AM

Early Start Services

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

	Response Text	
815	Consumer who are at risk of receiving special education services over three years-old should recive these services.	Feb 11, 2011 1:10 AM
816	Any and all kids who show they need it. Without these vital services some kids might not prgress	Feb 11, 2011 1:17 AM
817	Any Child with autism	Feb 11, 2011 1:25 AM
818	Supports should remain the same or increase.	Feb 11, 2011 1:48 AM
819	kids with identified needs others should be monitored.	Feb 11, 2011 2:19 AM
820	This service needs to be provided to all children that are in need of the services from the most minor to the most crippling. The services are vital to the early intervention of the child at the delicate ages that can help the child overcome what their issue is or at least make life a little easier for them as the grow up. The children are our future and with out them at this stage of early intervention we are doing a diserves to humanity!!!!!	Feb 11, 2011 2:31 AM
821	children at risk, referred by a doctor	Feb 11, 2011 2:38 AM
822	This should also be a IPP team determination	Feb 11, 2011 2:45 AM
823	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. The Early Start Services saves the state a lot of money as this is preventative measure and can help these individuals be more productive members of this golden state.	Feb 11, 2011 3:16 AM
824	Premature infants who are born at 32 weeks and below 1500 grams should be evaluated. Micro premature infants who birthweight is below 800 grams and/or whose gestational age is below 28 weeks should automatically qualify for Early Start Services and receive weekly services.Medically fragile infants who are on ventilator support, have gastrostomy tubes, on oxygen and or have tracheostomies should automatically qualify for Early Start Services. Infants with congenital syndromes, heart defects, diaphramatic hernias, should qualify for Early Start Services. With our continuing advances in medical technology, we are seeing more of these babies surviving. If they do not receive these services under the age of three, by the time they are school aged they will be so behind and the amount of money needed to assist them in elementary school will be catastrophic. BELIEVE ME I HAVE SEEN THE CHANGES THAT THE EARLY START PROGRAM (IDEA FEDERAL) HAS MADE OVER THE PAST 37 YEARS. Infants and children whose developmental levels are at least 30% behind in their development should qualify for Early Start Services.	Feb 11, 2011 3:31 AM
825	Children with speech delay, physical or mental disabilities	Feb 11, 2011 3:36 AM
826	This service helps all children with all disabilities. It helps children relate to other children and learn basic instructions. My granddaughter is deaf, with hearing aids and this service not only helped her but her mother and father with speech therapy along with other programs that if this was not available, she wouldn't have been able to have. It prepares these kids for school.	Feb 11, 2011 3:43 AM
827	children with a legitimate diagnosis of autism disorder - not just a letter from any developmental pediatrician	Feb 11, 2011 3:43 AM
828	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 3:57 AM
829	All children accepted for Early Start should have some service that addressed their developmental delay.	Feb 11, 2011 4:29 AM
830	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 4:46 AM

Early Start Services

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

	Response Text	
831	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 5:04 AM
832	Early Start Services should employ some kind of team therapy like the Intensive ABA setting for best result. Because parents are not knowledgable enough to implore their rights. Some therapist are very nice person, but not a good therapist and if you do not have a team leader and measuring means, it's hard to improve the child.	Feb 11, 2011 5:05 AM
833	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 5:20 AM
834	The services should be focus in small children between the ages already establish.	Feb 11, 2011 5:33 AM
835	Birth to three population should receive early start services. Current eligibility criteria should probably changed back to what it was prior to February 2009. The State is not really saving money, rather, shifting money to another State funded entity - the school district. So many children are falling through the cracks and schools are seeing more children delayed in communication skills, fine and gross motor skills or adaptive skills and cognitive.	Feb 11, 2011 5:43 AM
836	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 6:08 AM
837	children with or at-risk of developmental delay from birht to age 3.	Feb 11, 2011 6:26 AM
838	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 6:34 AM
839	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 6:44 AM
840	Infants and toddlers who are presented with delays in developmental domains should be receiving early intervention services. Although it may be considered difficult to determine whether a child is or isn't presented with developmental delays at a young age there are obvious symptoms and signs that can be observed and recorded through appropriate assessments. Children who are presented with delays in social and language development will most likely present with delays in their cognitive development, without language and social development children present with difficulty reaching cognitive developmental milestones.	Feb 11, 2011 7:08 AM
841	Those who have a disability or those who have received a medical evaluation which determines that they may develop a disability.	Feb 11, 2011 7:33 AM
842	Any child who presents a need for these services.	Feb 11, 2011 8:31 AM
843	All children who need specialized services from the time a professional diagnoses the problem.	Feb 11, 2011 1:00 PM
844	Early screening should be done by hospitals and pediatricians for all newborns and small children receiving any medical services. This is necessary so that appropriate interventions may be done as soon as possible to improve life chances and reduce dependency later.	Feb 11, 2011 4:13 PM
845	Kids that are at-risk (back to the old inclusion criteria).	Feb 11, 2011 4:40 PM

Early Start Services

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

	Response Text	
846	Children who are referred by pediatricians or other medical professionals, daycares, parents, and through regional center childfind because of a concern about developmental delay should be evaluated for services. The evaluation should determine whether the child has or is at risk for developing a disability. Comprehensive assessments, including a screening by a psychologist for autism and other developmental disorders, should be conducted upon intake. For children who have delays associated with particular syndromes, such as autism, that sometimes manifest themselves over time, assessments should be repeated every 6 months or whenever there has been a failure to progress or loss of skills. Safeguards to prevent conflicts of interest, whereby evaluators are rewarded through continued employment or preferential recommendation by a regional center for recommending lower levels of service, are to be created.	Feb 11, 2011 4:57 PM
847	Early Start is critical for children and parents impacted by Autism, Asperger's Syndrome, PDD-NOS, Down's Syndrome, CP, Cognitive Delays, ADHD, ODD, etc. The Interventions are the key. Programs such as FloorTime that improve the capacity of parents and caregivers to co-regulate with the infant have the greatest capacity to reduce the deficits of many of these disabilities. Programs that control/manage behavior prove to be detrimental to the long-term goal of social relating and problem-solving.	Feb 11, 2011 5:20 PM
848	Children and infants that have been diagnosed or may develop a disability according to a dignosis made by a physician. According to the Lanterman Act.	Feb 11, 2011 5:23 PM
849	Any child under the age of three who has a 25% delay in 2 develomental areas OR a 33% delay in one area.	Feb 11, 2011 5:47 PM
850	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 5:50 PM
851	infants with a 25% delay in any of the following areas: language/communication, gross motor, fine motor, feeding issues, etc.	Feb 11, 2011 5:59 PM
852	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act	Feb 11, 2011 6:06 PM
853	Vision Plays a vital role in the development of these small children. These children should have access to a vision provider who specializes in the remediation and identification of vision disorders.	Feb 11, 2011 6:30 PM
854	Completely necessary. A no-brainer here. Pay now or pay much more later when the kids become adults who will completely overflow all of the mental health hospitals.	Feb 11, 2011 6:37 PM
855	Earlier the better! All who have a disability or suspected disability. Need to be able to give diagnosis earlier so treatment and services can be identified earlier.	Feb 11, 2011 6:56 PM
856	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 7:02 PM
857	children identified at risk for disability between ages of 0-3 children with DD and between ages of 0-3 all drug and alcohol exposed infants who are between the ages of 0-3	Feb 11, 2011 7:12 PM
858	All early ID's autism spectrum should qualify.	Feb 11, 2011 7:15 PM
859	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 7:19 PM
860	Children who have developmental delays, and are diagnosed with disabilities should continue to receive services. Prevention does not work.	Feb 11, 2011 7:32 PM

Early Start Services

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

	Response Text	
861	EARLY START IS THE KEY. THE SOONER WE DEVELOP BASIC SKILLS AND TRAIN PARENTS TO BE THEIR KID TEACHERS, THE MORE EFFECTIVE THE PROGRAM. PARENT EDUCATION IS THE KEY	Feb 11, 2011 8:06 PM
862	Early Intervention Program Family training Early intensive behavioral services Specialized therapeutic services, speech pathology, occupational therapy, and physical therapy	Feb 11, 2011 8:09 PM
863	Any at risk child.	Feb 11, 2011 8:41 PM
864	See comment under Behavioral Services	Feb 11, 2011 8:48 PM
865	Interdisciplinary assessment services - any child who qualifies for Early Start services Infant development programs - any child who has a delay in more than 1 area and would benefit from the socialization with peers Family training - any family whose child qualifies for early start or prevention services. Should be group trainings through regional center on issues such as understanding the diagnosis, toilet training, encouraging speech at home, and parenting skills Early intensive behavioral services - if a family is concerned about behaviors in their child a FBA should be conducted prior to any services being provided. Observations to be conducted at home an in preschool/program or other environment with peers. Specialized therapeutic services - should only be offered if not available through other generic resources or private insurance, or Medi-Cal/MediCare, the request must be accompanied by a comprehensive medical report from the doctor explaining the rationale behind the need. A prescription is not adequate to approve services. Speech pathology - a child with a recognized speech delay, should be delivered in a group environment, with full parent participation and "homework" Occupational Therapy - a child with a recongized delay, should be delivered in a group environment with full parent participation and "homework" Physical Therapy - a child with a recongized delay, should be delivered in a group environment with full parent participation and "homework"	Feb 11, 2011 9:10 PM

Early Start Services

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

	Response Text	
866	Babies born premature are at risk for developmental delays. Since the recent changes in eligibility and the creation of the Prevention program, many children who were previously eligible for Early Start are instead only eligible for the Prevention program. They only qualify for Early Start when they have a 33% delay based on their chronological age, not their adjusted age. So by the time a baby may show enough of a delay to get them into Early Start, months have passed without intervention. Studies have shown that the earlier the intervention, the greater it helps. Standards should be changed back to accepting babies born prematurely directly into Early Start because they are at risk, without needing to first go into the Prevention program. This is what will truly make a difference in these children's lives. There are so few services offered for behavioral issues in small children and Early Start clients often have challenges in this area. Low income consumers are particularly left out of services because they do not have access to behavioral programs paid by private insurance. This is an underserved population that needs and deserves such services. Families need support with mental health issues related ot their child's special needs. Parent training, groups, classes and individual services addressing issues affecting families, such as depression, anxiety, victims of domestic violence, and couple issues affecting parenting and parenting issues should all be funded.	Feb 11, 2011 9:34 PM
867	Babies who have detectable special needs from as soon as possible, involving their families and caregivers	Feb 11, 2011 9:34 PM
868	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 9:37 PM
869	All children with multiple areas of disability that are not eligible for OT, PT, or ST through CCS. other insurance resources, including Medi-Cal should be utilized when possible.	Feb 11, 2011 9:39 PM
870	In all of the major topics as Early Start Services the criteria should be same...all who need it should be able to receive it because in the long run, it benefits us all. Allocation for severe, moderate, and mild cases should be available for the successful intervention of these young children.	Feb 11, 2011 9:42 PM
871	Infants from birth to age three, who are at risk for or have been identified as having a developmental disability, should be eligible to receive services.	Feb 11, 2011 9:43 PM
872	Infants from birth to age three, who are at risk for or have been identified as having a developmental disability, should be eligible to receive services.	Feb 11, 2011 9:44 PM
873	Infants from birth to age three, who are at risk for or have been identified as having a developmental disability, should be eligible to receive services.	Feb 11, 2011 9:47 PM
874	Infants from birth to age three, who are at risk for or have been identified as having a developmental disability, should be eligible to receive services.	Feb 11, 2011 9:47 PM
875	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 9:48 PM
876	0-5 years of age	Feb 11, 2011 9:49 PM
877	Infants from birth to age three, who are at risk for or have been identified as having a developmental disability, should be eligible to receive services.	Feb 11, 2011 9:50 PM
878	Infants from birth to age three, who are at risk for or have been identified as having a developmental disability, should be eligible to receive services.	Feb 11, 2011 9:51 PM
879	Infants from birth to age three, who are at risk for or have been identified as having a developmental disability, should be eligible to receive services.	Feb 11, 2011 9:55 PM
880	Infants from birth to age three, who are at risk for or have been identified as having a developmental disability, should be eligible to receive services.	Feb 11, 2011 9:59 PM

Early Start Services

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

	Response Text	
881	Infants from birth to age three, who are at risk for or have been identified as having a developmental disability, should be eligible to receive services.	Feb 11, 2011 10:00 PM
882	Infants from birth to age three, who are at risk for or have been identified as having a developmental disability, should be eligible to receive services.	Feb 11, 2011 10:11 PM
883	Infants from birth to age three, who are at risk for or have been identified as having a developmental disability, should be eligible to receive services.	Feb 11, 2011 10:19 PM
884	Infants from birth to age three, who are at risk for or have been identified as having a developmental disability, should be eligible to receive services. There should be set and firm exit criteria developed as to when a child is no longer eligible. There should also be "no grandfathered in" clause as eligibility should continuously be looked at.	Feb 11, 2011 10:21 PM
885	Infants from birth to age three, who are at risk for or have been identified as having a developmental disability, should be eligible to receive services.	Feb 11, 2011 10:27 PM
886	Infants such as those with down syndrome can be trained early on to be more productive and independent in life, other disabilities don't have the same future outlook and therefore might not need the same services as some other disabilities.	Feb 11, 2011 10:29 PM
887	Infants from birth to age three, who are at risk for or have been identified as having a developmental disability, should be eligible to receive services.	Feb 11, 2011 10:32 PM
888	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
889	Any child at risk of developing developmental delays, particularly premature infants and children with majoy medical insulst should be eligible for services despite no major developmental delyas initially. any child between birth and three years of age with a delay of 30% in any one area of development should be eligible for early intervention services, as this is the age when the greatest impact can be made.	Feb 11, 2011 10:37 PM
890	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
891	People whose Individual Planning (IP) Team has identified a need for these services. See Lanterman Act.	Feb 11, 2011 10:40 PM
892	Infants from birth to age three, who are at risk for or have been identified as having a developmental disability, should be eligible to receive services.	Feb 11, 2011 10:53 PM
893	everyone that needs it between the ages of 0-3 years, early intervention is the key!!!!	Feb 11, 2011 10:59 PM
894	Any infants and kids who are suspected of developmental delayed, including vision.	Feb 11, 2011 11:07 PM
895	Infants from birth to age three, who are at risk for or have been identified as having a developmental disability, should be eligible to receive services.	Feb 11, 2011 11:23 PM

Early Start Services

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

	Response Text	
896	Just as behavioral services prove more effective the earlier they are applied before the behaviors become habituated and resistant to change, so counseling services are more effective before the problems become habituated and resistant to change. Thus, intensive early interventions for treating social and communication deficits for children with autism should parallel intensive early interventions for treating psychosocial issues for children with early abuse, neglect, and abandonment issues who tend to grow up to become social casualties.	Feb 11, 2011 11:38 PM
897	Children under 3 years of age with a developmental disability and those at risk for developmental disabilities that cannot be officially diagnosed at such a young age.	Feb 11, 2011 11:42 PM
898	Children with a diagnosis, qualifying developmental delay or at risk for developmental delay	Feb 11, 2011 11:42 PM
899	Infants from birth to age three, who are at risk for or have been identified as having a developmental disability, should be eligible to receive services.	Feb 12, 2011 12:00 AM
900	Further study and review should be conducted to see if Early Start program are cost effective and productive for one and two year old children.	Feb 12, 2011 12:06 AM
901	Children under 6 years of age with a developmental disability of a diagnosis of PDD NOS.	Feb 12, 2011 12:32 AM
902	Prematuare infants and children with identified medical insults who are at risk for developing developmental delays should be eligible for services. Any child between birth to 3 years of age with a 30% delay in any one area of development (i.e., gross motor, fine motor, cognition, speech/language).	Feb 12, 2011 12:50 AM
903	Anyone that's been diagnose with a disability and meets the qualifications.	Feb 12, 2011 1:29 AM
904	Those individuals whose individual Program Plann(IPP) teams has identified a need for these services,as described in The Lanterman Act Section 4646 (a) - (d)	Feb 12, 2011 2:25 AM
905	All children who exhibit delays or have a diagnosis. The recent changes to eligibility are a short sighted and ninsensical approach to early intervention leaving only families who can afford to pay for private services able to access help for their child	Feb 12, 2011 2:38 AM
906	All infants and small children with a suspected disability.	Feb 12, 2011 3:33 AM
907	Young children (as early as 2 years old) have been shown to benefit from intensive intervention (applied behavior analysis and developmental approaches both have been shown to work wonders). Once a child is diagnosed with autism a complete assessment should be done to evaluate the level of services needed for that consumer. Almost all children with autism would show significant gains from a quality ABA or Developmentally based intensive intervention. There should be an offer of these types of services for any child with autism.	Feb 12, 2011 4:04 AM
908	Children should receive this service if they have more than two needs.	Feb 12, 2011 4:50 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 12, 2011 5:15 AM
910	Any child missing major milestones or who have a diagnosed disability.	Feb 12, 2011 5:46 AM
911	Autism	Feb 12, 2011 5:58 AM
912	I think all childern who show a need should get services. Especially if the parent is seeking help - regardless of the childs age, they should get help!	Feb 12, 2011 6:18 AM
913	services shouldd be extended up to 3 years old	Feb 12, 2011 6:22 AM
914	See previous answers.	Feb 12, 2011 6:26 AM

Early Start Services

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

	Response Text	
915	Since early intervention is so vital to the long term outcome of children with various delays, I think early intervention services should be offered to all children who fall two standard deviations or more below the mean for their age group in any of the developmental areas measured (e.g., speech and language, motor skills, cognitive skills, etc.).	Feb 12, 2011 6:31 AM
916	This is the single most important thing to improve prognosis of Autism. Without this they do not develop past that age on their own and parents don't know how to help their babies.	Feb 12, 2011 6:50 AM
917	children that are diagnose with any sort of disablility should be able to receive services	Feb 12, 2011 7:13 AM
918	All developmental delayed children diagnosed by a medical professional and therapist in the area of P.T., O.T. and Speech under the age of 3 years old.	Feb 12, 2011 7:45 AM
919	All I have to say about this...is that it IMPERATIVE that these children receive early intervention services.	Feb 12, 2011 8:40 AM
920	Children ages 0-2 with developmental disabilities.	Feb 12, 2011 1:52 PM
921	Comprehensive eye exams for all children before beginning school	Feb 12, 2011 2:56 PM
922	The new 50% or two 33% delay is ridiculous. My son originally qualified but has done well in therapy, and though he is not at age level yet has risen to a 25% delay and a 33% in two areas. Loosing service is terrible bc he was doing so well. Also combining expressive and receptive language delay is not a good idea. He is age level for receptive but hes not talking. At all. But somewhow..... Loosing service. Those two should be separated for sure!!! I think the original standards for qualification were more reasonable.	Feb 12, 2011 3:02 PM
923	Children showing a delay in any area.	Feb 12, 2011 3:22 PM
924	Anyone who has a disability	Feb 12, 2011 3:29 PM
925	children who are delayed and are US citizens	Feb 12, 2011 3:41 PM
926	Doctor-identified disabled children.	Feb 12, 2011 4:13 PM
927	any infant/child that shows delay when compared to peer group at large. at least a 25% delay. in any area physical or congnitive	Feb 12, 2011 4:17 PM
928	Individuals that can work but who are unable to find jobs on their own.	Feb 12, 2011 4:52 PM
929	children identified with disability	Feb 12, 2011 4:54 PM
930	Premature babies 28 weeks or younger or 1000 grams or less at birth or by recommendation of professional staffs at the birth hospital/pediatrician	Feb 12, 2011 5:04 PM
931	Any child with delayed developemental issues missing their developemental milestones.It's important to get help for children as soon as possible. Their prognossis is much better supported by numerous documentations.	Feb 12, 2011 5:17 PM
932	either diagnosed serious conditions, such as autism, down's, fragile x, - or un-diagnosed children that have significant delays in multiple functional areas. Not a child with a small problem, such as a little delayed speech.	Feb 12, 2011 5:39 PM
933	All babies, regardless of SES, who may be at risk for developing a disability or who are significantly disadvantaged because their environment should receive services.	Feb 12, 2011 5:43 PM
934	Early intervention services are so critical to hopefully prevent extensive future needs for children. The brain is so plastic at this early stage and children and parents get the guidance/education to help their children reach necessary developmental milestones. Babies and small children 'at risk', premature and others identified with delays should be referred for developmental evaluations/feeding evaluations as needed.	Feb 12, 2011 5:45 PM
935	Any child who has developmental delays or appears to have a disability (as determined by a doctor).	Feb 12, 2011 5:47 PM

Early Start Services

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

	Response Text	
936	Any child with special needs, such as autism should receive these services.	Feb 12, 2011 5:48 PM
937	Children with Down Syndrome, or another such genetic and developmental delays.	Feb 12, 2011 5:58 PM
938	Services could be centered at one location in each 10/20 mile area. Parent-and-me services to teach parents methods.	Feb 12, 2011 6:07 PM
939	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 6:09 PM
940	Please refer to responses within Behavioral Services.	Feb 12, 2011 6:12 PM
941	Any child who is delayed behind their peers.	Feb 12, 2011 6:12 PM
942	Any child who is delayed behind their peers	Feb 12, 2011 6:14 PM
943	Any child who is delayed behind their peers.	Feb 12, 2011 6:15 PM
944	All children under the age of 3 that we suspecte may be delayed should receive services. Interventions early have been proven to improve outcomes.	Feb 12, 2011 6:16 PM
945	Any child who is delayed behind their peers.	Feb 12, 2011 6:16 PM
946	Low income families Parents going through financial hardships . reviewed yearly.	Feb 12, 2011 6:20 PM
947	Children with a speech delay	Feb 12, 2011 6:59 PM
948	Those individuals whose Individual Family Service Plan (IFSP) team has identified a need for these services, as described in The Lanterman Act	Feb 12, 2011 7:15 PM
949	Clearly defined medical assessment of developmental disability.	Feb 12, 2011 7:32 PM
950	All children with a suspeceted disability should be able to have an evaluation by the appropriate specialists and be provided with a plan of care. Therapy services should be provided as early as possible to help remeidate and/or lessen the impact of the disability so that less intense intervention services will be required as the child gets older through the Regional Center and/or school district	Feb 12, 2011 8:26 PM
951	I think Early Start could monitor children who may develop a disability later also. My daughter had a stroke at birth and while no developmental delays are present now (and she is being monitored) but some service that follows them into elementary school to make sure nothing comes of the stroke. Doctors were unsure if something would manifest and said nothing might show until elementary when she is in school and dealing with different subjects.	Feb 12, 2011 8:31 PM
952	consumers and family	Feb 12, 2011 8:44 PM
953	40% delay in any one area would be an appropriate qualifier	Feb 12, 2011 8:54 PM
954	Identified pregnant mothers who may possibly deliver a child who may need Early Start services should be followed throughout pregnancy.	Feb 12, 2011 9:03 PM
955	Any mother who has a child that is a Regional Center recipient.	Feb 12, 2011 9:20 PM
956	Generic resources first - REgional Center funds services based on need; some are more intense than others. More money / services in the beginning could keep long term costs down.	Feb 12, 2011 9:38 PM
957	I am most familiar with EIBT services for this population and will limit my comments to those services. Children with failed M-CHATs and/or receiving an ASD diagnosis at age 3 with deficits qualifying them as RC clients should be eligible to receive EIBT. Regional centers need to consider that children with qualifying deficits may receive dual diagnoses of MR, Rett Disorder, or Borderline Intellectual Functioning. Different eligibility criteria for receiving EIBT services may be needed for these clients.	Feb 12, 2011 9:58 PM
958	Anyone with a measurable delay	Feb 12, 2011 10:08 PM

Early Start Services

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

	Response Text	
959	Children with moderate to severe delays should receive services. For example, autism, Downs Syndrom, CP, ect...	Feb 12, 2011 10:11 PM
960	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 10:31 PM
961	any infant showing developmental delays	Feb 12, 2011 10:34 PM
962	First and foremost children with autism since there are statistics that show a dramatic change with the therapy required	Feb 12, 2011 10:35 PM
963	Children 0-3 who qualify for services	Feb 12, 2011 10:46 PM
964	Once an infact or small child has been diagnosed by a Dr., services should start immediatly. Speaking from personal experience- I wish we had services offered sooner. Our services were not offered until our autistic child was 3 yrs. old. Had we known there were programs, councellers, services available earlier, we may have avoided many incidents of behavioral issues.	Feb 12, 2011 10:55 PM
965	The standards were changed by Trailer Bill Language in 2009. Now it is harder for young children /babies to receive services. This is a costly mistake. This group of population respond most to the intervention at their young age. The Trailer Bill should be revoked. The standard should be back to what it was before it.	Feb 12, 2011 10:57 PM
966	ALL children including babies that have special needs help from the start. If the children can learn to live with their disabilities from the youngest of age, he/she will NOT have near the problems as when they do not get help. Looking back at how things were with downs babies and look where they are today. Working and being able to "be like others". They are taught younger and are better people because of this. Deaf children and Blind children can learn better because they were taught from the youngest of age. We accept the disabled so much more in these days and should allow each child the best of care.	Feb 12, 2011 11:20 PM
967	These services are so needed at this developmental age. All children should be encouraged to participate.	Feb 13, 2011 12:22 AM
968	infants and toddlers with developmental delay. This is a critical time to reach out to the children and families and start the process. Our daughter benefitted greatly from ealy interventions	Feb 13, 2011 12:23 AM
969	anyone very disabled but not too disabled where they are past the point of help.	Feb 13, 2011 12:29 AM
970	Children who are identified by a certified therapist (SLP, OT, PT) as having a developmental disability, where they are functioning 33% below their chronological age level.	Feb 13, 2011 12:35 AM
971	Anybody who has a family member who is seeking help.	Feb 13, 2011 12:36 AM
972	Early intervention has the possibility of eliminating the lifelong dependency of a disabled individual.	Feb 13, 2011 12:59 AM
973	Autistic children	Feb 13, 2011 1:14 AM
974	ALL PARENTS WITH CHILDREN WITH SPECIAL NEEDS!!!	Feb 13, 2011 1:20 AM
975	consumers who qualify	Feb 13, 2011 1:30 AM
976	Any child who is thought to have a disability or the early beginings of a disability	Feb 13, 2011 1:42 AM
977	Any child diagnosed on the spectrum.	Feb 13, 2011 1:44 AM
978	Familes with children with pervasive developmental disorders, specified or otherwise, should be informed of services such as Early Intesive Behavioral Treatment and it's benefits and given the option to choose this treatment for their child.	Feb 13, 2011 2:08 AM
979	Children considered "at risk" such as having a sibling with autism, those who have a diagnosis of autism, those who exhibit delays in functioning	Feb 13, 2011 2:10 AM

Early Start Services

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

	Response Text	
980	Any family who has a one or two year old who is at risk or has a developmental disability. For Early Intensive Behavioral Services- the family should be screened for appropriate follow through and the child should have a clear diagnosis for the appropraite service being provided	Feb 13, 2011 2:25 AM
981	Children under the age of 3	Feb 13, 2011 2:27 AM
982	any child who"s family doctor refers to a neurological specialist & is diagnosed with an issue	Feb 13, 2011 2:38 AM
983	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 2:38 AM
984	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 2:52 AM
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 13, 2011 3:10 AM
986	The evidence shows that children showing marked deficits in Joint Attention at the age of 18 months are highly at risk for the development of autism and related disorders.	Feb 13, 2011 3:21 AM
987	I think these services should continue to be available to every infant in the county who qualifies for service.	Feb 13, 2011 3:26 AM
988	Any child referred by a doctor.	Feb 13, 2011 3:36 AM
989	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 3:38 AM
990	* 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 3:39 AM
991	All children benefit from Early Start who have developmental disabilities. I do believe that it is important that Early Start continue with the services that are currently being provided.	Feb 13, 2011 3:41 AM
992	Those the are not meeting their developmetnal milestones	Feb 13, 2011 4:02 AM
993	Any child has, would have, and will have a disability.	Feb 13, 2011 4:04 AM

Early Start Services

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

	Response Text	
994	Of course, there should be consideration for high risk, the early this is caught the more opportunity there is to intergrate these individuals into the community to contribute and provide self esteem, actualization and self WORTH! Versus suicide and depression. In addition, there can be delays in development to determine the exact diagnosis or disability. Through early infant to preteen development stages are not met that start to reflect in narrow disability and diagnosis.	Feb 13, 2011 4:07 AM
995	Early intervention is crucial to a young child who is showing signs of delays.If these services are not given to a child who is at risk of a developmental delay, we are once again puting more strain on the government budget because these children and families will require more extensive and expensive services in the future.	Feb 13, 2011 4:13 AM
996	Any child at one or two years of age that is not developing normally and/or has a disability.	Feb 13, 2011 4:30 AM
997	should be done by an assessment score	Feb 13, 2011 4:31 AM
998	Any infant or small child in need of these services due to a delay in any area of development.	Feb 13, 2011 4:34 AM
999	Individuals diagnosed with pervasive developmental disabilities (including but not limited to autism, PDD NOS, and mental retardation).	Feb 13, 2011 4:52 AM
1000	Any child with a delay	Feb 13, 2011 5:03 AM
1001	This is where it starts, we must educate and change the standard and then we will all see a reduction in the waste and overspending of tax dollars. The Same standard as set forth in Behavioral Supports section 1 applies here because without the education starting at the early start tax payers will be picking up the bill for eternity.	Feb 13, 2011 5:06 AM
1002	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 5:06 AM
1003	Maybe at six months they can determine if an infant already needsw specialize therapy.	Feb 13, 2011 5:08 AM
1004	California residents with children with developmental delays that are significant enough to require therapy. These services are extremely important for a number of reasons. One reason that might interest the state is that children who start kindergarten behind with delays that have not been addressed will end up costing the state significantly more because this leads to social problems, children having to re-take grades and drop outs which is bad for California and bad for kids. Since this is paid for by the state I think it's fair to limit the program to United States citizens. Also I think it's okay to first try and get these needs paid for through insurance, but in many cases insurance covers very little so the cost is outrageous and too much for most parents.	Feb 13, 2011 5:12 AM
1005	again anyone who needs them.	Feb 13, 2011 5:43 AM
1006	1. Infants/children who demonstrate a 1/3 delay in any one of five areas already designated by the Early Start Program (i.e., motor, language, social-emotional, adaptive behavior, cognitive). 2. Infants/children who are high risk due to specific birth criteria (i.e., low Apgar score, SGA, prematurity, BPD, cardiac or other significant health problem at or near birth).	Feb 13, 2011 5:47 AM

Early Start Services

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

	Response Text	
1007	Any child with a concern for delays. Concern meaning they are showing delays in any developmental domain. SEE COMMENTS FOR ABA SERVICES.	Feb 13, 2011 5:59 AM
1008	At Risk children who are on the ASD Spectrum. Under the age of 3, in order to help improve adaptive skills. Learning to connect with other people. Also, to improve speech, socialization, independent skills, peer play and to bring the child out of his/her silent world.	Feb 13, 2011 6:47 AM
1009	As is, if child gas a developmental delay or the diagnosis says the infant will	Feb 13, 2011 7:01 AM
1010	Young children 0-3 who have a demonstrated disability or are at risk of having a disability and who need nonintensive to intensive services to decrease the impact of the disabling condition on their development.	Feb 13, 2011 7:25 AM
1011	All children diagnosed on the Spectrum, children with Neurological issues, sensory processing disorder, children with physical difficiencies, motor difficiencies, speech impairments	Feb 13, 2011 7:30 AM
1012	Service provided to any child determined at risk by medical or psychological professional.	Feb 13, 2011 7:58 AM
1013	Children who demonstrate at least 20% delay in developmental progress in any developmental area.	Feb 13, 2011 9:53 AM
1014	All children needing these services	Feb 13, 2011 10:43 AM
1015	These are the best andmosteffectivedollarsspentnot only forthechild with disability, but for the survival and education of the family for every child diagnosed with early developmental delays and disabilities.	Feb 13, 2011 1:38 PM
1016	Any child who shows a developmental delay and would benefit from these type of services. Any parent who does not feel adequately prepared to provide everything needed to help their child achieve.	Feb 13, 2011 4:04 PM
1017	Documented citizens Children identified as "at risk" by qualified professionals (MD, Pschologists, OT, PT, SLP) Children whose parents have taken a 10 week parenting course and have a certificate of completion. The course would have the interdisciplinary team each do a training and there would be an outcome measure of parent attendance and some type of pre and post test of concepts learned PRIOR to children receiving services.	Feb 13, 2011 4:36 PM
1018	anyone showing signs of delay or signs of being at risk. these things should be treated early because it is the best for the child	Feb 13, 2011 4:39 PM
1019	anyone with at risk or autism diagnosis	Feb 13, 2011 5:16 PM
1020	Any child not meeting any developmental milestone should have immediate access to early intervention services.	Feb 13, 2011 5:17 PM
1021	Children 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 5:22 PM
1022	Those that need them! Particularly those whom experience barriers to work and self-management skills such as; people with autism.	Feb 13, 2011 6:38 PM

Early Start Services

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

	Response Text	
1023	Any child who needs these services.	Feb 13, 2011 7:01 PM
1024	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 7:11 PM
1025	kids dignosed with mild to servere disability under age 3	Feb 13, 2011 7:12 PM
1026	kids who have a dignosis on the autism and/or developmental disabilities spectrum; or who are at risk of having such a dignosis (e.g., delayed language, lack of social referencing)	Feb 13, 2011 7:30 PM
1027	Every child diagnosed with developmental disabilities, including behavioral excesses and skills deficits.	Feb 13, 2011 7:42 PM
1028	Anyone under three years old.	Feb 13, 2011 7:44 PM
1029	Any child who is at risk or has a disability should receive services when needed, as early as at birth. It is important for children to receive individualized service as to address their specific needs. The prevention program to monitor progress is needed to monitor progress of at risk children in case of possible developmental delays.	Feb 13, 2011 8:03 PM
1030	Any child who needs these services should get them.	Feb 13, 2011 8:07 PM
1031	Any child as early as birth should receive services depending on the child's needs.	Feb 13, 2011 8:09 PM
1032	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 8:25 PM
1033	Those who receive a disability diagnosis early should get services.	Feb 13, 2011 8:31 PM
1034	Infants and toddlers under age 3 with any developmental delay and with diagnosis of Autism, Dyspraxia, or any other developmental disorder.	Feb 13, 2011 8:34 PM
1035	Should be based on delays and what each child needs.	Feb 13, 2011 8:38 PM
1036	Any infant/toddler who is suspected of having developmental delays of 3 months or more. Early intervention is extremely important.	Feb 13, 2011 9:07 PM
1037	The current method of providing services to all children who are at risk has made such a difference in the lives of the families served as well as to public well being. I have seen many children go through early start programs that require very little or no services once they reach age three. This reduces the burden on the public school system and gives these children a significant change to have independent and productive lives.	Feb 13, 2011 9:11 PM
1038	Any child demonstrating a delay of 50% in one developmental area, 25% across 2 areas or who is at risk due to medical conditions or family history.	Feb 13, 2011 9:14 PM
1039	As a mother of twins currently recieving multiple services from the Regional Center, I can not begin to say how important the services we are recieving have been to my children and our family. A week before my sons first birthday in May of 2010, my oldest twin was barely sitting up and not making eye contact. Now he is a happy 21 month old who is running, laughing and looking at you in the eye. The progress he has made in 9 months is remarkable! We had some major concerns with him possibly being on the spectrum; those concerns have been alleviated. My other twin son is hoping, jumping and climbing on everything! I could not imagine getting through infancy and toddlerhood without the help of our therapists and caseworker.	Feb 13, 2011 9:33 PM

Early Start Services

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

	Response Text	
1040	There are many children with developmental delays and disabilities that benefit from early start services. I believe premature infants, children with diagnosis (long-term disabilities), and children with developmental delays would benefit from receiving early start services.	Feb 13, 2011 9:57 PM
1041	Any child with a delay of 33% of more in one or more areas of development. You will have a return on your investment and the child becomes an adult and has the required skills to live independently.	Feb 13, 2011 10:12 PM
1042	All should be screened.. Catching problems early will saving larger expenditures later.	Feb 13, 2011 11:09 PM
1043	Babies that are not typically-developing children such as those with Autism, Down Syndrome, Premature Newborns, and other forms of developmental disabilities.	Feb 13, 2011 11:17 PM
1044	I think it is stated above. i think that there should be at least 2 areas of delay, such as speech and social, or maladaptive behaviors, to qualify.	Feb 13, 2011 11:54 PM
1045	Infants and Toddlers with documented developmental delays and those at risk for delays.	Feb 14, 2011 12:23 AM
1046	All children under the age of 36 mos. who are developing at less than the expected rate in any area of development should be "qualified" for appropriate assessment and intervention.	Feb 14, 2011 12:47 AM
1047	The literature is clear on the benefits of early intervention. Cutting these services will only create more expenses later on.	Feb 14, 2011 12:52 AM
1048	I think the service standard should be as stated, however it should also include 3 year olds and possibly 4 year olds as well. Too many of these services are refused by the school districts when these children turn 3 years old with no concrete proven reason as to why. Some of these children do not get diagnosed until 2 or 2 1/2 years old only giving them 6 months of service. How is that these children needed the service at 2, yet once they are 3 it's just randomly decided they no longer "need" them as deemed by the school districts? If the school district refuses to pay and try to claim that it is not part of the child's educational needs, then it should fall on the Regional Center or even insurance companies to provide these much needed services. The standards for school based speech therapy, OT, and adaptive PE is not up to the same standards as private practice and that leaves these children with substandard services because it's our only choice.	Feb 14, 2011 1:26 AM
1049	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 1:35 AM
1050	Use the existing criteria.	Feb 14, 2011 2:12 AM
1051	Essentially the same responses for this topic series of question as previously provided in the last topic. Early identification and intervention would prove helpful to these consumers.	Feb 14, 2011 2:30 AM
1052	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 2:37 AM
1053	Those whose IPP team has identified a need for these services, per the Lanterman Act	Feb 14, 2011 3:15 AM

Early Start Services

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

	Response Text	
1054	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 3:21 AM
1055	Everyone who show a developmental delay	Feb 14, 2011 3:49 AM
1056	Severly handicapped children. The severity of the person is really unknown at this early stage and none shouild be denied.	Feb 14, 2011 4:28 AM
1057	all delayed children who cannot access through locals school district	Feb 14, 2011 5:12 AM
1058	ABA upto 30 + hours in home and school	Feb 14, 2011 5:20 AM
1059	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. Consumers with other known or suspected developmental delays may also be appropriate when it is reasonably expected that without these services, the family will require more services in the future in terms of family supports, residential placement, and behavioral intervention services. Health and safety issues understandably loom large during a fiscal crisis, the longer-term view requires that the State fund early intervention services so that children no longer need services, or require less services, from regional centers once they turn 3 years of age.	Feb 14, 2011 5:47 AM
1060	ABA therapy for children diagnosed as having autism spectrum disorder, or a related disorder.	Feb 14, 2011 6:02 AM
1061	Chldren who has been assessed by a profesional and indicates a delayed that can significantly impact the child's development and performance. A child may present developmental milestones within or close to the average, but still his performance and development can be significantly delayed. An assessment should be able to identify this aspects and recommend services that otherwise would not be given due to high developmental scores.	Feb 14, 2011 6:38 AM
1062	Any child with a delay in one area or more of 33% Speech at 18 months unless also have hypo or hyper tone- then need oral-motor/feeding by 6 mos All infants w/ hypotonia- feeding/oral-motor at 5 mos and PT at 5 mos and Ot at 12 mos	Feb 14, 2011 7:37 AM
1063	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 8:06 AM
1064	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 8:54 AM

Early Start Services

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

	Response Text	
1065	It is important that these infants and small children who have delays, impairments and disabilities to receive individualized services at an early age. A child goes through important developmental milestones in the first 3 years of life. If they are demonstrating delays in any or all areas of development, it is imperative that interventions start immediately to prevent the child from developing severe impairments when they are older. If these children have impairments, delays, disabilities when they are older, it will require more interventions and may also require more expensive adaptive equipment.	Feb 14, 2011 9:18 AM
1066	every kids that has delayed skills, ex language, play, social	Feb 14, 2011 9:21 AM
1067	any child that has development delay and or disability	Feb 14, 2011 2:40 PM
1068	These services are critical for this population. They need to remain.	Feb 14, 2011 3:06 PM
1069	Any child that is diagnose from their Doctor of having any kind of delay. Help children when they are young so we are not paying years of services. Early interventions is the key to a great success	Feb 14, 2011 3:07 PM
1070	Children with delays - birth injuiries	Feb 14, 2011 3:54 PM
1071	Infants from birth to age three, who are at risk for or have been identified as having a developmental disability, should be eligible to receive services.	Feb 14, 2011 3:54 PM
1072	Infants from birth to age three, who are at risk for or have been identified as having a developmental disability, should be eligible to receive services.	Feb 14, 2011 4:23 PM
1073	Any child on the spectrum from 0-3, and child with a diagnosed disability from 0-3.	Feb 14, 2011 4:27 PM
1074	Children who are at risk or have developmental problems	Feb 14, 2011 4:44 PM
1075	Siblings of other at risk children (i.e. infant brother of autistic child) for early evaluation Speech services at 1.5 years old	Feb 14, 2011 4:46 PM
1076	Should go back to previous standards	Feb 14, 2011 4:47 PM
1077	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 4:50 PM
1078	Infants from birth to age three, who are at risk for or have been identified as having a developmental disability, should be eligible to receive services.	Feb 14, 2011 5:03 PM
1079	Infants from birth to age three, who are at risk for or have been identified as having a developmental disability, should be eligible to receive services.	Feb 14, 2011 5:06 PM
1080	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 5:08 PM

Early Start Services

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

	Response Text	
1081	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 5:16 PM
1082	all babies that show any need during the early stages of live.	Feb 14, 2011 5:19 PM
1083	Children of U.S. citizens who have been evaluated and diagnosed with a developmental disability should be eligible for services. Parents should be required to prove that they are tax-paying California residents and U.S. citizens. In other words, receivers of the benefits should be required to have contributed to the system through paying tax money into it.	Feb 14, 2011 5:25 PM
1084	Any child who demonstrates a need for these services.	Feb 14, 2011 5:25 PM
1085	Children under age 3 who are at risk for an ASD or who have been diagnosed with an ASD.	Feb 14, 2011 5:42 PM
1086	Children under the age of three who are at risk at or are diagnosed with ASD are appropriate candidates for receiving 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 5:51 PM
1087	Premature and any child with a diagnosis of developmental delay.	Feb 14, 2011 6:00 PM
1088	I do not work in the Early Start Unit, but I am very concerned, and again as citizens I think we all should be- regarding our tiniest members of our communities who are infants and children under the age of three. I know that "Early Start" already took a huge hit in the last set of budget negotiations and I am very concerned about that. Again, I feel it is "penny wise and pound foolish" not to make every attempt to intervene when children are at their youngest and when the window is open to the greatest possibility that with appropriate and well-targeted interventions, long-term (and costly) problems can be avoided, also increasing later productivity for that particular child and family not to mention quality of life.	Feb 14, 2011 6:02 PM
1089	Should follow the IPP. Early Start Services SAVE money in the long term!!!!	Feb 14, 2011 6:03 PM
1090	Anyone with a disability.	Feb 14, 2011 6:06 PM
1091	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 6:09 PM
1092	Infants from birth to age three, who are at risk for or have been identified as having a developmental disability, should be eligible to receive services.	Feb 14, 2011 6:10 PM
1093	Any child who shows signs of delay of development. eg speech, behavioral, physical,gross or fine motor, social	Feb 14, 2011 6:11 PM
1094	Infants from birth to age three, who are at risk for or have been identified as having a developmental disability, should be eligible to receive services.	Feb 14, 2011 6:16 PM
1095	Infants from birth to age three, who are at risk for or have been identified as having a developmental disability, should be eligible to receive services.	Feb 14, 2011 6:17 PM

Early Start Services

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

	Response Text	
1096	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 6:23 PM
1097	Infants from birth to age three, who are at risk for or have been identified as having a developmental disability, should be eligible to receive services.	Feb 14, 2011 6:24 PM
1098	Infants from birth to age three, who are at risk for or have been identified as having a developmental disability, should be eligible to receive services.	Feb 14, 2011 6:25 PM
1099	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 6:26 PM
1100	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 6:27 PM
1101	"at-risk" children should not be eligible for services. At-risk usually means "Black" or "Brown"! Enough.	Feb 14, 2011 6:28 PM
1102	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 6:28 PM
1103	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 6:36 PM
1104	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 6:37 PM
1105	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 6:46 PM
1106	Early intervention has proven to be critical in the development of children at risk or having a developmental disorder. Children with Autism, Aspergers, Down Syndrome, or any Attentional Disorder should receive these services.	Feb 14, 2011 6:47 PM

Early Start Services

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

	Response Text	
1107	Necessary for all DD children. Early start can make the difference for a lifetime for the consumer, the family and the commuity.	Feb 14, 2011 6:48 PM
1108	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 ABA program. Children are able to be diagnosed earlier, meaning intervention can begin sooner. "At risk" conditions include having an oldersibling on the spectrum, decreased social referencing, loss of or delay in language in combined with decreased social referencing.	Feb 14, 2011 6:56 PM
1109	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 6:57 PM
1110	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 7:01 PM
1111	Infants from birth to age three, who are at risk for or have been identified as having a developmental disability, should be eligible to receive services.	Feb 14, 2011 7:06 PM
1112	Children born with trauma which usually results in a disability.	Feb 14, 2011 7:07 PM
1113	Infants from birth to age three, who are at risk for or have been identified as having a developmental disability, should be eligible to receive services.	Feb 14, 2011 7:21 PM
1114	Require Regional Centers to not fund early intervention services for any child that is elegible for public school programs.	Feb 14, 2011 7:22 PM

Early Start Services

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

	Response Text	
1115	(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 7:30 PM
1116	All individuals whose IPP team has identified has a need for these services	Feb 14, 2011 7:31 PM
1117	Any developmentally disabled individual or family of such requesting these services should receive them.	Feb 14, 2011 7:33 PM
1118	Infants from birth to age three, who are at risk for or have been identified as having a developmental disability, should be eligible to receive services.	Feb 14, 2011 7:43 PM
1119	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 7:46 PM
1120	the current guidelines are fine	Feb 14, 2011 7:46 PM
1121	I think any child that has ASD. or any child with disability. that has a hard time doing things on their own.	Feb 14, 2011 7:50 PM
1122	Suggested service standards 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 8:00 PM
1123	Infants from birth to age three, who are at risk for or have been identified as having a developmental disability, should be eligible to receive services.	Feb 14, 2011 8:02 PM
1124	Although important to help ameliorate disabilities, These services should be performed in one giant local center to cut down costs. for ex. one in the San Gabriel Valley,	Feb 14, 2011 8:22 PM
1125	Children diagnosed with Autism Spectrum Disorders or PDD-NOS.	Feb 14, 2011 8:31 PM

Early Start Services

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

	Response Text	
1126	Early Intensive Behavioral Services: 1. Suggested service standards about who should receive these services: 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. Consumers for these services can be children "at risk" and those with behavioral challenges that can gain from intensive behavioral services.	Feb 14, 2011 8:35 PM
1127	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 8:46 PM
1128	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 8:53 PM
1129	Infants from birth to age three, who have been identified as having a developmental disability, should be eligible to receive services.	Feb 14, 2011 8:54 PM
1130	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 8:57 PM
1131	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 9:00 PM
1132	Children under 4 years of age w/ speech delays of 4-6 months	Feb 14, 2011 9:13 PM
1133	For Early Intensive Behavioral Services (EIBS), any baby or small child who exhibits maladaptive behavior, or scores significantly below their peers in a standard assessment (VB-MAPP, for example).	Feb 14, 2011 9:23 PM
1134	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 9:25 PM
1135	any identified child who does not meet the criteria for mainstream classrooms.	Feb 14, 2011 9:25 PM
1136	all toddlers with disabilities	Feb 14, 2011 9:28 PM
1137	Any baby or small child who clearly demonstrates developmental delays or disabilities should receive services.	Feb 14, 2011 9:33 PM
1138	Any and all persons as identified by their IPP team.	Feb 14, 2011 9:46 PM
1139	year old children and older	Feb 14, 2011 9:52 PM

Early Start Services

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

	Response Text	
1140	demonstrated need based on degree of disabling condition. research well supports treatment outcomes are most substantiated through early intervention.	Feb 14, 2011 9:55 PM
1141	The standards that are currently mandated under Title 17 should remain instated.	Feb 14, 2011 10:03 PM
1142	Any child who is demonstrating 30% or more in developmental delays should receive services to build their developmental skills so they will be more successful when they become school-aged. Providing services at a younger age is more beneficial than having the child wait until they are school-aged and get school-based services that will not address their global needs.	Feb 14, 2011 10:05 PM
1143	All children should receive the specialized services that will help them to overcome the delays caused by their disabilities. The services should continue from first identification through the beginning of services within the school system.	Feb 14, 2011 10:11 PM
1144	I think that these services should be provided to all those persons who may potentially have a disability. As you are aware, there is a very limited window during which a young child's brain can be molded and altered. I am fortunate in that my child, who is now three and has aged out of services, received ABA, speech therapy, and OT during his most formative years. It is my very strong belief that these services were tremendously valuable to him due to the early date at which they started and the frequency with which they were provided.	Feb 14, 2011 10:20 PM
1145	The current eligibility requirements seem appropriate: •Significant (33%) developmental delay in one or more developmental domains. (e.g. 33% delay in gross motor skills to qualify for physical therapy) •Established risk conditions of known etiology or those conditions expected to result in significant developmental problems In addition, those families seeking “early intensive behavioral services” should be diagnosed and referred for these services by a health care provider experienced in diagnosing and treating pervasive developmental disorders (PDD).	Feb 14, 2011 10:20 PM
1146	Any child who appears to be at risk for having a developmental disability. The research has already determined that early intervention saves money!	Feb 14, 2011 10:29 PM
1147	Please see all answers from the first question. All the same answers apply here!	Feb 14, 2011 10:34 PM
1148	any children who may be at risk at the time of evaluation	Feb 14, 2011 10:41 PM
1149	Early Intensive ABA. By now you are likely well aware that ABA services for two and three year olds are the only well-established treatment for children with autism. These serves are capable of assisting children with autism and PDD make great developmental gains to point of which intervention services needs are eliminated or greatly diminished.	Feb 14, 2011 10:45 PM
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 14, 2011 10:45 PM
1151	Children with a 33.3 delay in any developmental area	Feb 14, 2011 10:47 PM
1152	* 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 10:48 PM
1153	Pay now or pay a LOT more later - if children with autism don't receive this service early and at a level of intensity that is proven to work, then you will have adults who are more dependent on the system. If you can get enough appropriate early start services in, the need for services throughout a person's lifetime could be dramatically decreased.	Feb 14, 2011 10:50 PM

Early Start Services

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

	Response Text	
1154	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 10:57 PM
1155	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 10:57 PM
1156	Children (toddlers) who exhibit maladaptive behaviors that interfere with their ability to function safely in an Early Start Classroom or at home. Children who exhibit a danger to themselves or others at home or in the Early Start Classroom. Children who exhibit behaviors that impede their ability to benefit from Early Start Services in the classroom or at home.	Feb 14, 2011 11:06 PM
1157	All children, ages newborn to 3 years, be deemed eligible to receive early intervention services and/or therapies based on their indvidual developmental needs. Eligibility should be determined by a developmental evaluation conducted by a qualified regional center contractor.	Feb 14, 2011 11:06 PM
1158	A child identified by their pediatrician or other medical doctor or specialist as having a possible developmental delay that if not treated could lead to life long permanent disabilities or more severe disability if no medical or theraputic interevention is available.	Feb 14, 2011 11:11 PM
1159	All children are entitled to and should receive the specialized services that will help them overcome the delays caused by their disabilities. Early intervention is key! The services should begin from the first identification and continue through the beginning of services within the special education programs within the school system.	Feb 14, 2011 11:12 PM
1160	Early Start services should be provided to anyone in the program age group who has a delay in development and needs them. Even if insurance will cover some services, the co-pays can be enough to prevent children from getting the amount of care they need. Currently there seems to be an "all or nothing" approach. If Insurance is willing to cover services, then Regional Center does not. But if the patient's family cannot afford the co-pays for the amount of care the patient needs, perhaps a co-operative approach could be used, where the family pays the co-pay and uses the Insurance for some of the care, and uses Regional Center for the rest.	Feb 14, 2011 11:15 PM
1161	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 11:18 PM
1162	As many people as possible. If we assist in developement the individual has a better chance for self suuficiency and is less likely to drain goverment resources later on and form a family that adrains goverment resource by the multiple of number of family members.	Feb 14, 2011 11:23 PM

Early Start Services

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

	Response Text	
1163	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 11:27 PM
1164	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 11:33 PM
1165	children under the age of 3 who are diagnosed or are at-risk of Autism Spectrum Disorder	Feb 14, 2011 11:34 PM
1166	Children with disabilities in addition to those at risk for them	Feb 14, 2011 11:43 PM
1167	I think any tax payer that has a child in need should receive this service.	Feb 14, 2011 11:45 PM
1168	Infants from birth to age three, who are at risk for or have been identified as having a developmental disability, should be eligible to receive services.	Feb 14, 2011 11:47 PM
1169	Regional centers should not purchase or duplicate services that are legally mandated to be provided by the Departments of Rehabilitation, Habilitation, or Education.	Feb 14, 2011 11:48 PM
1170	persons or individuals with developemental disabilities and or behavior/cognative challenges.	Feb 14, 2011 11:53 PM
1171	All children should receive the specialized services that will help them to overcome the delays caused by their disabilities. The services should continue from first identification through the beginning of services within the school system.	Feb 14, 2011 11:54 PM
1172	Redefine eligibility guidelines, to bring into account technology and other medical changes since the old guidelines were adopted.	Feb 14, 2011 11:55 PM
1173	Children with developmental delays from 1-7	Feb 15, 2011 12:01 AM
1174	Young children under 3	Feb 15, 2011 12:03 AM
1175	Children with special needs, developmental delays or children in families at high risk such as siblings or various parental challenges	Feb 15, 2011 12:04 AM
1176	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. Also, children under 3 and "at risk" for cerebral palsy, genetic disorders, and global developmental delays.	Feb 15, 2011 12:11 AM

Early Start Services

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

	Response Text	
1177	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 12:12 AM
1178	Suggested service standards should include children, ages birth to 3 years, that demonstrate a 33.3% delay in at least one area of development; cognition, language, social-emotional skills as well as self-help and motor skills.	Feb 15, 2011 12:12 AM
1179	Babies and small children whom are at risk of having a disability when older and are also siblings of a child with a disablity.	Feb 15, 2011 12:23 AM
1180	Most of the infant development providers are awful. These kids dont benefit from this service. They should go directly to behavior therapy. They need the intensive one on one it provides	Feb 15, 2011 12:32 AM
1181	all children with obvious delays and diagnosis	Feb 15, 2011 12:44 AM
1182	children under the age of 3 who are eligible for services	Feb 15, 2011 12:48 AM
1183	Infants and babies that demonstrate a 30% or more delay or are the result of a high-risk birth.	Feb 15, 2011 12:49 AM
1184	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. Being at risk is an important thing to be aware of, children who don't meet these milestones and who have a sibling or immediate relative with ASD should receive intervention immediately to assist in overcoming these difficulties.	Feb 15, 2011 12:52 AM

Early Start Services

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

	Response Text	
1185	I will be frank and state that any children from birth to 3 who are experiencing delays should qualify, as in the past. The current standard that separates Early Start and Prevention is going to cost the state more money in the future. Evidence has demonstrated, unequivocally, that early intervention is essential in decreasing the risk of a life long disability. It was short sighted to cut this program. Though funds must be carefully allocated, it is necessary to return this age group to the previous standard.	Feb 15, 2011 12:57 AM
1186	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 1:06 AM
1187	Because i am a foster parent who takes medially fragile and special needs infants most of my placements need and can usually receive early start services.	Feb 15, 2011 1:09 AM
1188	Children at risk for a developmental disability, such as an autism spectrum disorder.	Feb 15, 2011 1:14 AM
1189	Look at the statistics of older kids who have received all of the above services. They are able to stay out of public institutions and many are now high functioning. My son is one of these success stories.	Feb 15, 2011 1:14 AM
1190	same as now. all 4 of my children benefited from early assessment and intervention.	Feb 15, 2011 1:15 AM
1191	They should be based on how great is the need.	Feb 15, 2011 1:17 AM
1192	Research consistently supports and espouses the benefits of Early Intervention services cross-spectrum. Addressing the negative impact due to a lack of Early Intervention is exceedingly costly, without logic and cruel, absent of humanity. Again, all those who are determined through an Interdisciplinary Team (IT) decision may benefit from such service(s).	Feb 15, 2011 1:18 AM
1193	Any children who shows signs of developmental delay.	Feb 15, 2011 1:25 AM
1194	Continue current reduced eligiblity standard.	Feb 15, 2011 1:30 AM
1195	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 1:30 AM
1196	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 1:34 AM
1197	Those babies/small children assesed to be at risk developmentally.	Feb 15, 2011 1:41 AM
1198	All eligible infants and toddlers under current statutes and regulations.	Feb 15, 2011 1:41 AM
1199	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 1:50 AM
1200	Autistic	Feb 15, 2011 1:51 AM
1201	Children with Autism and Aspergers. As early as possible. Early intervention is a big help to these kids.	Feb 15, 2011 1:55 AM
1202	I think the earlier interventions are provided and utilized, the more likely it is that some consumers will be independent of service upon reaching adulthood or sooner.	Feb 15, 2011 1:56 AM
1203	Under 3 years old with significant delays e.g. speech, OT, PT, cognitive.	Feb 15, 2011 1:57 AM

Early Start Services

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

	Response Text	
1204	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 1:58 AM
1205	I think the Prevention Program that provides services for preemies born at less than 30 weeks is a very good program. It provides monitoring so that delays can be caught early. Other children with an identified delay should also receive services on an individual basis.	Feb 15, 2011 2:00 AM
1206	All children who need it	Feb 15, 2011 2:01 AM
1207	* 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 2:01 AM
1208	The percentage of delay is to great. Children have to be so far behind to receive services. We are creating a long term problem. The children can be helped earlier and have a better chance for longterm success. They will be less of a drain on services at an older age.	Feb 15, 2011 2:02 AM
1209	Anyone in need or at risk.	Feb 15, 2011 2:03 AM
1210	This has already been well outlined in the Lanterman act. Scrimping during brain plasticty is penny wise pound foolish	Feb 15, 2011 2:19 AM
1211	Do not cut Early Start services. They are absolutely vital to children with disabilities and their parents. They made a huge differance for my child.	Feb 15, 2011 2:27 AM
1212	Any child that qualifies for this service	Feb 15, 2011 2:45 AM
1213	These services are CRUCIAL to babies or young children who are diagnosed with Autism or other developmental disorders! If my son wasn't provided services at age 2, there's not another way we would have gotten to the normal levels he is at currently at age 4. These services catch these disorders early and teach these children how to LEARN as children with disorders such as Autism don't learn from their surroundings as normal children do. ALL children ages 0-5 diagnosed with Autism and other developmental disorders should receive services.	Feb 15, 2011 2:46 AM
1214	children under 6 who showed delay in different areas and who have challenges that affect their learning, their family's daily activities, and cause significant stresses in their family live.	Feb 15, 2011 3:05 AM
1215	only speech delay will not qualified for GGRC service	Feb 15, 2011 3:05 AM
1216	A child that is more than 30% delayed in one for more areas of development should be entitled to Early Start services so that the majority of those delays may be remedied before preschool and/or kindergarten.	Feb 15, 2011 3:06 AM

Early Start Services

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

	Response Text	
1217	Suggested service standards 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 15, 2011 3:11 AM
1218	EIBT programs for those infants and children diagnosed with ASD. EIBT must include scientifically based programs utilizing the ABA methodology as described in the recent publication which must be released about 'Best Practice Guidelines; ABA programs'	Feb 15, 2011 3:14 AM
1219	When our son was younger, these services were critical to us. These services apply to younger children and do not apply to us. Our son is 38 years old and these services are of no value to us at this time.	Feb 15, 2011 3:17 AM
1220	Starts w/ sceening by the pediatrician at or before one year of age. Services should be started even if disability is in question.	Feb 15, 2011 3:18 AM
1221	Those under the age of 3 and are considered "at risk" for an ASD diagnosis.	Feb 15, 2011 3:20 AM
1222	As is stated babies or small children who have a disability or whom a doctor believes there will be a disability as they get older.	Feb 15, 2011 3:25 AM
1223	Those who have been diagnosed with the disability by a trained professionals such as PHd's in psychology, or psychiatrist, or developmental pediatrician. Autism should not be diagnosed by a neurologist. Even though autism is a neurological problem, neurologist are not trained well enough to diagnose.	Feb 15, 2011 3:28 AM
1224	Children, under three, with delays, should receive services. The ealier, the better! It's much easier to help them as early as possible.	Feb 15, 2011 3:33 AM
1225	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 3:44 AM
1226	See Lanterman Act!!	Feb 15, 2011 4:00 AM
1227	Every child who is 30% developmentally delayed in any area.	Feb 15, 2011 4:06 AM
1228	any child with a behavior disorder and any child under 36 months old without a diagnosis for their disorder.	Feb 15, 2011 4:06 AM
1229	Any child who has any sign of autism or other developmental disability. Children are our future!	Feb 15, 2011 4:07 AM
1230	All California residents should be eligible to receive these services.	Feb 15, 2011 4:07 AM
1231	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 4:15 AM
1232	These services are invaluable and should be made as widely available as possible to improve outcomes and reduce costs later in life.	Feb 15, 2011 4:17 AM
1233	Any child at risk should receive timely and intensive intervention services.	Feb 15, 2011 4:33 AM
1234	All children considered as potentially autistic should begin all appropriate assessments ASAP. Beginning therapy at this time can possibly shorten length of necessary therapy later, maybe even eliminating years of therapy and services.	Feb 15, 2011 4:37 AM

Early Start Services

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

	Response Text	
1235	Any child diagnosed with autism or other developmental delays.	Feb 15, 2011 4:37 AM
1236	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 4:38 AM
1237	Children at-risk (including those with an older sibling with a disability; low income), children who are not meeting developmental norms	Feb 15, 2011 4:39 AM
1238	Persons under the age of 3 with delays in language, social referencing, self-help skills, or family members with Autism.	Feb 15, 2011 4:42 AM
1239	Research has proven how effective Early Intervention Programs are. Right now Regional Centers are the gate keepers for these services. As their funding is cut, they restrict the families' access to services and supports. Using the existing models for the service standard should be continued.	Feb 15, 2011 4:46 AM
1240	This is a no-brainer. The sooner you start treating, the better off you will be for the child's later years.	Feb 15, 2011 5:05 AM
1241	a child birth through 3 who is developmentally delayed and/or has a diagnosis which could impact development. the statement above indicates only children who are one or two may receive a service? that is not what the law states. Early Start indicates that as soon as it is determined - I do not feel the first sentence above is accurate. What are you doing with children under the age of one?	Feb 15, 2011 5:06 AM
1242	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 5:07 AM
1243	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 5:07 AM
1244	Infants with down syndrome or cerebral palsy. Children age 2 that have not yet said 10 words.	Feb 15, 2011 5:07 AM
1245	Children born with physical disabilities and delayed development.	Feb 15, 2011 5:13 AM
1246	infants and young children with disabilities	Feb 15, 2011 5:15 AM
1247	Children with delays in development. Accessments should be made as early as possible, and diagnosis should be accepted from Dr's how specialize in what ever the delay may be as well as regional center assessments. Allowing families to PAY to have their children seen by private dr's (behaviora specilists) to speed up the onset of services should be allowed, plus saving the regional center money in them having to do assessmsnts. Familys who chose to have the regional center make the diagnosis would also continue.	Feb 15, 2011 5:26 AM
1248	same comments as for infant development	Feb 15, 2011 5:27 AM

Early Start Services

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

	Response Text	
1249	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.	Feb 15, 2011 5:31 AM
1250	see comments on Behavior services	Feb 15, 2011 5:41 AM
1251	Early intensive behavioural therapy, OT, PT, speech to all children that have the diagnoses of ASD/Asperger and should include children that may have Autism but not a definitive diagnosis since early intervention work and reduce future costs.	Feb 15, 2011 5:43 AM
1252	I think there should be more accountablity and balance in the amount of services provided. Why does one child with Down Syndrome receive 25 hrs /month of services and another with similar developmental functioning only receive 15? A child with more severe needs should receive more time and it should also be measured in progress- meaning that if a child hasn't made progress in a year their services should be reviewed.	Feb 15, 2011 5:48 AM
1253	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 5:58 AM
1254	Everyone who shows a need, provided they are in the country legally.	Feb 15, 2011 5:59 AM
1255	Any child deemed to be at risk by their pediatrician or other health specialist should be screened for Early Start Services. The current developmental delay percentages are having severe effects on children that need services but aren't deemed "severe enough" to be eligible for services.	Feb 15, 2011 6:02 AM
1256	As early intervention has potential to make a tremendous difference in the lives of children and families, it should go to the broadest number possible. California has never served the full percentage of probable children with disabilities under age 3. This area can not be cut any further.	Feb 15, 2011 6:14 AM
1257	Anyone who is professionally diagnosed with having a trouble with behavior.	Feb 15, 2011 6:22 AM
1258	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 6:28 AM
1259	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 6:29 AM
1260	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 6:30 AM
1261	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 6:35 AM

Early Start Services

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

	Response Text	
1262	The standards should return to at least infants and toddlers who are 33% delayed in one or more area up to three years of age. The prevention program should be reinstated but children who are not eligible under early start should be re-assessed every 3-4 months if indicated by the licensed professional(s) monitoring the high risk infants. There is research that supports the provision of early intervention services (direct therapy services) results in less costs later on. If we go backwards then it will only differ the costs to the tax payors later on i.e. children will require more special ed / DIS services through the school districts v.s. the child being fully included or in a regular classroom	Feb 15, 2011 6:36 AM
1263	Children who have a diagnosis of Autism, or are at risk for Autism.	Feb 15, 2011 6:40 AM
1264	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 6:40 AM
1265	Any child who has a disability that would make them delayed from the normal range of basic developmental skills.	Feb 15, 2011 6:47 AM
1266	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 6:58 AM
1267	All infants under age four who are deemed at-risk	Feb 15, 2011 7:06 AM
1268	I think all children with a risk of disability should be able to receive services provided by regional centers.	Feb 15, 2011 7:06 AM
1269	very child who needs those services	Feb 15, 2011 7:15 AM
1270	Any babies or small children who are at risk of having developmental disability should be offered and suggested to the family involved. It should also be open to all families with smaller children to improve detection hence, prompt services are provided.	Feb 15, 2011 7:17 AM
1271	any child who is at risk for a developmental disability	Feb 15, 2011 7:26 AM
1272	Fortunately, the service existed to have our daughter tested. I will be eternally grateful to the observant doctor that didn't allow her eccentricities to become more immutable. The intervention year of therapy undoubtedly changed the learning direction of our child. She will be less of a drain on school resources when she enters kindergarten and is able to mainstream into a standard school setting. By all standards, the intervention will and should be considered as the foundation of this success.	Feb 15, 2011 7:52 AM

Early Start Services

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

	Response Text	
1273	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 7:53 AM
1274	High risk / learning disability gap for under 3 years of age	Feb 15, 2011 8:17 AM
1275	the currnet program format (offered though the prevention program as well as the early intervention program) should be left as is, since this newly division has only been in place for about a year it is really difficult to evaluate the effectiveness and see the results at this time.	Feb 15, 2011 8:31 AM
1276	I strongly believe that the EIBT programs funded by VMRC and overseen by Tara Sisemore Hess be evaluated and audited. I do not believe that clients are given a fair and equal ability to participate in these services. The criteria in and of itself is absurd. The client's must meet 80% of goals in order to stay in program. Client's must prove to become what Tara and the service providers involved call "indistinguishable" to stay in the program. Persons with autism cannot by rights be "indistinguishable" or they would no longer have autism and should be considered cured. We all know there is no cure for autism. The program has serious problems and too much control is in the hands of too few. Strong armed and abusive tactics are used on parents who disagree with Tara and the service providers. Many have brought this to the attention of DDS and still nothing is done about it. It is time something was done to change the power base, how it is provided and under what conditions. Those in charge now...should be removed. The idea is a good one, but as it stands now...it is not working as it ought to. These kids need help...all of them...not just those who can prove to be "indistinguishable". That is the most inappropriate term I can imagine. VMRC needs a change in how they do business with EIBT and the entire system needs an overhaul. Start by taking away the supreme power of the few that are in charge.	Feb 15, 2011 8:39 AM
1277	Children who are under the age of 3 or at risk for an ASD diagnosis or already have a diagnosis on the autism spectrum should be placed in a early start applied behavior analysis (ABA) treatmet program.	Feb 15, 2011 8:51 AM
1278	High risk preemies should have licensed medical personal eval at birth motor,feeding, reflexes that are apart of the extended teem	Feb 15, 2011 9:05 AM
1279	People whose Individual Planning Team has identified as needing these services. See Lanterman Act.	Feb 15, 2011 10:36 AM
1280	Intensive early start services should be provided to children/family of children with autism and other disabilities	Feb 15, 2011 10:47 AM
1281	Children with autism has behavioral issues that is a problem to community.	Feb 15, 2011 12:07 PM
1282	All children with disablities should be provided early start services. I have seen in my own experience this is beneficial for the children and the parents recieve hope that their child will eventually learn and have the capacity to develop as any other child.	Feb 15, 2011 1:47 PM
1283	Children who are accesed with Autism should get early services as it helps nip the problems that help their developmental stages early on. The longer you wait, the worse off the child is in there developmental stage. Early entervition helps them function better in life as elementary, middle school and high school and adults.2	Feb 15, 2011 2:40 PM
1284	All children and adults with disabiities	Feb 15, 2011 3:06 PM
1285	Children diagnosed with delayed development; children with autism	Feb 15, 2011 3:06 PM

Early Start Services

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

	Response Text	
1286	A child referred by their pediatrician should be evaluated in the developmental area of concern so specific recommendations may be made to the family whether they qualify for services or not,	Feb 15, 2011 3:18 PM
1287	Any child who has been identified as being at risk for or having a developmental delay in one or more domains. This does not need to include a specific diagnosis or etiology. The cause of the delay should not determine the eligibility for services, rather the evidence of the developmental delay. Elibibility should be available at birth and continue until age 3. There should not be an age limit on when a child begins receiving services. Any child should qualify as soon as identified.	Feb 15, 2011 3:24 PM
1288	Ages 0 (birth) to age 5 (through completion of preschool/pre-K)	Feb 15, 2011 3:54 PM
1289	Any child who is 1. Born with known risk factors - prematurity, Genetic syndromes (Down's, Rhett's, and many of the deletions), poor birth history with NICU time greater than 2 weeks). 2. Children who begin to exhibit early developmental delays	Feb 15, 2011 3:55 PM
1290	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 4:03 PM
1291	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 4:11 PM
1292	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 4:11 PM
1293	Children at risk for disabilities should receive Early Start Services. Working with families who are vulnerable and quick identification of emerging problems is extremely important in this field. Children who have developmental delays of 33% should receive services. 50% delay for children over the age of 24 months is too great a gap for that age range- particularly in speech/language developmental domain and social-emotional domain. In my experience, there are numerous children not able to get services that are in clear need of services from Early Start. Failure to provide intervention during this critical time of a child's life will not minimize delays and set the stage for more severe problems later.	Feb 15, 2011 4:12 PM
1294	Anyone diagnosed with a learning disability.	Feb 15, 2011 4:16 PM
1295	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 4:18 PM
1296	people who reflect a special attention	Feb 15, 2011 4:20 PM
1297	all children with or without disabilities, to rule out type of disabitlies	Feb 15, 2011 4:27 PM
1298	Persons whom are diagnosed by a professional. When diagnosed, appropriate services should be recommended for the family to carry out.	Feb 15, 2011 4:49 PM

Early Start Services

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

	Response Text	
1299	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. Including at-risk children is critical, as research shows that very significant improvments in development can be made if services begin at a very early age. These services typically end up being shorter in duration and cost, than for kids who only receive services later in their development.	Feb 15, 2011 4:53 PM
1300	young children with a diagnosis	Feb 15, 2011 4:58 PM
1301	All those that need it.	Feb 15, 2011 5:02 PM
1302	Children with and at risk for disabilities birth to three years and their families (reestablish "at risk" category).	Feb 15, 2011 5:09 PM
1303	Children with an assessed developmental delay or a child who by 6 months would probably have a delay based on their diagnosis or birth history.	Feb 15, 2011 5:26 PM
1304	I truly believe this is a valuable and necessary service. I witnessed this first hand with a neighbor who had twins. One of the twins required a little extra help. She did not share all of the details but through conversations with her I deducted that she was receiving services from the Regional Center. Her son received short term help and no longer requires the support of the Regional Center. If children receive the early intervention services initially, long term cost and burden to the state may be avoided.	Feb 15, 2011 5:35 PM
1305	I really believe that we need to go back to allowing all babies with positive toxicology at birth be evaluated for services. Too much time is going by and the children's needs are not being met by many relative caregivers who are uneducated and believe the children are "fine"	Feb 15, 2011 5:35 PM
1306	If a child receives services when they are younger than they won't need as much when they get older. That is my strong belief.	Feb 15, 2011 5:36 PM
1307	Consumer	Feb 15, 2011 5:44 PM
1308	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 5:45 PM
1309	I think using neuro-feedback as early as possible would be advantageous.	Feb 15, 2011 5:51 PM
1310	Continuation of current standards	Feb 15, 2011 5:53 PM
1311	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 5:58 PM
1312	Any child from birth to age 8 that meets the criteria for needing intensive ABA. We should look at the collaborative funding model that involves regional centers and schools. This has worked now for 15 years.	Feb 15, 2011 6:04 PM
1313	children who are younger than 3 years of age.	Feb 15, 2011 6:05 PM
1314	My daughter had a massive stroke at birth. It was the hospitals fault because they left her in for 24 hours before doing a cesarean. Any help was appreciated. We had to pay for all of the programs. We were not given any help and I had to borrow money from my parents to help. It was very difficult.	Feb 15, 2011 6:20 PM

Early Start Services

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

	Response Text	
1315	All children ages 0-3 years of age who have a delay in any area of development as assessed by a provider OT, PT, SLP of the regional center	Feb 15, 2011 6:20 PM
1316	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 6:21 PM
1317	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.	Feb 15, 2011 6:23 PM
1318	Child(ren) with diagnosis of Autism, ADHD, OCD.	Feb 15, 2011 6:27 PM
1319	Only babies that are found to have the disability, they should have to qualify for the help.	Feb 15, 2011 6:27 PM
1320	People whose Individual Planning (IP) Team has identified a need for these services. See Lanterman Act.	Feb 15, 2011 6:28 PM
1321	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 6:30 PM
1322	Any child with any hint of an autism spectrum disorder -- no mattter how severe or mild -- should be eligible under Early Start and receive services immediately. Early intensive intervention by individuals trained in autism spectrum disorders is critical and can forever change the course of an individual's development and success over the lifespan. Children diagnosed with autism spectrum disorders -- often at age 18 months to 3 years -- have a rare opportunity to change the course of brain development when the brain is most able to learn language, at age 2 and 3. This is the critical window. Flood these children and these parents with services and supports in this time period and it will pay huge dividends in the long run. Stop worrying that too many "high-functioning" kids will slip into the system. Really, what's the concern? That their children don't really have "true autism" and that these families will somehow suck resources away from children who really need it? Really? These children don't need many expensive things that other DD children need: diapers, transportation, medical assistance, special nursing respite. They just need some short-term, intensive behavioral intervention and some longer-term social skills training. Some will get worse and will indeed have autism through the course of their life and need support throughout their life. Others will get much better, maybe outgrowing their symptoms on the natural or due to the early intervention they received. With early intervention, they may be able to attend a much less expensive quality preschool program provided by the school district. Either way, it's a win for the system. Contrary to all of the angst this population seems to cause the Regional Centers and the state, the reality is that parents of a child who gets a lot better tend NOT TO SEEK SERVICES THEIR CHILD NO LONGER NEEDS.	Feb 15, 2011 6:39 PM
1323	All children at risk of developmental delay or disorders.	Feb 15, 2011 6:45 PM
1324	All who need them. The earlier the better.	Feb 15, 2011 6:51 PM
1325	Those individuals that display obvious signs of delays, in addition sibilings of those that have already been diagnosed with dealy's should be given top priority.	Feb 15, 2011 6:54 PM

Early Start Services

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

	Response Text	
1326	Infants from birth to age three, who are at risk for or have been identified as having a developmental disability, should be eligible to receive services.	Feb 15, 2011 6:55 PM
1327	see above earlier responses about who should get services, PDD-NOS and higher.	Feb 15, 2011 6:56 PM
1328	Infants from birth to age three, who are at risk for or have been identified as having a developmental disability, should be eligible to receive services.	Feb 15, 2011 6:57 PM
1329	Services should be determined through an evaluation by licensed professionals in the areas of concern and consistent with expertise and scope of practice.	Feb 15, 2011 7:00 PM
1330	Infants from birth to age three, who are at risk for or have been identified as having a developmental disability, should be eligible to receive services.	Feb 15, 2011 7:04 PM
1331	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 7:05 PM
1332	Any at risk infant /child that may benefit. Children born after difficult pregnancy, born prematurely, exposed to teratogens in utero.	Feb 15, 2011 7:05 PM
1333	1. I strongly recommend return to original eligiblity standards for Early Start. We are starting to see evidence that failure to provide EI services to populations of children formerly eligible for Early Start (e.g. high-risk infants and children) is resulting in children with more severe delays that could have been mitigated with earlier intervention. 2. DDS should evaluate eligibility and benefit determinations among all 21 Regional Centers and ensure that eligiblity/benefit standards are implemented in equitable way across all RCs. We continue to hear reports that different Regional Centers operate very differently and make eligibility and benefit determinations in very different ways. The various RCs in LA County are often cited as examples of this problem but it can be seen across other RCs as well.	Feb 15, 2011 7:08 PM
1334	babies with known disorders which affect development such as chromosome disorders, epilepsy, strokes, prematurity (birth before 36 wks gestation) should be evaluated for services	Feb 15, 2011 7:10 PM
1335	Parent or the primary care physician of the child can make a call to regional center. regional center finds the eligible candidate by the evaluation process.	Feb 15, 2011 7:15 PM
1336	Every child deemed eligible under the law, including children at risk for a disability.	Feb 15, 2011 7:24 PM
1337	Children under 5 who meet the delay criteria in 2-3 areas. Children with a diagnosis of developmental delay should continue to have services even if they are not delayed in three areas. They should recieve services if even in one area.	Feb 15, 2011 7:30 PM
1338	Yes, these services are CRITICAL to the future of California and the cost of these children being disabled for life. We have a duty to provide them support when their brains are most malleable and they can close whatever developmental gap may be present.	Feb 15, 2011 7:33 PM
1339	AS I STATED EARLIER,,IT DEPENDS ON THE CHILD'S NEEDS. EVERY CHILD MAY HAVE A DIFFERENT TYPE OF BEHAVORIAL ISSUE.	Feb 15, 2011 7:33 PM
1340	I think when the pediatrician treating the child sees that it needs an early intervention treatment for any reason for the child, it will be good that the child get the Early Start program.	Feb 15, 2011 7:33 PM

Early Start Services

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

	Response Text	
1341	You do not have a category for general comments, so I'm putting mine here. There are ways to keep services (the ones that work) and stay within budget. Everyone is making cuts and the country is managing. Corporate America has cut cost and renegotiated rates with vendors. This happens every business cycle. This has to be done by social services too. There is a rally scheduled in my town to complain about budget cuts for the disabled. Well, I think there are areas to be cut that will actually make the programs more effective. Cuts are not the problem. I've run across of number well meaning yet incompetent programs, expenses and people in DDS (included in another survey). Do not fear cuts focus on results. It is a natural part of business and life that things must change and evolve. Things will work more efficiently and we will all survive. I know you can do it.	Feb 15, 2011 7:35 PM
1342	Any premie born 32 wks or less Any infant born under 1200g Any child with documented diagnosis of developmental delay greater than 3 months.	Feb 15, 2011 7:36 PM
1343	These services are extremely important because when a child receives Early Intervention, he/she has more chance to develop more normally, and be a person who will not need extra services later in life.	Feb 15, 2011 7:48 PM
1344	Early age service is pivital to limiting the future state burden. It is imparative to start as early as 2 year old childern. They learn and improve better in this gae. I have direct experience in this matter and I am 100% for pushing the program to the indivduals in an early age.	Feb 15, 2011 7:53 PM
1345	See suggestions for Behavior services and Day programs	Feb 15, 2011 7:56 PM
1346	All babies who needs it especiallly if the MD believes that the baby needs it.	Feb 15, 2011 8:12 PM
1347	Children under 3 who are diagnosed or at-risk for autism	Feb 15, 2011 8:17 PM
1348	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 15, 2011 8:19 PM
1349	Any individual who meets the criteria set out by the Lanterman Act.	Feb 15, 2011 8:23 PM
1350	Based on personal experience - my son had epilepsy at the age of 10 months. Regional Ctr. denied his disabilities even though supported by his doctors. I had to file my first appeal to even have him accepted into the system. This is not what families should have to face during the most difficult time of their child's life. The beginning of their life challenges!	Feb 15, 2011 8:27 PM
1351	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 8:28 PM
1352	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 8:32 PM
1353	All kids with disability (in any kind, mild, moderate or severe)	Feb 15, 2011 8:34 PM

Early Start Services

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

	Response Text	
1354	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 15, 2011 8:34 PM
1355	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 8:38 PM
1356	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 8:42 PM
1357	The eligibility for infants and toddlers with developmental delay should be consistent for all ages, birth to three years of age, with a 33% delay in one or more developmental area as per the original CA Early Start legislation. (current law includes a required delay of 50% delay in one developmental area or 33% delay in two or more areas.)	Feb 15, 2011 8:47 PM
1358	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in the Lanterman Act	Feb 15, 2011 8:56 PM
1359	children from birth to 3rd birthday with delays or at risk of delay	Feb 15, 2011 8:58 PM
1360	Any child with an Autism Spectrum Disorder diagnosis should receive these early interventions. My 20-year-old son did not have access to any early intensive behavioral services, or occupational therapy prior to age 12. I believe this affected his development irreparably.	Feb 15, 2011 9:01 PM
1361	Speech delayed and physically handicapped children.	Feb 15, 2011 9:11 PM
1362	All at risk and diagnosed children	Feb 15, 2011 9:14 PM
1363	Please consider that a child who has a 50% delay in one area of development and another child who has a 20% delay in another are of development is the same idea: they both require services to address their needs. This is an unsuccessful system because so many kids who have need for specialized services are falling through the cracks. It makes more sense to address concerns early on so kids develop better from the start and therefore their future is more positively affected. Please consider a 20 delay at most to qualify for PT, OT, and ST.	Feb 15, 2011 9:19 PM
1364	Research exists that supports early start services as being the reason for less services needed in older persons with disabilities.	Feb 15, 2011 9:25 PM
1365	All children with development delays and/or special needs.	Feb 15, 2011 9:31 PM
1366	Those individuals whose IFSP has identified a need for these services, as defined by the Lanterman ACt 4646 (a-d).	Feb 15, 2011 9:35 PM
1367	The eligibility for infants and toddlers with developmental delay should be consistent for all ages, birth to three years of age, with a 33% delay in one or more developmental area (current law includes a required delay of 50% delay in one developmental area or 33% delay in two or more areas.)	Feb 15, 2011 9:35 PM
1368	The eligibility for infants and toddlers with developmental delay should be consistent for all ages, birth to three years of age, with a 33% delay in one or more developmental area (current law includes a required delay of 50% delay in one developmental area or 33% delay in two or more areas.)	Feb 15, 2011 9:35 PM

Early Start Services

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

	Response Text	
1369	All children with a disability or those suspected of having a higher chance of developing a disability like autism should receive these services. My 3 year old son received early start services and made a lot of progress because of it. He was still diagnosed with autism at age 3 but he has made huge leaps and bounds in his abilities because of receiving early intervention.	Feb 15, 2011 9:37 PM
1370	The eligibility for infants and toddlers with developmental delay should be consistent for all ages, birth to three years of age, with a 33% delay in one or more developmental area (current law includes a required delay of 50% delay in one developmental area or 33% delay in two or more areas.)	Feb 15, 2011 9:37 PM
1371	Eligibility should be consistent for all ages (birth - three) for children with developmental delay to state: 33% delay in one or more developmental areas	Feb 15, 2011 9:38 PM
1372	This would need to be based on the individual and their specific needs.	Feb 15, 2011 9:42 PM
1373	Children that show early signs of a disability or have siblings with disabilities and are at-risk.	Feb 15, 2011 9:42 PM
1374	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 9:45 PM
1375	developmentally delayed children	Feb 15, 2011 10:11 PM
1376	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 10:12 PM
1377	Consumers who are under age 3 and " at risk" for an ADS diagnosis or already have a diagnosis on the autism spectrum are appropriate for an early start applied behavioral analysis (ABA) treatment program	Feb 15, 2011 10:18 PM
1378	People whose Individual Planning (IP) Team has identified a need for these services. See Lanterman Act.	Feb 15, 2011 10:27 PM
1379	all children at risk.	Feb 15, 2011 10:36 PM
1380	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 10:40 PM
1381	children who qualify based on the 5 categories of RC eligibility, and prevention for children who would become eligible without the support, children of RC consumers, prematurely born children with delays	Feb 15, 2011 10:48 PM
1382	Infants and toddlers with developmental delays. Make the eligibility consistent 0-3 with at least one 33% delay in only one area. At risk should be included to help prevent seeing them later on and with an increased delay or delays.	Feb 15, 2011 10:49 PM
1383	ALL children birth to 3 years old demonstrating delays in any areas and considered at risk for future developmental delays as evidenced by current levels and/or family history.	Feb 15, 2011 11:01 PM

Early Start Services

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

	Response Text	
1384	Prevention is proven to be more cost effective than waiting for a delay to arise. Not to mention the importance that we should place upon the development of all children in our communities. Supporting parents in their child's development also encourages greater mental health and greater outcomes for all children and families.	Feb 15, 2011 11:04 PM
1385	All children less than 3 who have at least 33% delay in one developmental area or condition with high probability of delay	Feb 15, 2011 11:04 PM
1386	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 11:07 PM
1387	Kids that have some type of disability should be getting these services.	Feb 15, 2011 11:08 PM
1388	Anyone displaying a delay in development	Feb 15, 2011 11:14 PM
1389	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 11:14 PM
1390	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 11:16 PM
1391	Service standards should be based on the IPP and be specific to each regional center. Each regional center has unique demographics, clientelle and populations. THe function of an IPP is to individually determine the unique needs and services of each client. A statewide service standard will be detrimental to the families of children with special needs. It is too difficult for the state to determine the unique needs of individuals rather each regional center who has first hand experience with each individual and has done a full assessment, can truly understand the needs.	Feb 15, 2011 11:19 PM
1392	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 11:19 PM
1393	The eligibility for infants and toddlers with developmental delay should be consistent for all ages, birth to three years of age, with a 33% delay in one or more developmental area (current law includes a required delay of 50% delay in one developmental area or 33% delay in two or more areas.)	Feb 15, 2011 11:29 PM
1394	Since some clients are not diagnosed until they enter the public school system in kindergarden or later, services should still be available to them.	Feb 15, 2011 11:30 PM
1395	Those children referred by their doctor that are at-risk for a disability.	Feb 15, 2011 11:52 PM

Early Start Services

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

	Response Text	
1396	All chidren who fall in the catagory of a 33% delay, even if the delay is in one area	Feb 15, 2011 11:53 PM
1397	any and all children demonstrating a delay in their gross motor, fine motor, speech and language and/or cognitive development	Feb 15, 2011 11:57 PM
1398	Children with a diagnosis from a doctor or other qualified medical or mental health professional that indicates a delay in development.	Feb 15, 2011 11:59 PM
1399	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 12:02 AM
1400	diagnosis of being disabled	Feb 16, 2011 12:03 AM
1401	Children with Autism should be given these services as early as possible, as early as diagnosed.	Feb 16, 2011 12:13 AM
1402	Ant child who does not fall in the average range of development. Ideally it should be between the ages of zero to five.	Feb 16, 2011 12:14 AM
1403	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 12:15 AM
1404	I think all babies and toddlers (even without economic hardship) should have access to services to prevent higher costs later	Feb 16, 2011 12:16 AM
1405	I believe there should be early screening of children - which would mean specific training of doctors to accommodate this need. If our son had been diagnosed sooner, he may have received certain services that he wasn't able to get due to his age.	Feb 16, 2011 12:17 AM
1406	children from birth-5	Feb 16, 2011 12:22 AM
1407	Children who are diagonsed by a Psychologist to have ASD.	Feb 16, 2011 12:26 AM
1408	The old standards of 30% delay should be brought back. And they should be able to receive their services until they reach age appropriate...not until they no longer qualify. What's the point then? Early Start is to get the kids age appropriate so they will NO longer need services when they are older...not to just keep them low for the rest of their lives.	Feb 16, 2011 12:26 AM
1409	All children under 5, who a licensed physician feels would benefit from these services.	Feb 16, 2011 12:27 AM
1410	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 12:30 AM
1411	all kids deserve prevention.	Feb 16, 2011 12:30 AM

Early Start Services

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

	Response Text	
1412	Any child from infants to 3 years of age who, through developmental testing and clinical observation, show a delay in any developmental area. Also, children who are diagnosed with a disability that might lead to delays.	Feb 16, 2011 12:33 AM
1413	infants and toddlers with a developmental delay and/or a diagnosis that impacts development. I am concerned that the statement above only addresses children one or two years old what happened to services for birth to twelve months?	Feb 16, 2011 12:37 AM
1414	I support quality of life for all persons with Autism Spectrum Disorders through supports and services that are determined by the individual as most effective for the individual. There should be no set standard. Every child needs different services, and should receive the services that would best benefit them.	Feb 16, 2011 12:40 AM
1415	Services should be available as soon as a diagnosis is made after birth until 3 years of age. Children should recieve services according to their needs as determined by appropriate professional evaluators.	Feb 16, 2011 12:46 AM
1416	As young as possible, from birth, those that are at risk for a delay and those with delays. Early Start should help babies at risk. High quality early intervention programs are a must, can be at home or group. Early intervention is not community based typical early childhood programs. There is a need to have therapists with expertise in development, motor, speech, sensory integration that are part of a high quality early intervention progream. Having mental health experts is important to help the family cope with the needs and also help with connecting to community resources.	Feb 16, 2011 12:57 AM
1417	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 12:57 AM
1418	Children under three who have either been diagnosed with a disability or who have been recommended by a pediatrician or child psychologist based on meeting certain criteria for a disability or displaying signs of a disability. Younger siblings of children with disabilities are often at risk for developing similar disabilities and should be provided with early intervention services if they show and signs in order to prevent the need for further service provision when the child gets older.	Feb 16, 2011 12:59 AM
1419	* 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 1:04 AM
1420	* 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 1:09 AM
1421	anyone in need for these services	Feb 16, 2011 1:11 AM

Early Start Services

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

	Response Text	
1422	Agin the starting place is the Regional Center where the future success and service of the consumer will be determined. A Doctor can make a referral and help the parents through the process. The types of services and number of hours need to be reviewed carefully in order to provide the best life possible for the child.	Feb 16, 2011 1:13 AM
1423	All infants up to age three who are born with a disability, are at risk for a disability, or premature and at risk. And I am very disappointed that there have already been changes to those children in the 24mo – 36mo range with a 50% delay in one area, such as speech. While my younger son was in the IDP due to a very apparent disability, my older son spent 5 months in the program at age 2 ½ for a 50% delay in expressive speech. He was able to catch up on his speech and was thankfully “Kicked-out” of the program by age 3. He is now an Honor Student with 4.0 GPA. Please give these kids a chance.	Feb 16, 2011 1:18 AM
1424	Every parent should be given the information and the tools so they know exactly what is available for their child	Feb 16, 2011 1:18 AM
1425	Child up to age 3 diagnosed with developmental delays	Feb 16, 2011 1:18 AM
1426	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. Consumers with other known or suspected developmental delays may also be appropriate. Health and safety issues understandably loom large during a fiscal crisis, the longer-term view requires that the State fund early intervention services so that children no longer need services, or requires less services, from the Department once they turn 3 years of age.	Feb 16, 2011 1:26 AM
1427	All children who need this should get it! It will only save us in expenses and lifetime support down the road.	Feb 16, 2011 1:32 AM
1428	See my previous answers for ALL the following questions.	Feb 16, 2011 1:37 AM
1429	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 2:02 AM
1430	ALL CHILDREN IN NEED	Feb 16, 2011 2:16 AM
1431	EVERY child who might possibly benefit VERY VERY IMPORTANT	Feb 16, 2011 2:18 AM
1432	I think a child with a 30% delay in an area should warrant services! With the rise of autsim in our community, and the proof that early intervention helps.....I think this is so critical!	Feb 16, 2011 2:21 AM
1433	Any child deemed "at risk" for having developmental delays	Feb 16, 2011 2:25 AM
1434	Children 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 2:40 AM

Early Start Services

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

	Response Text	
1435	Very few students with autism are ready to go into a typical classroom by kindergarten. Consequently, children who need individual speech, occupational, and physical therapy should be able to continue these services until at least the age of 5. Preschools do their best to provide services in these areas but the children need more. Cutting them off when they turn three is not cost effective. Doing everything possible with these young children will be cost effective if private therapists and the school therapists work together. The goal for the child and the community should be to help these children achieve the necessary skills so they can be in a typical classroom with out an individual aide. This would be cost effective and so much better for the child with autism. Private therapists should not be cut off at age three. Very few parents can afford to continue private therapy when it costs between $90 and $150 per session.	Feb 16, 2011 2:44 AM
1436	Consumers who are under age 3 and "at risk" for receiving an ASD diagnosis or who 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 3:02 AM
1437	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 3:02 AM
1438	Keep currently early start eligibility. Eliminate prevention	Feb 16, 2011 3:23 AM
1439	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 3:31 AM
1440	All children should receive the specialized services that will help them to overcome the delays caused by their disabilities. The services should continue from first identification through the beginning of services within the school system.	Feb 16, 2011 3:31 AM
1441	Infants and toddlers with developmental delay who have a 33% delay in one or two areas. this should be consistent for all infants and toddlers from birth to three years. The first statement concerns me as it states babies and small children one or two years of age - children birth to three qualify	Feb 16, 2011 3:41 AM
1442	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 3:45 AM
1443	All children who are "at risk" of Autism and who have a diagnosis of Autism	Feb 16, 2011 3:48 AM

Early Start Services

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

	Response Text	
1444	Regional center should follow the Federal guidelines for eligibility. "a child experincing a developmental delay in one or more area of cognitive ,physical ,comunication ,social or social emocinal and adpadtive development .Has a diagnosed physical of or mental condition that has a high probability of resulting in developmental delays . Some regional center criteria for estableished risk is diferent some use the federal other use Lantermans. Not all use the same stands for their definition. The current prevention program with it limitation of not providing direct services should not be under Regional Center . It would best be served by profesional that have experience working with at risk babies ,such as high risk follow up program and the HRI follow up clinics . If a delay shows up they would would refer to early start. Duplication of services -CCS is paying for thier developmental monitoring. The solely low incidence children served by the school dist is another area to look at since the definition of eligbilty is not the same as the one regional center use.	Feb 16, 2011 3:50 AM
1445	Parents with babies and/or children who have a disability or might develop a disability later in life.	Feb 16, 2011 3:54 AM
1446	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 3:55 AM
1447	any and all children who are unable to communicate /or talk -who do self harm or out of fustration may injure others ----disabilitys of mental as well as physical---lacking learning and communication skills	Feb 16, 2011 3:56 AM
1448	Autism, MR, cerebral palsy, 25% delay in two or more areas	Feb 16, 2011 3:58 AM
1449	I am not qualified to answer this question.	Feb 16, 2011 4:02 AM
1450	Any child with a suspected or known disability	Feb 16, 2011 4:07 AM
1451	Any infant or toddler up to age 3 years who displays a 33% delay in any one area of development despite their age (different from existing law where a toddler 24 months or greater must demonstrate a delay of 50% in 1 area or 33% in 2 areas to qualify for early intervention). Infants at high risk of developing typically that are now in the Prevention Program should recieve a minimum of monitoring their development in addition to providing educational classess for the parents or caregivers.	Feb 16, 2011 4:08 AM
1452	i think qualifications for receiving these services should remain the same. if their tested age levels show a significant enough delay, then they should receive the service. THE MORE ABILITIES THEY DEVELOP WHEN THEY ARE YOUNG AND THEIR BODIES AND BRAINS HAVE THAT PLASTICITY, THE BETTER OFF THEY ARE IN THE FUTURE!!!	Feb 16, 2011 4:13 AM
1453	The high barrier for two to three year olds in the system is creating substantial costs for the school districts down the road -- children with up to a 49% delay and no EI to help prevent disability. EI is the most effective use of money in preventing/reducing disability -- all children with significant delays should qualify.	Feb 16, 2011 4:15 AM
1454	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 4:29 AM

Early Start Services

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

	Response Text	
1455	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 4:30 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 16, 2011 4:45 AM
1457	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 4:53 AM
1458	children with developmental deficits. The money spent during this period is far less than trying to play catch up later in the child's life. Any child with a deficit of greater than 25% in any given area.	Feb 16, 2011 4:57 AM
1459	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 4:57 AM
1460	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 5:01 AM
1461	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 5:07 AM
1462	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 5:11 AM

Early Start Services

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

	Response Text	
1463	these whole step dont think this is as important because until doctors parents etc know what the actual discapacity really is.	Feb 16, 2011 5:15 AM
1464	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 5:15 AM
1465	Early intervention strategies that would help identify children in need of support or services.	Feb 16, 2011 5:23 AM
1466	Again it should be determined by the IPP process where the IPP team has identified a need.	Feb 16, 2011 5:25 AM
1467	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 5:33 AM
1468	current standards are acceptable.	Feb 16, 2011 5:44 AM
1469	Children who show 25% delay in any area; it makes much more sense to provide a little help early so that the long term cost is reduced.	Feb 16, 2011 5:54 AM
1470	I think the eligibility criteria used prior to the current standard is appropriate: one-third delay in one or more of five developmental areas, children considered "at risk" due to medical concerns, children whose parent is a regional center client. and children identified with a condition that would be eligible under Lanterman criteria. At my regional center, many children who were made eligible for "prevention" services have been determined to have more significant delays and are transferred to Early Start services, with only a few remaining on the "prevention" caseload.	Feb 16, 2011 6:00 AM
1471	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 6:01 AM
1472	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 6:04 AM
1473	from age newborn to age 3-4 yrs old	Feb 16, 2011 6:21 AM
1474	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 6:27 AM
1475	Any child with autism, developmental disability, or a child at risk for autism.	Feb 16, 2011 6:43 AM
1476	children with deficiencies at an early age/ needy families	Feb 16, 2011 7:16 AM
1477	Any baby/toddler who has any type of developmental delays in speech, motor skills, self-help.	Feb 16, 2011 7:26 AM
1478	any baby that may need services	Feb 16, 2011 7:32 AM
1479	age 0-6 years, at risk	Feb 16, 2011 7:41 AM

Early Start Services

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

	Response Text	
1480	The services should be determined by individual need through the IPP process as promised in the Lanterman Act. Any other way of delivery does not honor the spirit of the law. Any child with autism should have access to early intervention. It increases the likelyhood of less intensive needs down the road. It increases the likely hood of more independence throughout childhood and into adulthood. It saves much more in the long run than it costs up front. It is proven!	Feb 16, 2011 7:44 AM
1481	No comment.	Feb 16, 2011 7:57 AM

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

	Response Text	
1	services should be provided in a center, rather than in-home to encourage parent participation	Jan 28, 2011 12:00 AM
2	As often as possible	Jan 28, 2011 1:04 AM
3	A natural envioment no longer only pertains to a home envirorment. Many parents would like a small group setting as children copy other children and tend to do better with typical aged peers	Jan 28, 2011 1:13 AM
4	INDIVIDUAL CHOICE BUDGET	Jan 28, 2011 1:19 AM
5	one hour twice a week	Jan 28, 2011 1:23 AM
6	Home based services are appropriate for infants. Regional centers and school districts should be able to provide small group instruction for toddlers to address their IFSP goals for communication, adaptive skills and social skills.	Jan 28, 2011 1:25 AM
7	Services must be evidence-based and closely monitored.	Jan 28, 2011 1:31 AM
8	As often is needed according to a child's IPP and needs!	Jan 28, 2011 1:32 AM
9	daily at home	Jan 28, 2011 1:41 AM
10	ICB	Jan 28, 2011 1:48 AM
11	It depends on the level of disability and each child's health/medical condition. At least 2 times a week.	Jan 28, 2011 1:53 AM
12	as often as the child can handle it.	Jan 28, 2011 1:57 AM
13	Upon the recommendation of persons experienced in this field.	Jan 28, 2011 2:01 AM
14	Treatment that is not delivered in sufficient intensity to effect positive change is a waste of taxpayer money. Treatments for at-risk children or children with a diagnosed disability should be delivered daily. In particular, ABA is the empirically supported treatment for autism. Research is clear that ABA delivered at only 10 hours a week is not effective; in order to improve cognitive and social-communicative functioning, ABA should be delivered a minimum of 25 hours per week.	Jan 28, 2011 2:28 AM
15	as often as needed directed by IPP	Jan 28, 2011 2:30 AM
16	This would depend on the IFSP team and heavy emphasis on the medical reports and all evaluations that were done	Jan 28, 2011 2:44 AM
17	progress monitored by a professional i.e. doctor , teacher	Jan 28, 2011 2:48 AM
18	First born premature born babies should get a homevisit .every half year the first 2 years, and a phone call from the same person at age 2.5 and 3	Jan 28, 2011 2:55 AM

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

	Response Text	
19	I believe that only the highest standards should be given to our children, especially since we are tax paying, law abiding citizens. Our children have the right to receive any and all services that will allow them to become productive citizens in our state and throughout the entire United States. As far as a how often, as often as they need it. 40 hrs a wk of therapy and 1:1 and with a shadow aid to accompany to school if needed. If it requires 40+ hrs a week to provide our children with the help they need, then that is what it takes.	Jan 28, 2011 3:08 AM
20	As needed, for babies who meet the eligibility standards.	Jan 28, 2011 3:09 AM
21	Several hours a week, at least 12 hours, early intervention has the biggest impact on the course of a rest of a person's life. Correct and through intervention at the early stage will drastically improve the lives of these children.	Jan 28, 2011 3:10 AM
22	Until age 5.	Jan 28, 2011 3:30 AM
23	Individual services for speech, OT, and PT should be provided a minimum of 2 hours per week	Jan 28, 2011 3:41 AM
24	The greater the disability the more intervention.	Jan 28, 2011 3:43 AM
25	Lanterman Act. Needs of the consumer as written in the IPP	Jan 28, 2011 3:44 AM
26	As often as prescribed!	Jan 28, 2011 3:47 AM
27	Should be determined by team working with child and tailored to that child and families needs	Jan 28, 2011 3:56 AM
28	For children with a diagnosis of autism, 2 hours a day, 5 days a week of 1:1 instruction with 2 hours of supervision from an MA level behavior analyst is the minimum level of service that will provide positive results sufficient to save the cost of the intervention to the state in the long run. Providing services less than 10 hours a week is ineffective. The State of California appears to be saving money, but in actuality is throwing money away. A ten hour a week program until age three will result in a greater number of children entering general education in Kindergarten, saving the state significant money. Although less than 10 hours a week is ineffective, there is no reason to provide more than 20-5 hours a week for any child under the age of 3. There is a point of diminishing returns. A 10 hour a week program is sufficient for most children suspected of having a diagnosis of autism. Contrary to popular opinion the majority of children in Early Start with a diagnosis of Autism who are assigned to an infant development program that uses teaching techniques based on applied behavior analysis, those children do not need occupational therapy, nor do they need speech pathology. In fact those services often conflict with the ABA program. Nor is there much research supporting the effectiveness of occupational therapy or speech pathology when children are enrolled in ABA based infant development programs. It is suggested that infant development programs provide services that are targeted to small motor skills, gross motor skills, and speech and language skills, as a part of their program without the requirement of using occupational therapists or speech pathologist to meet those goals and objectives. Occupational therapists and speech pathologists could be used as needed with the small number of children who require those services. For example, for years occupational therapists have recommended and provided 'sensory integration therapy' at great cost to the state of California. There is no research that demonstrates that sensory integration therapy is effective. In fact, there is research that suggests it is not effective. There is very little, if any evidence that adding 1 hour of speech therapy improves the developmental trajectory of children in ABA based infant development programs. The state could save money by requiring infant development programs to provide interventions designed to improve speech in language in their 2 hour a day, 5 day a week program.	Jan 28, 2011 3:59 AM

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

	Response Text	
29	I believe the 33% delay standard is adequate however it limits the frequency of treatment. We need to really look at the "quality" of the child's ability to either use their body, access the environment and to tolerate sensory information. There are just some kids who would benefit from BID treatment but don't qualify. Specifically, those children that are not picked up before 2.5, particularly those with sensory integrative dysfunction, apraxia, and speech difficulties.	Jan 28, 2011 4:09 AM
30	On an individual basis. There are some children with certain disabilities that need services twice a week such as Down syndrome, CP, Fragile X, mentally challenged, and so on.	Jan 28, 2011 4:09 AM
31	According to guidelines from American Academy of Pediatricians or other such recognized agencies.	Jan 28, 2011 4:09 AM
32	Early intervention is crucial for any form of developmental disability and it seems regional centers like to waste time in paper work so the child will hit "3 years old" and become the school district's responsibility .	Jan 28, 2011 4:18 AM
33	One-two times per week.	Jan 28, 2011 4:21 AM
34	Depending on the results of a standardized developmental evaluation.	Jan 28, 2011 4:22 AM
35	In home is the natural environment.	Jan 28, 2011 4:30 AM
36	As often as the IPP team sees fit.	Jan 28, 2011 4:47 AM
37	Early intensive intervention is best!	Jan 28, 2011 5:45 AM
38	Assistive technology should be included in assessment and in services provided.	Jan 28, 2011 6:32 AM
39	Services should be at least once a week (core services) and supplementary services should be as needed (hearing, vision, physical or occupational therapy), some will need to be weekly as well, some maybe twice monthly. It depends on the child's diagnosis and level of delay. But the more services can be provided in the early years, the better prepared the child and family will be for the future.	Jan 28, 2011 6:39 AM
40	Have programs for children and to teach parents how to care for them!	Jan 28, 2011 6:56 AM
41	Service should not be offered, it should be incorporated	Jan 28, 2011 7:00 AM
42	Services should be provided as needed based on the needs of the child. Services to pregant women could include reducing or eliminating the risk from chemical exposures, contaminatation, polluted water, the dangers of cigarette smoking and second hand smoke.	Jan 28, 2011 7:12 AM
43	On a weekly basis, consultation with therapists as recommended.	Jan 28, 2011 7:15 AM
44	Per evaluation for each child Parent training monthly	Jan 28, 2011 3:05 PM
45	I'm a parent, but it seemed to me, the evaluator determined the services that were needed and then the evaluators company provided the services. In a rural area, there just aren't as many choices. It makes sense to me to have the evaluation done completely separate from the contractor providing early start services. This may not work in a rurual area but it possibly could save money.	Jan 28, 2011 3:55 PM
46	As neded	Jan 28, 2011 4:31 PM
47	My child was identified before her third birthday and because I was in the military at that time, she was placed in an early developmental program daily and it made a world of difference in her ability to read, write, etc.	Jan 28, 2011 4:35 PM
48	this service should be able to be provided in child's home or have parent bring child to group for training with other parents.	Jan 28, 2011 4:37 PM
49	Based upon the client's needs and/or requirements	Jan 28, 2011 4:41 PM

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

	Response Text	
50	As recommended by the therapist and approved by experienced service coordinators. Services typically go 1-2 hours/week for OT or SLP. EI groups at 2-4 hours/week. No individual EI. ABA not to exceed 15 hours per week and only in conjunction with SLP, OT, and group.	Jan 28, 2011 4:46 PM
51	Minimum of once per week for basic developmental services. Specilized services like PT, OT, etc. based on child's needs and diagnosis.	Jan 28, 2011 4:59 PM
52	It all depends on the child. However I know of kids who are so severely disable receiving a lot of expensive service that will never lead them anywhere.	Jan 28, 2011 5:00 PM
53	Depends on the case of the child I personally worked with a organization before and I think that the services should be set by the provider not anyone else because they are the ones with the information on how to help the child no one else.	Jan 28, 2011 5:01 PM
54	As per the IPP!!!	Jan 28, 2011 5:04 PM
55	As often is needed according to a child's IPP and needs!	Jan 28, 2011 5:07 PM
56	Until the child no longer requires the service, determined by treatment providers.	Jan 28, 2011 5:12 PM
57	Depending on severity of delay, 1-5 hours per week with an intensive parent training/parent therapy component.	Jan 28, 2011 5:19 PM
58	Too cut down on the stress to families, each, individual service should happen no more than 2 times per week.	Jan 28, 2011 5:24 PM
59	No respite unles under 3's need RN level of care	Jan 28, 2011 5:34 PM
60	Specific to type of service. Should be in natural enviornment.	Jan 28, 2011 5:45 PM
61	daily with family involvement and carry over whenever possible.	Jan 28, 2011 5:48 PM
62	If a child is showing progress with the service they are receiving, frequency of services should not be increased. For example, if a child is getting speech therapy one time per week, and showing progress, it cannot be increased to 2 times per week if a therapist requests it.	Jan 28, 2011 5:49 PM
63	Frequency of services should be based on the individual needs of a child. Examples Children with developmental delays should receive a min. of 1hr/ week of early intervention Children at risk for developmental delays should monitor development and provide anticipatory guidance by seeing a child 1hr. 2x/month	Jan 28, 2011 5:52 PM
64	Daily if needed. Early intervention is the most important variable in overcoming developmental disabilities. High intensity intervention should be delivered as early as possible to make permanent brain changes to allow the child the possibility of overcoming the developmental delay. This is particularly important for children who present with symptoms of autism, mental retardation, or any more significant and global delays.	Jan 28, 2011 5:54 PM
65	Based upon individual needs. Some only need language help while others need physical and occupational therapy etc. This needs to be determined individually by parents and case worker.	Jan 28, 2011 6:04 PM
66	In home behavioral therapy should be provided 3-4 times a week	Jan 28, 2011 6:11 PM
67	Keep the current programs all open and at the current rates and amounts.	Jan 28, 2011 6:14 PM
68	Standard should be one session per week of a therapy. Develop specific criteria for purchasing more than one session of speech, OT or PT per week. Do not provide therapies to children involved in infant development programs.	Jan 28, 2011 6:18 PM
69	Services should be tailored to the needs of the baby and family taking into consideration the intensity of the delays of the baby and the level of external supports the family has.	Jan 28, 2011 6:28 PM

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

	Response Text	
70	Depending on the need of the child - once or twice a week is normally sufficient. With a child diagnosed with autism - may need more services.	Jan 28, 2011 6:29 PM
71	Daily.	Jan 28, 2011 6:31 PM
72	It depends on the child, but in most cases it takes 1-3 times a week for a child to benefit.	Jan 28, 2011 6:36 PM
73	For infant teacher, weekly; for early intensive behavioral serivces for children who are auttisitic or behave as if autitics, 10-15 hours per week; OT, PT and speech- can range for once a month consultation to 2x weekly.	Jan 28, 2011 6:43 PM
74	no	Jan 28, 2011 6:44 PM
75	Services should be determined on an as needed basis. Parents should be taught that it is what they do at home that makes the most difference in thier children's lives and not necessarily more services. The system needs to become more family focused and help parents feel more empowered in their skills to help thier children develop, not less so. New therapist and Early Start Programs need to become more family focused and include parents in classroom setting and therpy sessions and not ask them to leave, because the child behaves better, or the therapist can work better with the parent not in the room. Parents need to learn the skills to help thier children.	Jan 28, 2011 6:56 PM
76	What is suggested in their IPP	Jan 28, 2011 7:07 PM
77	As much as needed as determined by current methods of determining eligibility. No changed to current standards.	Jan 28, 2011 7:12 PM
78	Once determined, depending on the child's case, a psychologist, physician and the case manager of the regional center should determine how often services should be provided.	Jan 28, 2011 7:18 PM
79	Service delivery and intensity should be at least two times per week (two times per week with the family and child, one time per week for group parent training), with the family utilizing the strategies throughout the child's day.	Jan 28, 2011 7:20 PM
80	Should be intensive and at least 3-4 days a week.	Jan 28, 2011 7:22 PM
81	It should be provided as often and intense as needed.	Jan 28, 2011 7:24 PM
82	as often as it is successful	Jan 28, 2011 7:35 PM
83	Services should continue to be provided in the same manner that they are currently being provided. A global development assessment should be administered by qualified, licensed professionals. Services should be recommended and provided by these same professionals as often as deemed appropriate for each child as an individual.	Jan 28, 2011 7:37 PM
84	A minimum of 2 x a week after the medical situation has been resolved	Jan 28, 2011 7:43 PM
85	This is a decision of the IFSP team.	Jan 28, 2011 7:44 PM
86	Each child is individual and each parent's lifestyle is different. I prefer to keep it individualized to the child and the family needs.	Jan 28, 2011 8:02 PM
87	Intensive 40 hours a week ABA therapy along with other therapy as recommended by a specialist, including speech therapy, occupational therapy, physical therapy, social skills therapy, counseling, cognitive behavior therapy, and auditory processing therapy.	Jan 28, 2011 8:02 PM
88	no more than 10 hour week maximum program.	Jan 28, 2011 8:03 PM
89	Formal assessment.	Jan 28, 2011 8:05 PM
90	To be determined by the health care professional not affiliated with regional center and the person providing services.	Jan 28, 2011 8:41 PM

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

	Response Text	
91	give kids and parents lots of in home time. some regional centers approve 2 hours per week to work with their severly autistic child while another regional center approves 40 hours per week. 2 hours per week is not going to do much in the realm of preventing future need. maintain the philosophy of giving the parents the knowledge and education and skill-set so that they don't need more services later. spend more money earlier on with the kids that need it.	Jan 28, 2011 8:41 PM
92	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 8:46 PM
93	As per the IPP	Jan 28, 2011 8:48 PM
94	Two hours weekly for ST, OT, PT is reasonable, especially as they are approaching 3, as services in the school district are often not very good.	Jan 28, 2011 8:50 PM
95	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 8:55 PM
96	Individiualized	Jan 28, 2011 9:05 PM
97	As often is needed according to a child's IFSP or IPP and needs!	Jan 28, 2011 9:09 PM
98	With all Early Start clients the service should be provided at least 1 a week. The determinant factor should be the doctor requesting the service for the client, without interference from any governmental agencies	Jan 28, 2011 9:19 PM
99	4-5 times a week.	Jan 28, 2011 9:30 PM
100	definite limits on all services, not subject to appeal. specialized instruction, including behavioral services, limited to 32 hrs per month. PT, OT, ST, limited to one hour per week of each.	Jan 28, 2011 9:38 PM
101	same as behavioral services	Jan 28, 2011 9:40 PM
102	infant should undergo a thorough evaluation and service provided in accordance with the severity of the need	Jan 28, 2011 9:42 PM
103	Maintain current frequent or INCREASE.	Jan 28, 2011 9:46 PM
104	in the least most restrictive environment beginning with infant-toddler credentialed teachers and then moving onto the specialists when developmentally appropriate	Jan 28, 2011 9:53 PM
105	5 days per week	Jan 28, 2011 9:54 PM
106	This should be based on recommendations from the scientific community, and should be consistent based on the diagnosis of each individual/disability.	Jan 28, 2011 10:18 PM
107	The amount of services each consumer receives should be individual to the consumer's needs.	Jan 28, 2011 10:36 PM
108	As needed, although ideally it is as maximum as possible.	Jan 28, 2011 10:40 PM
109	It should be at least once a week and each session should be at least 60 mins long.	Jan 28, 2011 10:47 PM
110	A parent is the best teacher with the support of the home visitor. 1 x a week from each discipline if it is needed is adequate instruction to the parent, provided there is follow through. Sometimes a child needs to be only monitored by a therapist. The case should not be that an educator is seeing a family 2-3 a week and being instructed by a therapist on how to do therapy. One that clearly is illegal and against best practice acts, and two it is a waste of funds. If a child needs therapy, it needs therapy. If a child needs support with play skills and prelanguage development and meets the eligibility criteria, an infant specialist would be sufficient.	Jan 28, 2011 10:48 PM

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

	Response Text	
111	5 days per week with Rx from doctor	Jan 28, 2011 10:59 PM
112	As needed to ensure successful entry into preschool.	Jan 28, 2011 11:02 PM
113	Weekly visits or activities should be available to such students and their parents.	Jan 28, 2011 11:09 PM
114	The frequency should depend on how severe the delay is as well as maximize the service time for the type of disability the child has (for some disabilities, increased frequency will not improve the delay but for some increased frequency might be very beneficial).	Jan 28, 2011 11:12 PM
115	Provide a nutritional consult if there is evidence of feeding problems including food selectivity and weight issues. Occupational therapy consult is there is evidence of feeding problems related to food textures and oral aversions.	Jan 28, 2011 11:17 PM
116	Speech therapy should be more easily made available to younger children. We were lucky to begin at 9 mos with biweekly therapy, soon increasing to weekly, but most children we knew with the same condition were still fighting for even monthly speech therapy before two years. The usefulness of signing and feeding therapy should especially be taken into account for children at high risk of speech delay, given a congenital disability, especially since insurance will not pay for speech therapy for a condition that "can't be cured".	Jan 29, 2011 12:03 AM
117	This depends on severity of disability. Specific services should be provided as often as needed, very crucial for the learning process.	Jan 29, 2011 12:12 AM
118	It would depend on the professional reccommendation by the assessor.	Jan 29, 2011 12:32 AM
119	Each consumer is different, therefore this should be determined on a case-by-case basis (i.e., the type/severity of the diagnosis). However, as a "standard" procedure, If a consumer is 25% to 40% delayed in a particular area, services should be 1 time a week (or 5 hours per month). If a consumer is more than 40% delayed in a particular area, services should be 2 times a week (or 10 hours per month).	Jan 29, 2011 12:38 AM
120	Services should be available both in-home and in a provider's office.	Jan 29, 2011 12:39 AM
121	Direct intervention with parental participation should happen in accordance to the specific needs of the young child/infant.	Jan 29, 2011 12:55 AM
122	As determined by the eligible infant or toddler’s team	Jan 29, 2011 12:56 AM
123	Screenings at the 0-3 years of age range.	Jan 29, 2011 1:27 AM
124	As often as needed.	Jan 29, 2011 1:39 AM
125	Services should be provided based on the recommendation of the practicing licensed therapist for each discipline. As a physical therapist I feel that it is imperative that someone who is trained in evaluating and assessing each area of development should be the person making decisions in regards to how often a child/family should be receiving services for maximum benefit. We need to recognize that these children and families are all unique and each have their own set of circumstances that affect what services they may/may not need and at what frequency. To try and come up with a standard based on diagnosis/% delay is like trying to fit all of these individuals into a mold. Additionally, it does not take into account the specialized training that I as a provider of services have	Jan 29, 2011 1:59 AM
126	once a month,then it be the parents responsibility to follow though with the suggestions of the profecinal.	Jan 29, 2011 2:51 AM
127	never	Jan 29, 2011 3:13 AM
128	As often as the therapist feels is needed.	Jan 29, 2011 3:42 AM
129	As often has needed to help the child and the family become more educated and aware of how to deal with the challenges the child my have in the future.	Jan 29, 2011 4:02 AM
130	dependant on parents	Jan 29, 2011 4:38 AM

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

	Response Text	
131	As suggested by the doctor/psychiatrist, give time for data collection and reassess.	Jan 29, 2011 4:43 AM
132	Pt ot speech should be a least one hour a week other stuff on case by case	Jan 29, 2011 4:45 AM
133	Daily and weekly intensive services are needed in almost all cases where significant developmental delay etc is involved. Parents are overwhelmed at this age (still figuring out how to be parents and dealing with the diagnosis) and need lots and lots of support from therapists to help their child, so daily/weekly sessions are important.	Jan 29, 2011 5:10 AM
134	Per the assessment recommendation, some children need weekly, some only need monthly consults.	Jan 29, 2011 5:27 AM
135	As often as needed to provide the infant/toddter with a better start.	Jan 29, 2011 5:59 AM
136	At least 3 times a week for early intervention services.	Jan 29, 2011 6:08 AM
137	free screening/initial assessment	Jan 29, 2011 6:22 AM
138	Speech therapy and OT should be a minimum of 1 hour 2x per week. ABA should be provided 30-40 hours per week, 7 days per week, year round. Respite should also be provided.	Jan 29, 2011 6:25 AM
139	The support service should commence as soon as the agency is informed of the child's needs. Waiting lists should signal the need to either find of cultivate new providers.	Jan 29, 2011 7:14 AM
140	Self determination....vendors charges, without competition allow goods/services to be an outrageous profit for supplier.....Forced to use vendors diapers that cost $50 a packet and poor quality could be purchased at a Target or Costco for $20....better quality/quantity	Jan 29, 2011 7:18 AM
141	These services should be determined by the IFSP team including the family. Services should be done in natural environments, including community daycares, parks, etc. where typical infants are served.	Jan 29, 2011 7:32 AM
142	25 hours per week	Jan 29, 2011 7:38 AM
143	At least three days per week, up to twenty hours per week.	Jan 29, 2011 7:39 AM
144	As early and often as recommended by specialist.	Jan 29, 2011 8:23 AM
145	Depending on the needs of the child, an IPP is set to determine how often a service should be provided. Intense behavioral therapy, for example, should be provided multiple times a week,	Jan 29, 2011 8:40 AM
146	As deemed needed by the eval team and the parent involved in the discussion. sometimes front loading may be necessary (provifiding lots of service for a short time to the the family in the right direction and then scale down and monitor depending on assessed competence of the family, care givers.).	Jan 29, 2011 8:43 AM
147	This needs to remain the decision of the IPP team, but a guildeline could be generally no more than 2 hours per week for Physical Therapy, 2 hours per week for Occupational Therapy, 2 hours per week for Speech Therapy and 2 hours per week for Early Intervention Educator.	Jan 29, 2011 4:29 PM
148	Weekly or less depending on therapist's/educator's recommendations. Discharge from therapies when child reaches age appropriate level (prior to age three) - determined at 6 month reviews.	Jan 29, 2011 5:07 PM
149	I think it depends on the severity of the child's disability.	Jan 29, 2011 5:35 PM
150	The needs of very young children vary widely, so any specific recommendation about how often a particular service needs to be provided.	Jan 29, 2011 6:24 PM
151	Early Intervention for autism needs to be intensive.	Jan 29, 2011 7:41 PM
152	Early intervention children should receive services NO LESS THAN 5 days a week, NO LESS THAN 4 hours a day.	Jan 29, 2011 8:08 PM

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

	Response Text	
153	From 0-6 Early Intervention Services should be provided by the State of California to parents of children with developmental delays and disabilities. If a child can enter a special education preschool classroom at age 3 and is diagnosed with Autism, if that child needs intensive autism services and cannot be placed in an Autism Specific 25 hour per week program, provided by the school district then other measures should be met. The State of California must supply Early Intervention in Home ABA, OT, Speech Therapy etc should remain in place with the State of California receiving funds from ALL INSURANCE COMPANIES who do business in the STATE of CALIFORNIA. The insurance funds received will be managed by the California Regional Center system.	Jan 29, 2011 9:27 PM
154	Services should be provided more frequently when the disability is first manifested and less frequently as the consumer and the family learn how to deal with it.	Jan 29, 2011 9:33 PM
155	AS MUCH A POSSIBLE	Jan 29, 2011 11:43 PM
156	Should be under the discretion of the service provider	Jan 29, 2011 11:51 PM
157	The service should be provided based on the recommendations of an appropriate service provider after a compentently performed assessment. There is no one size fits all for children. Professionals are trained to make appropriate recommendations. Stating that everyone needs the same amount and or limiting everyone's options is not making the best use of the professionals who are delivering the service. The service delivery is so bogged down in regulations that common sense is completely lacking in the process.	Jan 29, 2011 11:58 PM
158	As often as needed	Jan 30, 2011 12:25 AM
159	A service standard for a consultation model for therapy services (OT, PT and Speech) should be developed. Weekly and twice a week therapy usually makes a parent feel inadequate to the task of intervening in their own child's development and makes them dependent on therapists instead of empowering them to be agents of change in their child's progress. Most parents can benefit from training once or twice a month that teaches them activities to do regularly with their child. The RCs should have independent therapists that can evaluate the need for more hours of direct therapy. This wouldn't include children at risk for Autism who may need more direct intervention, at least initially, but this at risk status should be determined by a qualified professional, like the RC Clinicians, before being authorized.	Jan 30, 2011 12:54 AM
160	Would depend on the service. Would need to be determined according to whether or not multiple developmental areas are delayed and the severity of the delay.	Jan 30, 2011 1:23 AM
161	We have babies receiving a teacher 2x/wk, OT 2x/wk, PT2x/wk, plus speech and whatever else. How typical is it for a baby to receive so much service, whether in the home or out in the community? Typical babies don't learn everything at once. They babble, and then as they begin to walk, they quiet. Speaking again once they learn to walk. This should not be allowed to happen. The best person at the time should be the one who treats. This transdisciplinary approach lets professionals do the assessment and then decide who best to treat the baby. Families need to use insurance. We cannot find early intervention specialists, as the pay is so small. They make much better money elsewhere.	Jan 30, 2011 3:17 AM
162	Children with developmental disabilites between the ages of 0 and 3 should receive physical therapy 2x/week, speech therapy once/week, occupational therapy 2x/week, and any support therapies as identified by the child's physician as necessary to the child's development.	Jan 30, 2011 4:08 AM

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

	Response Text	
163	Infant dev -3 hours / day at least three times a week. Parent trainings 1/wk 2 hours. Ot/Pt twice a week 1 hour each. Speech twice a week 1 hour.	Jan 30, 2011 6:27 AM
164	Service should be provided two to three times per week, depending on the age and ability of the child.	Jan 30, 2011 6:27 AM
165	As much as needed - can you see my other answers? Again, some need every day, a bunch of hours, some need not much at all - but everyone needs to have a connection and communication with someone they can trust so that they know what to do.	Jan 30, 2011 4:23 PM
166	As long as parents are involved and sitting with the provider during services, services can be intensive and should be. This is the time to invest in intervention. Parents can be inspired to carry out coaching throughout the day and in-between sessions. Services might be offered up to 4 times per week for some families who can make use of this intensive schedule.	Jan 30, 2011 6:27 PM
167	For the duration in Early Start proram	Jan 30, 2011 8:11 PM
168	Until the child no longer has the disorder.Also when a child is given a therapeutic service,the child should continue with that service until no longer useful to the child no matter the age of the child.	Jan 30, 2011 9:07 PM
169	as intensive a service as possible 5-7 days/week	Jan 30, 2011 9:07 PM
170	As often as needed. especially if in the long run it is going to improve this childs disability, life, speech, movement, etc.	Jan 30, 2011 10:33 PM
171	Depends of severity of disability.	Jan 30, 2011 11:28 PM
172	As often as needed	Jan 31, 2011 12:04 AM
173	Individual determined depending on need.	Jan 31, 2011 1:30 AM
174	Early intervention services should be provided daily.	Jan 31, 2011 4:02 AM
175	as often as the children need to have effective progress in problem area.	Jan 31, 2011 7:14 AM
176	Services should be provided as often as the service provider recommends is necessary for successful progress in the program being provided.	Jan 31, 2011 3:48 PM
177	have parents attend more trainings - general parenting, group classes for children with speech needs start a training for parents considering EIBT mandatory	Jan 31, 2011 3:57 PM
178	This is a difficult questions because services should be based on need. Intensive home-based ABA for example is best used for at least 3 times per week. I do believe that parents need to participate actively in this service. Otherwise, children learn to respond to the teaching method and when the therapist leaves, the behavior resurface. This opinion is based on personal experience. Many children, especially those with autism, respond best to consistency and continuity of care generalized in all environments.	Jan 31, 2011 4:20 PM
179	Parent training, implpement programs such as Hanen or modified Hanen. Have contiuum of services, BUT families need to participate and implement. Example, families do not get respite care if they don't complete paretning class or implement stratgioes to support language development.	Jan 31, 2011 4:22 PM
180	see section #1 for comments for the next set of questions.	Jan 31, 2011 4:33 PM
181	Services should be provided for 2 - 6 hours per week. Depending on the child's needs.	Jan 31, 2011 4:39 PM
182	More than once a week, which is what we get now.	Jan 31, 2011 4:39 PM

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

	Response Text	
183	Services could be provided in 2 ways - home based for children under 2, home or center based for children 2-3 years. If center based, the intervention must still be specific to each child and each child must be helped on an individual basis. I've seen inclusion models where the child with special needs does not get specific help that would be beneficial to them. But there is also a benefit of children being with their peers (including their other disabled peers). Parental involvement must be included in any program. If the service is provided via home visit it is not recommended more than 1x/week to help parents take "ownership" and be involved in the process. Autism programs have been shown to be effective more often, but then any program would be effective if instituted 3 hours/day with this population. Center based programs would be best to be 2-3 hours, 2 times/week. Services must be provided by qualified personnel - if there's a motor concern it should be addressed by occupational and/or physical therapy. Teachers should have bachelor degrees and a background in early childhood education, special education, rehab etc.	Jan 31, 2011 4:46 PM
184	as needed based on assessment of the team	Jan 31, 2011 5:05 PM
185	Must be based on assessed child need and family's need.	Jan 31, 2011 5:23 PM
186	...same...	Jan 31, 2011 5:31 PM
187	Depending on the each infant/young child; 3 - 5 times a week.	Jan 31, 2011 5:59 PM
188	need case manager to coordinate services, even when using insurance	Jan 31, 2011 6:03 PM
189	a resource person full time to cover as many Early Start schools as is financially viable, to support the Early Headstart school(s) staff in proper ASQ screening, and strategies to address red flags - including linking children to needed additional services.	Jan 31, 2011 6:10 PM
190	The Regional Center is doing a good job at providing to begin 1 hour per week of each required service. The service providers then need to meet with the family and justify any increases by stating need and scores. Also by noting the availability and committment of the parents	Jan 31, 2011 6:10 PM
191	Allow and encourage the center based programs - these offered access to multiple disciplines and also allowed parents to participate with other parents. The parents need to be made an intregal part of the program and not just passive recipients. Service provided in the isolation of the home is very limited and can easily be not of the best quality due to lack of supervision - humans need social contact to remain involved and committed.	Jan 31, 2011 6:14 PM
192	In collaboration with other entity	Jan 31, 2011 6:23 PM
193	Right now IDS services at VMRC are offered anywhere from a monthly consult to up to 2x a week based on a child's need. We most often implement the service once a week. I think anything more than 1x a week is not usually necessary, as the goal of the Early Start program and services is to teach the family what they can do to support their child's development in the home when service providers are not there. Similarly this goes for PT, OT, and speech. I do not feel that services more than 1x a week are truly necessary if the family is doing their part to carry out in home activiites and suggestions.	Jan 31, 2011 6:32 PM
194	The way it's done now is good - at least through Golden Gate Regional. When hearing about other regional centers, I'm agast at how different it can be. Case in point, it took several months to get an intake appointment and another 4 mos. to have an assessment done. Whereas, with us, it took 14 days to have an assessment done. Both situations where assessments for Autism. There should definately be a standard time, process, procedure, and sense of ownership to get it done quickly across all Regional Centers, equally.	Jan 31, 2011 6:49 PM

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

	Response Text	
195	Services should be individualized and available based on the needs of the child. If the family is involved--which is critical to the success of Early Start, services do not need to be provided all day every day. Targeted interventions based on the need of the child and family can occur and be provided in such a way that they support the child wherever he/she live their lives. Services can be provided in homes, specialized children's centers, or in childcare settings so that interventions can occur throughout the life of the child. Services MUST include direct supportive and educational services for the parents to strengthen them in their parenting roles.	Jan 31, 2011 7:11 PM
196	As often as necessary based upon assessed need.	Jan 31, 2011 7:28 PM
197	Furlough days should not apply to EI programs. This group of children miss therapy all the time due to illness, medical appointments, etc.	Jan 31, 2011 7:34 PM
198	This should be determined after a careful functional behavior assessment signed by a board certified behavior analyst. The range of EIBI services should be not less than 15 nor more than 40 hours per week in accordance with the accumulated data on evidence based behavioral services.	Jan 31, 2011 7:49 PM
199	Make decisions about servcie frequency based on the child's progress. Start the service (IDS/SLP/PT/OT) with 2 x per momth. If child's progress requires more frequenty consultation to the family, consider increasing frequency of servcie up to 1 x per week. In some case where direct clinical service is needed (ie suspected apraxia of speech), consider 2 x per week. If child's progrss is so slow that instructions/guicance by IDS/SLP/PT/OT is the same every other week, consider reducing the servcie frequency to a range between 1 x per month and 1 x every three months.	Jan 31, 2011 7:54 PM
200	The recent practice of authorizing treatments on a weekly basis rather than a monthly basis presents tremendous challenges to families with very young children - those who participate in the Early Start Program. Especially if the child in question has a medical diagnosis that involves frequent doctor visits, and the child has services from a variety of specialists, scheduling can become quite difficult. The service provider, in order to make a living in this business, needs to have quite a full schedule. This sometimes makes rescheduling an appointment within the same week impossible. While I recognize that cost-cutting measures need to be implemented, if Regional Center makes it so difficult for service providers to schedule the service, the child misses out on therapy, and the service provider loses money. If this continues, Regional Centers run the risk of losing quality service providers, and failing to provide practical intervention.	Jan 31, 2011 8:04 PM
201	Services should be determined by the severity of the deficit and dictated by the results of thorough developmental evaluations.	Jan 31, 2011 8:15 PM
202	daily like school - 2 or 3 hours	Jan 31, 2011 8:27 PM
203	Depending on the child's needs.	Jan 31, 2011 8:27 PM
204	Specific time standards cannot be assumed but I feel a minimum of twice a month is necessary to make sure that children are frequently monitored. Each individual child has their own set of needs and potential, as does each set of parents (family). Education of the parents/family is a huge piece. With better education and awareness, parents/families can learn how to better understand their child's development and use skills that early intervention services provide. Due to budget deficits we must look for alternate but effective ways to make sure every child receives ongoing intervention. We may have to change the one-on-one to small group sessions. This would cut costs yet make sure that every child gets monitoring and parents get knowledge to better provide intervention on a daily basis for their child.	Jan 31, 2011 8:31 PM

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

	Response Text	
205	Research suggests early intensive intervention to alleviate deficits and increase potential ability for client to function independently in the community. Services should occur at a rate of 10-40 hours per week, depending on needs of child, recommendaitons of service provider.	Jan 31, 2011 8:44 PM
206	This is a difficult questions, because not all infant programs run the same way. One hour of infant education per week should suffice, especially if the parents are actively participating and following recommendations. Therapies once per week are also adequate. There should be a limit as to how many hours a global infant program can provide (e.g. 20 hours per month for infant education and speech therapy is excessive).	Jan 31, 2011 8:49 PM
207	5 days a week	Jan 31, 2011 8:54 PM
208	None	Jan 31, 2011 9:09 PM
209	The home program needs to be weekly if it is in the home of the natural parent but could be every two weeks to once a month in a qualified foster home because those foster parents should be trained and experienced.	Jan 31, 2011 9:17 PM
210	a. Infants and Toddlers with an identified delay in one domain should be provided therapy one time per week, with parent training to continue the activitiy at home b. Infants and Toddlers with more than one identified delay should be seen two times per week in a program, with parent training to continue the activities in the home.	Jan 31, 2011 9:20 PM
211	Parent particiapation should be required for the receipt of therapies such as speech , occupational therapy and physical therapy with a plan for parents to learn how to carry over treatment with their children when therapist/professional is not present.	Jan 31, 2011 9:22 PM
212	As per the IPP	Jan 31, 2011 9:24 PM
213	Assessment needs to take place immediately following a referral. Infants are usually monitored at least 4 times a year. Serial assessment helps to determine patterns of development and also says something about the efficacy of the intervention service plan. In the case of conditions diagnosed at birth, infant centers should be available to give at least 10 hours of intervention, preferably more, a week.	Jan 31, 2011 9:30 PM
214	Services should be provided until the child is at the same developmental level as typical children.	Jan 31, 2011 9:39 PM
215	Quarterly and annual reviews should be maintained by Service Coordinator to follow up/review any provided services. Meeting/reviews should discuss progress/need for ongoing services. Provided services (i.e. physical therapy, speech pathology) should be determined by the planning team including licensed professionals based on childs needs.	Jan 31, 2011 9:59 PM
216	once or twice a week	Jan 31, 2011 9:59 PM
217	based on need of family and child with DD.	Jan 31, 2011 10:16 PM
218	??	Jan 31, 2011 10:26 PM
219	ffere	Jan 31, 2011 10:29 PM
220	Interdisciplinary Assessments= every 6 months (every 3 months for more complicated cases). Infant Development Programs= 10 hours a month including family training (5 hours amonth for less complicated cases). Early Intensive Behavioral Services= no more than 30 hours per month. Family Training= included in the Infant Development Program. Speech, Occupational & Physical Therapies= monthly consultations. On-going services to be covered by health insurance companies.	Jan 31, 2011 10:54 PM

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

	Response Text	
221	Services provided in-home are very helpful to families. Clinic based options are also appropriate.	Jan 31, 2011 11:06 PM
222	Once a week seems appropriate for most services.	Jan 31, 2011 11:06 PM
223	Current guidlines are appropriate	Jan 31, 2011 11:12 PM
224	everyday	Jan 31, 2011 11:20 PM
225	I think a maximum of twice a week for any intervention is cost-effective. It also forces the parents to learn and practice the interventions when their child is not in program.	Jan 31, 2011 11:40 PM
226	Infant development programs should provide at least once a week home visits, specialized therapeutic services as determined by IFSP team, not more than once a week. For children with intensive needs, the team (including the Regional Center service coordinator) has the flexibility to determine more intensive services as needed.	Jan 31, 2011 11:51 PM
227	twice weekly.	Feb 1, 2011 12:12 AM
228	individual basis, as needed	Feb 1, 2011 12:19 AM
229	I believe there are problems with Furlough days. Since our consumers are very young, they miss therapy due to being sick very often and very rarely get the services authorized to them completely. Furloughs add to this problem.	Feb 1, 2011 12:25 AM
230	autism programs for a child under the age of three should be no more than 20 hours a week. Most vendors recommend 40 to start. A child under the age of three is not ready for a 40 hour program. They should be taking naps, eating and having time without instruction. Respite should not be privided until a child reaches the age of three. Parents should be responsible for the child care under age three. If nursing is needed children qualify for EPSDT under the medicaid waiver or Medi-cal.	Feb 1, 2011 12:52 AM
231	Those children that have a 30% delay from their adjusted age and those children who have a significant developmental delay in one are of either cognition, gross motor, fine motor, sensory processing, or speech delay noted by a therapist and pediatrician.	Feb 1, 2011 1:18 AM
232	Staff workers get descent pay for their hard work.--promote inclusive classes from preschool. Stop the segregation!!! Pay effective credentialed teachers!! Defund regional centers	Feb 1, 2011 1:22 AM
233	minimum 15 hours a week	Feb 1, 2011 1:47 AM
234	Therapy services should occur in the place where the child will benefit most (e.g. home or clinic), but in-home services are especially important for carry-over to the every-day setting of the home for the parent and the child. Parents should be involved or at least present for all services and participate as much as possible to ensure carry-over to daily activities. Chlidren who are severely impacted should receive the required service twice a week - groups are especially important at twice a week as the child adapts faster and tends to get more generalization to social environments when attending groups more often.	Feb 1, 2011 2:24 AM
235	Based upon professional recommendations unique for each child	Feb 1, 2011 2:32 AM
236	Currently, the child is only followed until the age of 3, unless there is a disability. It would benefit the child and the parents if this service could continue until the child starts school at the age of 5.	Feb 1, 2011 2:32 AM

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

	Response Text	
237	This needs to be individually determined according to the needs of the child and family. The standard should address providing services consistent with evidence based practice. The service standard for frequency should address the concept of the frequency of service needed to adequately support the family in supporting their child's development. Since good early intervention requires an ongoing relationship between a provider and a family, once a week should be the assumed frequency with justification required for less.	Feb 1, 2011 3:44 AM
238	Services should be provided in the least restrictive environment, the home	Feb 1, 2011 4:15 AM
239	Services should be provided based on child and family need not on diagnosis. Regional Center staff should not be making all the decisions and denying services. Regional Center staff members are misinterpreting the Law of "Natural Environment" in order to deny services. Home-based services are not always the most appropriate or most effective. They are not cost effective and lead to uncoordinated services. Center-based early intervention programs are cost effective and offer a multi/transdisciplinary model for providing services to families which is mandated by the Law. Staff in community programs have little educational background to work with typical children and none to work with children with disabilities. Also many families cannot afford to pay for community programs. Children who only receive home-based services are not prepared to begin preschool and then cost the State more because they require Special Education services rather than going to typical preschool programs.	Feb 1, 2011 4:23 AM
240	As often as a qualified service provider recommends, with an appeal process that includes an independent assesment if parent feels one is needed.	Feb 1, 2011 4:29 AM
241	Per therapists recommendation.	Feb 1, 2011 4:30 AM
242	EIBT services should be provided as often as is needed for a child's unique individual situation to enable appropriate progress as demonstrated in related data collection.	Feb 1, 2011 4:41 AM
243	service should never stop until 100% progress is made	Feb 1, 2011 4:42 AM
244	For at risk children, parent education should be provided in a group setting. Educating parents will reduce the need for further services. For children with a known delay, parent ed and individual therapy should be provided.	Feb 1, 2011 4:42 AM
245	depend on the need of consumers	Feb 1, 2011 5:09 AM

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

	Response Text	
246	The best available evidence tells us that learning is dependent on repetition and practice. All of the programs and services provided by our center involve 100% parent participation so that all strategies are carried into the home environment and reinforced and practiced in daily life. When a child presents with a delay of at least 33 1/3%, services provided at a frequency of 2x/week allow for an effective degree of repetition for both the child and his/her parent who also are learning many new skills, whether it be physical handling strategies for a child with gross and fine motor delays, stategies related to oral motor/ feeding for a child with significant feeding difficulties, language facilitation techniques for a child with a delay in communication, stategies to facilitate engagement, attention and play skills for a child with Autism and/or signs of an Autism Spectrum disorder. We do have families who are not able to attend more than 1x/week due to their own schedule and their outcomes are not as strong as those who attend regularly 2x/week. All learned skills require repetition and practice to become natural and a part of the regular interaction strategy between parent and child and for the child to reach mastery level for a skill that has been a challenge, this does not happen without intensive therapy. Our center consistently decreases the frequency of services to 1x/week when standardized re-evaluation indicates that the child's abilities are approaching the lower end of the typical range compared to other children of that age group (i.e. a scaled score of 7 or 8 or a standard score of 80 or 85). Services can be decreased to monthly if a concern persists but the parents have demonstrated mastery of the techniques and strategies and the child's ability level has reached the typical range (scaled score of at least 8 and a standard score of at least 85). Services should be discontinued when the child's ability level reaches the expected range of development for his/her current age (i.e. scaled score of 8 or 9) and if no clinical concerns are present. Any service provision criteria not based on each individual child's level of function would be detrimental to the group as a whole- the criteria need to allow for consideration of each individual child's specific needs including medical history, family support, and the clinical concerns present. Numbers alone do not always tell the whole picture. A child with hemiplegic cerebral palsy, for example, may test within the expected range for fine motor development as he/she is permitted to use either hand during standardized testing, but may present with significant motor impairments on the affected side. Certainly, using the formal testing results alone, would be a major dis-service to this child with a clear unilateral motor impairment. Formal standardized developmental re-evaluations should be conducted every 6 months to assess all areas of development, both to identify areas of therapeutic need, but to identify areas where a child was previously receiving services but no longer has the identified deficit so that services can be discontinued.	Feb 1, 2011 5:10 AM
247	at least 1 hour or more per day for at least 3 days.	Feb 1, 2011 5:17 AM
248	This should be offered intensively to try & get children on the right track.	Feb 1, 2011 5:23 AM
249	Routine examination on a yearly basis. Other visits as required by diagnosed deficits.	Feb 1, 2011 5:24 AM
250	3-4 times a week, 4-6 hours a week	Feb 1, 2011 5:33 AM
251	See above for Premies For children that are developmentally delayed	Feb 1, 2011 5:38 AM
252	Therapies should be provided a minimum of once a week and more if the child is severely impacted by the disability.	Feb 1, 2011 5:45 AM
253	everyday	Feb 1, 2011 5:54 AM
254	Early intervention therapy needs to be provided on a daily basis. Such service standards include ABA, Speech & Language therapy, Occupational Therapy, Physical Therapy, Vision Therapy, Music Therapy, family training so reinforcement of services are occuring at the child's home.	Feb 1, 2011 6:32 AM

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

	Response Text	
255	Early intervention services to be provided in the home on a time basis in accordance with need and/or severity of the prevailing condition.	Feb 1, 2011 6:54 AM
256	It really depends on the individual case, the needs and interests of the child and family. I think this is the area of services that deserves to receive the most comprehensive of services. When appropriate services are provided, early treatment can significantly impact the amount of services a child/family needs to access later in life. And it is the best opportunity to improve the long-term prognosis of the child and to maximize their potential as a contributing member to society. I think it would be helpful if a dvd series were provided to families that accurately portrays what the disability means, what areas of development need treatment, etc. OT - sensory integration is such a huge area that needs much more time and attention in these early stages to help get the child's brain activated and functioning in a way that will significantly impact the child's overall development. Play skills (DIR/Floortime) and SLP services can be so useful at this time. IEP trainings to prepare for post IFSP can be useful and quality family therapy service can significantly help support many families during this time of crisis. I do not think ABA services are appropriate at such a young age for ASD treatment. I think a developmental model such as SCERTS is a far superior choice as far as a model that is family friendly, and really breaks down child development (as early as 6 months) and partner supports in a way that makes sense for setting goals for the treatment of autism. SCERTS training at this stage would be so useful because it would guide families in identifying which treatments and service providers are actually beneficial and which service providers are not a good fit for meeting their families and child's needs.	Feb 1, 2011 7:19 AM
257	Therapy services should be provided no more than 2X a month with parent participation. As early start service provision moves towards a family centered approach, there is no reason why a caregiver or a parent cannot carry out therapy activities with the child.	Feb 1, 2011 7:50 AM
258	as often as needed	Feb 1, 2011 8:16 AM
259	Weekly at the very least. Parents should be trained in and conduct physical therapy and/or occupational therapy at home, as well as the weekly "treatments." In your list of providers, you omitted providers of vision and hearing services for those children with sensory disabilities.	Feb 1, 2011 8:44 AM
260	As often as possible,	Feb 1, 2011 4:07 PM
261	The responsibility should be on the parent to learn how to help the child with developmental skills from different appropriate professionals and then have professionals check in on how the parent and child are doing. Also, there could be an Early Start Support Group so that parents could be talking with other parents and get tips.	Feb 1, 2011 4:17 PM
262	as much as needed	Feb 1, 2011 5:13 PM
263	Training/education should be provided in the home environment when possible.	Feb 1, 2011 5:23 PM
264	Parent training provides parent to parent support naturally. Community groups provide parent support. Intervention should be primarily in the home,with options for supported inclusion available. Comprehensive assessment from a multidisiciplinary team including a social worker, teacher, speech pathologist,occupational therapist and should continue as the intervention team to provide on going assessment to determine what intervention should look like. In most cases a combination of behavioral and developmental seem important in this population. The intervention service frequency should be determined by the team and family based upon the child's individual differences. DIR/Floortime, ABA, Hanen and PRoject Impact, PECS should be considered. Early Intervention programs should routinely screen children in daycare and preschool environments, so we identify these children early and connect them to appropriate resources.	Feb 1, 2011 5:46 PM

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

	Response Text	
265	depending on the childsneeds a miniun of 10 hours a week	Feb 1, 2011 5:48 PM
266	Services should be provided based upon best practice treatments for the child's needs.	Feb 1, 2011 6:00 PM
267	after an eligibility assessment by a qualified Early Interventionist, the frequency of a service should be determined via a discussion between the interventionist and the parents. Subsequently, based upon periodic evaluations by the EI, and progress is determined, the frequency would be reassessed and again agreed upon between EI and the parent. RC's should have no say in the frequency, since they do not have the developmental training or the regular, weekly contact with the child and parent.	Feb 1, 2011 6:11 PM
268	as much as necessary based on an assessment	Feb 1, 2011 6:18 PM
269	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) "Up to but not to exceed the cost to house one individual in a Developmental Center."	Feb 1, 2011 7:54 PM
270	My opinion based on reserach: Two years intensively (25 hours to 40 hours per week) and diminished intensity after the first two years with complete fade out by the 4th year.	Feb 1, 2011 8:01 PM
271	varies. Look to the professional service provider rather than 'general child development stimulation' by a who-knows-what-training 'therapist'. Crazy that we see 1-5 hours of 'general child development' services per week and they won't fund ST/OT/PT for more than 1 hour per week. If there is a disorder and the professionally licensed specialist is needed, then don't water it down.	Feb 1, 2011 8:08 PM
272	Should be determined individually based on assessment.	Feb 1, 2011 8:21 PM
273	asdfdas	Feb 1, 2011 8:40 PM
274	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 9:14 PM
275	During the IFSP the team decides how often a specific needed service should be provided based on the assessments as stated in IDEA.	Feb 1, 2011 9:25 PM

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

	Response Text	
276	We have been very lucky with our physical therapist and she has remained our daughter's provider throughout. This is not true of our occupational therapists. We went through 4 therapists as we tried to find the right fit. Two therapists failed to understand the issues presented (one had little experience with children under 3 by her own admission), and one was clearly milking the system by requesting even more sessions per week despite parental disagreement of the plan. It is critical that all providers have vast experience with children under 3. Even if a provider has been working with adults for many years, there should be a period review with a "under 3 year old" specialist overseeing interactions with patients.	Feb 1, 2011 9:36 PM
277	As often as is needed for effective intervention. I do not believe that the current standard allocation of 30 minutes of speech therapy per week is adequate intervention. Many of these children struggle with new teachers and settling into the desired routine. All too often these teachers change at schools and therapist's office forcing a child back to that mode of "getting to know you," ultimately setting back the entire progress of a given program. This 30 minute window does not permit adequate time for a child to get into a focused mindset, ready for learning. Unfortunately, I have seen this firsthand with my son and know that he only gets about 5 minutes of quality learning time during his speech sessions. I am certain that I am not the only parent out there that sees this. National standards should be reviewed and additional behavioral programs should be considered for adoption (such as play-based therapies and increased social opportunities) for a more, well rounded intervention strategy. ABA is an excellent help for many families, but so are these less proven methods. Perhaps if funding was available to support the costs of necessary research these decisions could be made with a bit less bias. Both parents and professionals should be included in the decision making process and all therapists involved should have some input. This decision should not be left up to the regional center solely as this results in less awarded services to those in need.	Feb 1, 2011 9:57 PM
278	- 3-4 times a week for 2 hours per session for approximately 18 months or less	Feb 1, 2011 10:12 PM
279	As determined by therapists's recommendations in communication with Regional Center service coordinators and clinical staff. Different children will need different amounts of service.	Feb 1, 2011 10:17 PM
280	Children/adults should be provided with the maximum number of hours allowed for their age.	Feb 1, 2011 10:42 PM
281	In-home services	Feb 1, 2011 11:08 PM
282	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 for children with ASDs 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. Compensated services should be also directed to training parents as communication facilitators for their children. They have much more potential positive impact than 1/2 hours with a therapist. (see Hanen programs, More than words, It takes two to talk).	Feb 1, 2011 11:12 PM
283	As often as needed. All services are critical including therapies (physical, occupational and speech), education, communication assistance, behavioral assistance, support/education for the caregivers.	Feb 1, 2011 11:33 PM

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

	Response Text	
284	The Bayley should be given periodically (approximately every 18 months) until the child is 42 months of age. At that point, it would be wise to transition to tests designed for that age group; for example the Wechsler Preschool and Primary Scale of Intelligence-Third Edition (WPPSI-III) serves as a very useful assessment of cognitive strengths and weaknesses up to the age of 7 years 3 months. The Child Development Inventory is also a must for this age group as it documents the child's development across multiple dimensions of development. The CDI measures 8 areas of development including social, self-help, gross motor, fine motor, expressive language, language comprehension, letters and numbers, as well as a General Development Scale. For pre-school age children it measures school readiness (especially the letters and numbers scales). Overall, the CDI was designed to assess and identify developmental problems. It is designed to have the parents be active partners in the evaluation process. The Adaptive Behavior Assessment System-Second Edition, is useful in identifying adaptive behavior issues after the child graduates from the Bayley Scales of Infant and Toddler Development-Third Edition. The BASC-2 is very useful in identifying any need for emotional behavioral therapy beyond basic developmental behavior training. Lastly, the BRIEF-P is essential at documenting the child's emerging executive skills, and any need for focused therapy.	Feb 2, 2011 12:50 AM
285	I believe the frequency of specific services provided should correlate with the percentage delay in the specific developmental domains.	Feb 2, 2011 12:52 AM
286	This should be left to the therapists to decide on what is the most appropriate to get results.	Feb 2, 2011 1:04 AM
287	AS OFTEN AS NEEDED!	Feb 2, 2011 1:22 AM
288	his must be on an individual case by case basis.	Feb 2, 2011 2:33 AM
289	Depending on severity of disability	Feb 2, 2011 2:42 AM

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

	Response Text	
290	Recommendations for services should be consistent with what research supports as effective, dependent on the time required to acheive adopted goals, and consider the unique needs of the family. Early Intensive Behavior Intervention should be consistent with the evidence-based interventions. Please read the following critical articles: Cohen, H., Amerine-Dickens, M., Smith, T. (2006). Early Intensive Behavioral Treatment: Replication of the UCLA Model in a Community Setting. Developmental and Behavioral Pediatrics, 2, 145-157. 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. S., Sparkman, C. R., Cohen, H. G., Green, G., Stanislaw, H. (2005). A comparison of behavior analytic and eclectic treatments for children with autism. Research in Developmental Disabilities, 26, 359-383. Perry, A., et al., Effectiveness of Intensive Behavioral Intervention in a large, community-based program, Research in Autism Spectrum Disorders (2008), doi:10.1016/j.rasd.2008.01.002 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. Zachor, D. A., Ben-Itzchak, E., Rabinovich, A., & Lahat, E. (2007). Change in autism core symptoms with intervention. Research in Autism Spectrum Disorders, 1, 304-317. National Autism Council: National Standards Report (2009)	Feb 2, 2011 2:48 AM
291	Therapy should be based on the individual need of the child with a strong emphasis on educating and training the parent(s) that the child's progress and ability to achieve improvement in their skills and abilities lies mainly with them. Therapy may occur one hour in a week. Without parent reinforcement of that one hour of therapy with carryover activities and guidance in the daily occurrences of the child's routine, therapy does not work.	Feb 2, 2011 3:03 AM
292	The service should be available as long as the consumers needs it. Some of their disabilities are lifetime disabilities, so how timetables limit their access. Providers should be held accountable and if they do not perform, then they should not be utlilized. Timeframes should be implemented, the providers should be responible to monitor and document the onsumers progress. They should be included in each IPP planning meeting ans should be part of the IPP planning team.	Feb 2, 2011 3:22 AM
293	4x/week	Feb 2, 2011 3:39 AM
294	As often as deemed necessary to prevent the child from need more intense services down the road if possible.	Feb 2, 2011 3:54 AM
295	This has to be done case by case. The evaluation the Behavior Analysis does provides the plan that will be needed.	Feb 2, 2011 4:14 AM
296	4 days a month and educate parents.	Feb 2, 2011 4:39 AM
297	The service should be available pursuant to an evaluation by a professional. Once the professional determines if the child needs the services, he/she will make a diagnosis as to how often the services should be used to achieve the maximum benefit and improve the child's quality of life.	Feb 2, 2011 4:49 AM
298	Typically, early intervention services should be provided at least weekly to young children and their families, for maximum benefit to both.	Feb 2, 2011 4:55 AM

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

	Response Text	
299	depends on intensity of disability at time of referral. then quartly eveluation should be done to increase or decrease service	Feb 2, 2011 5:05 AM
300	Most therapies should only be once a week. If the child is getting the therapies, then in-home infant development is not needed.	Feb 2, 2011 5:09 AM
301	should be individualised based on childs specific needs	Feb 2, 2011 5:20 AM
302	whatever is recommended by the team who is doing the assestment	Feb 2, 2011 5:21 AM
303	All parents should pay a co-payment for the service, there should be no free services. This would make sure that the parents are committed and invested in their childs' intervention. Children should not receive services because of the possibility that they might become delayed, they should get the services because they already have a delay. The screening process should be improved because currently children get these services that don't really need them. I know because I have worked with many of them. The regional centers shouldn't pay $1000 for evaluations and $100 per hour for therapy for children whose CPS workers think they could benefit from it or whose parents have no concerns but were talked into it by their doctors. Money is the bottom line and there is a lot of money being wasted on children who don't need or even qualify for the therapy.	Feb 2, 2011 5:22 AM
304	This depends on the disability, but the more often the therapy is provided, the better the prognosis in most cases. If the parent/guardian is able to work with the child in the absence of a practitioner, then more than once a week may not be necessary, provided sufficient progress is seen in the area of need. However, many parents/guardians are not able to work with their children in a satisfactory manner to achieve progress, and two to five times a week might be an appropriate timeline for a specific disability/delay.	Feb 2, 2011 5:50 AM
305	Services should be provided until the child reaches 3 years of age, or until the service provider feels the child has reached maximum benefit from the program. The service should be provided primarily in the home or typical community setting.	Feb 2, 2011 6:00 AM
306	Services need to be provided based on the needs of the child and should be made as a team decision, involving medical personnel, therapists and parents.	Feb 2, 2011 6:03 AM
307	This would be determined by the evaluating therapists (i.e. OT,PT, Speech). It should at the minimum be provided on a weekly basis if recommended by the therapist. Weekly home visits for early intervention appear to have the best impact for the child and family.	Feb 2, 2011 6:21 AM
308	Early intensive behavioral intervention that addresses skill deficits.	Feb 2, 2011 6:32 AM
309	Intensive ABA (30 hours-40 hours a week) at home. Provide the services now so they don't need it later. (It's definitely cheaper to do so.)	Feb 2, 2011 6:33 AM
310	As often as neede.	Feb 2, 2011 7:41 AM
311	My child responded quickly to twice weekly sessions. This seems appropriate. Twice weekly sessions with parent involvement in the session and parent responsibility for following through on "homework" exercises between sessions worked well for us.	Feb 2, 2011 8:07 AM
312	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 2, 2011 3:31 PM
313	we should continue you provide the younger two years olds. etc with services. their growth in these moments are critical and why would we want to miss out on a time when growth can be amazing	Feb 2, 2011 4:41 PM
314	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 2, 2011 4:51 PM

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

	Response Text	
315	Therapy services 1-2 a week when warrented with focus on parent training Consult therapy services 1-2 month with infant development follow up weekly would cut costs of therapy	Feb 2, 2011 5:07 PM
316	1-2 hours/week Specialized instruction as primary providers with OT. PT, Speech as consultants (not primary providers)	Feb 2, 2011 5:17 PM
317	Services should be provided at least weekly with training for the parent/care provider included in the process.	Feb 2, 2011 5:36 PM
318	Reflected on the Individual Family Service Plan	Feb 2, 2011 5:42 PM
319	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 2, 2011 5:48 PM
320	The servicies should be provided on a case to case basis. But i feel that every family should be provided with at least 15 hours a week to help the child develop at the best pace possible. Speach and occupational therapy should be added on to the 15 hours of ABA type programs if it is felt nessesary.	Feb 2, 2011 6:00 PM
321	This is where the IFSP comes in to play. For each baby, we need to have an idea of the "big picture." What are the goals we are trying to achieve?" "How do we get there?" "How often do we need _____?" This is so dependent upon the individual child. In many cases, it depends upon the diagnosis and the age of the child. For an extremely premature baby with no complications, five hours per month with a Child Development Specialist may be all that the child needs. However, that child's twin with a grade III or a grade IV IVH may need 10 hours of CDS, plus another 10 hours of Physical Therapy, and 5 hours of Occupational Therapy. I'm not an administrator. I'm a clinician. I'm doing my best to answer the question, but my answer is that it depends. What are the child's needs? Do they need a specific service? If not, it doesn't get provided. Easy. But, if they do, we need to be providing the service. I worked with a kiddo last year with a left IVH, and right hemiplegia that didn't start getting services until he was 2 1/2. He was supposed to have started services at the age of six months once he left the NICU, but didn't got into the system until he was over two years old. He now has disabilities that could have been ameliorated with a little early intervention that are now chronic and lifelong. I don't see how that saves us money in the long term. Especially if we're having this happen with more and more of our kids.	Feb 2, 2011 6:03 PM
322	In home parenting and support with an Early Intervention Specialist should occur 1-2 times per week depending upon the family/child need Specialized consultation such as OT PT SLP should occur several times per month to provide consultation to families as well as the EIS with services overlapping. Coaching rather than direct therapy should be the model There is research (can be found through www.coachinginearlychildhood.org) that indicates that the more hours of services per week, the more providers in the home and the length of time - years services are provided the less satisfied families are with services. We need to provide more intense service during the first 3 months and then begin cutting back as family develops competence and confidence and learns how to utilize community resources	Feb 2, 2011 6:12 PM
323	no comment	Feb 2, 2011 6:16 PM
324	Based on the needs of the child, 1-2 times per week per service, i.e. Physical Therapy, Occupational and Speech Therapy.	Feb 2, 2011 6:30 PM
325	No more than 3 times a week.	Feb 2, 2011 6:37 PM

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

	Response Text	
326	speech delay only: 2-4x/week in a group setting physical delay only: 2-3x/week in a clinical settin autism: all services at home. ABA 4-8h/daily; speech 2x1hr/week; OT 2x1hr/week	Feb 2, 2011 6:49 PM
327	a	Feb 2, 2011 6:49 PM
328	Day care limits- strict limits based on income. Respite limits- not based on income. Early intervention services should be provided without income limits. Assessments should be completed by in house trained sarc sc.	Feb 2, 2011 6:50 PM
329	For a moderate-severe impacted child, services should be a minimum of 25 hours per week.	Feb 2, 2011 6:52 PM
330	some infants and toddlers do well with one hour a week, others may need more intensive services to make gains in development. Community resources should be exhausted first before putting in more intensive services, however, this is dependent on community resources being funded and available for families	Feb 2, 2011 6:57 PM
331	If DDS continues to want children served in a natural environment, children will get very limited services. In the county of Kern, too much time is spent driving to remote areas to provide services in the home. Young children could receive more IDP and therapies in a group setting. Kids will probably only get 2 hours a week with natural environments.	Feb 2, 2011 6:59 PM
332	In our community, we find the service provided once per month for the Prevention Program has allowed continued monitoring of high risk issues. Therapies should be provided 1-2x per month depending on diagnosis as parents can learn new exercises/activities to work on for a period of time.	Feb 2, 2011 7:02 PM
333	As recommended by qualified assessor working within the scope of his/her field.	Feb 2, 2011 7:21 PM
334	it should depend on the severity of the case.	Feb 2, 2011 7:23 PM
335	I believe that the child's IFSP and any subsequent evaluations being taken into consideration by the Regional Center coordinators would determine how a specific service should be provided. Input by the child's pediatrician should be considered by the Regional Center as well.	Feb 2, 2011 7:35 PM
336	I think the current guidelines are appropriate. However, I serve a lot of Spanish speaking families and I feel that limiting a translator authorization to one month for a prevention program consumer is unrealistic. In order to be able to provide an intake, thorough assessment, and follow up (PPP or IFSP) meeting, the POS should be consistent with our IFSP timelines of 45 days.	Feb 2, 2011 7:37 PM
337	Services should be provided in the least restrictive environment taking into account the child's developmental and environmental needs. For example, a medically fragile child is best seen in the home, a child who lives in a size restricted environment may need clinic based services.	Feb 2, 2011 8:48 PM
338	The service should be provided as needed per case under FAPE.	Feb 2, 2011 8:59 PM
339	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 2, 2011 9:30 PM
340	Only if the client's school district will pay for these services.	Feb 2, 2011 9:31 PM
341	On case to case basis	Feb 2, 2011 9:31 PM
342	3 times a week or more. early prevention is necessary	Feb 2, 2011 9:35 PM
343	AS OFTEN AS NEEDED	Feb 2, 2011 9:39 PM
344	what the child can tolerate but needs to be atleast 20hours a week minimum	Feb 2, 2011 9:44 PM
345	As much as possible and needed for each child. Therapist/professionals should decided according to each individual case. For sure more than 3 times a week. Once or twice is not enough.	Feb 2, 2011 9:58 PM
346	How often should be determined by either a physician or the frequency should be applied universally to all within a category of disablity.	Feb 2, 2011 9:58 PM

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

	Response Text	
347	This should depend in the severity of the case.	Feb 2, 2011 9:59 PM
348	Depending on severity	Feb 2, 2011 10:00 PM
349	SAME AS PRIOR	Feb 2, 2011 10:01 PM
350	Parents, IFSP, and clinicians should determine the frequency of service on an individual basis. This is the only way to serve our children who are each unique in their needs. 5 hours of PT may not be enough for one child but 2 hours may be excessive for another. Again, imposing an arbitrary standard violates the spirit of the Lanterman Act and does not serve our children well.	Feb 2, 2011 10:08 PM
351	Each child should be evaluated by a qualified specialist who can then make an individual recommendation for the child in question.	Feb 2, 2011 10:08 PM
352	Do not implement a $750 million cut to the Department of Developmental Services (DDS) budget. It is too drastic! We need these services for our kids on the spectrum!	Feb 2, 2011 10:11 PM
353	Be clear that the majority of Early Start services are to be provided by Early Interventionists with conultation from OTs, PTs and Speech pathologists. As this is a parent training program, one hour visits one or two times per week should suffice with one hour per month consultation from OT/PT/Speech Pathologists.	Feb 2, 2011 10:12 PM
354	1. Services would be dependent on need of the child/family after assessment 2. Services should be provided in the natural environment (homes, daycares, etc) 3. Services need to be integrated into the family's routine to become effective 4. Consultative services (physical, occupational, infant mental health specialist)should be direct with the family but with followup by transdisciplinary teams on a weekly basis	Feb 2, 2011 10:14 PM
355	10 hours a week, 2 hours a day	Feb 2, 2011 10:21 PM
356	Services should be provided at least once per week to ensure that the child is receiving the necessary monitoring as well as to address delays and to foresee future delays.	Feb 2, 2011 10:29 PM
357	As often and a medical Doctor deems appropriate.	Feb 2, 2011 10:58 PM
358	4 to 5 times a week	Feb 2, 2011 11:05 PM
359	This should be determined through the person-centered planning process, objective assessment and evaluation, and recommendations based on research in peer-reviewed scientific journals. For example, according to the research, a young child who has an autism diagnosis has the potential to make tremendoug gains if receiving 15-40 hours/week of Early Childhood Intervention Services. A concentration and investment in appropriate early childhood services can greatly assist a child with needing fewer services later.	Feb 2, 2011 11:07 PM
360	Could be once a week, if very severe, and specially at the beginning of services in order to help and educate caregivers. After, it could be monthly or quarterly monitoring. Not all children need active weekly therapy, but they could benefit from and should receive monitoring, by a therapist. Small group sessions, consisting of no more than 3-4 children and their caregivers should also be considered, instead of individual therapy. Children learn from each other and these groups provide built in support for parents.	Feb 2, 2011 11:08 PM
361	Service should be provided based on the child's developmental levels and current ability.	Feb 2, 2011 11:10 PM
362	As much as the child can take, the first few years are critical in brain growth and when you can make the most changes in that child's life.	Feb 2, 2011 11:23 PM
363	As recommended by service professional following assessment.	Feb 2, 2011 11:32 PM
364	When recommended but in natural setting -home/ community.	Feb 2, 2011 11:33 PM

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

	Response Text	
365	Once a week is not enough. And parents should not be pushed to center based programs for infants (under three) in order to get services. It is not developmentally appropriate. PT and OT and speech AT LEAST once a week. In home teacher services at least twice a week. No one should be forced to go to CCS for services, they are worthless (at least, the Medical Therapy Unit around here is.)	Feb 2, 2011 11:41 PM
366	Limit all early intensive behavioral intervention to three years.	Feb 2, 2011 11:47 PM
367	See earlier comments about ABA services supplanting needed OT, PT, speech and global services.	Feb 3, 2011 12:09 AM
368	As often as needed for that individual based on the information that are available to us through scientific research. (If reseach indicates that 30-40 hours of intensive intervention per week is needed for a toddler with autism, then a toddler with autism should receive 30-40 hours of intervention. Anything less than that is waste of resources and will not be effective. That will put a much bigger financial burden on the tax payers in the future, since this person, if not treated appropriately will need lots of money for self care, etc. in the long run.	Feb 3, 2011 12:12 AM
369	As often as needed.	Feb 3, 2011 12:14 AM
370	Every day, if needed	Feb 3, 2011 12:22 AM
371	Services should be based on research standards and individual need.	Feb 3, 2011 12:25 AM
372	Mild severity or at risk: one to two times per week	Feb 3, 2011 12:42 AM
373	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 3, 2011 12:56 AM
374	depends upon need of infant	Feb 3, 2011 1:19 AM
375	must be determined by the needs of the individual	Feb 3, 2011 1:27 AM
376	Our baby receives services once per week, and it has helped immensely	Feb 3, 2011 1:31 AM
377	It depends on the progress of the Client.	Feb 3, 2011 1:50 AM
378	Start at day one. Much can be accomplished, as I am a witness in the late 1960's...when a pilot program was offered....to 10 children in Marin County. The Mothers brought the lunches and the children were toilet trained, learned to use utencils (although, the ability to eat took long years of encouragement). The Dominican College campus was the site of the program (Mary Jane Burke, the principal). The special education college students practiced and learned with this program on their campus.	Feb 3, 2011 1:55 AM
379	Two times per week	Feb 3, 2011 1:57 AM
380	Stronger emphasis on the transition to the school district and that ES services end at age three	Feb 3, 2011 2:11 AM
381	Services should be individualized per child and family need as outlined in Part C of IDEA.	Feb 3, 2011 2:23 AM
382	As often as possible for any Early start candidate	Feb 3, 2011 2:57 AM
383	Frequency of services are based upon level of delay/disability. The greater the delay or disability should qualify for a higher frequency of services.	Feb 3, 2011 3:01 AM

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

	Response Text	
384	Basic developmental programing should be provided 1x/wk for 1/hr. A child should be able to increase services up to 4 hours a week to include any therapies that may be necessary for that child (ie: Speech, Occupational, or Physical Therapy.) Total programing for a child should not exceed 4 hours per week. Exception would be for children diagnoses with Autism or any other Spectrum disorders. Children on the Autism Sectrum should be eligible to recieve up to 20 hours a week to include developmental and therapy services. More intense services are necessary for additional parent training and to account for the complexity of this diagnosis. However, I do not agree with children (specifically our 0-3 years of age kiddos) recieving more than 20 hours a week of services. It becomes VERY overwhelming to a family as well as the child to have a Specialist in their home more often than that. Not to mention the child just needs time to be a kid. Services should MOST definately use a parent coaching model where the parent is ALWAS present and engaged in the sessions. Service hours should be assigned based on the parents availability to be present for services to ensure the parent gets the tools and resouces to carry the techniques into the routine of that child's day.	Feb 3, 2011 3:15 AM
385	Depends on the issue or need of the child.	Feb 3, 2011 3:23 AM
386	Therapeutic services, speech pathology, occupational therapy, and physical therapy should be offered daily until the child shows a significant improvement and is able to discontinue the services.	Feb 3, 2011 4:06 AM
387	Evaluation by the regional center staff and/or supporting information from the child's physician.	Feb 3, 2011 4:31 AM
388	at thsi stage it is crucial so the services hsoudl be every other week.	Feb 3, 2011 4:35 AM
389	daily if needed	Feb 3, 2011 4:51 AM
390	The most effective programs for young children with disabilties are targeted early intervention services which are provided within a fully inclusive preschool program Each child should have identified goals and objectives in each of the developmental areas which will be addressed by staff within the context of the regular curriculum program day. Staff must have early childhood teacher permits and have additional traiining on special techniques such as PECS, Floortime, Sensory Integration, Teaching techniques such as backward chaining, sequencing, scaffolding etc to meet the needs of these children. The childs goals and objectives should be clearly identified and known to all staff that work with the chiled. The services frequency should be determined by the needs of the child, however children learn best with structure, order and predictibility so the child should have consistent and plentiful services to be effective. I believe that a 3 time a week schedule is minimal beginning as early as possible. The long term savings to the society are 7 times the cost of the service.	Feb 3, 2011 4:57 AM
391	as often as the infant team determines	Feb 3, 2011 5:06 AM
392	A minimum of twice weekly- more if deemed necessary	Feb 3, 2011 5:23 AM
393	Once a week.	Feb 3, 2011 5:24 AM
394	At the child's home 5 days a week or as needed weekly depending on the degree of impairment	Feb 3, 2011 5:50 AM
395	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 3, 2011 6:04 AM
396	The frequency of service should be determined by the evaluating licensed professional (e.g. PT/OT/ST). The GGRC administrator should play an advisory role.	Feb 3, 2011 6:16 AM
397	Services should be provided at a MINIMUM of 5 hours per month (1 hour per week). Many children on my caseload have benefited greatly with 9 hours per month (2 hours per week).	Feb 3, 2011 6:17 AM

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

	Response Text	
398	Physical therapy, speech therapy, music therapy if progress is noted. Also, respite care was huge for the parents I saw.	Feb 3, 2011 6:18 AM
399	Weekly	Feb 3, 2011 6:25 AM
400	As often as needed. Same standard as Valley Mountain Regional Center.	Feb 3, 2011 6:42 AM
401	Daily.	Feb 3, 2011 6:47 AM
402	1-2 times weekly	Feb 3, 2011 6:47 AM
403	Every day at least 3 hours each	Feb 3, 2011 6:52 AM
404	depends on each child...a therapist visiting in home.	Feb 3, 2011 7:11 AM
405	Service should be provided intensively atleast 3 to 4 times a week, espeically for Gross motor delays.	Feb 3, 2011 7:54 AM
406	If the children needs the particular therapy they should at least have the chance to obtain the therapy. So many of the providers bill Regional Center or Private Insurance for outrageous amounts.	Feb 3, 2011 8:02 AM
407	As needed. Bi-weekly	Feb 3, 2011 8:06 AM
408	Current weekly services are appropriate. If a child has an infant development program with multiple therapies (ie: Child education, PT, OT and speech) this number can be reduced. For example a child can have a weekly visit from a "modality," but not necessarily every therapist. There are some little ones that are receiving 5 hrs/wk of individual therapy in each modality. This can be a burden for the parent. Of course a child can benefit from weekly individual therapy and the vendors recommend it; however, it's not really practical. Perhaps a maximum number of hours for a full infant development program should be implemented. For example, a max of 10 hrs of 1:1/mo which can be divided amongst the different modalities. A max number of group sessions should be implemented to 4 hrs/wk of group which is at a lower rate (about half). Typically private vendors don't provide groups, but can be useful to the child and parent. The group rate is half of 1:1 and vendors aren't motivated to support this; however, if they did the child would be maxed out at 10 hrs/mo of 1:1 and they may opt for a group; thus, the consumer gets the overall hours that may be close to their current 1:1 therapies. This would be most implemented for children over 18 mos when all service modalities are being implemented. re: Autism treatment programs: This should be limited to a maximum of 25 hrs/wk of 1:1 intensive therapy in early start. Vendors are motivated by money and not the child. They often recommend 40 hrs/wk for a 2 year old! Where's the nap? the mommy time? the play time? They base their recommendations on research; however, there is research that supports the 25 hr/wk of autism treatment. A two year doesn't need to work a full time job!	Feb 3, 2011 8:49 AM
409	Services should be weekly from birth to two, then decision made about service delivery frequency. If child continues to remain in delayed range in any area (33% or greater), services should continue to be weekly.	Feb 3, 2011 1:50 PM
410	1-3 times per week depending on the severity of the child's needs and the parents ability to follow through with thereputic suggestions.	Feb 3, 2011 3:55 PM
411	Individualized based on needs.	Feb 3, 2011 4:38 PM
412	Every week day. At parent's discretion.	Feb 3, 2011 4:39 PM
413	Based on assessments, the specific serviced identified should be provided with a recommended time frame per week depending on agreed upon time frame by recommendations and by parents request or available time per week they have.	Feb 3, 2011 4:57 PM

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

	Response Text	
414	All children under three should be given Early Start services. By excluding children who are not the most severe you are being penny wise and pund foolish. Kids who are prevention kids stand the best chance of improvement with traditional Early Start Services. By taking them out of ES you are asking for them to be a long term financial burden on the education and Regioanl Center system then they would if you gave them the ES services up frot so they could get the help they need then and move on to full inclusion thereafter.	Feb 3, 2011 5:02 PM
415	Based on the level of delay, once a week is minimum and up to 5 times a week.	Feb 3, 2011 5:15 PM
416	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 3, 2011 5:20 PM
417	Weekly	Feb 3, 2011 5:32 PM
418	Whenever they are needed, based on their diagnosis.	Feb 3, 2011 5:35 PM
419	Speech, physical therapy, occupational therapy assessment and direct services for infants between age 12 months and 36 months prior to transition to special education preschool program.	Feb 3, 2011 5:36 PM
420	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 3, 2011 5:41 PM
421	Every day at least 3 hours each	Feb 3, 2011 5:44 PM
422	Services are myriad in EI - but speech/language and services related to motor skills should be provided on at least a weekly basis with support for parents in carrying out demonstrated activities.	Feb 3, 2011 6:06 PM
423	IPP	Feb 3, 2011 6:12 PM
424	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
425	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 3, 2011 6:34 PM
426	That should be determined by the service provider along with RCRC and the childs pediatrician.	Feb 3, 2011 6:38 PM
427	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 3, 2011 6:48 PM
428	at least 6 hours a day	Feb 3, 2011 6:56 PM
429	As often as the IPP team determined is necessar, as described in the Lanterman Act Section 4646.5(a) (4).	Feb 3, 2011 6:59 PM
430	depends on the kids disablity and how severe	Feb 3, 2011 6:59 PM
431	I feel the same for all services as I do with the first survey I took.	Feb 3, 2011 7:17 PM
432	should be individualized to the client	Feb 3, 2011 7:30 PM
433	a service plan written up and the parent left with the responsiblity to implent it. Most of our students entering school these days have such disiplinary issues there is no time for the teachers to teach. I have observed classrooms as I am working on my teaching credential. The parent more than likely had these services available but, chooses not to follow the plan.	Feb 3, 2011 7:32 PM
434	Intensive services should be provided 5 days per week depending onthe childs need. If the child shows significant improvement prior to 3 then services should be terminated.	Feb 3, 2011 7:53 PM
435	The services are good they way the are now.	Feb 3, 2011 8:08 PM

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

	Response Text	
436	Daily PT, OT, Speech, Conductive Ed if requested by parent or team!!! No WAIT list for SPEECH services. Do not give us parents any papers to sign whatsoever that will delay the process of receiving services. A CHILD CANNOT WAIT! The timeline and window of best learning opportunities are crucial to the development of a child with a disability.	Feb 3, 2011 8:10 PM
437	If the parent has seen a specialist, that recommended therapy should be weighed heavily in the planning of an IFSP, unles the therapist the regional center has employeed is more of a specialist than the parent's doctor.	Feb 3, 2011 8:12 PM
438	If a child has a 33% they should recieve the service 1 time per week of any of the follwoing OT, PT, Speech and infant stimulation. If a child has a 50% delay the service should be set at 2 times per week and no increase after. The program was ment to address a childs delay and it is not very clear or uniformed with how other Regional Centers provide a service. Service providers also need to be on the same page.	Feb 3, 2011 8:32 PM
439	what id needed	Feb 3, 2011 8:39 PM
440	No more than 3 hours of service per week per child which would be a combination of PT, OT and ST. ie: PT 2x/wk and OT 1x/wk or OT, PT and ST 1x/week each, etc. Also, I think financial screening should be put in place as is used by CCS. Entitlement is taken advantage of by wealthy families who hire lawyers to fight the system. That is money that could instead be used to purchase their kids therapies. The appeal process costs a lot of additional money and at our RC, the parents always seem to win.	Feb 3, 2011 8:39 PM
441	A service should be provided in accordance to the evaluation of the consumer. At that time the service should be provided by the suggestions of the evaluator. ie, times to receive service, length.	Feb 3, 2011 8:47 PM
442	This should be determined by the vendor providing the services. Not limited by insurance or the state.	Feb 3, 2011 8:55 PM
443	2 to 3 x a week	Feb 3, 2011 8:56 PM
444	Max. 3 hours per week to include OT,PT, and ST No more than 2 hours per week for a single therapy (ie: could not have PT or OT or ST 3x/wk)	Feb 3, 2011 8:57 PM
445	Specific services should be provided by the district or county special services teams in which the child resides. Teams of highly qualified professionals are essential in providing quality early start services for young children with disabilities.	Feb 3, 2011 9:02 PM
446	Diagnosis, age, assessed need and percentage of delay.	Feb 3, 2011 9:12 PM
447	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 3, 2011 9:14 PM
448	Frequency depends on the service, the nature of the disability, etc. I work with infants who are deaf or hard of hearing and they need intensive services to close their language deficit. Other disabilities may not require such intensive therapy.	Feb 3, 2011 9:27 PM
449	Answer: As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 3, 2011 9:37 PM
450	The more service the better. It is hard work when a child is delayed, windows close often and quickly. Parents should be taught and involved.	Feb 3, 2011 10:00 PM
451	intensive - at least 40 hours a week.	Feb 3, 2011 10:02 PM
452	N/A	Feb 3, 2011 10:11 PM

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

	Response Text	
453	Regional Center should provide a minimum of weekly services for the infant development & early start programs and increase them as needed.	Feb 3, 2011 10:11 PM
454	anywhere from multiple times daily to weekly. Any less than that contact can leave parents feeling neglected and alone and feeling lost.	Feb 3, 2011 10:21 PM
455	Services should be provided as often as a qualified professional provider deems necessary.	Feb 3, 2011 10:23 PM
456	How often a child should receive services should be based on the needs of each individual child. My child receives services 3 times a week yet on these days we are there several hours of the day. The services should be consistent as well as repetitive. One day lost is several weeks lost when it comes to the development of the child.	Feb 3, 2011 10:36 PM
457	As determined by the Clinical review team, in conjunction with the parents/providers for the child.	Feb 3, 2011 10:48 PM
458	As often as a family member and/or professionals feel is needed for the child to increase their development, such as weekly or twice a week, every other week, monthly, etc.	Feb 3, 2011 11:05 PM
459	From personal experience, more than 10 hours/week ABA would have made more of a difference for my child. Some children need more therapy than others and that needs to be taken into consideration when assessing the child. OT was instrumental is helping my son communicate as well as speech. Please don't cut these for other children who need them.	Feb 3, 2011 11:12 PM
460	Infant programs should be 9- 18 hours per month. Therapies should be 5 hours per month.	Feb 3, 2011 11:14 PM
461	Need based through ongoing evaluations. My twins are still only receiving one hour per week of speech therapy, despite repeated requests for increases. They are two years old and still do not say words!	Feb 3, 2011 11:27 PM
462	Keep funding programs. Most vendors are very good.	Feb 3, 2011 11:27 PM
463	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 3, 2011 11:38 PM
464	Should be provided based on the needs of the child as the severity is determined by a physician.	Feb 3, 2011 11:47 PM
465	Depends on the delay and impairments.	Feb 3, 2011 11:49 PM
466	until reaches developemental age.	Feb 3, 2011 11:57 PM
467	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 4, 2011 12:04 AM
468	As required to enact improvement	Feb 4, 2011 12:06 AM
469	bi-weekly, preferably in home.	Feb 4, 2011 12:57 AM
470	Yes, this will clarify things for all parties, especially for EIBI services.	Feb 4, 2011 1:08 AM
471	Early Start is VERY important. These years ar critical in a child's development. Early Start services should be extended until the child is 6 years old. Services provided by RCOC are not followed through at the school district level.	Feb 4, 2011 1:22 AM
472	Services should be provided until the child is eligible for school services.	Feb 4, 2011 1:25 AM
473	A specific service should be provided as much as the person who is diagnosed needs. If they need a full time program (40 hours/week) due to their diagnosis, then that is what they should receive, and so on if a child only needs a part time program (20 hours/week) according to their diagnosis, then that is what they should receive. Whatever the diagnosis that a child receives should receive the proper amount of services!	Feb 4, 2011 1:32 AM
474	Play groups with skilled workers in expanding the child's social, language, physical and intellectual skills.	Feb 4, 2011 1:41 AM

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

	Response Text	
475	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 4, 2011 1:48 AM
476	As often as needed based on the case. For example 20 hrs /week during until kindergarten.	Feb 4, 2011 1:51 AM
477	This really depends on the needs of the child and family. We may have children receiving intensive autism services at 25 hours per week, and we may have children receiving 2x per month early intervention, if they are slightly delayed but doing well, with parents who feel confident in their abilities to carry out learning activities and in their ability to use everyday moments, routines, and environments to support their child's learning. In general, it seems difficult to see much improvement except in the case of very involved parents with less than weekly visits.	Feb 4, 2011 2:02 AM
478	As often as necessary per the developemental progression of the child. My great-grandson goes 3 days a week and has shown great improvement and developement from these services.	Feb 4, 2011 2:44 AM
479	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 4, 2011 2:48 AM
480	As determined by the parent and the diagnosing doctor.	Feb 4, 2011 3:01 AM
481	This should be determined by how behind the child is and how much the therapist or independent evaluator deems is necessary. If a child is getting therapy, but is not improving or gaining skills, their therapy should NOT be discontinued. This policy makes sense in the elderly population, but a child is going to be alive for a long time. They have potentially 50 years ahead of them. Childhood development is important, even in those who show little or no progress. Don't we just want to give our children the best chances we can?	Feb 4, 2011 3:12 AM
482	The service should be provided for as long as it takes to meet the needs and goals of the child.	Feb 4, 2011 3:13 AM
483	Ongoing as long as goals are being met. Early intervention must be stressed	Feb 4, 2011 3:23 AM
484	DAILY	Feb 4, 2011 3:37 AM
485	Have services for those with identified special needs and those who are at-risk of developing a learning problem.	Feb 4, 2011 3:43 AM
486	1 to 5 days a week as needed.	Feb 4, 2011 3:58 AM
487	depends on service	Feb 4, 2011 5:04 AM
488	5-10 hours per month so the child can be seen 1-2 times per week. 60 minute sessions.	Feb 4, 2011 5:23 AM
489	the frequency of service should be based upon the type of service provided. For example, physical therapy provided once a week rarely makes a significant impact. The goal of any service provided should be to not only provide services but to teach the caregivers to practice at home.	Feb 4, 2011 5:43 AM
490	Need to be determined in an IPP mtg, with parent input given a priority.	Feb 4, 2011 5:49 AM
491	at least weekly	Feb 4, 2011 5:49 AM
492	Daily on up to at least weekly.	Feb 4, 2011 5:52 AM
493	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 4, 2011 6:35 AM
494	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 4, 2011 7:30 AM
495	as recommended by a therapist or qualified provider after an assessment has been completed	Feb 4, 2011 8:08 AM
496	1-2x/wk of Early Intervention with OT, PT,SLP monitor only on a monthly basis	Feb 4, 2011 9:24 AM

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

	Response Text	
497	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 4, 2011 3:14 PM
498	I feel this service should be available to all who need it. Sometimes parents aren't aware of a disability until it is pointed out to them. This service should be provided with each healthy check up.	Feb 4, 2011 4:09 PM
499	Service professional to make recommendations.	Feb 4, 2011 4:34 PM
500	GIve parents guidance on what therapies are available so that they can make informed choices. I had no idea for months that there was feeding therapy, water therapy, music therapy, etc.	Feb 4, 2011 4:41 PM
501	Provided as proven to work 25-40 week.	Feb 4, 2011 4:46 PM
502	Same as previous section	Feb 4, 2011 4:54 PM
503	Twice at week should be the standard.	Feb 4, 2011 4:55 PM
504	Speech Threapy	Feb 4, 2011 5:00 PM
505	As often as the IPP team determines is necessary for improvement as described in the Lanterman Act	Feb 4, 2011 5:09 PM
506	How often should be determined on an as needed basis. Some caregivers are high functioning and can follow through on suggested intervention strategies better that other families. The amount of service needs to be determined by what the family is capable of in addition to what the child recieving services needs.	Feb 4, 2011 5:09 PM
507	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 4, 2011 5:25 PM
508	Services should be 2-4 times per week, depending on severity.	Feb 4, 2011 5:40 PM
509	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 4, 2011 5:42 PM
510	This should be determined by the child's IFSP/IPP team, as Lanterman states.	Feb 4, 2011 5:47 PM
511	Specific services are dependent on needs of family....if family has an LEA provider Regional monitoring of quarterly is more than sufficient. Direct service for families should be a range of weekly to monthly. I do not feel a vendor program providing more than weekly services is necssary unless the child has specific speech/language therapy needs. Focus should be on parent education and training during the visits.	Feb 4, 2011 5:51 PM
512	Services should be provided at the recommended rate of the service providers. They are the experts in their fields. If they feel a child will make progress with 1x/week, then that should be the standard. It is not possible to have a strict set of "rules" for children. Each child develops at their own pace and will respond to therapy differently. Trying to set a frequency standard based on age or diagnosis or % of delay will NOT benefit the children and will restrict service providers.	Feb 4, 2011 5:57 PM
513	On going intervention services as recommended by the professional for each individual, 1-10 hours per month per discipline.	Feb 4, 2011 6:09 PM
514	Regional Centers should train staff members for initial assessments prior to referring for specialized services and have PT/OT on staff as consultants	Feb 4, 2011 6:24 PM
515	Physical therapy - at least once a week, preferably twice Occupational therapy -- if feeding problems exist, at least once weekly Speech pathology -- at least once a week by the time they are one Behavioral services - depending on issues Infant developmental programs -- available weekly	Feb 4, 2011 6:50 PM

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

	Response Text	
516	Services should be provided in either the home or clinic depending on the child's and family's needs. While some families may lack in transportation, others may prefer to nt have service providrs in their home. Addtionally,some children benefit from learning in their home environment, while others thrive on the social aspect of being in the clinic environment.	Feb 4, 2011 6:58 PM
517	As often as the IPP team determines necessary as described in The Lanterman Act section 4646.5 (a) (4)	Feb 4, 2011 7:01 PM
518	The same as previous #2.	Feb 4, 2011 7:15 PM
519	as needed	Feb 4, 2011 7:28 PM
520	Twice a week services are more effective. Teachers can better gauge child progress and parent participation. When services are delivered only once a week, two absences in a row leave a three week gap in services.	Feb 4, 2011 7:37 PM
521	For as long as necessary	Feb 4, 2011 7:43 PM
522	I think it should be determined case by case, with general guidelines being 1-2 times a week for 1 hour	Feb 4, 2011 7:46 PM
523	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 4, 2011 7:47 PM
524	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4)	Feb 4, 2011 8:12 PM
525	Case per case. There is really not a standard that could be set forth since every individual is an specific case and an human being.	Feb 4, 2011 8:17 PM
526	As often as the team determines will be necessary.	Feb 4, 2011 8:32 PM
527	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 4, 2011 8:52 PM
528	Services should be provided as often as the professional recommends based upon need for development of skills. All children are different, thus frequency of therapy should be based upon individual needs.	Feb 4, 2011 9:00 PM
529	Children should be able to have an hour and a half once a week. That allows for a maximum amount of time for the child to actually develop skills being worked on. Anything less doesn't give the child to accomplish anything.	Feb 4, 2011 9:11 PM
530	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 4, 2011 9:15 PM
531	As long as it is documented they need it	Feb 4, 2011 9:20 PM
532	That would depend totally on the severity of the need of the child, don't you think?	Feb 4, 2011 9:31 PM
533	Limit to 10 hours per week.	Feb 4, 2011 9:41 PM
534	service should be determined by the severity or based on the psychologist assessment of the client. As often as the IPP team determines necessary as described in The Lanterman Act section 4646.5 (a) (4)	Feb 4, 2011 9:52 PM
535	That depends on the level of the disability. For example, a child under 3 years old with a profound speech delay should get speech therapy at least twice per week. Research proves that early intervention services help, the more hours the more effective the treatment. At least 20 hour per week.	Feb 4, 2011 10:03 PM
536	As often as the IPP team determines is necessary, as described in The Lanterman Act.	Feb 4, 2011 10:18 PM

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

	Response Text	
537	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 for children with ASDs 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. Compensated services should be also directed to training parents as communication facilitators for their children when this model will work for a family. They have much more potential positive impact than 1/2 hours with a therapist. (see Hanen programs, More than words, It takes two to talk).	Feb 4, 2011 10:26 PM
538	Services for children this age should ALWAYS be based on individual needs. Needs should be identified by the eligibility team initially and then updated by programs and parents and regioanl center to reflect needs.	Feb 4, 2011 10:30 PM
539	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 4, 2011 10:34 PM
540	As a result of the evaluation services should be provided according to best medical practices.	Feb 4, 2011 10:39 PM
541	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 4, 2011 10:41 PM
542	This should be individualized to meet the needs of each consumer. Consumers with "mild" delays should not warrant as many service hours as consumers with "moderate delays or "severe" delays. Each report should record the percentage of delay in the document (no matter what area(s) are being looked at). Severity ratings (mild, moderate, severe) vary vastly among service providers; it is so subjective, so the percentage of delay should be recorded after each area assessed including progress reports, to give an idea about how involved the consumer is in that particular area at a given time. This can also assist the regional center in tracking the progress made in these areas, and hopefully be beneficial in determining if a request for an increase in hours is warranted.	Feb 4, 2011 10:51 PM
543	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 4, 2011 10:55 PM
544	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 4, 2011 11:11 PM
545	As often as the IFSP team determines is necessary	Feb 4, 2011 11:14 PM
546	as needed and appropriate	Feb 4, 2011 11:16 PM
547	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 4, 2011 11:19 PM
548	It is imperative that these services must remain flexible and individualized. Infants and toddler's health and development often changes depending on many circumstances. So there may be a time when 2x/wk OT is needed and as progress is made, decreased to 1x/wk. Or as a child is ready for more therapy to address his delays, then it is appropriate to increase. Many times a family is in denial and aren't ready for all appropriate services. But as time goes they begin to understand their child's delays and are ready for the appropriate therapies for their child. As stated in question #1 above , it is key to educate parents how to read their child's cue where healthy attachment patterns are laid down . Best practice for this education is done on a weekly basis so it can be reinforced in the relationship . Any less is problematic because of infant/toddler cognitive development is not ready to remember new skills after one time of seeing. Toddlers need repitition to learn new skills . Repetition lays down new pathways in brain.	Feb 4, 2011 11:26 PM
549	Intensively - 4-6 hours/day, 5 days/week.	Feb 4, 2011 11:34 PM

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

	Response Text	
550	The service standards must be on a daily and or weekly basis for both child and parent.	Feb 4, 2011 11:42 PM
551	As often as the Individual Program Plan (IPP) team has determines is necessary, as described the The Lanterman Act Section 4646.5(a)(4).	Feb 4, 2011 11:54 PM
552	As determined by ID team, including clinical input	Feb 4, 2011 11:56 PM
553	Primary service should be Early Intervention Service at 10-15 hours/month. Health related services should be paid through family or public insurance programs. For children thought to be on the Autism Spectrum and with significant behavioral issues that threaten the health and safety of the child could be authorized behavioral services up to 6 hours/week	Feb 5, 2011 12:00 AM
554	The IFSP team determines how often the services if needed. Lanterman Act 4646	Feb 5, 2011 12:02 AM
555	no more than 30 hours total a week for a child.	Feb 5, 2011 12:11 AM
556	Services should be provided as recommended by the professional who evaluates the child.	Feb 5, 2011 12:18 AM
557	Individual need based on diagnosis and severitytyEvid	Feb 5, 2011 1:11 AM
558	same as the other answers. reasonable, positive, compassionate, thorough, do not give up too early. Children have to learn their own weaknesses and how to cope with them, this takes time. They are very young. Time and humor and consistency are so very valuable. The family and school staff all need to believe and care and be consistent and not give up.	Feb 5, 2011 1:21 AM
559	Everyday, several hours a day	Feb 5, 2011 1:25 AM
560	ABA should be 37 hours a week.	Feb 5, 2011 1:45 AM
561	THis is the time to provide intensive services. I have seen first hand in my own family and in my work with children as a Psychologist that intensive early intervention makes a significant difference in the level of services kids need later on in life. Those who received intensive early intervention, such as children suspected of autism spectrum disorder, can make significant gains and need less services later in life than those who received little or no interventions early on.	Feb 5, 2011 3:40 AM
562	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 5, 2011 3:52 AM
563	Service standards should be individualized to the child's specific needs. The bottom line should not be cost but benefit to the child, family, and community.	Feb 5, 2011 4:15 AM
564	Service Standards should include a standarized way related to the infants disability and infants immediate needs. For example, an twin, preterm, infant with a not in their cord, is high risk for a brain dysfunction, if not other biological difficulties. Neonatal care has been extraordinary in my view, however when they get home parents are not equiped to assist them. I give credit to the high risk infant clinic in San Joaquin Cty, Dameron Hosptial. Even though I had seen the signs at 13 months (being an autism teacher already) they were prompt in locating me and having my girls assessed in the 15th month. By the time I received a call back from the regional center, who was great, I had a good round of assessments and interventions and outcomes ready to go. There was no breathing in between. Almost like a business between agencies, but with love. That is the standard we need to keep.	Feb 5, 2011 5:34 AM
565	These should be determined by child development specialists	Feb 5, 2011 5:45 AM
566	The therapists should determine how often services are provided based on the degree of delay. One hour weekly should be the minimum, and some children should be provided with more frequent services.	Feb 5, 2011 5:54 AM

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

	Response Text	
567	As often as needed to bring about progress for the individual.	Feb 5, 2011 6:30 AM
568	Depending on needs based upon standardized assessment and family needs.	Feb 5, 2011 6:45 AM
569	Early start services should be available to the children as often as needed.	Feb 5, 2011 7:41 AM
570	As much as needed based on IPP and providers' recommendation. When dispute occurs, kids can be assessed by a neutral, reputable professional for unbiased recommendation.	Feb 5, 2011 8:01 AM
571	As often as the IPP team determines is necessary, as described in The Lanterman Act.	Feb 5, 2011 2:45 PM
572	Either in-home, regional center or regional center based provider	Feb 5, 2011 2:51 PM
573	Infant education should be provided no more than once per week for infants 0-18 months and no more than twice per week for children 18 mos to 36 months. The purpose of the service is to train parents on how to work with the child and the parent should be working with the child daily. The services should NOT be provided in centers because it circumvents the teaching of the parent on how to teach the child in everyday circumstances. IF IRC is funding therapy services, they should be funded no more than once per week if the child is receiving an infant program. Therapy services should only be funded for kids who are below the 33% delay mark (including adjusted age).	Feb 5, 2011 4:13 PM
574	As often as needed. The more intense the program at the younger age, the less chance the child will require special education services when they are older.	Feb 5, 2011 4:19 PM
575	I wish our daughter had been given more intensive treatment early on. She was given an hour and a half, five days a week, all in home. I think she would have made greater progress, more quickly, if these services would have been paired with in-clinic OT. Also, it is CRIMINAL that the RCOC is no longer providing speech services, unless this has been changed. SHAME ON YOU!!!	Feb 5, 2011 4:57 PM
576	As often as needed.	Feb 5, 2011 5:00 PM
577	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 5, 2011 5:20 PM
578	I think ABA, speech and/or OT services should be provided in early intervention when there is a 30% delay or greater.	Feb 5, 2011 6:27 PM
579	same as first set	Feb 5, 2011 6:39 PM
580	weekly	Feb 5, 2011 7:57 PM
581	As often as the IPP plan determines is necessary as described in The Lanterman Act 4646.5 (a) (4).	Feb 5, 2011 8:44 PM

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

	Response Text	
582	Evaluations conducted by licensed professionals (speech language pahologists, occupational thearpist and physical therapist) are detrimental. As a licensed professional, I have seen situations already that could have been avoided by referring a client earlier to a specialized services. I am seeing a higher number of children requiring services past the age of 3 since the implementation of the Prevention Program. Infant development specialists are not licensed to develop treatment programs and implement specific therapeutic techniques that are completely outside of their scope of practice. By referring a child to a licensed therapist earlier on, a child can be placed on an appropriate program from the start and the treatment duration and intensity will be lessened. In many cases, a child can avoid having to receive services past the age of three. Early evaluation by therapists is critical in the overall continuum of care for these children. What I see happening time and time again, is that children are being "watched" by case workers or monitored by unlicensed infant development team members and therapy is ending up being called in wtih a minimal window and having to more accurately determine the plan of care. Licensed therapists have attended college accredited programs and passed a state/national exam. Licensed professionals know what equipment is appropriate for a child and this will avoid multiple items being ordered, when bracing is required, what activities are truly developmentally appropriate for a child, and what sensory strategies might be useful and therefore avoiding the need for more behavioral therapies to get involved. With children, we must also develop that rapport early on and limit transitions from care provider to care provider in order to accomplish our goals in a shorter amount of time. Direct therapy should be provided either at a weekly, bi-weekly or monthly frequency depending on what is determined upon evaluation. Oftentimes, by doing therapies with greater intensity in the beginning, the need for the ongoing service at the time of the IFSP can be eliminated. I do not believe that infant programs are necessary or beneficial when a therapist is involved with the case. Having both in place can often limit progression and increase confusion with families.	Feb 5, 2011 9:00 PM
583	Children who have special or developmental need should have this service at least 1 to 2 times per week depending on their criteria of need.	Feb 5, 2011 10:04 PM
584	More is better then less at this level. If the early intervention works early the less that is needed for later in the years of the child.	Feb 5, 2011 10:07 PM
585	Each plan tailored to child's DX and individual child/familly need	Feb 5, 2011 10:25 PM
586	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 5, 2011 10:52 PM
587	ABA therapy 10-20 hours a week until diagnosis is confirmed.	Feb 5, 2011 11:59 PM
588	can only be determined by interdisciplinary assesment	Feb 6, 2011 2:25 AM
589	Frequency should be based on agency guidelines, not the opinion of the vendorized provider. I have seen individually vendorized providers recommend a level of service that I do not feel is ethical because they have a financial incentive to do so. For example, I have seen a PT recommend continuation of PT 2x per week for a 21 month-old child who is walking and climbs stairs because the quality of the movement is decreased (though this is so barely discernible that a non-professional would never notice this). I have seen many profoundly disabled kids receive services for long periods of time without any improvement. I do not mean to be harsh, however we are not a society of unlimited resources and this is not a good use of funding.	Feb 6, 2011 2:59 AM
590	Services should be offered to the child and family both in home and in a medical office.	Feb 6, 2011 3:29 AM
591	Regardless of any suggested standards, the consumer's parents and/or caregivers must still have input regarding early start 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 5:27 AM

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

	Response Text	
592	As often as the IFSP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 6, 2011 5:53 AM
593	As often as needed and recommended by an evaluating therapist (in each discipline).	Feb 6, 2011 6:08 AM
594	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 6, 2011 4:31 PM
595	Depending on the severity, about once a week.	Feb 6, 2011 4:59 PM
596	Same as behavior standards	Feb 6, 2011 7:20 PM
597	provided as needed even if its everyday	Feb 6, 2011 9:49 PM
598	This depends on the disability. All services should be at least weekly for about 1 hour. If a specific service needs more attention it should be provided 2-3 times per week.	Feb 6, 2011 10:12 PM
599	As necessary	Feb 6, 2011 10:44 PM
600	Same	Feb 7, 2011 2:49 AM
601	As often as the IPP team determines is necessary as describes in The Lanterman Act section 4646.5 (a) (4)	Feb 7, 2011 5:12 AM
602	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 7, 2011 6:35 AM
603	two or three times per week	Feb 7, 2011 7:21 AM
604	At least 30 to 100 hours a month depending on the amount of deficiencies, the assessing agency should be allowed to choose with agreement with parents.	Feb 7, 2011 8:02 AM
605	Weekly	Feb 7, 2011 2:55 PM
606	Best practice shows that this service should last anywhere from 2-4 years. Any longer than 4 years the program should really be avaluated for effectiveness.	Feb 7, 2011 5:27 PM
607	As often as the IP team determines is necessary, as described in the Lanterman Act.	Feb 7, 2011 5:43 PM
608	As often as the IPP team determines is necessary, as described in the Lanterman Act section 4646.5 (a) (4).	Feb 7, 2011 6:19 PM
609	In the area of speech: if the child demosntrates compounding issues such as oral motor planning issues or behavioral issues services should be 2x per week. Also it seems to be a duplicaiton of services at times to have both speech therapy and infant services. The speech therapist is perfectly capable of addressing cogntive dalys HOWEVER the infant educator isn ot always trained to address speech delays, especially those ocmpounded by the issues noted above. Doing iT services 1x per week and speech 1x per week often confuses the child and family regarding strategies and approaches.	Feb 7, 2011 6:22 PM
610	Behavior Intervention 40 hours per week at home and in the community as recommended by a qualified expert Occupational Therapy 2-3 hours per week in a clinic setting as recommended by a qualified professional Speech therapy - 2-3 hours per week in a clinic setting as recommended by a qualified professional	Feb 7, 2011 6:24 PM
611	If we are talking about autism.... services should be often, intense, time limited with a parental training component	Feb 7, 2011 6:45 PM

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

	Response Text	
612	The optimum setting would be a preschool like model where all services are provided 3x weekly on site where the children can interact. This would also be cost effective as more children could be served at one time rather than having a provider go to individual homes to serve one child at a time the provider could work with multiple children at once.	Feb 7, 2011 7:18 PM
613	As often as the IFSP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 7, 2011 7:51 PM
614	This would be entirely based on the need of the child as assessed by therapists and doctors. I do not think this should be based on a curve, such as "well, I see children who can't even roll over in their bed." (As I've been told by a RC case worker) I understand this, but my child still needs to learn how to walk, and with the appropriate attention, she did!! But she still struggles with her gross motor. She can be helped, but the amount of care she receives shouldn't be based on the fact that she's not as bad as some of the worst cases. Her care needs to be determined by her potential and what she as an individual needs according to her doctors and therapists.	Feb 7, 2011 7:58 PM
615	Depedns on case/individual but a management timeline is a must ro review and revist and make sure services are working, understood by client, and are being handled professionally.	Feb 7, 2011 8:22 PM
616	As stated in the prior section.	Feb 7, 2011 8:24 PM
617	Every day at least 3 hours each	Feb 7, 2011 9:31 PM
618	Services should be provided as much as needed to help the child.	Feb 7, 2011 9:48 PM
619	They should be provided at the levels that the families and physicians agree upon.	Feb 7, 2011 9:57 PM
620	This will depend on the severity of the delay in a specific domain. If a child is demonstrating a 6 month delay in gross motor, they should be seen twice weekly by a physical therapist. If they are demonstrating a 6 month delay in fine motor skills they should be seen twice weekly by an occupational therapist. The rate of the progress of the child can also impact how often therapy is required weekly. As the child begins to progress more rapidly, therapy can cut back to once weekly and then to once every 2 weeks, etc.	Feb 7, 2011 10:25 PM
621	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 7, 2011 10:31 PM
622	Allow RC's to set the standards in their own communities.	Feb 7, 2011 10:44 PM
623	As often as the IFSP team determines necessary.	Feb 7, 2011 11:09 PM
624	Let the Regional Centers make the decisions regarding program services	Feb 7, 2011 11:13 PM
625	Should be based on need and all services should be individualized.	Feb 7, 2011 11:52 PM
626	Speech and Language services should be provided by qualified speech and language pathologists who are licensed and certified and are regional center vendors.	Feb 8, 2011 12:13 AM
627	* Services should be based on an evaluation and child's areas of need * Services should be based on family's needs and community resources * Services should be frequent enough to see evidence of progress in both the child and family	Feb 8, 2011 12:28 AM

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

	Response Text	
628	An infant with mild delays should be seen at least once a week and those with more severe delays should be seen twice a week. It is amazing how consistency makes a difference at this very crucial time in life. For kids displaying characteristic in the autistic spectrum, even more is better. When I was employed by NLACRC in the prevention unit our clients were exclusively babies at risk for Developmental disabilities. It was and still is such an important population of babies to serve. It is actually a shame that we are no longer serving this group of babies who I have seen for the last 2 decades make dramatic improvements in their development no longer needed RC services after the age of 2 or 3 and know this was due to the weekly intervention provided. In addition there are some babies who are very high risk yet still need to be monitored once or twice a month until 3. often time delays will show at 2 years of age.	Feb 8, 2011 12:36 AM
629	Both infant and family benefit from individualized services, specifically constructed to meet the needs of the infant and family/ care givers.	Feb 8, 2011 1:01 AM
630	Depends on need and assessment by professionals.	Feb 8, 2011 1:12 AM
631	What does the research on evidenced based data show for standards for specific services. Why re-invent the wheel?	Feb 8, 2011 1:27 AM
632	As often as needed for that individual. Daily, for some children they might need multiple sessions per day.	Feb 8, 2011 1:57 AM
633	as often as needed.	Feb 8, 2011 1:58 AM
634	As the doctors suggests	Feb 8, 2011 2:20 AM
635	Infant development program, home schooling instructor, parent/family training	Feb 8, 2011 3:15 AM
636	In home visits to an infant for occupational therapy, physical therapy, speech therapy, or child development specialist visits should be at least once a week to be effective.	Feb 8, 2011 3:22 AM
637	as suggested by professionals based on the needs of the child	Feb 8, 2011 3:27 AM
638	It is extraordinarily difficult to put children in one bucket. All delays are complex and specific services should be based on need. In general, consider if that if children have a 1/3 delay then services should be offered one time a week (PT, OT, SLP). If the child has a 50% delay then they should get services 2 times a week to address that area of need.	Feb 8, 2011 3:44 AM
639	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 8, 2011 3:53 AM
640	An infant education program range from 1-2x a week for 1 hour sessions each. An intensive behavioral education program range from 2x to 5x a week with varying amount of hours depending on the child's intensive needs. Occupational Therapy services range from 1-2x a week for 1 hour sessions each. Physical Therapy services range from 1-2x a week for 1 hour sessions each. Speech Therapy services range from 1-2x a week for 1 hour sessions each. Monitoring services by either an Occupational, Physical, and/or Speech therapist; range from 1-2x a month for 1 hour sessions each.	Feb 8, 2011 3:55 AM
641	In the home for infants and in a small group from 18 months to 3 years.	Feb 8, 2011 4:17 AM
642	1-2 times per week of individualize therapy. Frequency should depend upon the ability to tolerate services, how much a child needs to work on to be as functional as possible by age 3.	Feb 8, 2011 4:21 AM
643	1 x a week for kids who are meeting milestones/intervention and 2 x per week for kids who are not.	Feb 8, 2011 4:24 AM

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

	Response Text	
644	The frequency of service truely depends on the severity of the case and the professional opinion of the therapist gained from a thorough evaluation of the child. It is especially critical to provide services as soon as the child is diagnosed which can be as early as shortly after birth. Through therapy, many of these children have been totally rehabilitated by the time they reach 3 and attend their neighborhood preschools without difficulty.	Feb 8, 2011 4:41 AM
645	Daily.	Feb 8, 2011 5:16 AM
646	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 8, 2011 5:29 AM
647	Again as previously stated.	Feb 8, 2011 6:07 AM
648	The child should be analyzed first and services provided accordingly.	Feb 8, 2011 6:24 AM
649	Currently once eligibility is determined there are differences in how services remain in effect between regional centers. It seems weekly therapy is standard; however, once a child is within age appropriate levels (approx 17% delayed - please verify with specialist), the service can be reduced to monthly in order to monitor the progress for a 3 mos period of time. Also, the requirement for a child to have at least a 25% delay (moderate) in order to start a new service. Currently, if a child has a motor delay at 12 mos of age and becomes eligible (33% or more), if the PT recommends ongoing services the RC doesn't have a specialist on staff to dispute the recommendations and will continue the service. If that child at the age of 24 mos has a 15% motor delay they will keep PT services in place. The parent may request a language eval and if there is any delay, the therapist will recommend services. Why not require there to be at least a moderate delay to begin? Possibly even begin at 2x/mo services to assess progress and increase level of service if the child doesn't gain in developmental scores. This can provide standardized guidelines "At what point does the service stop?" Currently, this seems to vary and some RCs require the child to be specifically at their age level or above. For example, a 24 mos old would have to score at 24-27 mos to graduate. Many vendors recommend to continue weekly services if they score at 21-24 mos; although, it's technically age appropriate. If they score at 18-21 mos, the service could be reduced to every other week.	Feb 8, 2011 8:42 AM
650	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 8, 2011 3:38 PM
651	Daily	Feb 8, 2011 4:11 PM
652	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 8, 2011 4:22 PM
653	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 8, 2011 6:00 PM
654	Daily	Feb 8, 2011 6:35 PM
655	These services should be provided as often as a child needs them based on review of their condition and how intensive the therapy should be.	Feb 8, 2011 7:00 PM
656	Through schools, churches, ACRC and county agencies.	Feb 8, 2011 7:35 PM
657	Of course frequency again is based on need according to the guidelines of NLACRC, and also based in the inital evaluation which is completed to determine eligibility of services.	Feb 8, 2011 7:47 PM
658	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 8, 2011 7:51 PM
659	1x wkly	Feb 8, 2011 9:17 PM
660	Based on need.	Feb 8, 2011 9:49 PM
661	Weekly or twice weekly programs are good, perhaps even more often for some children who are very impaired by their disability.	Feb 8, 2011 10:24 PM

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

	Response Text	
662	I think that the service standards of a specific needs to be recommended by the specific therapist which is supposed to look at the individiual needs of the child. How can we say that all children with a gross motor delay only get 1 time per month consult with a PT. If the child has severe CP, then I do not believe that this "service standard" of one time per month consult is appropriate, in response to the childs need, nor individually based... which is what we are supposed to be looking at.	Feb 8, 2011 11:00 PM
663	The standard should be that they receive services until they are caught up to their peers or have been deemed unlikely to progress any further.	Feb 8, 2011 11:03 PM
664	Regularly...aba 20 hrs weekly	Feb 8, 2011 11:16 PM
665	Depending on age services for infants and parents in the home if appropriate services for older students in a clinical or school setting	Feb 8, 2011 11:48 PM
666	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 8, 2011 11:51 PM
667	Service delivery should occur on a daily basis with parent participation. It is not necessary for working parents to be available for every session in early intervention that a child has outside of the home, however, parents must be available for training sessions with the program and must be committed to follow through in the home. This is an important step in the process of families working with their children, they must understand the developmental process and must agree with the understanding, creating a team approach and increased follow through at home.	Feb 9, 2011 12:06 AM
668	The early intervention research on effectiveness documents that dose or frequency does matter. Frequency of service should depend on the degree of delay and response to treatment. We need to be flexible and provide what is best for the child. Many of the infants that I see have the strength to tolerate only 30 to 45 min of OT and that's what I bill.	Feb 9, 2011 12:46 AM
669	It should depend on how low and how many areas of development the child is low.	Feb 9, 2011 12:47 AM
670	Speech, occupational therapy max of one hour/week	Feb 9, 2011 1:26 AM
671	Services should be appropriate for the development of the child. No limits should be set.	Feb 9, 2011 1:33 AM
672	same	Feb 9, 2011 2:27 AM
673	As frequent as recommended	Feb 9, 2011 3:15 AM
674	I think these services must be flexible and individualized. So many things come into play with what and how much each child needs. And with each milestone new things come into play. I think it should be up to the Therapist as to what thye recommend	Feb 9, 2011 3:49 AM
675	Services should be rendered based on the specific assessment of doctors and/or social workers in conjunction with members of the family. Scheduling of specific therapies should be within 2 weeks after recommendation by assessment, with regular updates if required therapists are not immediately available (e.g. child is wait-listed, etc).	Feb 9, 2011 3:56 AM
676	Intensive is required for progress and must be provided throughout each week.	Feb 9, 2011 4:11 AM
677	Services should be provided at a frequency appropriate for the age of the child, diagnosis and the amount of developmental delay present as decided by the evaluating professionals. Services should be provided by the specific therapeutic professional that can best provide the most adaquate and specific service for the delay.	Feb 9, 2011 4:28 AM

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

	Response Text	
678	These children need intensive services. 3 hours of speech, 3 hours of O.T., 25 to 30 hours of ABA, is not excessive. These children are delayed, the only way for them to improve is to work harder, than their peers, just to get caughtup. And it is work, but it's also enjoyable for them. A good therapist knows how far to push and how to engage the child, so that although it is work for them, it is also fun.	Feb 9, 2011 4:31 AM
679	Answer: As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 9, 2011 5:40 AM
680	Depends on the childs individual needs that should be evaluated quarterly to semi-annually.	Feb 9, 2011 5:43 AM
681	Intensive therapy is necessary. 20-30 hours a week.	Feb 9, 2011 5:59 AM
682	Children from birth to three it is important that they receive indivualized services at least one to two times weekly as defined by the severity of their presenting diagnosis. Repeatedly research has shown that it is more cost effective to provide therapy because many delays can be remediated more rapidly so that the child can maintain self-esteem and function within normal developmental stages before or as they enter preschool. By providing therapy in the home the parent can be given the tools to enhance the therapy process and facilitate playbased communciation on a daily basis.	Feb 9, 2011 6:14 AM
683	With children ages birth to three it is important that they receive individualized services at least one to two times weekly as defined by the severity of their presenting diagnosis. Repeated research has shown that it is more cost effective to provide therapy early because many delays can be remediated more rapidly so that the child can maintain self-esteem and function within normal developmental stages before or as they enter preschool. By providing therapy in the home, the parent can be given the tools to enhance the therapy process and facilitate play-based communication on a daily basis.	Feb 9, 2011 6:16 AM
684	infant, toddlers and their families need to develop a bond with the developmental specialist who comes to their home. In order to do this you need to be in the home frequently as it takes time. At least 1 x weekly with developmental specialist and at least quarterly with other specialist to ensure developmental progress	Feb 9, 2011 6:53 AM
685	After initial assessment, after all observations, then between the parents and the vendor the hours should then be discussed as to how many, frequency, and approx. length of time. All this to be determined by the NEEDS of the child.	Feb 9, 2011 7:00 AM
686	A service should be provided until the child is making significant progress and or ages out of the program. If aged out of the Early Start Program and still needs services there should be special provisions made to continue in the ES Program if there is not another program in the next age group. The new program should have the same standards of performance as the earlier program until the child can successfully meet the earlier criteria and then and only then should they be moved to the next skill level.	Feb 9, 2011 7:00 AM
687	Should be based on individual assessment by a knowledgeable pediatric specialist - PT, OT, RN, MD - to determine frequency and duration. This should be able to fluctuate, i.e. child placed on hold with the ability to resume if they are due to have comprehensive medical intervention such as surgery and then maybe a more intensive program during periods of acute difficulty. Monitoring basis for those children at-risk but not currently presenting with a major deficit.	Feb 9, 2011 7:12 AM

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

	Response Text	
688	Infant teachers, ot, pt, & st should be used as needed- meaning once the Childs individual needs have been assessed, child should receive the needed services at the recommended frequency (weekly, 2x/mo, etc). Behavior services should be given as listed in the behavior area above.	Feb 9, 2011 8:38 AM
689	The literature is supporting that the greater the neurological involvement, then the greater the need for intensity (duration, frequency, challenge provided at each session)	Feb 9, 2011 1:55 PM
690	Depends on the disability/delay. Should be in-home with REQUIRED family involvement. Begin by offering weekly or twice weekly services with parent trainings imbedded into the home visits. Services should move to a monitor (monthly or quarterly) once parent has demonstrated the ability to help the child with all areas of deficit through day-to-day activities. Learning opportunities NEED to be imbedded into daily activities in order to give meaning and context to the things we're expecting the children to do.	Feb 9, 2011 3:56 PM
691	Please review comment above.	Feb 9, 2011 5:08 PM
692	2-3 hours a week depending on child's need and ability	Feb 9, 2011 5:28 PM
693	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 5:30 PM
694	Regional Center should develop standard based on research.	Feb 9, 2011 7:21 PM
695	On an as needed basis.	Feb 9, 2011 7:38 PM
696	I think that needs to be a team decision.	Feb 9, 2011 7:42 PM
697	At least once a week. We have benefitted greatly from our weekly speech therapist session. If we could have met more than once a week especially in the beginning, I believe we would have benefitted more greatly.	Feb 9, 2011 7:51 PM
698	Frequent (weekly or as appropriate) services sholud be provided to child and family from intake through their 3rd year. For most special service disciplines (OT/PT/SLP), 1 hr/wk is appropriate.	Feb 9, 2011 8:38 PM
699	Most services are provided 1x per week with some exceptions for increased frequency when a specific goal cannot be attained with only one visit per week.	Feb 9, 2011 8:49 PM
700	These services should also be provided as often as the IPP team recommends.	Feb 9, 2011 9:00 PM
701	teaching, groups, vidoes, books etc.	Feb 9, 2011 9:16 PM
702	This needs to be based on the needs of the child. Plain and simple. There is no cookie cutter approach. The therapists, clinicians, doctors who assess the child are the ones who need to work together to come up with an appropriate plan.	Feb 9, 2011 9:42 PM
703	two times a week	Feb 9, 2011 9:54 PM
704	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 9, 2011 9:59 PM
705	after evaluation by qualified professionals, frequent -- at least once a week--services should be provided	Feb 9, 2011 10:15 PM

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

	Response Text	
706	Services should be continued based on the child's needs. These needs could range from monitoring to 2x a week OT, PT, ST and or Infant Education depending on the concerns and identified functional and developmental delays.	Feb 9, 2011 10:48 PM
707	Based on individual needs. For children who have a speech and language delay of greater than 33% in two areas (speech and other area), it is important that this child receive ongoing direct services (weekly with frequency determined by individual factors). For children who do not meet the 33% cut off in two areas, direct services should be provided as well, with a model of decreasing the services if the child's skills improve (Again decided on case by case basis). Children with significant disorders (e.g., Autism, global delay, multiple delays, low-incidence disabilities) should be serviced weekly. It would be detrimental to decrease services for this population to just a few times per month. This could cause regression for this group and at all costs this option should not be considered a way to save money.	Feb 9, 2011 11:07 PM
708	As per the IPP	Feb 9, 2011 11:43 PM
709	Yearly vision exams should be provided as well as glasses if needed.	Feb 9, 2011 11:49 PM
710	As often as needed for the deficits of the child. Some consumers require 5 or more days per week of service.	Feb 10, 2011 12:34 AM
711	The therapeutic services should be at intervals most recommended by the therapists for best progress & outcome. Speech & language and communication/behavior services for children in the autism spectrum should start more frequently and follow the child's routines in scheduling. Parent support and resources should be offered as an ongoing service since family needs at different stages can vary greatly and should be extended into the 3rd and 4th year, when parents make most use of them. Offering families resources both in the community and within their peer group between the child's ages of 1-4 greatly increases their ability to manage their child's disability and and utilize methods learned from teachers and therapists after Early Start, taking the burden off government. agencies & programs	Feb 10, 2011 12:58 AM
712	should be provided as long as clinically necessary.	Feb 10, 2011 2:52 AM
713	as needed for the individual ,all day of the week	Feb 10, 2011 7:38 PM
714	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 10, 2011 7:55 PM
715	Depends on the child.	Feb 10, 2011 8:04 PM
716	Once to twice a week	Feb 10, 2011 8:36 PM
717	These services should be provided consistantly to be effective this means every day a child should have early start services.	Feb 10, 2011 8:48 PM
718	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 10, 2011 8:50 PM
719	based on needs of the family AND goals of the child; in home services are often more costly due to travel time and are not always in the child's best interest. center based services allow for peer modeling which promotes faster outcomes. increase group service opportunities. they are more cost effective and often faciliate faster results. no "one size fits all" recommendations for group, in-home or center based.	Feb 10, 2011 9:24 PM
720	As often as the IFSP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 10, 2011 9:29 PM
721	Services should be determined by clinical recommendation by the provider.	Feb 10, 2011 9:39 PM
722	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 10, 2011 9:53 PM

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

	Response Text	
723	Therapy services can generally be provided on a weekly basis with home support to the family to carry out a home program. Children who exhibit delays in only one area, such as speech-language, do not necessarily need to have both infant development services and speech-language therapy.	Feb 10, 2011 10:27 PM
724	I think that really depends on what the individual child needs, but at minimum 2x a month.	Feb 10, 2011 11:04 PM
725	IFSP should determine services.	Feb 10, 2011 11:10 PM
726	Speech therapy services should be provided at the minimum of once a week. Current research indicates the value of frequency to change the brain & increase therapy benefits	Feb 10, 2011 11:12 PM
727	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 10, 2011 11:40 PM
728	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 10, 2011 11:51 PM
729	Intensive services can easily range from 20-30 hours a week, some would say more.	Feb 10, 2011 11:54 PM
730	At least weekly if not more times per week	Feb 11, 2011 12:08 AM
731	At the discretion of the PHYSICIAN and the therapist. services should start when needed, as early as birth, and not at 12 months, as mentioned in the survey	Feb 11, 2011 12:40 AM
732	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 11, 2011 1:09 AM
733	The services should be more intensive (i.e. twice a week for an hour) and the child's progress should be reassesed every 2 months. The child's level of attaining skills should determine how often specific services should be provided.	Feb 11, 2011 1:10 AM
734	weekly	Feb 11, 2011 1:17 AM
735	Everyday	Feb 11, 2011 1:25 AM
736	Supports should remain the same or increase.	Feb 11, 2011 1:48 AM
737	There should be a share of cost based on income and volume of use. Parents should be required to do carry over actitivies and should only recieved training from professionals to learn how to best support there child. children should be served in inclusion community settings only.	Feb 11, 2011 2:19 AM
738	A service should be provide as often as is needed for the individual. Each person is an individual and the services needed can very from a couple hours a week to every day. This is the time to make a difference in the childs life that can make them over come the disablitiy completely or at least get them a better chance on life then if they did not have the services. I am the Aunt of a little boy that got these services, and the difference that was made was amazing. He will be starting Kindergarten with only some minor additional services still needed with the school district. If he had not had these services at the young age of 2 he would have been years behind starting Kindergarten. I also have a 2 yr old son that has just started the service and he is more severe in delays and has PDD. He has been in the program for 6 weeks and the small amount progress is amazing and gives me and my husband hope that our son will not fall behind and be able to mostly be among his peers.	Feb 11, 2011 2:31 AM
739	20 hour per week intensive one-one-one, home-based or center-based	Feb 11, 2011 2:38 AM
740	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). We are all aware that consistency is the best policy for a growing child.	Feb 11, 2011 3:16 AM

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

	Response Text	
741	Services should be provided depended upon the child. Most infants can only tolerate one time per week due to their many MD appointments and frequent illnesses. Infants should not have more than one visit per week. If the infant if medically fragile the service provider should be an OT or PT. Early Intervention specialist or the School District are not trained in servicing these infants. As infants grow services can be added. By one year of age a child can have two services per week.	Feb 11, 2011 3:31 AM
742	depending on severity of delay, depending on discretion of therapist	Feb 11, 2011 3:36 AM
743	As often as possible. My granddaughter attended 3 days a week and it was fine.	Feb 11, 2011 3:43 AM
744	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 11, 2011 3:57 AM
745	I think that a child development should be looked at as a whole. Child should receive early intervention for development. The development should not be segmented out into parts. Child should receive early intervention as an whole developmental educational model. Child should not be receiving 3 therapies: PT, OT, SLP and behavioral sevices. If only specific therapy is available then the only 1 at the most 2 therapies should be provided at the same time. Not more than 15 hours of services should be provided per week. (3 hours per 5 day week). Services can be provided in group setting. Services can only be provided when primary care giver is present for training. Child under 3 does not benefit from intervention without primary caregiver.	Feb 11, 2011 4:29 AM
746	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 11, 2011 4:46 AM
747	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 11, 2011 5:04 AM
748	All services should be provided by one organization with a team leader who will visit the site 3-4 times a week and provide measured sticks and goal and monitor it and report it to parent and regional office on a monthly basis.	Feb 11, 2011 5:05 AM
749	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 11, 2011 5:20 AM
750	It should be performed twice a week for more costumer with more needs.	Feb 11, 2011 5:33 AM
751	A coordinated and comprehensive service system through an infant development program could potentially be a more effective, least costly service that Early Start enrollees can receive. Frequency should still be based on assessed need but no more than twice a week. Program curriculum to follow recommendations by the 'Early Start Manual' and Early Intervention Specialists are cross trained for a more integrated approach in service provision. Child Specialist as the lead teacher should be able to perform activities for cognitive development, general fine and gross motor skill developing activities, adaptive and socio-emotional activities. If the child's deficits are such that it requires a more intensive discipline specific service, then a consultant therapist can be brought in as part of the IDP team for the child. The consultant therapist could come in twice a month during IDP programming and work with the child in the presence of the Child Development Specialist (CDS). The CDS will consult with the therapist for follow up activities. IDP rates should be standardized to be equitable among all vendors.	Feb 11, 2011 5:43 AM
752	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 11, 2011 6:08 AM
753	this should be determined following a period of assessment by a trained behavior analyst.	Feb 11, 2011 6:26 AM
754	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 11, 2011 6:34 AM

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

	Response Text	
755	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4)	Feb 11, 2011 6:44 AM
756	Services need to be rendered on each child's individual needs. There are children that may benefit from attending a community early intervention program and then there are children that because of their physical conditions may not be able to attend community programs and may require to have services rendered in their homes or hospital settings.	Feb 11, 2011 7:08 AM
757	They should be provided as often as needed according to conclusions of doctors, educators, parents, and the ISP team.	Feb 11, 2011 7:33 AM
758	As long as the child is progressing the services should continue, if they reach a plateau, they should be given a certain amount of time to see if they could progress from their and if not services should be suspended (after all attempts show no progress)	Feb 11, 2011 8:31 AM
759	It depends on the children but they need consistency so at least a few times per week.	Feb 11, 2011 1:00 PM
760	As needed, but daily seems most appropriate.	Feb 11, 2011 4:40 PM
761	Intensive behavioral services have been shown to be effective at 40 hours per week; there is no scientific agreement about the effectiveness of lesser amounts of time, but a minimum of 25 hours has been suggested. The frequency of other services should be based on a review of available scientific data on the effectiveness of various levels of treatment and an independent evaluation of the particular consumer.	Feb 11, 2011 4:57 PM
762	Floortime as an intervention has been demonstrated through research over the past 30 years to be the most effective intervention to improve social relating and problem-solving. We are social. Most deficits impact social relating. Therefore it is most critical to address the impact of a disability and reduce that impact with the correct intervention.	Feb 11, 2011 5:20 PM
763	As often as necessary as deemed by an IPP team. According to the Lanterman Act.	Feb 11, 2011 5:23 PM
764	A minimum of two hours per week.	Feb 11, 2011 5:47 PM
765	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, and the more it saves society in the long run as far as hospitalizations, the legal system, etc.	Feb 11, 2011 5:50 PM
766	I think that Physical Therapy services should be provided up until the child starts walking, unless there is an actual medical condition (i.e. Down syndrome). If the child needs strengthening exercises due to mild hypotonia, even when there is a 33% delay, the parent should be the one responsible for providing the continued exercise techniques or environment (i.e. taking the child to the park) needed to strengthen his/her motor skills.	Feb 11, 2011 5:57 PM
767	40 hours/week	Feb 11, 2011 6:06 PM
768	These children should be sent to a specialist for the initial evaluation. Then, after the evaluation has been concluded, a recommendation for additional services; including but not limited to eye glasses, home therapy exercies or weekly vision therapy appointments, should be made. Then the parents are given a list of pre-authorized providers of service. The parents would present the office with their authorization letter along with a report of findings from the initial office.	Feb 11, 2011 6:30 PM

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

	Response Text	
769	intensive and 2-3 times a week for 1 hours sessions	Feb 11, 2011 7:12 PM
770	Up to daily for up to two hours.	Feb 11, 2011 7:15 PM
771	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 11, 2011 7:19 PM
772	How often, and which services are provided would vary from service to service. Regional Center's should not be funding for Speech, or physical and occupational therapy. These services still receive funding, and should be provided by the Infant Development Programs. Regional Center's should not be paying for educational reimbursement. In what other system are parent's allowed this privledge? The Regional Center should fund for Infant Programs. We should not be paying for transportation. That is a parent responsibility. Exceptions are made all of the time by administration, without accountability for their decisions. We should not be paying for attorneys and staff to help illegal children and adults stay in the country!	Feb 11, 2011 7:32 PM
773	3 to 5 times a week	Feb 11, 2011 8:09 PM
774	As is appropriate and the standard appropriate 25 hours a week of ABA for children with Autism.	Feb 11, 2011 8:41 PM
775	See comment under Behavioral Services	Feb 11, 2011 8:48 PM
776	Interdisciplinary assessments should be done when the family expresses a concern in a specific area of development Infant development program should be offered 4 hr/day, 3,4 or 5 days a week Family trainings should be 1-2 hours a week, each training going over a 4 week program to assist families in trouble shooting what is and isn't working. The learning about the diagnosis should be 1 - 2 weeks long. Early intensive behavior services should not be more than 3 hours a day in the home. This could range from 3-5 days a week. It should have a strong parent component that requires the family to be an active participant with the child and therapist. Group speech classes should be 1-2 hrs and 2 - 3 times a week. Individual speech should only be able to be accessed through private insurance or generics OT and PT could also be provided in small group settings or individual depending on need.	Feb 11, 2011 9:10 PM
777	Again, regarding behavioral services: parent training, groups, classes and individual services that utilize evidence-based elements, addressing issues affecting families, such as depression, anxiety, victims of domestic violence, and couple issues affecting parenting and parenting issues can tremendously help families and consumers. Parenting groups and play groups are very helpful and multiple consumers can be served at the same time by the same provider.	Feb 11, 2011 9:34 PM
778	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 11, 2011 9:37 PM
779	Service frequency and intensity should be individualized to meet the child's needs.	Feb 11, 2011 9:39 PM
780	Services should be provided based on referral or recommendations from a doctor or specialist.	Feb 11, 2011 9:42 PM

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

	Response Text	
781	The frequency and amount of service funded by RCOC depends on the following: Developmental needs of the child. Age of the child. Medical fragility and/or medical clearance. Standards of the community/best practice. Early Start services may range from a few hours per month to several hours per week depending on the individual needs of the child, the extent of developmental delays, and the services needed to address those delays. Early intervention services should be provided until the child is 36 months of age or younger if the child's development is within normal limits.	Feb 11, 2011 9:43 PM
782	The frequency and amount of service funded by RCOC depends on the following: Developmental needs of the child. Age of the child. Medical fragility and/or medical clearance. Standards of the community/best practice. Early Start services may range from a few hours per month to several hours per week depending on the individual needs of the child, the extent of developmental delays, and the services needed to address those delays. Early intervention services should be provided until the child is 36 months of age or younger if the child's development is within normal limits.	Feb 11, 2011 9:44 PM
783	The frequency and amount of service funded by RCOC depends on the following: • Developmental needs of the child. • Age of the child. • Medical fragility and/or medical clearance. • Standards of the community/best practice. Early Start services may range from a few hours per month to several hours per week depending on the individual needs of the child, the extent of developmental delays, and the services needed to address those delays. Early intervention services should be provided until the child is 36 months of age or younger if the child's development is within normal limits.	Feb 11, 2011 9:47 PM
784	The frequency and amount of service funded by RCOC depends on the following: • Developmental needs of the child. • Age of the child. • Medical fragility and/or medical clearance. • Standards of the community/best practice. Early Start services may range from a few hours per month to several hours per week depending on the individual needs of the child, the extent of developmental delays, and the services needed to address those delays. Early intervention services should be provided until the child is 36 months of age or younger if the child's development is within normal limits.	Feb 11, 2011 9:47 PM
785	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 11, 2011 9:48 PM

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

	Response Text	
786	1. If RC's are required to look at generic resources first before funding treatment, insurance should be looked at before they enter RC or RC's could provide therapy for 3 months pending the family's exploration of insurance. No guarantee after 3 months that RC's would continue to fund therapy. 2. Standard guidelines across the board for all RC's-if a child is showing 33%-50% delay then it would require a funding of 1 hour of direct 1:1 therapy, etc. for all disciplines and delays. Like school district guidelines.	Feb 11, 2011 9:49 PM
787	The frequency and amount of service funded by RCOC depends on the following: Developmental needs of the child. Age of the child. Medical fragility and/or medical clearance. Standards of the community/best practice. Early Start services may range from a few hours per month to several hours per week depending on the individual needs of the child, the extent of developmental delays, and the services needed to address those delays. Early intervention services should be provided until the child is 36 months of age or younger if the child's development is within normal limits.	Feb 11, 2011 9:50 PM
788	The frequency and amount of service funded by RCOC depends on the following: • Developmental needs of the child. • Age of the child. • Medical fragility and/or medical clearance. • Standards of the community/best practice. Early Start services may range from a few hours per month to several hours per week depending on the individual needs of the child, the extent of developmental delays, and the services needed to address those delays. Early intervention services should be provided until the child is 36 months of age or younger if the child's development is within normal limits.	Feb 11, 2011 9:51 PM
789	The frequency and amount of service funded by RCOC depends on the following: • Developmental needs of the child. • Age of the child. • Medical fragility and/or medical clearance. • Standards of the community/best practice. Early Start services may range from a few hours per month to several hours per week depending on the individual needs of the child, the extent of developmental delays, and the services needed to address those delays. Early intervention services should be provided until the child is 36 months of age or younger if the child's development is within normal limits.	Feb 11, 2011 9:55 PM
790	The frequency and amount of service funded by RCOC depends on the following: • Developmental needs of the child. • Age of the child. • Medical fragility and/or medical clearance. • Standards of the community/best practice. Early Start services may range from a few hours per month to several hours per week depending on the individual needs of the child, the extent of developmental delays, and the services needed to address those delays. Early intervention services should be provided until the child is 36 months of age or younger if the child's development is within normal limits.	Feb 11, 2011 9:59 PM

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

	Response Text	
791	The frequency and amount of service funded by RCOC depends on the following: Developmental needs of the child. Age of the child. Medical fragility and/or medical clearance. Standards of the community/best practice. Early Start services may range from a few hours per month to several hours per week depending on the individual needs of the child, the extent of developmental delays, and the services needed to address those delays. Early intervention services should be provided until the child is 36 months of age or younger if the child's development is within normal limits.	Feb 11, 2011 10:00 PM
792	The frequency and amount of service funded by RCOC depends on the following: • Developmental needs of the child. • Age of the child. • Medical fragility and/or medical clearance. • Standards of the community/best practice. Early Start services may range from a few hours per month to several hours per week depending on the individual needs of the child, the extent of developmental delays, and the services needed to address those delays. Early intervention services should be provided until the child is 36 months of age or younger if the child's development is within normal limits.	Feb 11, 2011 10:11 PM
793	The frequency and amount of service funded by RCOC depends on the following: • Developmental needs of the child. • Age of the child. • Medical fragility and/or medical clearance. • Standards of the community/best practice. Early Start services may range from a few hours per month to several hours per week depending on the individual needs of the child, the extent of developmental delays, and the services needed to address those delays. Early intervention services should be provided until the child is 36 months of age or younger if the child's development is within normal limits.	Feb 11, 2011 10:19 PM
794	Early Start services may range from a few hours per month to several hours per week depending on the individual needs of the child, the extent of developmental delays, and the services needed to address those delays.	Feb 11, 2011 10:21 PM
795	The frequency and amount of service funded by RCOC depends on the following: • Developmental needs of the child. • Age of the child. • Medical fragility and/or medical clearance. • Standards of the community/best practice. Early Start services may range from a few hours per month to several hours per week depending on the individual needs of the child, the extent of developmental delays, and the services needed to address those delays. Early intervention services should be provided until the child is 36 months of age or younger if the child's development is within normal limits.	Feb 11, 2011 10:27 PM
796	Should be provided as progress is noted and as need is suspected and met.	Feb 11, 2011 10:29 PM

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

	Response Text	
797	The frequency and amount of service funded by RCOC depends on the following: • Developmental needs of the child. • Age of the child. • Medical fragility and/or medical clearance. • Standards of the community/best practice. Early Start services may range from a few hours per month to several hours per week depending on the individual needs of the child, the extent of developmental delays, and the services needed to address those delays. Early intervention services should be provided until the child is 36 months of age or younger if the child's development is within normal limits.	Feb 11, 2011 10:32 PM
798	A minimum of weekly for direct care services, from qualified personnel. While consultation could be provided on a monthly basis by a qualified professional.	Feb 11, 2011 10:37 PM
799	As often as the IP team determines is necessary, as described in the Lanterman Act.	Feb 11, 2011 10:40 PM
800	The frequency and amount of service funded by RCOC depends on the following: • Developmental needs of the child. • Age of the child. • Medical fragility and/or medical clearance. • Standards of the community/best practice. Early Start services may range from a few hours per month to several hours per week depending on the individual needs of the child, the extent of developmental delays, and the services needed to address those delays. Early intervention services should be provided until the child is 36 months of age or younger if the child's development is within normal limits.	Feb 11, 2011 10:53 PM
801	everyone that needs it between the ages of 0-3 years, early intervention is the key!!!!	Feb 11, 2011 10:59 PM
802	If a child is in need of therapy for his developmental delay it should be seen by specialist as often as needed, no less than once a few weeks.	Feb 11, 2011 11:07 PM
803	The frequency and amount of service funded by RCOC depends on the following: •Developmental needs of the child. •Age of the child. •Medical fragility and/or medical clearance. •Standards of the community/best practice. Early Start services may range from a few hours per month to several hours per week depending on the individual needs of the child, the extent of developmental delays, and the services needed to address those delays. Early intervention services should be provided until the child is 36 months of age or younger if the child's development is within normal limits.	Feb 11, 2011 11:23 PM
804	Frequency of services need to be flexible, adjusted to appropriately address the level of dysfunction and rate at which a consumer and/or parent can meaningfully participate in the treatment.	Feb 11, 2011 11:38 PM
805	One to Two times a week	Feb 11, 2011 11:42 PM

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

	Response Text	
806	The frequency and amount of service funded by RCOC depends on the following: Developmental needs of the child. Age of the child. Medical fragility and/or medical clearance. Standards of the community/best practice. Early Start services may range from a few hours per month to several hours per week depending on the individual needs of the child, the extent of developmental delays, and the services needed to address those delays. Early intervention services should be provided until the child is 36 months of age or younger if the child's development is within normal limits.	Feb 12, 2011 12:00 AM
807	As early intervention can save the state money later (see study by Jacobson, Mulik, & Green, 1998), it is imperative that early intervention be available for at least 40 hours per week with exceptions to have more hours. These hours should not be reduced if a child is also involved in a specialized school program. School is school and should not take away from the necessary intensive behavioral program that can reduce problems and the level of service needing to be purchased later.	Feb 12, 2011 12:32 AM
808	Weekly direct care services at a minimum with a qualified professional providing the service. Consultation services provided monthly by a qualified professional.	Feb 12, 2011 12:50 AM
809	Depends on the severity of the Customer.	Feb 12, 2011 1:29 AM
810	As often as the IPP team determines is necessary as describe in The Lanterman Act Section 4646.5 (a) (4)	Feb 12, 2011 2:25 AM
811	As determined by the IFSP	Feb 12, 2011 2:38 AM
812	As often as needed or directed by physician or therapist.	Feb 12, 2011 3:33 AM
813	Early intensive therapy should be at least 25 hours up to 35 hours a week, especially in the beginning. Hours can taper off as the child enters school and shows continuing growth and success across all developmental areas.	Feb 12, 2011 4:04 AM
814	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 12, 2011 5:15 AM
815	Services like PT, OT, feeding and speech therapy should be provided weekly.	Feb 12, 2011 5:46 AM
816	monthly	Feb 12, 2011 5:58 AM
817	As often, as much help that child needs.	Feb 12, 2011 6:18 AM
818	See previous answers.	Feb 12, 2011 6:26 AM
819	up to 40 hours of a combination of services should be offered to the families	Feb 12, 2011 7:13 AM
820	Once a week for 1 hour a day.	Feb 12, 2011 7:45 AM
821	This depends on the child's needs. Should be available as many times a week, month, etc. as needed for the child.	Feb 12, 2011 1:52 PM
822	Weekly.	Feb 12, 2011 3:22 PM
823	Depends on the disability and it's severity	Feb 12, 2011 3:29 PM
824	A licensed professional is accurately qualified to make this determination	Feb 12, 2011 3:41 PM
825	A specific service should be provided, dependent on the need.	Feb 12, 2011 4:13 PM
826	Working with work providers such as Goodwill	Feb 12, 2011 4:52 PM
827	with trained specialists	Feb 12, 2011 4:54 PM
828	As needed through assessment at 3-6 months	Feb 12, 2011 5:04 PM

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

	Response Text	
829	Determined by professionals such as pediatricians, speech therapists, OTs and pscychologists.	Feb 12, 2011 5:17 PM
830	Depends upon condition - as much as possible depending on the condition being treated.	Feb 12, 2011 5:39 PM
831	This should vary depending on presenting issue. If the child is showing signs of a PDD, then services should be highly intensive (20 hours a week with simultaneous parent participation). Other children may need a structured classroom environment with a variety of therapists who deliver services multiple times per week in the classroom.	Feb 12, 2011 5:43 PM
832	The amount of services necessary is specific for each child and should be determined based on the therapists' evaluations. Every child is different and it cannot be dictated what every child needs. Once an evaluation is completed by the professional a frequency is determined. Some children require once or twice per week and others may only need 1 time per month. This really is child specific or money will be wasted if treatment not often enough and child will not reach maximum functional potential to be a productive adult.	Feb 12, 2011 5:45 PM
833	At least three days per week. Consistency will be important.	Feb 12, 2011 5:47 PM
834	The services provided should be based on recommendations from a behavioral services professional, such as a Psychologist, BCBA, Psychiatrist, Developmental Pediatrician. They are the only ones equipped to know what a child needs, nobody else.	Feb 12, 2011 5:48 PM
835	This is dependent upon the age of the child and the determination of the therapists. Presently, our daughter is enrolled at the once a week program, and once a week one-on-one physical therapy with a practitioner. When she turns 1 year of age she will go twice to the program in Irvine at ICEC. This is necessary NOW so that the State of California will save money later on. Otherwise, the slower she starts the longer (thus more stress/money on the local school district). It's best for everyone involved to spend the money at the early ages while the child and their brain is in its earliest development.	Feb 12, 2011 5:58 PM
836	One 2-3 hour session a week.	Feb 12, 2011 6:07 PM
837	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 12, 2011 6:09 PM
838	Service should be provided as frequently as necessary to positively influence, impact, improve the quality of life for the child.	Feb 12, 2011 6:12 PM
839	Each individual must be assessed for need. One child may require multiple therapies, whereas another child with only physical impairement may only require one therapy. I believe that there should be no cap on the amount of services provided. We should have to show need and prove that the therapy is necessary.	Feb 12, 2011 6:16 PM
840	As needed and recommended by physician for the child.	Feb 12, 2011 6:20 PM
841	Speech therapy twice per week for one hour	Feb 12, 2011 6:59 PM
842	As often as the IFSP team determines is necessary, as described in The Lanterman Act	Feb 12, 2011 7:15 PM
843	Tailored to individual	Feb 12, 2011 7:32 PM

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

	Response Text	
844	Consumers can have as many as 14 hours of in home intervention per week for ages 0-3 of high risk children. This is excessive and actually disruptive to normal family schedules. Anything beyond 3 hours of intervention per week robs the caregivers of the responsibility and confidence to guide the development of their child. If only "trained" people are giving proper stimulation, how can a parent develop these skills themselves? The intervention needs to be focused on training and empowering the parent, not providing the stimulation. these services are provided by OT, PT, SP and a loosely defined developmentalist. Each makes an evaluation and then recommends a schedule of visits. Those reviewing the recommendations have little clinical training in any of the fields. Thus no skilled person is the gate keeper. The interventionists are writing their own plan with the inherent conflict of business needs and ethical responsibilities. This is a very abused situation.	Feb 12, 2011 7:58 PM
845	1. Behaviorial therapy services should NOT TRUMP other valid services: Speech Therapy, Occupational Therapy, Physical Therapy, Early Intervention Specialist therapy 2. The severity of the delay should help decide how often the child receives therapy services of a specific discipline(s), allowing the therapist to have INPUT with deciding the frequency and NOT ONLY the Regional Center team (that does NOT have any (ST, OT, PT, EI) on their staff.	Feb 12, 2011 8:26 PM
846	I think a service should be provided as needed and initially a doctor or hospital might recommend or a parent could contact if concerned. Some children might need more care or help while others might need occasional visits/services.	Feb 12, 2011 8:31 PM
847	quarterly	Feb 12, 2011 8:44 PM
848	one time/week	Feb 12, 2011 8:54 PM
849	1 time per week if child qualifies.	Feb 12, 2011 9:20 PM
850	depends on the case but I would say at least two times per week initially	Feb 12, 2011 9:38 PM

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

	Response Text	
851	Young children (under 3) should receive up to 30 hours a week of direct service. Children over 3 with no school placement should receive up to 40 hrs a week of direct service. When a child enters school, EIBT services should be adjusted so that the child does not receive more than 40 hours of programming across all environments. The 40-hour maximum level of programming should be considered regardless of whether or not school-based services provide ABA-based programming. The rationale is that young children should not be required to "work" more than 40-hours a week inclusive of all programs (school, OT, PT, EIBT, Speech). When a young children begins programming, it is important to follow best practice procedures. Specifically, a child should not be provided EIBT is the family is not able to commit to a 20-hour a week program. This rationale is based on the research that shows that significant progress becomes unattainable with less than 20 hours of programming for young children just starting programming. EIBT should be considered a long-term but NOT continuous program. The goal of any EIBT program should be to teach the child how to access information from their typical learning environment. Services should then be provided until the child is old enough to make that transition (either to kindergarten or 1st grade). Termination of services should coincide with the determination of the least restrictive academic placement. In addition, a tiered fading of services model should be included in programing where discontinuation of the direct service providers (tutors) occurs over a 6-month time period and is followed by an additional time period of consultation-only services (to be provided by a Master's level service provider). In this way, generalization and maintenance of a child's skills can be determined prior to discontinuing services. Consultation-level services should be considered a critical part of EIBT where consultants are highly skilled, preferably holding board certification (BCBA) from the Behavior Analyst Certification Board. Consultation services should be provided in tandem with direct services (tutors). Consultants are responsible for programming changes and reporting requirements. The location of EIBT should be primarily in the home. The rationale for this is based on the idea that parents should maintain their position as their child's first and most important teacher. Parent participation should be considered a critical part of EIBT programming. Parent goals should be incorporated in the EIBT process as early as possible. Some programs offer center-based EIBT. Incorporating parent's into the programming process is often more difficult with this structure. In addition, utilizing a center-based program only makes generalization and maintenance of skills more challenging. EIBT is an intrusive contrived learning model. Parents should be required to learn how to work with their children so that parents are eventually able provide natural learning opportunities for their children. This rationale is based on the idea that parents should always maintain their responsibility for their children's academic progress.	Feb 12, 2011 9:58 PM
852	To be determined by a professional	Feb 12, 2011 10:08 PM
853	AS often as necesarry as deemed by private evalution. Evaluation should be conducted by those who are not responsible for payment.	Feb 12, 2011 10:11 PM
854	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 12, 2011 10:31 PM
855	1 to 2 times per week as recommended by qualified therapists/doctors	Feb 12, 2011 10:46 PM

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

	Response Text	
856	Early intervene by way of "getting the word out" to parents and guardians. Awareness via media on how to get help as early as possible. Guidelines of specific services should be available and reviewed by current standards and reviewed annually by cousellors, parents, and guardians of those who are currently receiving services.	Feb 12, 2011 10:55 PM
857	Again this depends on each child's needs. Each child should be allowed every opportunity any other child gets. If the child learns quick, maybe less appointments but surely no one can determine how much care a child need until they are evaluated by a medical staff and the teacher working with them.	Feb 12, 2011 11:20 PM
858	to be determined by family, regional center social worker and any therapists	Feb 13, 2011 12:23 AM
859	few times a week not every day	Feb 13, 2011 12:29 AM
860	Service delivery should be determined by the IFSP team. Children should receive individual services, including family education, by a licensed SLP, OT and/or PT, along with an EI specialist, as determined by the IFSP team. These services should be provided in their home, the community or in a clinic, as determined by the IFSP team (including the parents of the consumer).	Feb 13, 2011 12:35 AM
861	Depends upon the availability of the family: speech would be weekly, OT would also need time.	Feb 13, 2011 12:36 AM
862	Weekly	Feb 13, 2011 1:20 AM
863	as is necessary for progress to occur	Feb 13, 2011 1:30 AM
864	By liscensed professionals in the community.	Feb 13, 2011 1:44 AM
865	The service should be individualized as the child requires as determined by an Indivualized Educational Planning team.	Feb 13, 2011 2:08 AM
866	10-25 hrs per week of 1:1 services and parent training combined	Feb 13, 2011 2:10 AM
867	This should be based on assessment for the given service and be backed by research on best outcome and best practice standards (speech, occupational therapy, physical therapy, EIBT)	Feb 13, 2011 2:25 AM
868	6 hours per day	Feb 13, 2011 2:27 AM
869	like mine, 5 days a week 3 hrs a day with two professionals	Feb 13, 2011 2:38 AM
870	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 2:38 AM

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

	Response Text	
871	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 2:52 AM
872	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 13, 2011 3:10 AM
873	By professionals that are, or are supervised by persons with demonstrated qualifications in the principles of reinforcement (e.g., BCBA), AND child development across domains, especially those of emotional development, motor planning and communication.	Feb 13, 2011 3:21 AM
874	Because this is such a critical age for development, I think that particular attention should be paid to the recommendation of the evaluation team. Time invested at this age can drastically decrease services needed when the child is older. My son was identified with a speech delay at 20 months and has made amazing progress in the 5 months he has been in speech therapy. It was recommended that we attend therapy twice a week, but due to our insurance we could only afford once a week. I think that twice a week would be more beneficial to him.	Feb 13, 2011 3:26 AM
875	As determined by data.	Feb 13, 2011 3:36 AM
876	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 13, 2011 3:38 AM
877	* 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 2.5 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 3:39 AM
878	As currently in place	Feb 13, 2011 3:41 AM
879	Determined by the treating therapists.	Feb 13, 2011 4:04 AM
880	More access to earlier community activities for children to feel prior to adult education and occupational training value and worth through explosing sports and volunteering within their abilities.	Feb 13, 2011 4:07 AM
881	No less than once per week.	Feb 13, 2011 4:30 AM
882	depending on ther severity of the childs needs	Feb 13, 2011 4:31 AM

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

	Response Text	
883	Same hours that they are recieving now, up to 54 hours per month, if not more. Let's keep in mind how important early intervention is and how many thousands of dollars it will save for that child's education throughout his/her life when they start their life out with a good early intervention program that gives them the splinter skills they so desperately need.	Feb 13, 2011 4:34 AM
884	The level and frequency of services should be specified for each individual by a qualified behavior analyst whom is not employed by the funding agency to avoid basis.	Feb 13, 2011 4:52 AM
885	When a child goes for an evaluation whatever is suggested by the therapist should be given and Regional Center should not decide the hours but the therapists who evaluate the child	Feb 13, 2011 5:03 AM
886	Same standard as set forth in Behavioral Supports	Feb 13, 2011 5:06 AM
887	oung 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 5:06 AM
888	It depends on the physicians observation	Feb 13, 2011 5:08 AM
889	My child's therapy schedule is determined by the therapists assigned by the state to evaluate her and her case worker who works for Regional Center. How often should depend on the needs of the child.	Feb 13, 2011 5:12 AM
890	until they need them	Feb 13, 2011 5:43 AM
891	1. Once to twice weekly for 30-45 minutes (as tolerated) for a minimum period of six months.	Feb 13, 2011 5:47 AM
892	SEE COMMENTS FOR ABA SERVICES. Infant stimulation services should be eliminated and replaced with ABA services.	Feb 13, 2011 5:59 AM
893	Depending on the individual. Treatment can be up to 25-30 hours a week. Treatment should start out with fewer hours. Until tolerance is built considering this in mimd (learning new people, naps, lunch, etc)	Feb 13, 2011 6:47 AM
894	As determined by the appropriate therapist	Feb 13, 2011 7:01 AM
895	Some disabilities, such as autism, require more frequent and intensive intervention. Assessment will help to determine the number of hours to begin with, but 10 to 18 hours of 1:1 interventions services based on applied behavior analysis provided in the home setting is generally appropriate for a young child.	Feb 13, 2011 7:25 AM
896	Consistency is vital, 3 times a week minimum	Feb 13, 2011 7:30 AM
897	Initially, a large block of service hours should be provided during the monitoring phase and then faded as the child progresses or transitions to other services.	Feb 13, 2011 7:58 AM
898	Several hours per week depending on severity of the deficit.	Feb 13, 2011 9:53 AM
899	Daily	Feb 13, 2011 10:43 AM
900	Services provided based upon individual need and ranging from 1-5 hours per week for each service not to exceed 20 hours of total services.	Feb 13, 2011 4:36 PM
901	as needed on a regular basis	Feb 13, 2011 4:39 PM

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

	Response Text	
902	time lines are different so I suggest that the team has to decide based on need	Feb 13, 2011 5:16 PM
903	As often as necessary to meet any milestones they might be delayed in.	Feb 13, 2011 5:17 PM
904	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 5:22 PM
905	Initial assessment by Board Certified Behavioral Analyst.	Feb 13, 2011 6:38 PM
906	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 13, 2011 7:11 PM
907	keep the current standards	Feb 13, 2011 7:12 PM
908	around 10-20 hours per week, depending on needs and schedules.	Feb 13, 2011 7:30 PM
909	On a 40 hours per week basis.	Feb 13, 2011 7:42 PM
910	A specified service should be provided at least once a week, depending on the need of the child.	Feb 13, 2011 8:03 PM
911	They should be provided as often as necessary.	Feb 13, 2011 8:07 PM
912	Services should be provided on a one on one basis. Prevention program is needed to monitor progress of children at risk of developmental delays. Early start program save tax payers thousands of dollars because many delays are ameliorated before age of three.	Feb 13, 2011 8:09 PM
913	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 8:25 PM
914	The more hours the better outcome and so an independent assessment should be done to determine number of hours.	Feb 13, 2011 8:34 PM
915	As needed by each child....there should be a provider in the home weekly	Feb 13, 2011 8:38 PM
916	At least 2 to 3 times per week, with parents present.	Feb 13, 2011 9:07 PM
917	The research I know of and in my own anecdotal experience is that 5 days per week is the minimum especially for children diagnosed with or at risk for autism	Feb 13, 2011 9:11 PM
918	Should be dependent upon the severity of need. Ex: am hold atmrisk due to family history may only need follow up 1x/month to monitor development. A child with CP and cognitive delays may need service 2x/week.	Feb 13, 2011 9:14 PM

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

	Response Text	
919	We have been fortunate enough to have a very caring case worker from the Regional Center. we have worked together as team between the case worker, therapists involved and us as parents to decide if the customary hour a week was sufficient or if we needed to add an extra hour. Never did I feel like my children or I were not getting the attention and services needed.	Feb 13, 2011 9:33 PM
920	I believe premature infants should be receiving a formal evaluation and direct treatment immediately after discharge from the hospital. I feel referral processes from doctors should be started sooner than the age of 2 for services to be most effective. Services should be based on the recommendation of the therapist and not based on the opinion of another non-licensed therapist involved with the case i.e. service coordinator. Services should be provided based on the need of the child i.e. one time a month, up to one time per week.	Feb 13, 2011 9:57 PM
921	Services should be provided by Licensed proffesionals and where possible parents should be educated in how best they could pick up the slack in the times not seen by their therapist.	Feb 13, 2011 11:09 PM
922	At least once a week, more if student is showing a serious delay in meeting milestones	Feb 13, 2011 11:17 PM
923	A minimum of 10 hours per week, up to 25 hours per week is what is suggested by current research.	Feb 13, 2011 11:54 PM
924	A specific service should be provided no more than once per week. A limit of 2 services at a time should be made.	Feb 14, 2011 12:23 AM
925	Services should be delivered as appropriate for the needs of the child as determined by qualified professional diagnosticians and interventionists.	Feb 14, 2011 12:47 AM
926	These services should be provided two to three times per week.	Feb 14, 2011 12:52 AM
927	Again, independent evaluations by qualified and board certified and/or credentialed providers should be providing a thorough evaluation. Too many services go by a "typical" amount of service rather than looking at each child's Individual Need as required by law. You can group chidlren with ASD or any other disability by what is "typically done" for these children; there is no such thing as typical. A well balanced program would include several different therapies (behavioral, speech, PT, OT, and social skills) at what is appropriate for each child. One child may have a severe speech issue or no speech at all and require 5 hours a week (daily) speech therapy, while another may only require once a week speech therapy, but 5 hours of OT. You must look at each child as an individual and stop trying to label them in a category and assign them 10 hours of therpay based on what category they fall in. Parents and providers should work together to come up with a realistic amount of therapy needed based on the child's abilities and limitations.	Feb 14, 2011 1:26 AM
928	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4).	Feb 14, 2011 1:35 AM
929	individualized behavior plan set forth by nonpublic agencies, derived from observation and work with child and family.	Feb 14, 2011 1:47 AM
930	Based on severity, need and ability to make improvement	Feb 14, 2011 2:12 AM

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

	Response Text	
931	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 30 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 2:37 AM
932	As often as the IPP team determines is necessary	Feb 14, 2011 3:15 AM
933	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 14, 2011 3:21 AM
934	Moderate to severe should be 16 hours or more of therapy	Feb 14, 2011 3:49 AM
935	varies to needs as decided by IEP	Feb 14, 2011 5:12 AM
936	Young children who are “at risk” for an autism spectrum disorder or other developmental delays are appropriate for 10-20 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 “practice” maladaptive behaviors and thus move even farther away from desired developmental trajectories for normal development. Therefore, children with an autism spectrum diagnosis should have increasing hours of treatment up to 25 hours as they near age 3. A 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 often appropriate. For longstanding gains and improved parent capacity, treatment is provided in the child’s 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 and that includes parent training in its curriculum.	Feb 14, 2011 5:47 AM
937	25 hours of ABA therapy per week at a minimum.	Feb 14, 2011 6:02 AM
938	For occupational therapy, most clients benefit from 1 to 2 times per week, depending on the specific situations identified in the assessment. Group programs also contribute to solidify the gains in individual services. Consider family and child schedules to approve services	Feb 14, 2011 6:38 AM
939	Parent's should be part of therapy and held accountable for HW practice to ensure maximum benefit. Any child with a delay in one area or more of 33%- therapy 1x per week in each area of need Feeding and oral-motor therapy for infants with hypotonia/ or down Syndrome- by SLP 3 months of age-once a month until 6 months of age, then once a week. until 18 months then 2x a week to incorporate speech PT for 5 months and up for children with Hypotonia 1x a week Ot 12 months and up for children with hypotonia 1x a week	Feb 14, 2011 7:37 AM

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

	Response Text	
940	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.	Feb 14, 2011 8:06 AM
941	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 8:54 AM
942	Working in the Neonatal Intensive Care Unit as well as in Early Intervention, I see many newborns born prematurely as well as with different syndromes and conditions. These infants are at high risk for having developmental problems. I see these infants already developing issues while hospitalized. It is important for these infants to be followed up immediately after they are discharged home. These infants need to be seen for early intervention (physical, occupational therapy and child development services) early in their lives because they are at high risk for developmental delays, muscular issues, sensory issues and as they get older they are at risk for having speech delays. These issues can be reduced and prevented with early intervention starting as soon as birth. The parents of these children also need to be educated on how to work with their children on maximizing their development.	Feb 14, 2011 9:18 AM
943	3-4 times/week	Feb 14, 2011 9:21 AM
944	Two to three home visits a week.	Feb 14, 2011 3:54 PM
945	The frequency and amount of service funded by RCOC depends on the following: Developmental needs of the child. Age of the child. Medical fragility and/or medical clearance. Standards of the community/best practice. Early Start services may range from a few hours per month to several hours per week depending on the individual needs of the child, the extent of developmental delays, and the services needed to address those delays. Early intervention services should be provided until the child is 36 months of age or younger if the child’s development is within normal limits.	Feb 14, 2011 3:54 PM

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

	Response Text	
946	The frequency and amount of service funded by RCOC depends on the following: Developmental needs of the child. Age of the child. Medical fragility and/or medical clearance. Standards of the community/best practice. Early Start services may range from a few hours per month to several hours per week depending on the individual needs of the child, the extent of developmental delays, and the services needed to address those delays. Early intervention services should be provided until the child is 36 months of age or younger if the child's development is within normal limits.	Feb 14, 2011 4:23 PM
947	Early intervention for autism should be approved at 20 hours per week, depending on services. ESDM sees progress with 20 hours, DTT insists on 40, so I'd start moving away from DTT providers if you want to save money and still see some incredible progress. For students with another disability, the determination should be made by a qualified practitioner in the field.	Feb 14, 2011 4:27 PM
948	As often as possible. At least twice a week.	Feb 14, 2011 4:44 PM
949	Weekly	Feb 14, 2011 4:46 PM
950	As needed as determined by the needs of the child.	Feb 14, 2011 4:47 PM
951	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 4:50 PM
952	The frequency and amount of service funded by RCOC depends on the following: Developmental needs of the child. Age of the child. Medical fragility and/or medical clearance. Standards of the community/best practice. Early Start services may range from a few hours per month to several hours per week depending on the individual needs of the child, the extent of developmental delays, and the services needed to address those delays. Early intervention services should be provided until the child is 36 months of age or younger if the child's development is within normal limits.	Feb 14, 2011 5:03 PM

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

	Response Text	
953	The frequency and amount of service funded by regional centers should depend on the following: • Developmental needs of the child. • Age of the child. • Medical fragility and/or medical clearance. • Standards of the community/best practice. Early Start services may range from a few hours per month to several hours per week depending on the individual needs of the child, the extent of developmental delays, and the services needed to address those delays. Early intervention services should be provided until the child is 36 months of age or younger if the child's development is within normal limits.	Feb 14, 2011 5:06 PM
954	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 5:08 PM
955	• Young children who are "at risk" for an autism spectrum disorder are appropriate for 15-18 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 25-40 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 4 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 5:16 PM
956	All needs can be identified by pediatric personnel or doctors specialized in development or by the use of standard test.	Feb 14, 2011 5:19 PM
957	The quantity and level of service should be sufficient to effectively address the disability within the time period allowed. The goal should be to "catch up" the child's development to that of normal 3 year olds by the point the RC services end and the child is handed over to the local school district.	Feb 14, 2011 5:25 PM
958	As needed.	Feb 14, 2011 5:25 PM
959	At a minimum, children under age 3 with a diagnosis of ASD should receive a 2 to 2.5 hour EIBI session daily in their home.	Feb 14, 2011 5:42 PM
960	Children who are at risk for ASD would be appropriate candidates to receive 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 5:51 PM
961	I feel this needs to continue to be an individualized service decision based on that baby/family's needs.	Feb 14, 2011 6:02 PM

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

	Response Text	
962	Follow the IPP to meet the consumer's needs.	Feb 14, 2011 6:03 PM
963	Every child is different.	Feb 14, 2011 6:06 PM
964	• Young children who are "at risk" for an autism spectrum disorder are appropriate for 15-18 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 25-40 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 4 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 6:09 PM
965	The frequency and amount of service funded by regional center depends on the following: • Developmental needs of the child. • Age of the child. • Medical fragility and/or medical clearance. • Standards of the community/best practice. Early Start services may range from a few hours per month to several hours per week depending on the individual needs of the child, the extent of developmental delays, and the services needed to address those delays. Early intervention services should be provided until the child is 36 months of age or younger if the child’s development is within normal limits.	Feb 14, 2011 6:10 PM
966	15 to 30 hr a week	Feb 14, 2011 6:11 PM
967	The frequency and amount of service funded by RCOC depends on the following: • Developmental needs of the child. • Age of the child. • Medical fragility and/or medical clearance. • Standards of the community/best practice. Early Start services may range from a few hours per month to several hours per week depending on the individual needs of the child, the extent of developmental delays, and the services needed to address those delays. Early intervention services should be provided until the child is 36 months of age or younger if the child’s development is within normal limits.	Feb 14, 2011 6:16 PM
968	The frequency and amount of service funded by RCOC depends on the following: Developmental needs of the child. Age of the child. Medical fragility and/or medical clearance. Standards of the community/best practice. Early Start services may range from a few hours per month to several hours per week depending on the individual needs of the child, the extent of developmental delays, and the services needed to address those delays. Early intervention services should be provided until the child is 36 months of age or younger if the child’s development is within normal limits.	Feb 14, 2011 6:17 PM

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

	Response Text	
969	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.	Feb 14, 2011 6:23 PM
970	The frequency and amount of service funded by RCOC depends on the following: Developmental needs of the child. Age of the child. Medical fragility and/or medical clearance. Standards of the community/best practice. Early Start services may range from a few hours per month to several hours per week depending on the individual needs of the child, the extent of developmental delays, and the services needed to address those delays. Early intervention services should be provided until the child is 36 months of age or younger if the child’s development is within normal limits.	Feb 14, 2011 6:24 PM
971	The frequency and amount of service funded by RCOC depends on the following: Developmental needs of the child. Age of the child. Medical fragility and/or medical clearance. Standards of the community/best practice. Early Start services may range from a few hours per month to several hours per week depending on the individual needs of the child, the extent of developmental delays, and the services needed to address those delays. Early intervention services should be provided until the child is 36 months of age or younger if the child’s development is within normal limits.	Feb 14, 2011 6:25 PM
972	• Young children who are "at risk" for an autism spectrum disorder are appropriate for 15-18 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 25-40 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 4 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 6:26 PM
973	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 14, 2011 6:27 PM
974	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 14, 2011 6:28 PM

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

	Response Text	
975	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 6:36 PM
976	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 6:37 PM
977	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 6:46 PM
978	Children of ages between 18 months and 3 years, should receive about 35 hours of therapy. These hours should consist of a variety of different therapies, speech, occupational therapy, and a center based program, most importantly, about 20 hours of behavioral home therapy. Extensive research has shown that a minimum of 20 - 25 hours of in-home behavioral therapy are critical in order to help these children meet important developmental goals and support them in entering the classroom setting and accessing the family resources.	Feb 14, 2011 6:47 PM

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

	Response Text	
979	Young children who are "at isk" for an autism spectrum disorder are appropriate for 10-18 hours of 1:1 ABA treatment per week. Children awaiting diagnosis should receive fewer hours of intervention. Time spent away from therapy is consideredtime 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 2-2.5 hours in length are appropriate. Treatment is provided in the home, unless for some reason that isn't possible. Treatment can also be effectively provided in a treatment center that is set up for young children.	Feb 14, 2011 6:56 PM
980	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 6:57 PM
981	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 7:01 PM
982	The frequency and amount of service funded by RCOC depends on the following: • Developmental needs of the child. • Age of the child. • Medical fragility and/or medical clearance. • Standards of the community/best practice. Early Start services may range from a few hours per month to several hours per week depending on the individual needs of the child, the extent of developmental delays, and the services needed to address those delays. Early intervention services should be provided until the child is 36 months of age or younger if the child’s development is within normal limits	Feb 14, 2011 7:06 PM

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

	Response Text	
983	At first, weekly, and then several times a week for a few years.	Feb 14, 2011 7:07 PM
984	The frequency and amount of service funded by RCOC depends on the following: Developmental needs of the child. Age of the child. Medical fragility and/or medical clearance. Standards of the community/best practice.	Feb 14, 2011 7:21 PM
985	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 7:30 PM
986	As often as the IPP team determines is necessary	Feb 14, 2011 7:31 PM
987	These services should be provided as often as needed by the consumer.	Feb 14, 2011 7:33 PM
988	The frequency and amount of service funded by RCOC depends on the following: -Developmental needs of the child. -Age of the child. -Medical fragility and/or medical clearance. -Standards of the community/best practice. Early Start services may range from a few hours per month to several hours per week depending on the individual needs of the child, the extent of developmental delays, and the services needed to address those delays. Early intervention services should be provided until the child is 36 months of age or younger if the child’s development is within normal limits.	Feb 14, 2011 7:43 PM
989	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 7:46 PM
990	current research suggests a intensive theraputic approach might be more effective than longer duration with less frequency.	Feb 14, 2011 7:46 PM
991	Its hard to say the more the better for them but just depend on their behavior.	Feb 14, 2011 7:50 PM

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

	Response Text	
992	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 8:00 PM
993	The frequency and amount of service funded by RCOC depends on the following: Developmental needs of the child. Age of the child. Medical fragility and/or medical clearance. Standards of the community/best practice. Early Start services may range from a few hours per month to several hours per week depending on the individual needs of the child, the extent of developmental delays, and the services needed to address those delays. Early intervention services should be provided until the child is 36 months of age or younger if the child’s development is within normal limits.	Feb 14, 2011 8:02 PM
994	Children diagnosed with Austim Spectrum Disorders, PDD-NOS, or at-risk for autism should receive up to 10-40 hours of 1:1 one behavioral services in the home or on-site agency. Teaching procedures should include evidence-based components (e.g., discrete trial, errorless learning). Programming should be overseen by Board Certified Behavior Analysts.	Feb 14, 2011 8:31 PM
995	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 14, 2011 8:35 PM

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

	Response Text	
996	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 8:46 PM
997	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 8:53 PM
998	The frequency and amount of service funded by RCOC depends on the following: • Developmental needs of the child. • Age of the child. • Medical fragility and/or medical clearance. • Standards of the community/best practice. Early Start services may range from a few hours per month to several hours per week depending on the individual needs of the child, the extent of developmental delays, and the services needed to address those delays. Early intervention services should be provided until the child is 36 months of age or younger if the child’s development is within normal limits.	Feb 14, 2011 8:54 PM
999	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 14, 2011 8:57 PM

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

	Response Text	
1000	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 9:00 PM
1001	children shoudl receive weekly speech therapy until the age of 3 or max 4.	Feb 14, 2011 9:13 PM
1002	for EIBS, This can vary immensely, and depends on the specific needs of the baby and family.	Feb 14, 2011 9:23 PM
1003	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 9:25 PM
1004	as often as the childs needs require. services should not be limited due to lack of funding or resources. if a child needs daily services to achieve optimal potential, government should provide it.	Feb 14, 2011 9:25 PM
1005	I think small fees should be put in place. if the families really this they will allot these fees in the family budget	Feb 14, 2011 9:28 PM
1006	Service should be provided on a consistent basis and for as long as is needed.	Feb 14, 2011 9:33 PM
1007	As often as determined by the IPP team.	Feb 14, 2011 9:46 PM
1008	daily, or 3 times per week	Feb 14, 2011 9:52 PM
1009	depends upon disabling condition	Feb 14, 2011 9:55 PM
1010	As often as deemed necessary by the suggestions of the therapists and/or all members of the IFSP/IEP team.	Feb 14, 2011 10:03 PM
1011	Services should be determined by the IFSP team. Services should be provided once or twice weekly it the child is demonstrating a moderate to significant developmental delays.	Feb 14, 2011 10:05 PM
1012	Services should be offered at least once per week with more frequent service to children with more severe delays.	Feb 14, 2011 10:11 PM
1013	Children with autism spectrum disorders and/or speech delay should receive ABA on a daily basis when they are developmentally able to participate in such services. While this may seem costly at first glance, it will ultimately save the state money because these children will be able to be "mainstreamed" and hopefully not have to participate in special education programs. More importantly, you are providing these children with an opportunity to overcome and/or manage their disabilities.	Feb 14, 2011 10:20 PM
1014	The child should be evaluated by a qualified licensed therapist when determining frequency of therapy services rendered (e.g. determination of gross motor delay and frequency of physical therapy services should be done through a formal evaluation by a licensed physical therapist). The recommended frequency of services by a licensed therapist should be discussed in collaboration with and agreed upon by the family and service coordinator.	Feb 14, 2011 10:20 PM
1015	Again, the research is already there.	Feb 14, 2011 10:29 PM

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

	Response Text	
1016	20 to 30 hours /week including speech, ABA, OT, etc.	Feb 14, 2011 10:41 PM
1017	I am sure others have commented on the data on the effectiveness of intensive behavioral intervention. As a researcher having co-authored some of recent meta-analtic reviews, I offer the following. First, there is a clear dose-response relationship with developmental gains rising in proportion to the number of treatment hours delivered each week. An article we published in 2010 demonstrated that in a large sample of children who received 36 or more hours per week of intensive behavioral intervention, it was only the intensity of treatment the predicted both gains in intellectual development and adaptive skills. Second, 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 at all times when the need is justified.	Feb 14, 2011 10:45 PM
1018	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 14, 2011 10:45 PM
1019	dependent upon client need	Feb 14, 2011 10:47 PM
1020	# 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 10:48 PM
1021	daily	Feb 14, 2011 10:49 PM
1022	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 14, 2011 10:57 PM
1023	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 10:57 PM
1024	At least weekly in the home. At least weekly in the Early Start Classroom. Consultation should be continuous between service providers and service providers and home.	Feb 14, 2011 11:06 PM
1025	Frequency of early intervention services and/or therapies should be provided based on the developmental evaluation and the individual needs of the child. Specific services should be provided by qualified agencies contracted by the regional center who are able to provide the specific services as recommended in the developmental evaluation.	Feb 14, 2011 11:06 PM
1026	Medical professionals including pediatricians,physical,speech,occupational therapist should be involved in the process of developing standards for specific services that should be provided.	Feb 14, 2011 11:11 PM
1027	Services should be offered at least once per week. If a child has more severe delays, they should be visited more frequently.	Feb 14, 2011 11:12 PM

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

	Response Text	
1028	The decision on how often a specific service should be provided depends greatly on the needs of the child and the family, which should be determined in part by the therapist. Some children need a lot of intervention and others just need a boost in the right direction. I think it also makes sense to consider the abilities and availability of the family. For example, if the parents both have to work full-time, they won't have as much time to do therapy-related activities with their child between visits with the therapist, and so these children might benefit from more scheduled therapy sessions.	Feb 14, 2011 11:15 PM
1029	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 11:18 PM
1030	High for the aforementnioned reasons.	Feb 14, 2011 11:23 PM
1031	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 11:27 PM
1032	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 11:33 PM
1033	10-20 hours of 1:1 services per week, with increased hours up to 25 as the child reaches their third birthday. sessions should be developmentally based, in the home or a preschool-like environment, for up to 3 hours per session.	Feb 14, 2011 11:34 PM
1034	This depends on the child? I can't suggest this for example if the consumer exhaust the insurance and speech therapy is still needed I don't feel it should be denied.	Feb 14, 2011 11:45 PM

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

	Response Text	
1035	The frequency and amount of service funded by RCOC depends on the following: Developmental needs of the child. Age of the child. Medical fragility and/or medical clearance. Standards of the community/best practice. Early Start services may range from a few hours per month to several hours per week depending on the individual needs of the child, the extent of developmental delays, and the services needed to address those delays. Early intervention services should be provided until the child is 36 months of age or younger if the child's development is within normal limits.	Feb 14, 2011 11:47 PM
1036	The frequency and amount of service funded by RCOC depends on the following: Developmental needs of the child. Age of the child. Medical fragility and/or medical clearance. Standards of the community/best practice.	Feb 14, 2011 11:48 PM
1037	m-f or when needed	Feb 14, 2011 11:53 PM
1038	Services should be offered at least once per week with more frequent service to children with more severe delays.	Feb 14, 2011 11:54 PM
1039	These should continue to be based on each child's situation (where they are at in their development compared to other children) as well the professional staff's input (SLP/PT/OT). Perhaps though there should be a standardized maximum.	Feb 14, 2011 11:55 PM
1040	4-5 times a week	Feb 15, 2011 12:01 AM
1041	Every day at least 3 hours each	Feb 15, 2011 12:03 AM
1042	To best need the needs of the client	Feb 15, 2011 12:04 AM
1043	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 12:11 AM

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

	Response Text	
1044	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 12:12 AM
1045	Services should be parent/caregiver based in nature, with hands-on teaching interaction with a child. Using this service model, 1 hour per specialist per week, should be adequate for weekly intervention with a child and for parent/caregiver training.	Feb 15, 2011 12:12 AM
1046	School for at least 4 hours a day	Feb 15, 2011 12:44 AM
1047	ES services should be provided for 10 hrs weekly.	Feb 15, 2011 12:48 AM
1048	Families should be required to obtain denials from insurance providers.	Feb 15, 2011 12:49 AM
1049	Children under three should receive between 10-25 hours of ABA intervention to over come their difficulties. THese services should be provided in the child's home.	Feb 15, 2011 12:52 AM
1050	Services should be offered weekly depending on the issues at hand and the level of impairment.	Feb 15, 2011 12:57 AM
1051	As often as the IPP team determines is necessary, as decribed in The Lanterman Act Section 4646.5 (a) (4).	Feb 15, 2011 1:06 AM
1052	I think that the need should be made by the therapist doing the development evaluations and/or the physician referring the child for services.	Feb 15, 2011 1:09 AM
1053	to all children under 3	Feb 15, 2011 1:15 AM
1054	Services should reflect "reasonable & customary" standards accepted in the "typical" community.	Feb 15, 2011 1:18 AM
1055	40 hours a week.	Feb 15, 2011 1:25 AM
1056	Unless there is medical documentation of need, twice a month up to once a week would be the typical service provision.	Feb 15, 2011 1:30 AM

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

	Response Text	
1057	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 1:30 AM
1058	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 15, 2011 1:34 AM
1059	Intensively and regularly esp. for the younger kids so as to improve the need for later contined services in later years.	Feb 15, 2011 1:41 AM
1060	Per IFSP team decision of what is necessary to meet the outcomes. If a transdisciplinary model, there should not be a different discipline involved for each developmental domain--but a primary service provider (Educator) who brings in other disciplines for team visits and consultations.	Feb 15, 2011 1:41 AM
1061	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 1:49 AM
1062	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 15, 2011 1:50 AM
1063	ABA at least 25 hrs a week. The others depending on the need. I know this to be a big success with my son.	Feb 15, 2011 1:55 AM
1064	6-10 hours/week	Feb 15, 2011 1:57 AM
1065	ndards about how often a specific service should be provided: 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 1:58 AM
1066	I think that delays of 25% to 30% should be addressed with monitoring by an appropriate discipline--PT, OT, Speech. Monitoring would consist of one time per month for each discipline. Services could be increased if delay progresses. Delays of 30% or more should receive regular services. Frequency to be determined on an individual case basis.	Feb 15, 2011 2:00 AM
1067	4 times a week	Feb 15, 2011 2:01 AM

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

	Response Text	
1068	# 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 2:01 AM
1069	The services need to be provided at the level that most helps the child to move forward. I feel like the services were given that way in the past but now the children are given too few hours to progress forward. You have to be willing to fight for every hour or settle for almost nothing. If a group of therapist says your child needs these hours.....your child needs them!	Feb 15, 2011 2:02 AM
1070	As often as the consumer needs to best be served or as often as the family can have the service in the midst of their family life.	Feb 15, 2011 2:03 AM
1071	30% delay in any one area or 25% in any two areas	Feb 15, 2011 2:19 AM
1072	All the time.	Feb 15, 2011 2:45 AM
1073	My son receives ABA, Speech Therapy, Occupational Therapy and did receive Music Therapy until the age of 3. All children with developmental disorders such as Autism should receive these services.	Feb 15, 2011 2:46 AM
1074	10 to 20 hours for early intensive behaivoral services.	Feb 15, 2011 3:05 AM
1075	If a child has a delay greater than 50% they should be entitled to 2 hours of service per week and one hour a week if the delay is not as significant.	Feb 15, 2011 3:06 AM
1076	# oung 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 3:11 AM
1077	guidelines per the ABA documentation from Jane Howard PhD et al the documentation clearly discusses with objective rational the reason for ABA effective teaching for the child with an ASD	Feb 15, 2011 3:14 AM
1078	These are for younger children	Feb 15, 2011 3:17 AM
1079	3x per week 2 hours each	Feb 15, 2011 3:18 AM
1080	Children under the age of three should receive 10-18 hours of one on one applied behavioral analytic treatment per week. Treatment should take place in the child's home if available, or in a treatment center if their home is unavailable.	Feb 15, 2011 3:20 AM
1081	It depends on the severity of the disability or the specific severity in the area of concern.	Feb 15, 2011 3:25 AM

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

	Response Text	
1082	What the research says is useful	Feb 15, 2011 3:28 AM
1083	Once a week, twice a week should be sufficient along with parent education.	Feb 15, 2011 3:33 AM
1084	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 3:44 AM
1085	See Lanterman Act!!	Feb 15, 2011 4:00 AM
1086	As often as determined by the qualified professional (ie ABA provider, speech pathologist,)	Feb 15, 2011 4:06 AM
1087	Few hours 5 days a week	Feb 15, 2011 4:07 AM
1088	Frequency of these services should follow the recommendation of the social workers, doctors and other clincians who are involved in the child's care and not be dictated by ability to pay or parent's legal resident status.	Feb 15, 2011 4:07 AM
1089	This should be determined on a case-by-case basis. Caution should be used when applying one size fits all solutions.	Feb 15, 2011 4:15 AM
1090	Per doctors or therapist recommendation	Feb 15, 2011 4:33 AM
1091	Children with autism must be given an intense program to work on behaviors, language and communication strategies for parents, O/T and PT. The sooner the better.	Feb 15, 2011 4:37 AM
1092	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 4:38 AM
1093	Persons "at risk" for an autism spectrum disorder are appropriate for 10-18 hours of 1:1 applied behavior analytic (ABA) treatment per week. 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.	Feb 15, 2011 4:42 AM
1094	Again, monitoring and accountability are key.	Feb 15, 2011 4:46 AM
1095	Same as previous.	Feb 15, 2011 5:05 AM
1096	Frequency can only be determined after child is seen and assessed. How often must be as indicated by the need of the child and as determined by "the team" which must include the parent/family. One can not make a statement re: how often without knowing the child/family needs but we also must not make family life only about therapy.	Feb 15, 2011 5:06 AM

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

	Response Text	
1097	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. 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 5:07 AM
1098	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. 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 5:07 AM
1099	1 to 2 times a week.	Feb 15, 2011 5:07 AM

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

	Response Text	
1100	Daily activity with either speech, PT, OT, or an early interventionist. Parents need to be trained to provide supplemental therapy with these children. If the parents work, then State, County, or City agencies should provide day care for these children where the services can be provided.	Feb 15, 2011 5:13 AM
1101	as much as possible, progarms Monday thru Friday	Feb 15, 2011 5:15 AM
1102	Current medical suggestions should be the baseline	Feb 15, 2011 5:26 AM
1103	same comments as for infant development	Feb 15, 2011 5:27 AM
1104	Young children at risk for an autism specturm disorder are appropriate for 10-18 hours 1:1 applied behavior analytic (ABA) treatment. Children awaiting diagnosis should receive fewer hours of intervention. 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 5:31 AM
1105	see comments on Behavior services	Feb 15, 2011 5:41 AM
1106	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 15, 2011 5:58 AM
1107	As often as services are said that need to be provided. Not as much overwhelm or take over the majority of the child's schedule.	Feb 15, 2011 5:58 AM
1108	As often as their MD or psychologist suggests.	Feb 15, 2011 5:59 AM
1109	By a credentialed teacher.	Feb 15, 2011 6:02 AM
1110	The I in IFSP stands for Individualized. It is important that service standards do not undermine this important right. On the other hand, if service providers offer services as consultants to the family and others in the child's natural environment, the frequency of service from the early interventionist can be less as the service will be carried out by others in the child's life. Service provisions should reward service providers who support children in child care settings and support consultation with the early childhood teachers as equally important service (not exclusive funding for one-to-one work with the child)	Feb 15, 2011 6:14 AM
1111	As often as determined after being diagnosed depending on how intense the need for intervention.	Feb 15, 2011 6:22 AM
1112	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 form 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 6:28 AM
1113	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 15, 2011 6:29 AM
1114	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4).	Feb 15, 2011 6:30 AM
1115	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 form 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 6:35 AM

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

	Response Text	
1116	(For Behavioral services please see my responses to behavioral services- my response was referring to children under 3). Direct occupational, physical and speech therapy services should be provided as warranted for children who are eligible based on a standardized norm referenced evaluation tools and impairments from consultation 1 time a month upto 1-2 times a week per discipline based on the child's need. The DDS should not be cutting funds in this area because early intervention has been shown to decrease the amount of service need that the child may have later on, which saves money later on.	Feb 15, 2011 6:36 AM
1117	10-18 hours of treatment per week, increasing to 25 hours per week as the child approaches 3 years.	Feb 15, 2011 6:40 AM
1118	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 form 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 6:40 AM
1119	I do think the parents should be part of the therapy. Some services like physical therapy should be weekly to assess where the child is and help parents/caregivers know what to be working on. The two most important therapies in my opinion between 6-12 months is occupational and physical therapy. Speech and developmental should be added between 12-18 months. Developmental could be twice a month to give direction to parents, but speech should be weekly.	Feb 15, 2011 6:47 AM
1120	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 6:58 AM
1121	Telemedicine: Daily, weekly, and/or monthly depending on need	Feb 15, 2011 7:06 AM
1122	Specificity of the amount of service hours provided should be dependent upon the child's age and severity of the child's condition.	Feb 15, 2011 7:06 AM
1123	As offen as the child needs, but it is difficult to recognize eg Autism until later on, so Early Start should also apply to older kids with certain conditions	Feb 15, 2011 7:15 AM
1124	as often as a quality assessment shows the child needs the service and in keeping with research based studies.	Feb 15, 2011 7:26 AM
1125	It is essential that we DO NOT SKIMP in the early (0-3) age group. Once a thorough evaluation is conducted, the recommendations MUST be implemented.	Feb 15, 2011 7:52 AM

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

	Response Text	
1126	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 7:53 AM
1127	Based on IPP	Feb 15, 2011 8:17 AM
1128	I do not have a standard to suggest but I would suggest making one as a matter of course. As it stands right now a lot of children are exited when they fail to become "indistinguishable" and the those that are "higher" functioning can have it with no end in sight. It is a gross misuse of funding. The more intense one on one of a program like an in-home program should be used for the children who need it more...not high functioning children who are "indistinguishable". Let us all check ourselves at the door. There are children in serious need who are getting overlooked so those that run EIBT can gain glory. It is reprehensible.	Feb 15, 2011 8:39 AM
1129	Young children who are at risk for an autism spectrum disorder should receive 10-18 hours of 1:1 applied behavior analytic (ABA) treatment. Even children waiting to be diagnoised should receive some hours of intervention. Sessions should not exceed 2-2.5 hours in length. Treatment should be provide in home unless for some reason this is impossible a treatmet center should be made availiable.	Feb 15, 2011 8:51 AM
1130	at birth- in the hosp.	Feb 15, 2011 9:05 AM
1131	Intensive early start services should be provided to children/family of children with autism and other disabilities	Feb 15, 2011 10:47 AM
1132	Depends on the info individual. Must be assessed by a professional.	Feb 15, 2011 12:07 PM
1133	That would depend on severity of child's disability or lack of awareness.	Feb 15, 2011 1:47 PM
1134	2 to 3 time a week.	Feb 15, 2011 2:40 PM
1135	Daily	Feb 15, 2011 3:06 PM
1136	Service should be provided as much as recommendations from Dr's, Therapists, until service is needed for child; no stop if possible	Feb 15, 2011 3:06 PM
1137	In general, a child should be seen 2x a week / for 60 minute sessions with parent present or significant caregiver to follow through with therapy recommendations. A professional in the specific discipline should be making the recommendations for frequency and duration of sessions depending assessment findings.	Feb 15, 2011 3:18 PM
1138	Once a week minimum, more frequently based on need.	Feb 15, 2011 3:24 PM
1139	This should be delivered to the home 1x/wk 60 minutes. It is difficult for families with children and without cars to go to centers.	Feb 15, 2011 3:55 PM
1140	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 15, 2011 4:03 PM

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

	Response Text	
1141	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 4:11 PM
1142	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 4:11 PM
1143	Services should be provided on a regular basis as determined by each child's team (family, Early Start personnel, etc). Each child's needs are different.	Feb 15, 2011 4:12 PM
1144	Minimum 15 hours/week in early years.	Feb 15, 2011 4:16 PM
1145	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 15, 2011 4:18 PM
1146	as needed	Feb 15, 2011 4:20 PM
1147	medical guidelines (pediatric)	Feb 15, 2011 4:27 PM
1148	The service hours should be based off of research and data collected in like programs and be proven to be appropriate and effective for the person receiving the services.	Feb 15, 2011 4:49 PM

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

	Response Text	
1149	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.Parent should be involved in these services. Children awaiting diagnosis should receive fewer hours of intervention- about 4-8 hours per week 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. Primary caregivers should be involved in services	Feb 15, 2011 4:53 PM
1150	Mornings	Feb 15, 2011 5:02 PM
1151	Services should be provided at a frequency and duration according to individual family priorities regarding the help they require to meet their children's developmental needs. Frequency and intensity of services changes over time according to child's unique developmental trajectory and the family's ability to implement strategies in natural environments.	Feb 15, 2011 5:09 PM
1152	Weekly in the home unless otherwise specified by the parent.	Feb 15, 2011 5:26 PM
1153	Almost all our depedent children need some type of services. Sensory integration and speech services are the most needed. Children are falling through the cracks of not meeting your criteria or that of the school district once they are three and a the majority of caregivers don't know what to do to help the children. You need to go back to a lower threshold for services.	Feb 15, 2011 5:35 PM
1154	As often as the child needs it, 3 or more times per week.	Feb 15, 2011 5:36 PM
1155	It should be provided as needed, with no lapse in services because of age	Feb 15, 2011 5:44 PM
1156	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 5:45 PM
1157	Follow the Drake Institute protocols.	Feb 15, 2011 5:51 PM
1158	Continuation of current standards	Feb 15, 2011 5:53 PM
1159	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 15, 2011 5:58 PM

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

	Response Text	
1160	Again we should look at the scientific evidence that shows that ABA intensive services are saving money in the long run. 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 6:04 PM
1161	It has to be individually based and directed by the recommendations of the professional doing the evaluation.	Feb 15, 2011 6:05 PM
1162	Whenever it is needed	Feb 15, 2011 6:20 PM
1163	frequency of service should be determined by individual providers for each individual child (based on the overall needs of the child)	Feb 15, 2011 6:20 PM
1164	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 15, 2011 6:21 PM
1165	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 6:23 PM
1166	Parties should meet similar to an IEP, to review assessments, discuss reports, observations, brainstorm, to set goal standards (benchmarks), frequency, and other detail plans for each case.	Feb 15, 2011 6:27 PM
1167	Since this is early start, their first 5 years should be efficient.	Feb 15, 2011 6:27 PM
1168	As often as the IP team determines is necessary, as described in the Lanterman Act.	Feb 15, 2011 6:28 PM

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

	Response Text	
1169	• Young children who are "at risk" for an autism spectrum disorder are appropriate for 15-18 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 25-40 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 4 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 6:30 PM
1170	Speech 2-3 times a week by a professional trained in ASDs, ABA/behavioral intervention AT MOST 20 hours a week for a child under age three. At the age of 2, this might mean specialized behavioral techniques to prevent aggression, biting, hiting the other child with a toy. As an alternative, allow a family to combine a few hours of behavior intervention but pay for an experienced play therapist to facilitate a successful playdate a couple of times a week and give parents -- particularly at-home parents -- a couple of afternoons off a week. Many families would be just as happy with that and it would cost much less.	Feb 15, 2011 6:39 PM
1171	ABA should be provided between 30-40 hours per week	Feb 15, 2011 6:45 PM
1172	That should be determined by a professional that has the consumer in mind and not budget.	Feb 15, 2011 6:51 PM
1173	Up to 25 hours a week.	Feb 15, 2011 6:54 PM
1174	The frequency and amount of service funded by RCOC depends on the following: Developmental needs of the child. Age of the child. Medical fragility and/or medical clearance. Standards of the community/best practice. Early Start services may range from a few hours per month to several hours per week depending on the individual needs of the child, the extent of developmental delays, and the services needed to address those delays. Early intervention services should be provided until the child is 36 months of age or younger if the child’s development is within normal limits.	Feb 15, 2011 6:55 PM
1175	The frequency and amount of service funded by RCOC depends on the following: Developmental needs of the child. Age of the child. Medical fragility and/or medical clearance. Standards of the community/best practice. Early Start services may range from a few hours per month to several hours per week depending on the individual needs of the child, the extent of developmental delays, and the services needed to address those delays. Early intervention services should be provided until the child is 36 months of age or younger if the child’s development is within normal limits.	Feb 15, 2011 6:57 PM
1176	The frequency should be determined through the individualized evaluation process and coordinated with other service providers. Infants may benefit from therapy provided twice weekly (one hour duration) with parent training component. Current studies indicate that more intensive services may be important to maximize gains.	Feb 15, 2011 7:00 PM

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

	Response Text	
1177	The frequency and amount of service funded by RCOC depends on the following: • Developmental needs of the child. • Age of the child. • Medical fragility and/or medical clearance. • Standards of the community/best practice. Early Start services may range from a few hours per month to several hours per week depending on the individual needs of the child, the extent of developmental delays, and the services needed to address those delays. Early intervention services should be provided until the child is 36 months of age or younger if the child's development is within normal limits.	Feb 15, 2011 7:04 PM
1178	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 7:05 PM
1179	If we are trying to make a difference , a clinical decision can be made as to whether a certain infant/child needs intervention weekly monthly etc. Of course, each case is different	Feb 15, 2011 7:05 PM
1180	1. Failing implementation of recommendation 1 in Item #1, DDS should issue clear standards for implementation of Prevention Program so that the program is equitably implemented among all 21 RCs. 2. Implementation of the new insurance request requirement for therapy and other services for kids 0-5 is causing confusion, delays in services, and other barriers to access. I strongly recommend that DDS issue statewide standardized policies and procedures for implementation of the insurance request requirement (including timelines for when children should begin receiving services while awaiting response from insurers and how RCs should address insurance co-pays and deductibles that effectively prevent families from accessing servics). In addition, it is ridiculous that families/providers should make individual requests for fee-for-service Medi-Cal coverage of services; DDS should negotiate an agreement with Medi-Cal for standardized handling of these requests.	Feb 15, 2011 7:08 PM
1181	monthly for individual services, weekly for group services No services after 6 months of no progress for babies in a persistent vegetative or minimally aware state.	Feb 15, 2011 7:10 PM
1182	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 7:15 PM
1183	As recommended by the assessment team.	Feb 15, 2011 7:30 PM
1184	As often as determined necessary through assessments of the child's need.	Feb 15, 2011 7:33 PM
1185	Physical and occupational therapy 2x/week each	Feb 15, 2011 7:36 PM

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

	Response Text	
1186	This services should be provided when a parent or care-giver has a real concern about the develpment of their baby and reaches out to the child's pediatrician and/or the regional center.	Feb 15, 2011 7:48 PM
1187	As ofthen as needed per Lanterman Act’s commitment. Childern need this type of program in a daily basis atleast 4 hours a day.	Feb 15, 2011 7:53 PM
1188	See suggestions for Behavior services and Day programs	Feb 15, 2011 7:56 PM
1189	As ofeten as needed	Feb 15, 2011 8:12 PM
1190	10-18 hours per week	Feb 15, 2011 8:17 PM
1191	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 15, 2011 8:19 PM
1192	It must be based on the individual need, by assessment and observation, not based on what the current budget is.	Feb 15, 2011 8:23 PM
1193	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 8:28 PM
1194	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 8:32 PM
1195	Every day for minimum 5 hours per day, so the one with mild delay hopefully overcome it and can go to regular or standard school. I wish my son receiving the service since he was baby, I might get more and he might catch up better.	Feb 15, 2011 8:34 PM

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

	Response Text	
1196	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 15, 2011 8:34 PM
1197	• Young children who are "at risk" for an autism spectrum disorder are appropriate for 15-18 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 25-40 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 4 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 8:38 PM
1198	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 15, 2011 8:42 PM
1199	Service providers must implement the IDEA (Individuals with Disabilities Education Act) law and regulations- frequency of services are determined by the IFSP (Individualized Family Service Plan) team, based on assessment of the child's strengths and needs and the family's concerns, priorities and resources. A state wide standard on service frequency will not be able to adequately address the needs of young children and families from various regions in California, and is against IDEA.	Feb 15, 2011 8:47 PM
1200	As often as the IPP team determines is necessary, as described in the Lanterman Act	Feb 15, 2011 8:56 PM
1201	As determined by IFSP team	Feb 15, 2011 8:58 PM
1202	At least 3 times a week.	Feb 15, 2011 9:11 PM
1203	In my experience several years back it took a long time to get approved so that the child often aged out of this opportunity by turning three and the responsibility of the school district. Service provided was an Easter seals play like program that did not provide the intense one to one therapy that is the standard of care for young autistic kids. I was not offered any choice in service which was unfortunate	Feb 15, 2011 9:14 PM
1204	Early start is the most important and impactful financially to the Regional centers, why wouldn't we do it. Standards are already in place for this service.	Feb 15, 2011 9:25 PM
1205	Evaluations: I think HOW special needs evaluations are performed can skew the results. If a psychologist is super animated, with lots of blinking toys, and is child-centered, the test results may differ from a psychologist with a typical, boring office and more focus on getting mom to answer questions at the beginning of the session. This second type, can show kids who get fixated on what they want to do and not respond to others (autism).	Feb 15, 2011 9:31 PM
1206	AS often as the IFSP team determines is necessary, as defined by the Lanterman Act Section 4646.5(a)(4).	Feb 15, 2011 9:35 PM

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

	Response Text	
1207	Service providers must implement the IDEA (Individuals with Disabilities Education Act) law and regulations- frequency of services are determined by the IFSP (Individualized Family Service Plan) team, based on assessment of the child's strengths and needs and the family's concerns, priorities and resources. A state wide standard on service frequency will not be able to adequately address the needs of young children and families from various regions in California, and is against IDEA.	Feb 15, 2011 9:35 PM
1208	Service providers must implement the IDEA (Individuals with Disabilities Education Act) law and regulations- frequency of services are determined by the IFSP (Individualized Family Service Plan) team, based on assessment of the child's strengths and needs and the family's concerns, priorities and resources. A state wide standard on service frequency will not be able to adequately address the needs of young children and families from various regions in California, and is against IDEA.	Feb 15, 2011 9:35 PM
1209	Services should be provided often and intensively since research shows that early intervention is crucial and is most effective when it is a program that is as much as 40 hours a week.	Feb 15, 2011 9:37 PM
1210	Service providers must implement the IDEA (Individuals with Disabilities Education Act) law and regulations- frequency of services are determined by the IFSP (Individualized Family Service Plan) team, based on assessment of the child's strengths and needs and the family's concerns, priorities and resources. A state wide standard on service frequency will not be able to adequately address the needs of young children and families from various regions in California, and is against IDEA.	Feb 15, 2011 9:37 PM
1211	must implement IDEA, must decide with the IFSP team based on strengths and needs and family concerns,priorities and resources.	Feb 15, 2011 9:38 PM
1212	5 days/week is preferable.	Feb 15, 2011 9:42 PM
1213	This will depend on the extent of the areas of concern and the suspected disability.	Feb 15, 2011 9:42 PM
1214	Services should be provided as often as needed, as determined by the IPP team.	Feb 15, 2011 9:45 PM
1215	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 10:12 PM
1216	Treatment 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 10:18 PM
1217	As often as the IP team determines is necessary, as described in the Lanterman Act.	Feb 15, 2011 10:27 PM
1218	as needed by the individual	Feb 15, 2011 10:36 PM

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

	Response Text	
1219	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 10:40 PM
1220	varies with eligible condition, up to 40 hours weekly of ABA in the first 5 years of life	Feb 15, 2011 10:48 PM
1221	Follow IDEA law and regulations--the IFSP team determines frequency of services. The service frequency should be individually based and not based on some Statewide formula. The assessment should be strengths and needs based not deficit only.	Feb 15, 2011 10:49 PM
1222	As often as necessary to see measurable progress.	Feb 15, 2011 11:01 PM
1223	Dependent upon individual needs and families goals. NOT based upon caps placed by RC's. They DO place them even though they say they do not!	Feb 15, 2011 11:04 PM
1224	Individually determined by team	Feb 15, 2011 11:04 PM
1225	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 11:07 PM
1226	I think this is very important in a child's life this is the crucial time for the child to attend school and learn as much as they can.	Feb 15, 2011 11:08 PM
1227	As frequently as needed to ensure progress	Feb 15, 2011 11:14 PM
1228	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 11:14 PM

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

	Response Text	
1229	• Young children who are "at risk" for an autism spectrum disorder are appropriate for 15-18 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 25-40 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 4 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 11:16 PM
1230	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 11:19 PM
1231	Service providers must implement the IDEA (Individuals with Disabilities Education Act) law and regulations- frequency of services are determined by the IFSP (Individualized Family Service Plan) team, based on assessment of the child's strengths and needs and the family's concerns, priorities and resources. A state wide standard on service frequency will not be able to adequately address the needs of young children and families from various regions in California, and is against IDEA.	Feb 15, 2011 11:29 PM
1232	Daily program for at-risk children.	Feb 15, 2011 11:52 PM
1233	Services should be provided to familes through the regional centers and their contracted vendors	Feb 15, 2011 11:53 PM
1234	up to 5 times per week	Feb 15, 2011 11:57 PM
1235	as needed by referral	Feb 16, 2011 12:03 AM
1236	Behavioral programs should be daily.	Feb 16, 2011 12:13 AM
1237	It depends on the severity of the child. The more time spent as a child the less costly it will be later.	Feb 16, 2011 12:14 AM
1238	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4) .	Feb 16, 2011 12:15 AM
1239	1 time / week	Feb 16, 2011 12:22 AM
1240	5 days per week or depending on the severity of the diagnosis. early intensive behavioral services are shown to have the best results long term based on current studies and science. My son is in a program and results have been excellent.	Feb 16, 2011 12:26 AM
1241	Professional opinions and proof of progress or lack of progress based on the frequency of services already provided	Feb 16, 2011 12:26 AM
1242	3x/week.	Feb 16, 2011 12:27 AM

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

	Response Text	
1243	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 12:30 AM
1244	as long as needed.	Feb 16, 2011 12:30 AM
1245	Children who are mildly delayed should receive direct therapy services (PT, OT, SP as needed) 1 to 2 hours per week and/or a early intervention program 2 to 3 days a week. Moderately delayed children should receive the same with early intervention programs 3 to 4 days a week. Severely delayed children should receive 2 to 3 hours of direct therapy services per week, and early intervention group programs 5 days a week. Early intervention for children of this age is crucial to them succeeding in school and live in general later.	Feb 16, 2011 12:33 AM
1246	This needs to be determined by the needs of the child and the family and what the team has determined the child needs.	Feb 16, 2011 12:37 AM
1247	I support quality of life for all persons with Autism Spectrum Disorders through supports and services that are determined by the individual as most effective for the individual. Services should be provided as often as determined to be in the best interest of the child.	Feb 16, 2011 12:40 AM
1248	determinded by individual needs	Feb 16, 2011 12:46 AM
1249	I have read where the most important time for brain development is from birth to three. I would recommend more intensive and regular intervention up to age three. Ideally two to three times a week for a period of time. Early intervention should be guided by best practice and current scientific knowledge. We know about the early experiences and the importance for early brain development. This is the best and most cost effective way to minimize learning and developmental needs later in life.	Feb 16, 2011 12:57 AM
1250	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 12:57 AM
1251	Frequency of service provision should always be determined based upon the individual's needs. More severe problems usually require more frequent service, however, there is no one size fits all model.	Feb 16, 2011 12:59 AM

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

	Response Text	
1252	* oung 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 1:04 AM
1253	* 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 1:09 AM
1254	as prescribed	Feb 16, 2011 1:11 AM
1255	This again is a case-by-case decesion. It should be determined in the same way an IEP is handled. Parents, case worker from Regional Center, and the service provider/service program should be invovled in determining the frequency of a specific service.	Feb 16, 2011 1:13 AM
1256	I was very happy with a two day a week program, in a center-based IDP facility. The time began 2 hours a day, and as my child aged, it was four hours each day, twice a week.	Feb 16, 2011 1:18 AM
1257	Every child, every family should be given the maximum services to see if intensive early intervention can make a difference for every child.	Feb 16, 2011 1:18 AM
1258	Speech therapy at least twice a week Occupational therapy at least twice a week Infant/Toddler program at least twice a week Physical at least twice a week	Feb 16, 2011 1:18 AM

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

	Response Text	
1259	Young children who are “at risk” for an autism spectrum disorder or other developmental delays are appropriate for 10-20 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 desired developmental trajectories for normal development. 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 the child’s 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 1:26 AM
1260	As often as needed by each client	Feb 16, 2011 1:32 AM
1261	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 2:02 AM
1262	WHENEVER POSSIBLE	Feb 16, 2011 2:16 AM
1263	DAILY AT LEAST 3 HOURS/DAY	Feb 16, 2011 2:18 AM
1264	I think services in home or a facility are appropriate. I think it should be based on need and availability.	Feb 16, 2011 2:21 AM
1265	Minimum 25 hours a week, max 40	Feb 16, 2011 2:25 AM
1266	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 2:40 AM
1267	Every child who needs an individual therapist in speech, physical, or occupational therapy should receive the therapy at least once a week until the therapy would no longer be beneficial. ABA therapy should continue with service until it is no longer beneficial.	Feb 16, 2011 2:44 AM

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

	Response Text	
1268	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. 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 per week 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 3 hours in length are appropriate. Treatment should be provided in the child's natural environment (e.g. the home, daycare, pre-school, grandparents', or anywhere the child would typically be during the day), 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 3:02 AM
1269	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 16, 2011 3:02 AM
1270	Depends on service- should be in combination with what insuraance provides. No more than 25 hours for suuch young children combined all sources	Feb 16, 2011 3:23 AM
1271	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 3:31 AM
1272	Services should be offered at least once per week with more frequent service to children with more severe delays.	Feb 16, 2011 3:31 AM
1273	This can only be determined based on the assessment and the determination of the IFSP team of which the parent MUST be a part You cannot set a specific frequency without this	Feb 16, 2011 3:41 AM
1274	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 3:45 AM
1275	10-18 hours of direct 1:1 ABA in addition to parent consultation and training.	Feb 16, 2011 3:48 AM

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

	Response Text	
1276	By law this is a IFSP team decission based on needed . The problem I have seen is that the evaluations and assessment are fragmented in most of the state,consequently every evaluator gives their own reccomendations and you end up with a child having 10 hours a week of services for child that is only 12 month old . I feel this could be avoided if EI infant program would be the point of entry for all EI services . Once a child is referred to that infant program they would have to meet the child other needs and provide the onging therapy or consultation to the child. Less fragmented the staate of New Jersey usese this model . My other suggestion is that we have a baseline based on age ,delay and amt of services. .Make sure every regional center has in place a IFSP team review team for Increase request to review thath their are not duplication of services..	Feb 16, 2011 3:50 AM
1277	The improvement that a child can potentially make during early intervention is crucial and once that time is past there's no replacing it. Intensive, consistent therapy at this age could very well decrease the amount of help, services and supports the child needs later in life.	Feb 16, 2011 3:51 AM
1278	As often as needed.	Feb 16, 2011 3:54 AM
1279	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 16, 2011 3:55 AM
1280	4 to 5 days a week 1 1/2 to 2 1/2 hours a day depending on the need of the child and those involved in the raising of the child	Feb 16, 2011 3:56 AM
1281	In home ABA, parent training, Regional center funded day programs	Feb 16, 2011 3:58 AM
1282	I am not qualified to answer this question.	Feb 16, 2011 4:02 AM
1283	As often as necessary to ensure early intervention success	Feb 16, 2011 4:07 AM
1284	Frequency of service delivery is predicated on the Infant/Family Service Plan (IFSP) which follows the federal mandate of the Individuals with Disabilities Education Act (IDEA). The IFSP team determines both the specific services needed and the frequency of those services based on the unique needs of the infant/toddler being discussed at the meeting. The frequency is determined both by the strengths the child displays and the needs, priorities and concerns expressed by the family at the IFSP. This system of care works effectively and a one size fits all "service standard" will not allow the individualized needs of the infant/toddler/family to be met.	Feb 16, 2011 4:08 AM
1285	POS hours should continue to be based on the level of delay and how significant it is. if a doctor sees the need and a therapist sees a need, then it should be considered a need.	Feb 16, 2011 4:13 AM
1286	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 4:29 AM

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

	Response Text	
1287	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 4:30 AM
1288	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 16, 2011 4:45 AM
1289	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 4:53 AM
1290	Speech, OT, Physical therapy 1.0 to 1.5 hours 1x a week. Intensive behavioral therapy should be provided daily, like the published studies recommend.	Feb 16, 2011 4:57 AM
1291	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 form 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 4:57 AM
1292	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 form 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 5:01 AM

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

	Response Text	
1293	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 form 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 5:07 AM
1294	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 form 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 5:11 AM
1295	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 form 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 5:15 AM
1296	As often as IPP team determines is appropriate as described by The Lanterman Act	Feb 16, 2011 5:25 AM
1297	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 16, 2011 5:33 AM
1298	Per evaluation results and recmmendations	Feb 16, 2011 5:54 AM
1299	Frequency of intervention should be determined based on the individual needs of the child, taking into account their developmental level, health concerns, availability of parent to participate, level of severity of their disability, etc. For a child with a delay in speech alone (the majority at our regional center), services once or twice per week with a speech therapist may be appropriate. For a child with Autism, the services need to be more intensive, and may include an intensive ABA program of 15 hours per week, speech therapy, and occupational therapy. Younger children would need fewer hours of service, and children with severe medical concerns would need require fewer hours of intervention from the regional center.	Feb 16, 2011 6:00 AM
1300	o For young children who are "at risk" for an autism spectrum disorder, as well a children who have been diagnosed with an autism spectrum disorder or other developmental disability, intensive 1:1 applied behavior analytic (ABA) treatment is recommended. o Time spent away from therapy is considered time where children may move even farther away from the desired developmental trajectories. Children with an autism spectrum diagnosis should receive 25 hours per week of direct intensive intervention. More (up to 40 hours per week) may be warranted on a case-by-case basis. o Treatment is provided in the 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, if combined with parent support and generalization to the natural environment.	Feb 16, 2011 6:01 AM

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

	Response Text	
1301	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 16, 2011 6:04 AM
1302	2-3 hours a week for each service: PT (2hrs/wk), OT(2hrs/wk), speech(2hrs/wk), infant development program(2hrs/wk)	Feb 16, 2011 6:21 AM
1303	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 6:27 AM
1304	20-25 hours per week	Feb 16, 2011 6:43 AM
1305	Early start services should be provided as frequently as directed by a child's physician or evaluator, but therapies should occur not less than twice weekly for children with developmental delays 50% or greater.	Feb 16, 2011 7:00 AM
1306	daily/weekly	Feb 16, 2011 7:16 AM
1307	5 days a week, 6 hours a day	Feb 16, 2011 7:26 AM
1308	as often as it takes for the child to learn	Feb 16, 2011 7:32 AM
1309	at least daily	Feb 16, 2011 7:41 AM
1310	According the the IPP process. There is no other way to do it and protect the Lanterman Act.	Feb 16, 2011 7:44 AM
1311	No comment.	Feb 16, 2011 7:57 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1	review of IFSP goals every 6 months with the understanding once age level services will have a slight fee or they can close the case.	Jan 28, 2011 1:13 AM
2	INDIVIDUAL CHOICE BUDGET.	Jan 28, 2011 1:19 AM
3	pre and post questionnaires to all caregivers	Jan 28, 2011 1:23 AM
4	IFSP outcomes and criteria should continue to be written in a way that is measurable.	Jan 28, 2011 1:25 AM
5	expectations must be clear and treatment monitored closely and frequently. THere is a short window of opportunity with these babies and we must make sure they receive the best treatment available. Not doing so could result in a lifetime of misery for the baby and increased cost to society.	Jan 28, 2011 1:31 AM
6	Develop sandards for all regional center to follow the most cost effective model per regulation.	Jan 28, 2011 1:41 AM
7	ICB	Jan 28, 2011 1:48 AM
8	These early intervention are clinically-proved to be useful and effective.	Jan 28, 2011 1:53 AM
9	constant monitoring by independent professionals.	Jan 28, 2011 1:57 AM
10	Quartly goals and ARD meetings.	Jan 28, 2011 2:01 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
11	Data should be collected throughout the treatment process . Baseline data should be collected by any treatment provider at the start of therapy. Additional data should be collected by treatment providers at each session to monitor progress towards treatment goals. In the absence of data, money is being wasted as well-meaning but unnecessary services are provided by regional centers. For example, not all parents benefit from the parent training course mandated prior to the start of early intervention. Parents could take a short survey to gauge their understanding of behavioral strategies, and those parents with sufficient understanding could opt out of the workshop. This would allow those resources to be used to fund other interventions. Also, parents who do participate in the training should be quizzed prior to and after the training so that regional centers can decide whether these half-day workshops actually increase parents' knowledge and skills.	Jan 28, 2011 2:28 AM
12	3 to 6 month reviews. Follow up phone call by service coordinators, survey sent out to families	Jan 28, 2011 2:44 AM
13	individual education plans are monitored by educators and parents.	Jan 28, 2011 2:48 AM
14	A clear goal and overview for family and homevisitor of the homevisit, and a reflection of both family and service provider after the visit. Both documented on a homevisit note. a homevisit of 30-45 minutes. Which can be extended if parents need, but will need to be paid for by consumer.	Jan 28, 2011 2:55 AM
15	There should be standards and statistics being kept on a daily/weekly/monthly/yearly basis to see progress or areas in which deficits still remain and then targeted. Keeping regulatory stats is the only way you can monitor behaviors, reduction of behaviors, etc., along with a child's deficits and improvements.	Jan 28, 2011 3:08 AM
16	Babies can have a myriad od service delivery models. Group, one to one, in home and at hospital and or clinics. Partnerships with community centers and local clinics would offer many more cost saving options.	Jan 28, 2011 3:09 AM
17	The current IFSP plan seems to work. Setting goals, holding therapists and service providers accountable for reaching these goals and working with the families to do so.	Jan 28, 2011 3:10 AM
18	Assessments	Jan 28, 2011 3:30 AM
19	Periodic progress reports to include assessment that is compared to the baseline evaluation. Parent surveys to assess impact therapy has had on child's development.	Jan 28, 2011 3:41 AM
20	regular growth and development assessments	Jan 28, 2011 3:43 AM
21	Lanterman Act. Needs of the consumer as written in the IPP	Jan 28, 2011 3:44 AM
22	Periodic monitoring and adjustment. If a "window of opportunity opens" for services in pragmatic speech, for instance, make them available. Create a better transition from Early Start to school programs.	Jan 28, 2011 3:47 AM
23	Documentation showing progress of the child	Jan 28, 2011 3:56 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
24	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.	Jan 28, 2011 3:59 AM
25	Clear evaluative tools that render information regarding delays based on normed and validated information should be used by all therapists. I see a number of evaluations that are based on "observation & clinical judgement" rather than well researched tools. I think that this practice is ineffective and does not yield objective data. In addition, it is not "best practice" as mandated by all of the therapy associations and can often yield biased information.	Jan 28, 2011 4:09 AM
26	Service standards on how to make sure the services are provided are useful and effective by the progress the individual child makes indicated in reports, case notes and parent training.	Jan 28, 2011 4:09 AM
27	Parent training, consistency, oversight.	Jan 28, 2011 4:09 AM
28	Independent assessments to measure the effectiveness of services.	Jan 28, 2011 4:18 AM
29	Written evaluations by outside experts.	Jan 28, 2011 4:21 AM
30	Progress should be reviewed at 3-6 month intervals-depending on what the service provider stated in their evaluation.	Jan 28, 2011 4:22 AM
31	We track outcomes, and are reviewed by DDS regularly. Ongoing training too.	Jan 28, 2011 4:30 AM
32	Hold quarterly IPP meetings to assess progress	Jan 28, 2011 4:47 AM
33	Data driven programs have been proven to be effective. Further research is needed to fully reverse disabilities.	Jan 28, 2011 5:45 AM
34	developmental assessments, parent report about how their child is doing. In mentioning assessment, I do believe that we are too rigid in the area of assessment, using the same tool for every child. Standardized tools are needed perhaps for eligibility, but for directing programming and setting goals, the tool should be selected that fits the child. Parents should be allowed to select their own goals for their child, not just based on assessment tools. Progress on goals can still be measured.	Jan 28, 2011 6:39 AM
35	Open the door for all who need it! Not just the one's who will fork out the money!	Jan 28, 2011 6:56 AM
36	This service is not useful and should be incorporated into another service code thus eliminating costly administrative expenses through all Regional Centers.	Jan 28, 2011 7:00 AM
37	Measure the reduction of babies born with or developing disabilities/delays to test the effectiveness of outreach to parents during pregnancy. For babies test to see how soon a given intervintion will result in the child overcoming the delay.	Jan 28, 2011 7:12 AM
38	IEP evaluation by teachers, professionals and parents.	Jan 28, 2011 7:15 AM
39	Twice a year re-evaluation for each child Parent feedback at the end of each seninar	Jan 28, 2011 3:05 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
40	unknown	Jan 28, 2011 4:31 PM
41	I feel that just as in the regular schools, there should be measurable goals and if the goals are not met, we need to find out why and not leave the child in limbo.	Jan 28, 2011 4:35 PM
42	Let the client's families/guardians know that their is hope in spite of.	Jan 28, 2011 4:41 PM
43	Utilize quarterly reviews of the consumer's progress on the IFSP; make IFSP meetings semi-annual.	Jan 28, 2011 4:46 PM
44	Monthly written progress notes to include length of time spent with client and family.	Jan 28, 2011 4:59 PM
45	Evaluations by another provider with in the organization after a review of the chart so they are able to see what has changed in a positive or negative way and make suggestions on what they observed, which this should occure every three months. Now if there are conserns but the evaluating provider they are to come back in 30 days to review again.	Jan 28, 2011 5:01 PM
46	They already exist - follow them	Jan 28, 2011 5:04 PM
47	Qualifications of service providers, following service delivery standards per scientific research, i.e., ABA, DTT.	Jan 28, 2011 5:12 PM
48	Ongoing surveys and assessments throughout services.	Jan 28, 2011 5:19 PM
49	Families should be the determining factor if an individual services is helpful to them. Standardized assessments or screenings should monitor progress of development, with the prognosis of each diagnosis taken into effect. For example; a child with a severe seizure disorder that will forever impede their brain development may show minimal improvement over the three years, but the family may be able to stay together with the support system, keeping them from divorce, welfare etc.	Jan 28, 2011 5:24 PM
50	Family surveys. Track future supports needed (in school or regional center) for children long term who have recieved a full year of early intervention multidisciplinary services in comparison to children who recieved a qualifying condition at age 3 and recieved no early intervention.	Jan 28, 2011 5:45 PM
51	Trained staff in child development and pediatrics - Particularly important are teams that include occupational therapists, speech and language pathologists and physical therapists especially for early childhood development issues - and early identification and intervention of autism	Jan 28, 2011 5:48 PM
52	Family surveys Success percentage of meeting IFSP goals	Jan 28, 2011 5:52 PM
53	Interventions provided should be empirically validated in order to ensure effective outcomes. Most infant development programs currently funded do not have empirical support and do not make significant change and limited long lasting effects on development. It is a waste of tax payer money to fund services that do not have empirical support and does a disservice to the children and their families who could be benefiting more from a intervention that is proven to be effective.	Jan 28, 2011 5:54 PM
54	make sure it is directly tied to the IFSP goals. Work with the parents and help the parents learn strategies to work on these goals at home. It needs to be a school home partnership	Jan 28, 2011 6:04 PM
55	Data and research	Jan 28, 2011 6:11 PM
56	Keep at the current rates and amounts.	Jan 28, 2011 6:14 PM
57	Monthly or bi-monthly reports from the teachers, therapists or other service providers should be sent to the infant service coordinator. If a child is not progressing then changes to provided services may need to be made.	Jan 28, 2011 6:29 PM
58	Again, surveys and measurable goals with progress reports.	Jan 28, 2011 6:31 PM
59	Satisfaction surveys and tracking of goals that are measurable and observable.	Jan 28, 2011 6:36 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
60	Parents have to agree to participate in the program, as goal of ES is to train parents to be teachers of their child.	Jan 28, 2011 6:43 PM
61	outcomes data	Jan 28, 2011 6:44 PM
62	Social workers should be able to determine if a parent is learning the necessary skills they need to work with thier child.	Jan 28, 2011 6:56 PM
63	use EVIDENCE based procedures - incorporate ABA (naturalistic ABA) since SLP and OT services typically are not as effective and do not encourage as much data collection and parent education	Jan 28, 2011 7:06 PM
64	These standards already exist. We should use them!	Jan 28, 2011 7:07 PM
65	surveys and assessments that show improvement	Jan 28, 2011 7:12 PM
66	Have professionals communicate every three months to parents to relay childs progress. Have professionals document examples for parents.	Jan 28, 2011 7:18 PM
67	Ongoing evaluation, regular assessment tools to track progress, reports on parent implementation of skills and child gains.	Jan 28, 2011 7:20 PM
68	They need to be monitored monthly via data collection. If every provider was forced to collect data and were forced to provide results, they would all be working a lot harder. They would send parents home with homework so they could teach the parents and also make sure parents/caregivers are following through when they aren't in sessions.	Jan 28, 2011 7:24 PM
69	document and observe..start with a baseline and collect data then analyze the data	Jan 28, 2011 7:35 PM
70	Continue to require semi-annual reports with updated status on goals and progress the child is making.	Jan 28, 2011 7:37 PM
71	Quartely reports and visits with parents.	Jan 28, 2011 7:43 PM
72	Reporting on IFSP goals; parent satisfaction survey; provider survey	Jan 28, 2011 7:44 PM
73	Each child has different outcomes; the SC should be checking these at 3-6 months with the service providers.	Jan 28, 2011 8:02 PM
74	Consumer choice and based on licensing and certification agencies, ie- BCBA credentials through the Board Analyst Certification Board, MS-CCC SLP, OTR, etc.	Jan 28, 2011 8:02 PM
75	quarterly evaluation by independent assessor.	Jan 28, 2011 8:03 PM
76	Have the parent keep a copy of their data and help the child and parents.	Jan 28, 2011 8:05 PM
77	parental/caregiver report	Jan 28, 2011 8:41 PM
78	have statewide measurable outcomes - same for each child - for each service organization. if it is not working, the child may need another service option	Jan 28, 2011 8:41 PM
79	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 8:46 PM
80	These Standards already exist	Jan 28, 2011 8:48 PM
81	The current ones are working well. There are really good outcomes for the children who are provided EI services.	Jan 28, 2011 8:50 PM
82	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 8:55 PM
83	Encourage or require family participation for all group services.	Jan 28, 2011 9:04 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
84	I repeat: early intervention is falling apart in CA against all peer-reviewed studies and data (and rhetoric!) about positive outcomes with early intervention. Simply monitoring and providing referral for parents to try to access services on their own is NOT intervention by any stretch of the imagination.	Jan 28, 2011 9:05 PM
85	To be determined by service provider, doctor, therapist, and parents.	Jan 28, 2011 9:19 PM
86	Reports and observations from parents.	Jan 28, 2011 9:30 PM
87	same as behavioral services	Jan 28, 2011 9:40 PM
88	evaluation every six months	Jan 28, 2011 9:42 PM
89	By having Regional Center monitor. Require quarterly reports from service providers.	Jan 28, 2011 9:46 PM
90	enter and exit criteria progress reports with standarized data every six months	Jan 28, 2011 9:53 PM
91	measurable and quantitative goals and reports	Jan 28, 2011 9:54 PM
92	regularly survey parents.	Jan 28, 2011 10:05 PM
93	Regional Centers should consider implementing Quality Assessments on all Infant Programs to ensure that services are provided according to IFSPs. Regional Centers should mail surveys to parents to ensure that family/child is getting services recommended instead of relying on every 6 month visit to consumer.	Jan 28, 2011 10:16 PM
94	Utilize observation during services and/or survey the parents of the participants.	Jan 28, 2011 10:18 PM
95	Infant development programs need to focus on parent education.	Jan 28, 2011 10:36 PM
96	There should be annual or 6 months assessments to assess the services and effects on the consumer and the family, to make necessary adjustments if needed.	Jan 28, 2011 10:47 PM
97	One area that should be of concern to the taxpayer, is knowing how well the children actually performed after the intervention.. Vendors should be held accountable so as to measure how well their therapies actually worked. Typically service coordinators just hope for the best. Programs should be compared as to what programs are being succesful in providing best outcomes.	Jan 28, 2011 10:48 PM
98	Test at 36 months.	Jan 28, 2011 10:59 PM
99	Identify outcomes, measure outcomes, report on outcomes.	Jan 28, 2011 11:02 PM
100	Data results should show that services result in increased child development.	Jan 28, 2011 11:09 PM
101	Provider to develop a plan of action along with child's careprovider to midigate the above problems.	Jan 28, 2011 11:17 PM
102	Written communication to parents, at least quarterly, on progress toward IFSP goals, including any necessary modifications if progress is not as expected.	Jan 29, 2011 12:03 AM
103	Data collection on goals/obj. and acurate timelines for them to be completed. It's very important to have the service provider with credentials and experience with specific disabilities of that child.	Jan 29, 2011 12:12 AM
104	Ensure parents are involve at least 80% of the sessions	Jan 29, 2011 12:32 AM
105	Any therapist who is providing services for a consumer is responsible for providing a bi-annual report to the Service Coordinator and each therapists should also give periodic updates as needed (i.e., if any progress has been made or if no progress has been made) so appropriate action can then be taken.	Jan 29, 2011 12:38 AM
106	This is difficult to answer, because every child gets assessed at a different age and has different needs. The needs also change over as short a period of time as several weeks or as long as several years. Sometimes the need is permanent or new ones arise.	Jan 29, 2011 12:39 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
107	Parental involvement is imperative. Again parents should expect to participate at every level when their child is receiving intervention so that their is solid carry over for their child, otherwise it is useless. Having well stated goals with timelines, expectations, and outcomes should be developed ad then reviewed for progress on a weekly/monthly basis to determine the need for change or program alteration.	Jan 29, 2011 12:55 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
108	95022. The statewide system of early intervention shall be administered by the State Department of Developmental Services in collaboration with the State Department of Education and with the advice and assistance of an interagency coordinating council established pursuant to federal regulations and shall include all of the following mandatory components: (a) A central directory that includes information about early intervention services, resources, and experts available in the state, professionals and other groups providing services to eligible infants and toddlers, and research and demonstration projects being conducted in the state. The central directory shall specify the nature and scope of the services available and the telephone number and address for each of the sources listed in the directory. (b) A public awareness program focusing on early identification of eligible infants and toddlers and the dissemination of information about the purpose and scope of the system of early intervention services and how to access evaluation and other early intervention services. (c) Personnel standards that ensure that personnel are appropriately and adequately prepared and trained. (d) A comprehensive system of personnel development that provides training for personnel including, but not limited to, public and private providers, primary referral sources, paraprofessionals, and persons who will serve as service coordinators. The training shall specifically address at least all of the following: (1) Understanding the early intervention services system, including the family service plan process. (2) Meeting the interrelated social, emotional, and health needs of eligible infants and toddlers. (3) Assisting families in meeting the special developmental needs of the infant or toddler, assisting professionals to utilize best practices in family focused early intervention services and promoting family professional collaboration. (4) Reflecting the unique needs of local communities and promoting culturally competent service delivery. (e) A comprehensive child-find system, including policies and procedures that ensure that all infants and toddlers who may be eligible for services under this title are identified, located, and evaluated, that services are coordinated between participating agencies, and that infants and toddlers are referred to the appropriate agency. (f) A surrogate parent program established pursuant to Section 303.406 of Title 34 of the Code of Federal Regulations to be used by regional centers and local education agencies. California Government Code Division 14. California Early Intervention Services Act Chapter 9. Evaluations 95029. The State Department of Developmental Services and the State Department of Education shall ensure that an independent evaluation of the program and its structure is completed by October 1, 1996. The evaluation shall address the following issues: (a) The efficiency and cost-effectiveness of the state administrative structure, the local interagency coordinating structure, and the mandatory program components. (b) The degree to which programs and services provided through	Jan 29, 2011 12:56 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
108	disabilities, including hearing impairments. (3) The adequacy of the resources and personnel standards. (4) The costs associated with ensuring that infants and toddlers who are deaf or hard of hearing received special instruction from credentialed teachers of the deaf. (b) The department shall report to the Legislature by January 1, 2006, recommendations regarding how to best provide and fund appropriate quality services for these children.	Jan 29, 2011 12:56 AM
109	Monitor progress. If the child does not make a certain amount of progress in a certain amount of time, perhaps a different method needs to be tried.	Jan 29, 2011 1:39 AM
110	Periodic reviews should be conducted with families in which service coordinators are helping guide family members to assess whether their services are beneficial or if changes need to be made.	Jan 29, 2011 1:59 AM
111	test if the parentsare folloing through and the know what the are supposed to do	Jan 29, 2011 2:51 AM
112	eliminate	Jan 29, 2011 3:13 AM
113	Have whoever is in charge check in once every few months to make sure progress is being made. Talk to the parents and see how they feel about their child's development.	Jan 29, 2011 3:42 AM
114	Constant progresss updates.	Jan 29, 2011 4:02 AM
115	documentation is helpful	Jan 29, 2011 4:38 AM
116	Reports and evals	Jan 29, 2011 4:45 AM
117	For children that receive in-home services, there should be a "3 strikes and you're out" policy. If they are not home for their child's scheduled appt and do not contact the therapist to cancel....if that happens 3 times, then they are no longer elibible for in-home therapy and they'd be required to drive to a facility for therapy. This keeps therapists productive and rewards parents that are responsible for getting what their child needs.	Jan 29, 2011 5:27 AM
118	Outcomes	Jan 29, 2011 5:59 AM
119	See previous answers.	Jan 29, 2011 6:08 AM
120	See resonse for Behavioral	Jan 29, 2011 6:25 AM
121	yearly review of services and outcomes. Readjustment when goals are not met. This readjustment must be mandatory or providers may blindly follow a course of service that is inappropriate for the child.	Jan 29, 2011 7:14 AM
122	Competitive bid, choice by consumer and consumer as purchaser	Jan 29, 2011 7:18 AM
123	Ongoing assessments, periodic reviews and IFSP's as well as family input about how they are learning to help with their child's development.	Jan 29, 2011 7:32 AM
124	should be provided in home-base	Jan 29, 2011 7:38 AM
125	Comprehensive parent education and parent reported satisfaction. Data collection graphed weekly.	Jan 29, 2011 7:39 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
126	Actually act swiftly and honor Early Intervention. The hoops families have to jump through to get accepted into Regional Centers are time consuming and seemingly geared towards non-acceptance (and no therapy assistance) - vs- acceptance and true early intervention. Do not let families "test out" of therapy. This can happen due to denial of problem, or not understanding the broader scope of what is happening. This is especially true of families whose first born is having difficulties. At times, the parents and extended family members are in denial of the problem. Other times, a family might not understand that the behavior is questionable and not of the norm. My son has a diagnosis of autism. We were not accepted into IRC the first time around because we "tested" ourselves out of services. Our son looked at us, but not others. Our son "played" to the best fo what we knew -as he was our first born. The IRC medical staff and Psychological staff could have assisted us better and fairer if they would have given us the diagnosis. Instead, we had to loose early intervention time, by having to wait it out, re-apply and get a diagnosis outside of IRC. Show families difference between in home service -vs- in center/school/facility services. Have the family visit the service location before decision is made. We chose in home therapy (teacher) vs in school. a few years later we actually visited a site we could have attended and had no idea of the difference in therapy. Listen to specialists recommendations and provide therapy as such. Give families choices. Offer parent vendorization for agencies that are non-vendored. Take parent surveys of actual agencies and services. Listen.	Jan 29, 2011 8:23 AM
127	Metrics and Measurements. How is the child doing with their goals? Set goals and targets for each service provider and know that every child goes at their own pace.	Jan 29, 2011 8:40 AM
128	Monitoring the family ability to follow through through interview and direct observations.	Jan 29, 2011 8:43 AM
129	It is important that services be conducted in the child's natural environment, which means therapists should go to the child's home or daycare location. This provides more carry over and generalization of skills.	Jan 29, 2011 4:29 PM
130	The current 6 month progress review. Perhaps a skills check list for each discipline would streamline and standardize process. A "universal" assessment tool and curriculum would be helpful.	Jan 29, 2011 5:07 PM
131	Parent Education and involvement is critical at this stage not only in the process of direct service provision but to provide parents some understanding of the system and how it works and what their responsibilities are.	Jan 29, 2011 6:24 PM
132	Continue working with providers employ great teachers and keep the down the ratio of teachers to students. Encourage these programs use of parent educators who work with the parents and child in the ho,e and close the circle of care to promote consistency between home and early intervention programs.	Jan 29, 2011 8:08 PM
133	Oversight, case management, and review by the current Regional Center System will provide checks and balances between the State Department of Education and the State HMO insurance board. Quality Standard Review boards will be interdisciplinary teams.	Jan 29, 2011 9:27 PM
134	REGULAR PROGRAM ASESSMENT BY OUTSIDE SPECIALIST IN EARLY INTERVENTION	Jan 29, 2011 11:43 PM
135	Keep current stNdards	Jan 29, 2011 11:51 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
136	An appropriate baseline and interval assessment delivered by a competent professional should ensure that appropriate services are provided. An exit from service evaluation should show that recommendations were followed and anticipated outcomes were achieved. This process should have input from families as well as service providers.	Jan 29, 2011 11:58 PM
137	no suggestions	Jan 30, 2011 12:25 AM
138	RCs should have more independent evaluation to determine children's progress. Getting a second opinion has helped with reviewing when a child is no longer eligible for Early Start due to sufficient progress. I wonder how many children would no longer be eligible for Early Start right now if they all had an independent assessment? It is in the economic interest of the service provider to keep children in the program and this is a conflict of interest.	Jan 30, 2011 12:54 AM
139	Establish reasonable, measurable goals and track progress. Services must be functional skills.	Jan 30, 2011 1:23 AM
140	Family interaction with baby. Progress the baby makes. Babies involvement in the community.	Jan 30, 2011 3:17 AM
141	Measurable, quantifiable goals need to be set at the beginning of service delivery and need to be evaluated at a clearly defined point in the future.	Jan 30, 2011 4:08 AM
142	Set up developmental goals. Use attainment percentages to measure effectiveness.	Jan 30, 2011 6:27 AM
143	Each child should be assessed by a qualified person trained in early childhood special education. Based on the assessment, an IEP should be written and the service provided would be based on the objectives in this IEP.	Jan 30, 2011 6:27 AM
144	Ok, so this is different from my other answers before on this question. The people need to really know a lot about child development and how to help families work with their children to get the most out of interactions. True, some of the people who are great at this have no formal training, but what I've seen are a lot of so called expert therapists, even psychologists, who tell us things that turn out to be totally wrong and even harmful, like how to deal with sleep problems with our son with all kinds of sensory issues. Mostly parents need to have a lot of say in who they work with to make sure it is a good fit.	Jan 30, 2011 4:23 PM
145	The vast majority of families are happy with their ES services, so RCs appear to be doing a good job overall.	Jan 30, 2011 5:57 PM
146	Again, parents should have the choice to have developmental services and not just behavioral services. In fact, most families would not be comfortable with behavioral services coming in and trying to "train" the infant or young child. This type of service can encourage families to wait in the other room while the "experts" are fixing their child. This is a travesty and should not be permitted. Families need to know that qualified trained staff, who are receiving ongoing developmental supervision are working with THEM and their child.	Jan 30, 2011 6:27 PM
147	Periodic monitoring by submitting progress reports. Each vendor should have an assigned QA to monitor how programs are working in a cost effective manner.	Jan 30, 2011 8:11 PM
148	Input from parent and service provider.	Jan 30, 2011 9:07 PM
149	surveys and reviews	Jan 30, 2011 9:07 PM
150	Daily, weekly, monthly progress reports to specialist, Dr., regional center, etc.	Jan 30, 2011 10:33 PM
151	Personnel should be trained to appropriatly evaluate the need for services	Jan 31, 2011 12:04 AM
152	Continuation of IFSP's and six month re-evaluations.	Jan 31, 2011 1:30 AM
153	bi-monthly or quarterly review meeting on progress should be help with coordinator.	Jan 31, 2011 7:14 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
154	Observable, measureable results Research-backed, best practices Qualitative feedback from participating families	Jan 31, 2011 3:48 PM
155	Include the parents in the education and training. They are the experts on their children and cannot depend on others alone to care for their children. However, one barrier is how to work with families so that parents do not lose their jobs. These service take a great deal of time and there must be a way to either offer flexible hours.	Jan 31, 2011 4:20 PM
156	Program needs to be standardized, use curricuoum and services that are considered evidence based. make sure implpementastion is byhighly trained staff that are supervised by specialist or person who is trainer of trainers.	Jan 31, 2011 4:22 PM
157	Demonstrated progress proven with objective data.	Jan 31, 2011 4:39 PM
158	More one on one time with an OT or ST. Not just a group play day where you watch your child play and every now and then someone comes by to ask you questions. My son learns from his one on one therapy that he gets 1 hour a week.	Jan 31, 2011 4:39 PM
159	Children will be able to do more than they were able to do before the intervention. They're physical condition will not be worse. Measuring age level milestones is not always the best way to show progress.	Jan 31, 2011 4:46 PM
160	annual on site quality assurance audits to service providers to assure that services are provided by qualified personnel	Jan 31, 2011 5:02 PM
161	Service coordinator's having six month reviews with the families in person and not over the phone.	Jan 31, 2011 5:23 PM
162	...same...	Jan 31, 2011 5:31 PM
163	Behavior services should focus on the parent(s)	Jan 31, 2011 5:32 PM
164	Frequent reviews / progress reports reviewed with the family and service coordinator.	Jan 31, 2011 5:59 PM
165	reports of progress to case manager	Jan 31, 2011 6:03 PM
166	Use 211 Los Angeles's Birth to Five initiative project for numbers to HELP guide estimated penetration rates. Also the EDSI project in Los Angeles.	Jan 31, 2011 6:10 PM
167	IFSP being held to provide a checks and balances system.	Jan 31, 2011 6:10 PM
168	Have the services provided by a competent professional with adequate training.	Jan 31, 2011 6:14 PM
169	ES services should be terminated for an individual when testing supports they have achieved age appropriate skills.	Jan 31, 2011 6:16 PM
170	Quarterly progress report	Jan 31, 2011 6:23 PM
171	This is done quite well now.	Jan 31, 2011 6:49 PM
172	It is not possible to base effectiveness on developmental milestones since the range of disabilities is mild to severe. For some severely affected children, maintenance can be an important goal. Evaluation should be based on setting and achieving the goals of the IFSP AND on the satisfaction of the parents on the impact of the services on their children and family. In nearly 40 years of providing early intervention services, I truly believe that the most important work that is done in Early Start is that which is done with the parents in helping them see their children in new ways and setting a direction for the future of their children and providing them with the skills they need to work with their children and be advocates for their children as they move into other programs. This is difficult to measure by other than parent satisfaction surveys.	Jan 31, 2011 7:11 PM
173	Progress on goals.	Jan 31, 2011 7:28 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
174	All EIBI services shall include baseline and treatment data that is gathered at each session and presented to the regional center at least every 6 months. Each regional center should be required to contract with or employ a BCBA to review the work of the EIBI providers	Jan 31, 2011 7:49 PM
175	See above. Consider service providers as a team of trainers of parents/families in most cases. Ask the Parents/families/caregivers to demonstrate what the interventionists are recommending them to do. Evaluate the effectiveness by the scale of: No idea waht they are doing Generally understand what they do but can not tell detail or demonstrate it. Understand what they do and can demonstrate it-use it through out the day. Also measure how accessibel the interventionist is by phone/e-mail when they have questions between the scheduled visits.	Jan 31, 2011 7:54 PM
176	Service providers have a responsibility to set functional goals for consumers that are measurable and objective, and they also have the responsibility to report progress toward those goals at regular intervals. If functional goals continue to be met in a timely fashion, then intervention should continue at a similar frequency. If functional goals are not met, than frequency should decreased, and the focus changed to monitoring for the purpose of maintenance and support.	Jan 31, 2011 8:04 PM
177	Review of progress notes and progress reports. Service coordinators should monitor progress.	Jan 31, 2011 8:15 PM
178	with routines but without yelling at children - I was mostly happy with Ocotillo School -	Jan 31, 2011 8:27 PM
179	On going monitored and review reports by service providers	Jan 31, 2011 8:27 PM
180	We worked for many, many years to development programs to provide useful and effective services. The success speaks for itself. Early intervention works in providing education, modeling effective practices and screening for potential barriers. Parents are the first and foremost service providers...we need to education them so that they can monitor their child daily. There are many available resources for seminars and trainings but most parents are often not aware of them and/or that the information would be beneficial for their child. Early intervention services provide that information and often the "push" by pointing out specifics about their child and how they can benefit.	Jan 31, 2011 8:31 PM
181	Reports every 6 months with objective data (graphs) that is collected at least weekly. Parent goals are also crucial to increase overall participation with parent.	Jan 31, 2011 8:44 PM
182	Parents should be required to commit to the service hours provided and be active participants. Parents should never be in another room while their child is receiving services. This way they can learn what they need to do for their child and not just depend on someone to "fix" the child for them.	Jan 31, 2011 8:49 PM
183	by having profensionals in that area overseeing the services provided	Jan 31, 2011 8:54 PM
184	None	Jan 31, 2011 9:09 PM
185	Discussion with the care taker should be the main focus on services needed.	Jan 31, 2011 9:17 PM
186	a. Infants and Toddlers with an identified delay in one domain should be re-tested every 6 months, and resultts reported back to regional center b. Infants and Toddlers with identified delays in more than one doamin should be retested every 4 months (3 times per year) and results reported back to regional center. c. Infants and Toddlers who are at-risk, and being monitored should be retested every 3 months, and results reported to the regional center. d. Any child who reaches age-level should then be placed in the monitor category. Parents who wish to continue therapy or programs can do so at their own expense.	Jan 31, 2011 9:20 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
187	These standards already exist	Jan 31, 2011 9:24 PM
188	Again, clearly stated objectives, collection of data, and periodic meetings of all involved with the child's early intervention program should take place.	Jan 31, 2011 9:30 PM
189	Quarterly reports should be submitted to the Regional Centers accounting for how services are being used.	Jan 31, 2011 9:39 PM
190	All services should be reviewed quarterly or more often if needed to determine need for ongoing services.	Jan 31, 2011 9:59 PM
191	Ensure the providers are well trained, ensure parental participation and follow through with home programs that are given them	Jan 31, 2011 9:59 PM
192	Assessments with goals and tests should be made quarterly and discussed with parents or guardians. However, if problems arise prior to an assessment date, then such dilemmas should be addressed immediately.	Jan 31, 2011 10:03 PM
193	Perhaps expand the IFSP, as it has very little information. As a case manager for children over the age of three, the IFSP lacks substance and does not give me a picture of the progress a child has or has not made.	Jan 31, 2011 10:07 PM
194	feedback from parent and progress reports.	Jan 31, 2011 10:16 PM
195	Gauge progress at 3-, 6-, and 9-month intervals.	Jan 31, 2011 10:26 PM
196	reree	Jan 31, 2011 10:29 PM
197	Quarterly Reports showing developmental levels. Surveys to parents. Semiannual review by the Service Coordinators.	Jan 31, 2011 10:54 PM
198	Current system works. Program managers can review charts on annual basis to ensure that services are still needed. If a delay is no longer present, child should be discharged from the service that is addressing that delay. Provider training can also ensure that they understand our qualification criteria and ask for their support in recommending termination of service if child makes improvement.	Jan 31, 2011 11:06 PM
199	If children require for example 5 hours a month and they are seen on Mondays and there are only 4 Mondays in a month therapist should be able to make up that extra hour for the children and family rather than the child missing out esp in the long run	Jan 31, 2011 11:20 PM
200	Functional outcomes, functional outcomes, functional outcomes. Get a baseline and then measure with consistent periodicity. If a child after six months of intervention has fallen even farther behind then there should be a game/intervention plan change.	Jan 31, 2011 11:40 PM
201	IFSP 6 month review process	Jan 31, 2011 11:51 PM
202	same as number 3 for Behavior Services	Feb 1, 2011 12:19 AM
203	The babies in our program have frequent absences due to illness as a result of their handicapping conditions and young age. Furlough days has made this problem even worse!!!! Very few of the children on my caseload are getting the full number of contacts hours of treatment per month that they have been given. You can't help that they will miss some treatments due to illness however cancelling more sessions without offering make-ups due to furlough days is becoming quite a problem. The children deserve better.	Feb 1, 2011 12:46 AM
204	Provide in the home or clinic setting. Documentation and evidence of progress required.	Feb 1, 2011 1:18 AM
205	Only providers producing results in inclusive settings get funded--end babysitting!	Feb 1, 2011 1:22 AM
206	survey the parents periodically through the regional centers	Feb 1, 2011 1:47 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
207	Services should be provided weekly, with 5 times a month being allowed for months where there are extra weeks. Furlough days are very difficult as the children with developmental delays are often sick and cannot attend therapy, then miss out on Furlough days as well, making the therapy less consistent than it could be. Make-ups should be allowed within a month of the day missed (so not a calendar month) as children miss services when they are sick at the end of the month.	Feb 1, 2011 2:24 AM
208	periodic review from parents and regional workers	Feb 1, 2011 2:32 AM
209	Appointments should not be made during the child's normal nap time. Appointments should not be made as early as 8:00 am as the child may need to be woken and this does not offer the child, parent or worker to use the alloted hours in the best interest of the child.	Feb 1, 2011 2:32 AM
210	Programs must collect, publicly report, and use ongoing data on child and family outcomes for program improvement. Data should address what benefits participants receive from the program. Standard should be data based, e.g., X percent of families report that the know how to help their child develop and learn....", "X % of children made a certain level of progress in the program"	Feb 1, 2011 3:44 AM
211	Early Intervention teams that use Best Practices	Feb 1, 2011 4:15 AM
212	Center-based programs work, are cost-effective and should be considered a viable option for providing services. Parents, family members and caregivers must be involved in therapy sessions and follow through with prescribed interventions. Everyone providing services for a child/family should coordinate services. There should not be a duplication of services.	Feb 1, 2011 4:23 AM
213	Every 6 months an evaluation if the childs progression should be made by the providers supervisor should be done with a clear way to involve the patents and there concerns.	Feb 1, 2011 4:29 AM
214	Children are making progress towards short and long term goals.	Feb 1, 2011 4:30 AM
215	Take data! and have the personnel taking the data prove that they are competent to do so - test 'em! A BCBA should be running the show.	Feb 1, 2011 4:41 AM
216	obviously monitoring needs to be made as well as documentation of progress for at least 2 weeks	Feb 1, 2011 4:42 AM
217	Use research proven/designed programs, such as Hanen Institute, rather than having providers create their own programs.	Feb 1, 2011 4:42 AM
218	closer monitoring of service coordinators getting to know not only the client but family dynamics would be helpful	Feb 1, 2011 5:09 AM
219	As mentioned above, standardized testing should be completed every 6 months to update a child's ability level related to the area of service provision. Certainly, if the child is not responding to the therapeutic intervention being provided, a change in the child's program is in order. In addition, if the child has made progress to the point that he/she is functioning within the expected range for his/her age and no qualitative clinical concerns are present, the child's therapeutic services should be discontinued.	Feb 1, 2011 5:10 AM
220	make sure that the person is qualified and actually performs the service and allows time after the hours performed to do their paperwork. Not part of the service.	Feb 1, 2011 5:17 AM
221	I have been impressed on the quality of this particular program	Feb 1, 2011 5:23 AM
222	Children and adults wear glasses prescribed when given appropriate encouragement and training. Measurable changes in the vision deficit being treated on standard tests. Parent, teacher and therapist feedback on function and behavior related to the deficit.	Feb 1, 2011 5:24 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
223	Must have master degree and training with Autism, developmental background, and must be in a long training process (more then 1 year)	Feb 1, 2011 5:33 AM
224	When there are specific underlying causes for delay such as muscle tone, strength, sensory processing then the expertise of an occupational therapist is needed to provide services but when the child just needs to be exposed to developmentally appropriate toys and games, then a non-professional can provide these services such as "infant stim" person for less expense.	Feb 1, 2011 5:38 AM
225	Testing 2x/year to determine developmental improvements.	Feb 1, 2011 5:45 AM
226	reviews, data, reports, interviews with parents, teachers, caregivers. over a long period of time, months on end, showing that services have helped in the areas specified.	Feb 1, 2011 5:54 AM
227	Ongoing assessment of the child. Ongoing continuing education of the service providers.	Feb 1, 2011 6:32 AM
228	Services provided to the infant and parents providing age appropriate education and information to the parent/families is an effective means of empowering the parents and means to implement strategies to assist their infant. Issues regarding the mental health status of family members need to be addressed to provide a healthy, stable environment for the developing child.	Feb 1, 2011 6:54 AM
229	I think educating parents about what successful treatment is and what they should look for in service providers would be useful. If your child is screaming non-stop after 4 - 6 sessions with a service provider (or even earlier depending on the provider) it is time to rethink the service! It is unfortunate that so many families at this stage grab ahold of any service provider who has "experience" with their child's disability and then keep the provider in place even if it is clear the person is unable to cultivate rapport and trust with the child. In my opinion, parents at this stage are thinking in terms of # of hours (based on doctor's advice, books, internet resources, other families etc.) versus the quality of care their child receives. Far too many children are emotionally damaged in the name of "INTERVENTION" AND "TREATMENT" I have heard horror stories about emotional child abuse that has occurred with children on the spectrum, with therapists responsible and parents standing by, trusting that the therapist knows what they are doing. This is a disgrace, a human rights abuse and unacceptable, especially when there are research-based, compassionate options available such as DIR/Floortime Model and the SCERTS Model. These are the models we use with my son and he is 9 years old, ASD diagnosis and went from non-verbal to an effective communicator, with a sense of humor, a sense of self-esteem, an ability to play - cause & effect, symbolic, pretend and fantasy play and has an ability to appropriately self-advoc ate.He is a kind, caring and loving child (but trust me, we've had to navigate our share of challenges!) Fortunately, our family learned how to identify what type of people were appropriate for working with our son (regardless of their qualifications) and over time we learned how to support our caregivers and therapists because through the SCERTS Model and DIR Floortime we were able to identify what our son's needs are. Too many therapists are overwhelmed and don't really understand what the child needs, in spite of all of their training, and they put their agenda in front of even developing a safe, fun, positive relationship with the child. It is heartbreaking, and I know this from personal experience, as early on I allowed treatment from therapists (in the name of needing "therapy") that was more hurtful than helpful.	Feb 1, 2011 7:19 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
230	Define specific expected outcomes that children in the program need to achieve. Set clear timeline for therapy to start and end. Define outcomes for the child to achieve in a time-limited settings. Define expected family participation and if family is unwilling or unable to participate in the child's therapy, the child or family will not receive therapy. Many times therapists would hold on to their clients' until they turn three even when they achieved expected outcomes and becomes age appropriate in the domain of which the child receives therapy for. Oftentimes a business would fight a service coordinator about discharge and service coordinators feel that they are not the 'expert' in the field and therefore not qualified to make a determination when the child has achieved his/her goals or if the child is age-appropriate or not. Service Coordinators need to be trained if they are to be gatekeepers for these services.	Feb 1, 2011 7:50 AM
231	through evalutaions	Feb 1, 2011 8:16 AM
232	People with excellent training, including an adequate amount of clinical supervision and adequate training with supervision on assessment and evaluation. Should also provide counseling/social work services for families as needed. Evaluations by panel of three - one chosen by the family, one by the agency, and a third chosen by the other two. Assessors evaluate independently asof each other, then compare notes.	Feb 1, 2011 8:44 AM
233	Talk to parents and therapists providing the services. Someone who can give an unbiased opinion and isn't swayed.	Feb 1, 2011 4:07 PM
234	Example: Possibly if a child comes in at 1 year old, is determined developmentaly delayed, receives Early Start Services and then at 2 1/2 for example is developmentally appropriate, they could exit the program with information on community resources for the parents. I believe if there were more developmental assessments by the SC during the child's time in Early Start then there would be a better gage on which children are still considered appropriate for the program instead of waiting until 3 years old for them to be offered a developmental evaluation through RC.	Feb 1, 2011 4:17 PM
235	Ensure parent participation along the way.	Feb 1, 2011 4:47 PM
236	meeting wqith directors	Feb 1, 2011 5:13 PM
237	Specific measuring tools to confirm caregiver/family abilities after training.	Feb 1, 2011 5:23 PM
238	Systematically monitor parent feedback on effectiveness of services. CLinic team meetings held with the team and family regularly address challenges staff and families face and the intervention is adapted accordingly. SO the usefulness of the intervention is insured, becuase there is constant feedback system between staff and the family. In DIR /FLoortime, Hanen and Project Impact, Video tape feedback supports families in learning techiques and increases understanding of their child, therefore more usefull and effective.	Feb 1, 2011 5:46 PM
239	Parent survey, transdisciplinary approach, developmental assessment reviews	Feb 1, 2011 6:00 PM
240	Parents need to be engaged in the IFSP goal setting process, after being educated as to what the goals mean for them and their children. Once the family centered goals with measurable outcomes are established and written on the IFSP, the required periodic evaluation should included progress made towards those goals as well as the norm based developmental evaluation.	Feb 1, 2011 6:11 PM
241	quality assurance standards	Feb 1, 2011 6:18 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
242	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) These standards already exist. 5) "Up to but not to exceed the cost to house one individual in a Developmental Center."	Feb 1, 2011 7:54 PM
243	Increase parent responsiblity Increase qualification of the provider and supervisors. Demand independent IQ testing and adaptive skills testing every year and stop the program if testing does not show a significant increase.	Feb 1, 2011 8:01 PM
244	The home is not always the most appropriate setting. The focus on "natural environment" that is generally interpreted as IN THE HOME has become a barrier, once again, for quality services. The family and service provider needs to decide where the service is provided. There should be a quality assurance questionairre completed by the family on an at least yearly basis. the intensive ABA for under 3 is going to be ridiculous. Unless there are severe behavioral problems, don't start with ABA. training them to be robots and do-what-you-say is playing to their challenges, not their strengths. Educate the parents about options. Don't fall for the "evidence based' hooplah about ABA. Those studies were based on laboratory and highly trained therapists. The actual work being done in homes today is NOTHING like what the studies are based upon.	Feb 1, 2011 8:08 PM
245	Goals nad objectives for botht he children and the parents should be developed and reviewed quarterly	Feb 1, 2011 8:21 PM
246	asdfsf	Feb 1, 2011 8:40 PM
247	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 9:14 PM
248	The usefulness and effectiveness of the service should be determined by the IFSP team as stated in IDEA.	Feb 1, 2011 9:25 PM
249	see above	Feb 1, 2011 9:36 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
250	Evaluate by the quarter for effectiveness and adapt programs accordingly. I also think it's a good idea for parents to receive some training in early childhood development making them capable of partnering with supportive staff by frequently reviewing developmental milestones and goals with their children at home. Additionally it would be helpful for parents to receive improved training on how to integrate play-based education methods for use at home with special needs children. Often, it just takes a small bit of training to build the necessary confidence for many more hours of helpful intervention for these children. Overall these checkup evaluations should be a team effort for true effectiveness.	Feb 1, 2011 9:57 PM
251	- meeting objectives outlined in initial IPP by date suggested	Feb 1, 2011 10:12 PM
252	Connect families with an appropriate program, have training available for the families through these agencies. Weekly communication with coordinator and or team leader	Feb 1, 2011 10:42 PM
253	Parents involved should be required.	Feb 1, 2011 11:08 PM
254	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). The payment sequence should not be so heavily weighted to the BCBAs that barely trained, poorly supervised junior therapy assistants become the real interventionists in all ABA. We need folks to be experienced and retained at junior levels.	Feb 1, 2011 11:12 PM
255	Annual review and goals with identified interventions to meet goals.	Feb 1, 2011 11:33 PM
256	The reports of the above tests should be user friendly for the child's therapists.	Feb 2, 2011 12:50 AM
257	I believe the effectiveness of services should be evaluated by the parents.	Feb 2, 2011 12:52 AM
258	Set goals and length of time to achieve them. Re-evaluate every month.	Feb 2, 2011 1:04 AM
259	Service providers need to offer flexible hours of availability in order to allow working parents to partcipate in sessions outside of M-F, 8-5	Feb 2, 2011 2:33 AM
260	Progress notes	Feb 2, 2011 2:42 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
261	Early Intensive Behavior Intervention should be consistent with the evidence-based interventions. Please read the following critical articles: Cohen, H., Amerine-Dickens, M., Smith, T. (2006). Early Intensive Behavioral Treatment: Replication of the UCLA Model in a Community Setting. Developmental and Behavioral Pediatrics, 2, 145-157. 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. S., Sparkman, C. R., Cohen, H. G., Green, G., Stanislaw, H. (2005). A comparison of behavior analytic and eclectic treatments for children with autism. Research in Developmental Disabilities, 26, 359-383. Perry, A., et al., Effectiveness of Intensive Behavioral Intervention in a large, community-based program, Research in Autism Spectrum Disorders (2008), doi:10.1016/j.rasd.2008.01.002 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. Zachor, D. A., Ben-Itzchak, E., Rabinovich, A., & Lahat, E. (2007). Change in autism core symptoms with intervention. Research in Autism Spectrum Disorders, 1, 304-317. National Autism Council: National Standards Report (2009)	Feb 2, 2011 2:48 AM
262	Guidance from DDS to ensure that the 21 Regional Centers follow the same criteria....with clear, precise guidance from DDS so that there is consistency.	Feb 2, 2011 3:03 AM
263	Familu input regarding the quality of their facility, unanounced visits, monthly reports about the consumers progress, activities should be implemeted that will enhance their knowledge, behavior, social skills, etc. Just going to the 99 cent store each week is unacceptable. They should be mainstreamed into programs with non-disabled children. If all they associate with is children with like behaviors, they will mimmick what they see. Their should be some noticible change in the consumers behavior or abilites as documented in the providers reporting system.	Feb 2, 2011 3:22 AM
264	Set goals to be evaluated every quarter.	Feb 2, 2011 3:39 AM
265	Survey the parents after each service is rendered and also survey the providers.	Feb 2, 2011 3:54 AM
266	Team meetings with the parents, Regional & the providers would accomplish this.	Feb 2, 2011 4:14 AM
267	Education of parents.	Feb 2, 2011 4:39 AM
268	The parents and caregivers should be consulted and questioned after an appropriate amount of time has passed.	Feb 2, 2011 4:49 AM
269	surveys of parents and service coordinators to determine satisfaction and competence of the service providers and services being received	Feb 2, 2011 4:55 AM
270	parent/cargiver/school survey or evaluation completed	Feb 2, 2011 5:05 AM
271	There is too much duplication. Also, the professional that does the evaluation and makes recommendations should not be the direct provider of service - this is a conflict.	Feb 2, 2011 5:09 AM
272	Reports done quarterly to follow their progress and to make sure the services are appropriate.	Feb 2, 2011 5:21 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
273	Service providers should be responsible for letting service coordinators know updates on children because too often the service coordinators do not have the time to manage their caseloads effectively.	Feb 2, 2011 5:22 AM
274	Evaluation of the child's progress by 6 month progress reports, and independent evaluations completed by the family.	Feb 2, 2011 6:00 AM
275	Personnel involved in the treatment of the child need to report to parents/caregivers every 6-8 weeks on the child's progress. If the child is not making progress, professionals should make recommendations on how to change services to improve outcomes.	Feb 2, 2011 6:03 AM
276	There should be ongoing assessments/reviews every six months in regards to the specific discipline, as well as the early intervention specialist. Goals should be reviewed by the family and treating professional and a team meeting with all members should be held at least annually. Parents should have a responsibility as well to keep appointments and work with the child's team.	Feb 2, 2011 6:21 AM
277	Use a BCBA to supervise.	Feb 2, 2011 6:32 AM
278	Do fund only research based ABA program- don't waste money on "infant stimulation" "floor-time" for chilren on the autism spectrum disorder. (Those therapies may work on children with less disabling conditions, but not with children with autism.)	Feb 2, 2011 6:33 AM
279	A clear assessment from the health care provider with appropriate, measurable goals for each child. Progress reports from the health care provider every 6 months. Re-assessments from the health care provider every 12 months.	Feb 2, 2011 8:07 AM
280	Establish standards monitor progress	Feb 2, 2011 1:51 PM
281	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
282	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 3:31 PM
283	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 4:51 PM
284	we already receive reports prior to each 6 month review, these are sufficent seems like a waste of money to do a full developmental eval prior to closing a case when a child turns three when inital eval did not show any delays other than speech--which is by far the most common referral	Feb 2, 2011 5:07 PM
285	home bassed- natural environment provided by an early interventionist	Feb 2, 2011 5:17 PM
286	Standard assessments evaluate starting levels and progress.	Feb 2, 2011 5:36 PM
287	Reflected on current developmental assessments and progress reports.	Feb 2, 2011 5:42 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
288	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 5:48 PM
289	Monthly meetings with the parents is a must to keep up on the progress and make sure everyone is on the same page with the programs and servicies that the child is receiving.	Feb 2, 2011 6:00 PM
290	First of all, there have to be ways of measuring progress. For that, there have to be measurable, objective goals. There must be a plan in place that is individually appropriate for the child, that take into account the abilities of that child. The goals must be age appropriate and specific for that baby. Goals should be set that are both short and long term, so that they may be met (or not met) in six months, and then the long term (bigger picture) goals in one to two year increments. The goals need to be reasonable and realistic for that child.	Feb 2, 2011 6:03 PM
291	service standard need to coincide with the feds. Coaching in Early Childhood should be the standards. Many states have already implemented this model based upon federal guideline from 1993. Californina is far behind the times with our Early Start Program	Feb 2, 2011 6:12 PM
292	no comment	Feb 2, 2011 6:16 PM
293	Bench mark goals set in the IFSP or IPP.	Feb 2, 2011 6:30 PM
294	set goals and do quarterly progress reports.	Feb 2, 2011 6:49 PM
295	a	Feb 2, 2011 6:49 PM
296	Measurable goals and objectives. Parent/ program report.	Feb 2, 2011 6:50 PM
297	Agencies and vendors should be required to submit quarterly reports regarding progress and work for each child.	Feb 2, 2011 6:52 PM
298	infants and toddlers with disabilities should be surrounded by typically developing peers. Segregated classrooms should be made more mainstreamed. parents need to follow through on activities during the week when their child isn't with the infant development specialist or therapist. This system only works if families follow through and support their childs development. Families need to be made accountable for how they are benefiting from the service. They need to follow through on recommendations and become a proactive member of the team	Feb 2, 2011 6:57 PM
299	Move away from natural environments. Kids are better served in IDP.	Feb 2, 2011 6:59 PM
300	IFSP's once per year cover the needed therapies, but a system of brief updates would help the rest of us who also are involved in this population. It would lead to clearer communication and each service provider could support the recommendations of the others.	Feb 2, 2011 7:02 PM
301	Parent must be "on board" for services to be useful and effective.	Feb 2, 2011 7:10 PM
302	Progress reports at least every 6 months; regular testing using objeective testing instruments.	Feb 2, 2011 7:21 PM
303	the child should receive direct therapy and the parents should also be trained so they can provide this also	Feb 2, 2011 7:23 PM
304	I think the current standards are appropriate.	Feb 2, 2011 7:37 PM
305	Reports with measurable goals and objectives should be submitted every 6 months. Parents should be provided with forms to provide evaluation and feedback on the effectiveness of the Early Start provider.	Feb 2, 2011 8:48 PM
306	Create a team for each consumer that consists of the public school officials, therapists and care-givers.Conduct quarterly assessments and team meetings to track a consumers progress and adjustments to the therapy plan.	Feb 2, 2011 8:59 PM
307	Usefulness and effectiveness of services should be termined by the IPP Team at every IPP meeting, as described in the Lanterman Act Section 4646.5 (a)(6)	Feb 2, 2011 9:30 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
308	Progress monitoring every 6 months.	Feb 2, 2011 9:31 PM
309	constant analysis and testing	Feb 2, 2011 9:35 PM
310	TO BRING OUT SPECIAL QUATITIES THEY CHIDREN HAVE FIND OUT	Feb 2, 2011 9:39 PM
311	make sure there is a plan and there is some sign or growth. Even if small	Feb 2, 2011 9:44 PM
312	*progress *parents' input	Feb 2, 2011 9:58 PM
313	Random audits should be performed of Regional Centers, and periodic progress reports should be provided to show the services are useful and effective.	Feb 2, 2011 9:58 PM
314	Quaterly reports from IRC and pro Oder to track progress.	Feb 2, 2011 9:59 PM
315	Parent input	Feb 2, 2011 10:00 PM
316	SAME AS PRIOR	Feb 2, 2011 10:01 PM
317	Setting and monitoring goals along with clinician and parent judgment is he best way to determine this.	Feb 2, 2011 10:08 PM
318	Provided to provide quarterly goal objects to the regional center and a quarterly report documenting progress. Parent surveys to determine if service is being provided, is appropriate.	Feb 2, 2011 10:08 PM
319	Do not implement a $750 million cut to the Department of Developmental Services (DDS) budget. It is too drastic! We need these services for our kids on the spectrum!	Feb 2, 2011 10:11 PM
320	Child demonstrates measureable growth in areas of concern as measured by appropriate criterion referenced assessment/evaluation tools.	Feb 2, 2011 10:12 PM
321	1. Family goals are important 2. Family outcomes need to be measured 3. Infant/child outcomes need to be measured 4. Documentation of service frequency 5. Use family surveys to measure family perceptions of useful/effective services	Feb 2, 2011 10:14 PM
322	Supervision Reportd bi-monthly	Feb 2, 2011 10:21 PM
323	communication with service coordinator is key, written report as mandated by each regional center to monitor progress.	Feb 2, 2011 10:29 PM
324	every month fill out a questionnaire to see if any improvements have being made.	Feb 2, 2011 11:05 PM
325	Services should be provided according to the best possible evidence-based ABA practices. There is a lot of quackery out there. There is a great deal of information available regarding evidence-based practices. Families and regional center staff need to be educated regarding appropriate criteria for evaluating service efficacy.	Feb 2, 2011 11:07 PM
326	Measurable goals and objectives are a must. If goals are not met, a different approach might be called for. Goals have to be reasonable. Therapists have to remember they are not there to teach the next developmental milestone, but to help child achieve skills to the best of their potential. Once child is performing within the average range, decrease level of intervention, or discharge. With some of these children, it might be better to do X sessions of therapy for X number of weeks, let the families work on the techniques that are thought, then go back in a few month to monitor, and provide an updated home program or a few more sessions of therapy if needed.	Feb 2, 2011 11:08 PM
327	Service can be useful, for example: Speech Therapy can be made possible if either or both the local Regional Center and Insurance company approved for a child with special needs can receive the necessary benefits/placement in a program for therapy.	Feb 2, 2011 11:10 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
328	Looking more at the greater picture of a child other than how they look on paper or durnig one visit.	Feb 2, 2011 11:23 PM
329	Regular surveying of parent or consumer about usefulness/effectiveness.	Feb 2, 2011 11:32 PM
330	Require intervention to be consultative after a given time to monitor parent progress in implementing recommendations. Intensive training first, then reduced to consultation after a gven number of sessions. Transition as early as possible to community based programs. Allow RC to fund services in community settings to train community program staff and promote early transition planning to school district.	Feb 2, 2011 11:33 PM
331	Pay attention to medical standards of care. You don't dump a child who does not have normal physical development after three months. As long as the physical development is not age appropriate, they need and benefit from PT. Parents are not therapists. Every parent has to follow through daily on physical and occupational therapy to see maximum benefit, seeing them once every three months is completely inadequate, and downright abusive. It could prevent a child who has the potential to overcome their physical disability from getting the treatment they need, and could result in a lifelong crippling condition that could have been avoided.	Feb 2, 2011 11:41 PM
332	Through regular evaluations to make sure the person is getting the appropriate intervention. Close supervision of private vendors to make sure the government money is being used in the most effective way.	Feb 3, 2011 12:12 AM
333	Current practices are excellent.	Feb 3, 2011 12:14 AM
334	Testing on their improvements	Feb 3, 2011 12:22 AM
335	Reports t selected intervals, parent reorts, input from other providers	Feb 3, 2011 12:42 AM
336	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 12:56 AM
337	monitoring the service and surveys by parents and organization	Feb 3, 2011 1:27 AM
338	Hire quality educated teachers. Jennifer Ormsbee is a perfect example.	Feb 3, 2011 1:31 AM
339	Meet with all who work with client.	Feb 3, 2011 1:50 AM
340	Ask schools about the possibility of this training again. As this program shut down about 1978.. Marindale is still operating.	Feb 3, 2011 1:55 AM
341	Services should only include physical, occupational and speech therapy. Pre-testing and post-testing should reveal progress or lack of-	Feb 3, 2011 1:57 AM
342	EIBI: Require parent participation. Time limit the service.; Vendor reports with specific criteria such as parent participation in sessions based on data ; parent participation outside of sessions in natural community based on data.	Feb 3, 2011 2:11 AM
343	Service providers should have training and certification in working with young children. Services and interventions should be evidence-based and not dictated by individual agencies who have a financial stake in providing more services.	Feb 3, 2011 2:23 AM
344	Continue to have follow ups with anyone involved and meet with service providers to see if it needs to be changed in anyway..to avoid wasting time/money to remain productive and end results...improve the childs condition	Feb 3, 2011 2:57 AM
345	Parent/caregiver education is crucial in making the services the most effective. Following through with the home program or suggestions of the professionals is imperative to the client progressing and improving.	Feb 3, 2011 3:01 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
346	Regional Centers and service providers should have a raport with one another. All IFSP and 6mth reviews should be completed jointly as a team withthe Regional Center Service Coordinator and the service providor present with the family for those meetings. Presently, not ALL regional Centers follow this practice. Service Providors should be expected to update the Regional Center Service Coordinators monthly by email regarding the child's progress and bi-annually witha formal Progress Review to include most recent developmental levels. Service Providers should be accountable to all goals through appropriate documentation of services provided and what the child achieved or worked on at each session. Services Providers should be expected to obtain parent signatures to verify attendance of sessions with the time in/out recorded.Service providors should also be expected to provide the family with weekly recomendations for continued growth regarding their child's development.	Feb 3, 2011 3:15 AM
347	To have case manager monitor their cases often.	Feb 3, 2011 3:23 AM
348	Evaluate for correct placement before beginning the program and follow up each month to note any changes.	Feb 3, 2011 4:06 AM
349	IEP meetings and meetings every 3-6 months to discuss progress and goals.	Feb 3, 2011 4:31 AM
350	parent participation is key and consistency in the comapny or provider	Feb 3, 2011 4:35 AM
351	Assessment must be provided before the child begins the intervention and must be reviewed not less than every 4 months to determine effectiveness and progress and change goals if they have been met and evaluate techniques if they have not.	Feb 3, 2011 4:57 AM
352	no comment	Feb 3, 2011 5:06 AM
353	Individual protocol based on multiple forms of assessment ie., formal assessments plus input from parents, doctors, and therapists.	Feb 3, 2011 5:23 AM
354	Written evaluationa and assessments and collaboration with pediatricians.	Feb 3, 2011 5:24 AM
355	Reevaluation every 6 months	Feb 3, 2011 5:50 AM
356	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 6:04 AM
357	The licensed professional providing services shall regularly document and evaluate the progress and usefulness of the service provided based on professionally accepted standards.	Feb 3, 2011 6:16 AM
358	Services should be very parent-oriented and emphasize parent training. Parents need to learn how to apply interventions when the specialist is not in the home. Specialists should not only follow an IFSP plan but also cater to parents needs if they are not listed on the plan such as feeding difficulties or behavioral issues. The goal of services is for the child to meet their developmental milestones, but also for their family to be able cope with the child's disability in a proactive way.	Feb 3, 2011 6:17 AM
359	What are we paying you for? Must we give you all the ideas?	Feb 3, 2011 6:18 AM
360	I think that the setting for some of these services should be revisited and may become more cost effective by doing so. Center based options are great for parent training because it is in group setting, no pressure for the parent and they can see they are not alone in dealing with their child's special needs. They get to network and a support system is built up. The older kids, 2 yrs and up would get an opportunity to develop social skills in a supervised and structured setting. ES could pay group rate rather than individual rate which should be more cost effective.	Feb 3, 2011 6:25 AM
361	Quarterly evaluations. Same standard as Valley Mountain Regional Center.	Feb 3, 2011 6:42 AM
362	Same standards as Valley Mountain Regional Center.	Feb 3, 2011 6:47 AM
363	feedback from family and therapist and 3rd party re-eval	Feb 3, 2011 6:47 AM
364	Monitoring of offered services, and taking parent feedback	Feb 3, 2011 6:52 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
365	3 month reports by therapist	Feb 3, 2011 7:11 AM
366	There can be a review every 3 months and even a weekly report by the parent.	Feb 3, 2011 7:54 AM
367	Regional Center should send out surveys to determine who the best providers are and only fund those providers. That would help thin out the number of patently unqualified therapists and supervisors that we run into every day. With our previous ABA provider I would estimate that only one out of five therapists that we had was truly qualified. As to the supervisor, we would ask for help with our 2 year old at high risk for autism son, and the supervisor would always respond with something about her 3 year old neurotypical girl.	Feb 3, 2011 8:02 AM
368	Consistency in hours allocated. Quality of professional therapists.	Feb 3, 2011 8:06 AM
369	If a child is making progress, they are effective and useful. If a child isn't making progress related to Autism treatment and the same goal is being worked on for 6 mos, the goal should be changed. If more than 45% of the goals are repeating continually (over a year), the service may not be effective. This is particularly the case with Autism treatment. How long can a child work on matching skills? If it isn't learned in 6-12 mos, it most likely won't be learned. Goals being targeted should be age appropriate. Even Autism services should do developmental testing and provide age scores. If there aren't delays in an area of development (ie: Gross motor) there shouldn't be goals written. Typically 1 goal is 1 hr/wk of autism treatment. Thus, this may reduce the number of goals and therefore, reduce the number of hours.	Feb 3, 2011 8:49 AM
370	1. Talk to parents about what they are seeing--are services meeting their needs to understand and assist their child's development 2. Require providers to write a clinical note with EVERY visit that reflects goals, activities toward the goals, child's response, and plan for next therapeutic visit, as well as suggestions communicated to parents 3. make sure child's care providers are mentally and emotionally invested in their child's treatment--this is challenge of service provider	Feb 3, 2011 1:50 PM
371	With babies, change is constant. 6 month reviews are a great way of documenting change.	Feb 3, 2011 3:55 PM
372	The same as behavior intervention, data driven intervention is the only way effectiveness can be measured irregardless of who provides the services.	Feb 3, 2011 4:38 PM
373	Providers need to have credentials and personal references that they are humane, fun and kind. They also need to be kind to the parents.	Feb 3, 2011 4:39 PM
374	Observations, evaluations, and surveys based on parent information,etc.	Feb 3, 2011 4:57 PM
375	All children under three should be given Early Start services. By excluding children who are not the most severe you are being penny wise and pund foolish. Kids who are prevention kids stand the best chance of improvement with traditional Early Start Services. By taking them out of ES you are asking for them to be a long term financial burden on the education and Regioanl Center system then they would if you gave them the ES services up frot so they could get the help they need then and move on to full inclusion thereafter.	Feb 3, 2011 5:02 PM
376	Parent input and observation. Informal assessment periodically, semi-annually.	Feb 3, 2011 5:15 PM
377	Monitoring and reporting on a regular basis - mandatory - which should be overseen by a panel of experts.	Feb 3, 2011 5:16 PM
378	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 5:20 PM
379	Outcomes that are marked as met or not met; parent input; specialist and therapist input	Feb 3, 2011 5:32 PM
380	They will allow the child to become more developmentally typical. Without these services, many children never learn to talk or walk etc.	Feb 3, 2011 5:35 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
381	Measurable goals shall be included in initial assessment and reported upon to early start coordinator every 2 - 3 months.	Feb 3, 2011 5:36 PM
382	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 5:41 PM
383	Monitoring of offered services, and taking parent feedback	Feb 3, 2011 5:44 PM
384	Frequent report and new goal/objective setting, as children under 5 generally change rapidly.	Feb 3, 2011 6:06 PM
385	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
386	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 6:34 PM
387	As with anything else periodic review of the case.	Feb 3, 2011 6:38 PM
388	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 6:48 PM
389	Data and outcome measures	Feb 3, 2011 6:56 PM
390	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 6:59 PM
391	if the children are progressing enough would to me let u know if more or les sis needed	Feb 3, 2011 6:59 PM
392	I feel the same for all services as I do with the first survey I took.	Feb 3, 2011 7:17 PM
393	allow parents to make choices regarding service providers	Feb 3, 2011 7:30 PM
394	If the plan isn't working or being implemented than it is should no longer be available until a later time.	Feb 3, 2011 7:32 PM
395	Perhaps assessments by independent doctors or psychologists specializing in the disorder.	Feb 3, 2011 7:53 PM
396	There are enough professionals and organizations dealing with these families that these program is useful and effective.	Feb 3, 2011 8:08 PM
397	Include Conductive Education Therapy as a viable and practical daily service for children with cerebral palsy and related disabilities. Allow for options when speech services are needed outside of what the school can provide.	Feb 3, 2011 8:10 PM
398	Change the regional center's frame of reference on providing services. Theyre goal should be to see improvement, reward the improvement with increased efforts/therapy, and study the whole child to see what other areas might be suffering and overshaddowed by a larger issue. Take into consideration the realities of life - is the parent a single parent and at work full-time? If so, exceptions need to be made to help the child with transportation, extra therapy, etc in order to make sure that the program is effective.	Feb 3, 2011 8:12 PM
399	The service provider should submit a progerss report every 6 months and have the levels on them in oder to mesure progress or if the child no longer requires the service. Also there should be a standared format on all of the reports they submit. Some providers are very detailed and others are not.	Feb 3, 2011 8:32 PM
400	Need to be sure parents follow through with therapist home programs and become active, not passive participants in their child's therapy.	Feb 3, 2011 8:39 PM
401	Measure their effectiveness at a specific time during each year or multiple times per year.	Feb 3, 2011 8:47 PM
402	Data collection on all program goals, quarterly meetings with family and ALTA to ensure progress is being made.	Feb 3, 2011 8:55 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
403	From my experience global programs (regional center service code 805) are much less structured and involve too many professionals to be effective. Most behaviors would be best served by direct behavioral services (regional center service code 612). This is a more intense direct service that targets specifically the areas of delay. There should be a shift to more intense behavioral services to shorten the time each consumer will be in a program and cut long term costs.	Feb 3, 2011 8:56 PM
404	Show outcomes	Feb 3, 2011 8:56 PM
405	Require parental participation in ongoing therapy and home program, no passive parents. If they don't participate, then no therapy services should be provided.	Feb 3, 2011 8:57 PM
406	Continued progress reports, giving measurements of development on a regular basis.	Feb 3, 2011 9:12 PM
407	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 9:14 PM
408	Goals and benchmarks should be established and progress toward those goals should be measured at a frequency defined in the IFSP.	Feb 3, 2011 9:27 PM
409	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 9:37 PM
410	Parent training. Staff training and development. Frequent staff evaluation.	Feb 3, 2011 10:00 PM
411	Parent education - clear understanding of goals, assessment and reporting on progress.	Feb 3, 2011 10:02 PM
412	There must be parental involvement and fading out of services when appropriate.	Feb 3, 2011 10:11 PM
413	Monthly evaluations or semi-yearly evaluations	Feb 3, 2011 10:11 PM
414	data! regular monitoring.	Feb 3, 2011 10:21 PM
415	I believe that the current system is sufficient to determine the value of services rendered.	Feb 3, 2011 10:23 PM
416	Monthly evaluations would show how effective each service is to the child. With the evaluations we can make sure the child is progressing successfully in his development.	Feb 3, 2011 10:36 PM
417	As with behavioral services, these services should be monitored via regular reports (i.e. monthly, bimonthly, etc) which indicate the progress and/or absence of progress to specific and measurable goals that were developed by the parents and service provider.	Feb 3, 2011 10:48 PM
418	Write goals for the child with the family and check with them to see how they are achieving their goals within 3-6 mos. at a time.	Feb 3, 2011 11:05 PM
419	Perhaps quarterly evaluations to determine effectiveness. If a service is not seeming effective enough, then consideration needs to be made for more service hours.	Feb 3, 2011 11:12 PM
420	Follow up assesments and family questionaires should be provided semiannually.	Feb 3, 2011 11:14 PM
421	Evaluations of goals every 3 to 6 months	Feb 3, 2011 11:27 PM
422	PMT meetins reviews collaborative efforts with parents, vendor & case workers	Feb 3, 2011 11:27 PM
423	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 11:38 PM
424	Special schools with the target to mainstream as soon as appropriate.	Feb 3, 2011 11:47 PM
425	Credentialing process, site visits.	Feb 3, 2011 11:49 PM
426	create assessment to complete quarterly	Feb 3, 2011 11:57 PM
427	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 12:04 AM
428	Whichever the professional rrquires	Feb 4, 2011 12:06 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
429	specifics as to what goals are and how goals are attempting to be met.	Feb 4, 2011 12:57 AM
430	Yes- this would be helpful for all members of the planning team.	Feb 4, 2011 1:08 AM
431	We already have excellent providers and services in this area.	Feb 4, 2011 1:25 AM
432	Ways in which you should make sure that standards are being followed by service providers is by having set hours for each individual that works with the company. Also follow through with the work they are doing to make sure that they are using their time effectively. Watch all workers closely, to identify any flaws or unethical practices. One other thing is to follow along with any reports on the children that are being worked with and make sure that there is a progress being made, because if there isn't progress being made, maybe there is a flaw in the actual program.	Feb 4, 2011 1:32 AM
433	Monitoring and supervision from a regulatory agency.	Feb 4, 2011 1:41 AM
434	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 1:48 AM
435	One of the problems I see in our area is that service providers go into homes, so there is much time spent and wasted traveling from home to home. The home is the natural environment, but other natural environments such as community programs don't seem to be used. In other words, we do not partner with First 5, city programs, or other naturally occurring community programs for young children. We may refer our families to these programs, but we do not have any joint ventures whereby parents are going to a typical program, getting support from a specialist at that program, and perhaps also taking advantage of other services that these locales provide (e.g., a community center that provides preschool classes, esl, and possibly a parent-tot class; ymcas). If parents go to one of our group programs, they are still pretty specialized locations. Parents cannot bring the siblings, and the programs may be located at quite a distance from the child's home. While programs for typically developing children are available weekends and evenings, none of our programs are, ignoring the reality that many parents of young children work outside the home. Home programs are great for the youngest infants; they are intimate. Providers get to know the parents well. However, I am meeting more and more parents who share how isolated they feel, not just related to a child's disability or delay, but in general. Parents who are at home may be in the minority, so they may be surrounded by apartments with few other moms and kids. I wonder if there is a way that we can support the building of community among parents, in locations close to where they live.	Feb 4, 2011 2:02 AM
436	Evaluation of the child and close monitoring.	Feb 4, 2011 2:44 AM
437	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 2:48 AM
438	Frequent evaluation per provider assigned professional and parents need to be established.	Feb 4, 2011 3:01 AM
439	Biannual evaluations. Perhaps, if one would want to ensure that the therapist is not simply saying the child needs more therapy for their own benefit, independent evaluators should be hired.	Feb 4, 2011 3:12 AM
440	Parents need to be commited to setting aside a time to work with their child on the skills that need to be learned. When the parent reinforces the skills, the child learns quicker from practice to make it more useful and effective.	Feb 4, 2011 3:13 AM
441	I believe the standards in place are effective.	Feb 4, 2011 3:58 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
442	Continue with 6 month reviews, ensuring that children are making functional progress, and that the service providers are setting realistic goals. Also caregivers need to be empowered, and held responsible, for carrying out home programs that support what the therapists' goals are. Parents need to buy into the goals established by therapists, and be active in working with their child to meet these goals.	Feb 4, 2011 4:20 AM
443	check with parents	Feb 4, 2011 5:04 AM
444	Parents and primary caregivers need to participate directly in all sessions so they can follow-through with a home program and share information that is unique about the child. Collaboration is essential. Parents and providers need to set goals and determine progress together.	Feb 4, 2011 5:23 AM
445	Specific measurable goals should be set. Secondly, if the goals are not being met, a thorough assessment as to why they are not being me should be pursued to see if there is an physical impediment. If no addressable impediment can be detected and their is no progress in those goals then the service should be stopped.	Feb 4, 2011 5:43 AM
446	Solicit and respect parent input, and give it priority.	Feb 4, 2011 5:49 AM
447	parent surveys and child outcomes	Feb 4, 2011 5:49 AM
448	Survey parents.	Feb 4, 2011 5:52 AM
449	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 6:35 AM
450	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 7:30 AM
451	progress reports, parent reports	Feb 4, 2011 8:08 AM
452	Set clear and measurable goals and monitor progress.	Feb 4, 2011 9:24 AM
453	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 3:14 PM
454	If they are part of the normal check up, these problems should be caught. Also, train pediatricians, if they aren't already to be aware of the early signs.	Feb 4, 2011 4:09 PM
455	Reviews every 6 months.	Feb 4, 2011 4:34 PM
456	Ensure that there are no waiting lists. My son was on waiting lists for six months for some therapies before they even started, and he had a 6 week break in physical therapy because the therapist went on a planned maternity leave and ALta said I had to get on a waiting list for another therapist. When there is such a small window of time to get services, babies should not have to wait months to start services. . .	Feb 4, 2011 4:41 PM
457	Quarterly meetings with discussion of results	Feb 4, 2011 4:46 PM
458	Same as previous section	Feb 4, 2011 4:54 PM
459	Regional Center should request quartly updates from the providers. If a provider is not making a difference in a child life is time to look for another provider.	Feb 4, 2011 4:55 PM
460	One on one communication	Feb 4, 2011 5:00 PM
461	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 5:09 PM
462	Parents are asked bi-annually how services are going. This in addition to phone calls by service coordinators and family surveys would be adequate tools to evaluate effectiveness.	Feb 4, 2011 5:09 PM
463	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 5:25 PM
464	the overseeing person should evaluate after 2-3 months.	Feb 4, 2011 5:40 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
465	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 5:42 PM
466	Ask the parent	Feb 4, 2011 5:42 PM
467	This should be determined by the IFSP/IPP team of the child.	Feb 4, 2011 5:47 PM
468	Having trained infant teachers is crucial and having someone on the team making sure services are coordinated and not duplicated.....often see duplication of services and families "overserved".....which is not effective.	Feb 4, 2011 5:51 PM
469	Above comments in mind, families need to play an integral role. It needs to be clearly written in the language the family uses for primary communication, that they MUST participate in each session either through observation or "hands on" activities. Families MUST be informed that their child's progress in largely dependant on them...therapist provide information but are not presetn 24 hrs/day, 7 days/week.	Feb 4, 2011 5:57 PM
470	Goals and progress towards goals.	Feb 4, 2011 6:09 PM
471	Reassessments after 3 months compared to baseline	Feb 4, 2011 6:24 PM
472	Service standards should be clear and accessing them should not involve run-arounds; always getting shuttled to other people or frequent last minute cancellations of services. Infants need consistency in the person who is providing services and the parents should not be placed in the frequent position of never being able to find out what their child is entitled to receive -- or having these services scuttled or shifted frequently.	Feb 4, 2011 6:50 PM
473	Service providers are currently required to update goals and progress every six months. While this is adequate, quarterly updates may be more beneficial to both the regional center and the families.	Feb 4, 2011 6:58 PM
474	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 7:01 PM
475	The same as previous #3.	Feb 4, 2011 7:15 PM
476	Doctors and the Regional Center should review each case	Feb 4, 2011 7:28 PM
477	Developmental assessments need to be completed at least every six months. Service Coordinators need smaller caseloads for infants and toddlers so they can contact families more frequently and work out any issues. Therapy services (speech, OT, PT) need to be available when needed. Three to eight month delays in therapy services due to insurance and authorization issues are not acceptable. Teachers and home visitors should meet new EIS or EIA standards.	Feb 4, 2011 7:37 PM
478	Need some kind of monitoring system....	Feb 4, 2011 7:43 PM
479	The parents and/or caregivers need to be heavily involved so that the therapeutic effects carry over into everyday life.	Feb 4, 2011 7:46 PM
480	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 7:47 PM
481	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 8:12 PM
482	Review, parent participation, training and constant therapy.	Feb 4, 2011 8:17 PM
483	Usefulness and effectiveness should be determined by the IPP Team at every meeting.	Feb 4, 2011 8:32 PM
484	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 8:52 PM
485	Therapists should provide documentation to provide evidence of the effectiveness of the therapies.	Feb 4, 2011 9:00 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
486	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 9:11 PM
487	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 9:15 PM
488	3rd party follow-up, documentation, observation, testing	Feb 4, 2011 9:23 PM
489	Train them in what you want, tell them and make it PLAIN, then be FAIR and IMPARTIAL in treatment and rewards.	Feb 4, 2011 9:31 PM
490	There is lack of clarity between 805 and 116 services. They seem to be used interchangably but have different rates. More clarity would be helpful. Also, require that the parent sign off on a form from the provider confirming services were performed either each time or for the month and require providers to send in these forms to the RC with their billing.	Feb 4, 2011 9:41 PM
491	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 9:52 PM
492	Communication between the families, the regional center case managers and the service providers.	Feb 4, 2011 10:03 PM
493	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 10:18 PM
494	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). The payment sequence should not be so heavily weighted to the BCBAs that barely trained, poorly supervised junior therapy assistants become the real interventionists in all ABA. We need folks to be experienced and retained at junior levels.	Feb 4, 2011 10:26 PM
495	Utilize several outcome measurements including objective and measurable goals, attendance, progress, etc.	Feb 4, 2011 10:30 PM
496	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 10:34 PM
497	Re-evaluations need to be repeated at designated interviews and progress or lack thereof need to be documented before further services are approved	Feb 4, 2011 10:39 PM
498	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 10:41 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
499	Writing clearly defined measurable goals is needed. Also, consumers with "global developmental delays" should start with an IDP. For example, the area of communication/language, my area of expertise (I'm a licensed SLP), does not develop independent of related areas like, social and cognitive. The fact is language develops in a predictable sequence up until around the age of 6 - 7 years and matures at a pace with other areas of development. If the consumer is showing commensurate delays in language, social and cognitive/problem solving, the IDP can often address the foundations/building blocks for language. If the consumer, through reports, begins to show a significant gap between language and the related areas, speech therapy should be considered. You could also build in provision for a "consultative model" for the globally delayed child, where the family receives periodic consults with a specialist (ST, OT, and/or PT depending on need), or consider a program like the Hanen, It Takes Two To Talk (a lovely program designed for birth - 3 that involves parent small group training and individual consultations with those parents/consumers enrolled; there are videotaping sessions and feedback built into the program delivered by a certified ITTTT certified SLP). I attended and became a certified instructor in ITTTT about 3-years ago, have compared costs to individual speech therapy, and the ITTTT is still less expensive over time, but my regional center doesn't fund it yet. However, in light of these budget issues, they are now reconsidering it, which is great! For ES consumers demonstrating a "sole delay", service provision should be directed to that specialist (ST, OT, PT). Because many regional center IDPs have children with multiple delays, a sole speech-language delayed consumer will not necessarily have the appropriate language models from peers in these IDPs. So, my recommendation for socialization would then be to have the consumer receive speech therapy but attend a generic community-based early childhood program that would have the appropriate language models from peers for such a child.	Feb 4, 2011 10:51 PM
500	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 10:55 PM
501	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 11:11 PM
502	Usefulness and effectiveness of services should be determined by the IFSP Team at every ISFP meeting,	Feb 4, 2011 11:14 PM
503	monthly written progress reports	Feb 4, 2011 11:16 PM
504	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 11:19 PM
505	We already have progress reports in place which have measurable goals to check if progress is being made.	Feb 4, 2011 11:26 PM
506	Same as all areas - define goals in advance, and periodically measure success.	Feb 4, 2011 11:34 PM
507	You will see growth and effectiveness if the child continues the program on a regular schedule.	Feb 4, 2011 11:42 PM
508	Usefulness and effectiveness of services should be determined by the Individual Program Plan (IPP) meeting, as described in The Lanterman Act Section 4646.5(a)(6).	Feb 4, 2011 11:54 PM
509	Ongoing assessments as determined by each discipline (e.g. speech, OT, PT, DTT)	Feb 4, 2011 11:56 PM
510	All services must include parent training and participation. If parent is not able to participate, or learn the appropriate skills, then the services are to be discontinued.	Feb 5, 2011 12:00 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
511	Whether the services is useful and effective is determined by the IFSP team. Lanterman Act 4646	Feb 5, 2011 12:02 AM
512	6 month report provided by the service provider documenting goals, and progress to achieving those goals.	Feb 5, 2011 12:11 AM
513	Setting achievable and appropriate goals for both short and long-term. Providing specific examples of therapies or interventions used to meet these goals and quarterly reporting to evaluate the effectiveness of the services and the provider.	Feb 5, 2011 12:18 AM
514	same as given in the other answers on this form	Feb 5, 2011 1:21 AM
515	Customize each intensive program to that child specific needs	Feb 5, 2011 1:25 AM
516	Based on assessment of the child's progress.	Feb 5, 2011 1:45 AM
517	Evaluation Pre- Post intervention.	Feb 5, 2011 3:40 AM
518	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 3:52 AM
519	Again, having the consumer assess the intervention and the service coordination.	Feb 5, 2011 5:34 AM
520	Based on current research, evidence-based standards if available and concensus when they are not	Feb 5, 2011 5:45 AM
521	Parent feedback will be most effective. Also, progress should be noted in test scores and in bi-annual reports. Therapy techniques used should be research-based to ensure effectiveness.	Feb 5, 2011 5:54 AM
522	Goal setting and regularly scheduled meetings to discuss progress and make any necessary changes in goals.	Feb 5, 2011 6:30 AM
523	Frequent progress notes and re-assessment - perhaps quarterly	Feb 5, 2011 6:45 AM
524	evidence based interventions (ABA).	Feb 5, 2011 8:01 AM
525	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 2:45 PM
526	Continued daily / weekly service that is uninterrupted and specific to that child's needs.	Feb 5, 2011 2:51 PM
527	Parents should be required to attend parent training on what these services are and what they are not (babysitting, magic). Parents should all pay at least a nominal fee for services because services that are free are not valued. Parents who are not following through (no-shows) to home services should be required to attend group services once per week (mommy and me type) to both get training and have the child monitored in their development)	Feb 5, 2011 4:13 PM
528	Should be individually based with appropriate goals. Parents should be included in writing goals. Appropriate tests should be given to see areas of weakness.	Feb 5, 2011 4:19 PM
529	Again, you need to rely on data collection from the clients to assess the effectiveness of the service provider. I know speech services are very expensive, and there are some pretty lousy speech therapists out there collecting money for crappy services. Same with the autism service providers. Regional center employees should be observing the services provided to determine the qualifications of the service providers. By the way, we also had some wonderful therapists as well:)	Feb 5, 2011 4:57 PM
530	Communication between the parent(s) and the service provider with data collection sheets.	Feb 5, 2011 5:00 PM
531	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 5:20 PM
532	same as first set	Feb 5, 2011 6:39 PM
533	monitor progress	Feb 5, 2011 7:57 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
534	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 8:44 PM
535	Collaboration with family members to monitor satisfaction and create measurable progress. Continued progress reports at specific intervals. Provide services in the home environment specifically rather than at an outside clinic in order to directly improve carryover and rate of success. Early intervention really needs to be occuring in the child's natural environment with direct parent involvement. Make sure that all evaluations and assessments provided by service providers are thorough and accurate in order to avoid reassessment later by another professional in the same discipline.	Feb 5, 2011 9:00 PM
536	The infant development program or theraputic agency should send infant teacher along with supervisor to provide the service. Supervisor should go at least 1-2 times per month.	Feb 5, 2011 10:04 PM
537	All....education, parent education, early intervention, behavior, parent support, assisted technology, O.T., Speech, P.T.	Feb 5, 2011 10:07 PM
538	Quarterly monitoring of infant/toddler progress with data drive, objective goals and measures	Feb 5, 2011 10:25 PM
539	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 10:52 PM
540	not sure, is a case by case decision	Feb 6, 2011 2:25 AM
541	There should be well defined agency standards (per developmental domain) regarding the expected demonstrated level of improvement required to continue therapy. This can be evaluated at six month and annual reviews (or more frequently-every 3 months).	Feb 6, 2011 2:59 AM
542	Written periodical evaluations of the childs progress,	Feb 6, 2011 3:29 AM
543	Regardless of any suggested standards, the consumer's parents and/or caregivers must still have input regarding early start 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 5:27 AM
544	Usefulness and effectiveness of services should be determined by the IFSP Team at every IFSP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 6, 2011 5:53 AM
545	Our daughter had to participate in ALL group therapy or ALL individual therapy for a therapy provided 2x/week. It would have been more effective at times to allow 1 individual and 1 group intervention per weekly service in one domain. For example, "OT group 1x per week and individual OT 1x per week."	Feb 6, 2011 6:08 AM
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 6, 2011 4:31 PM
547	Management supervision and follow up with parents for feed back.	Feb 6, 2011 4:59 PM
548	same as behavior standards	Feb 6, 2011 7:20 PM
549	check in with families often	Feb 6, 2011 9:49 PM
550	Goals and objectives followed through on by all involved.	Feb 6, 2011 10:44 PM
551	Same	Feb 7, 2011 2:49 AM
552	Usefullnes 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 5:12 AM
553	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 6:35 AM
554	let parents to apply the services to their children supervised for the provider. evaluate the child periodically, etc.	Feb 7, 2011 7:21 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
555	The assessors should have their doctorate (MD) in special education areas, especially spectrum disorders. The other workers should be well trained and have lots of shadow work.	Feb 7, 2011 8:02 AM
556	Monthly follow-up reports	Feb 7, 2011 2:55 PM
557	All vendors should provide intial assessments and use evidence based assesment tools. Vendors should submit quarterly reports to Service coordinators and Parents/caregivers showing progress made in program. All reports should include data supported progress as well as transition section showing that the program does have an end. There should be exit criteria for each program for when progress is not being made. Regional Centers should develop a Quality Assuance Tool for these types of programs.	Feb 7, 2011 5:27 PM
558	The IP Team at every IP meeting, as described in the Lanterman Act, should determine usefulness and effectiveness of services.	Feb 7, 2011 5:43 PM
559	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 6:19 PM
560	Review progress reports every 3-6 months	Feb 7, 2011 6:22 PM
561	Reliable, valid data, parent training and accountability.	Feb 7, 2011 6:45 PM
562	Usefulness and effectiveness of services should be determined by the IFSP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 7, 2011 7:51 PM
563	I think Regional Center should hire objective therapists and doctors to assess children and the children should be seen twice. First time with the child's therapist there, then another without. The case worker should require a short assessment and recommendation from the child's doctor and therapists and parents, in addition to the recommendation of the objective professional hired by RC. In my experience, Regional Center Case workers are notqualified to assess a child's needs, and it is VERY frustrating to watch as a parent.	Feb 7, 2011 7:58 PM
564	Reporting fndings, asking questions and revieweing the therapy or service.	Feb 7, 2011 8:22 PM
565	As stated in the prior section.	Feb 7, 2011 8:24 PM
566	Monitoring of offered services, and taking parent feedback	Feb 7, 2011 9:31 PM
567	Contract good, quality therapeutic agencies and centers.	Feb 7, 2011 9:48 PM
568	Many of these services are provided with specific timelines for improvement. Not all children will maintain what the "State" thinks they should . As longs as they are progressing, and maintaining a healthy state they should recieve whatever it takes.	Feb 7, 2011 9:57 PM
569	One clearly needs to see progress. This needs to be documented in the 6 month progress notes. The previous 6 month goals need to have been achieved and if not one has to explain why. Perhaps the child was sick for a few weeks, or teething slowed up the rate of hoped for progress. More emphasis from regional center service providers needs to be made towards the parents on the importance on follow through with the home programs that therapists suggest so that parents are more engaged with their childrens overall therapy goals. In some wonderful families, this indeed is the case. However, all too often, this does not happen.	Feb 7, 2011 10:25 PM
570	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 10:31 PM
571	Allow RC's to set the standards in their own communities.	Feb 7, 2011 10:44 PM
572	The IFSP team should determine usefulness and effectiveness at every IFSP meeting,	Feb 7, 2011 11:09 PM
573	Let the Regional Centers make the decisions regarding program services	Feb 7, 2011 11:13 PM
574	Pay for a comprehensive longitudinal study conducted by a respected consortium of universities.	Feb 7, 2011 11:52 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
575	The proof is in the pudding. It is very easy to measure speech and language progress either by observation, parent report or standardized testing.	Feb 8, 2011 12:13 AM
576	* Service providers use progress monitoring tools so adjustments are made based on child's progress (or lack of) * There is good communication between DDS personnel and school personnel to promote smooth transition for families and their children to school-based programs	Feb 8, 2011 12:28 AM
577	As much as it is not a fun thing to do, it's imperative that we continue to do developmental assessments on the babies twice a year. but rather than pinpoint them down to exact months developmentally (because there truly is a range in development)we give age ranges. Providing services to both the at risk and those diagnosed with developmental disabilities is so crucial from BIRTH - 3. As I said being a former NLACRC Prevention Unit employee from the late 80's, it makes a difference! And this saves tax payers' money in the long run as far as special education services and helps main streams these babies where then need to be. This is really cost effective if you look at the whole spectrum in a person's life time.	Feb 8, 2011 12:36 AM
578	With an interdisciplinary approach of an experience team of service providers, monitoring and further assessment is integrated into the service plan, providing information regarding progress, effectiveness and areas of on-going challenge.	Feb 8, 2011 1:01 AM
579	Progress reports and parent's input.	Feb 8, 2011 1:12 AM
580	What does the family say their needs are and how are those appropriately addressed through the standards? How are they monitored to determine usefulness and family satisfaction.	Feb 8, 2011 1:27 AM
581	All goals should be graphed and data should be presented to the regional center in the form of a graph. 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 1:57 AM
582	By the doctor	Feb 8, 2011 2:20 AM
583	All caregivers should be trained	Feb 8, 2011 3:15 AM
584	Infants have very specific growing patterns. There are several specific times when an evaluation is important. There should be an evaluation at 4 months, at 9 months, at 12 months, at 18 months, at 24 , at 30 months for transition to the school system and at 36 months.	Feb 8, 2011 3:22 AM
585	monitor the progress and development of the child. Speech and OT must be administered on a regular basis by a trained professional or we chance that they will not be effective.	Feb 8, 2011 3:27 AM
586	When the child achieves age appropriate levels and no longer demonstrates a delay then it has been effective. When parents can engage with their children and know how to engage with them despite their delays. Many parents are scared or don't know how to teach, play or engage with their developmentally delayed child. Therefore, if OT, PT, SLP can empower parents to carry over treatment techniques then it has been useful and effective.	Feb 8, 2011 3:44 AM
587	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 3:53 AM
588	Administration of developmental assessments and re-assessment. Progress notes with goal outcomes.	Feb 8, 2011 3:55 AM
589	I would be more forgiving with children so young regarding measuring progress.	Feb 8, 2011 4:17 AM
590	Use measurable goals	Feb 8, 2011 4:21 AM
591	are the children meeting2/3 of their goals or being referred for individual therapy evaluations if not.	Feb 8, 2011 4:24 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
592	The children need to make progress in order for therapy to continue at the current rate. Goals need to be set and improvements made, if not, the goals need to be re-evaluated or the level of service needs to be changed	Feb 8, 2011 4:41 AM
593	Follow-up weekly in conjuction with parental observations. Maybe monthly followup.	Feb 8, 2011 5:16 AM
594	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 5:29 AM
595	Again as previously stated.	Feb 8, 2011 6:07 AM
596	The services should require reporting documentation and should be monitored. The progress of the child should be analyzed.	Feb 8, 2011 6:24 AM
597	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 3:38 PM
598	Observation and collaboration with care providers	Feb 8, 2011 4:11 PM
599	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 4:22 PM
600	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 6:00 PM
601	Quarterly Reports and Clinical Attendance	Feb 8, 2011 6:35 PM
602	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 7:00 PM
603	Follow up with interviews of recipients to get feedback on usefulness.	Feb 8, 2011 7:35 PM
604	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 7:51 PM
605	evalutaions	Feb 8, 2011 9:17 PM
606	Data collection.	Feb 8, 2011 9:49 PM
607	Each child should be evaluated separately to assess their strengths and weaknesses and goals written to move toward. Goals that allow the child to learn/play/live more in the range of a typically developing child.	Feb 8, 2011 10:24 PM
608	Is the child making progress or not? Are the parents satisfied with the services being provided to their child? Are the parents being trained effectively to provide them with the confidence to carry out the recommendations given to the family? These are things we are currently doing and asking of families and therapists.	Feb 8, 2011 11:00 PM
609	Progress reports	Feb 8, 2011 11:16 PM
610	There should be many providers to choose from. When they want to, families should be involved in choosing a provider.	Feb 8, 2011 11:30 PM
611	Quarterly updates made on the child's IFSP	Feb 8, 2011 11:48 PM
612	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 11:51 PM
613	Services should be measured on parent feedback, parents are the child's greatest teachers. If they feel that the child is making progress and they understand the process of their child's development, then suffice to say that the program is effective. Additionally, progress becomes evident in progress reports and team meetings, including all staff and collaborative therapists.	Feb 9, 2011 12:06 AM
614	physical therapy: if a child qulaifies for p.t. due to 33% or 50% delay with gross motor and then improves to walking then p.t. should be discontinued. So many therapist continue recommending p.t. as the child is not 100% age appropriate. We should help the child with getting to walk and once the child has 20% delay or less then services stop.	Feb 9, 2011 12:44 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
615	Documentation	Feb 9, 2011 12:46 AM
616	Have quartly check-up.	Feb 9, 2011 12:47 AM
617	Services should be directed at family and care givers to maximize possibilities for development in everyday life.	Feb 9, 2011 12:50 AM
618	Frequent of assessment of the child should be made to insure that the child is receiving proper treatment.	Feb 9, 2011 1:33 AM
619	same	Feb 9, 2011 2:27 AM
620	Keep up with the progress of each child by having the parent or caregiver providew the information regarding the child's progress	Feb 9, 2011 3:15 AM
621	They have progress reports in place which measure goals to see if progress is being made and within each session notes are always being taken	Feb 9, 2011 3:49 AM
622	Regularly checking in with parents about the progress of the child, along with periodic re-assesment of particular strengths and weaknesses of a particular course of treatment should be provided on at least a monthly basis. Feedback from parents about specific concerns should be part of this reporting.	Feb 9, 2011 3:56 AM
623	Current guidelines from the regional centers request that every six months a progress report or annual review will be provided from team members. Currently, all areas of service within our infant development program provide quantitative information (i.e. standard scores, age-equivalencies, and percentiles) to show progress or lack thereof for each of these reports. In addition, all accuracy levels for each goal is objectively given and subsequent subjective information is provided in an assessment section. I think it is clear with this information provided so frequently over the course of treatment whether or not services provided are useful and effective. Any more frequent progress reports would be unnecessary in my opinion and take away from direct treatment time with a patient or client.	Feb 9, 2011 4:09 AM
624	Families together with licensed providers and their supervisees should determine the usefulness and effectiveness.	Feb 9, 2011 4:11 AM
625	In order to be useful and effective, services provided should be carried out by appropriately educated, trained and licensed professionals. Services should generate a service plan with treatment goals that are measurable for progress and developmental gains. Treatment goals and appropriateness of service should be meaured by approved developmental evaluation tools, standards, and surveys.	Feb 9, 2011 4:28 AM
626	Parent involvement and input is needed for this. Also, when there is good communcation between the parents and the therapist, they can determine what is useful and effective.	Feb 9, 2011 4:31 AM
627	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 5:40 AM
628	Periodic reporting and even home visits during sessions.	Feb 9, 2011 5:43 AM
629	Frequent progress reports and team meetings to ensure the program is effective and to make necessary changes to ensure the child is receiving the appropriate services.	Feb 9, 2011 5:59 AM
630	Assessment reports to be completed every six months. Case staffing with the treatment team should be considered every three months to brainstorm alternative therapeutic approaches to maximize child progress. Another consideration is make sure that the latest testing and service provider information is presented as part of the staff meetings.	Feb 9, 2011 6:14 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
631	Assessment reports should continue to be completed every six months. Case staffing with treatment team should be considered every three months to brainstorm alternative therapeutic approaches to maximize child's progress. Another consideration is to make sure that the latest testing and service provider information should be presented as part of these staff meetings.	Feb 9, 2011 6:16 AM
632	Do a survey of families in Early Start program to see what they say. Compare to the PREVENTION program services as I hear on a regular basis that these services are not really services they only get an assessment every 6 months by a Service Coordinator not a Developmental Specialist	Feb 9, 2011 6:53 AM
633	FOLLOW UP CONSTANTLY. Parents are overloaded these days, overwhelmed.... need frequent reminders on how the services are working for them. I feel it will reinforce the parents to be involved with the childs therapy.	Feb 9, 2011 7:00 AM
634	Periodic re-evaluations based on standarized tests such as the Gesell or Bayley tests to assure achievement of developmental goals.	Feb 9, 2011 7:12 AM
635	Require streamlined assessment tools & reports from all ES service providers. These services could also be more useful & effective if slecific minimum standards/requirements were required for all service providers in ES.	Feb 9, 2011 8:38 AM
636	Review goals, parent report on child's function within family and on community	Feb 9, 2011 1:55 PM
637	Consistent follow-up with service coordinators.	Feb 9, 2011 3:56 PM
638	Please review comment in section 1.	Feb 9, 2011 5:08 PM
639	The tools used now seem to be effective... a standard level of comparison for appropriate development with set goals for each individual child based on their weaknesses and areas of needed improvement. Also I find it much for effective to have individualized services. Each child has such individualized problems, especially as babies, that specific attention needs to be paid to that child's needs.	Feb 9, 2011 5:28 PM
640	Services should be monitored by all the IFSP team members. It should be ensured that services are delivered in the manner to which it was agreed by the IFSP team.	Feb 9, 2011 5:30 PM
641	Goals and milestones and surveys of providers	Feb 9, 2011 7:21 PM
642	There should be a Quality Assurance coordinator at the Regional Center who monitor's effectiveness.	Feb 9, 2011 7:38 PM
643	I think that there should not be a waiting list when there are service providers available even if they are not associated with an insurance company.	Feb 9, 2011 7:42 PM
644	I like the 6 month check-in's. Maybe a monthly survey would have also been nice to highlight any opportunities quickly.	Feb 9, 2011 7:51 PM
645	Parent report and progress reports (from various disciplines and service coordinators) would be helpful in determining the usefulness/effectiveness of services.	Feb 9, 2011 8:38 PM
646	Ongoing assessment using goal oriented tools can determine the effectiveness of th intervention.	Feb 9, 2011 8:49 PM
647	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 9:00 PM
648	education and training on sex education, hygiene etc.	Feb 9, 2011 9:16 PM
649	social worker should follow up	Feb 9, 2011 9:54 PM
650	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 9:59 PM
651	Quarterly updates/checks against goals, or every six months at a minimum.	Feb 9, 2011 10:15 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
652	Consider implementing a survey to be completed by each family receiving services which could be mailed or given during a service coordinator visit asking if services were beneficial and effective. Audit reports to see if goals are being achieved by the therapist providing care. Have the service coordinator randomly contact each family to check with them about delivery of services.	Feb 9, 2011 10:48 PM
653	Progress reports, IFSP reviews, team collaboration. Providers who are offering services that are not effective should be discontinued as vendors.	Feb 9, 2011 11:07 PM
654	These standards already exist	Feb 9, 2011 11:43 PM
655	Document percentages of individuals found with vision problems. It should be greater than what is found in the general population.	Feb 9, 2011 11:49 PM
656	Goals being met, meaningful changes, developmental levels improving.	Feb 10, 2011 12:34 AM
657	Extending support and resources and some therapies as needed into the 3rd and 4th year of age would pay big dividends when the children reach school age. Continue to make family involvement in planning at all stages, ensuring a team approach and maximum cooperation, is the best way to go. Using email and other recording devices like webinars for families would reach more families in our rural areas. Also specific funding for outreach and home visit gas costs in remote areas and printing of resource materials tailored to a family's specific needs with pooled mailing and transport of materials would be also be a cost-saving that could meet the family's more urgent needs. Resource Center staff could also follow up with some documentation, parent feedback for evaluations (via phone, email or home visit) , offer basic nutrition, health and safety training,and child devt. teaching tips for use in the home, freeing up Regional Center staff and some teacher time., at a substantial savings to the program. All staff in Early Start practice HIPA guidelines and should continue to do so.	Feb 10, 2011 12:58 AM
658	when individuals have shown clear major improvement from receipt of the services and able to live and manage a healthy life on their own would be outstanding. ability to perform ADL's and progress cognitvely to a level of intelligence that wasnt possible without treatment.	Feb 10, 2011 2:52 AM
659	follow existing requriements	Feb 10, 2011 7:38 PM
660	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 7:55 PM
661	Fine as is with the bi-annual reporting process.	Feb 10, 2011 8:04 PM
662	Progress related to stated goals set by professional	Feb 10, 2011 8:36 PM
663	Accountability and documenting growth and development through tracking.	Feb 10, 2011 8:48 PM
664	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 8:50 PM
665	based on need of the child. speech & OT should be available for children needing those services at least 1 hour per week. supplemental services may be provided in the form of group, early intervention, behavioral training or parent training	Feb 10, 2011 9:24 PM
666	Usefulness and effectiveness of services should be determined by the IFSP Team at every IFSP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 10, 2011 9:29 PM
667	Data and parent report of usefullness and effectiveness for their family.	Feb 10, 2011 9:39 PM
668	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 9:53 PM
669	Annual progress evaluations should be completed to assess progress and determine needs.	Feb 10, 2011 10:27 PM
670	Handouts and HOMEWORK for parents. My daughter's occupational therapist gives me "homework" to work with her each week so that I can continue where he leaves off. Continue integration and structure is the most important thing for a child who has difficulties.	Feb 10, 2011 11:04 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
671	Evaluation and Planning Team meetings.	Feb 10, 2011 11:10 PM
672	Parent involvement is very important. Programs like Hanen that focus on parents learning about communication & how to facilitate their children's success are likely to result in better outcomes once those families get involved in the therapeutic process.	Feb 10, 2011 11:12 PM
673	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 11:40 PM
674	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 11:51 PM
675	Data should be collected on meaningful intervention that will clearly demonstrate how a child will benefit by becoming more independent and develop skills that reduce future state funding needs.	Feb 10, 2011 11:54 PM
676	At the discretion of the PHYSICIAN and the therapist.	Feb 11, 2011 12:40 AM
677	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 1:09 AM
678	Have mandatory parent training classes befor parents begin to receive the service. Both parents should attend. The parents will then be more invested in the service.	Feb 11, 2011 1:10 AM
679	Data taken by therapist, progress tracked	Feb 11, 2011 1:17 AM
680	Supports should remain the same or increase.	Feb 11, 2011 1:48 AM
681	Recieved monitoring and training monthly for 2hours. Provide parents with specific actitivies or excercies to do with their children daily the our woveninto daily routines,	Feb 11, 2011 2:19 AM
682	The experts are to be used with evaluatins and seeing how the child is doing in services and the amount time they should start with and increase or decline after the time in the program. It is impertive to have goals set that the therapist and the parents understand and agree on to help the child better themselves.	Feb 11, 2011 2:31 AM
683	data collection and quarterly report to show progress	Feb 11, 2011 2:38 AM
684	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). Who can best observe the usefulness and effectiveness of the service but the IPP team which comprised of the consumer and his/her advocates.	Feb 11, 2011 3:16 AM
685	Have parents complete surveys and sign paper work when service provider is in the home.	Feb 11, 2011 3:31 AM
686	depends on therapist providing service	Feb 11, 2011 3:36 AM
687	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 3:57 AM
688	Provider should be trained, licensed or with degree and specific training in early intervention. See ICC personnel model.	Feb 11, 2011 4:29 AM
689	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 4:46 AM
690	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 5:04 AM
691	Not sure	Feb 11, 2011 5:05 AM
692	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 5:20 AM
693	They are very useful because it shows how the development of the children is going.	Feb 11, 2011 5:33 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
694	REgional Centers should have Service Standards for all services provided to Early Start. Regional centers should perform quality assurance reviews semi-annually to ensure that Service Standards are implemented and services are cost effective. Clear criteria on service initiation and termination should be clearly defined to ensure that providers understand that when children reach their age appropriate goals then they are to be discharged from the program.	Feb 11, 2011 5:43 AM
695	Early Start Personnel Manual is excellent resource regarding quality services.	Feb 11, 2011 6:01 AM
696	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 6:08 AM
697	ongoing review of progress on program goals. random visits to the child's program to ensure that all of the guidelines set forth by the BACB are being adhered to.	Feb 11, 2011 6:26 AM
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 11, 2011 6:34 AM
699	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 6:44 AM
700	Services should be documented and should be confidential within ISP team.	Feb 11, 2011 7:33 AM
701	Again, having someone knowledgeable in this field make a list of goals. Having the same person check for progress at least every other month, if no progress is made after a set amount of months, say six, services could be suspended until the client shows signs of responding in other ways.	Feb 11, 2011 8:31 AM
702	Educated professionals with a background specific to what the child needs. Quality local agencies to help with ABA, Speech, OT, etc from the Regional Center and Early Start program.	Feb 11, 2011 1:00 PM
703	Only evidence based treatments should be included and purchased.	Feb 11, 2011 4:40 PM
704	Data should be gathered by services providers at regular intervals through the means of standardized tests or whatever other measurement instruments are appropriate to the therapy.	Feb 11, 2011 4:57 PM
705	The preparation and credentialing of tutors and professionals has been established throughout the field of intervention beginning with Dr. Stanley Greenspan's work in Bethesda, Maryland and now continues. The effectiveness of the intervention relies on an integration and collaboration among professionals, i.e. SPL, OT, PT, ED, who work together to identify the skills/deficits of the caregiver/parent and the strengths/interests/deficits of the child. The effort focuses on improving the skills and addressing the deficits of the caregiver so that by learning to work through the child's interests the deficits (isolation, resistance, high activity) reduce through engagement and communication.	Feb 11, 2011 5:20 PM
706	For an IPP team to gather all data from the childs circle of support and coming up with solutions and a plan according to the Lanterman Act.	Feb 11, 2011 5:23 PM
707	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 5:50 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
708	Recently I've started seeing several kids qualifying for services based on language and self-help skills. I think that the self-help skills could be addressed by a trained professional in a group setting training parents to address their child's self-help skills. The group can be a 2 time deal and it shouldn't be for more than 3 hrs. As of now we are placing either a child development specialist or an OT to address the issues on a weekly basis. I think that the groups would be more productive, because the specific issue is being addressed and it would SAVE MONEY. The children receiving ongoing services for self-help skills should be conditional to a medical condition or a suspected diagnoses. The children that have not acquired the skills due to lack of parent encouragement should attend the before mentioned group.	Feb 11, 2011 5:57 PM
709	: 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 6:06 PM
710	The services would be monitored by the office who is performing the weekly therapy and then sent back to the initial clinic for a re-evaluation every 12 - 16 weeks for a progress check.	Feb 11, 2011 6:30 PM
711	home based inclusive of parent, caretaker of child child identified as early as possible collaborative approach that includes other disciplines	Feb 11, 2011 7:12 PM
712	monitor progress, will see much later if is helpful.	Feb 11, 2011 7:15 PM
713	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 7:19 PM
714	Regional Center's need to be monitored by an outside agency for the money that is spent. I have seen many unethical situations occur, such as parent's receiving funding for caring for their own children. This hapenned at an alarming rate of pay for a child who was a relative of a regional center administrative employee. There is no accountability for administration, and all of the employees are aware of it!	Feb 11, 2011 7:32 PM
715	keep log of services provided each time	Feb 11, 2011 8:09 PM
716	See comment under Behavioral Services	Feb 11, 2011 8:48 PM
717	Quarterly reports. Therapist providing services should be fully licensed/certified or have hours toward licensing/certification and be under weekly supervision of a fully licensed/certified individual. Having a speech pathologist come in for a couple of hours once a month does not make for having a speech component to a infant development program. There needs to be a requirement that a parent and/or regular caregiver receive training. In an infant development program this might mean bi-weekly direct involvement in the program or maybe even weekly.	Feb 11, 2011 9:10 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 11, 2011 9:37 PM
719	Perioidic review of services and evaluation of the child's progress should determine continuation, alteration or discontinuation of services. Compliance with attendance and follow through with home programs should also be considered.	Feb 11, 2011 9:39 PM
720	Parents reports should be incorporated to the already protocol set in place of monitoring through reports written from the ones providing the services.	Feb 11, 2011 9:42 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
721	Early Start Services should be provided based on current research and effective practices. Services should be based on comprehensive assessment results. Treatment should be outcome based. Periodic assessments should be conducted every 3 to 6 months in order to evaluate whether the services are resulting in the child's progress toward identified developmental goals and objectives, with the ultimate goal being that the child's development is within normal limits	Feb 11, 2011 9:43 PM
722	Early Start Services should be provided based on current research and effective practices. Services should be based on comprehensive assessment results. Treatment should be outcome based. Periodic assessments should be conducted every 3 to 6 months in order to evaluate whether the services are resulting in the child's progress toward identified developmental goals and objectives, with the ultimate goal being that the child's development is within normal limits	Feb 11, 2011 9:44 PM
723	Early Start Services should be provided based on current research and effective practices. Services should be based on comprehensive assessment results. Treatment should be outcome based. Periodic assessments should be conducted every 3 to 6 months in order to evaluate whether the services are resulting in the child's progress toward identified developmental goals and objectives, with the ultimate goal being that the child's development is within normal limits	Feb 11, 2011 9:47 PM
724	Early Start Services should be provided based on current research and effective practices. Services should be based on comprehensive assessment results. Treatment should be outcome based. Periodic assessments should be conducted every 3 to 6 months in order to evaluate whether the services are resulting in the child's progress toward identified developmental goals and objectives, with the ultimate goal being that the child's development is within normal limits	Feb 11, 2011 9:47 PM
725	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 9:48 PM
726	1. Parent survey/questionnaire to determine that they have learned something.	Feb 11, 2011 9:49 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
727	Early Start Services should be provided based on current research and effective practices. Services should be based on comprehensive assessment results. Treatment should be outcome based. Periodic assessments should be conducted every 3 to 6 months in order to evaluate whether the services are resulting in the child's progress toward identified developmental goals and objectives, with the ultimate goal being that the child's development is within normal limits	Feb 11, 2011 9:50 PM
728	Early Start Services should be provided based on current research and effective practices. Services should be based on comprehensive assessment results. Treatment should be outcome based. Periodic assessments should be conducted every 3 to 6 months in order to evaluate whether the services are resulting in the child's progress toward identified developmental goals and objectives, with the ultimate goal being that the child's development is within normal limits	Feb 11, 2011 9:51 PM
729	Early Start Services should be provided based on current research and effective practices. Services should be based on comprehensive assessment results. Treatment should be outcome based. Periodic assessments should be conducted every 3 to 6 months in order to evaluate whether the services are resulting in the child's progress toward identified developmental goals and objectives, with the ultimate goal being that the child's development is within normal limits	Feb 11, 2011 9:55 PM
730	The frequency and amount of service funded by RCOC depends on the following: • Developmental needs of the child. • Age of the child. • Medical fragility and/or medical clearance. • Standards of the community/best practice. Early Start services may range from a few hours per month to several hours per week depending on the individual needs of the child, the extent of developmental delays, and the services needed to address those delays. Early intervention services should be provided until the child is 36 months of age or younger if the child's development is within normal limits.	Feb 11, 2011 9:59 PM
731	Early Start Services should be provided based on current research and effective practices. Services should be based on comprehensive assessment results. Treatment should be outcome based. Periodic assessments should be conducted every 3 to 6 months in order to evaluate whether the services are resulting in the child's progress toward identified developmental goals and objectives, with the ultimate goal being that the child's development is within normal limits	Feb 11, 2011 10:00 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
732	Early Start Services should be provided based on current research and effective practices. Services should be based on comprehensive assessment results. Treatment should be outcome based. Periodic assessments should be conducted every 3 to 6 months in order to evaluate whether the services are resulting in the child's progress toward identified developmental goals and objectives, with the ultimate goal being that the child's development is within normal limits	Feb 11, 2011 10:11 PM
733	Early Start Services should be provided based on current research and effective practices. Services should be based on comprehensive assessment results. Treatment should be outcome based. Periodic assessments should be conducted every 3 to 6 months in order to evaluate whether the services are resulting in the child's progress toward identified developmental goals and objectives, with the ultimate goal being that the child's development is within normal limits	Feb 11, 2011 10:19 PM
734	Early Start Services should be provided based on current research and effective practices. Services should be based on comprehensive assessment results. Treatment should be outcome based. Periodic assessments should be conducted every 3 to 6 months in order to evaluate whether the services are resulting in the child's progress toward identified developmental goals and objectives.	Feb 11, 2011 10:21 PM
735	Early Start Services should be provided based on current research and effective practices. Services should be based on comprehensive assessment results. Treatment should be outcome based. Periodic assessments should be conducted every 3 to 6 months in order to evaluate whether the services are resulting in the child's progress toward identified developmental goals and objectives, with the ultimate goal being that the child's development is within normal limits.	Feb 11, 2011 10:27 PM
736	periodical evaluations by social worker or case workers as to the level of progress or the lack of progress.	Feb 11, 2011 10:29 PM
737	Early Start Services should be provided based on current research and effective practices. Services should be based on comprehensive assessment results. Treatment should be outcome based. Periodic assessments should be conducted every 3 to 6 months in order to evaluate whether the services are resulting in the child's progress toward identified developmental goals and objectives, with the ultimate goal being that the child's development is within normal limits	Feb 11, 2011 10:32 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
738	By following the IFSP process of developing and measuring developmental progress through objectives. Require measurement of developmental progress at least annually.	Feb 11, 2011 10:37 PM
739	The IP Team at every IP meeting, as described in the Lanterman Act, should determine usefulness and effectiveness of services.	Feb 11, 2011 10:40 PM
740	Early Start Services should be provided based on current research and effective practices. Services should be based on comprehensive assessment results. Treatment should be outcome based. Periodic assessments should be conducted every 3 to 6 months in order to evaluate whether the services are resulting in the child's progress toward identified developmental goals and objectives, with the ultimate goal being that the child's development is within normal limits	Feb 11, 2011 10:53 PM
741	everyone that needs it between the ages of 0-3 years, early intervention is the key!!!!	Feb 11, 2011 10:59 PM
742	Providers need to have a good record of the therapy, training, or services.	Feb 11, 2011 11:07 PM
743	Early Start Services should be provided based on current research and effective practices. Services should be based on comprehensive assessment results. Treatment should be outcome based. Periodic assessments should be conducted every 3 to 6 months in order to evaluate whether the services are resulting in the child's progress toward identified developmental goals and objectives, with the ultimate goal being that the child's development is within normal limits	Feb 11, 2011 11:23 PM
744	Behavioral improvements and client satisfaction and self-reports are far more important measures of service usefulness and effectivenss than are clinician ratings, which are often in conflict with the client-based measures.	Feb 11, 2011 11:38 PM
745	For children under 3 parent involvement is necessary, if a parent is unable or unwilling to participate in the services then their child is not eligible.	Feb 11, 2011 11:42 PM
746	Referral from doctors, developmental assessment and monitoring, and consistent treatment and intervention.	Feb 11, 2011 11:42 PM
747	The frequency and amount of service funded by RCOC depends on the following: Developmental needs of the child. Age of the child. Medical fragility and/or medical clearance. Standards of the community/best practice. Early Start services may range from a few hours per month to several hours per week depending on the individual needs of the child, the extent of developmental delays, and the services needed to address those delays. Early intervention services should be provided until the child is 36 months of age or younger if the child's development is within normal limits.	Feb 12, 2011 12:00 AM
748	Parent Report Data from Behavior Analyst showing objectives and progress	Feb 12, 2011 12:32 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
749	Measure developmental progress using objective, criterion-referenced developmentally based measurements. Require measurement of developmental progress on an annual basis.	Feb 12, 2011 12:50 AM
750	Closer supervision, details data and feedback from Customer/Parents/Caregivers/Providers.	Feb 12, 2011 1:29 AM
751	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 2:13 AM
752	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 2:25 AM
753	Outcomes should be obtained for number of children who graduate to regular as opposed to special education and the cost savings for education leveraged to enrich early intervention services Time between referral and actual service provision needs to be less than a month Age at which children enter services need to be tracked to encourage referral as young as possible Services need to provide family support in addition to services to the child to help the paretns become their child's best teacher	Feb 12, 2011 2:38 AM
754	Evaluations by both parents, guardians and therapists.	Feb 12, 2011 3:33 AM
755	Use a qualified service where therapists are either working on a bachelor's in psychology or child development, or have completed their bachelor's. They should have quality training (at least two weeks intitially) and ongoing supervision while working with the consumer. The supervision should be done by an ABA professional with a master's degree or higher. Goals are set up and worked on consistently and monitored monthly with reports to family and Regional Center on a monthly basis.	Feb 12, 2011 4:04 AM
756	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 5:15 AM
757	Monthly surveys with parents, along with goal setting.	Feb 12, 2011 5:46 AM
758	Do assesment testing but keep in mind, when the childs case is being reviewed to see if they still need help the reviewing process should get more feedback from the Regional casework and the agency who submitted the paperwork on continiuing services for the child.	Feb 12, 2011 6:18 AM
759	See previous answers.	Feb 12, 2011 6:26 AM
760	Again, keeping track of consumers' attendance at these services should be monitored. People who have frequent cancellations or fail to show up to their appointments should receive a couple of warnings before their services are terminated.	Feb 12, 2011 6:31 AM
761	monthly reports to be reported to service payer that can measure progress. Also visits from other programs in the community should be able to visit each others program.	Feb 12, 2011 7:13 AM
762	Consults and proof is in the developmental delayed child and how they are progressing.	Feb 12, 2011 7:45 AM
763	The therapists are key to making sure the services provided are useful. The Regional Center employees are also extremely important in making services available to families in need of them.	Feb 12, 2011 1:52 PM
764	Back off on ABA therapy and start actually giving out speech therapy. That is where the need is and it's cheaper with less amount of time needed to see large improvements.	Feb 12, 2011 3:02 PM
765	Follow up with parents.	Feb 12, 2011 3:22 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
766	Evaluations every 3 to 6 mos	Feb 12, 2011 3:29 PM
767	Monthly tests. If no progress, redesign the service.	Feb 12, 2011 4:13 PM
768	Quarterly reviews of services delivered	Feb 12, 2011 4:52 PM
769	through therapies, medical evaluation, assessments, programs	Feb 12, 2011 4:54 PM
770	Regular chart tracking showing progress.	Feb 12, 2011 5:39 PM
771	Each child should be assessed at the beginning to determine a baseline. Ongoing assessment should occur every 6 months to track progress.	Feb 12, 2011 5:43 PM
772	Therapists constantly look at goals and treatment plans to modify them to meet the child's needs. If improvement is not noted goals are adjusted, child's frequency is reduced or services are discontinued. If goals are achieved and child is developmentally on target services are stopped.	Feb 12, 2011 5:45 PM
773	Goals & ways to assess if the goals are being met. Think IEP goals.	Feb 12, 2011 5:47 PM
774	Quarterly meetings should be held to ensure that the suggested program is working as planned.	Feb 12, 2011 5:48 PM
775	Determination of the therapists, parents, and caseworkers.	Feb 12, 2011 5:58 PM
776	Emphasis on parent training.	Feb 12, 2011 6:07 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 12, 2011 6:09 PM
778	quarterly reports from all therapy providers explaining the progress, plans for improvement and goals.	Feb 12, 2011 6:16 PM
779	Tracking progress through photos, videos, logs. available for review.	Feb 12, 2011 6:20 PM
780	One area of concern I had was when the speech therapist goes on vacation there should be an alternate provider. Instead I was told that my son would have to do make-up sessions. My son was doing daily speech therapy for an hour for the week before and the week after the therapist returned. This was actually counterproductive since my son got burned out and became inattentive and uncooperative.	Feb 12, 2011 6:59 PM
781	Usefulness and effectiveness of services should be determined by the IFSP Team at every IFSP meeting, as described in The Lanterman Act	Feb 12, 2011 7:15 PM
782	See previous responses on this topic.	Feb 12, 2011 7:32 PM
783	Evaluations need to be objective with measureable outcomes. The treatment plan and service schedule should be approved by people familiar with the specialty.	Feb 12, 2011 7:58 PM
784	Licensed therapists are providing the given services OT,ST,PT. Create state standards for the qualifications for an Early Intervention Specialist. There are no set standards for this job and the variability in skills and compentency is frightening. No special training criteria has been set by the state or regional center. It is up to the vendors to be diligent in providing good, quality training for the early intervention specialist and that does not always happen. So much of the therapy takes place in the home due to "Natural Environment" clause that there is little oversight of performance and skills. Parents who don't know what to expect or don't know any different, (especially if it is the other treatment the child recieves) will not know they are receiving poor quality of service.	Feb 12, 2011 8:26 PM
785	Parents must be completely involved and trained to take over the services as soon as possible, but with ongoing guidance and consultation of a significant kind.	Feb 12, 2011 8:27 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
786	1) Checking with parents or caregivers about how the child is doing. While this should not be the only source as to whether or not the service is effective, if they see their child daily they can have some insight as to if it is being effective. 2) Teachers could give additional insight, if the child is school age. 3) Evaluate as needed to see if there is improvement.	Feb 12, 2011 8:31 PM
787	parent feedback	Feb 12, 2011 8:44 PM
788	Trained personal.	Feb 12, 2011 9:20 PM
789	Direct observation, data collected and quarterly IDT to discuss progress, barriers and solutions to overcome barriers	Feb 12, 2011 9:38 PM
790	Periodic review of services (at least semi-annual) by the regional center are critical in determining successful programming. Every regional center should have a representative that has expertise in the field of behavior analysis and developmental processes. This representative along with the Client Program Coordinator (CPC) and Program Manager (PM) should be part of the review process. Child progress should be provided in clear graphed form. Information regarding progress should be gathered from multiple sources (i.e. vendor, parent, teacher, OT, PT, medical doctor) at least on an annual basis.All programming goals should be determined by the IFSP/IPP team and be specific to the individual child. It should be unacceptable to the regional center that a child's EIBT program be based on a vendor's standard curriculum. Further, child progress should be recognized through meeting IFSP/IPP goals and NOT as a result of completing such curriculum. Excessive (stereotypy) and/or maladaptive behaviors (SIB, tantrums) should be included in an EIBT program and not considered an additional goal of programming. In addition, the usefulness and effectiveness of programming should consider the social relevance regarding changes in behavior. This becomes an important idea when providing intensive services to clients diagnosed with an additional disorder (i.e. Rett syndrome, MR). When socially relevant and significant changes do not occur within a specified time period (1 year, for example), discontinuation of programming should be considered.	Feb 12, 2011 9:58 PM
791	Parent involvement, clear goals and objectives	Feb 12, 2011 10:08 PM
792	Parent and Vendor input. Analysis of goals and ability to meet goals.	Feb 12, 2011 10:11 PM
793	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 10:31 PM
794	Allow parents to watch the therapy so they can continue to work with the child at home	Feb 12, 2011 10:34 PM
795	goals	Feb 12, 2011 10:46 PM
796	Each child needs are different. The teacher has his/her education to determine the needs of each child. The teacher needs to continue their education for new ways of working with the children.	Feb 12, 2011 11:20 PM
797	ifsp	Feb 13, 2011 12:23 AM
798	someone needs to check up on these places and not get paid much for such an easy job of peeking in to see these places are doing the right things and hiring the right people	Feb 13, 2011 12:29 AM
799	Maintain current process, where progress is monitored through standardized testing as well as functional progress toward goals that are determined by the IFSP team.	Feb 13, 2011 12:35 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
800	Ask for feedback from the parent. If there's a lot of cancellations of appointments then that could be a sign of a problem.	Feb 13, 2011 12:36 AM
801	Periodic evaluation of attainment of specific goals	Feb 13, 2011 12:59 AM
802	AS needed	Feb 13, 2011 1:20 AM
803	on-going monitoring	Feb 13, 2011 1:30 AM
804	Evalutaion of child's progress	Feb 13, 2011 1:42 AM
805	Billed and approved through ALTA.	Feb 13, 2011 1:44 AM
806	Regular consultaion, review of data, meeting, and reporting amongst the Individualized Educational Planning team is imperative.	Feb 13, 2011 2:08 AM
807	Progress reports every 6 months with clear data on each goal, developmental assessments prior to the start of services that provide information on each area of functioning	Feb 13, 2011 2:10 AM
808	Clear entrance and exit criteria, pre and post tests if applicable	Feb 13, 2011 2:25 AM
809	Services providers must provide data for progress and submit graphs and other documents to regional centers on a consistent (monthly) basis.	Feb 13, 2011 2:27 AM
810	regular iep's & making sure the parents concerns are heard & met	Feb 13, 2011 2:38 AM
811	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 2:38 AM
812	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 2:52 AM
813	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 3:10 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
814	The kind of data currently accepted is merely for the collection of data. The fact that a skill has shown documented evidence does not mean the skill is useful. Skills taught should come from an informed epistemology of normal and pathological development, not from curricula developed by people with no background or knowledge of child development. A lot of the "data" proves that useless skills have been learned.	Feb 13, 2011 3:21 AM
815	I think evaluation every 6 months with a case worker available should the client have additional questions or concerns is sufficient for the Regional Center to evaluate whether or not the services provided are useful and effective.	Feb 13, 2011 3:26 AM
816	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 3:36 AM
817	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 3:38 AM
818	# 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 3:39 AM
819	As currently in place	Feb 13, 2011 3:41 AM
820	All parties should be supported by a bcba	Feb 13, 2011 4:02 AM
821	Evaluation by team of service provider, parents, and therapists.	Feb 13, 2011 4:04 AM
822	Resources that allow the self worth and societal contributions that can allow children to develop more self contribution to home, community and school. Feeling of hope and worth.	Feb 13, 2011 4:07 AM
823	Regular check-in with parents and/or caregivers, evaluation of service providers.	Feb 13, 2011 4:30 AM
824	make them as easy as possible for the parents to fit them into their lives	Feb 13, 2011 4:31 AM
825	Implementing regionalized BCBA's to supervise the agencies providing these services.	Feb 13, 2011 4:34 AM
826	All services should be established by the national standards project, and all behavior analytic services should be overseen by a BCBA.	Feb 13, 2011 4:52 AM
827	Same standard as set forth in Behavioral Supports	Feb 13, 2011 5:06 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
828	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 5:06 AM
829	Well let the parent observe and keep a journal of their child's development	Feb 13, 2011 5:08 AM
830	Our program is evaluated every 6 months. It might save money to do an evaluation every 4 months so if some therapies are no longer needed they can be eliminated from a child's schedule.	Feb 13, 2011 5:12 AM
831	Keep eye on the TEACHERS Hire only the best.	Feb 13, 2011 5:43 AM
832	1. Review/write specific goals with eligibility team at the time services are approved for delivery. 2. Request written progress review at six months with documentation of meeting goals for each area.	Feb 13, 2011 5:47 AM
833	Infant stimulation services should be eliminated and replaced with EARLY intensive ABA services. Teachers are not trained in any way, do not target programs regularly, and have shown to me to be extremely inconsistent. I had one teacher that was amazing but left to care for her father, and all four teachers after her were flaky, late, absent, bad at working with my child, or just over the top. My daughter received infant stim. for thirteen months. One good teacher out of five is a horrific ratio.	Feb 13, 2011 5:59 AM
834	After an assessment is done. Then a treatment plan shoud be set in place. Using goals, objectives, measurable outcomes and level of service for the child. Reviews should be made approximentally every 3 months or sooner if needed. Supervisor and Parent training to continue treatment across the board. Tutors overlapped by Supervisor after every 10 hours of services to individual. Goal to see the child masters skills presented to him/her.	Feb 13, 2011 6:47 AM
835	You may not be able to tell for years how effective this early intervention was! We started speech therapy at 17 months for my child with apraxia & down syndrome. I know he would not be speaking as well as he does now at 4 if we hadn't, shown to me by comparison to the other children with the same diagnosis.	Feb 13, 2011 7:01 AM
836	Frequent review of data on progress towards goals and objectives that are developed following assessment and monitoring of fidelity to implementation, will help to assure services are useful and effective.	Feb 13, 2011 7:25 AM
837	Review of more research on effective services.	Feb 13, 2011 7:58 AM
838	Quarterly reviews on the consumer's progress.	Feb 13, 2011 9:53 AM
839	The standards could be based upon California Desired Results...Infant-Toddler, PreK or PreKaccess.	Feb 13, 2011 4:36 PM
840	Make sure data collection is emphasized	Feb 13, 2011 5:16 PM
841	Determine measurable goals and work with the child until they are met. i.e. "Child will roll over unassisted by _____ date" so child can accomplish milestone within age-appropriate developmental range.	Feb 13, 2011 5:17 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
842	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 5:22 PM
843	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 7:11 PM
844	progress reports and parental response/evaluation	Feb 13, 2011 7:12 PM
845	appropriate assessments periodic reviews on objectives, goals and outcomes. BCBA supervision	Feb 13, 2011 7:30 PM
846	Through constant and frequent data collection and analyses.	Feb 13, 2011 7:42 PM
847	The services provided should be re-evaluated every 6 months and the child should be assessed to determine the need for continued one on one services. Early Start services save tax payers money as many delays are ameliorated before age of three years old.	Feb 13, 2011 8:03 PM
848	There should be standards of care.	Feb 13, 2011 8:07 PM
849	Child should be evaluated every six months to determine the need of service, and to make or adjust any changes.	Feb 13, 2011 8:09 PM
850	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 8:25 PM
851	Regional center should require that service providers complete a specific, measurable report that includes all aspects of the program they are doing. Reports of little or no progress would require a provider to intervene or change the program. After a specific time, a regional center person would need to view the program to determine its continuation.	Feb 13, 2011 8:31 PM
852	Independent assessment every 3-6 months.	Feb 13, 2011 8:34 PM
853	Talk to parents of children, check to make sure the child is meeting their goals.	Feb 13, 2011 8:38 PM
854	Regular assessments and evaluations of the infants/toddlers. Ongoing conversations with the parents/caregivers.	Feb 13, 2011 9:07 PM
855	Regional center conducting quality assurance checks on the vendors providing services by doing program evaluations and visits	Feb 13, 2011 9:11 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
856	Consistent documentation of service provision and periodic updates of assessments to determine progress.	Feb 13, 2011 9:14 PM
857	The parents MUST display interest and participate in the program. There are situations where parents are not ready to participate or don't see the benefits of the services. If the therapist has educated the parent, provided them with home programming, and shows up for daily appointments and the parent continue to show disinterest, there should be a hold or discontinuation of services. Sometimes it is more beneficial to see children at their daycares, especially when the majority of their time is spent with the daycare provider. What matters is that the adults in these children's lives understand why the child is not developing and then engaging them in activities to foster the development of those skills.	Feb 13, 2011 9:57 PM
858	I think under the behavioral program parents should observe three different behavioral companies that are working directly with a child. The parent can see if that type of behavioral support is best for their child.	Feb 13, 2011 10:12 PM
859	Progress can be measured by standardized tests. However the parents own input and judgements must be a significant part of the consideration in determining the effectiveness.	Feb 13, 2011 11:09 PM
860	keep informed about latest research and practice. incorporate into therapy programs. offer training to service providers.	Feb 13, 2011 11:17 PM
861	Pre-test and post-test, of both the consumers levels of functioning, and the parents' knowledge of how to manage behaviors, promote language, take care of self-help needs, etc should be used.	Feb 13, 2011 11:54 PM
862	Research has shown that service to those under the age of 3 should be family focused. Clinic based therapy that works with the child and not the family is not particularly effective. Families should be served in their homes with the intention of helping the caregiver to provide interactions and exercises that can be used in their daily routines with the child. Transdisciplinary service providers (i.e. an O.T. trained in all areas (gross motor, fine motor, cognitive, language, social-emotional and self care skill development) should be utilized rather than sending families to "specialists" who only look at one area of development until the child is 2 years old. At 2, the child may need more specialized service from an individual therpist (i.e. a speech therapist).	Feb 14, 2011 12:23 AM
863	Professional standards and best practices for each type of service already exist (ST, OT, PT, etc.). Nothing more needs to be added.	Feb 14, 2011 12:47 AM
864	Outcomes need to be monitored. Settings providing these services should sistematically measure the children's progress.	Feb 14, 2011 12:52 AM
865	Data, data, data. The only way to truly discover if any therapy is effective is through accurate daily data so that it can be measure and/or evaluated by all members of the team. You should see some progress, however it is rather difficult to say over how much time before you'll see progress. Again, it needs to be a team decision (including the parents) on what therapy needs to be modified and how to best implement those changes.	Feb 14, 2011 1:26 AM
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 14, 2011 1:35 AM
867	behavior plans made by reputable agencies	Feb 14, 2011 1:47 AM
868	Measure and closely evaluate!	Feb 14, 2011 2:12 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
869	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 2:37 AM
870	This should be discussed by the IPP team at each IPP meeting	Feb 14, 2011 3:15 AM
871	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 3:21 AM
872	Parent survey and regional center visits	Feb 14, 2011 3:49 AM
873	A developmentally appropriate assessment will determine the most effective treatment plan. The treatment plan must 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. Plans should be reviewed every 3 months. Direct observation data should be reviewed by the supervisor on a weekly basis to determine if changes are needed. The 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, lack of progress, or mastery of skills to the point that the child no longer demonstrates deficits. 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 5:47 AM
874	Require quarterly reports from ABA providers.	Feb 14, 2011 6:02 AM
875	The establishment of a plan of care with measurable goals	Feb 14, 2011 6:38 AM
876	natural environment should not be a requirement. It is a waste of resources in short supply (ie skilled therapists). Children's needs should be matched to providers with specialties in the area of need. EX- SPD with Ot with specialty in sensory processing disorder. ABA providers should consult with SLP, OT, PT and team if they are going to target development of speech and lang skills, gross and fine motor. Otherwise they are practicing without appropriate training. Goal should be developed based on the child's area of need and on the recommendation of licensed professionals.	Feb 14, 2011 7:37 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
877	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 8:06 AM
878	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 8:54 AM
879	Weekly interventions are important because it determines how child is progressing or regressing and also if the parents are compliant. The interventionists are able to to see if the child is meeting their age appropriate developmental milestones and if not, will be able to determine if the child needs to be seen by specialists such as Neurologists, Orthopedists, Ophthalmologists, etc. A child goes through a lot of important developmental milestones during the first 3 years of their lives. It is imperative for them to be monitored and seen on a weekly basis. Being a family member of children who had developmental delays, I saw how the individualized therapies helped them and no longer needed the services one they turned 3 years of age. A lot of the children who I have worked with especially those starting at an early age, I have seen them eventually meet their age appropriate developmental milestones before the age of 3.	Feb 14, 2011 9:18 AM
880	Measurable progress	Feb 14, 2011 3:54 PM
881	Early Start Services should be provided based on current research and effective practices. Services should be based on comprehensive assessment results. Treatment should be outcome based. Periodic assessments should be conducted every 3 to 6 months in order to evaluate whether the services are resulting in the child’s progress toward identified developmental goals and objectives, with the ultimate goal being that the child’s development is within normal limits.	Feb 14, 2011 3:54 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
882	Early Start Services should be provided based on current research and effective practices. Services should be based on comprehensive assessment results. Treatment should be outcome based. Periodic assessments should be conducted every 3 to 6 months in order to evaluate whether the services are resulting in the child's progress toward identified developmental goals and objectives, with the ultimate goal being that the child's development is within normal limits	Feb 14, 2011 4:23 PM
883	Progress reports with data on specific goals should be collected routinely in order to continue the purchase of service.	Feb 14, 2011 4:27 PM
884	Give parents/caregivers surveys to rate services and providers	Feb 14, 2011 4:44 PM
885	Parent training	Feb 14, 2011 4:46 PM
886	Regular reviews to ensure services are appropriate and progressing.	Feb 14, 2011 4:47 PM
887	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 4:50 PM
888	Early Start Services should be provided based on current research and effective practices. Services should be based on comprehensive assessment results. Treatment should be outcome based. Periodic assessments should be conducted every 3 to 6 months in order to evaluate whether the services are resulting in the child's progress toward identified developmental goals and objectives, with the ultimate goal being that the child's development is within normal limits	Feb 14, 2011 5:03 PM
889	Early Start Services should be provided based on current research and effective practices. Services should be based on comprehensive assessment results. The treatment should be outcome based and periodic assessments should be conducted every 3 to 6 months in order to evaluate whether the services are resulting in the child's progress toward identified developmental goals and objectives: the ultimate goal being that the child's development is within normal limits.	Feb 14, 2011 5:06 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
890	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 5:08 PM
891	• 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. • Supervision of the treatment program 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 15 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. • 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 5:16 PM
892	Periodic evaluation of the goal services using standardized test	Feb 14, 2011 5:19 PM
893	Periodic testing should be used to measure and track progress of the child.	Feb 14, 2011 5:25 PM
894	Improvements shown by data collection and feedback from parents/guardians and service provider.	Feb 14, 2011 5:25 PM
895	Proposed goals and objectives should be determined from the results of a developmental assessment. The goals should be observable and measurable, and data should be collected to regularly evaluate progress toward goals. Supervisors should be present in the home to evaluate the child's program/data on a weekly basis; the ratio of supervision to 1:1 service should be 2:10 (i.e., 2 hours of supervision for every 10 hours of 1:1 service).	Feb 14, 2011 5:42 PM
896	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 5:51 PM
897	Proper QA	Feb 14, 2011 6:03 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
898	Do them in a timely manner. Sometimes it takes too long to even get started with early start. There are too many people who get paid too much, but, there are not enough Service Coordinators.	Feb 14, 2011 6:06 PM
899	• 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. • Supervision of the treatment program 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 15 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. • 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 6:09 PM
900	Early Start Services should be provided based on current research and effective practices. Services should be based on comprehensive assessment results. Treatment should be outcome based. Periodic assessments should be conducted every 3 to 6 months in order to evaluate whether the services are resulting in the child’s progress toward identified developmental goals and objectives, with the ultimate goal being that the child’s development is within normal limits	Feb 14, 2011 6:10 PM
901	working 1:1	Feb 14, 2011 6:11 PM
902	Early Start Services should be provided based on current research and effective practices. Services should be based on comprehensive assessment results. Treatment should be outcome based. Periodic assessments should be conducted every 3 to 6 months in order to evaluate whether the services are resulting in the child’s progress toward identified developmental goals and objectives, with the ultimate goal being that the child’s development is within normal limits	Feb 14, 2011 6:16 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
903	Early Start Services should be provided based on current research and effective practices. Services should be based on comprehensive assessment results. Treatment should be outcome based. Periodic assessments should be conducted every 3 to 6 months in order to evaluate whether the services are resulting in the child's progress toward identified developmental goals and objectives, with the ultimate goal being that the child's development is within normal limits	Feb 14, 2011 6:17 PM
904	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 6:23 PM
905	Early Start Services should be provided based on current research and effective practices. Services should be based on comprehensive assessment results. Treatment should be outcome based. Periodic assessments should be conducted every 3 to 6 months in order to evaluate whether the services are resulting in the child's progress toward identified developmental goals and objectives, with the ultimate goal being that the child's development is within normal limits	Feb 14, 2011 6:24 PM
906	Early Start Services should be provided based on current research and effective practices. Services should be based on comprehensive assessment results. Treatment should be outcome based. Periodic assessments should be conducted every 3 to 6 months in order to evaluate whether the services are resulting in the child's progress toward identified developmental goals and objectives, with the ultimate goal being that the child's development is within normal limits	Feb 14, 2011 6:25 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
907	• 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. • Supervision of the treatment program 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 15 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. • 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 6:26 PM
908	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 6:27 PM
909	Ask each provider to show evidence their methods produce long-term behavioral/skill improvements.	Feb 14, 2011 6:28 PM
910	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 6:28 PM
911	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 6:36 PM
912	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 6:37 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
913	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 6:46 PM
914	A developmentally appropriate assessment will deterine the appropriate treatment plan. The treatment plan should identify goals, objectives, measureable 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 rtion 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 sesisons, or mastery of skills to the point that the child no longer demonstrates deficits.	Feb 14, 2011 6:56 PM
915	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 6:57 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
916	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 7:01 PM
917	Early Start Services should be provided based on current research and effective practices. Services should be based on comprehensive assessment results. Treatment should be outcome based. Periodic assessments should be conducted every 3 to 6 months in order to evaluate whether the services are resulting in the child's progress toward identified developmental goals and objectives, with the ultimate goal being that the child's development is within normal limits	Feb 14, 2011 7:06 PM
918	Qualified therapists hired and given the time to do the job.	Feb 14, 2011 7:07 PM
919	Early Start Services should be provided based on current research and effective practices. Services should be based on comprehensive assessment results. Treatment should be outcome based. Periodic assessments should be conducted every 3 to 6 months in order to evaluate whether the services are resulting in the child's progress toward identified developmental goals and objectives, with the ultimate goal being that the child's development is within normal limits	Feb 14, 2011 7:21 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
920	havioral 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 7:30 PM
921	Usefullness and effectiveness of servicing should be determined by IPP team at every IPP meeting	Feb 14, 2011 7:31 PM
922	These services should be monitored by RC caseworker, parents or guardians, staff (if applicable) in residential living, and perhaps a physician.	Feb 14, 2011 7:33 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
923	Early Start Services should be provided based on current research and effective practices. Services should be based on comprehensive assessment results. Treatment should be outcome based. Periodic assessments should be conducted every 3 to 6 months in order to evaluate whether the services are resulting in the child's progress toward identified developmental goals and objectives, with the ultimate goal being that the child's development is within normal limits	Feb 14, 2011 7:43 PM
924	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	Feb 14, 2011 7:46 PM
925	I personally has a child with ASD. And have worked with her ABA treatment we are saying totally different child.	Feb 14, 2011 7:50 PM
926	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 8:00 PM
927	Early Start Services should be provided based on current research and effective practices. Services should be based on comprehensive assessment results. Treatment should be outcome based. Periodic assessments should be conducted every 3 to 6 months in order to evaluate whether the services are resulting in the child's progress toward identified developmental goals and objectives, with the ultimate goal being that the child's development is within normal limits	Feb 14, 2011 8:02 PM
928	Service providers must have Board Certified Behavior Analysts on staff and teaching procedures must include evidence based teaching procedures.	Feb 14, 2011 8:31 PM
929	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.	Feb 14, 2011 8:35 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
930	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 8:46 PM
931	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 8:53 PM
932	Early Start Services should be provided based on current research and effective practices. Services should be based on comprehensive assessment results. Treatment should be outcome based. Periodic assessments should be conducted every 3 to 6 months in order to evaluate whether the services are resulting in the child’s progress toward identified developmental goals and objectives, with the ultimate goal being that the child’s development is within normal limits	Feb 14, 2011 8:54 PM
933	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 8:57 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
934	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 2 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 9:00 PM
935	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 9:13 PM
936	for EIBS, data should be collected, and used to measure progress or lack of progress. This could be either a general measure of behavior, such as the VB-MAPP, or a measure specifically developed to measure a target behavior and its replacement behavior	Feb 14, 2011 9:23 PM
937	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 9:25 PM
938	appropiately trained professionals should used impircally tested methods to deliver services.	Feb 14, 2011 9:25 PM
939	You'll have to hold monthly meeting if they arent being held already	Feb 14, 2011 9:28 PM
940	Usefulness and effectiveness should be reviewed at defined intervals by IPP team, which would include parents.	Feb 14, 2011 9:46 PM
941	before and after analysis to show progress	Feb 14, 2011 9:52 PM
942	Continue as they are. Complete an initial evaluation where goals are determined. The professional will complete daily charting and report on progress toward goals every 6 months.	Feb 14, 2011 10:05 PM
943	Vendors should be invited to the IFSP meetings and to the transition meeting once the child no longer qualifies for the early start program. Require vendors to provide regular, objective reports of service and child progress. In addition, the new school district managing the child's services after they turn age three should also meet with the family, vendor, and Regional Center.	Feb 14, 2011 10:11 PM
944	Surveys, third party checks and balances.	Feb 14, 2011 10:20 PM
945	Functional and measurable goals/outcomes should be written by the licensed therapist and appraised every 6 months.	Feb 14, 2011 10:20 PM
946	parents to have choices of provider, kind of therapy, and method of therapy. service provider should track progress every 3-6 months	Feb 14, 2011 10:41 PM
947	Review of goal progress and data are imperative. 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. Qualified supervision has been demonstrated to have an effect on child outcomes therefore, supervision is necessary for an effective behavioral program and should be funded in addition to the direct behavioral service.	Feb 14, 2011 10:45 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
948	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 10:45 PM
949	assessment results, parent report	Feb 14, 2011 10:47 PM
950	# 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 10:48 PM
951	parent involvement	Feb 14, 2011 10:49 PM
952	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 10:57 PM
953	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 10:57 PM
954	Targeted behaviors should be measured continuously and recorded on appropriate data collection sheets. Home and Classroom staff should be taught what to look for and how to record. Data should be reviewed/analyzed each class visit and at least weekly at home.	Feb 14, 2011 11:06 PM
955	The child's progress should be monitored on a quarterly basis to track the effectiveness of the service provided based on the child's individual developmental needs. Progress reports should be provided to the regional case manager. In addition, developmental goals should be created initially based on the developmental evaluation and initial intake. These developmental goals can be used to measure a child's progress and new goals can be created to further ensure that the child continues to strive to meet developmental milestones.	Feb 14, 2011 11:06 PM
956	Vendors should be invited to the IFSP meetings. They should also be invited to the transition meeting once the child no longer qualifies for the early start program. Service standards should require vendors to provide regular, objective reports of service and thorough comments on the child's progress. Also, the school district managing the child's services after they turn age three should continue to meet with the family, Regional Center and with the vendor to ensure all future actions are in the best interest of the child.	Feb 14, 2011 11:12 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
957	I suggest that it should be up to the therapist and the parent to decide whether the child is getting any/enough benefit from the therapy. The standardized tests that are currently being used to determine a child's status may not actually reflect the child's progress because the methods used for teaching are different from the methods used for testing. If a child has not learned to transfer their skills to unfamiliar objects, or becomes uncooperative in new situations, standardized testing with a testing kit that has never previously been introduced will show a complete lack of progress for that child. There needs to be a large degree of subjective evaluation included in any progress testing.	Feb 14, 2011 11:15 PM
958	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 11:18 PM
959	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 11:27 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
960	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 11:33 PM
961	developmental assessment with on-going periodic measures; goals, objectives, and measurable outcomes; direct observation by a supervisor, supervision/consultation up to 10 hours per month	Feb 14, 2011 11:34 PM
962	Program evaluation which includes interviews with families about whether they find them useful and effective	Feb 14, 2011 11:43 PM
963	a weekly report card from the therapist with what was taught and what was learned	Feb 14, 2011 11:45 PM
964	Early Start Services should be provided based on current research and effective practices. Services should be based on comprehensive assessment results. Treatment should be outcome based. Periodic assessments should be conducted every 3 to 6 months in order to evaluate whether the services are resulting in the child’s progress toward identified developmental goals and objectives, with the ultimate goal being that the child’s development is within normal limits	Feb 14, 2011 11:47 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
965	Periodic assessments should be conducted every 3 to 6 months in order to evaluate whether the services are resulting in the child’s progress toward identified developmental goals and objectives, with the ultimate goal being that the child’s development is within normal limits	Feb 14, 2011 11:48 PM
966	Vendors should be invited to the IFSP meetings and to the transition meeting once the child no longer qualifies for the early start program. Require vendors to provide regular, objective reports of service and child progress. In addition, the new school district managing the child’s services after they turn age three should also meet with the family, vendor, and Regional Center.	Feb 14, 2011 11:54 PM
967	Ensure they are provided by qualified persons and necessary. Also, maybe something about the parent's involvement-the regs speak to the responsibilities of the agencies providing services, but not as much the role parent's must/should take.	Feb 14, 2011 11:55 PM
968	Quarterly assessments of progress based on data	Feb 15, 2011 12:01 AM
969	Monitoring of offered services, and taking parent feedback	Feb 15, 2011 12:03 AM
970	Services provided by knowledgeable, trained, experienced personnel with regular feedback from clients and regional centers about how services can be most useful and effective. Demonstration of positive changes due to interventions.	Feb 15, 2011 12:04 AM
971	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 12:11 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
972	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 12:12 AM
973	Parents or caregivers should be included in at least 50% of a session to assure carryover of techiques with the child in his natural environment.	Feb 15, 2011 12:12 AM
974	Research, testimonials, and data.	Feb 15, 2011 12:23 AM
975	put child in a school settign that is best fitted for his or her needs	Feb 15, 2011 12:44 AM
976	ES services should be based on assessment.	Feb 15, 2011 12:48 AM
977	Parents to participate in all infant development programs.	Feb 15, 2011 12:49 AM
978	Same as behavioral standards.	Feb 15, 2011 12:52 AM
979	Monitoring should be ocurring monthly to ensure that programs are being implemented as funded and that staff is adhering to the designed program. Visits by regional center staff should occur regularly for in home services as well as center based services. Reports should be comprehensive and should be reviewed by licensed professionals. Data should be kept on the progress of each individual as well as their parents/caregiviers ability to utilize strategies and incorporate them into daily life.	Feb 15, 2011 12:57 AM
980	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 1:06 AM
981	Having the parent or caregiver take an active part in the therapy sessions and then following thru with exercises between therapy sessions.	Feb 15, 2011 1:09 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
982	Basic questionnaire developed to manage expected benefit progress, monthly. Reviewed by IT, this must include a professional, e.g. Pediatrician, Child Psychologist, etc.	Feb 15, 2011 1:18 AM
983	IPP.	Feb 15, 2011 1:25 AM
984	Require that primary parent/caregiver be present and commit to following a home program provided for there child. Create opportunity for feedback to supervisor or RC if there are problems with service provision.	Feb 15, 2011 1:30 AM
985	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 1:30 AM
986	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 1:34 AM
987	Transdisciplinary approach Natural Environments Inclusive playgroups IFSP reviews to monitor the degee to which progress is being made and revise outcomes or services as indicated.	Feb 15, 2011 1:41 AM
988	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 1:50 AM
989	Clinics twice a month.	Feb 15, 2011 1:55 AM
990	Yearly testing of client	Feb 15, 2011 1:57 AM
991	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 1:58 AM
992	Parents need to be involved in the therapy. They should be be provided with home program suggestions. Have Regional Center take a hard look at the frequency of therapy that is provided to the Autism population. The hours per week for this population seem to be excessive.	Feb 15, 2011 2:00 AM
993	Test the child	Feb 15, 2011 2:01 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
994	* 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 2:01 AM
995	Parents need to be accountable for follow thur. These services are a gift that can help your child. Service providers need to be held to high standards. They need to show the parents how to do their part.	Feb 15, 2011 2:02 AM
996	My opinion is the same as earlier because it spans each age bracket. For so long as the consumer is served, moved forward, for so long as the family asks for support--that is the duration of the service.	Feb 15, 2011 2:03 AM
997	survey clients on a rotating basis	Feb 15, 2011 2:19 AM
998	Hire people who are willing to devote their time in helping these children.	Feb 15, 2011 2:45 AM
999	Regular quarterly reviews and weekly meeting with services providers to ensure services are meeting standards.	Feb 15, 2011 2:46 AM
1000	consistent hours and service providers	Feb 15, 2011 3:05 AM
1001	family/social worker needed to complete a survey regularly to evaluation the effective: What areas have been improving. What works, what does not work, What did they learn	Feb 15, 2011 3:05 AM
1002	Evaluations of service providers should be completed quarterly or bi-annually during a home visit to ensure that they provide effective services to the child and family. These evaluations may be completed by the employer.	Feb 15, 2011 3:06 AM
1003	# 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 3:11 AM
1004	providers must be credentialed and vendorized; must possess California ABA certification. All based on medical necessity; Diagnosis; IEP treatment team; plans/goals.	Feb 15, 2011 3:14 AM
1005	Pre schools and elementary schools should be responsible for these services.	Feb 15, 2011 3:17 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1006	Need closer supervision from pediatrician on developmental milestones. Parent's feedback.	Feb 15, 2011 3:18 AM
1007	A developmentally appropriate assessment will determine the appropriate treatment plan. Direct observation should be done by a supervisor on a 1:10 ratio, one of of direct observation for every 10 hours of one on one treatment.	Feb 15, 2011 3:20 AM
1008	The certified therapist/specialist provides periodic updates on the progress of the child. Parent interviews are also helpful to determine if a service is helping the child and/or family.	Feb 15, 2011 3:25 AM
1009	What the research says is useful.	Feb 15, 2011 3:28 AM
1010	Standard certification and yealy training to keep on upgrading.	Feb 15, 2011 3:33 AM
1011	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 3:44 AM
1012	See Lanterman Act!!	Feb 15, 2011 4:00 AM
1013	ensure progress is being made by quarterly review of the data. make akk service providers responsible for collecting data	Feb 15, 2011 4:06 AM
1014	Case coordinators should be better educated about what service is appropriate for each child. Every child with special needs is different.	Feb 15, 2011 4:07 AM
1015	Continued parental or caregiver involvement is critical to program success. Regular check-ins with clincians and others on the treatment staff should be scheduled.	Feb 15, 2011 4:07 AM
1016	This should be determined on a case-by-case basis. Caution should be used when applying one size fits all solutions.	Feb 15, 2011 4:15 AM
1017	Share progress reports with parents, discuss progress with regional center more frequently.	Feb 15, 2011 4:33 AM
1018	Data collection by the provider.	Feb 15, 2011 4:37 AM
1019	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 4:38 AM
1020	Data collection and analysis by qualified individuals	Feb 15, 2011 4:39 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1021	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.	Feb 15, 2011 4:42 AM
1022	The money should be spent on direct services more than administration.	Feb 15, 2011 4:46 AM
1023	Same as previous.	Feb 15, 2011 5:05 AM
1024	evidence based tools can be used parent satisfaction surveys pre/post surveys	Feb 15, 2011 5:06 AM
1025	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 5:07 AM
1026	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 5:07 AM
1027	Mandatory surveys	Feb 15, 2011 5:07 AM
1028	I would like to see the local Public Health Nurses playing a much bigger role in organizing these services. Most certainly, the Public Health Department Physicians and County hospitals should know how to provide and deliver these services.	Feb 15, 2011 5:13 AM
1029	set goals and objectives in IEP, meeting to revise as needed	Feb 15, 2011 5:15 AM
1030	continuous monitering, data collection	Feb 15, 2011 5:26 AM
1031	same comments as for infant development	Feb 15, 2011 5:27 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1032	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.	Feb 15, 2011 5:31 AM
1033	see comments on Behavior services	Feb 15, 2011 5:41 AM
1034	the goals that are set at the IFSP should be useful and effective.	Feb 15, 2011 5:48 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 15, 2011 5:58 AM
1036	Monitor child's progress consistently.	Feb 15, 2011 5:58 AM
1037	Governor Brown, our early intervention program was funded by the schools district. Unfortunately, the schools have so many closings and breaks that the children who really need the services (and need them with as few interruptions as possible to be successful) aren't able to fully access the educational opportunities available. There are great teachers with great training, but too many breaks.	Feb 15, 2011 5:59 AM
1038	Check progress, assess goals and progress toward them, survey the providers and the consumers family.	Feb 15, 2011 6:02 AM
1039	Providers must make use of promising and evidence-based practices. The measures of effectiveness can look at access to the world around the child including family support, natural environments beyond the home, infant/toddler learning and development foundations and curriculum framework (from the California Department of Education, Child Development Division), as well as IFSP outcomes.	Feb 15, 2011 6:14 AM
1040	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 6:22 AM
1041	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 observational 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 6:28 AM
1042	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 6:29 AM
1043	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 6:30 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1044	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 observational 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 6:35 AM
1045	Also the use of standardized norm referenced / norm referenced assessments, language samples can be used to show progress and effectiveness. Therapist should be expected to carry out best practice standards in each discipline, this could be monitored by regional center licensed professionals. The regional centers should have licensed OT,PT, ST consultants on staff should be reviewing each case to assure that services being provided are effective and continued service recommendations are warranted.	Feb 15, 2011 6:36 AM
1046	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 observational 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 6:40 AM
1047	It should be hands on with the parents/caregiver. With my daughter I am at each therapy observing and then I try to copy that at home. As a parent this is crucial, as I would not know what to do or even where to start to help my child with down syndrome. She was about 6 months delayed at her year evaluation, and at her 18 month evaluation she was still about 6 months delayed which means she has progressed about 6 months in a 6 month period. I know she wouldn't have been able to do that without help.	Feb 15, 2011 6:47 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1048	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 6:58 AM
1049	telemedicine professionals train caregiver(s) who live with child. all direct service provided by caregiver(s) who live with child	Feb 15, 2011 7:06 AM
1050	Reviews of the services should be conducted by both the agencies licensed by the state as well as centers such as the regionial center.	Feb 15, 2011 7:06 AM
1051	state evaluation of providers	Feb 15, 2011 7:15 AM
1052	Teach families how to recognize the early symptoms to provide prompt early intervention.	Feb 15, 2011 7:17 AM
1053	quality initial assessment, data and review of goals with frequent tweaking of goals and teaching strategies.	Feb 15, 2011 7:26 AM
1054	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 2 hours 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 7:53 AM
1055	-Learning progress based on outcomes of IPP goals -audited provider time and attendance -provider report of services rendered (each encounter) -randomly audited report of services rendered	Feb 15, 2011 8:17 AM
1056	My suggestions would be to ensure that these kids are getting what they individually need. Some might need more help in the areas of self help but EIBT seems to only be interested in high achieving academia. DDS will have to sort it out. I find it a mess. Trust a parent who was in it...it is not about these kids. It is not need based or individualized. Children with behaviors are exited. Autism is a serious global destroyer. We must...MUST...look at all the needs and aim the help in all areas. I truly feel EIBT has become a gross destortion and needs a rework.	Feb 15, 2011 8:39 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1057	A developmentally appropriate asseessment will determine the appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes and level of service for the child. Frequent reviews of data and treatment plans should be reviewed at least every 3 months.	Feb 15, 2011 8:51 AM
1058	f/u review quarterly even if they are not the specialists in the home at regular visits. Same as now	Feb 15, 2011 9:05 AM
1059	Intensive early start services should be provided to children/family of children with autism and other disabilities	Feb 15, 2011 10:47 AM
1060	When behavior improves.	Feb 15, 2011 12:07 PM
1061	Supervision	Feb 15, 2011 3:06 PM
1062	Child review (every quarter) with Dr, Therapists, Case Managers to check for progress	Feb 15, 2011 3:06 PM
1063	When specific goals are created as a result of a *discipline specific assessment the therapy is driven by these goals. A therapeutic process which is not specific to a client is not going to be as useful. Progress towards these goals can be measured by reviewing progress towards stated goals, and re-assessment using the baseline of the initial assessment measuring the effectiveness of intervention. Goals which are not being met following 3-months need to be adjusted and factors related to the effectiveness should be investigated and addressed.	Feb 15, 2011 3:18 PM
1064	Work as team which includes: Family being served, all Service Providers, Regional Center Service Coordinator. All should attend IFSP meetings, IEP meeting at age 3 and collaborate with service provision on an ongoing basis. Provide family with coordinated strategies and techniques to support their child's development on a daily basis. Provide support and education for the family and other team members.	Feb 15, 2011 3:24 PM
1065	Progress reports and review	Feb 15, 2011 3:54 PM
1066	6 month evaluations which show advancement or prevention of deforming conditions	Feb 15, 2011 3:55 PM
1067	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 4:03 PM
1068	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 4:11 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1069	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 4:11 PM
1070	Use evidenced-based practices that are measurable and defined in IFSP.	Feb 15, 2011 4:12 PM
1071	Quarterly progress meetings.	Feb 15, 2011 4:16 PM
1072	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 4:18 PM
1073	constant/frequent visit to doctor/s; education and training on the part of the parents with children diagnosed with special needs	Feb 15, 2011 4:27 PM
1074	Services should be reviewed periodically and adjusted to the needs of the recipient. Action plans should be discussed with team members and the family so that new goals are set.	Feb 15, 2011 4:49 PM
1075	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 8 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 4:53 PM
1076	Monitor/generalize	Feb 15, 2011 5:02 PM
1077	Services need to be developed collaboratively with the family as part of the interdisciplinary team, carried out through a core provider and relevant consultants. Strategies are implemented within a child and family's preferences, priorities and practices through natural and everyday learning opportunities and materials. Services are flexible, adaptive and evolving in accordance with child developmental level and family priority and ability to implement agreed-upon strategies.	Feb 15, 2011 5:09 PM
1078	6 month updates and documented on the child's IFSP.	Feb 15, 2011 5:26 PM
1079	Document and measure the results.	Feb 15, 2011 5:35 PM
1080	standard developmental testing	Feb 15, 2011 5:35 PM
1081	setting goals for the consumer with the parents and providers	Feb 15, 2011 5:44 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1082	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 5:45 PM
1083	See above	Feb 15, 2011 5:51 PM
1084	Continuation of current standards	Feb 15, 2011 5:53 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 15, 2011 5:58 PM
1086	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 6:04 PM
1087	Measurable data and frequent re-evaluations every 3 months to determine if services are being effective.	Feb 15, 2011 6:05 PM
1088	Followup	Feb 15, 2011 6:20 PM
1089	-Continual review of progress for each child -goals and reports should be established to meet the child's individual needs	Feb 15, 2011 6:20 PM
1090	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 6:21 PM
1091	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 6:23 PM
1092	Monthly reports as to progress, goal status,etc.	Feb 15, 2011 6:27 PM
1093	There should be an ongoing qualification standard placed on the infants (once per month or once per year).	Feb 15, 2011 6:27 PM
1094	The IP Team at every IP meeting, as described in the Lanterman Act, should determine usefulness and effectiveness of services.	Feb 15, 2011 6:28 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1095	• 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. • Supervision of the treatment program 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 15 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. • 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 6:30 PM
1096	Understand that services at this age are critical to help the parent be a successful parent. Parents of children with autism spectrum disorders often feel like total failures. Nothing they do is effective. Their children seem to be "failing" at playdates, at gymnastics class, at day care,at family gatherings, and they are being pressured by friends and parents to step up the discipline or try corporal punishment with a child who appears to be misbehaving so much. To protect the CHILD, parents need to be educated very early to UNDERSTAND the disorder, which is very very challenging for even the most educated, loving and compassionate parents. They need to learn appropriate techniques for managing the child and they need support so that they can get away from an incredibly challenging child once in a while to get a couple of errands done, or go to the dentist to get a tooth filled, or spend time with a sibling, in peace. At this age, some toddlers with autism sit quietly for hours on end spinning toys. But other toddlers with are restless and constantly in motion. They hit, fight, run and have unending tantrums. Early intervention simply MUST help parents in this time window if it is going to be effective in helping the child like this with an autism spectrum disorder.	Feb 15, 2011 6:39 PM
1097	BCBA standards should apply	Feb 15, 2011 6:45 PM
1098	There should be frequent reports and assessments to make sure the services provided are helpful. There should also be parent involvement.	Feb 15, 2011 6:51 PM
1099	Initial testing, 6 month review and an annual review to show areas of improvement and challenges.	Feb 15, 2011 6:54 PM
1100	Early Start Services should be provided based on current research and effective practices. Services should be based on comprehensive assessment results. Treatment should be outcome based. Periodic assessments should be conducted every 3 to 6 months in order to evaluate whether the services are resulting in the child’s progress toward identified developmental goals and objectives, with the ultimate goal being that the child’s development is within normal limits	Feb 15, 2011 6:55 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1101	Early Start Services should be provided based on current research and effective practices. Services should be based on comprehensive assessment results. Treatment should be outcome based. Periodic assessments should be conducted every 3 to 6 months in order to evaluate whether the services are resulting in the child's progress toward identified developmental goals and objectives, with the ultimate goal being that the child's development is within normal limits	Feb 15, 2011 6:57 PM
1102	Periodic re-evaluations are the professional gold standard for evaluating efficacy and benefits from therapy services. Per state practice acts, a child should be discharged from therapy services when they are no longer able to benefit from the service as determined through periodic re-evaluation.	Feb 15, 2011 7:00 PM
1103	Early Start Services should be provided based on current research and effective practices. Services should be based on comprehensive assessment results. Treatment should be outcome based. Periodic assessments should be conducted every 3 to 6 months in order to evaluate whether the services are resulting in the child's progress toward identified developmental goals and objectives, with the ultimate goal being that the child's development is within normal limits	Feb 15, 2011 7:04 PM
1104	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 7:05 PM
1105	DDS should obtain independent evaluation of results of Prevention Program ASAP in order to determine outcome and cost impacts (e.g. see if experience cited in Item #1 above is true throughout the state). These results should guide state approach to Prevention Program going forward, including potentially elimination of program and return to original Early Start eligibility criteria.	Feb 15, 2011 7:08 PM
1106	measurable goals in language and social skills.	Feb 15, 2011 7:10 PM
1107	Regional center checks on the report from the supervisor of the terapy team.	Feb 15, 2011 7:15 PM
1108	Monitoring of vendors	Feb 15, 2011 7:33 PM
1109	Documented progress noted every 3 months.	Feb 15, 2011 7:36 PM
1110	There are therapies that are scientifically proven and can be used with babies and toddlers, that will help them to overcome behavior and several skills they need to develop in onder to be better students and grow up normally.	Feb 15, 2011 7:48 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1111	The EIP program as prescribed by Lanterman Act's commitment is a good starting point. The childern need to be rgularly evalauted by professionals and their progress measured and programs adjsuted to increase the progress.	Feb 15, 2011 7:53 PM
1112	See suggestions for Behavior services and Day programs	Feb 15, 2011 7:56 PM
1113	Calling the parents about the effectiveness of the service	Feb 15, 2011 8:12 PM
1114	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 15, 2011 8:19 PM
1115	The services must be delivered by an individual with expertise specific to the services delivered. ie: BCBA must oversee an ABA program, a SLP must implement and oversee speech services, a registered OT must implement and oversee OT services, etc...	Feb 15, 2011 8:23 PM
1116	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 8:28 PM
1117	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 8:32 PM
1118	Someone with experience and psychologist review from time to time to get maximum result	Feb 15, 2011 8:34 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1119	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 15, 2011 8:34 PM
1120	• 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. • Supervision of the treatment program 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 15 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. • 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 8:38 PM
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 15, 2011 8:42 PM
1122	Service providers are required to implement the IDEA (Individuals with Disabilities Education Act) law and regulations- IDEA law requires review of the IFSP outcomes and services, at least every 6 months. DDS has the responsibility as lead agency to assure that a meaningful six month review is held. Early intervention services should reflect evidence based practices.	Feb 15, 2011 8:47 PM
1123	Usefulness and effectiveness of services should be determined by the IPP Team, as described in the Lanterman Act	Feb 15, 2011 8:56 PM
1124	Parent participation (see below)	Feb 15, 2011 8:58 PM
1125	Allow choice. I program does not fit all. Vendorize more service providers	Feb 15, 2011 9:14 PM
1126	Evaluate, have persons responsible fill out surveys..etc.	Feb 15, 2011 9:25 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1127	My son was mis-diagnosed with speech delay at 2 and later diagnosed with mild autism at 3. If Harbor Regional Center's contractor, Newport Language, had noted his social deficits and possible autism, we could have started the appropriate treatment sooner (ABA). I had to spend $2,600 to get an official diagnosis by a private psychologist. Then, I could start appropriate ABA services. Newport Language noted OT needs, speech deficits, etc..., but not social interaction deficits. They did not even have the category on their exit form (when transferring to the school district), I think all children should be screened for speech, ot, social and behavior deficits. And, any child with a combination of deficits should be screened for autism. My son is now in regular kindergarten without an aide. If you would like to contact me, my name is [redacted] and my home number is [redacted]	Feb 15, 2011 9:31 PM
1128	Usefulness and effectiveness of services should be determined by the IFSP team at every IFSP meeting, as described by the Lanterman ACt Section 4646.5 (a)(6).	Feb 15, 2011 9:35 PM
1129	Service providers are required to implement the IDEA (Individuals with Disabilities Education Act) law and regulations- IDEA law requires review of the IFSP outcomes and services, at least every 6 months. DDS has the responsibility as lead agency to assure that a meaningful six month review is held. Early intervention services should reflect evidence based practices.	Feb 15, 2011 9:35 PM
1130	Service providers are required to implement the IDEA (Individuals with Disabilities Education Act) law and regulations- IDEA law requires review of the IFSP outcomes and services, at least every 6 months. DDS has the responsibility as lead agency to assure that a meaningful six month review is held. Early intervention services should reflect evidence based practices.	Feb 15, 2011 9:35 PM
1131	Using reputable ABA companies and providers who take clear data will ensure that ABA therapy is useful and effective. Using SLPs, OTs and PTs who have good reputations and experience will also provide the ability to be sure that services are useful and effective.	Feb 15, 2011 9:37 PM
1132	Service providers are required to implement the IDEA (Individuals with Disabilities Education Act) law and regulations- IDEA law requires review of the IFSP outcomes and services, at least every 6 months. DDS has the responsibility as lead agency to assure that a meaningful six month review is held. Early intervention services should reflect evidence based practices.	Feb 15, 2011 9:37 PM
1133	Service providers are required to implement IDEA law and regulations. Must review IFSP outcomes and services @ least every 6 months. Each intervention service must reflect evidence based practices...DDS must take leadership in this review.	Feb 15, 2011 9:38 PM
1134	The initial evaluation should take place before beginning the service followed by evaluations at regular intervals to monitor progress.	Feb 15, 2011 9:42 PM
1135	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 9:45 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1136	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 10:12 PM
1137	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 if supervision for every 10 hours of treatment.	Feb 15, 2011 10:18 PM
1138	The IP Team at every IP meeting, as described in the Lanterman Act, should determine usefulness and effectiveness of services.	Feb 15, 2011 10:27 PM
1139	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 10:40 PM
1140	quarterly progress reports from service providers, annual review with RC consultant who is not benefiting from the continuation of support	Feb 15, 2011 10:48 PM
1141	Follow IDEA law. Review the IFSP outcomes and services every 6 months unless the family and team determine sooner. The review should be based on evidence-based practices and have some meaning to the family and child--not a check box, get it over with review.	Feb 15, 2011 10:49 PM
1142	Parent report.....some children have degenerative disorders and so "progress" can not be "charted." Parents feeling supported and that their children are being served well is one of the best indicators of "effectiveness."	Feb 15, 2011 11:04 PM
1143	Monitoring and review of IFSP every 6 months	Feb 15, 2011 11:04 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1144	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 11:07 PM
1145	Its hard to tell but when a service is great the kids are happy.	Feb 15, 2011 11:08 PM
1146	Measurable outcomes	Feb 15, 2011 11:14 PM
1147	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 11:14 PM
1148	• 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. • Supervision of the treatment program 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 15 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. • 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 11:16 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1149	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 11:19 PM
1150	Service providers are required to implement the IDEA (Individuals with Disabilities Education Act) law and regulations- IDEA law requires review of the IFSP outcomes and services, at least every 6 months. DDS has the responsibility as lead agency to assure that a meaningful six month review is held. Early intervention services should reflect evidence based practices.	Feb 15, 2011 11:29 PM
1151	Parent feedback. There is no greater or more critical a resource than parents. Please believe us when we say we know what is or is not going on.	Feb 15, 2011 11:30 PM
1152	Using qualified therapist for speech, occupational, physical and behavior therapy.	Feb 15, 2011 11:52 PM
1153	make sure that children are properly assesed and that there are follow ups including IFSP meetings and goals set by therapist, with case reviews and follow up assessments as needed	Feb 15, 2011 11:53 PM
1154	6 month progress reports with standardized testing done annually	Feb 15, 2011 11:57 PM
1155	Services should take place in the child's natural home environment. Parents should receive training in order to assist the child outside of therapy sessions.	Feb 15, 2011 11:59 PM
1156	Parents need to follow up with the suggested activites daily.	Feb 16, 2011 12:02 AM
1157	Follow through with needs that can be met.	Feb 16, 2011 12:03 AM
1158	Parents and family members should be allowed to participate in the planning of the services to guarantee that they are effective.	Feb 16, 2011 12:13 AM
1159	They should be reviewed regularly.	Feb 16, 2011 12:14 AM
1160	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 12:15 AM
1161	Standares should be very specific. Based on best available science and what works best with highest sucess rates.	Feb 16, 2011 12:26 AM
1162	Progress reports every 3 months! Not the typical 6. Vendors should be evaluated by their consumers for Regional centers to choose a more preferred vendor.	Feb 16, 2011 12:26 AM
1163	Therapy/Instruction log to be filled out each visit showing improvement or goals.	Feb 16, 2011 12:27 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1164	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 12:30 AM
1165	evidence base evaluation.	Feb 16, 2011 12:30 AM
1166	If goals are set and the goals are being met, that should reflect effectiveness.	Feb 16, 2011 12:33 AM
1167	evaluation tools evidence based tools parent satisfaction survey pre/post	Feb 16, 2011 12:37 AM
1168	Again, I support quality of life for all persons with Autism Spectrum Disorders through supports and services that are determined by the individual as most effective for the individual.	Feb 16, 2011 12:40 AM
1169	developmental age appropriate progress measured at least twice a year	Feb 16, 2011 12:46 AM
1170	Effectiveness lies with the professionals who provide the early intervention. Speech, physical and occupational therapists are key. Having a parent coaching or training component is critical too. Early intervention is not the time to worry about inclusion in the community, so placing an infant who needs early intervention in classes such as gymboree or mommy and me is not the same as high quality early start or early intervention. This is the best time to try to help minimize developmental issues at a time when the brain is able to make changes.	Feb 16, 2011 12:57 AM
1171	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 12:57 AM
1172	Regular communication with parents by service providers and the regional center helps to ensure that goals are reasonable and updates are made to the program as needed. Goals should be flexible to accommodate for the changing needs of the child.	Feb 16, 2011 12:59 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1173	# 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 1:04 AM
1174	# 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 1:09 AM
1175	measurable goals	Feb 16, 2011 1:11 AM
1176	There needs to be a stric review process and evaluation of how the services are helping the consumer. All key parties must be invovled in evaluation. E.G. parents, case worker, service provider so if any changes are needed a constructive discussion can take place.	Feb 16, 2011 1:13 AM
1177	I hear a lot of talk of Federal Guidelines for Early Start. It scares me to think that families will be directed to only preschool programs within their communities as the center-based program is slowly abandoned, which would be fine for some families. But for us, with a child that was so globally involved, very medically fragile and complicated, how would a typical preschool handle a child like this? I so valued the professional opinions of the teachers, OT & PT staff. And as I hear a stress for family education, that is what we received while having my child at the IDP, was the education and communication with other parents and information on family resource centers to go to for help. I am so grateful for the time spent in the center-based IDP system, and think it would be a huge mistake to eliminate this from our service system!!!	Feb 16, 2011 1:18 AM
1178	Parental feedback Objective measuring standards and quality control inspections/surveys	Feb 16, 2011 1:18 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1179	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. 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 1:26 AM
1180	Quarterly visits	Feb 16, 2011 1:32 AM
1181	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 2:02 AM
1182	LOOK AT RESEARCH AND DIAGNOSIS	Feb 16, 2011 2:16 AM
1183	Feedback from parents	Feb 16, 2011 2:18 AM
1184	I think a bi-annual report assessing the child's progress is the perfect, objective tool. I also think it is important to remember on paper things may look "good" or improving, but a personal assessment of a child is part of the evaluation process.	Feb 16, 2011 2:21 AM
1185	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 2:40 AM
1186	Professional assessment and parent questionaires about the services	Feb 16, 2011 2:44 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1187	A developmentally appropriate assessment should determine the appropriate treatment plan, which should identify goals, objectives, measurable outcomes and level of service for the child. Given the young age of the children, progress should be frequently reviewed to determine the effectiveness of the program, at least 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 3:02 AM
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 16, 2011 3:02 AM
1189	only evidence based interventions specificed by DDS. No appeals on this issue	Feb 16, 2011 3:23 AM
1190	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 3:31 AM
1191	Vendors should be invited to the IFSP meetings and to the transition meeting once the child no longer qualifies for the early start program. Require vendors to provide regular, objective reports of service and child progress. In addition, the new school district managing the child's services after they turn age three should also meet with the family, vendor, and Regional Center.	Feb 16, 2011 3:31 AM
1192	Review of outcomes of IFSP parent survey pre/post surveys	Feb 16, 2011 3:41 AM
1193	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 3:45 AM
1194	Frequent review of data collection of goal progress.	Feb 16, 2011 3:48 AM
1195	Ifsp Multidisaplinary team review for increases or addition of services.	Feb 16, 2011 3:50 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1196	Consistent support, training and resources should be offered and given to parents and children by specialists.	Feb 16, 2011 3:54 AM
1197	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 3:55 AM
1198	parents and providers should be on the same page --wanting to help and educate the child --on a leval that can be completed at home on a daily basis	Feb 16, 2011 3:56 AM
1199	I am not qualified to answer this question.	Feb 16, 2011 4:02 AM
1200	The IFSP process requires a reveiw of the goals and objectives identified at the last IFSP meeting (every 6 months usually) by the team. The service providers, family and the regional center staff work together to re-identify the needs, strengths and priorities for the child as required by IDEA.	Feb 16, 2011 4:08 AM
1201	provide short-term POS, approximately 3 months or at least 6 visits. if goals aren't being reached, then discontinue the service. however, there are many disabilities where you don't see progress with a child, which is unfortunate but typically due to a diagnosis without a positive prognosis. some therapies are still important for these kids, for example, a child that is not able to move due to lack of muscle and a severe cognitive delay, may continue to need therapy for positioning, checking for bed sores, feeding, range of motion, etc. just to make sure their situation does not worsen. when a child qualifies for a multitude of services, for example EI, OT, PT, ST, feeding specialist, that may be when a service coordinator needs to step in and make sure a child is not getting too many services and it's important to devise a "checklist" system where main areas of concern are targeted FIRST, then others can be added. for that child with a multitude of services from specific therapies, maybe EI can be discontinued since all areas of development are being covered by therapists. or maybe EI/OT can split hours. maybe OT/feeding can split hours.	Feb 16, 2011 4:13 AM
1202	Frequent review of service.	Feb 16, 2011 4:15 AM
1203	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 4:29 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1204	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 4:30 AM
1205	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 4:45 AM
1206	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 4:53 AM
1207	3-6 month review of parent/specialist goals, or more often if a parent or specialist has concerns.	Feb 16, 2011 4:57 AM
1208	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 observational 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 4:57 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1209	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 observational 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 5:01 AM
1210	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 observational 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 5:07 AM
1211	Un announced check up with vendor to assurance quality of program and vendors is performing duties it says it is doing.	Feb 16, 2011 5:08 AM
1212	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 observational 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 5:11 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1213	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 observational 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 5:15 AM
1214	Again useful and effective services should be determined by the IPP team and at every IPP team meeting	Feb 16, 2011 5:25 AM
1215	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 5:33 AM
1216	progress toward goals; family satisfaction	Feb 16, 2011 5:54 AM
1217	For more intensive services (e.g., ABA program) there should be quarterly review of progress reports, and direct observation when there are concerns about the program, parent participation, or the vendor. Many other services (e.g., OT, PT) should be reviewed at least every 6 months, and more often as needed. Interventions should be based on need, an initial assessment, and discontinuation of services should be based on goals met, change in child's needs, or due to lack of parent participation or lack of progress on the child's part (suggesting the intervention may not be an effective one for that child at that time).	Feb 16, 2011 6:00 AM
1218	o A developmentally appropriate assessment will determine the appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes and levels 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 at least 2 hours of supervision for every 10 hours of treatment at the minimum. o Services could be determined to be ineffective for various reasons. However, for EI services, we do not feel that the child's growth should suffer due to the family's inability or lack of resources in supporting and implementing the treatment. It would be appropriate to discontinue services if the child has mastered skills to the point that the child no longer demonstrates deficits or engages in excesses that may result in signfiicant safety concerns.	Feb 16, 2011 6:01 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 16, 2011 6:04 AM
1220	written report from therapist about each meeting; hands on teaching provided by therapist to parents; monthly group meetings with other parents and children for socialization & support; homework for parents and child for next meeting	Feb 16, 2011 6:21 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1221	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 6:27 AM
1222	Frequent supervision, 3-5 hours per week	Feb 16, 2011 6:43 AM
1223	Service providers should be certified in the fields in which they provide services. Consumers should also be offered an opportunity to provide annual feedback on the service providers offering services, conducting assessments, etc, so that providers who have low satisfaction scores can be forced to improve services.	Feb 16, 2011 7:00 AM
1224	Track through statistics/use staff to monitor and reports out	Feb 16, 2011 7:16 AM
1225	Long term goal setting, short term benchmark goals, regular review of goals to determine if goals need to be adjusted, mandatory parent/caregiver participation.	Feb 16, 2011 7:26 AM
1226	anything is better than nothing.	Feb 16, 2011 7:41 AM
1227	Evidence based.	Feb 16, 2011 7:44 AM
1228	No comment.	Feb 16, 2011 7:57 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1	those with at least a bachelors degree in their area of expertise	Jan 28, 2011 1:09 AM
2	QUALITY ASSURANCE AND DATA AVAILABLE TO CONSUMERS/FAMILIES TO ALLOW FOR COMPARISON OF VENDORS	Jan 28, 2011 1:19 AM
3	must pass a department of justice fingerprint screening clearance AND be trained in 40 hours of ages and stages of development for infants through kindergarten age range	Jan 28, 2011 1:23 AM
4	Credentialed infant teachers, licenced PTs, OTs, and Speech Therapists and WELL TRAINED assistants that are very familiar with child development.	Jan 28, 2011 1:25 AM
5	individuals and organizations must be qualified to provide the service that is called for. This may include relevant licensure or certification of the individual	Jan 28, 2011 1:31 AM
6	family to recieve training	Jan 28, 2011 1:41 AM
7	QUALITY ASSURANCE FOR ALL VENDORS. INPUT TAKEN FROM CONSUMERS/FAMILIES AND SERVICE COORDINATORS AND DATA COLLECTED AVAILABLE TO CONSUMERS/FAMILIES FOR COMPARISON	Jan 28, 2011 1:48 AM
8	Should be specialized in Early intervention area.	Jan 28, 2011 1:53 AM
9	they should have a bcba certificate.	Jan 28, 2011 1:57 AM
10	Someone who has credentials in this field.	Jan 28, 2011 2:01 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
11	Services should be provided by independently contracted vendors who have specific training in the delivery of treatment and in data collection. They should be expected to develop reasonable goals, the means for achieving these goals, and a plan for monitoring treatment progress. Goals should be updated as progress is made or changes in consumer functioning occur. Providers should have the appropriate degrees or licenses recognized by the field, with an understanding that licenses are not the only form of recognition of expertise (e.g., most well-qualified ABA providers are not licensed professionals). In addition, being a licensed professional should not be a sufficient qualification to be hired by a regional center. For example, the clinical psychologist at our regional center does not believe in ABA, though this is the empirically supported treatment for autism. Additional qualifications to work at the regional center should include: knowledge of evidence based strategies for the assessment, management, and treatment of developmental disabilities and experience in the dissemination of evidence based strategies.	Jan 28, 2011 2:28 AM
12	Information sent out to families, service providers providing brochure, info about each discipline that will be involved with the family and specific qualifications and past experience	Jan 28, 2011 2:44 AM
13	certificated educators should be employed for this purpose	Jan 28, 2011 2:48 AM
14	A homevisitor (with a Masters in ECSE) with a lot of experience with 0-3 year olds and premature born babies and toddlers in Early Start and trained in the assessments used in Early intervention. Preferrably a Developmental Specialist. Hired as a specialist for this service by SARC.	Jan 28, 2011 2:55 AM
15	I believe one should be in the field of child development, psychology, and/or some type of experience in working with autistic children.	Jan 28, 2011 3:08 AM
16	Therapists and service providers in this area must have at least a BA in their field.	Jan 28, 2011 3:10 AM
17	Degree and experience	Jan 28, 2011 3:30 AM
18	All clinicians should hold the minimum degree, license or certification in their field. Therapy should not be provided by aides such as SLPAs or COTAs without direct supervision.	Jan 28, 2011 3:41 AM
19	licensed professionals only	Jan 28, 2011 3:43 AM
20	Lanterman Act. Needs of the consumer as written in the IPP	Jan 28, 2011 3:44 AM
21	With autism, make sure that o.t., speech, behaviorists, etc. have the experience and expertise to provide services adequate to the child. Intensive early intervention should be employed universally.	Jan 28, 2011 3:47 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
22	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.	Jan 28, 2011 3:59 AM
23	I have recently seen speech therapists doing 4 hour developmental evaluations. I, as an OT would never presume to have the knowledge to perform a speech eval and I do not think that speech therapists have enough background in motor learning theory, spasticity, and compensatory movement patterns to perform an adequate developmental evaluation. There are many subtleties associated with movement and movement patterns, the developmental evaluations should be done by OT and PT.	Jan 28, 2011 4:09 AM
24	Qualification of persons or organization that provide these services should have 5 plus years of experience and knowledge of working with infants and children with special needs. Able to assess children, train parents and work with other professionals.	Jan 28, 2011 4:09 AM
25	Standardized across different vendors and matching the recommendations of experts in the field.	Jan 28, 2011 4:09 AM
26	depending on the delayed area	Jan 28, 2011 4:18 AM
27	?	Jan 28, 2011 4:21 AM
28	I will speak to Physical Therapy services. Physical Therapy servcies should be provided only by Physical Therapist licensed in the State of Calif.	Jan 28, 2011 4:22 AM
29	The person or organization who performs this service should hold appropriate professional certificates/degrees	Jan 28, 2011 4:47 AM
30	Only evidence-based techniques and modalities which are shown to be effective may by purchased. Experimental or unproven techniques or modalities may not be purchased. Providers must meet the professional licensing, certification, or training standards applicable to the modality being provided.	Jan 28, 2011 4:57 AM
31	Regional Centers were originally placement agencies. Due to the shift in family placement vs. institutionalization, Regional Centers need to be scaled back and run as businesses on 5-10 percent overhead, not 30 percent as currently operating. CEO's of the Regional Centers (and all their staff) need to have their salaries aligned with their State employee counterparts. (Regional Center CEO's should not be making $300K to $600K per year of taxpayer dollars)	Jan 28, 2011 5:45 AM
32	Credentialed early childhood special ed teachers, or bachelor level professionals with experience who are supervised. Physical and Occupational therapists should be licensed. Vision and Hearing teachers should credentialed or supervised by someone who is credentialed. Hearing teachers should be aware of both sign and oral communication. Speech teachers should also be aware of communication education using adapted technology for young children who are nonverbal.	Jan 28, 2011 6:39 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
33	Trained staff and personnel either with a degree or working for a degree!	Jan 28, 2011 6:56 AM
34	Eliminate the program entirely	Jan 28, 2011 7:00 AM
35	These services should be provided either by social workers or RNs with at least BA/BS degrees at minimum. And they need to be licensed.	Jan 28, 2011 7:12 AM
36	Certified interventionists, associate teachers, aids and consultants working together as a professional team.	Jan 28, 2011 7:15 AM
37	This is problem in the rural area that we live.	Jan 28, 2011 3:55 PM
38	who ever does it today CVRC dows wonderful work with my 3 yrar old granson	Jan 28, 2011 4:31 PM
39	They should be trained and have the qualifications to provide the services needed. There are qualification standards, for anyone interested in this field. There performance should be outstanding, due to special needs of the client.	Jan 28, 2011 4:35 PM
40	Same standards as in private sector.	Jan 28, 2011 4:41 PM
41	Early Interventionists should complete a standard curricula through their employer. OTs and SLPs must meet their accreditation and licensing standards. SLP-CFY should be supervised by SLP-CCC.	Jan 28, 2011 4:46 PM
42	I feeel that there needs to be at least an AA degree in child developmetn or human/social services.	Jan 28, 2011 5:01 PM
43	They already exist - follow them	Jan 28, 2011 5:04 PM
44	Requiring the owner of such organizations to hold a license as either a psychologist or MFT along with having a BCBA.	Jan 28, 2011 5:12 PM
45	Licensed MFT, psychologist, educational specialist,	Jan 28, 2011 5:19 PM
46	College degree in applicable field and experience should all be weighed in, depending on the service.	Jan 28, 2011 5:24 PM
47	My concern is physicians who are not educated regarding Autism as a whole. With an up and coming trend of Autism in the last ten years, physicians and Pediatricians should be well aware of developmental delays in babies and adolescents. Conduct more research if needed to determine diagnosis. My son was not officially diagnosed until he was in the first grade and that was only determined by his school. Our pediatrician was not well versed in Autism at all. Our roughest time was trying to admit our son to a preschool for special ed children (or any preschool for that matter), because he was not potty trained at 3 to 4 years of age and had developmental delays. Catch 22: No diagnosis, no admittance. A program needs to be implemented for the medical field to WELL them educate about Autism.	Jan 28, 2011 5:48 PM
48	i don't know	Jan 28, 2011 5:48 PM
49	Those providing early intervention should have a BA in Child Development or related field and a MA in Early Childhood Special Education or related field. A teaching credential and/ or infant mental health certificate would also be encouraged.	Jan 28, 2011 5:52 PM
50	Licensed BCBAs, occupational therapists, speech pathologists and physical therapists, or apprentices working under these licensed professionals should be the only providers permitted to deliver these services unless another discipline proves itself effective through empirical review and a governing board to ensure standards are upheld. On-going supervision should be required to ensure standards are upheld.	Jan 28, 2011 5:54 PM
51	Trained early childhood development teachers, special education teachers, speech pathologists, occupational therapists and physical therapists	Jan 28, 2011 6:04 PM
52	Make sure everyone is qualified and has a degree from a university	Jan 28, 2011 6:11 PM
53	Keep at the current rates and amounts.	Jan 28, 2011 6:14 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
54	Services providers should have an interdisciplinary knowledge of developmental disabilities and services provided in the field (OT, Speech, PT, Infant Mental Health, Child Development).	Jan 28, 2011 6:28 PM
55	Regional center infant service coordinators and other service providers should have minimum qualifications across the board throughout the state. They need to be able to assess the child's development levels, understand medical issues and educational needs - so at least MSW; PHN; and be licensed special ed infant teachers. Some vendor programs teachers are not licensed teachers and may only have some ECE units.	Jan 28, 2011 6:29 PM
56	Most services have minumum qualifications of staff, including degree requirements, years of experience, and/or training. Perhaps this should be written in to law.	Jan 28, 2011 6:36 PM
57	OT, PT, Speech- licensed by the State Infant teacher- depends on how they operate. If independent provider, should be certified teacher. If the teacher works as part of the program, should ahve bachelor's degree, experience and supervision provided by the program. Behavioral interventionists- need to have ABA certified staff.	Jan 28, 2011 6:43 PM
58	no	Jan 28, 2011 6:44 PM
59	Early Start Programs and Therapist should be encouraged to become more parent friendly. Teaching parents to parent and work with their children will make the most impact on the child and familiels lives.	Jan 28, 2011 6:56 PM
60	These standards already exist. We should use them!	Jan 28, 2011 7:07 PM
61	Current standards are sufficient.	Jan 28, 2011 7:12 PM
62	Have the Regional Center Case Manager be involved in knowing personel and their background experience.	Jan 28, 2011 7:18 PM
63	An individual performing these services should have training and direct experience in assessing and developing programs based on the child's development, the provider should have access to an interdisciplinary team that addresses needs across areas and the provider should be supervised and/or held accountable for the services delivered.	Jan 28, 2011 7:20 PM
64	The provider must have the required education and at least a master's degree (early childhood, special education) ands must be current with research based early intervention methods. must be required to take specific continued education hours per year to continue to qualify as a provider	Jan 28, 2011 7:22 PM
65	Proper training of no less than 2-3 weeks should be mandatory. Otherwise, it should be referred to as babysitting, not therapy. It's not right if there is no training. It's a waste of money.	Jan 28, 2011 7:24 PM
66	SLPAs (Speech and Language Pathology Assistants) should NOT be allowed to do therapy in Early Start.	Jan 28, 2011 7:30 PM
67	training in the area where they are to provide the service example a 6 month old cerbral palsy baby has gag reflux.. the vendor needs to have training in sensory, positioning techniques and feeding..at this age the brain is very trainable and only very well trained people should be used...if certain thearpies are not performed correctly the brain will receive and learn "wrongly" and the results could mean more extensive and costly services will be needed..if the brain receives the right signals from a qualified therapist the results will be that the baby will improve and learn to control or distinguish the gag reflux therfore preventing surgeries and will progress on the developmental path...Spend the money to "fix" the problem at the onset and prevent the need for further services..and teach the parents how to work with the child..have a contract with parent..if you want help then you need to do this. We need to get away from the attitude of entitlement..	Jan 28, 2011 7:35 PM
68	Require therapists to have license and certification thorugh the state of CA.	Jan 28, 2011 7:37 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
69	Qualifications of persons who provide services should be RN's with PHN who can start assessment of family unit and child as soon as she steps out of her car to do an aseessment.	Jan 28, 2011 7:43 PM
70	Must have certification related to the field; i.e. vision specialist, infant developmental specialist, etc.	Jan 28, 2011 7:44 PM
71	Provide more flexibility when specialized professionals complete their assessment.	Jan 28, 2011 8:02 PM
72	licenses, education and certifications from reputable agencies, ie- BACB, CSU, UC, Licenses, etc.	Jan 28, 2011 8:02 PM
73	all professions have credentials.	Jan 28, 2011 8:03 PM
74	All ABA providers should be choosen by parents.	Jan 28, 2011 8:05 PM
75	Parents/caregivers are capable of deciding who has the qualifications to work with the consumer.	Jan 28, 2011 8:41 PM
76	there must be some sort of proven approach to early intervention - Applied Behavior Analysis, floortime, etc	Jan 28, 2011 8:41 PM
77	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 8:46 PM
78	These Standards already exist	Jan 28, 2011 8:48 PM
79	Service standards should follow state licensing guidelines. Speech therapists, not occupational therapists should be providing the oral motor/feeding therapy.	Jan 28, 2011 8:50 PM
80	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 8:55 PM
81	Data provides a wealth of information about who is effective, what training and qualifications are necessary for effective outcomes - listen to what we already know.	Jan 28, 2011 9:05 PM
82	Vendors must meet a gold standard set by the Doctor, professional therapeutic organizations, i.e; American Speech Patholoy Association, Association of Registered Occupational Therapists, etc.	Jan 28, 2011 9:19 PM
83	same as behavioral	Jan 28, 2011 9:40 PM
84	each regional center should evaluate each provider and then randomly contact a parent who is using the provider for comment/quality - at least once/year for each provider	Jan 28, 2011 9:42 PM
85	Require college educated professionals to run/supervise these programs. Require teachers/educators to also be college educated and trained.	Jan 28, 2011 9:46 PM
86	credentialed early childhood special education teachers BCBA pediatric OT, PT, SLP	Jan 28, 2011 9:53 PM
87	para-professional to implement plans but master's level in psychology to develop plans	Jan 28, 2011 9:54 PM
88	Only qualified personnel should provide services. Some non English speaking families get an aide as an infant program teacher. Teacher aides should never replaced the services of a qualified "Early Start" teacher. One way to ensure this is to follow suggestions stated on 3.	Jan 28, 2011 10:16 PM
89	Service providers should undergo extensive qualification to insure they will be capable of providing services that are at acceptable service standards.	Jan 28, 2011 10:18 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
90	It is pointless to set performance standards according to if a child meets thier IFSP objectives. Programs just set the bar lower so that all the children meet their objectives. Regional center Early Start service coordinators need to be trained to authenticate the developmental levels that infant development program provide.	Jan 28, 2011 10:36 PM
91	Developmenal evaluations should only be done by a licensed therapist. What we are seeing are intials evalutions being done by educators who do not have the medical background to clearly assess a child. Many developmental problems ae being missed because of this lack of training. You have 1-2 hrs to look at the presenting child and make a determination on what the issues are. I often times see a very nice, wordy assessment and recommendations done, by some E.I. only to have to spend more funds going back to redo because something was oviously missed. There needs to be a standard of qualification for home visitors. A bachelors should be required, not that you took 3 units of child development at a community college. Speaking spanish should not be the criteria for allowing a person in the home to instruct and interact with families. .	Jan 28, 2011 10:48 PM
92	Certified and written test through RC.	Jan 28, 2011 10:59 PM
93	Every child at risk or identified with a developmental/intellectual disability.	Jan 28, 2011 11:02 PM
94	Specific training and or appropriate degrees that apply directly to early child development and interventions must be possessed by individual embarking on such interventions.	Jan 28, 2011 11:09 PM
95	Training requirements to ensure knowledgeable providers; parent/caretaker satisfaction surveys every evaluation period (e.g. every 3 months)	Jan 28, 2011 11:12 PM
96	Nutrition assessment: Registered dietitian experience or training working with children with special needs. Occupational therapy assessment: Licensed occupational therapist with training or speciality in feeding issues.	Jan 28, 2011 11:17 PM
97	Sick days of staff over a reasonable number should require make-up appointments or substitute therapists. Should be board-certified and should specialize in children.	Jan 29, 2011 12:03 AM
98	Certifications, credentials and experience. Word of mouth through others with good experience with person or organization that provides these services.	Jan 29, 2011 12:12 AM
99	The direct early start provider providing infant services is reccomended to have at least an associate degree, experience in working with individuals with disabilities and or children. Other service providers such as OT, PT, SLP need have their appropriate license and credential as with the assistants that are assisting OT, PT, SLP.	Jan 29, 2011 12:32 AM
100	Since we only provide OT, PT, Speech and CDS services, I will respond as follows: OT, PT and Speech should be licensed and certified by the board. This should include COTAs, PTAs and SLPAs who can also provide services in home (with proper supervision). Child Development Specialists (or Infant Stimulation teachers) should have an Associates Degree and full hands-on training before starting on their own and/or have their Bachelor's Degree in Child Development.	Jan 29, 2011 12:38 AM
101	Strong background in early childhood development and children with special needs. As more and more children are being diagnosed with autism, suggest strong background in autism.	Jan 29, 2011 12:39 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
102	Early itnervention services that currently exist in our communities should be expected to learn what is needed for th child and have their doors opened (forcibly if nencessary) to understand that these children are part of their community and expect to be taught too. Therapy services should be provided by licensed trained personnel and not aides. consider remote learning and instruction when their aren't enough tehrapists in a given area.	Jan 29, 2011 12:55 AM
103	95018. Each eligible infant or toddler and family shall be provided a service coordinator who will be responsible for facilitating the implementation of the individualized family service plan and for coordinating with other agencies and persons providing services to the family. The qualifications, responsibilities, and functions of service coordinators shall be consistent with the statutes and regulations under Part C and this title, and shall be specified in regulations adopted pursuant to Section 95028. The State Department of Developmental Services shall ensure that service coordinators, as defined in federal law, meet federal and state regulation requirements, are trained to work with infants and their families, and meet competency requirements set forth in Section 303.22(d) of Title 34 of the Code of Federal Regulations. Service coordinator caseloads shall be an overall average of 62 consumers to each staff member. Pursuant to Section 303.521 of Title 34 of the Code of Federal Regulations, service coordination is not subject to any fees that might be established for any other federal or state program.	Jan 29, 2011 12:56 AM
104	Besides the licensure requirements that are required for PT, OT, SLP, etc. I recommend that those who are providing developmental services be required to complete a state guided program, such as what is in effect in Texas. The following website provides information about the requirements for Texas- http://www.dars.state.tx.us/ecis/providers/competencydemo.shtml	Jan 29, 2011 1:59 AM
105	they should be a OT or SP	Jan 29, 2011 2:51 AM
106	eliminate	Jan 29, 2011 3:13 AM
107	Check in's once in a while or observation.	Jan 29, 2011 3:42 AM
108	trained experienced trustworthy background checks finger prints honest	Jan 29, 2011 4:38 AM
109	Licensed	Jan 29, 2011 4:45 AM
110	specialists are more useful than general 'developmental interventionists' - e.g. PTs and OTs have specific training and lots more theory/background and ideas of appropriate types of therapy. "generalists" should be supplemental only, not in place of specialists.	Jan 29, 2011 5:10 AM
111	Therapists have state and natl. annual licensure as well as required continuing education each year. That should be adequate. However, if parents raise complaints about a provider, there should be a system in place to deal with that.	Jan 29, 2011 5:27 AM
112	Those who have the expertise to bring about the outcomes stated in the IFSP	Jan 29, 2011 5:59 AM
113	For early intervention, this is the one place I do agree with the degree folks- speech, OT, PT, Behavioral, Social Workers, and constant family involvement and teaching.	Jan 29, 2011 6:08 AM
114	See response for Behavioral	Jan 29, 2011 6:25 AM
115	The person providing the service should be licensed and/or certified in the area they are providing direct services.	Jan 29, 2011 7:06 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
116	trained and supervised by specially credentialed personnel	Jan 29, 2011 7:14 AM
117	Audited vendors	Jan 29, 2011 7:18 AM
118	The professionals who serve these infants and families should receive ongoing trainings and information about the law, developmental skills, etc. They should have a degree in the area they are working in [teacher, Physical therapy, etc.] or be an assistant to these professionals.	Jan 29, 2011 7:32 AM
119	have to be certified or license	Jan 29, 2011 7:38 AM
120	Supervision: BCBA's any 15 college credits in education, behavior analysis.	Jan 29, 2011 7:39 AM
121	State standards. Parent Surveys. Independent evaluations of performance and protocol.	Jan 29, 2011 8:23 AM
122	the person or organization that provides these services should have a degree/specialty in this area, a proven track record and references.	Jan 29, 2011 8:40 AM
123	At least 1 year and supervision from a supervisor with at least 2 years of experience in the appropriate field.	Jan 29, 2011 8:43 AM
124	Consumers need to have the option to choose from vendors and change providers if the one they have is not effective or not a good match for their individual needs.	Jan 29, 2011 4:29 PM
125	Current licensing requirements of the professionals. Using certified aides when available.	Jan 29, 2011 5:07 PM
126	People with expertise in Early Childhood Education, Speech Therapy, Occupational therapy, PHysical Therapy and other interventions are appropriate to work in this area. Paraprofessionals can also be useful in the implementation and provision of these therapies.	Jan 29, 2011 6:24 PM
127	BA and BS for teachers and trainers MA MS for directors and developmental specialists MA plus board certification for PT, OT, SLP MA MS plus certification for Behavior Analyst	Jan 29, 2011 9:27 PM
128	AL PROFESSIONAL STAFF LEADERSHIP, WITH LICENSED CERTIFIED MULTI-DISCIPLINED STAFF WITH EXPERIENCE IN EARLY INTERVENTION	Jan 29, 2011 11:43 PM
129	All providers should have a professional degree and a professional license to provide services. Sending poorly trained early childhood educators, for example who really have no training, does a disservice to the child and family and costs more in the end because appropriate services were not provided when perhaps prevention and or improvement were possible. Providers who are fluent in the language spoken by the family are sorely needed. If providers cannot speak the language appropriately trained medically knowledgeable show be provided. This ensures affective communication. Lack of effective communication is a major roadblock to success for everyone and a waste of money.	Jan 29, 2011 11:58 PM
130	quality and consistency are always best. For some reason, people often change agencies frequently, to the detriment of children.	Jan 30, 2011 12:25 AM
131	I believe our current standards are adequate, except that we lack enough therapists to adequately serve monolingual (spanish) families in our area. There should be some ability to offer a rate differential for language ability to encourage providers to come to our area and serve underserved populations or provide services outside of business hours for working families so that parents can be more involved.	Jan 30, 2011 12:54 AM
132	Providers must be educated about typical development and disabilities. Must meet state criterion for their profession.	Jan 30, 2011 1:23 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
133	1) Evaluators must have at least a bachelor's degree. 2) Early interventionist working under a bachelor or master's teacher should have at least an AA in child development.	Jan 30, 2011 3:17 AM
134	Qualified therapists should be providing these services. Perfomance should be evaluated based on children's progress in realizing the set goals, and on parents' accounts of the professional's ability to work with children with developmental disabilities and with parents. Are the interventions designed realistically implementable (this will differ from family to family)? Do they yield results?	Jan 30, 2011 4:08 AM
135	OT/PT should be licensed or supervised by someone who is. Speech should be licensed Family trainings - person under guidance of MFCC Inf development- a loving caring person that has taken classes in child dev. or worked at an inf prog.	Jan 30, 2011 6:27 AM
136	The persons working with these children should have training in early childhood special education, preferably a credentialed special education teacher. The child development center would have the teachers working with the children individually and in small groups.	Jan 30, 2011 6:27 AM
137	Need to be really clear on what we want to have happen. So many people want to measure the number of words in a sentence and things like that and don't really care about my son for who he is. They have their job to do and that's it. I'm not looking for friends in these people, but they need to really listen to us and to him and get to know us to be helpful. And they have to have a lot of the same goals as we do. We are done with knowledge for learning's sake for a test to show progress. We want to see good communication with us, our son, and a regular way to look at how things are going so we can think about where we are and where we are going and how we want to get there. We aren't stupid. Zero to Three say s to do this and when we do it it is so great and we figure stuff out, but it's like no one thinks it's worth the time meet regularly and often about how things are going. So when it isn't there we are left alone or just hearing people tell us what to do but it's like they are really listening.	Jan 30, 2011 4:23 PM
138	see question 1	Jan 30, 2011 5:57 PM
139	The service providers should demonstrate that they are receiving ongoing training in their field, including working towards or having certification in their field or being supervised by such a staff person. Again, PARENT CHOICE. Make sure that parents have the option to choose from providers so that they know some of them have appropriate training in evidence-based developmental models, such as DIR.	Jan 30, 2011 6:27 PM
140	All persons should be licensed therapists or being supervised by a licensed therapist. For those who are not licensed, they should be participating in professional workshops and pay to attend these workshops.	Jan 30, 2011 8:11 PM
141	Parent input	Jan 30, 2011 9:07 PM
142	provider surveys and reviews	Jan 30, 2011 9:07 PM
143	Anyone that is trained to do so, as long as all involved are agreed. example. there might be a lvn that is specially trained to do it, but the child just doesn't respond to them. Then the child has a dsp worker who they respond to and love. So train that dsp worker if they are willing, they are going to get so much farther than anyone else.	Jan 30, 2011 10:33 PM
144	Providers should have the needed training to provide appropriate services	Jan 31, 2011 12:04 AM
145	Focus on group activities and parental support groups, to implement programs for more people at a more effective, inclusive rate.	Jan 31, 2011 12:09 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
146	Licensure of professional therapists, to be checked as registered by the department of consumer affairs.	Jan 31, 2011 1:30 AM
147	performance of service providers or person should be reviewed by the coordinator and the client.	Jan 31, 2011 7:14 AM
148	The organization should have a respected reputation within its community. It should provide professional, accessible services. It should respond in as short an amount of time as possible during the intake process. It should provide best practices: research-based, person-centered. It should be financially solvent, able to meet and work within its budget. It should employ individuals who are capable and well-trained. It should provide on-going education and training to employees.	Jan 31, 2011 3:48 PM
149	Parent education and adaptive skills- BS or equivalent with experience. Home-based services with 1-1 work with children Masters Level or BS under the supervision of Masters level clinician. Related services, licensing and education as deemed necessary by the industry.	Jan 31, 2011 4:20 PM
150	Many organizations are using staff with AA degrees that receive VERY limited support from Specialist (such as Speech-Langugae Pathologist). These staff are provding the early start services, assessing and writting reports even though legally the SLP is supposed to do that. DDS needs a process to monitor and make sure that the services, initial assessment, reports, discharge assessments, are being implemented appropriately.	Jan 31, 2011 4:22 PM
151	Intesive training in the area of service provided.	Jan 31, 2011 4:39 PM
152	Teachers should have bachelor degrees and a background in early childhood development, special education or some related field. Occupational therapist, physical therapists and speech language pathologists should have current CA license. Therapy assistants should be supervised by therapists on a regular basis. Adaptive equipment should be provided by therapists, not teachers. Language could be addressed by a teacher up to 18 - 24 months but if there is still a delay a speech language pathologist should be involved. If language services are equivalent with overall developmental functioning, most intervention should be carried out by the teacher. If a child's motor and language development is at age level then there is no need to have monthly or quarterly consults from specialists unless a concern arises during that time.	Jan 31, 2011 4:46 PM
153	bachelor degrees in the area of expertise should be a most, including copy of their credentials for their file	Jan 31, 2011 5:02 PM
154	The California Interagency Coordinating Council on Early Intervention has a draft Early Start Personnel Manual that addresses specific competenciesfor Early Intervention Specialist. Also IDEA, Part C states qualifications for service coordinators and service providers. Regional Centers should be doing background checks on the agencies that they vendor with to make sure that the personnel in these vendored agencies meet the stated qualificationa.	Jan 31, 2011 5:23 PM
155	...same...	Jan 31, 2011 5:31 PM
156	Qualifications need to be set for providers under service code 805. Current regs do not state any requirements and there are many non-licensed "early interventionists" with little or no education or specific training providing the direct services. Providers are reimbursed at a higher rate for these services than for Behavior Intervention services. Only the SLP/PT/OT are required to have licenses and regs do not specify that the direct services be provided only by these licensed persons.	Jan 31, 2011 5:32 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
157	Industry standards should be used to identify the qualifications needed. As far as performance, an annual review should be conducted.	Jan 31, 2011 5:59 PM
158	licensed in their field. Application process, subject to ongoing review, submit reports.	Jan 31, 2011 6:03 PM
159	Successful completion of and continuation of best practice Early Childhood Development training. Include parent	Jan 31, 2011 6:10 PM
160	Medical and Nursing background	Jan 31, 2011 6:23 PM
161	Only qualified diagnostic personel. It's done fairly well now.	Jan 31, 2011 6:49 PM
162	Medical specialties such as physical, occupational and speech therapy have their own professional standards. Individuals with degrees in child development are also well qualified to learn to provide early intervention services. It is through the blending of expertise of all these fields that the knowledge base for working with infants is expanded and developed within each practitioner. A truly transdisciplinary model is an effective way to accomplish this.	Jan 31, 2011 7:11 PM
163	Appropriate training in the field, ie: SLP, OT, etc.	Jan 31, 2011 7:28 PM
164	A BCBA should be resposible for the agency that provides EIBI services. All assessments and treament plans should be BCBA approved. Line staff may be employed to implement treatment procedures following the best practices of BCBA run agencies consistent with their professional ethical guidelines.	Jan 31, 2011 7:49 PM
165	SLP: we should be able to utilize speech therapists who are certified to work in public schools. At present, only CCC-SLP is permitted to become a vendor of RC. If a therapist is trusted to provide serivce for public school, she/he should be good enough for Early Start. SLP/OT/PT: permit theray aid to provide serivce. under the policy, we can not utilize therapy aid. We may purchase licensed therapist's supervising hours in conjunction with the aids. It should be cost effective and also addresses the shortage of therapists.	Jan 31, 2011 7:54 PM
166	Service providers should be held to the licensing standards, or certification standards, of the state of CA for each respective specialty area.	Jan 31, 2011 8:04 PM
167	RC should review certification and qualification of entities or individuals providing services. They must posses the knowledge and certification needed to offer services to this particular population.	Jan 31, 2011 8:15 PM
168	try to keep better eye on children who are abusive to other children instead of standing around chit chatting with fellow teachers & aides & volunteers	Jan 31, 2011 8:27 PM
169	I saw much variance in the quality of intervention programs. Some programs required staff to have a college degree in Early Childhood Education, Child Development or related fields. Some programs used a minimum requirement of a high school diploma. You pick. How can we justify using the later?	Jan 31, 2011 8:31 PM
170	clinical pychologist to oversee all program areas so that it is comprehensive program without communication lapses. Comprehensive program to include all areas of development.	Jan 31, 2011 8:44 PM
171	The infant educators need to provide hands-on learning for the parents. Rather than take over and do the tasks themselves, they should be focusing on teaching the parents what they can do for their child.	Jan 31, 2011 8:49 PM
172	take doctors advice more seriously about someones condition and not looking at the cost for early intervention.	Jan 31, 2011 8:54 PM
173	We need more access to inhome OT, PT and speach.	Jan 31, 2011 9:17 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
174	a. Persons providing therapeutic intervention to regional center clients should provide proof of licensing and/or certification on an annual basis. b. Persons providing therapeutic intervention, respite care, home care, etc. should be fingerprinted, with results provided to the regional center.	Jan 31, 2011 9:20 PM
175	These standards already exist	Jan 31, 2011 9:24 PM
176	Early intervention services should be carried out by fully qualified speech-language pathologists, physcial therapists, occupational therapists, behavioral specialists, and so forth.	Jan 31, 2011 9:30 PM
177	The supervising management should have one person at least with a Masters degree in an appropriate degree related to human development. Social work, MFT, Psychology, Education	Jan 31, 2011 9:39 PM
178	Preferably degreed in some aspect of child development or have the equivalent in terms of experience and can continue to train.	Jan 31, 2011 9:59 PM
179	Having quilfied and trained personell.	Jan 31, 2011 10:16 PM
180	??	Jan 31, 2011 10:26 PM
181	I really think that more general doctors and day care providers need to be educated on ASD so that they can help the parents notice and see differences in the children to get them help at an earlier age.	Jan 31, 2011 10:28 PM
182	erer	Jan 31, 2011 10:29 PM
183	Interdisciplinary Assessments= minimum of a Master's Degree in special education or related field. Infant Development Program= minimum of a Bachelor's Degree in a related field for Infant Specialists/Teachers. Early Intensive Behavioral Services= ABA Certification. Speech, Occupational & Physical Therapy= CA license (no exceptions: no assistants, no aids). Programs must be rated by parents and Service Coordinators based on a multiple variables including quality of services, reports, professionalism, costumer service, etc.	Jan 31, 2011 10:54 PM
184	Currently no concerns.	Jan 31, 2011 11:06 PM
185	Regular help and support should be provided to therapists provide this care esp as they do not get any time off or other external support beside other therapist Better therapist provide better services	Jan 31, 2011 11:20 PM
186	I think the Personnel Standards are quite good right now. Distance learning should supplant the incredible expense of sending people to conferences.	Jan 31, 2011 11:40 PM
187	All service providers should meet a credential or licensing program, with a minimum of a masters degree, or be directly supervised by a credentialed or licensed person.	Jan 31, 2011 11:51 PM
188	Same as 4 in Behavior Services	Feb 1, 2011 12:19 AM
189	A state licensed OT, PT, ST, or a developmental specialist.	Feb 1, 2011 1:18 AM
190	Teachers must be highly qualified and paid for their expertise. Recruited based on their inclusive "assume competence" educational philosophy.	Feb 1, 2011 1:22 AM
191	licensed	Feb 1, 2011 1:47 AM
192	Therapists should have a minimum of a 4 year degree, with continuing education up to date as specified by their professional organizations.	Feb 1, 2011 2:24 AM
193	full evaluation before vendorization	Feb 1, 2011 2:32 AM
194	If a worker misses or reschedules more than 1 appointment a month a meeting should be held.	Feb 1, 2011 2:32 AM
195	Although it will take some time, service providers should eventually be endorsed as Infant-Family Mental Health core providers.	Feb 1, 2011 3:00 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
196	See the work that has already been done around professional standards for various EI providers and make these policy. Programs must report publicly on the qualifications of providers.	Feb 1, 2011 3:44 AM
197	Data collected	Feb 1, 2011 4:15 AM
198	All services must be provided by licensed/credentialed specialists/therapists. There needs to be State guidelines for who can provide EI services and monitoring to assure that agencies are following guidelines. There should be penalties for agencies that do not follow guidelines.	Feb 1, 2011 4:23 AM
199	There are already CFRs in place that speak to who is concidered qualified. Background checks should also be done and families should be able to evaluate and rate there providers and those evalutions/reviews should be posted to make it easier for parents to know who to choose or who has been assigned to their child.	Feb 1, 2011 4:29 AM
200	Limit the amount of turn-over of therapists that a child must endure - they don't like change, and this negatively impacts their progress. Respect the families' time - don't expect them to be on time and ready to go if your therapists aren't on time. Basic-level therapists should have documented training/certification beyond just a basic high school degree. They have to have proven training, education and experience when working with these kids.	Feb 1, 2011 4:41 AM
201	background checks on those who provide services such as credentials/experience	Feb 1, 2011 4:42 AM
202	Must be a state licensed and asha certified speech language pathologist.	Feb 1, 2011 4:42 AM
203	again this would be a individual assesment of a childs needs that would determine what kind of therapy would be needed and who would provide it	Feb 1, 2011 5:09 AM
204	Licensed Physical and Occupational Therapists and Licensed Speech-Language Pathologists absolutely must be the providers of early intervention services to children with impairments that fall into these scopes of practice. An infant stimulation provider and/or infant development teacher could provide intervention services as part of a more comprehensive therapeutic program, but should not be the sole providers of therapy due to their level of educational training. Licensed therapists are masters or doctoral level professionals who have a strong knowledge base related to the pathophysiology, neurology, genetics, musculoskeletal, biomechanical or other causes of the impairments a child is experiencing such that therapy is administered to target the specific impairments. This can't be replaced by a professional without such training and to do so would be a poor use of the state's resources.	Feb 1, 2011 5:10 AM
205	The person should be qualified to be able to know babies and development to identify who is in need. A person performing these services should also be of the same qualification and not be able to hiring staff that are not to perform more babysitting and respite hours than the service it's self.	Feb 1, 2011 5:17 AM
206	All service providers should be well trained, well educated & with great deal of experience	Feb 1, 2011 5:23 AM
207	A doctor with experience (preferably Board certification) in low vision rehabilitation or pediatric vision should prescribe treatment, rather than therapists. This is often not the case, as "vision specialists" with little training in vision development and vision rehabilitation therapy are often employed to perform "infant vision development" therapies that are equipment based, not physiologically or functionally based treatments. This results from equipment marketing and happens in many fields from therapists to doctors.	Feb 1, 2011 5:24 AM
208	DIR - FLOORTIME SERVICES that will train the parents and will give them tools to work with their child at home	Feb 1, 2011 5:33 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
209	Occupational therapists can not only provide comprehensive assessments regarding developmental levels in all areas but also help determine the underlying cause of delays (muscle tone, strength, sensory processing, behavior, cognition) and therefore better qualified to perform developmental assessments than physical therapists and psychologists and more economical. Physical therapists are best qualified to identify neuromuscular disabilities (primarily through CCS and medical clinics). Psychologists rarely observe more than the actual task completion and do not have an understanding of the motor components, sensory processing, etc. that may be limiting the child's ability to perform the task. However psychologists are required to make a specific diagnosis.	Feb 1, 2011 5:38 AM
210	Periodic assessments by consumers and parents.	Feb 1, 2011 5:45 AM
211	companies/individuals that are certified in each type of service given. ie: speech, ot, behavior, etc.	Feb 1, 2011 5:54 AM
212	Certified practitioners within their area of expertise, and membership in their professional organizations. Ongoing continuing education.	Feb 1, 2011 6:32 AM
213	Providing the services requires well educated and well trained professionals in all developmental areas, i.e, physical therapists, occupational therapists, mental health professionals and child development specialists working in tandem as a multidisciplinary team. Intervention provides the best spent dollar as opposed to the higher costs of remediation.	Feb 1, 2011 6:54 AM
214	I think OT's, SLP's and many service providers are not financially sustainable, although their skills are in great demand and desperately needed. I think a 2 year program at Junior college level could train a number of caring, and intelligent people to work with our kids, even in early intervention, at a much lower pay scale while providing 70 - 80% of the benefit of a trained practitioner. These intervention specialist could report back to an expert team (Case Manager, OT, SLP) on their cases for on-going support and problem solving. Family's could have option to request video review by case manager and film on a set schedule (maybe 20 minutes a week) for a monthly review by supervisors and a report back to parents on areas that are successful and areas that need modification. Supervisors could also help develop positive behavior support plans. If such a program were put into place for treatment of ASD for example, I would strongly hope that the emphasis of the training would be on CHILD DEVELOPMENT (not animal training, which is what I consider some other models to be at this age) and a strong emphasis on back & forth engagement, motor skill development, identifying sensory profiles, increasing use of visual supports, teaching simple sign language & gestures, identify what communication tools and devices can help support child - especially a non-verbal child, positive behavior modification plans, and supporting parents in understanding their child. I think if such a program were set up, families would have a much greater pool of trained providers to choose from and would be HAPPY to have someone with this training in their home providing support instead of significantly less time with other therapist (slp, ot) for same $. Not to mention the other more expensive therapists spend such a short-time with your child that they are limited in what they can do in terms of treatment.	Feb 1, 2011 7:19 AM
215	Schools should offer training and education specific to therapy or program services to Early Start. It is a waste of time and money to have therapists working with a child and that therapist is not competent or qualified to serve that child due to lack of training or experience or education for it. They should have at least one year formal training in Early Start PT; OT or Speech and this should be in addition to the requirements of being an Early Intervention Specialist or Assistant.	Feb 1, 2011 7:50 AM
216	through evaluations	Feb 1, 2011 8:16 AM
217	Licensed and credentialed providers. See above.	Feb 1, 2011 8:44 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
218	Certification and/or appropriate degree. Just because someone has their Psychology degree does not make them qualified to work with special needs children.	Feb 1, 2011 4:07 PM
219	Professionals with degrees in the related field.	Feb 1, 2011 4:17 PM
220	checkins	Feb 1, 2011 5:13 PM
221	For parent training and working with infants and young children high standards need to be required. Training in reflective supervision is essential to staff growth and development and in understanding family dynamics and staff feelings toward them. In addition ongoing training and supervision are required to maintain quality programing that is cost effective. The more effective the staff, the greater the benefit to families and to the state. Mental Health support is also essential for staff and families who are navigating the challenges of young children with Autism.	Feb 1, 2011 5:46 PM
222	A vendorized agency with training in the specific area of need. Qualified personnel are either credential led in their field or supervised by a credentialed professional.	Feb 1, 2011 6:00 PM
223	Early Interventionist should be required to be certified upon completion of both developmental and special intervention courses, determined and approved by the IDA, WESTEd, and/or other professional group. Standards and qualifications should follow an educational model and NOT a medical model.	Feb 1, 2011 6:11 PM
224	must have a credential or licensure or specific expertise; practice methods that are tested	Feb 1, 2011 6:18 PM
225	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) These standards already exist. 5) "Up to but not to exceed the cost to house one individual in a Developmental Center."	Feb 1, 2011 7:54 PM
226	1. Approximately 30-40% of all the servcies must be done by a BCBA or BCaBa (as oppose to just weekly supervision. 2. The actual supervisor of the program must be BCBA with 5 years experience and understanding of child development. They cannot design and individulaized curriculum unless they understand child devleopment.	Feb 1, 2011 8:01 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
227	For SLP, PT, OT, only licensed professionals!! The family needs to receive clear information that explains the qualifications. This means the service provider needs to identify themselves - too often I hear a family refer to "the therapist" or the "speech therapist" when the provider they are talking about is a child development specialist. Licensed professionals know it is important to properly identify. The agencies hiring other providers need to be sure they properly disclose their qualifications. I know that there are standards for personnel being recommended by WestEd and stakeholders. How to make sure all follow these guidelines is a big question. also: NLACRC and TCRC use SLP assistants, but they are not allowed to! There is a special waiver and they play dumb and ignore that rule, conveniently. The "intensive early behavioral" work is ridiculous. These are ABA companies trying to apply their cookbook approach to a younger age. They don't look at developmental levels and medical issues - the 'tutors' aren't well trained or educated enough. Yes, even with autism, early intervention is important - but before the children develop maladaptive behaviors because they are avoiding the pressure being placed upon them, let the licensed professionals work with them .... provide properly trained parent educators to help the parents structure their environment and learn skills.	Feb 1, 2011 8:08 PM
228	Individuals should be qualified educationally and through experience.	Feb 1, 2011 8:21 PM
229	dsafsf	Feb 1, 2011 8:40 PM
230	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 9:14 PM
231	The services are only provided by persons or organizations that are properly vendorized as described in IDEA.	Feb 1, 2011 9:25 PM
232	It is helpful to have an intermediary who a parent can come to when a therapist's plan might need to be questioned. For us KIDS has been invaluable.	Feb 1, 2011 9:36 PM
233	Professional licensing, degrees, and teaching credentials should be required for facilitators of these programs.	Feb 1, 2011 9:57 PM
234	licensed psychologists with a behavioral specialty and documented experience - these individuals should collorabate in making the goals and supervising the services, but trained employees can implement the suggested skills.	Feb 1, 2011 10:12 PM
235	Monthly evaluation of employees.	Feb 1, 2011 10:42 PM
236	license therapist and case coordinators with a degree in child development should collaborate services	Feb 1, 2011 11:08 PM
237	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 11:12 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
238	Qualified personnel in the area needed.	Feb 1, 2011 11:33 PM
239	A BCBA should be seen as irrelevant to the qualification to provide EI autism services. While ABA may be helpful for a minority of children, it has no or little impact on the vast majority of children. We need a model that incorporates and allows for a wide variety of intervention services, including Floortime and sensory and relationship-based approaches.	Feb 2, 2011 12:29 AM
240	The person giving the above mentioned tests would ideally be a board certified pediatric neuropsychologist. At the very least, they should have the same training as a board certified pediatric neuropsychologist and be a licensed psychologist.	Feb 2, 2011 12:50 AM
241	I believe the persons providing services should be licensed or hold professional certificates for the areas they claim expertise. All the professionals should have a pediatric specialty in their respective fields.	Feb 2, 2011 12:52 AM
242	Must have proper certifications and credentials as recognized by the State.	Feb 2, 2011 1:04 AM
243	Every ES employee should be... well you know...	Feb 2, 2011 1:22 AM
244	related degrees mandatory	Feb 2, 2011 2:33 AM
245	EIBI should be done by a Board Certified Behavior Analyst. Any behavioral services for a child with Autism, PDD, Traumatic Brain Injury, Downs Syndrom, etc. should be provided and supervised by a BCBA.	Feb 2, 2011 2:48 AM
246	Children needing Early Intervention support should receive it from qualified professionals with substantial experience working with children birth to three. Interns should not be involved in therapy sessions, other than observation [with parental consent]. SLPAs should not provide therapy	Feb 2, 2011 3:03 AM
247	1- education level 2. experience working with consumer with disablities 3- referrences or prior employment histories 4- background checks	Feb 2, 2011 3:22 AM
248	Providers should be licensed or specially trained in their area of expertise.	Feb 2, 2011 3:39 AM
249	The person providing the services needs experience & in some areas like speech special education & training. Just because you have a BA in psychology or in any other field doesn't mean you are more qualified to work with infants or toddlers 1:1. Loving children, having the skills & personality to implement the behavior plan is just as important as a degree. Again experience with a record of positive results is very important. I have had to train people with multiple degrees on how to work with children with special needs. Some of these people have been special needs professionals!!!!	Feb 2, 2011 4:14 AM
250	Licensed professionals only.	Feb 2, 2011 4:39 AM
251	The person or organization should be certified by a reputable authorizing agency or organization and have obtained the proper licensing pursuant to any laws or regulations.	Feb 2, 2011 4:49 AM
252	college degree in child development or a related field, and/or substantial training and familiarity with infants and toddlers, and Early Start programs and regulations	Feb 2, 2011 4:55 AM
253	case wrkers files should be monitored closley for indiscrestions	Feb 2, 2011 5:05 AM
254	People must be licensed - no assistants. Providers need to be connected with the Insurance companies as well. See #5	Feb 2, 2011 5:09 AM
255	Well-trained, licensed clinicians.	Feb 2, 2011 5:50 AM
256	Providers of early intervention services should have at least a BA and receive ongoing supervision and training by a specialist (with an MA, MD, or PhD). Interdisciplinary consultation should be included in the organization.	Feb 2, 2011 6:00 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
257	Personnel should be certified by state-regulated agency and have a minimum of 1 year of experience in an internship or apprentice-type setting in order to provide services for children. Agencies must be overseen by the state and keep an open door/open record policy to the parents/caregivers and their physicians.	Feb 2, 2011 6:03 AM
258	The therapists should be licensed, meet ongoing continuing education as required by their discipline org. and have necessary skills when they are providing certain services. Occupational therapists who address feeding problems need to be certified in swallowing and provide documentation as such. Early intervention specialists should be trained in child development (typical) and be able to recognize atypical development. Training should be ongoing by the organization to maintain professional standards to assessment and ability to carry out home plans. Organizations should be able to offer ongoing support and training, and mentor as needed.	Feb 2, 2011 6:21 AM
259	A BCBA must be involved.	Feb 2, 2011 6:32 AM
260	High-quality ABA vendors who provide research-based ABA program (versus eclectic approach).	Feb 2, 2011 6:33 AM
261	Professionals in each specific field.	Feb 2, 2011 7:41 AM
262	All providers should have the appropriate degrees, affiliation memberships and state licenses and be in good standing with each. Provide opportunity for parent reviews of performance of the person or organization that provides the service.	Feb 2, 2011 8:07 AM
263	BA or higher	Feb 2, 2011 1:51 PM
264	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 3:31 PM
265	All teachers in early start should hold the certifications required by the state. Teachers should provide the instruction not an instructional aide.	Feb 2, 2011 3:50 PM
266	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 4:51 PM
267	already in place	Feb 2, 2011 5:07 PM
268	Early Intervention- AA degree in child development or related field Consultants should be licenced (and used 1-2 hours per month as consultants- not primary providers of EI)	Feb 2, 2011 5:17 PM
269	Organizations currently train individuals to perform the assessments with the various disciplines to determine what therapy is needed.	Feb 2, 2011 5:36 PM
270	Quality of Assurance site visit and current licensing and contracts.	Feb 2, 2011 5:42 PM
271	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 5:48 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
272	Clearly, the people that are providing the services must have the appropriate education, certification and experience to be providing services whether it's the early educators providing the Child Development Services (and incidentally, what qualifications does one have to have in order to provide that service? I'm just curious, as one of the organizations I worked with in the past (note, the in the past... I became terribly uncomfortable with the ethically hairy lines that were seemingly being crossed by this organization. I gave my notice when I figured out what was happening) was none too picky about the people they hired to provide that service... nor were they terribly picky about who provided "P.T. hours" or "CDS hours" to them the hours were interchangable). There needs to be clear oversight for the organizations providing the service and making sure that P.T.s are providing P.T. services and O.T.s providing O.T. services, and CDS's providing CDS services, etc.	Feb 2, 2011 6:03 PM
273	In line with new Early Start Personnel Standards	Feb 2, 2011 6:12 PM
274	no comment	Feb 2, 2011 6:16 PM
275	The person/therapist be suited to the needs of the consumer. That 1 single therapist not be in charge of determining services, that at least 1 other person oversee or be involved in evaluation. Sometimes services have been denied to a needy family because 1 therapist was not professional in appropriately determining a family's needs.	Feb 2, 2011 6:30 PM
276	specialized training in appropriate field.	Feb 2, 2011 6:49 PM
277	a	Feb 2, 2011 6:49 PM
278	Respite/ Day Care- through an agency or family. Assessments- trained profesional. Intervention programs- trained professionals with specific experience in the population served.	Feb 2, 2011 6:50 PM
279	individuals who provide the services should have strong understandings of typical and atypical development. They should also be able to do some parent training and teach the parents to become a strong advocate for their child.	Feb 2, 2011 6:57 PM
280	M.A. and certification in field of practice	Feb 2, 2011 7:21 PM
281	they should be trained professionals	Feb 2, 2011 7:23 PM
282	I think the current standards are appropriate.	Feb 2, 2011 7:37 PM
283	All service providers in Early Start should have at minimum a bachelor's degree in the specific practice area and at least 3 years experience working with infants and young children. They should be licensed or registration in their professional area (i.e. OTR/L, RD). Early Start vendored organizations must comply with all standards regarding direct interventionists, and all direct interventionists need to have three years experience NOT just supervised by experienced providers. Occupational therapists working with feeding need to have SWC certification. Occupational therapists working in EArly Start must assess feeding and if not SWC certified, refer to an Occupational Therapist who is or to an SLP who specializes in feeding. All Early Start providers are expected to collaborate with the child's other Early Start providers as well as the child's medical or educational team.	Feb 2, 2011 8:48 PM
284	The people directly involved with the treatment of the patient need to have college degrees directly associated and germane to each service being provided. If the consumer has a team of providing a single type of service at least one person who manages the team needs to have a college degree directly associated and germane to the service being provided. This person too must have frequent, direct and meaningful "hands-on" involvement in the provision and assessment of services being provided.	Feb 2, 2011 8:59 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
285	services should be provided only by persons or organizations that are properly vendorized as described int eh Lanterman Act Section 4648 (a)(3)	Feb 2, 2011 9:30 PM
286	NPA services or allowing parents to have service providers outside of contracted providers. Usually contracted providers have such long waiting lists that it just adds more stress and delay to the treatment plan.	Feb 2, 2011 9:31 PM
287	specialists and cerified providers	Feb 2, 2011 9:35 PM
288	PARKS SCHOOLS AND VARIOUS REACT CENTERS	Feb 2, 2011 9:39 PM
289	*experience working with young children with disabilities *professionals/credentialed/certificated individuals	Feb 2, 2011 9:58 PM
290	The organization providing services should be licensed and accredited to perform such services.	Feb 2, 2011 9:58 PM
291	Parent feedback	Feb 2, 2011 10:00 PM
292	SAME AS PRIOR	Feb 2, 2011 10:01 PM
293	SLPs, PTs, & OTs sghould have appropr state licenses. Infant development providers should have good experience. All need to have clear background checks. The best infant development provider my son ever had was one who didn't have a degree in that field but just had a natural talent.	Feb 2, 2011 10:08 PM
294	Minimum standards should be established. MA or better for testing and making eligibiity decision. In the case of EI intervention, minimum of a BA and courses in special education. too many people can call themselves Early Intervention teacher and have no background in this field.	Feb 2, 2011 10:08 PM
295	Do not implement a $750 million cut to the Department of Developmental Services (DDS) budget. It is too drastic! We need these services for our kids on the spectrum!	Feb 2, 2011 10:11 PM
296	Early Childhood Interventionists should possess an appropriate teaching credential. Ots, PTs and Speech Pathologists should possess a license to practice in California issued by the appropriate licensing board.	Feb 2, 2011 10:12 PM
297	1. Early interventionists need to have their ECSE credentials to be qualified 2. Consultants should be part of the team and provide direct services if necessary for these children 3. Personnel need to update their credentials/board certification with continuing-ed units every year 4. Personnel might need to be bilingual to communicate with many of our families	Feb 2, 2011 10:14 PM
298	B.A. for in-home therapy M.A.- supervisor or above	Feb 2, 2011 10:21 PM
299	qualified personnel as well as experienced. On going trainings for continued education for employees.	Feb 2, 2011 10:29 PM
300	high quality standards only and be reported to reginal	Feb 2, 2011 11:05 PM
301	People who provide ABA services should be Board Certified Behavior Analysts or directly supervised by BCBA's. Speech therapists, occupational therapists and physical therapists should similarly be responsible for holding the appropriate certification and/or license.	Feb 2, 2011 11:07 PM
302	All therapists should be licensed in the State of California. They should have at least two years of experince working with children birth to 3, for in-home therapists. They can work in a clinic, under direct supervision while getting the required experience.	Feb 2, 2011 11:08 PM
303	Centers that are established and take all types of insurance are qualified along with their licensed personnel.	Feb 2, 2011 11:10 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
304	Qualifications according to professional organizations/state licensing agencies of service professionals.	Feb 2, 2011 11:32 PM
305	Require Licensed individuals and allow the use of assistant therapists	Feb 2, 2011 11:33 PM
306	Parents should not be expected to drive ridiculous distances to spend 1/2 hour with a COTA, not even a real therapist. Absurd. If there are not appropriate therapy services available locally through CCS, IRC should fund the parents to take the child to a local provider.	Feb 2, 2011 11:41 PM
307	Aides who provide behavior services in-home and who are not directly supervised by more highly qualified behaviorists are not able to capably address the needs of young children.	Feb 3, 2011 12:09 AM
308	Current practices are excellent.	Feb 3, 2011 12:14 AM
309	They need to be people of a higher education and accountable to give 100% every day	Feb 3, 2011 12:22 AM
310	Everyone should have accepted degrees and certifications in their field of speacialty or be in training and supervised by a qualified prefessional.	Feb 3, 2011 12:42 AM
311	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 12:56 AM
312	must be very high. this is such a critical time for development and there needs to be monitoring of service providers	Feb 3, 2011 1:27 AM
313	Highly educated	Feb 3, 2011 1:31 AM
314	Education in the field of work.	Feb 3, 2011 1:50 AM
315	Licensed and/or certified in the field	Feb 3, 2011 1:57 AM
316	EIBI - BCBA direct supervision at least monthly	Feb 3, 2011 2:11 AM
317	Training of service providers should be tied to recent DDS Early Intervention Standards.	Feb 3, 2011 2:23 AM
318	Performance of the provider should be verified by the parent/caregiver of the client through a questionaire or a conversation with the CSC in charge of the case. Qualifications can be checked through state boards or specific institutions for which certifications are issued.	Feb 3, 2011 3:01 AM
319	Developmental Specialists should hold a bachelors degree in Child Development or related field as well as have a min. of 1 yrs experience working with young children. Service providors should be allows some flexibility for special circumstances. (ie: someone with %+ years experience working with children as it directly relates tot he field of Early Start with no bachelors degree, but has 30 units of Child Development courses from an accredited college or university.) Service Providors or Vendors should ensure that the meet all the basic requirements set forthin Title 17 for Early Start Services. Also, There should be the same standard for becoming an eligible vendor across all CA Regional Centers. I have personally experienced varying degrees of requirements that various Regional Centers will impose beyond the Title 17 requirements. Vendors should too be able to be assured that ALL Regional Centers opporate withint he same boundaries and guidelines across the board. This is currently NOT the case as a vendor could very easily meet all the requirements set forth by title 17 and NOT become eligible to be a vendor with a particular Regional Center because of their "own rule book" regarding vendor requirements to become a service providor. This same vendor can go to the next county and apply for vendorization with another Regional Center and have a completly different "rule book" to go by and does qualify to be a service providor. This kind of practice does not allow for transparency across the Regional Centers.	Feb 3, 2011 3:15 AM
320	All service providers and therapist should have degees in child development or psychology or have appropriate training to fit the job description.	Feb 3, 2011 3:23 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
321	Education specific to the service, and experience requirements.	Feb 3, 2011 4:06 AM
322	Service providers should be licensed.	Feb 3, 2011 4:31 AM
323	a through check of the qualification, stability and - again there needs to be oversight frm regioanl that they are showing up that they have innovative methods and that in fact child is benefitting from the service by communicating with both the provider and parent	Feb 3, 2011 4:35 AM
324	someone in child care or child development.	Feb 3, 2011 4:51 AM
325	Staff must have additional training beyond early childhood education. They must be knowledgeably regarding the nature of disabilites, specialized techiniques, the causes and characteristics of the major disabilities, brain development, effects of early trauma and special education techniques to provide these children with effective intervention strategies. .	Feb 3, 2011 4:57 AM
326	HIGHLY qualified people and organizations	Feb 3, 2011 5:06 AM
327	Nationally recognized organization and licensed providers, with advance degree of education.	Feb 3, 2011 5:24 AM
328	Qualified professionals in the filed of delay	Feb 3, 2011 5:50 AM
329	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 6:04 AM
330	All professionals should be licensed to practice in the area for which they are providing services.	Feb 3, 2011 6:16 AM
331	All organizations should have professionals with experience dealing with young children. Parent training should be a main componant, the organization should provide ample resources offered through the county or community for support as well.	Feb 3, 2011 6:17 AM
332	Same standard as Valley Mountain Regional Center.	Feb 3, 2011 6:42 AM
333	Same standards as Valley Mountain Regional Center.	Feb 3, 2011 6:47 AM
334	testing to re-evaliate for improvement	Feb 3, 2011 6:47 AM
335	Licensed providers with reputation should provide the services	Feb 3, 2011 6:52 AM
336	Organizations with college graduates and/or interns.	Feb 3, 2011 7:11 AM
337	There can be a once a week consult with a senior person in the organization and the evryday work or therapy can be done by an assistant.	Feb 3, 2011 7:54 AM
338	Regional center needs to put minimum education requirements into place. Example our current speech therapy provider: the clincal director has the experience working with no verbal kids, but not the energy. Our former therapist had neither the education (BA was in I think Speech communication not a Speech and Language Therapist (I think the acronym is SLAP) or the experience to work with non verbal children. As much as I personally like her, she can't connect with children, or make progress with getting them to speak. Even my high school educated wife could tell that she was not the right therapist for our son after less than one month. If Regional Center was watching the therapy sessions they would be able to pick up on it very quickly.	Feb 3, 2011 8:02 AM
339	Hire the most qualified and best at their skill.	Feb 3, 2011 8:06 AM
340	Service providers should be required to provide what they recommend 80% of the time. Specifically regaring the Autism services. If a vendor recommends 20 hrs/wk, but can only have tutor support at the home 15 hrs/wk and this is consistent for 3 mos, the number of hours should be reduced on the POS. This is also not a good reflection on the vendor. Perhaps an Autism treatment vendor, shouldn't accept new referrals if they aren't meeting the hours of the consumers on their caseloads as it is.	Feb 3, 2011 8:49 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
341	All therapists (OT, PT, SP) should be licensed, and be able to show a minimum of one year experience in working with this population Early Interventionists in California, unfortunately, do not have statewide mandated qualifications. Some have degrees, but others are "in-house" trained by their employers. This is unfortunate. All should have a minimum of two years in Early Childhood Education. Too often, EI providers have a history of working in pre-schools, and feel they can understand the needs of the very young child or infant. This is not so.	Feb 3, 2011 1:50 PM
342	Again, the performance of the child, as well as feedback from the parent are good ways to tell how well the person/organization that provides services is doing. I also think that education standards should be higher, especially for early interventionists. I think a Masters degree or a bachelors with a minimum of 5 years experience in a child development field should be minimum standards for an EI. So often I see people who are still college or just out of undergraduate school who "really like babysitting" ending up as EI's and that does a disservice to the family and child they are serving- they are not going to get the same quality intervention as an EI who has more education and experience. Overall I think it makes Early Start service coordinators and families who receive services see EI's as glorified babysitters or playmates instead of professionals who are there to offer experienced help.	Feb 3, 2011 3:55 PM
343	Performance needs to be based on data that is driven by developmental milestones.	Feb 3, 2011 4:38 PM
344	Providers need to have credentials and personal references that they are humane, fun and kind. They also need to be kind to the parents.	Feb 3, 2011 4:39 PM
345	Vendors providing these serbices should have the education and experience necessary to do the job.	Feb 3, 2011 5:02 PM
346	Certified therapists in the service areas.	Feb 3, 2011 5:15 PM
347	Licensed, credentialed agencies/caregivers who are invested in the success of the child - not just in their financial gain.	Feb 3, 2011 5:16 PM
348	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 5:20 PM
349	3 yrs. experience working with children in their field; exceptional report writing skills	Feb 3, 2011 5:32 PM
350	Get to know the child. You can't say no if you get to know who the child actually is, instead of just a name.	Feb 3, 2011 5:35 PM
351	Speech and Language Pathologist, Occupational therapist and Physical therapist shall be licensed and credentialed.	Feb 3, 2011 5:36 PM
352	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 5:41 PM
353	Licensed providers with reputation should provide the services	Feb 3, 2011 5:44 PM
354	Those in place now seem fine.	Feb 3, 2011 6:06 PM
355	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
356	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 6:34 PM
357	Persons engaged in the treatment of consumers should have to pass a State sanctioned test to recieve a certificate that shows they have minimal training in a certain discipline.	Feb 3, 2011 6:38 PM
358	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 6:48 PM
359	B.A. with supervisor	Feb 3, 2011 6:56 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
360	Service 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 6:59 PM
361	i would think they would need to have had related field work	Feb 3, 2011 6:59 PM
362	I feel the same for all services as I do with the first survey I took.	Feb 3, 2011 7:17 PM
363	providers must have proper certicifaction	Feb 3, 2011 7:30 PM
364	Experience is the key here. I know I had experience with children in general as well as special needs kids.	Feb 3, 2011 7:32 PM
365	This will vary by child but a qualified provider should be providing the service.	Feb 3, 2011 7:53 PM
366	The services provided are wonderful and the qualifications of the organization are fine	Feb 3, 2011 8:08 PM
367	Include Conductive Education who are certified by the National American Conductive Ed organization as an option available for children with cerebral palsy and related conditions. PT and OT supports are necessary for some children but if parents and school are seeing improvements in a child's quality of life in a Conductive Ed or other alternative program, then I think that the alternative program needs to be listed and supported financially as a standard service from Regional Center.	Feb 3, 2011 8:10 PM
368	The current selection process for vendors - least expensive option- is not the best solution because it discounts the unique needs of the individual receiving services.	Feb 3, 2011 8:12 PM
369	Depending on the service OT, PT and speech should have their license and not an aide. Infant stim shuld have at least a BA in the field of child development as well as continuing ED to be uptodate on current research.	Feb 3, 2011 8:32 PM
370	only organizations holding the required licenses, education, permits, etc should be the servicer.	Feb 3, 2011 8:47 PM
371	Behavioral training should be required for all staff working with the child.	Feb 3, 2011 8:55 PM
372	Need to be qualified thru Regional center and then show outcomes	Feb 3, 2011 8:56 PM
373	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 9:14 PM
374	Service providers should have the appropriate training, licensing and/or credentialling for the disability they are teaching.	Feb 3, 2011 9:27 PM
375	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 9:37 PM
376	Parents need to be queried, on program satisfaction. On training satisfaciton.	Feb 3, 2011 10:00 PM
377	MUST be qualified and trained.	Feb 3, 2011 10:02 PM
378	N/A	Feb 3, 2011 10:11 PM
379	They should be certified in their field. They should include nurses, OT's, PT's, NP's etc., Speech Pathologisits.	Feb 3, 2011 10:11 PM
380	persons need to be sympathetic, effectively communicative without being condescending or patronizing in any way. A good balance of knowledge, realism and teaching ability.	Feb 3, 2011 10:21 PM
381	It is my belief that the parents of children receiving services play an important part in determining the worthiness of the orginization providing services. The Regional Center should continue their work, as well as contact the parents of their clients to determine how well a particular organization is performing.	Feb 3, 2011 10:23 PM
382	The persons providing services should be school in not only the services being provided but also in working with children. We need to take great care in providing the very best for them.	Feb 3, 2011 10:36 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
383	Education and experience should drive the qualifications. Performance of the provider should be measured according to progress toward goals as indicated above.	Feb 3, 2011 10:48 PM
384	Professionals should have an education and training in child development and other areas needed to further understand and help meet the needs of the children. They should also be knowledgeable in services and resources available in the community for the family.	Feb 3, 2011 11:05 PM
385	Qualifications and performance guidelines need to be established to ensure the correct agency/personnel are working with these children.	Feb 3, 2011 11:12 PM
386	The Infant Development Association has created a set of qualifications for service providers for Infant Programs and Therapists require a license to practice.	Feb 3, 2011 11:14 PM
387	Make sure service providers are licensed and in good standing with local licensing boards.	Feb 3, 2011 11:27 PM
388	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 11:38 PM
389	Special educators that are bright, intelligent and young are needed to support the ones that are experienced. There should be a mentoring and shadowing provision so everyone succeeds.	Feb 3, 2011 11:47 PM
390	All providers should be licensed professionals with experience and mentorship.	Feb 3, 2011 11:49 PM
391	degrees in field of study	Feb 3, 2011 11:57 PM
392	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 12:04 AM
393	License & certification	Feb 4, 2011 12:06 AM
394	specialized training for the therapist, if not a degree	Feb 4, 2011 12:57 AM
395	Yes- this would be helpful for all members of the planning team.	Feb 4, 2011 1:08 AM
396	Early intervention therapists are among the best trained individuals in California.	Feb 4, 2011 1:25 AM
397	I believe that the qualifications that a person should have to be accepted into a service provider or organization is be of the age of 18, have experience in the field they are attempting to work in. Have a clear record, with no felonies. They're performance should also be a dedicated performance, along with a personality that is able to multi-task, and caring for the children they work with.	Feb 4, 2011 1:32 AM
398	4 year college degree or higher.	Feb 4, 2011 1:41 AM
399	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 1:48 AM
400	People should have specialized training in any number of early education, early special education, and allied health professions.	Feb 4, 2011 2:02 AM
401	They need to be trained not only in their field but with special needs as well.	Feb 4, 2011 2:44 AM
402	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 2:48 AM
403	Regional center must make sure of the providers credential and educate the parent about carful obsevtion of the provider.	Feb 4, 2011 3:01 AM
404	There needs to be parent training in skills and the professionals need to be commited in meeting the goals of the child and setting up a time to show parents the skills needed for their child. All persons that provide services need to be caring, patient, goal oriented, and creative..	Feb 4, 2011 3:13 AM
405	I support credentialed teachers and trained assistants.	Feb 4, 2011 3:58 AM
406	There should be much more coordination of effort for this work. It seems that there is a tendency to expect someone else to be responsible and things don't get done.	Feb 4, 2011 4:16 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
407	Persons need to be licensed in the discipline that they are providing services for. Therapists should be taking continuing education relevant to the area of pediatric issues for their field. Parents should have a mechanism to provide feedback to the Regional Center regarding their experience with the therapists. I happen to work in a rural area, and it is difficult to find therapists of all disciplines, but that does not mean that parents/consumers should not have alternatives if the therapist they are assigned is not a good fit.	Feb 4, 2011 4:20 AM
408	education and research	Feb 4, 2011 5:04 AM
409	Organizations need to provide supervision from more experienced personnel in the same field. Independent solo contractors need to provide documentation that they are receiving on-going mentoring. State licences of course need to be up-to-date.	Feb 4, 2011 5:23 AM
410	There should be a measurable and quantifiable component to the service provided.	Feb 4, 2011 5:43 AM
411	BCBA needed to supervise. Extensive and continual training needed for the tutors.	Feb 4, 2011 5:49 AM
412	masters degree or specialized credential	Feb 4, 2011 5:49 AM
413	Use trained pros.	Feb 4, 2011 5:52 AM
414	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 6:35 AM
415	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 7:30 AM
416	parent reports, other therapists who have interactions with the providers	Feb 4, 2011 8:08 AM
417	Have Regional Centers conduct initial Developmental evaluations in house instead of vendoring out the evaluations and have the evaluators be trained and certified PT, OT and SLP's that do these evaluations.	Feb 4, 2011 9:24 AM
418	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 3:14 PM
419	Depending on area of delay. Early Interventionist Teachers can assist in all areas, but when there is a greater amount of delay it is more appropreate for a higher trained professional to adress the delay or disability (teachers may still address and follow though with suggestions from the qualified professional- each may need to meet with child weekly but if there is communication between the two the teacher may reinforce what the child is learning from the professional). If delay in speech a speech therapist to address the delay, if delay in physical development a physical therapist to address the delay, if difficuly in sensory processing or performing daily activies an occupational therapist to address the concern.	Feb 4, 2011 4:34 PM
420	Should be educated and degreed in the field or supervised by someone who is.	Feb 4, 2011 4:46 PM
421	Same as previous section	Feb 4, 2011 4:54 PM
422	Regional Center and parents should tried to get on qualify providers for services such OT, PT, and speech.	Feb 4, 2011 4:55 PM
423	Hands on communication eye-eye contact	Feb 4, 2011 5:00 PM
424	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 5:09 PM
425	Current standards are adequate.	Feb 4, 2011 5:09 PM
426	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 5:25 PM
427	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 5:42 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
428	They should be properly vendorized, as Lanterman states.	Feb 4, 2011 5:47 PM
429	I feel Early Start Teachers should have an AA minimum, but in an ideal work...all ECSE practioners would have Masters in Early Chilhood S pecial Ed. This is a very complex job that takes more skills than many jobs. Early Start Teachers need to be recognized as professionals...and need professional training so that families get the best services possible....it is not just about "playing with kids"...it is about working with families to understand their child's needs and how to best provide them with the needs they have.	Feb 4, 2011 5:51 PM
430	I feel a therapist or other provider will need to show some base level of knowledge in the area of early start. Therapist should be able to demonstrate some competance...ie pass a standardized test or attend a certain amount of continuing education per year (this would also encourage more continuing educations classess to be offered in California). Prior experience should allow a person to be "grandfathered" in to certification.	Feb 4, 2011 5:57 PM
431	State and national licensing/ registration and continuing education according to practice standards.	Feb 4, 2011 6:09 PM
432	Required child development degree for CSC's using standardized testing materials	Feb 4, 2011 6:24 PM
433	Service standards should be clear and easily understood so that parents with qualified children can access them without constant frustrations. Obviously, persons providing these services should be qualified in their field.	Feb 4, 2011 6:50 PM
434	Services providers should meet the licensing requirements for their field. Additionally, licenced aides should also be utilized in the fields of speech, OT and PT, under the supervision of a fully licensed provider. This would ensur that more children would be seen while current shortages in providers cause delays in service.	Feb 4, 2011 6:58 PM
435	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 7:01 PM
436	The same a previous #4.	Feb 4, 2011 7:15 PM
437	Regional Center	Feb 4, 2011 7:28 PM
438	Teachers and home visitors should meet new EIS or EIA standards. Supervisors need to shadow teachers at least one day every six months to evaluate quality and to mentor teachers regarding skills and knowledge.	Feb 4, 2011 7:37 PM
439	no suggestion	Feb 4, 2011 7:43 PM
440	I believe that professionals with advanced degrees, such as speech-language pathologists and occupational therapists should conduct assessments. Those with lower degrees (such as infant specialists) should not be evaluating children. When it comes to providing the therapy services, I think direct therapy from the appropriate professional is best. However, there are times when an infant specialist could perform services and a physical therapist could check in periodically, for example.	Feb 4, 2011 7:46 PM
441	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 7:47 PM
442	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 8:12 PM
443	Certified for speech , OT, PT etc BA in psychology and 1 year experience with developmental disability prior to being able to provide services to regional center clients.	Feb 4, 2011 8:17 PM
444	Services should be provided only by persons or organizations that are vendorized/qualified	Feb 4, 2011 8:32 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
445	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 8:52 PM
446	Professionals performing these services must hold the appropriate qualifications, including a degree in the area, and/or a state license, credential in the area	Feb 4, 2011 9:00 PM
447	They should have training in the PARTICULAR area of Early Childhood Development. There are MANY different people who work with these kids, Speech Therapists, Early Intervention Specialists, Occupational Therapists. We shouldn't limit how many should be able to participate.	Feb 4, 2011 9:11 PM
448	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 9:15 PM
449	Same as above.	Feb 4, 2011 9:31 PM
450	Rates of pay should be based on staff's level of education. Vendors should not be paid a high rate when a high school grad only provides the service.	Feb 4, 2011 9:41 PM
451	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 9:52 PM
452	Licensed therapists and child care centers, as screened and approved by the regional centers.	Feb 4, 2011 10:03 PM
453	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act.	Feb 4, 2011 10:18 PM
454	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 10:26 PM
455	Utilize statewide recommendations for EI providers developed by responsbile. Additionally DDS should look at program designs that provide effective services basedo n best practices and KNOWN educational interventions and strategies for this population.	Feb 4, 2011 10:30 PM
456	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 10:34 PM
457	All providers need to be licensed and allowed to provide service that are in the limits of their license. There must be adequate supervision of therapists, etc. in their work.	Feb 4, 2011 10:39 PM
458	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 10:41 PM
459	ST, OT, PT must be licensed, and if assistants are used, each provider must follow the governing State boards that oversee the use of assistants in those disciplines. Each therapy service provider should provide the regional center with a copy of each staff person's current license to perform the services contracted for. IDPs should provide information regarding the educational/training background of its "lead/head teachers" in the classrooms. The State had developed at one time, a "matrix" of educational requirements for ECE teachers that needs to be looked at, and along with the minimum requirements, regional centers should ask that IDP lead/head teachers have at least 1 - 2 years of work experience in an infant/toddler setting, not a preschool setting.	Feb 4, 2011 10:51 PM
460	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 10:55 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
461	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 11:11 PM
462	Services should be provided only by persons or organization that are properly vendorized and qualified.	Feb 4, 2011 11:14 PM
463	appropriate training/licensing as required in public sector for these services. Performan evaluations at least annual. Spot checks appropriate.	Feb 4, 2011 11:16 PM
464	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 11:19 PM
465	Staff should hold relevant degrees and licensure according to State of California OT,PT and speech boards	Feb 4, 2011 11:26 PM
466	I agree with recommendation to have all relevant service organizations have BCBA credentialing.	Feb 4, 2011 11:34 PM
467	Most organizations who provide these services have been recommended by the childs doctor and we should trust their judgements.	Feb 4, 2011 11:42 PM
468	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 11:54 PM
469	Current standards dictate this and should be applied by all regional centers.	Feb 4, 2011 11:56 PM
470	Early Intervention/Child Development Specialist for all EI programs. Behavioral services to be managed by someone with PhD or BCBA.	Feb 5, 2011 12:00 AM
471	Services are provided only by persons or organizations properly vendorized. Lanterman 4648	Feb 5, 2011 12:02 AM
472	Organizations should have an individual leading them that has extensive education and expertise. There should be guidelines in place to make sure that employees have appropriate education and training and that they are receiving ongoing education.	Feb 5, 2011 12:18 AM
473	same as given inthe other answers	Feb 5, 2011 1:21 AM
474	ABA certification and hands-on supervised training	Feb 5, 2011 1:25 AM
475	Creditials, degrees, on-going learning and development, hours of service.	Feb 5, 2011 1:45 AM
476	Must have highly qualified individuals with the required credentials to demonstrate a high level of professional standard. Services/interventions are often as good as the person offering the service. There are highly skilled providers who are worth their weight in gold and others who are paid the same but are sub par. Consumer surveys are an important component. We do better when we know we are being evaluated and when we recognize that people have a choice.	Feb 5, 2011 3:40 AM
477	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 3:52 AM
478	In my previous post on behavioral services, the persons and organizations responsible should be highly qualified, especially if they are in a position to higher service providers. It simply does not work the other way around.	Feb 5, 2011 5:34 AM
479	Professional licensure and state regulations as well as professional organizations (unless they are unions)	Feb 5, 2011 5:45 AM
480	Licensed therapists should provide the services when children have physical, occupational or speech delays. A standard should be set for early interventionists - they should have a minimum of a college AA degree in Child Development. Currently there is no educational standard for early interventionists.	Feb 5, 2011 5:54 AM
481	They should be trained and have expertise in the area of disability that their clients have.	Feb 5, 2011 6:30 AM
482	Licensed, certified and/or credentialed staff.	Feb 5, 2011 6:45 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
483	Supervision done by clinical psychologist, LCSW, LCMFT, master level professional major in education, pyschology and other related ares. Administration done by BA, BS, or college students major in education, pyschology and other related ares.	Feb 5, 2011 8:01 AM
484	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act.	Feb 5, 2011 2:45 PM
485	They are an approved regional center facility that has employees that have a degree in the specified area of concern.	Feb 5, 2011 2:51 PM
486	Direct providers should have at least an ECE certificate and supervisors should have at least a BA in a related field.	Feb 5, 2011 4:13 PM
487	Appropriate license and certification per state of CA.	Feb 5, 2011 4:19 PM
488	see above:data, data, data!	Feb 5, 2011 4:57 PM
489	Must have the training in this program. Background checks, Criminal /Sexual Abuse background checks a must!	Feb 5, 2011 5:00 PM
490	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 5:20 PM
491	same as first set	Feb 5, 2011 6:39 PM
492	bachelor's minimum, should have back ground in special education. The supervisor of the program should be Master's Level staff and licensed	Feb 5, 2011 7:57 PM
493	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 8:44 PM
494	Licensed professionals that are trained in their area of practice. Many of these children have medically based needs that need to be receiving Best Practice from therapists that have passed board exams in their field and completed the proper college training. I have also discussed this a great deal in numbers 1 and 2. This will limit the duration of services required, it will negate the need to have an infant development program in place, it will limit the amount of durable medical equipment required, it will insure that the right program is in place from the start for a child and possible avoiding the need for leg and arm braces, feeding tubes, wheelchairs,etc. I have already seen many children requiring services past the age of 3 that could have been avoided since the implementation of the Prevention Program and increased use of infant development programs. Services should be provided in the child's natural environment which is their home. This will help with direct carryover and teach the families how to perform the prescribed therapeutic activities with the equipment and resources that they have access to. The infant development program guidelines and rates should be redefined and lowered according to the actual level of service provided. The regional center is quite possibly paying more money for a less qualified provider at this point in time.	Feb 5, 2011 9:00 PM
495	The infant development teacher or theraputic specialist should have related background or experience or attend the training/conference/seminar regularly to maintain their qualification in this field.	Feb 5, 2011 10:04 PM
496	There should be an assessment done for those that qualify for the servces. There should be more support for parents and social services is needed more at this age. Movement forward should be documented twice a year or more.	Feb 5, 2011 10:07 PM
497	Programs should be supervised by MA level staff with expertise in Early Childhood Development , with direct services provided by persons with BA/BS and specific training in an area of expertise coordinated to the service being provided	Feb 5, 2011 10:25 PM
498	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 10:52 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
499	Providers should possess the credentials that their specialty organizations require to practice. Difficult question. Some children, due to their condition, do not make progress. This does not mean that the therapist is not high quality. Some therapists, who are known to work well with very disabled infants, tend to get these referrals. They serve a population that does not necessarily make rapid progress.	Feb 6, 2011 2:59 AM
500	The individuals providing these services need to have the education and licenses appropriate to the praticitioner.	Feb 6, 2011 3:29 AM
501	Regardless of any suggested standards, the consumer's parents and/or caregivers must still have input regarding early start 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 5:27 AM
502	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 5:53 AM
503	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 4:31 PM
504	Training, and supervision should be provided.	Feb 6, 2011 4:59 PM
505	same as behavior standards	Feb 6, 2011 7:20 PM
506	qualified trained, ceritfied people who know about the field and are there expertise is that field	Feb 6, 2011 9:49 PM
507	Individuals must have proper certification and training, do on-going professional development in field, be evaluated during a therapy session every 2 years, and enjoy children-therapy should be like play at this stage.	Feb 6, 2011 10:12 PM
508	Specialists in the field necessary to provide quality of care.	Feb 6, 2011 10:44 PM
509	Same	Feb 7, 2011 2:49 AM
510	Services should be provided only by persons or organizations that are properly vendorized as describes in The Lanterman Act section 4648 (a) (3) (A)	Feb 7, 2011 5:12 AM
511	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 6:35 AM
512	person with knowledge and experience in child development	Feb 7, 2011 7:21 AM
513	Performance of the organization should be rated by the families. Special needs children need 100% parent involvement and parent training in order for it to work.	Feb 7, 2011 8:02 AM
514	Certified program providers and qualified therapists	Feb 7, 2011 2:55 PM
515	All vendors/staff should meet the requirements in title 17 for this specifc service. Staff should be screened and fingerprinted. Staff should be trained on mandated reporting and special incident reporting.	Feb 7, 2011 5:27 PM
516	Only persons or organization that are properly vendorized as described in the Lanterman Act should provide services.	Feb 7, 2011 5:43 PM
517	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 6:19 PM
518	Speech therapy services should be provided by a licensed speech/language pathologist or by a certificated speech/language assistant or aide. Infant teachers are NOT necessarily qualified toaddress speech/language delaYS.	Feb 7, 2011 6:22 PM
519	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 7:51 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
520	We have had a dream team from KIDS. If you can get their service standards, that would be a great guideline for all. Thanks to these services, our children are doing things people said they might never do, like walking and talking. I want to take this opportunity to express my deep gratitude to RC and KIDS for helping my children.	Feb 7, 2011 7:58 PM
521	High standards and timely review of program and organizations.	Feb 7, 2011 8:22 PM
522	As stated in the prior section.	Feb 7, 2011 8:24 PM
523	Licensed providers with reputation should provide the services	Feb 7, 2011 9:31 PM
524	I think that that we use a medical model which is wrong for therapy services. WE need to use the model of common sense, what is best for the child's well being.	Feb 7, 2011 9:57 PM
525	They should be well trained in early infant development in their respective specialties. They shoud be comfortable working, communicating and teaching families about development of these young babies, what to expect from them and how to help them develop They should come on time, be reliable, be easy to reach in case of cancellation or reschedulling needs They should be playful, upbeat, smiley, gentle, easy to like and relate to They should be conscientious and anticipate getting positive results	Feb 7, 2011 10:25 PM
526	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 10:31 PM
527	Allow RC's to set the standards in their own communities.	Feb 7, 2011 10:44 PM
528	Services should only be provided by persons or organizations which are properly vendorized.	Feb 7, 2011 11:09 PM
529	Let the Regional Centers make the decisions regarding program services	Feb 7, 2011 11:13 PM
530	See guidelines developed in collaboration with WestEd CPEI	Feb 7, 2011 11:52 PM
531	Since SLPs are licensed and certified, it is very easy to verify their credentials.	Feb 8, 2011 12:13 AM
532	* Be trained and qualified to provide the services required to meet the student's needs * Work collaboratively with school personnel for smooth transitions * Work professionally with parents; refrain from personal relationships	Feb 8, 2011 12:28 AM
533	The providers should have an extensive knowledge and experience in early childhood education as well as experience or at least the willingness to learn about babies with special needs as well. Although I have a Master's degree in Early Childhood/ Special Education and was a student of a leader in this field, Rose Bromwich, I have seen many Child Development Specialist with varying degrees that are excellent at what they do including those with with Public Health, Nursing, Teaching, Medical, Social work, Therapy, early childhood degrees and experience. I think a minimum of a BA or working on one would be sufficient and it should be left to the program doing the hiring to interview and judge who they feel is best qualified to work with this population. I also feel the parents are the best judge of how well a person or organization is providing services. Who better to judge than parents!!	Feb 8, 2011 12:36 AM
534	Professionals offering services need to be educationally qualified such as an M.A. or higher and continuing to take continuing education courses. In addition, the benefits of field work or internships provide the newly qualified individual with the opportunity for mentor ship from an experienced professional.	Feb 8, 2011 1:01 AM
535	Parent information. Also an outside agency that would check on this.	Feb 8, 2011 1:12 AM
536	Specific services have their own criteria and performance standards. Identify the service and then the range of staff qualifications to perform different tasks to complete service.	Feb 8, 2011 1:27 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
537	The person that is owner of the agency that is overseeing the program should be a licensed professional. Preferrably a Ph.D. level BCBA-D. 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 1:57 AM
538	By a qualified doctor, or referral	Feb 8, 2011 2:20 AM
539	I think that each professional working in the infant care field, whether as a counsellor at Regional Center, a physical therapist, an occupational therapist, a child development specialist, or a psychologist shoul have a masters degree. I would prefer that the psychologist have a PhD.	Feb 8, 2011 3:22 AM
540	Parent satisfaction and progress of the child.	Feb 8, 2011 3:27 AM
541	PT, OT and SLP's have organizations that set there professional guidelines. Accessing the professional organization for guidelines would be best practice. Most require a masters in their field. Also, each professional has an assistant that provides treatment. Assistants also have requirements and guidelines set up by the professional organization. Keeping up with state guidelines for professionals would be best practice for the professional and paraprofessional. An infant education program teacher should have a BA in a related educational field or an AA with experience equivalent to a BA.	Feb 8, 2011 3:44 AM
542	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 3:53 AM
543	Infant Developmental Specialist/Infant Teacher should have at least an Associate's or Bachelor's degree in infant development. Occupational Therapist with a Bachelor's or Master's degree, certified by the NBCOT, and/or licensed by the state. Certified Occupational Therapy Assistant with an Associate's degree, certified by NBCOT, and/or licensed by the state. Physical Therapist with Bachelor's or Master's degree, certified by national board, and/or licensed by the state. Certified Physical Therapy Assistant with an Associate's degree, certified by national board, and/or licensed by the state. Speech Pathologist/Therapist with Bachelor's or Master's degree, certified by the national board, and/or licensed by the state. Speech Pathology/Therapy Assistant with an Associate's degree, certified by the national board, and/or licensed by the state	Feb 8, 2011 3:55 AM
544	They should have a strong background in Early Childhood Education and disabilities.	Feb 8, 2011 4:17 AM
545	A license for therapists	Feb 8, 2011 4:21 AM
546	BS in child development or a related field and 1 year clinical experience/ongoing team training/OT,PT/Speech and Behavior support from a psychologist or BCBA(with 1 year clinical experience!!)On going training should be a must because we are constantly learning more about neurodevelopment and disabilities and need training hours to stay current.	Feb 8, 2011 4:24 AM
547	As outlined above, I feel that PT, OT and SpeechTherapists are highly trained in their respective professional schools and are given the background needed to work with a variety of diagnosis.	Feb 8, 2011 4:41 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
548	Degree in child development, emphasis in Autism/Spectral Disorder education.	Feb 8, 2011 5:16 AM
549	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 5:29 AM
550	Again as previously stated.	Feb 8, 2011 6:07 AM
551	The organization/person should be highly educated in child behavior and any other education depending on needs of the child's disability.	Feb 8, 2011 6:24 AM
552	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 3:38 PM
553	Nurses speech/language OTs	Feb 8, 2011 4:11 PM
554	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 4:22 PM
555	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 6:00 PM
556	Supervisors must have a Bachelor's or Master's Degree	Feb 8, 2011 6:35 PM
557	Each provider of service should be well certified in their field, including all the necessary degrees or certifications that make each service provider effective in delivery such services.	Feb 8, 2011 7:00 PM
558	LCSW, early interventionists, county speech programs etc.	Feb 8, 2011 7:35 PM
559	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 7:51 PM
560	evaluations	Feb 8, 2011 9:17 PM
561	People with degrees in the specialty areas of child development, physical, occupation and speech therapy as well as psychologists and developmental pediatricians who can monitor the progress of each child.	Feb 8, 2011 10:24 PM
562	Why should the qualifications of the person providing these services be different that what we require now? Physical therapist, must have pediatric experince. I don't know why that would need to be different. If you are looking to save money then maybe you wouldn't want to fund someone for that speciality but then the quality of services would result.	Feb 8, 2011 11:00 PM
563	Anyone with a Early Childhood Education Degree, Psychology degree or holds a Elementary and/ or Special Education Credential.	Feb 8, 2011 11:03 PM
564	Board certified...	Feb 8, 2011 11:16 PM
565	Perhaps an oversight panel to make sure standards are high, costs are reasonable, and no no-competition, exclusive contracts are given out.	Feb 8, 2011 11:30 PM
566	Licensed or credentialed persons required to oversee therapy	Feb 8, 2011 11:48 PM
567	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 11:51 PM
568	Organizations providing these services must have supervisors with a minimum of a Master's Degree and many years of Early intervention experience. The organization must be able to provide the family with the utmost respect and in a non-judgemental way. Directors of these programs must be proficient in their ability to be part of a team, not just with the parents, but with collaborating agencies, therapists and other interventionists. These programs must be willing to be fluid with the changing population of children they service and must be abreast of all new research and studies related to working with the young child with special needs. Staff must be highly trained Bachelors and Master's level with experience working directly with this population.	Feb 9, 2011 12:06 AM
569	State licensing for required professions. Child development specialists need to have a minimum of a bachelor's degree in early child dev.	Feb 9, 2011 12:46 AM
570	Have quartly check-up.	Feb 9, 2011 12:47 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
571	same	Feb 9, 2011 2:27 AM
572	There should be procedures in place to make swure that the person providing the care is qualified or goes through a particular training.	Feb 9, 2011 3:15 AM
573	Agencies should adhere to guideline wth each therapist. They should require licenses and make sure everyone is up to date	Feb 9, 2011 3:49 AM
574	Persons and/or organizations should be staffed by accredited personnel appropriate to the specific therapy being rendered. Feedback on performance of the therapist should also be given on an anonymous basis for other parents/family to read.	Feb 9, 2011 3:56 AM
575	Early intensive behavioral services may be provided by licensed physicians and psychologists and those under their supervision using either behavioral psychology principles or developmental psychology principles. Performance should meet parent satisfaction guidelines and Regional Center guidelines for professionalism.	Feb 9, 2011 4:11 AM
576	Qualifications of the persons providing services should be appropriately educated, trained and when appropriate, by licensed professionals. Each organization can generate appropriate standards of performance for their employees.	Feb 9, 2011 4:28 AM
577	The supervisors need to be well trained so that they can train the therapists. Although I don't think a degree is always needed, I think each branch of therapies had their standards.	Feb 9, 2011 4:31 AM
578	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 5:40 AM
579	It appears the GGRC has a great wealth of knowledge and vets these service providers well.	Feb 9, 2011 5:43 AM
580	Bachelor's or Master's degree in Psychology.	Feb 9, 2011 5:59 AM
581	In the area of speech and language pathology and therapy, the provider should be licensed by the State of California and certified by the American Speech and Hearing Association. If Speech Pathologists and Audiologists are being trained they must be supervised by a licensed and certified Speech and Language Pathologist or Audiologist and the trainee should be at least in their fourth clinic.	Feb 9, 2011 6:14 AM
582	In the area of Speech and Language Pathology and Therapy, providers should be licensed by the State of California and certified by the American Speech, Language and Hearing Association. If Speech Pathologists and Audiologists are being trained, they must be supervised by a licensed and certified Speech Pathologist or Audiologist. The trainee should be at least in their fourth clinic or at the internship level.	Feb 9, 2011 6:16 AM
583	People who provide the services for infants and toddlers need to be qualified to do the service. I would say as an Infant Development Specialist myself... A Special Education Credential with experience with infants, toddles, and their families would be prefered then possibly a BA level person with a lot of experience, PT/OT/SLP/RN licensed possibly COTA/PTA's if highly qualified. Organizations: a legitimate business	Feb 9, 2011 6:53 AM
584	Definitly lots of experience working with individuals with either special needs or certain delays or backgrounds in counseling, special ed., Previous job experience working with indiv. with special needs.....directly or indirectly.	Feb 9, 2011 7:00 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
585	The person or organization providing these services should be fully trained and credentialed...no trainees or interns should be allowed to interact with the children or run sessions or groups unless fully supervised and then it should be no more than 2 interns to a fully, licensed, credentialed staff member.	Feb 9, 2011 7:00 AM
586	Specific educational and experience requirements.	Feb 9, 2011 7:12 AM
587	All infant development teachers should have bachelor's degree & special Ed teaching credential at minimum! This is what the school districts require for their infant teachers. Therapist should be licensed & board certified. Parents should continue to receive surveys about quality of services being provided. People with BAs in business and very little experience working with kids, should not be teaching parents what to do with their child w/down Syndrome. Raise requirements.	Feb 9, 2011 8:38 AM
588	Service provider is or has ability to directly consult with professional who has graduate degree in speciality area and preferrably has specialty certification in pediatrics	Feb 9, 2011 1:55 PM
589	Trained, licensed professionals with great knowledge of whole child development.	Feb 9, 2011 3:56 PM
590	Please review the comment in section 1.	Feb 9, 2011 5:08 PM
591	qualified professionals with degrees in their field.	Feb 9, 2011 5:28 PM
592	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.	Feb 9, 2011 5:30 PM
593	Minimum qualifications set by Regional Center and requirement of continuing education. Regional Center should be mindful that sometimes the director/owner of the vendor agency has certain qualifications, but actual service provider doesn't.	Feb 9, 2011 7:21 PM
594	I think that if a child has a communication defecit that an SLP needs to provide service even if it's just collaborative.	Feb 9, 2011 7:42 PM
595	Fine with the status quo.	Feb 9, 2011 7:51 PM
596	Service providers should have experience working with the birth to 3 population, as well as working in home-based settings, where the family is the focus.	Feb 9, 2011 8:38 PM
597	I recommend that service providers have at least 3-5 years of experience in pediatrics before being considered skilled enough to work with families and make desicions about a childs future. Supervision should be provided when there is a question about specific areas of treatment.	Feb 9, 2011 8:49 PM
598	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 9:00 PM
599	Heavenly Spirits Inc. dba H.S. Inc.	Feb 9, 2011 9:16 PM
600	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 9:59 PM
601	not sure...education, continuing education, peer reviews?	Feb 9, 2011 10:15 PM
602	Each therapist should be licensed and have pediatric experience. If the therapist not a part of a therapy company with mentorship and is independently providing care, their pediatric experience should be at least 2 years.	Feb 9, 2011 10:48 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
603	Qualifications: Individuals should have a high standard in terms of qualification for his/her profession (i.e., MS CCC-SLP/state licensure). Individuals who complete evaluations should be required to produce a high quality report that meets standards both on a technical level (appropriate assessments used, appropriate recommendations etc.) and should also provide clinically relevant information that is specific to the child (should not be a boiler plate report using a template that lacks information about specific features of the child's language impairment). This is a complaint I have with the Regional Center right now. Some of the speech and language reports that I have received have been lacking in professional quality because the report is a boiler plate style report lacking specific information about the child. This should be reviewed because the Regional Center wastes money if it purchases an assessment that is not professionally delivered and this is a disservice to the family.	Feb 9, 2011 11:07 PM
604	These standards already exist	Feb 9, 2011 11:43 PM
605	Services should be provided by licensed optometrists and/or ophthalmologists.	Feb 9, 2011 11:49 PM
606	Varies by area. If it is OT, speech, or PT, the service provider should have expertize in providing service to the age group. For applied behavior analysis, there should be a BCBA involved in the case, someone trained as a behavior analyst and who has experience with toddlers/early development.	Feb 10, 2011 12:34 AM
607	See above no.3. Also more parents of disabled family members should be hired at all levels because they will know which options and expenditures will make the most difference to families in times of budget cuts. A number of Regional Center staff should have some mandatory training in Spanish. with a stipend as incentive to provide interpreting as needed on occasion. Team meetings between all Early Start providers in each county should continue and be funded for maximum efficiency between community partners.	Feb 10, 2011 12:58 AM
608	Obviously address all of the parental concerns, that may affect treatment into teenage years and school years... is vital.. No child should be left behind without services for their needs.	Feb 10, 2011 2:52 AM
609	regional centers should continue on this working for everyone	Feb 10, 2011 7:38 PM
610	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 7:55 PM
611	All professionals should be degreed and have at least three years professional experience. There should be a way to capture parents' evaluations of therapists and make these readily available to future parents looking to select a specific therapist. We had an incident where our original speech therapist was not a good match for us. But, we lost 9 weeks of time before making the change, only to realize that there had been other complaints about her approach from other parents. Having access to such information earlier in the process would have been helpful.	Feb 10, 2011 8:04 PM
612	Have a degree in the given area of practice and meeting qualification for the standards set by their discipline	Feb 10, 2011 8:36 PM
613	Certified in areas of developmental disabilities.	Feb 10, 2011 8:48 PM
614	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 8:50 PM
615	Licensed professionals for OT, PT. Speech; Allow licensed therapists to supervise Early Start professionals in addressing goals as warranted	Feb 10, 2011 9:24 PM
616	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 9:29 PM
617	Same as the comments untder Behavioral Services.	Feb 10, 2011 9:39 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
618	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 9:53 PM
619	Specialists in any given field should possess a valid state license as well as experience in the area of early intervention and/or a given specialty area (e.g., feeding, sensory integration, etc.) If an organization does not have their own performance standards or evaluations, parent questionnaires and progress reports could suffice.	Feb 10, 2011 10:27 PM
620	They should obviously have no criminal past involving children and the organization as well as its employees should be state evaluated periodically to confirm they are doing their jobs and earning their funding.	Feb 10, 2011 11:04 PM
621	Efficacy of program.	Feb 10, 2011 11:10 PM
622	Licensed Speech & Language Pathologists who are monitored by the state of CA as well as the national organization: ASHA.	Feb 10, 2011 11:12 PM
623	Qualtiy assurance on the vendors in the long run would be more cost effective than none at all like we have now. Vendors request more and more services instead of providing quality services they are beign paid for.	Feb 10, 2011 11:21 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 10, 2011 11:40 PM
625	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 11:51 PM
626	Professionals in behavior training (BCBAs, BCaBCAs, etc.) should constitute the mainstay of these services.	Feb 10, 2011 11:54 PM
627	Licensed therapists who specialize in pediatrics	Feb 11, 2011 12:40 AM
628	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 1:09 AM
629	The teachers need to be trained on the service they will implement, i.e. Speech Therapy, Occupational Therapy, ect. teachers should have a college education who care for Consumers and want to see Consumers' deficits improve. The Organization shoud require both parents to participate in trainings and require parents to collect data and prove they are working with thier child when the teacher is not present.	Feb 11, 2011 1:10 AM
630	people who work with babies and children and can interact appropriatley and have the right qualifications and experience	Feb 11, 2011 1:17 AM
631	Supports should remain the same or increase.	Feb 11, 2011 1:48 AM
632	use licensed staff and paraprofessional to carry out the plan.	Feb 11, 2011 2:19 AM
633	Training, education, continous evaluations and reviews.	Feb 11, 2011 2:31 AM
634	holds at least a bachelor degree in related fields and/or having at least 1 year related experience working with children in the same age group	Feb 11, 2011 2:38 AM
635	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 3:16 AM
636	Registered/licensed Occupational Therapists Physical Therpists Speech and Language Therapists Behavioral Therapists Early Intervention Specialists with Bachelor/Master Degrees	Feb 11, 2011 3:31 AM
637	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 3:57 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
638	ICC personnel model. Provider should be trained, licensed, with appropriate degree and specific training in early intervention. Providers must recognize that they are providing intervention to help the parents to assist their child to achieve potential. Provider must realize that their touch of the child does not change the child. It is what happens at home and through the week that changes the child's development. Providers must work with the parents.	Feb 11, 2011 4:29 AM
639	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 4:46 AM
640	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 5:04 AM
641	not sure	Feb 11, 2011 5:05 AM
642	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 5:20 AM
643	I fine the provider to be very qualified and oustanding.	Feb 11, 2011 5:33 AM
644	All Early Intervention personnel should obtain certification as recommended by the ICC - they all should become Early Intervention Specialist (EIS) and Early Intervention Assistance (EIA). By adopting the ICC recommendation, regional centers are assured that personnel working with the children are very highly qualified. The quality assurance review will ensure that organizations or individuals are integrating the recommended framework for service provision.	Feb 11, 2011 5:43 AM
645	The new professional competencies outlined for the Early Intervention Specialist	Feb 11, 2011 6:01 AM
646	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 6:08 AM
647	individuals with advanced training in, and certification in behavior analysis, and individuals working closely under the supervision of a certificated behavior analyst.	Feb 11, 2011 6:26 AM
648	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 6:34 AM
649	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 6:44 AM
650	Providers of these services should possess atleast a Bachelor's Degree in a field related to Child Dev, Psychology, Early Childhood Education, Special Education, or related degrees.	Feb 11, 2011 7:08 AM
651	Services should be provided by licensed therapists, doctors, teachers, social workers, etc, who are vendorized by Regional Center.	Feb 11, 2011 7:33 AM
652	We all want the best for our children so again professionals with a degree and experience with the specific needs of the child. There should be inspections by the state to make sure agencies are doing quality work and looking out for the best interest of the children. Setting goals, weekly or monthly meetings for all those working with a child to come together and share ideas. It needs to be a real team effort.	Feb 11, 2011 1:00 PM
653	Qualifications of the providers Ph.D. level only.	Feb 11, 2011 4:40 PM
654	Service providers should meet the standards of training and qualification that are consider appropriate by a consensus of professionals in that field, for example by credentialing agencies and membership organizations. Intensive behavioral intervention supervisors should have BCBAs, therapists BAs, four weeks of training, and ongoing training. Preference of services providers should be based on their demonstrated effectiveness in helping consumers as assessed through standardized measures.	Feb 11, 2011 4:57 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
655	The preparation and credentialing of tutors and professionals has been established throughout the field of intervention beginning with Dr. Stanley Greenspan's work in Bethesda, Maryland and now continues. The effectiveness of the intervention relies on an integration and collaboration among professionals, i.e. SPL, OT, PT, ED, who work together to identify the skills/deficits of the caregiver/parent and the strengths/interests/deficits of the child. The effort focuses on improving the skills and addressing the deficits of the caregiver so that by learning to work through the child's interests the deficits (isolation, resistance, high activity) reduce through engagement and communication.	Feb 11, 2011 5:20 PM
656	For qualified vendors to provide services according to the Lanterman Act.	Feb 11, 2011 5:23 PM
657	Services should be provided by a credentialed teacher in the field of early intervention	Feb 11, 2011 5:47 PM
658	I don't think standards for the person or organization providing these services should be increased at all. I personally have always been satisfed with the quality and performance of those I have worked with who are providing the services. I think increasing the qualifications of those persons would further tax them and could eliminate some of our needed resources.	Feb 11, 2011 5:50 PM
659	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act	Feb 11, 2011 6:06 PM
660	Both the office who is referring as well as the office who is providing the treatment must be a board approved Fellow in the College of Optometry in Vision Development. These specialists have received extra training and certifications which causes them to be specialists in the field of Behavior / Developmental Optometry. ONLY these professionals have gone the extra mile to insure that both themselves and their staff are up to date with all the latest technology, research and protocols available concerning a child's developing visual system.	Feb 11, 2011 6:30 PM
661	masters in child development	Feb 11, 2011 7:12 PM
662	Must be qualified	Feb 11, 2011 7:15 PM
663	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 7:19 PM
664	All person's involved in the Early Start Program are educated and well trained at this time.	Feb 11, 2011 7:32 PM
665	Teachers with credentila and training Speech and OT qualify therapist	Feb 11, 2011 8:09 PM
666	See comment under Behavioral Services	Feb 11, 2011 8:48 PM
667	Fully licensed/certified individual running the program Those working with the kiddos having a minimul level of schooling in early childhood development and if they are providing specific services such as speech, OT, PT, the required training in those fields with appropriate supervision. Goals need to be set, parent's progress and abilities need to be monitored	Feb 11, 2011 9:10 PM
668	Persons who have provided early start services as child development specialists for over ten years should be able to become independent service providers regarding of their educational background. Additional requirements such as letters of recommendation from supervisors, colleagues and families served, continuing education, and insurance may be needed; however, dedicated, hard working and caring individuals who are making a difference every day in the lives of Early Start families should not be penalized because they cannnot take the time and money to return to school to get certification or licensesure in this area. This especially applies to specialists over the age of fifty.	Feb 11, 2011 9:34 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
669	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 9:37 PM
670	All providers should be trained/certified to treat infants in their field.	Feb 11, 2011 9:39 PM
671	Organizations and persons with the top qualifications and performance should be providing these services.	Feb 11, 2011 9:42 PM
672	Qualifications of those providing Early Start services are dependent on the services being rendered. For example, if Early Intensive Intervention Behavioral Services are being provided, a behavior analyst or someone training in behavior analysis should provide those services. If Infant Development Services are being provided, licensed therapists and certified educators should provide those services.	Feb 11, 2011 9:43 PM
673	Qualifications of those providing Early Start services are dependent on the services being rendered. For example, if Early Intensive Intervention Behavioral Services are being provided, a behavior analyst or someone training in behavior analysis should provide those services. If Infant Development Services are being provided, licensed therapists and certified educators should provide those services.	Feb 11, 2011 9:44 PM
674	Qualifications of those providing Early Start services are dependent on the services being rendered. For example, if Early Intensive Intervention Behavioral Services are being provided, a behavior analyst or someone training in behavior analysis should provide those services. If Infant Development Services are being provided, licensed therapists and certified educators should provide those services.	Feb 11, 2011 9:47 PM
675	Qualifications of those providing Early Start services are dependent on the services being rendered. For example, if Early Intensive Intervention Behavioral Services are being provided, a behavior analyst or someone training in behavior analysis should provide those services. If Infant Development Services are being provided, licensed therapists and certified educators should provide those services.	Feb 11, 2011 9:47 PM
676	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 9:48 PM
677	Qualifications of those providing Early Start services are dependent on the services being rendered. For example, if Early Intensive Intervention Behavioral Services are being provided, a behavior analyst or someone training in behavior analysis should provide those services. If Infant Development Services are being provided, licensed therapists and certified educators should provide those services.	Feb 11, 2011 9:50 PM
678	Qualifications of those providing Early Start services are dependent on the services being rendered. For example, if Early Intensive Intervention Behavioral Services are being provided, a behavior analyst or someone training in behavior analysis should provide those services. If Infant Development Services are being provided, licensed therapists and certified educators should provide those services.	Feb 11, 2011 9:51 PM
679	Qualifications of those providing Early Start services are dependent on the services being rendered. For example, if Early Intensive Intervention Behavioral Services are being provided, a behavior analyst or someone training in behavior analysis should provide those services. If Infant Development Services are being provided, licensed therapists and certified educators should provide those services.	Feb 11, 2011 9:55 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
680	Qualifications of those providing Early Start services are dependent on the services being rendered. For example, if Early Intensive Intervention Behavioral Services are being provided, a behavior analyst or someone training in behavior analysis should provide those services. If Infant Development Services are being provided, licensed therapists and certified educators should provide those services.	Feb 11, 2011 9:59 PM
681	Qualifications of those providing Early Start services are dependent on the services being rendered. For example, if Early Intensive Intervention Behavioral Services are being provided, a behavior analyst or someone training in behavior analysis should provide those services. If Infant Development Services are being provided, licensed therapists and certified educators should provide those services.	Feb 11, 2011 10:00 PM
682	Qualifications of those providing Early Start services are dependent on the services being rendered. For example, if Early Intensive Intervention Behavioral Services are being provided, a behavior analyst or someone training in behavior analysis should provide those services. If Infant Development Services are being provided, licensed therapists and certified educators should provide those services.	Feb 11, 2011 10:11 PM
683	Qualifications of those providing Early Start services are dependent on the services being rendered. For example, if Early Intensive Intervention Behavioral Services are being provided, a behavior analyst or someone training in behavior analysis should provide those services. If Infant Development Services are being provided, licensed therapists and certified educators should provide those services.	Feb 11, 2011 10:19 PM
684	Qualifications of those providing Early Start services are dependent on the services being rendered. For example, if Early Intensive Intervention Behavioral Services are being provided, a behavior analyst or someone training in behavior analysis should provide those services. If Infant Development Services are being provided, licensed therapists and certified educators should provide those services.	Feb 11, 2011 10:21 PM
685	Qualifications of those providing Early Start services are dependent on the services being rendered. For example, if Early Intensive Intervention Behavioral Services are being provided, a behavior analyst or someone training in behavior analysis should provide those services. If Infant Development Services are being provided, licensed therapists and certified educators should provide those services.	Feb 11, 2011 10:27 PM
686	As always it should be the same for all citizens of the USA	Feb 11, 2011 10:29 PM
687	Qualifications of those providing Early Start services are dependent on the services being rendered. For example, if Early Intensive Intervention Behavioral Services are being provided, a behavior analyst or someone training in behavior analysis should provide those services. If Infant Development Services are being provided, licensed therapists and certified educators should provide those services.	Feb 11, 2011 10:32 PM
688	All professionals providing services should be highly qualified and provide direct services in their area of expertise. Aides should only be utilized for adjuct and supplemental support to the professionals. Aides should not take the place of direct professional intervention.	Feb 11, 2011 10:37 PM
689	Only persons or organization that are properly vendorized as described in the Lanterman Act should provide services.	Feb 11, 2011 10:40 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
690	Qualifications of those providing Early Start services are dependent on the services being rendered. For example, if Early Intensive Intervention Behavioral Services are being provided, a behavior analyst or someone training in behavior analysis should provide those services. If Infant Development Services are being provided, licensed therapists and certified educators should provide those services.	Feb 11, 2011 10:53 PM
691	everyone that needs it between the ages of 0-3 years, early intervention is the key!!!!	Feb 11, 2011 10:59 PM
692	It should be someone who is experienced or who work closely with someone with knowledge of therapy.	Feb 11, 2011 11:07 PM
693	Qualifications of those providing Early Start services are dependent on the services being rendered. For example, if Early Intensive Intervention Behavioral Services are being provided, a behavior analyst or someone training in behavior analysis should provide those services. If Infant Development Services are being provided, licensed therapists and certified educators should provide those services.	Feb 11, 2011 11:23 PM
694	Specific coursework and supervised training in the subject are essential to developing qualified providers.	Feb 11, 2011 11:38 PM
695	Years of experience and a Bachelors/Masters in the degrees of Education, Physical Therapy, Occupational Therapy or Speech therapy.	Feb 11, 2011 11:42 PM
696	Early Start Services should be provided based on current research and effective practices. Services should be based on comprehensive assessment results. Treatment should be outcome based. Periodic assessments should be conducted every 3 to 6 months in order to evaluate whether the services are resulting in the child’s progress toward identified developmental goals and objectives, with the ultimate goal being that the child’s development is within normal limits	Feb 12, 2011 12:00 AM
697	A BCBA or licensed Psychologist should be qualified to provide these services.	Feb 12, 2011 12:32 AM
698	Professionals providing direct services in their area of expertise should be highly qualified. For example, early intervention teachers should have the proper credentials; speech-language pathologists should have their certificate of clinical competence and license. Aides should be utilized only for adjunct and supplemental support to professionals. Aides should not taqke the place of direct professional intervention.	Feb 12, 2011 12:50 AM
699	Making sure person is better train.	Feb 12, 2011 1:29 AM
700	Services should be provided only by persons or organiztion that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A)	Feb 12, 2011 2:25 AM
701	As per IDEA on staff qualifications	Feb 12, 2011 2:38 AM
702	Trained specialists.	Feb 12, 2011 3:33 AM
703	ABA or developmental therapists should be working on a degree in psychology, child development, education, speech therapy, occupational therapy or have a bachelor's degree in those fields. supervisor's of the therapists should have a master's degree in Psychology, Child Development with an emphasis on understanding how to best provide intervention for consumers on the autistic spectrum	Feb 12, 2011 4:04 AM
704	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 5:15 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
705	Do assesments there as well by reviewing the cases sent there and get feedback from the parents.	Feb 12, 2011 6:18 AM
706	See previous answers.	Feb 12, 2011 6:26 AM
707	knowledge and a degree in what ever field they are providing	Feb 12, 2011 7:13 AM
708	Someone qualified by license and the proper schooling/education to have obtained a license to work with such children.	Feb 12, 2011 7:45 AM
709	These professionals should be very well versed in their fields.	Feb 12, 2011 1:52 PM
710	These new stringent qualification rules are making it hard for the good prividers to continue to give excellent service without the fear that they will help the child too much and then loose the child from their system bc they placed out just enough to loose service. Encourage these providers to get the kids up to speed and give them some time to do it. Even if the child makes significant gains early on, let therapy continue for a little whole to help generalize the new skills.	Feb 12, 2011 3:02 PM
711	Experience working with the specific problem. Provide literature for parents. Online literature can be an option to save on costs.	Feb 12, 2011 3:22 PM
712	Parents need to providefeedback to both tthe regional center and the provider	Feb 12, 2011 3:29 PM
713	Recommended by the physician on the basis of past experience with babies progressing with this service.	Feb 12, 2011 4:13 PM
714	Should be approved and or licensed	Feb 12, 2011 4:52 PM
715	submit reports for discussion & file	Feb 12, 2011 4:54 PM
716	Anyone approved by Regional Center - their current approval process seems appropriate and the quality of their providers is great.	Feb 12, 2011 5:39 PM
717	Each therapist working with a child should have a corresponding degree; speech therapists have a master's in speech therapy, behavior therapists should be overseen by a supervisor with a BCBA.	Feb 12, 2011 5:43 PM
718	Occupational Therapists are licensed and registered. They also meet the CEU and standards of their individual facility where they provide services.	Feb 12, 2011 5:45 PM
719	Training - is there some certification for working with autistic kids? I would want a higher standard for younger kids.	Feb 12, 2011 5:47 PM
720	These services should be provided by the group determined to be most effective by a Developmental Pediatrician, Psychologists, etc.	Feb 12, 2011 5:48 PM
721	ICEC is superb (as is their partnership with the Alliance League of Laguna Beach). The Regional Center has been exceptionally helpful. Cutting their funding would be an insult. Early intervention is critical at this age	Feb 12, 2011 5:58 PM
722	Credentialed teachers and therapists at one central location teaching parents to carry on for the rest of the week at home.	Feb 12, 2011 6:07 PM
723	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 6:09 PM
724	Services should be provided by a qualified, capable, individual who has the certification, education, etc. that enables them to work with an infant, toddler, child. The organization and person should be evaluated to make sure they are up to date on advancements within their field. The organization should be held liable to a governing organization and the families that they serve.	Feb 12, 2011 6:12 PM
725	college degree or higher, or years of experience in the field.	Feb 12, 2011 6:20 PM
726	Should be educated and have work experience in pediatric speech therapy.	Feb 12, 2011 6:59 PM
727	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act	Feb 12, 2011 7:15 PM
728	Same as previous response on this topic.	Feb 12, 2011 7:32 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
729	Create state standards for the qualifications for an Early Intervention Specialist. There are no set standards for this job and the variability in skills and compentency is frightening. No special training criteria has been set by the state or regional center. It is up to the vendors to be diligent in providing good, quality training for the early intervention specialist and that does not always happen. So much of the therapy takes place in the home due to "Natural Environment" clause that there is little oversight of performance and skills. Parents who don't know what to expect or don't know any different, (especially if it is the other treatment the child recieves) will not know they are receiving poor quality of service.	Feb 12, 2011 8:26 PM
730	Developmentally oriented.	Feb 12, 2011 8:27 PM
731	Those involved in care and testing should have child development coursework and/or experience with the age group they are working with other than paper materials provided to them. Being a child development major and working at a preschool, experience is needed in addition to coursework to see the span of differences in children, all within normal limits, but each is in their own developmental stage. Performance may be harder to judge as it depends on the individual and the child they are providing services for.	Feb 12, 2011 8:31 PM
732	licensed, or doctorate in their area of expertise	Feb 12, 2011 8:44 PM
733	Licensed Physical, occupational and speech therapists and early intervention professionals	Feb 12, 2011 8:54 PM
734	Certified in that field.	Feb 12, 2011 9:20 PM
735	MA; BCBA or completion of course work related to BCBA	Feb 12, 2011 9:38 PM
736	Direct service providers (tutors) should be baccalaureate level. Case consultants could be baccalaureate level with 2 or more years of experience in providing services. Training protocols for direct service providers (tutors) should be submitted to and agreed upon by the RC. Program directors, regional directors, and/or corporate managers should be certified behavior analysts (BCBA). BCBA's should be responsible for programming changes as well as client progress. These responsibilities are indicated in the reporting process by BCBA signatures on all reports as well as the requirement for BCBA's to attend review meetings with the RC. Vendor reviews should be conducted annually by the regional center. Outcomes of these reviews should be considered as part of the new client referral process. Vendors that don't meet minimum standards should be given a corrective action plan to be completed within a specified time period. On site reviews by the CPC should occur periodically. Further, the representative of the RC with behavior analysis expertise should conduct site visits at least annually.	Feb 12, 2011 9:58 PM
737	Licenced/trained in related field	Feb 12, 2011 10:08 PM
738	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 10:31 PM
739	board certified licensed therapists/professionals	Feb 12, 2011 10:46 PM
740	there should be a start standard to the qualifications for a early intervention specialist.	Feb 12, 2011 11:20 PM
741	social worker	Feb 13, 2011 12:23 AM
742	people need to be parents of disabled children wiling to take a pay cut. or donate theyre time	Feb 13, 2011 12:29 AM
743	There are current standards which have been provided by the Interagency Coordinating Council (ICC). These ensure professional and responsible standards of practice for individuals and agencies.	Feb 13, 2011 12:35 AM
744	Speech therapy would need a certified speech pathologist, OT would need a certified occupational therapist.	Feb 13, 2011 12:36 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
745	Cannot be untrained, minimum wage individuals if you expect positive progress	Feb 13, 2011 12:59 AM
746	Just help parents learn to care and support their children	Feb 13, 2011 1:20 AM
747	Educational requirements to practice in the state of California.	Feb 13, 2011 1:44 AM
748	1:1 staff should have bachelors degree or be enrolled in a bachelors program and must have undergone competency- based training Supervisors should have bcba, masters degree, or at least 3-5 years working with children with disabilities	Feb 13, 2011 2:10 AM
749	Appropriate professional credentials (SLP, OT, BCABA or BCBA)	Feb 13, 2011 2:25 AM
750	Supervisor must be proficient in verbal behavior, as well as the rest of the areas in the BCBA task list. Direct service staff may be an entry level position.	Feb 13, 2011 2:27 AM
751	rcoc regional center!!! & every public school out there!	Feb 13, 2011 2:38 AM
752	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 2:38 AM
753	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 2:52 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
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 13, 2011 3:10 AM
755	The service should be supervised by people that are thoroughly versed in the study of child development and parenting - not just reinforcement. No BCBA program requires the study of parenting or children. This should not be simply about making behaviors go up and down.	Feb 13, 2011 3:21 AM
756	I have no expertise in this area.	Feb 13, 2011 3:26 AM
757	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 3:36 AM
758	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 3:38 AM
759	# 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 3:39 AM
760	As currently in place	Feb 13, 2011 3:41 AM
761	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 4:04 AM
762	Appropriate accreditation, college degrees and authorization from the State.	Feb 13, 2011 4:30 AM
763	should be qualified for the childs specific needs	Feb 13, 2011 4:31 AM
764	College degree (BA or BS) in a related field.	Feb 13, 2011 4:34 AM
765	All the services should provide empirically based practices, shown to be effective by the national standards project. Organizations and individuals providing services which are behaviorally analytic should have or be supervised by a BCBA.	Feb 13, 2011 4:52 AM
766	Same standard as set forth in Behavioral Supports	Feb 13, 2011 5:06 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
767	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 5:06 AM
768	A monthly performance rating and achievements report	Feb 13, 2011 5:08 AM
769	Of course in this case physical, occupational and speech therapists need to be accredited and have a Bachelors or higher in their specialty. Other than that I always feel good customer service is important to any organization that deals with the public, and particularly parents who have children with delays.	Feb 13, 2011 5:12 AM
770	The highest standards of course.	Feb 13, 2011 5:43 AM
771	1. Require the therapist has at least one year of experience in working with infants and children (0-3 years) under supervision by the same professional.	Feb 13, 2011 5:47 AM
772	SEE COMMENTS FOR ABA SERVICES	Feb 13, 2011 5:59 AM
773	Those conducting the assessments of children should be Board Certified Behavior Analysts (BCVAs) Or Master's degree in related field. 12 units of graduate levelcoursework in behavior analysis and 3-5 years of experience delivering and supervising treament programs for children with autism	Feb 13, 2011 6:47 AM
774	Licensed professionals	Feb 13, 2011 7:01 AM
775	Licensed or Board Certified individuals/organizations that have specific training in the effective intervention strategies identified as appropriate for treatment.	Feb 13, 2011 7:25 AM
776	Licensed and Bonded. Parent instruction as well as children instruction so that the parents are aware, equipped and instructed on some of the techniques used to further benefit the child.	Feb 13, 2011 7:30 AM
777	An OT consultant should be assigned to each service.	Feb 13, 2011 7:58 AM
778	Semi-annual or annual surveys on the consumer's satisfactions with the service providers.	Feb 13, 2011 9:53 AM
779	Qualification of persons: Registered/licensed professionals who pass state finger print screening Qualification of organizations: Should meet state requirements for safety etc.	Feb 13, 2011 4:36 PM
780	I have never questioned the service my son has got from his therapist they are proven results and I am happy with it.	Feb 13, 2011 4:39 PM
781	Should be a behavior analyst with experience with early intervetion programs	Feb 13, 2011 5:16 PM
782	It is less costly in the long run to use highly trained, experienced service providers.	Feb 13, 2011 5:17 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
783	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 5:22 PM
784	Board Certified.	Feb 13, 2011 6:38 PM
785	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 7:11 PM
786	license and routine training for the therapists/teachers are mandatory and it is better the training comes from both the organization that provides the services and the outside agency	Feb 13, 2011 7:12 PM
787	For supervisors, minimum a Master's degree, BCBA preferred. For therapists, minimum a Bachelor's degree.	Feb 13, 2011 7:30 PM
788	Board Certified Behavior Analyst should be directly involved in the assessment and supervision of every case.	Feb 13, 2011 7:42 PM
789	The organization that provide these services should be in good standing with the regional center and should abide by all regional center demands.	Feb 13, 2011 8:03 PM
790	Persons providing services should be qualified as defined by the state.	Feb 13, 2011 8:07 PM
791	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 8:25 PM
792	They should have appropriate degrees, certification and experience for their specialty. Programs need to be customized for individual child.	Feb 13, 2011 8:34 PM
793	Everyone should have a degree (teaching).	Feb 13, 2011 8:38 PM
794	Standards of care of infant/toddler providers to be developed, if not already available. Ongoing training and staff development for providers of services.	Feb 13, 2011 9:07 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
795	People supervising these services, especially to children with autism should be board certified behavior analysts (BCBA)	Feb 13, 2011 9:11 PM
796	A professional trained and with appropriate qualifications in the area of need. Ex: child with communication delay=speech therapist.	Feb 13, 2011 9:14 PM
797	I think that even if a child does not have a score of 33% delay, that they should qualify if the therapist has therapeutic observations that warrant the services. There are situations where a child could look good on paper, but they don't present typical upon observation. I think there needs to be better faith that therapists are out there trying to ensure the well-being of the children and that are recommendations are well thought out with a hope for a positive outcome. I think a qualified therapist should be treating the child if they need it. Supplementing EI services and providing only therapy as a monitor can make services ineffective. There are clinical reasoning skills that support a therapist plan of care. We learn certain modalities that require specific training. These modalities could make a world of difference in the functioning of the child. These treatments might no be utilized because a rapport is never built with the family and/or it requires weekly treatments to be effective.	Feb 13, 2011 9:57 PM
798	We need to avoid the use of Early Start companies. Many employ low paid and often untrained, unlicensed staff under a single individual supervisor. This is being done statewide by regional centers. Parents are being served by people with little knowledge about what to do and what to look for. There is a death waiting to happen somewhere out there. This being done to save money. But in reality we are not saving anything because we are not getting anything in return for the investment. The only reason that this continues is that most parents do not know any better!!!	Feb 13, 2011 11:09 PM
799	proper schooling and training, re-training when possible and conference/professional development opportunities	Feb 13, 2011 11:17 PM
800	A Master's or Phd in Psychology, Human Behavior, Learning,etc for Supervising therapists.	Feb 13, 2011 11:54 PM
801	Services should be provided by licensed pediatric O.T.s, S.T.s, P.T.s and Infant Educators with experience in Early Intervention and transdisciplinary training/experience. Infant Programs that provide transdisciplinary care should be utilized. Clinics that focus of "rehabilitation of the patient" and do not understand family focused intervention should not provide early start services. We currently have a strange system where a year old baby can be receiving weekly feeding therapy, occupational therapy, physical therapy and special instruction/ infant education. This is expensive and uses the wrong "model" of service delivery. One "transdisciplinary" service provider should be providing weekly service with an occasional "team visit" or "consultation" from other disciplines. If the system were that simple, do we really need Regional Center Service Coordinators doling out the money?	Feb 14, 2011 12:23 AM
802	See q. 3	Feb 14, 2011 12:47 AM
803	The person/ organzitaion needs to include licensed professionals, that is physical therapists, occupational therapists and speech and language pathologists. Saving money by having aids and professionals who do not know how to identify and treat potential disabilities only creates more costly interventions in the future. It is also important to assess if the organization employs professionals with advanced qualifications even as consultants. Parents often can't discern between professionals who have kept up to date and those who have not.	Feb 14, 2011 12:52 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
804	Board certified or credentialed depending on the service provided. The providers should have experience with the type of disability the child has to ensure they have the knowledge to support the child. Background/screening process to rule our individuals that could be dangerous to children with disabilities, etc. Regular training/ ECU requirements or college degrees specializing in the specific disabiility or service that is provided.	Feb 14, 2011 1:26 AM
805	Services should be provided only by persons or organization that are properly vendorized as described in the Lanterman Action Section 4648 (a) (3).	Feb 14, 2011 1:35 AM
806	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 2:37 AM
807	Only those people and organizations that have been properly vendorized per the Lanterman Act.	Feb 14, 2011 3:15 AM
808	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 3:21 AM
809	Masters degrees or equivalent unless delay is mild	Feb 14, 2011 3:49 AM
810	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 5:47 AM
811	Supervision of ABA: Masters degree in early childhood special education, have accountability system in place so someone is always held responsible for ensuring the quality of service is maintained.	Feb 14, 2011 6:02 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
812	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 8:06 AM
813	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 8:54 AM
814	It is important for the individualized interventionists to have an educational degrees and/or licenses related to the services that they are providing. I have a Masters degree in Physical Therapy and licensed to practice in the state of California. My curriculum included the following: Neurology, Neuro-Rehabilitation, Anatomy, Pediatrics, Orthopedics/Musculoskeltal systems, Cardio-Rehabilitation and Research. I also was required to several internships. Mine included Pediatrics (including early intervention) and in an Neonatal-Intensive care unit. In conclusion, the providers need to be highly educated and trained to work with these young children.	Feb 14, 2011 9:18 AM
815	Understanding and knowledge of potential delays - work experience	Feb 14, 2011 3:54 PM
816	Qualifications of those providing Early Start services are dependent on the services being rendered. For example, if Early Intensive Intervention Behavioral Services are being provided, a behavior analyst or someone training in behavior analysis should provide those services. If Infant Development Services are being provided, licensed therapists and certified educators should provide those services.	Feb 14, 2011 3:54 PM
817	Qualifications of those providing Early Start services are dependent on the services being rendered. For example, if Early Intensive Intervention Behavioral Services are being provided, a behavior analyst or someone training in behavior analysis should provide those services. If Infant Development Services are being provided, licensed therapists and certified educators should provide those services.	Feb 14, 2011 4:23 PM
818	Varies depending on the disability.	Feb 14, 2011 4:27 PM
819	Licensed agency	Feb 14, 2011 4:46 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
820	Someone who understands the unique needs of this population.	Feb 14, 2011 4:47 PM
821	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 4:50 PM
822	Qualifications of those providing Early Start services are dependent on the services being rendered. For example, if Early Intensive Intervention Behavioral Services are being provided, a behavior analyst or someone training in behavior analysis should provide those services. If Infant Development Services are being provided, licensed therapists and certified educators should provide those services.	Feb 14, 2011 5:03 PM
823	Qualifications of those providing Early Start services are dependent on the services being rendered. For example, if Early Intensive Intervention Behavioral Services are being provided, a behavior analyst or someone training in behavior analysis should provide those services. If Infant Development Services are being provided, licensed therapists and certified educators should provide those services.	Feb 14, 2011 5:06 PM
824	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 5:08 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
825	• 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 5:16 PM
826	Should be someone with knowledge in child development	Feb 14, 2011 5:19 PM
827	Organizations and supervisors should posses proper degrees, certificates, etc but employees should not be expected to have met these.	Feb 14, 2011 5:25 PM
828	Qualifications for persons supervising early start services should be Board Certified Behavior Analysts (BCBA) or Board Certified Behavior Analyst-Doctoral (BCBA-D). Alternatively, the person should have a minimum of a master's degree in a related field with graduate-level coursework in applied behavior analysis and relevant experience with early intervention with young children with ASDs. Persons providing the direct 1:1 services should have a minimum of a bachelor's degree in psychology or a related field with relevant experience in working with young children with ASD.	Feb 14, 2011 5:42 PM
829	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 5:51 PM
830	Proper qualifications and visitations.	Feb 14, 2011 6:03 PM
831	Proper credentials for SLP services, OT services and a Behavioral program should have a supervisor with or obtaining a BCBA.	Feb 14, 2011 6:06 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
832	• 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 6:09 PM
833	Qualifications of those providing Early Start services are dependent on the services being rendered. For example, if Early Intensive Intervention Behavioral Services are being provided, a behavior analyst or someone trained in behavior analysis should provide those services. If Infant Development Services are being provided, licensed therapists and certified educators should provide those services.	Feb 14, 2011 6:10 PM
834	Those who have a BA or BS or attending school towards their BA or BS	Feb 14, 2011 6:11 PM
835	Qualifications of those providing Early Start services are dependent on the services being rendered. For example, if Early Intensive Intervention Behavioral Services are being provided, a behavior analyst or someone training in behavior analysis should provide those services. If Infant Development Services are being provided, licensed therapists and certified educators should provide those services.	Feb 14, 2011 6:16 PM
836	Qualifications of those providing Early Start services are dependent on the services being rendered. For example, if Early Intensive Intervention Behavioral Services are being provided, a behavior analyst or someone training in behavior analysis should provide those services. If Infant Development Services are being provided, licensed therapists and certified educators should provide those services.	Feb 14, 2011 6:17 PM
837	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 6:23 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
838	Qualifications of those providing Early Start services are dependent on the services being rendered. For example, if Early Intensive Intervention Behavioral Services are being provided, a behavior analyst or someone training in behavior analysis should provide those services. If Infant Development Services are being provided, licensed therapists and certified educators should provide those services.	Feb 14, 2011 6:24 PM
839	Qualifications of those providing Early Start services are dependent on the services being rendered. For example, if Early Intensive Intervention Behavioral Services are being provided, a behavior analyst or someone training in behavior analysis should provide those services. If Infant Development Services are being provided, licensed therapists and certified educators should provide those services.	Feb 14, 2011 6:25 PM
840	• 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 6:26 PM
841	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 6:27 PM
842	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 6:28 PM
843	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 6:36 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
844	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 6:37 PM
845	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 6:46 PM
846	The qualificaitons of those conducting 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 Master's degree in a related field, 12 units of graduate level coursework in behavior analysis, and 3-5 years of experience delivering and supervisign treatment programs for children with autism. The qualifications of those providing 1:1 services should include: Bachelor's degree in psychology or a related field with relevant experience preferred, or if no Bachelor's degree, than high school diploma iwth 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	
847	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 6:57 PM
848	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 7:01 PM
849	Qualifications of those providing Early Start services are dependent on the services being rendered. For example, if Early Intensive Intervention Behavioral Services are being provided, a behavior analyst or someone training in behavior analysis should provide those services. If Infant Development Services are being provided, licensed therapists and certified educators should provide those services.	Feb 14, 2011 7:06 PM
850	certified and trained in therapies	Feb 14, 2011 7:07 PM
851	Qualifications of those providing Early Start services are dependent on the services being rendered. For example, if Early Intensive Intervention Behavioral Services are being provided, a behavior analyst or someone training in behavior analysis should provide those services. If Infant Development Services are being provided, licensed therapists and certified educators should provide those services.	Feb 14, 2011 7:21 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
852	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 7:30 PM
853	Services should be provided only by persons or organizations that are PROPERLY vendorized	Feb 14, 2011 7:31 PM
854	These should be monitored by RC, parents and/or guardians, and staff of residence.	Feb 14, 2011 7:33 PM
855	Qualifications of those providing Early Start services are dependent on the services being rendered. For example, if Early Intensive Intervention Behavioral Services are being provided, a behavior analyst or someone training in behavior analysis should provide those services. If Infant Development Services are being provided, licensed therapists and certified educators should provide those services.	Feb 14, 2011 7:43 PM
856	The persons or organization should have credentials in behavioral intervention, integrative play, communications, sensory integration.	Feb 14, 2011 7:46 PM
857	limit the usuage of assistants and group educational programs	Feb 14, 2011 7:46 PM
858	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 8:00 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
859	Qualifications of those providing Early Start services are dependent on the services being rendered. For example, if Early Intensive Intervention Behavioral Services are being provided, a behavior analyst or someone training in behavior analysis should provide those services. If Infant Development Services are being provided, licensed therapists and certified educators should provide those services.	Feb 14, 2011 8:02 PM
860	Board Certified Behavior Analysts and evidence based teaching procedures.	Feb 14, 2011 8:31 PM
861	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.	Feb 14, 2011 8:35 PM
862	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 8:46 PM
863	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 8:53 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
864	Qualifications of those providing Early Start services are dependent on the services being rendered. For example, if Early Intensive Intervention Behavioral Services are being provided, a behavior analyst or someone training in behavior analysis should provide those services. If Infant Development Services are being provided, licensed therapists and certified educators should provide those services.	Feb 14, 2011 8:54 PM
865	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 8:57 PM
866	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 9:00 PM
867	Classes should be performed by a registered/licensed speech therapist.	Feb 14, 2011 9:13 PM
868	for EIBS, the Service Provider should be a Board Certified Behavior Analyst, or document and demonstrate an equivalent level of education and training. The Service Provider should also have at least 2 years experience working directly with the target population.	Feb 14, 2011 9:23 PM
869	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 9:25 PM
870	only professionals from accredited insitutions should be delivering services and they should be required to keep current with eduation.	Feb 14, 2011 9:25 PM
871	In addition to the required training for Clinicians if you can place workers in position	Feb 14, 2011 9:28 PM
872	Ensure that the therapists who are providing the services have the proper education and training.	Feb 14, 2011 9:33 PM
873	Licensed and reviewed vendors.	Feb 14, 2011 9:46 PM
874	licensed therapists, with several years experience under the supervision of another licensed, 10-year experienced therapist	Feb 14, 2011 9:52 PM
875	masters degrees and beyond and/or professional certification/credentialling through a program with demonstration of competencies	Feb 14, 2011 9:55 PM
876	Persons who are licensed professionals in their discipline should carry out these services. Such if a child has gross motor delays a physical therapist should provide the service etc.	Feb 14, 2011 10:05 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
877	Staff providing services should meet specific standards of education and experience. There should be documentation of on-going in-service training in area of service.	Feb 14, 2011 10:11 PM
878	Providers of services should be licensed professionals. Those services provided by child developmental specialists, therapy aides, behavioral aides/tutors and the like should be more tightly regulated. I have repeatedly heard complaints from caregivers about the poor and/or inconsistent quality of services provided by the aforementioned interventionists who provide costly services and have varied educational backgrounds, limited training and no professional license requirements to uphold (e.g. continuing education requirements).	Feb 14, 2011 10:20 PM
879	person who is giving the service should have specific training for the issue of the client	Feb 14, 2011 10:41 PM
880	The ultimate objective measurement of qualifications is observing someone to ensure they are able to implement the intervention. We receive referrals from all types of families and everyone of them must be taught how to use the principles of ABA to effectively intervene with their child. While an organization having staff with certification by the behavior analysts certification board (BCBA or BCaBA) may be indicators of qualification, program managers must directly observe the behavioral services being implemented. Initial and on-going training methods of the organization's employees are also crucial in ensuring quality intervention is being implemented.	Feb 14, 2011 10:45 PM
881	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 10:45 PM
882	Early Interventionists should have to meet some minimum educational standards e.g AA degree in early childhood, BA degree in Early childhood etc	Feb 14, 2011 10:47 PM
883	# 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 10:48 PM
884	if parent has provier that works better with child they should have the option to use te provider espically if is cheaper than agency.	Feb 14, 2011 10:49 PM
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 14, 2011 10:57 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
886	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 10:57 PM
887	BC BAs Others with a degree or certification from a scientifically research based training program and/or a recognized college level degree.	Feb 14, 2011 11:06 PM
888	Individuals (therapists, teachers, assistants) and programs (therapy clinics, early intervention programs) should be contracted with the local regional centers. Staff should adhere to the standards of their discipline (licensing, early childhood education units/ECE units, credential,etc) and receive ongoing training/in-service as well as mentorship/supervision.	Feb 14, 2011 11:06 PM
889	Those providing services should, of course, meet specific standards for education and experience level. Any ongoing in-service training they complete should be included in their file, documented properly.	Feb 14, 2011 11:12 PM
890	The organizations that provide the services should have their professional designations in the area in which they are trained, or be carefully supervised by professionals in their field until they have completed their training. If my daughter was seeing a speech therapist who was not actually fully trained in speech therapy, we'd be wasting our time and the government's money, and potentially causing harm to the child. For example, In Speech/Oral Motor Therapy, we spend a lot of time with feeding - if the therapist didn't know what she was doing, my daughter could be fed something that she was not capable of handling (ie. too hard, to chewy, etc) and could choke.	Feb 14, 2011 11:15 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
891	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 11:18 PM
892	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 11:27 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
893	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 11:33 PM
894	supervisors should be BCBA or have 12 units ABA coursework with at least 5 years experience. direct-service staff should have BA/BS degree, or high school diploma with appropriate supervision.	Feb 14, 2011 11:34 PM
895	A rating system from the consumer as to the progress and the RCOC rep as well	Feb 14, 2011 11:45 PM
896	Qualifications of those providing Early Start services are dependent on the services being rendered. For example, if Early Intensive Intervention Behavioral Services are being provided, a behavior analyst or someone training in behavior analysis should provide those services. If Infant Development Services are being provided, licensed therapists and certified educators should provide those services.	Feb 14, 2011 11:47 PM
897	Qualifications of those providing Early Start services are dependent on the services being rendered. For example, if Early Intensive Intervention Behavioral Services are being provided, a behavior analyst or someone training in behavior analysis should provide those services. If Infant Development Services are being provided, licensed therapists and certified educators should provide those services.	Feb 14, 2011 11:48 PM
898	Staff providing services should meet specific standards of education and experience. There should be documentation of on-going in-service training in area of service.	Feb 14, 2011 11:54 PM
899	It is often difficult to find resources for many of the disciplines that work with this age group. There just aren't enough PT/OT/SLP professionals who are skilled in infant/toddler intervention in the communities. Perhaps broadening the qualifications...	Feb 14, 2011 11:55 PM
900	Licensed providers with reputation should provide the services	Feb 15, 2011 12:03 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
901	Educated, trained, experienced with supervison from professionals with higher degrees in related fields	Feb 15, 2011 12:04 AM
902	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 12:11 AM
903	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 Or, nn employee who has obtained a bachelors degree who currently fulfilling this position 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 12:12 AM
904	Persons providing the service should have at least a bachelor's degree in the area of expertice. If the standard of practice in the community requires additional training/degrees, then the minimum requirements should reflect this.	Feb 15, 2011 12:12 AM
905	must be a properly training and licensed school or day care	Feb 15, 2011 12:44 AM
906	ES services should be developed by a licensed or certified professional. staff implementing the program should possess at minimum a High School Diploma.	Feb 15, 2011 12:48 AM
907	Qualified Service Providers should be licensed in their area of specialty.	Feb 15, 2011 12:49 AM
908	Same as behavioral	Feb 15, 2011 12:52 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
909	All services should be provided by trained, ceritfied staff in the areas of Speech, Occupational Therapy and Physical Therapy. For a child 2 or over receiving behavioral services staff should be experienced, have appropriate education and be supervised by licensed, certified staff.	Feb 15, 2011 12:57 AM
910	Services should be provided only by persons or the organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 15, 2011 1:06 AM
911	Therapist should be from a reputable service agency and be licensed in the field in which he/she is working.	Feb 15, 2011 1:09 AM
912	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 1:18 AM
913	training.	Feb 15, 2011 1:25 AM
914	Current standards are fine.	Feb 15, 2011 1:30 AM
915	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 1:30 AM
916	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 1:34 AM
917	Licsensed and highly qualified providers with an intensive momentum to ensure intensice intervention while they are developing at a rapid rate.	Feb 15, 2011 1:41 AM
918	Early Intervention Infant Program service providers who have training in providing services in the natural environments (everyday relationships, routines, activities, places and partnerships), a family centered approach, a relationship based approach, within a transdisciplinary-primary service provider model, strength based approach. Early Childhood Special Educators and Infant Educators, OT', PT, Speech Therapist, Mental Health Specialists, Nurse, Vision and Hearing Specialists	Feb 15, 2011 1:41 AM
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 15, 2011 1:50 AM
920	supervisor at least with masters and therapists working on degrees but trained by the supervisor..	Feb 15, 2011 1:55 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
921	Bachelor's degree with on job training	Feb 15, 2011 1:57 AM
922	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 1:58 AM
923	Physical Therapist Occupational Therapist Speech Therapist Education Credential	Feb 15, 2011 2:00 AM
924	Specialist and doctors	Feb 15, 2011 2:01 AM
925	# 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 2:01 AM
926	Ask the consumer or consumer's family, reputation in the community, complexity of the consumer's needs, achievements of the consumer...	Feb 15, 2011 2:03 AM
927	There is no reason the speech therapist can't include OT and PT goals in their session and the PT can encourage speech during a session of PT, but the client needs both direct services if they have deficites in both areas.	Feb 15, 2011 2:19 AM
928	Give trainings and conferences to help everyone expand their knowledge and be able to give these children all that they deserve	Feb 15, 2011 2:45 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
929	Easter Seals is the organization that provided the speech and OT and Advance Kids provided the ABA until age 3. Currently, at age 4, my son receives speech and OT through the school district and still receives ABA through Advance Kids. All of these organizations are fantastic and should not be changed.	Feb 15, 2011 2:46 AM
930	At least BA degree for direct service worker who receives weekly supervision and didactic from licensed supervisors. For organization who has at least 1 licensed supervisor providing weekly supervision and didactic to all direct service staff.	Feb 15, 2011 3:05 AM
931	# 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 3:11 AM
932	Cal ABA certification; follows Best Practice guidelines	Feb 15, 2011 3:14 AM
933	School districts are responsible for hiring qualified teachers and staff.	Feb 15, 2011 3:17 AM
934	Those who would be creating behavior management plans and treatment plans should obtain a BCBA certification, those working one on one with the child should have a bachelors degree in psychology.	Feb 15, 2011 3:20 AM
935	Formal education and certification.	Feb 15, 2011 3:25 AM
936	What the research says is useful	Feb 15, 2011 3:28 AM
937	early interventionist should have at least B.A. or B.S. in related field. Organization should stay on top of each person's qualification and performance.	Feb 15, 2011 3:33 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
938	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 3:44 AM
939	SEe Lanterman Act.	Feb 15, 2011 4:00 AM
940	For Intensive Behavioral services, Phd for Director and BCBA qualifications for all supervisors	Feb 15, 2011 4:06 AM
941	Age 25+; BA; Experience with children (including typical); open minded and creative	Feb 15, 2011 4:07 AM
942	Licensed, certified clincians must be consulted and on staff.	Feb 15, 2011 4:07 AM
943	Our child was diagnosed with high functioning autism at an early age. He received and greatly benefited from early treatment. As a result, he is able to attend preschool and kindergarten with other “neural-typical” (or normal) children. This is a huge cost saving to the school system. 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 4:15 AM
944	Should be certified in their area of expertise.	Feb 15, 2011 4:37 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
945	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	Feb 15, 2011 4:38 AM
946	Supervisor: Masters, Ph.D. in psychology or a related field; minimum of 2 years working with and supervising children with disabilities Therapist: Bachelors in psychology or a related field; receives ongoing training from a qualified supervisor	Feb 15, 2011 4:39 AM
947	Supervisors/assessors: BCBA Interventionist: Bachelor's with experience	Feb 15, 2011 4:42 AM
948	Same as previous.	Feb 15, 2011 5:05 AM
949	we have worked hard for so many years to determine standards and submit these to the state for approval. these were never implemented but these standards which can be the "best practice" and recommended portfolios of staff/organizations self assessment parent input	Feb 15, 2011 5:06 AM
950	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 5:07 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
951	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. 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 5:07 AM
952	Certified teachers or organizations with proven skills and no child molestation cases.	Feb 15, 2011 5:07 AM
953	Use the Public agencies that already exist. Have the County Health Department that already provides screening for these issues take a bigger role.	Feb 15, 2011 5:13 AM
954	appropriate certification, ongoing training and evaluations of work	Feb 15, 2011 5:15 AM
955	same comments as for infant development	Feb 15, 2011 5:27 AM
956	The qualifications of those conducting the assesments , developing the treatment plans, and providing consultation parent education/training ongoing monitoring and supervision of behavioral services should be: Board Certified 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 supervising treatment programs for children with autism.	Feb 15, 2011 5:31 AM
957	see comments on Behavior services	Feb 15, 2011 5:41 AM
958	Many Early Interventionists are very underqualified and should have some kind of standardized testing to qualify them. If a family gets stuck with one of these EI 's their child will suffer by not being provided with the best care available.And the family really doesn't know who they're getting. We had a girl who came to us with very little training- we were in the process of training her in many facets of child development and she decided to leave after only being with us for 6 months. She was still being mentored by senior staff members when she left and was still lacking many skills to be a competent EI. We found out that she went to work for another company who let her go out to Home visits independently and even let her do evals.	Feb 15, 2011 5:48 AM
959	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 5:58 AM
960	Must be credentialed.	Feb 15, 2011 6:02 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
961	For teachers, preferably an early childhood special education credential for anyone involved in assessing and writing the IFSP as well as delivering or supervising the delivery of the services. If specialized services are provided, those individuals should meet the early intervention competencies along with what ever license or credential is required for their role (speech therapist, nurse, etc.).	Feb 15, 2011 6:14 AM
962	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 6:22 AM
963	The qualifications of those conducting the assessment, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: Board Certifies 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 OF 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 6:28 AM
964	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 6:29 AM
965	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 6:30 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
966	The qualifications of those conducting the assessment, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: Board Certifies 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 OF 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 6:35 AM
967	The regional centers should have licensed OT,PT, ST consultants on staff that can review the credentials of each vendored therapy provider or agency to assure that each vendor agencies have a quality assurance standard set in place and for individual vendors that they have minimum of 2-3 years of supervised pediatric experience.	Feb 15, 2011 6:36 AM
968	The qualifications of those conducting the assessments, developing the treatment plans, and providing consultation, parent training, ongoing supervision of Early Start services should include: 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 with the child should include: Bachelor's degree in psychology or a related field with relevant experience or a high school diploma with competency in intervention procedures demonstrated in evaluations.	Feb 15, 2011 6:40 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
969	The qualifications of those conducting the assessment, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: Board Certifies 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 OF 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 6:40 AM
970	They should be licensed and meet state guidelines/ qualifications. They should have a degree and practical experience working with disablilities.	Feb 15, 2011 6:47 AM
971	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 6:58 AM
972	telemedicine professionals trained in medical and behavioral specialty unique to child's diagnosis and needs	Feb 15, 2011 7:06 AM
973	Again, state regulation. But CA should look in to the standards self-imposed by providers like CARD or CART	Feb 15, 2011 7:15 AM
974	specific training in area of disablity, behavioral background, BCBA supervision, tutor supervision by BCBA or equivelant trianing and experience, goals reviewed and tweaked with assistence of Ph.D. in the field of the disability.	Feb 15, 2011 7:26 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
975	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: Masters in related field, or Bachelor's with 3+ years experience in Autism and ABA, or certified (BCBA or BCABA) 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 7:53 AM
976	BCBA, psychology, psychiatry or SLP	Feb 15, 2011 8:17 AM
977	There is a stronghold in the VMRC catchment area on who they allow to provide the services. Only those that bend to the will of VMRC/Tara Sisemore Hess and others at VMRC are allowed to provide that service. Open it up to all qualified providers and allow parents to choose who is most appropriate to their child's needs. For example some providers may be better equipt to handle behaviors or teach ADL skills. Let's provide what kids need. Let us not make it about the ego of VMRC employees and providers such as Pathways.	Feb 15, 2011 8:39 AM
978	Qualifications for persons applying Early start sevices should hve the same qualifications as those applying Day program or Behavioral Services. Qualifications standards should be standard across the board.	Feb 15, 2011 8:51 AM
979	MD- approp lic. RN or NP. current lic. Speech- approp. lic. OT/PT--Approp Lic. to eval reflexes,ROM, Tone, Feeding Teacher Cred. approp. to eval and treat academic and cognitive skills Nutritionist--To eval, consult, train and treat as needed	Feb 15, 2011 9:05 AM
980	Intensive early start services should be provided to children/family of children with autism and other disabilities	Feb 15, 2011 10:47 AM
981	Must be ABA trained professional.	Feb 15, 2011 12:07 PM
982	Supervision	Feb 15, 2011 3:06 PM
983	- Check educational/training background - Competencies for organization	Feb 15, 2011 3:06 PM
984	The a consumers concerns should be addressed by the professional most qualified to address the needs of the consumer: speech therapists, occupational therapists, physical therapists,behavioral therapist etc. Particularly as it relates to usefulness and effectiveness.	Feb 15, 2011 3:18 PM
985	Experience in the field of Early Intervention and ongoing training essential. Performance should be documented in thorough, clear, regularly scheduled reports to entire team. Training to be documented.	Feb 15, 2011 3:24 PM
986	The service should be provided by licensed therapists RPT, OTR, developmental specialists, Speech therapists etc. The family can be taught how to work with them the other 6 days/wk with ongoing supervision of the therapists as well as direct handling to understand and feel the status of the child	Feb 15, 2011 3:55 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
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 15, 2011 4:03 PM
988	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 4:11 PM
989	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 4:11 PM
990	Certified providers	Feb 15, 2011 4:16 PM
991	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 4:18 PM
992	Medical practioners, psychologist, neurologist	Feb 15, 2011 4:27 PM
993	An appropriate level of education should be held with additional training within the program to fine tune any needs for the recipient.	Feb 15, 2011 4:49 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
994	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 ABA coursework required and with relevant experience preferred; I do not think that person's without Bachelor degrees shoudl provide these services	Feb 15, 2011 4:53 PM
995	BCBA	Feb 15, 2011 4:58 PM
996	Have a high school diploma and well trained.	Feb 15, 2011 5:02 PM
997	All service providers must be properly trained, experienced and certified to work in the early intervention field. We must, at minimum, join the ranks of dog groomers and manicurists in having official sanction for work with infants and toddlers with or at risk for disabilities and their families. All providers must ultimately have pre-service training in early intervention and achieve licensing, certification or credentialing in their respective fields. Qualifications must be based on current evidence and "best practice" in early intervention and documented in state requirements.	Feb 15, 2011 5:09 PM
998	A recognized provider in the community with a good service record.	Feb 15, 2011 5:26 PM
999	Hire competent and qualified personnel to perform the required and specific service needed.	Feb 15, 2011 5:35 PM
1000	licensed providers.	Feb 15, 2011 5:35 PM
1001	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 5:45 PM
1002	See above	Feb 15, 2011 5:51 PM
1003	Continuation of current standards	Feb 15, 2011 5:53 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 15, 2011 5:58 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1005	Evidence shows that these people need to be trained and certified in ABA to provide the needed services for the early start population.	Feb 15, 2011 6:04 PM
1006	Certified and/or licensed, or immediately supervised by someone who is certified and/or licensed according to the state guidelines for their respective profession.	Feb 15, 2011 6:05 PM
1007	They would have to be certified.	Feb 15, 2011 6:20 PM
1008	-licensed professionals; credentialed teachers; assistant staffing should have ECE units	Feb 15, 2011 6:20 PM
1009	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 6:21 PM
1010	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 6:23 PM
1011	Person should be certified with appropriate credentialing and training such as behavioral, ABA, special education, OT/PT, Speech, Recreational Therapy, Medical Psychology, Sensory Integration, Adaptive Patterning, etc. dependent upon services they would involved with.	Feb 15, 2011 6:27 PM
1012	By a professional, or qualified business for the service.	Feb 15, 2011 6:27 PM
1013	Only persons or organization that are properly vendorized as described in the Lanterman Act should provide services.	Feb 15, 2011 6:28 PM
1014	• 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 6:30 PM
1015	Look for individuals with training OR experience in these disorders. Individuals who have been ABA tutors or play therapists for many years (say 5 years or more working with individuals with autism) should be considered experts and the regional center should pay them modest amounts to provide services whether they have letters after their name or not. This makes good common sense. Stop buying into the agenda of the ABA providers and BCBA's who are trying to maintain their exclusive hold on services by requiring board certification and "data keeping."	Feb 15, 2011 6:39 PM
1016	BCBA certified Applied Behavior Analysis (ABA) should be the only authorized providers.	Feb 15, 2011 6:45 PM
1017	Highly skilled professionals with the best interest of the consumer in mind.	Feb 15, 2011 6:51 PM
1018	I really think these should be facilities that work with consumer with a specific delay. This should not be an in-home service rather a treatment center or facilitiy that a consumer is required to go to.	Feb 15, 2011 6:54 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1019	Qualifications of those providing Early Start services are dependent on the services being rendered. For example, if Early Intensive Intervention Behavioral Services are being provided, a behavior analyst or someone training in behavior analysis should provide those services. If Infant Development Services are being provided, licensed therapists and certified educators should provide those services.	Feb 15, 2011 6:55 PM
1020	Qualifications of those providing Early Start services are dependent on the services being rendered. For example, if Early Intensive Intervention Behavioral Services are being provided, a behavior analyst or someone training in behavior analysis should provide those services. If Infant Development Services are being provided, licensed therapists and certified educators should provide those services.	Feb 15, 2011 6:57 PM
1021	Therapists should hold a current Califronia state license and have a minimum of one years experience if they are the sole provider of services in the natural environment. For services in specialized therapy clinics, new therapists need mentoring from more experienced therapists.	Feb 15, 2011 7:00 PM
1022	Qualifications of those providing Early Start services are dependent on the services being rendered. For example, if Early Intensive Intervention Behavioral Services are being provided, a behavior analyst or someone training in behavior analysis should provide those services. If Infant Development Services are being provided, licensed therapists and certified educators should provide those services.	Feb 15, 2011 7:04 PM
1023	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 7:05 PM
1024	Regional centers are capable of deciding which staff can perfrom services. Registered nurses are a great asset in regional centers as they can have a medical perspective as well as a developmental perspective.	Feb 15, 2011 7:05 PM
1025	licensed professionals at NGOs and in private practice or people working towards licensure	Feb 15, 2011 7:10 PM
1026	Therapy people already has some experience in this area .Moreover the supervisor can checks, give guidance to them if it is necessary.	Feb 15, 2011 7:15 PM
1027	Highly qualified, vetted therapeutic clinics that are staffed by credentialed staff	Feb 15, 2011 7:33 PM
1028	PT's and OTs should have specialized training in pediatrics and/or early intervention.	Feb 15, 2011 7:36 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1029	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 7:48 PM
1030	The qualifcation of indivduals and organizations providing the service is atmost improtatnt. I suggest a minium standard of training of four years beyond highschool and more for evaluaters as prescribed by Lanterman Act's commitment.	Feb 15, 2011 7:53 PM
1031	See suggestions for Behavior services and Day programs	Feb 15, 2011 7:56 PM
1032	Referrals	Feb 15, 2011 8:12 PM
1033	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 15, 2011 8:19 PM
1034	They must be in good standing within their governing board (up to date on credentialing and continuing education and without substantial violations in their practice).	Feb 15, 2011 8:23 PM
1035	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 8:28 PM
1036	Service providers obtaining certification by the behavior analysts certification board (BCBA or BCaBA) and initial and on-going staff training.	Feb 15, 2011 8:32 PM
1037	Government or Private sector that monitor closely by government (to make sure they have the goals and result for the benefits of the kids)	Feb 15, 2011 8:34 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1038	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 15, 2011 8:34 PM
1039	• 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 8:38 PM
1040	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 8:42 PM
1041	The Early Start Personnel Manual, funded by DDS and approved and recommended by the Interagency Coordinating Council, should be implemented. Service providers must also meet the competency and licensing requirements for their discipline.	Feb 15, 2011 8:47 PM
1042	Services should be provided only by persons or organization that are properly vendorized as described in the Lanterman Act	Feb 15, 2011 8:56 PM
1043	No changes	Feb 15, 2011 8:58 PM
1044	State and professional certification positively rated by VTRs consumers	Feb 15, 2011 9:14 PM
1045	There are already standards in place for this.	Feb 15, 2011 9:25 PM
1046	1.) I think evaluations for autism and other special needs should be preformed by psychologists and not assistants, physical therapists, speech therapists, etc... 2.) I think when receiving speech services, there should always be a speech pathologist present during the sessions with children. Not just child development specialists with just a Bachelor's degrees. It makes a big difference on what the children get out of the session.	Feb 15, 2011 9:31 PM
1047	Services should only be provided by persons or organizations that are properly vendorized as described by the Lanterman Act Section 4648 (a)(3)(A)	Feb 15, 2011 9:35 PM
1048	The Early Start Personnel Manual, funded by DDS and approved and recommended by the Interagency Coordinating Council, should be implemented. Service providers must also meet the competency and licensing requirements for their discipline.	Feb 15, 2011 9:35 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1049	The Early Start Personnel Manual, funded by DDS and approved and recommended by the Interagency Coordinating Council, should be implemented. Service providers must also meet the competency and licensing requirements for their discipline	Feb 15, 2011 9:35 PM
1050	Experienced providers with good reputations should be providing these services.	Feb 15, 2011 9:37 PM
1051	The Early Start Personnel Manual, funded by DDS and approved and recommended by the Interagency Coordinating Council, should be implemented. Service providers must also meet the competency and licensing requirements for their discipline.	Feb 15, 2011 9:37 PM
1052	The Early Start Personnel Manual, funded by DDS and approved and recommended by the ICC should be implemented. Service providers must also meet the competency and licensing requirements for their discipline.	Feb 15, 2011 9:38 PM
1053	Persons or organizations should be fully qualified or be in concurrent training.	Feb 15, 2011 9:42 PM
1054	Service providers should be qualified and monitored according to the existing vendorization process, and overseen by the regional centers and DDS.	Feb 15, 2011 9:45 PM
1055	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 10:12 PM
1056	The qualifications of those conducting the assessments, developing the treatments plans, and providing consultatiuons, parent education/training, ongoing montoring and supervision of behavioral services should be: Board Certified Behavior Analysis (BCBAs) preferred 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 10:18 PM
1057	Only persons or organization that are properly vendorized as described in the Lanterman Act should provide services.	Feb 15, 2011 10:27 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1058	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: If no Bachelor's degree then high school diploma with competency-based training and in all cases a background check.	Feb 15, 2011 10:40 PM
1059	licensing, certification...	Feb 15, 2011 10:48 PM
1060	Have Service providers meet the competency and licensing requirements for their discipline and follow what is in the Early Start Personnel Manual.	Feb 15, 2011 10:49 PM
1061	There need to be educational and experienced standards for service providers. RC's need to check in on the quality of the persons providing direct services. Many of the service providers do not have appropriate education nor experience to serve all of the children well.	Feb 15, 2011 11:04 PM
1062	Training and licensure as per personell standards of ICC	Feb 15, 2011 11:04 PM
1063	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 11:07 PM
1064	The people that are helping children need to like and have the passion to help a child develop to their full potential.	Feb 15, 2011 11:08 PM
1065	Highly skilled professionals compensated at the market rate	Feb 15, 2011 11:14 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1066	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 11:14 PM
1067	• 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 11:16 PM
1068	Qualifications are governed by the bodies that certify early interventionists, psychologists, and behavior analysts.	Feb 15, 2011 11:19 PM
1069	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 11:19 PM
1070	The Early Start Personnel Manual, funded by DDS and approved and recommended by the Interagency Coordinating Council, should be implemented. Service providers must also meet the competency and licensing requirements for their discipline.	Feb 15, 2011 11:29 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1071	Same answer as a previous category. Any individual providing a service should be adequately trained and licensed, not just the vendor who is collecting payment from ALTA.	Feb 15, 2011 11:30 PM
1072	Qualified therapists	Feb 15, 2011 11:52 PM
1073	all therapist should be licensed	Feb 15, 2011 11:53 PM
1074	they should be licensed and registered professionals within their field of practice	Feb 15, 2011 11:57 PM
1075	Service providers should have valid certification in the service they are providing.	Feb 15, 2011 11:59 PM
1076	organizations that are non profit and qualified	Feb 16, 2011 12:03 AM
1077	They should have to pass certain criteria in order to qualify.	Feb 16, 2011 12:14 AM
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 16, 2011 12:15 AM
1079	Family centered, child/play directed, sensory integration knowledge base	Feb 16, 2011 12:16 AM
1080	credentialed professionals and mental health certified professionals	Feb 16, 2011 12:22 AM
1081	Management should be degreed and have educations in the field. Persons involved in education should have degrees.	Feb 16, 2011 12:26 AM
1082	Again, the providers should be evaluated periodically so the regional centers can choose a preferred provider (just like in private health insurers)	Feb 16, 2011 12:26 AM
1083	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 12:30 AM
1084	the application of aproches.	Feb 16, 2011 12:30 AM
1085	The people providing these services should be licensed or certificated professionals for direct therapy services. The early intervention staff could be trained assistants, but working with a professional in the same room -- not having a professional down the hall behind a desk.	Feb 16, 2011 12:33 AM
1086	service standards and qualifications have been worked on by many people over the past 20 years. It makes sense to use that document and not recreate another set of standards.	Feb 16, 2011 12:37 AM
1087	I have no problems with persons or organizations being trained, and the heads of the organization at the least, being licensed.	Feb 16, 2011 12:40 AM
1088	appropriate education and licenses	Feb 16, 2011 12:46 AM
1089	High quality early intervention can be either at home or center programs. It's important to have experts in early childhood development and therapy, such as licensed speech, occupational and physical therapists. Having a social worker or mental health expert can help the entire family.	Feb 16, 2011 12:57 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1090	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 12:57 AM
1091	Behavioral services should be supervised by a person with a BCBA. Those performing the direct service should have at least a bachelor's degree in psychology or a related field. The BCBA should observe to ensure the quality of service provision at least 1-2 times per month. For other specialized therapies, the service provider should hold the same qualifications as required by public school districts to perform the same service.	Feb 16, 2011 12:59 AM
1092	* he 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 1:04 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1093	# 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 16, 2011 1:09 AM
1094	trained personnel	Feb 16, 2011 1:11 AM
1095	These standards must be the same for all service providers and organizations that provide services. Back gorund checks, screening and training must occur in order to insure the best providers are performing the services. If there is an issue with a provider it needs to be dealt with quickly and efficently. The parnets need to be the gate keepers and inform the social worker of any issues asap.	Feb 16, 2011 1:13 AM
1096	?	Feb 16, 2011 1:18 AM
1097	Highly qualified, Highly trained.	Feb 16, 2011 1:18 AM
1098	License requirements	Feb 16, 2011 1:18 AM
1099	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 16, 2011 1:26 AM
1100	All professionals should be accredited as such	Feb 16, 2011 1:32 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1101	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 2:02 AM
1102	ASK THE PARENTS	Feb 16, 2011 2:16 AM
1103	I think the individuals should have the proper schooling and training to help these children. It is so critical that these children are rcving the necessary help and EARLY!	Feb 16, 2011 2:21 AM
1104	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 2:40 AM
1105	Most of the therapists who work with my grandson seem to be qualified so probably the existing standards are fine.	Feb 16, 2011 2:44 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1106	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: -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 -Verification of competency-based training (12-hours, to include ABCs of behavior, SIR training, etc.) -Verification of supervised field work (minimum 10-hours) ALL service providers in the field should be held to the same basic standards as school personnel including successful completion of a LiveScan background check, TB test, Mandated Reporter Training, etc.	Feb 16, 2011 3:02 AM
1107	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 3:02 AM
1108	Licensed therapist/ BCBSs or licensed psychologists for autism intervention.	Feb 16, 2011 3:23 AM
1109	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 16, 2011 3:31 AM
1110	Staff providing services should meet specific standards of education and experience. There should be documentation of on-going in-service training in area of service	Feb 16, 2011 3:31 AM
1111	Personnel standards have been presented on a number of occasions to DDS for approval and implentation The ES Personnel Manual was recently revised and should be what is used	Feb 16, 2011 3:41 AM
1112	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 16, 2011 3:45 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1113	Supervisor should hold a master's degree in ABA or a related field and it is preferrred that they are a BCBA or are taking classes to obtain their BCBA. 1:1 direct staff should have a bachelors degree in ABA or a related field and obtain training in the principles of ABA.	Feb 16, 2011 3:48 AM
1114	have at least 3 years experince working with special needs children 0-3 have a minimum of a BA for a director position of an early interventin program .	Feb 16, 2011 3:50 AM
1115	Person and organizations providing these services should have a specialty in the particular area in which they are providing for the parent and children.	Feb 16, 2011 3:54 AM
1116	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 3:55 AM
1117	all providers should be well educated and safe to be around children and be able to provide services to children and parents-each child should be treated as individuals and family needs should be considered.	Feb 16, 2011 3:56 AM
1118	I am not qualified to answer this question.	Feb 16, 2011 4:02 AM
1119	The most current professional standards for early intervention standards, qualifications, and personnel can be found in the newly written and released Early Start Personnel Manual. This manual was recetnly approved by the California State Interagency Coordinating Council (State ICC). The manual is the latest version to standardize qualifications for the provision services by qualified professionals from a variety of fields that work with with infants/toddlers. DDS provided the funding for the development of the manaual and the recommendations/standards should be followed.	Feb 16, 2011 4:08 AM
1120	a master's-level or higher therapist, or someone with a minimum 3 years experience working in that field. a supervisor of a program should also be able to make that judgement.	Feb 16, 2011 4:13 AM
1121	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 16, 2011 4:29 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1122	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 16, 2011 4:30 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 16, 2011 4:45 AM
1124	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 16, 2011 4:53 AM
1125	Speech: should be a licensed speech pathologist, OT: should be an occupational therapist, PT: should be performed by a licensed physical therapist. These services are too important to be carried out by people that are only 'job trained'. Behavioral therapies should be carried out by people that either have a BS, BA or certification and then closely monitored by a Masters level clinician.	Feb 16, 2011 4:57 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1126	The qualifications of those conducting the assessment, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: Board Certifies 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 OF 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 4:57 AM
1127	The qualifications of those conducting the assessment, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: Board Certifies 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 OF 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 5:01 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1128	The qualifications of those conducting the assessment, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: Board Certifies 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 OF 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 5:07 AM
1129	The qualifications of those conducting the assessment, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: Board Certifies 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 OF 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 5:11 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1130	The qualifications of those conducting the assessment, developing the treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be: Board Certifies 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 OF 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 5:15 AM
1131	Services should be provided only by persons or organizations that have been properly vendorized again to refer back to The Lanterman Act	Feb 16, 2011 5:25 AM
1132	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 5:33 AM
1133	therapists licensed by the state	Feb 16, 2011 5:54 AM
1134	Graduate level training for supervisors or program directors, and at least a bachelors degree in psychology, child development, or similar field for direct service providers. For therapy services (speech, OT, PT) a licensed professional should provide the intervention. A post-graduate student completing hours for licensure could provide direct service under direct supervision of a licensed professional. For intensive ABA programs, the supervisor should have PhD or graduate degree and BCBA. direct service providers should have at least a bachelors in a related field, and undergo training and consistent supervision.	Feb 16, 2011 6:00 AM
1135	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+ years of experience delivering and supervising treatment programs for young children with autism (ages 0-3). 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 6:01 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1136	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 6:04 AM
1137	college degree and 2-3 years experience in child development AND specialty (ex. OT, PT, etc)	Feb 16, 2011 6:21 AM
1138	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 6:27 AM
1139	ABA companies, BCBA level directors,	Feb 16, 2011 6:43 AM
1140	yearly or quarterly sharing of data and usefulness of service and changes for consumers	Feb 16, 2011 7:16 AM
1141	Ensuring that the agency representative has the necessary requirements to work with consumer such as education, experience, and certification to work with consumer. Also, requiring regular status reports from service provider to illustrate progress with consumer. This should be based on goals set and if consumer is reaching benchmarks.	Feb 16, 2011 7:26 AM
1142	anyone is better than no one	Feb 16, 2011 7:41 AM
1143	No comment.	Feb 16, 2011 7:57 AM

5. Suggested service standards about the payment for these services:

	Response Text	
1	Free with the exception of the children who remain with ES but have reached age appropiate developmenat levels.	Jan 28, 2011 1:13 AM
2	INDIVIDUAL CHOICE BUDGET	Jan 28, 2011 1:19 AM
3	No more than $30.00 per hour to agency (billing rate).	Jan 28, 2011 1:23 AM
4	Approximate the private industry's rate for PT, OT, and Speech therapists, as well as their trained assistants. Payment for private infant teachers should approximate the salary of a county office of ed infant teacher.	Jan 28, 2011 1:25 AM
5	negotiated rate	Jan 28, 2011 1:31 AM
6	share of cost based upon income	Jan 28, 2011 1:41 AM

5. Suggested service standards about the payment for these services:

	Response Text	
7	ICB	Jan 28, 2011 1:48 AM
8	Cost of living in that area should be taken into consideration, not state-level standard.	Jan 28, 2011 1:53 AM
9	no cost to parents.	Jan 28, 2011 1:57 AM
10	Vendored through the state/ county, or schood district.	Jan 28, 2011 2:01 AM
11	The regional center should pay for evidence based therapies. If evidence based therapies do not exist for a particular disorder or a consumer has not benefited from them, the regional center should pay for alternative treatments.	Jan 28, 2011 2:28 AM
12	Free to families and with regards to asking families to go to their insurance..... may not work for everyone and should then be evaluated on a case to case basis. Transportation is an issue for some families	Jan 28, 2011 2:44 AM
13	competitive fees should be applied	Jan 28, 2011 2:48 AM
14	Combination of funds from regional center and medical insurance or co-payment.	Jan 28, 2011 2:55 AM
15	County-assistance, insurance (as we or employers pay premiums) for any other illness or ailment, admission to centers for drug and alcohol dependence, so should all neurological/neurodevelopmental problems. Of course, these are areas in which the State is first to cut. However, in doing so we are putting our children's future on the back burner so-to-speak or medicating them instead of working with them. Perhaps we should disconnect all computers, cable TV, gyms, libraries, and the great menus that prisoners are receiving and give that money to our children. Felons had a choice to become law abiding citizens, they chose a different route and should suffer the consequences. Also cut spending on welfare including the (EBT cards), free childcare, assisted housing, etc. Good hard work will provide that instead of the State, or should I say those of us who work.	Jan 28, 2011 3:08 AM
16	insurance should cover these services.	Jan 28, 2011 3:09 AM
17	Fair market wage.	Jan 28, 2011 3:10 AM
18	Cover 100%	Jan 28, 2011 3:30 AM
19	Funding should be by insurance companies, regional centers, and/or school districts depending upon the clients circumstances.	Jan 28, 2011 3:41 AM
20	Lanterman Act. Needs of the consumer as written in the IPP	Jan 28, 2011 3:44 AM
21	Another tough question, but there may have to be some "means" determination. However, these are expensive services no matter what economic status the family falls under.	Jan 28, 2011 3:47 AM
22	Tax payer	Jan 28, 2011 3:56 AM
23	Regional Center funding. Funding through the IEP process. Medical Insurance is ill advised.	Jan 28, 2011 3:59 AM

5. Suggested service standards about the payment for these services:

	Response Text	
24	I think that cutting the pay, as it recently has been, is a mistake. We only get paid for work we do, we don't get paid for all of our paperwork, cancellations, illness, etc. Here are some examples: An eval I get paid 2 hours for takes at least 1 hour in the home and another 2 hours to write up. That's 3 hours. Today I went to a home to do a 4 hour developmental, scheduled 2 hours for the in-home and when I arrived the parent wasn't there. I waited 25 minutes and then left the residence. So, I lost 2 hours of productive time this afternoon and another 2 hours of pay for the evaluation write up. In addition to this, gas costs have soared, I have malpractice and car insurance to pay, and supply my own equipment for treatment. The "mandatory holidays" are furlough days and the parents become unhappy with the therapists. Furlough days are a mandate that makes our job as therapists more difficult. Many of these holidays are an excellent opportunity to meet with the family members (those who work and are unable to attend therapy sessions) as they have the day off, paid, and are generally happy to meet with their therapists.Rather than imposing this sort of system, the State should be looking at the unscrupulous clinics that are providing services which are not being rendered or are be rendered by aides and billed for as therapists. The State could save itself a bundle by having better quality control of these large clinics.	Jan 28, 2011 4:09 AM
25	The payment for these services should be guided by what services are provided. Therapist usually get paid more when infant program do about the same or even more work.	Jan 28, 2011 4:09 AM
26	RCs should pay for them.	Jan 28, 2011 4:09 AM
27	no comment	Jan 28, 2011 4:18 AM
28	?	Jan 28, 2011 4:21 AM
29	RCOC should pay for the initial evaluation. If parents have insurance then the insurance should be billed for reasonable payment. Also parents without insurance should pay on a sliding scale depending on their income and family size.	Jan 28, 2011 4:22 AM
30	Regional Centers should pay for these services	Jan 28, 2011 4:47 AM
31	SMA rates should be paid for any services for which those rates are established. Other services should be paid at the median rate for such services provided to the general public.	Jan 28, 2011 4:57 AM
32	State audit of the regional centers should be made and make them as frugal as the service providers and vendors that have to deal with them.	Jan 28, 2011 5:45 AM
33	Families of infants and toddlers are most often under extreme economic distress. They have huge NICU bills, they are paying for necessary equipment such as wheelchairs and standers that are not always fully covered by insurance. Very often, during these early years, a two wage earner household is reduced to one wage earner because one parent HAS to stay home with a young child. Daycare for special needs children is very limited and often completely unaffordable for a middle income family. Paying for special education services on top of everything else is impossible. These services need to be provided to families as part of FAPE.	Jan 28, 2011 6:39 AM
34	Anything from low-income to self pay! State, city and county should help out!	Jan 28, 2011 6:56 AM
35	Elimnate the program entirely	Jan 28, 2011 7:00 AM
36	Require the parents insurance companies to provide full coverage for these services.	Jan 28, 2011 7:12 AM
37	Payment on a per client basis.	Jan 28, 2011 7:15 AM
38	who ever does it now	Jan 28, 2011 4:31 PM
39	Again, payments should remain the same, to cut the payment would results in providing substandard services.	Jan 28, 2011 4:35 PM
40	If they are able to make any kind of payment and/or seeding assistance.	Jan 28, 2011 4:41 PM

5. Suggested service standards about the payment for these services:

	Response Text	
41	FCPP should apply to Early Start Services.	Jan 28, 2011 4:46 PM
42	In the past, there has been a lot of billing for hours that people didn't work. I see now that these people sign in and out and parents have to sign too. It's up to the parents to ensure their child is provided every minute of service. You need to warn parents that these people's time is money. I know some parents are distraught and spend a lot of time chatting with these people and you pay for this.	Jan 28, 2011 5:00 PM
43	Grants, scholarships, government grants, and private funding even,	Jan 28, 2011 5:01 PM
44	Pay what they actually cost	Jan 28, 2011 5:04 PM
45	Regional Centers and Insurance Companies; until Insurance benefits are not contested in the state of California, Regional Centers should not pull out. Parent contribution could be required until Insurance Companies provide a co-payment with Regional Centers.	Jan 28, 2011 5:12 PM
46	Current rates plus increases for inflation at least every two years (rates for all vendors of the same type of services should be universal). Current rates are up to nine years old, and have been cut significantly over the last two years- so currently and rates equivelent to the 1990's.	Jan 28, 2011 5:24 PM
47	Local regional centers	Jan 28, 2011 5:45 PM
48	state funded	Jan 28, 2011 5:48 PM
49	Eliminate the requirement for use of private insurance for Early Start services, or require that regional centers pay for all co-pays and deductibles for services billed to private insurance.	Jan 28, 2011 5:49 PM
50	Programs providing services should be paid the going/ average rate for services provided. It's difficult to retain qualified staff when reimbursement rates from the regional centers are so low. It's more lucrative for individuals to work in private practive nowadays because of the regional center cuts in funding.	Jan 28, 2011 5:52 PM
51	If private insurance covers these services, parents should exhaust that options first. But if the family does not have insurance or the private insurance will not cover recommended services, state funds should be used.	Jan 28, 2011 5:54 PM
52	Based upon household income. No one should be turned away because of inability to pay.	Jan 28, 2011 6:04 PM
53	Both the service providers and employees should be compensated by the county, state, etc.	Jan 28, 2011 6:11 PM
54	Keep at the current rates and amounts.	Jan 28, 2011 6:14 PM
55	a parental share of cost for parents above a 100k household income.	Jan 28, 2011 6:16 PM
56	Collaborate with Dept. of Managed Health Care to develop assistance program for parents who seek to use insurance.	Jan 28, 2011 6:18 PM
57	Payment of these services should reflect the education and training level of the vendored entity. They should also be comparable to going rates within the field. Rates for services should also include time spent outside of 1:1 service provided completed required paperwork and billing for vendor.	Jan 28, 2011 6:28 PM
58	The requirement for parents to use their personal insurance to pay for therapy has been a disservice to many little ones. Some children with CP are getting therapy once a month on a consult basis and are not progressing at all. If a child is in need of intensive therapy in order to meet developmental goals - it should be available to them regardless of the type of insurance the parents have.	Jan 28, 2011 6:29 PM
59	Cost reports should be used and calculated geographically. Perhaps annual disclosures of financial statements should be required by providers to ensure nobody is profiting.	Jan 28, 2011 6:36 PM

5. Suggested service standards about the payment for these services:

	Response Text	
60	If consumer has private insurance, parents need to see if private insuracne will cover any medical type servces. If not, then the RC should fund services.	Jan 28, 2011 6:43 PM
61	no	Jan 28, 2011 6:44 PM
62	These services should be free of charge, if not possible they should be able to be paid for by insurance or on a sliding fee scale. Scholorships should be offered to pay for services also.	Jan 28, 2011 6:56 PM
63	Pay what they actually cost; provide for cost of living adjustments and benefits	Jan 28, 2011 7:07 PM
64	Direct payment to service provider.	Jan 28, 2011 7:12 PM
65	Re-directed to other funding sources rather than the Regional Center.	Jan 28, 2011 7:16 PM
66	Service rates should be standardized across providers, taking cost of living for the area into account. Service hours should be consistent across positions, across providers based on need of the child and family commitment.	Jan 28, 2011 7:20 PM
67	I think it should be collaborative between the state and insurance companies. If nobody pays for it, our state will never recover. We need insurance mandates.	Jan 28, 2011 7:24 PM
68	STOP mandating insurance cover these services. It is making Service Coordinators say things to families that are NOT true. If a family has a high deductible PPO and cannot afford to pay $2000+/yr for therapy, the family should not have to turn in their therapy to insurance. It is also making service options for families less - regional centers are saying to smaller providers like independent SLP's that if they don't take insurance then they won't get referrals - that is ridiculous and is limiting options for families! These same regional center people (TCRC) are then turning their back and not doing anything when they hear that larger Early Intervention companies are doing insurance Super Bills for in-home services that are not allowed by insurance companies. What happened to home-based services being preferred?	Jan 28, 2011 7:30 PM
69	initial testing should be free (this may also prevent more costly care down the road)...follow up services on sliding scale..family insurance should be billed if applicable	Jan 28, 2011 7:35 PM
70	Have parents pay a percentage of theapy serives, not teacher services, based on their income.	Jan 28, 2011 7:37 PM
71	Payment should be reviewed and compared to yearly nursing saliries in the state.	Jan 28, 2011 7:43 PM
72	Current policy re using private insurance is affecting the timeliness of services for families who have private insurance. It can frequently take weeks or longer to get a denial from a private insurance company thus leaving the child without any services. Medi-Cal families get their services started immediately. There should be a system where Early Start gets reimbursed from the private insurance and they handle billing, etc. The burden should not be on the parent.	Jan 28, 2011 7:44 PM
73	Is insurance really paying for therapies if it is a developmental issue. I have only had it approved by a couple since the law has changed. Have regional centers bill insurance.	Jan 28, 2011 8:02 PM
74	Consumer choice through vouchers	Jan 28, 2011 8:02 PM
75	medi-cal SMA rate for specialized services. No EI service to cost more than Medi-Cal rate. No exceptions.	Jan 28, 2011 8:03 PM
76	Vouchers to eliminate the cost waste, barriers to access service, and red tape associated with vendorization.	Jan 28, 2011 8:41 PM
77	parents should pay for some of their services, use a sliding scale. only approve certain hours based on the needs - have a maximum amount	Jan 28, 2011 8:41 PM
78	Regional Centers should pay if parents/caretakers do not have insurance.	Jan 28, 2011 8:45 PM

5. Suggested service standards about the payment for these services:

	Response Text	
79	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 8:46 PM
80	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 8:48 PM
81	This is dictated by the market and availability of the service providers. Current rates in place seem to be working fine.	Jan 28, 2011 8:50 PM
82	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 8:55 PM
83	don't penalize families who are responsible and have insurance while providing free services for those who do not.	Jan 28, 2011 9:04 PM
84	See response to Behavior Services	Jan 28, 2011 9:19 PM
85	definite limits as above paid for by regional centers; not subject appeal.	Jan 28, 2011 9:38 PM
86	same as behavioral	Jan 28, 2011 9:40 PM
87	all regional centers should pay the exact same rate that includes the extras (travel, report)	Jan 28, 2011 9:42 PM
88	Maintain current rates or increase!	Jan 28, 2011 9:46 PM
89	80-90 dollars per hour for individual services 40-50 dollars for group services	Jan 28, 2011 9:53 PM
90	first 5 money or RC	Jan 28, 2011 9:54 PM
91	no suggestions	Jan 28, 2011 10:18 PM
92	They should be free to consumers.	Jan 28, 2011 10:47 PM
93	I continue to be baffled why, after the mandate to force families to use their private health insurance, few regional centers have implemented this law. There is inequity of great proportions when some families struggle to make a copayment while others who could clearly pay, continue to be funded by regional centers. All medi-Cal families escaped because no vendor is able to absorb the low cost of reimbursement. As well the so called"consult model "that has infant specialists being instructed by a lincensed therapist to do therapy has been protected and continue to fund. Regional Centers should end the consult model. Use a therapist weekly if the child needs therapy. If the child doesn't need a therapist then perhaps early intervention is not required at that time. Regional Centers should supplement the payment for medi-Cal services, and pay the copay for private insurance. . Setting rates is difficult as the vendors vary on the quality of the staff they hire or if they are working out of their homes or actually have centers that families want to access for parent training, equipment etc. So information needs to be carefully assessed when making this determination.	Jan 28, 2011 10:48 PM
94	Parents pay 1% of total costs per session.	Jan 28, 2011 10:59 PM
95	Pay what it costs.	Jan 28, 2011 11:02 PM
96	Use an income eligibility system to adjust payment and payment options.	Jan 28, 2011 11:09 PM
97	Payment needs to reflect what is customarily provided for the service. If you pay like MediCal so low that only the unqualified professionals perform the work then the child is not serviced well and problem is not readily treated where future funding for treatment may be indicated.	Jan 28, 2011 11:17 PM
98	Realignment of this service to the Department of Education for payment	Jan 28, 2011 11:54 PM

5. Suggested service standards about the payment for these services:

	Response Text	
99	Payment should be timely. I've heard of therapists cutting off services because of excessive delays in payment from regional centers.	Jan 29, 2011 12:03 AM
100	Regional Center should only pay for the services that CCS, Medi-Cal, and private insurance will not pay for. Regional Center should be last, not first payor.	Jan 29, 2011 12:04 AM
101	IT would need to be at least $90 or more per hour	Jan 29, 2011 12:32 AM
102	Just that all Regional Centers stay on the same page.	Jan 29, 2011 12:38 AM
103	Regional Centers.	Jan 29, 2011 12:39 AM
104	Parents should be expected to pay for intervention services beyond what is typical for a child without a disability. Generic resources of insurance, public education, etc. should always be utilized	Jan 29, 2011 12:55 AM

5. Suggested service standards about the payment for these services:

	Response Text	
105	A steady funding stream needs to be established. The current funding stream terminates services mid-year and disrupts the therapeutic process: 95003. (a) The state's participation in Part C of the federal Individuals with Disabilities Education Act (20 U.S.C. Sec. 1431 et seq.) shall be contingent on the receipt of federal funds to cover the costs of complying with the federal statutes and regulations that impose new requirements on the state. The State Department of Developmental Services and the State Department of Education annually shall report to the Department of Finance during preparation of the Governor's Budget, and the May Revision, the budget year costs and federal funds projected to be available. (b) If the amount of funding provided by the federal government pursuant to Part C of the federal Individuals with Disabilities Education Act for the 1993-94 fiscal year, or any fiscal year thereafter, is not sufficient to fund the full increased costs of participation in this federal program by the local educational agencies, as required pursuant to this title, for infants and toddlers from birth to two years of age, inclusive, identified pursuant to Section 95014, and that lack of federal funding would require an increased contribution from the General Fund or a contribution from a local educational agency in order to fund those required and supplemental costs, the state shall terminate its participation in the program. Termination of the program shall occur on July 1 if local educational agencies have been notified of the termination prior to March 10 of that calendar year. If this notification is provided after March 10 of a calendar year, then termination shall not occur earlier than July 1 of the subsequent calendar year. The voluntary contribution by a state or local agency of funding for any of the programs or services required pursuant to this title shall not constitute grounds for terminating the state's participation in that federal program. It is the intent of the Legislature that if the program terminates, the termination shall be carried out in an orderly manner with notification of parents and certificated personnel. (c) This title shall remain in effect only until the state terminates its participation in Part C of the federal Individuals with Disabilities Education Act for individuals from birth to two years of age, inclusive, and notifies the Secretary of the Senate of the termination, and as of that later date is repealed. As the lead agency, the State Department of Developmental Services, upon notification by the Department of Finance or the State Department of Education as to the insufficiency of federal funds and the termination of this program, shall be responsible for the payment of services pursuant to this title when no other agency or department is required to make these payments.	Jan 29, 2011 12:56 AM
106	I believe there needs to be an agreed upon fee that is charged by all service providers and statues put into place that limit retroactive cuts to these fees.	Jan 29, 2011 1:59 AM
107	co-pay of at least $10 a visit	Jan 29, 2011 2:51 AM
108	eliminate	Jan 29, 2011 3:13 AM
109	Should be part of a child's free education.	Jan 29, 2011 3:42 AM
110	adequately	Jan 29, 2011 4:38 AM
111	Don't know	Jan 29, 2011 4:45 AM

5. Suggested service standards about the payment for these services:

	Response Text	
112	Regional centers should still be the first to pay for these services. RCs can continue to have parents request coverage from insurance, but insurance often is very slow to act, and a 6 month delay in services can have drastic consequences on development, so RC should always step in immediately. Perhaps better guidance on getting insurance to pay would helpful to parents (it often requires winning appeals and writing appeal letters etc)	Jan 29, 2011 5:10 AM
113	Medical insurance first, state & federal funds if no insurance coverage is available. Investigate requiring a co-pay for each session that is income-based to assist with payment to the regional ctr.	Jan 29, 2011 5:27 AM
114	The amount necessary to obtain the objectives	Jan 29, 2011 5:59 AM
115	I would have been willing to pay for the services I received.	Jan 29, 2011 6:08 AM
116	free	Jan 29, 2011 6:22 AM
117	See response for Behavioral	Jan 29, 2011 6:25 AM
118	Providers should be paid "the going rate" statewide. That would encourage providers to work in lower income areas.	Jan 29, 2011 7:14 AM
119	Self determination....struggling parents are not crooks....have categorical debit cards only keyed to specific uses, so no abuses	Jan 29, 2011 7:18 AM
120	should be provided by state fund program	Jan 29, 2011 7:38 AM
121	Free to all children who's families make less than $150,000.	Jan 29, 2011 7:39 AM
122	Independent accounting agency	Jan 29, 2011 8:23 AM
123	The services should be funded by the Regional Center and/or DDS via Early Start. Insurance providers, if applicable, should be made to pay a portion as well. Perhaps DDS or the RC's could bill insurance companies for reimbursement?	Jan 29, 2011 8:40 AM
124	5 dollar co-pay make people more committed and improve follow through. If its completely for free they don't care as much or don't think is as valuable.	Jan 29, 2011 8:43 AM
125	These need to be covered 100% by the regional center without co-pays.	Jan 29, 2011 4:29 PM
126	Regional center/education funded therapies/services begin for six weeks when eligibility is determined. Provide for a period of time (6 months?) while insurance/MediCal eligibility is determined.	Jan 29, 2011 5:07 PM
127	Once again, when parents are required to pay something, either in money or service time, they value it more.	Jan 29, 2011 7:06 PM
128	To threaten parents with IF your insurance pays anything we will pay nothing is counterproductive. If you have the parents "wanting to help" by using their insurance and the RC picking up copay you will have more cooperative parents helping to get insurance coverage, than just quickly getting a note of rejection from their insurance. What we are told currently is RIDICULOUS. If you have no coverage for your insurance we will pay 100%, if you have 5% coverage, we will not pay the remaining 95%. So who in their right mind would want their insurance to cover services. There is no benefit here to attack your insurance company to provide the services they are supposed to be providing under AB88. I've been FIGHTING my insurance company now for 7 months to try and get ABA services covered for my child. It's been horrible. And to think the payoff will be that the RC will not pick up the copay is ludiucrous!	Jan 29, 2011 7:41 PM
129	Parents on MediCal 0$ copayment. Parents with insurance $30 copay per month per service.	Jan 29, 2011 9:27 PM
130	Families should bear part of the financial burden based on their proven ability lack of ability to pay. Those who say they are unable to pay should be required to provide tax records to prove their financial situation.	Jan 29, 2011 9:33 PM
131	ALL/ANY RESOURCES POSSIBLE	Jan 29, 2011 11:43 PM

5. Suggested service standards about the payment for these services:

	Response Text	
132	There is federal funding for this program the goal is to provide in home services not clinic based services	Jan 29, 2011 11:51 PM
133	don't know	Jan 30, 2011 12:25 AM
134	We have been told that our Auditors have the capacity to audit only one provider per year. That is inadequate. Service Coordinators do not have the ability to do more than check with the family receiving services that a quality service at the correct level of service is being provided. The family may not always be comfortable reporting concerns because they might fear that they will lose what service they are getting.	Jan 30, 2011 12:54 AM
135	Usual, customary and reasonable.	Jan 30, 2011 1:23 AM
136	1) State to set fees, so payment equitable. Not necessarily state wide, but at least area wide.	Jan 30, 2011 3:17 AM
137	The state and federal government should pay for these services.	Jan 30, 2011 4:08 AM
138	standardized across the state.	Jan 30, 2011 6:27 AM
139	The Regional Centers would place the children and pay for the services.	Jan 30, 2011 6:27 AM
140	Ok - well, continuing from above, you have to pay your people for the 'extra' time they spend with us too. It is totally worth it since things are so much better and we need less overall service time. We don't want to have to have the time anyway. We wish he was a regular kid. And anyway the pay has to be enough to keep good people in your system. So think about that. Such a waste to pay too little, get a lot of people who are inexperienced or not very good, and then waste our time and state money.	Jan 30, 2011 4:23 PM
141	see question 1	Jan 30, 2011 5:57 PM
142	*Parents should have a share of cost.	Jan 30, 2011 8:11 PM
143	pay should be at market value and at intervals that keep them in business (1-2x month)	Jan 30, 2011 9:07 PM
144	Increased collaboration between all agencies (special education, Headstart, Healthy Families, etc) to use every dollar that may be available.	Jan 31, 2011 12:09 AM
145	Newer establishments are receiving a greater fee than those with long-term contracts, as re-negotiating these older contracts has been made virtually impossible. Therefore, professionals with greater experience are paid less that newer arrivals to the system. There should be a standard payment for theraputic services, for example all Occupational therapists should receive the same payment for the same service.	Jan 31, 2011 1:30 AM
146	State should pay for services for children under the age of 3 OR if the family qualifies as low income. For "non low income" families, state could provide for subsidies or low interest loan.	Jan 31, 2011 7:14 AM
147	The organization should not request services unless there is money available to pay for the services. The Regional Center should pay in a timely manner (on time) so that service providers are able to plan their budgets accordingly.	Jan 31, 2011 3:48 PM
148	autism services should be funded by private insurance	Jan 31, 2011 4:02 PM
149	Early start payment standards will be hard to determine. What the State must consider is that early start services usually cost less over the course of the individual's life. Putting the money up front for therapy, behavior support and parent education will cost the State less over the course of the child's life. I am for intensive services early on and fewer services into adulthood. My son has moderate autism and is a young adult right now. Despite his disabilities, he can do many things independently and with minimal support. I am grateful for the type of services he has received.	Jan 31, 2011 4:20 PM
150	No comment.	Jan 31, 2011 4:39 PM

5. Suggested service standards about the payment for these services:

	Response Text	
151	Having Regional Centers access private insurance would be the ideal way. If private insurance does not cover the cost it would be best for the state to pick it up as educational costs since it will affect future education.	Jan 31, 2011 4:46 PM
152	families need to participate in a family cost participation program to decrease the amount of entitlement it exists right now	Jan 31, 2011 5:02 PM
153	share of cost (FCPP) for all families regardless of medicaid waiver status	Jan 31, 2011 5:05 PM
154	I do not know enough about the formula that is used to pay for current services to respond to this item	Jan 31, 2011 5:23 PM
155	...same...	Jan 31, 2011 5:31 PM
156	The state should pay all costs for these services. Early Start services are crucial to helping children with developmental delays and disabilities get a strong developmental start and these services save the state money down the road. If parents are asked to pay anything, even a co-pay, they might choose to forgo the services, which will save the state money in the short run but cost the state in the long run in both dollars and loss of human potential.	Jan 31, 2011 5:32 PM
157	Co-payment should be required based on parent's ability to pay.	Jan 31, 2011 5:35 PM
158	The regional centers should continue to pay for these services.	Jan 31, 2011 5:59 PM
159	Early start provide initial evaluation, however, families must access private insurance for ongoing services, unless unavailable.	Jan 31, 2011 6:03 PM
160	Possibly positions to be co-funded by Regional Centers (Prevention) and CDE (Part C).	Jan 31, 2011 6:10 PM
161	Early start providers need to be held to a standard of attempting to bill private insurance for early start services that can be covered by private insurance.	Jan 31, 2011 6:10 PM
162	Medical	Jan 31, 2011 6:23 PM
163	Right now ES services are "required" and therefore are offered at no cost to the family. I think it should stay this way as many of our families would not participate if they were required to share cost as it would be too much of a financial burden for most.	Jan 31, 2011 6:32 PM
164	This is also handled very well now. One option may be to ask for a standard co-pay for those that can afford ($25) or a sliding scale based on income. Since it's a state service it's easy to cross reference stated household income on State Income Tax returns. As it stands today, nobody, despite their income bracket, pays anything for assessment.	Jan 31, 2011 6:49 PM
165	Payment MUST take into account the fragility of many of the infants and toddlers who are served. They are often vulnerable to illnesses and medical complications that prevent them from being able to receive services	Jan 31, 2011 7:11 PM
166	Regional center continues to be payor of last resort, but does not make the process onerous for families - requiring denials from multiple providers before agreeing to services.	Jan 31, 2011 7:28 PM
167	These services need to be provided on a sliding scale based on some ability to pay analysis. Currently out of pocket cost is determined by insurance coverage. This means it is likely regressive....people with lower paying jobs, who likely have less medical coverage, are likely to need to pay more. This is a net detriment to the whole community as these children are likely to get less services for financial reasons and demonstrate lower ability to be successful in school and in the community and that reflects badly on the entire population of people with similar different needs.	Jan 31, 2011 7:29 PM
168	RC's should pay for EIBI services in accordance with usual and customary rates. RC's shall take into account all labor board requirements surrounding the funding of time and travel.	Jan 31, 2011 7:49 PM

5. Suggested service standards about the payment for these services:

	Response Text	
169	Compensation must be competitive with other areas of practice, or else no one will be able to afford to provide the services. This population is prone to frequent cancellations from illness and family scheduling conflicts. Valuable treatment time is lost while driving between homes for treatments. If a service provider is going to choose to share their expertise in an effort to help these families, they need to be compensated fairly, or no one will choose to do it.	Jan 31, 2011 8:04 PM
170	Payment should be based on the state rate for the specific service.	Jan 31, 2011 8:15 PM
171	a reasonable co payment is fine with me - $50 a month	Jan 31, 2011 8:27 PM
172	Again, much variance exists. A program vendored in 1989 receives a much lower rate that a program vendored in 2005 (much lower), even though the 2005 program excepts lower qualifications for staff. I feel that a lot of money could be saved it all programs were on the same scale. A senior program getting compensation of $50/hour versus a newer program getting $80/hour isn't right. Equal pay for equal services of equal qualifications. By using a standard rate scale, services could still be provided and money could be saved.	Jan 31, 2011 8:31 PM
173	There should be a co-payment for services provided. Parents will be more likely to participate if they are paying for the services.	Jan 31, 2011 8:49 PM
174	insurance, medicare, medical, ssi, co-payment from parent	Jan 31, 2011 8:54 PM
175	If a family's insurance company will pay for a service, they should be billed first. Often an insurance company will pay on an appeal or if parents continue to pursue the service.	Jan 31, 2011 9:09 PM
176	Medical should pick up those fees,,,,but I understand they don't often.	Jan 31, 2011 9:17 PM
177	Pay what they actually cost; provide for cost of living adjustments and benefits even a frraction of what State employees get	Jan 31, 2011 9:24 PM
178	I do have some knowledge of rates for SLP services, which I think average right around $75.00 per hour. I have no idea what other specialists charge.	Jan 31, 2011 9:30 PM
179	Services should be provided on a pay per hour used basis.	Jan 31, 2011 9:39 PM
180	Parents should be required to pay for therapies as they would be required to pay for these services for a non-disabled child. Funding for Speech pathology should be carefully considered as this skill may be delayed based on many factors such as environment/influences, languages spoken in the home, etc. Behavioral therapy should also be evaluated as many non-disabled children under the age of three also display inappropriate (yet appropriate for their age) behaviors.	Jan 31, 2011 9:59 PM
181	That it is a program/service that is working or shown progress.	Jan 31, 2011 10:16 PM
182	cost-limited in all cases.	Jan 31, 2011 10:26 PM
183	rere	Jan 31, 2011 10:29 PM
184	All programs to receive the same rate according to the services code regardless of the time elapsed from being vendorized. Lower rates for old program could force some of them to "cut corners" in order to wotk with their budget, lowering the quality of services. Early Intensive Behavioral Services must be paid by health insurance companies. Speech, Occupational & Physical therapies must be paid by health insurance companies. Every single session to be signed by the parent as proof of services being rendered.	Jan 31, 2011 10:54 PM
185	Parent could pay co-pay, although some children have multiple services. Copay should be limited to a certain amount per week. Children who have OT, ST, PT, behavior services all weekly should not be expected to pay $100 or more per week. Regional Centers should continue to work with Medi-Cal and private insurance companies to encourage them to fun therapies that are recommended by physician or therapists.	Jan 31, 2011 11:06 PM

5. Suggested service standards about the payment for these services:

	Response Text	
186	Strongly believe they should be rewarded for their exceptional service provided to the community	Jan 31, 2011 11:20 PM
187	Consistency, consistency, consistency. MediCal payment plus whatever enhancements are offered to other early interventionists - behaviorists, speech pathologists, occupational and physical therapists.	Jan 31, 2011 11:40 PM
188	Payment should include payment for IFSP meetings	Jan 31, 2011 11:51 PM
189	Review the SMA rates as they are too high. Should be max of $50 per hour for any specialized service.	Feb 1, 2011 12:11 AM
190	Same as 5 in behavior services	Feb 1, 2011 12:19 AM
191	Regional center, private insurance, or a state fund.	Feb 1, 2011 1:18 AM
192	Pay only programs that follow the above best practices and get results. Defund the other slackers!	Feb 1, 2011 1:22 AM
193	cover all costs associated with the ABA programs	Feb 1, 2011 1:47 AM
194	Mileage should be reimbursed. The amount per hour should be negotiated with the provider on an annual basis. Payment should occur in the month of the service provided.	Feb 1, 2011 2:24 AM
195	Fees paid directly to vendor.	Feb 1, 2011 2:32 AM
196	Restructure service delivery across the state so that families have access to real teams which is impossible if all providers are independent vendors. Provider teams should be employed by the same program which is a model employed in some parts of the state and in other states. Payment to an individual should only be used as method of last resort accompanied by systematic efforts to build transdisciplinary teams (i.e, programs) in those areas of the state where they do not exist. Anything less is not in keeping with recommended early intervention practice and wastes state dollars through inefficiencies of an antiquated system. Systematically collect and apply cost data to determine reasonable fees for cost effective services.	Feb 1, 2011 3:44 AM
197	Contract service out to infant specialist programs	Feb 1, 2011 4:15 AM
198	Regional Centers are currently paying rates for therapists when in actuality non-licensed/credentialed people are the ones providing the service. Center-based programs are cost-effective and should be considered.	Feb 1, 2011 4:23 AM
199	This should continue to be paid through taxes, maybe insurance if there is no lifetime cap or it doesn't count towards it. Hard to rack up insurance bills and then not be able to pay for major surgeries for them later, that many of them will need.	Feb 1, 2011 4:29 AM
200	Under age 3, the regional center should fund the balance of what a family's insurance will not pay for. Over age 3, the school district must fund the balance of what a family's insurance will not pay for.	Feb 1, 2011 4:41 AM
201	they should be free	Feb 1, 2011 4:42 AM
202	this would be decided on what the client needed, such as occupational therapy would probably be alot more expensive of a service than services such as recreation	Feb 1, 2011 5:09 AM

5. Suggested service standards about the payment for these services:

	Response Text	
203	Pediatric therapy is an area of specialization for OT's, PT's and SLP's. Our multi-disciplinary center provides services to the community under Regional Center funding, private insurance funding and school district funding as well as private pay (cash). The in network reimbursement by an insurance carrier for 1 hour of individual therapy at our center is between $90 and $148. The cost of providing 1 hour of individual therapy is approximately $100. The in netowrk reimbursement by an insurance carrier for group therapy is between $65 and $85. The current Regional Center rates vary by regional center, with the one we are contracted with far lower than the surrounding regional centers. Due to the pricing of individual therapy being far below the cost of service provision, our center as well as all other centers in the area are unable to provide services on an individual basis under regional center funding. Fortunately, appropriately matched toddlers are well served in a professionally adminstered small parent and me group format which has allowed us to continue to provide high quality services to infants and toddlers with developmental delays and disabilities in our community. Payment of $55 per group session and $90 per individual clinical hour, while still below the other funding sources and below cost would allow services to continue to be provided.	Feb 1, 2011 5:10 AM
204	cap the amount and accounted so that all match up, not using for another consumer's name.	Feb 1, 2011 5:17 AM
205	N/a	Feb 1, 2011 5:23 AM
206	The payment has to be sufficient to pay for trained therapists one-on-one, equipment, and space or transportation. $90/hour would be a reasonable minimum, given the budget crunch.	Feb 1, 2011 5:24 AM
207	Early intervention saves the state money later on in public schools, so if possible programs should be funded at 100%. If not possible then needs and availability of other funds (health insurance, etc) should be assessed and a "co-pay" established.	Feb 1, 2011 5:45 AM
208	state	Feb 1, 2011 5:54 AM
209	Insurance policies need to be held accountable to provide coverage for disabilities. Sliding scale payment for parents. Co-payments for parents. School districts and regional center financial coverage.	Feb 1, 2011 6:32 AM
210	We pay SLPs and OTs $120/hour. Aides seem to cost around $40/hour. I think considering the supply and demand where I live (Monterey County) the wages are extremely high, BUT that is what you have to pay to get a person who has any experience in treating a child with ASD. I think if a Junior College program were put into place as I described above, (OR EVEN A REGIONAL OCCUPATIONAL CERTIFICATE Program, for that matter) well-trained therapist could be in the home for $20 to $25/hr. And as the number of people who graduate from these programs increases, the wages might even go down as low as $15 - 20/hour! Really, it's not that difficult if you love kids, have 2 years of good training & loads of patience to work with a young child with autism. Granted the children themselves can be very difficult, BUT A HUGE PART OF FEELING SUCCESSFUL IS LEARNING TO IDENTIFY WHAT SUCCESS IS! And with a young child (or any age for that matter) it is actually easy to identify using the SCERTS Model, DIR/Floortime Model, training in movement and how it impacts the brain, and sensory integration training. This may sound like a simple solution to a complex problem, but believe me - I've lived through all of this and thought a lot about it. As a college graduate, past member of Leadership Monterey, and as a person who can look at problems from many angles, I sincerely hope you put value and thought into what I am writing here. The bottom line is these families need help, the cost of the help is WAY too high, and there are not enough people trained to serve these children in a manner that will help the child make progress, while nurturing them in a compassionate manner.	Feb 1, 2011 7:19 AM

5. Suggested service standards about the payment for these services:

	Response Text	
211	Standard base rates with provisions allowing higher rates for those areas where the standard of living is higher or lower.	Feb 1, 2011 7:50 AM
212	based upon income and medical insurance	Feb 1, 2011 8:16 AM
213	Parents pay if possible, at least some of the amount, so they will have stake in the services. Tax state residents as needed.	Feb 1, 2011 8:44 AM
214	I believe the parents should be assessed based on their income level - FCPP - to receive services in Early Start as well.	Feb 1, 2011 4:17 PM
215	Parents should have a share of cost for services.	Feb 1, 2011 4:47 PM
216	government	Feb 1, 2011 5:13 PM
217	Should be funded by the state and take into account families ability to support effort. THese families do not need more financial stress. As a state we should be committed to the best possible outcome for infants and young children. They are our future. At the same time our state needs to have a strong commitment to inclusion through the life span, so that future generations will not view individuals with special needs as different.	Feb 1, 2011 5:46 PM
218	Payment should be based upon contractual agreement created during the tenderizing process.	Feb 1, 2011 6:00 PM
219	Based upon the research that indicates that the most brain development happens in the first five years and decreases rapidly after that, if follows that services for infants should be alloted a higher hourly payment than for the subsequent years, rather than the current formula that spends more money the older the client gets. Increased spending in the earliest years will result in a decreased need for spending in the latter years. Direct Service rates should be the last budget line to be cut in hard times, not the first. Levels of administration should be the first to go!	Feb 1, 2011 6:11 PM
220	insurance companies, parents who can afford it should pay	Feb 1, 2011 6:18 PM
221	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) "Up to but not to exceed the cost to house one individual in a Developmental Center."	Feb 1, 2011 7:54 PM
222	Again the payment is hard because it is difficult to determine how much the provider is actually paying the interventionist. It seems to me that the heads of the agencies are getting richer but no the interventionist.	Feb 1, 2011 8:01 PM
223	Ridiculous that 805 service means the same rate is paid whether there is a 'child development' person (who may have a Bachelors degree or less) or a licensed masters degree professional specialist. As a result, agencies prefer to send in the technician because the agency makes more money. this is not in the consumer's best interest. Services by the professionals should be paid more and the 'technician' rate should be re-visited.	Feb 1, 2011 8:08 PM
224	Insurance companies should be sought to pay as a first option but services should not be denied if the insurance companies refuse to pay. Parent co-pays on a sliding scale should be implemented and scholarships for parents who cannot afford to pay should be sought through grant writing efforts. First Five money should be available for this service.	Feb 1, 2011 8:21 PM
225	asdfsaf	Feb 1, 2011 8:40 PM

5. Suggested service standards about the payment for these services:

	Response Text	
226	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 9:14 PM
227	The Director of the Department of Developmental Services is required under the Lanterman Act 4648 (a) (5) and 4690 to develop and maintain an equitable process for setting rates to assure high quality success for babies with disabilities. The Director needs to comply with the Lanteman Act.	Feb 1, 2011 9:25 PM
228	Payment determinate should be based on need. The current income breakdown seems to be working, but it may make sense to consider evaluation based on a family's realistic expenses as well as income for a more fair decision. I believe that the State and regional centers should also take into account the inability of both parents to work in these scenarios due to the extensive involvement required by a parent to attend and facilitate various programs and therapies with their child. These hours add up and they do prohibit the ability to earn additional income in many cases.	Feb 1, 2011 9:57 PM
229	Psychologists - $100 per hour employees - $50-60	Feb 1, 2011 10:12 PM
230	Through the school system, government, and or insurance.	Feb 1, 2011 10:42 PM
231	please read previous page	Feb 1, 2011 11:08 PM
232	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 11:12 PM
233	These services should be paid for by our state as they are imperative to our population and crucial to individual development.	Feb 1, 2011 11:33 PM
234	A program should run no more than $25k a year. Agency fees are outrageous. If parents could pay aides directly, they could easily find help for $15-20 per hour, instead of the $45--100 charged by the agencies.	Feb 2, 2011 12:29 AM
235	The hourly rate of payment should be determined by the community standard.	Feb 2, 2011 12:50 AM
236	The pay rate should be equivalent to professionals in the market providing similar services to adults.	Feb 2, 2011 12:52 AM
237	Most cost should be paid by SARC if the kid is deemed qualified. A small co-pay per session like $10 can be administered for people above a certain income level, say above $60,000 per year. The fee of these services should be comparable to industry standard so that "good" therapists would be willing to provide their services to SARC clients.	Feb 2, 2011 1:04 AM
238	Legalize the maryjane and use it to pay for services!	Feb 2, 2011 1:22 AM
239	see	Feb 2, 2011 2:29 AM
240	you need to acount for various degrees..masters persons would require higher reimbursement	Feb 2, 2011 2:33 AM
241	co payments for all services	Feb 2, 2011 2:42 AM

5. Suggested service standards about the payment for these services:

	Response Text	
242	Consistent with industry standards.	Feb 2, 2011 2:48 AM
243	Rates should be established so that when a person moves to another area, there is no confusion about the rate of a service that was received at the former RC which may not be available with the receiving RC.	Feb 2, 2011 3:03 AM
244	Based on clients RCL levels, program plan, level of services, employees education levels and experience in the field.	Feb 2, 2011 3:22 AM
245	Insurance usual and customary fees	Feb 2, 2011 3:39 AM
246	You have to have a lot of patience & the ability to keep a child interested who's attention span might only be seconds. This position deserves a good wage.	Feb 2, 2011 4:14 AM
247	State Medical standards	Feb 2, 2011 4:39 AM
248	If the parents' or caregivers' insurance will cover the services, the insurance should be primary and the state funding should be secondary and cover any uncovered portion. If the parents or caregivers do not have any insurance, the state should fund the services.	Feb 2, 2011 4:49 AM
249	Early Start services should be provided free of charge to parents.	Feb 2, 2011 4:55 AM
250	n/a	Feb 2, 2011 5:05 AM
251	Accessing the insurance has been very time consuming and problematic as it relates to continuity of services for the child. Families have really large deductibles, which the regional center really should not pay. The average citizen/tax payer would be outraged if they thought the state was funding for these deductible. I think this needs to be prohibited.	Feb 2, 2011 5:09 AM
252	There should be no free services. Everyone should pay something-a co-payment for each session which will ensure their committment to the services and could be on a sliding scale by income. It isn't right that a wealthy person who can afford to pay for services should have these services free. If a family is truly at the poverty level these should be the only families to have the fees waived. The services are very expensive and a huge burden on taxpayers. Their isn't enough oversight on where the money is spent.	Feb 2, 2011 5:22 AM
253	Payment should be flat rate per hour of service, with a higher rate for in home and community services, and a lower rate for center based services.	Feb 2, 2011 6:00 AM
254	Payments should be made out of patient's primary insurance, then any federal/state grants, followed by Medi-Cal or other public assistance.	Feb 2, 2011 6:03 AM
255	Providers of these services should be paid at a reasonable and customary rate for their level of expertise in this field. Considerations should be given for experience and specific level of expertise in a field. Also, non-profits should be paid at the current vendor rate, not an old vendor rate-which is lower than others are currently receiving.	Feb 2, 2011 6:21 AM
256	competitive payment so that qualified providers are available.	Feb 2, 2011 6:32 AM
257	prompt payment to the vendors so they can stay in business.	Feb 2, 2011 6:33 AM
258	Free service for those without employment. Sliding scale for those with employment.	Feb 2, 2011 8:07 AM
259	State-wide scale with COLA by region	Feb 2, 2011 1:51 PM
260	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 3:31 PM

5. Suggested service standards about the payment for these services:

	Response Text	
261	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 4:51 PM
262	free	Feb 2, 2011 5:17 PM
263	Again, if parents were required to pay a co-pay, they would be more inclined to learn quickly to work with their own children and not be dependent on quantity of services.	Feb 2, 2011 5:29 PM
264	These services need to be evalauated in the individual market where they are located. One size does not fit all.	Feb 2, 2011 5:36 PM
265	Request for Services and Purchase of Service contracts/papers	Feb 2, 2011 5:42 PM
266	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 5:48 PM
267	The families of the children with disabilities should not have to pay for these services. It should not matter the weath or income of these families, every family should be treated the same way and provided with the servicies free of charge. Doctors appointments should be the families responsiblity to pay for, providing they have insurance, and should pay for all co-payments. But as for the services provided through the regional centers, families should not have to be responsible for these payments.	Feb 2, 2011 6:00 PM
268	Fair payment for services rendered. Don't cheap out. Pay fair market value for the services. If possible, reward the agencies that are exceptional.	Feb 2, 2011 6:03 PM
269	Rates should be equal throughout the state, there is more competition in larger counties with staff being paid a lower rate yet agencies are paid a higher rate and the opposite is true in small counties, rates are lower and there are less qualified providers to pull from so there is more competition and staff paid higher while programs paid lower. In addition it does not make sense that a program can be designed in a higher rater area but then contract with another regional center that may be in a lower rate area but receive the higher rate based upon which regional center approved their program design.	Feb 2, 2011 6:12 PM
270	parents abd insurance should pay for services	Feb 2, 2011 6:16 PM
271	dependent on family's ability to pay taking into account the whole picture of the family's financial situation.	Feb 2, 2011 6:30 PM
272	Sliding scale based on income.	Feb 2, 2011 6:37 PM
273	MARKET RATE	Feb 2, 2011 6:49 PM
274	a	Feb 2, 2011 6:49 PM
275	Payment would need to be adjusted for areas in geographical locations in CA- cost of living and access to services differ greatly.	Feb 2, 2011 6:50 PM
276	families who are financially invested in their child's program may be more likely to make the most of the services. sliding scales based on family income or some other "pay into the system" would benefit everyone involved. Families on mediCal or who fall below the income level would continue to receive the services for free as it is now.	Feb 2, 2011 6:57 PM
277	Early Intervention can't be made up later. Suggest sliding scale. Many parents will not be able to pay for the service.	Feb 2, 2011 6:59 PM
278	Hourly rate for therapy services; flat rate for assessments	Feb 2, 2011 7:21 PM
279	the money should come out of our taxes that are paid for the state of CA	Feb 2, 2011 7:23 PM

5. Suggested service standards about the payment for these services:

	Response Text	
280	I would not be opposed to parents who can afford a share of cost having to contribute to the cost of therapy (including behavioral) services. I would want to continue to keep the intake and evaluation services free of charge.	Feb 2, 2011 7:37 PM
281	All services for should be publicly-funded for qualifying consumers under FAPE.	Feb 2, 2011 8:59 PM
282	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 centrs can secure high quality services for persons with developmental disabilities. The Director should comply with these laws	Feb 2, 2011 9:30 PM
283	School Districts should pay for these services. Regional Center should NOT be supporting these services.	Feb 2, 2011 9:31 PM
284	negotiated rate	Feb 2, 2011 9:31 PM
285	REGIONAL CENTERS	Feb 2, 2011 9:39 PM
286	DDS/Region Center	Feb 2, 2011 9:44 PM
287	Payment should be made directly by the Regional Centers to the service providers, bypassing the end consumer altogether.	Feb 2, 2011 9:58 PM
288	A co-payment can be an option to provide needed services for these children.	Feb 2, 2011 9:59 PM
289	Regional center	Feb 2, 2011 10:00 PM
290	SAME AS PRIOR	Feb 2, 2011 10:01 PM
291	See response to behavioral services payment question. Payment needs to be competitive to keep good providers in vendor status.	Feb 2, 2011 10:08 PM
292	1% further reduction on those already instituted across the board for all service providers. Decrease in payment should provider not meet mandates such as submitting appropriate documentation in a timely fashion.	Feb 2, 2011 10:08 PM
293	Do not implement a $750 million cut to the Department of Developmental Services (DDS) budget. It is too drastic! We need these services for our kids on the spectrum!	Feb 2, 2011 10:11 PM
294	Current rates are minimally acceptable as they penalize providers for travel, report writing, meeting attendance and anything other than direct face to face with the child/family. All of these services should be billable.	Feb 2, 2011 10:12 PM
295	1. Investing in the early years results in huge savings in later years in regards to parenting abilities and social-emotional development, school readiness, and lessening of disabilities due to specific diagnosis 2. Payment for services needs to be based on the qualifications of staff and prevailing wages	Feb 2, 2011 10:14 PM
296	Regional Center Cal Optima Insurance Companies	Feb 2, 2011 10:21 PM
297	Payments for Early Start as currently provided. Specialized therapeutic services, Medical or Insurance.	Feb 2, 2011 10:29 PM
298	Do monthly report to change either workers or companies	Feb 2, 2011 11:05 PM
299	It may be necessary to have a sliding fee scale so that families who can afford a share of cost can do so. Families who have low income levels would not pay or would pay very little.	Feb 2, 2011 11:07 PM
300	Should be reasonable in order to attract and maintain good, well qualified therapists.	Feb 2, 2011 11:08 PM
301	Services are a must for insurance to first be able to help insure the special needs child seeking medical needs, or the local State funding can be implemented.	Feb 2, 2011 11:10 PM

5. Suggested service standards about the payment for these services:

	Response Text	
302	State/Federal funding	Feb 2, 2011 11:23 PM
303	Have different levels of funding based on expertise Fully licensed, assistants... Require standardized payment for Early Intervention Specialists statewide. An Infant Development program should not be paid more that a fully licensed therapist.	Feb 2, 2011 11:33 PM
304	Early intervention should pay for therapy services. If parents have medical insurance that gives them more or better services, IRC should pay the insurance co-pays.	Feb 2, 2011 11:41 PM
305	Regional center AND insurance companies.	Feb 3, 2011 12:12 AM
306	A sliding scale is not unreasonable.	Feb 3, 2011 12:14 AM
307	Pay needs to commenserate with skills, results and education	Feb 3, 2011 12:22 AM
308	Payment should be at least the "going rate" for the area of the city, county or country in which the services are provided.	Feb 3, 2011 12:42 AM
309	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 12:56 AM
310	This should continue to be covered with no cost to the patient's family, to ensure they receive care.	Feb 3, 2011 1:31 AM
311	Evaluate program.	Feb 3, 2011 1:50 AM
312	Again, a sliding scale.	Feb 3, 2011 1:55 AM
313	The standard of the community/state	Feb 3, 2011 1:57 AM
314	Set rate should be established. Speech and Language therapists and Occupational therapists should not be able to charge highter than a set rate.	Feb 3, 2011 2:23 AM
315	continue funding as it has been..	Feb 3, 2011 2:57 AM
316	Client's should first use their health insurance benefits and then be able to access services through the Regional Center.	Feb 3, 2011 3:01 AM
317	Please keep in mind that Vendors can only find "qualified" professionals to fill our openings if we can pay then an hourly rate comperable to the industry. For example: If you want to hire a Therapist (Physical, Occupational, or Speech) you cannot do so under the current rate reimbursement. The Regional Center System wants Vendors to provide this service, however if you (the vendor) are solely Regional Center supported, you could not break even on services reimbursed by the time you properly pay your Therapists for their time. This should certainly be accounted for when assigning a rate to services. Therapists specifically are VERY hard to come by and it is even MORE difficult when you cannot pay them what their industry standard is.	Feb 3, 2011 3:15 AM
318	If medical insurance does not pay for the therapy ie, behavioral services, then regional center should cover full portion.	Feb 3, 2011 3:23 AM
319	The state needs to support early intervention services and pay for them when private medical insurance will not cover the costs.	Feb 3, 2011 4:31 AM
320	same but there has to be a signature verification so that the regional center can vouch that the parent received the therapy	Feb 3, 2011 4:35 AM
321	Since no less than a one to three ratio for these services to be effective. I believe the rate should be between $37.50 and $45. per hour and provided in 4 to 5 hours sessions at least 3 days per week.	Feb 3, 2011 4:57 AM
322	no comment	Feb 3, 2011 5:06 AM

5. Suggested service standards about the payment for these services:

	Response Text	
323	State should pay for this program in it's entirety- will save the state money in the long run.	Feb 3, 2011 5:23 AM
324	Based on on going national and regional rates.	Feb 3, 2011 5:24 AM
325	paid at the national rates	Feb 3, 2011 5:50 AM
326	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 6:04 AM
327	GGRC should be responsible for initial payments. Where possible, GGRC should attempt to seek reimbursement from any public and private insurance that may cover the client. A small copayment could be considered dependent on parental income levels.	Feb 3, 2011 6:16 AM
328	Group rates should be looked at again for certain services if it can be done in a Center. THe cost of transportation/mileage would be on the parent not ES/vendors.	Feb 3, 2011 6:25 AM
329	Free! Same standard as Valley Mountain Regional Center.	Feb 3, 2011 6:42 AM
330	Free.	Feb 3, 2011 6:47 AM
331	n/a	Feb 3, 2011 6:47 AM
332	Free services to California taxpayers	Feb 3, 2011 6:52 AM
333	RCs pay for these services $10 co-pay for working parents (per week).	Feb 3, 2011 7:11 AM
334	There can be a very minimum charge collected. Say, $5 per day of service.	Feb 3, 2011 7:54 AM
335	Fair market value.	Feb 3, 2011 8:06 AM
336	Payments should be standardized to the same for each modality being provided, It can be based on years of experience as well. Therefore, a PT that recently completed internship would be paid less than one that has 10 years of experience. But, we are required to use the least expensive, so maybe it should just be a flat rate.	Feb 3, 2011 8:49 AM
337	1. A sliding scale of payment for all services 2.Access family's insurance whenever possible for OT, PT, and Speech, BUT have provision in place for those families without insurance, or those families with prohibitive copays and deductibles.	Feb 3, 2011 1:50 PM
338	Please stop cutting the pay of EI's. I know there is a budget crisis, but I think higher pay and higher education standards is what is going to keep Early Intervention a profession that people are satisfied in. It would be a tragedy for Early Start to loose highly trained and qualified EI's because they can't make ends meet as there pay gets cut every year.	Feb 3, 2011 3:55 PM
339	Basic services should be provided because if services are not provided in this critical age group, the expenses on the state latter will be much much worse and much more time consuming. Once again this is based on strong research.	Feb 3, 2011 4:38 PM
340	Sliding scale, state, federal, local government.	Feb 3, 2011 4:39 PM
341	Regional center should pay not parents.	Feb 3, 2011 4:57 PM
342	Pay them consistent with the market.	Feb 3, 2011 5:02 PM
343	Market rate.	Feb 3, 2011 5:15 PM

5. Suggested service standards about the payment for these services:

	Response Text	
344	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 5:20 PM
345	Many services are not reimbursed enough, currently, to encourage specialists to work in the Early Start field	Feb 3, 2011 5:32 PM
346	The state, because the state funds money for typical children. Therefore, the state should fund for interventions with children with disabilities.	Feb 3, 2011 5:35 PM
347	Rates of therapists shall be determined by their credentials and licensure.	Feb 3, 2011 5:36 PM
348	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 5:41 PM
349	Free services to California taxpayers	Feb 3, 2011 5:44 PM
350	Payment to continue as long as timely reports are made; fiscal to be notified if reports are not arriving, and payment to stop.	Feb 3, 2011 6:06 PM
351	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 6:28 PM
352	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 6:34 PM
353	Again, if the parent has private health coverage then this should be explored. Otherwise this is a perfect example of where a pool of consumers can get coverage and pay a fee on a sliding scale for healthcare for their families, IHSS already has this for providers, why not let them add family members for an additional fee if they can afford it, or just mimic their plan for consumers?	Feb 3, 2011 6:38 PM
354	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 6:48 PM
355	$20.00 an hour	Feb 3, 2011 6:56 PM
356	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 Centeres can secure high quality services for persons with develpmental disabilities. The Director should comply with these laws.	Feb 3, 2011 6:59 PM
357	if the family has the funds, its not there fault their children were born with a disablity	Feb 3, 2011 6:59 PM
358	I feel the same for all services as I do with the first survey I took.	Feb 3, 2011 7:17 PM
359	payment should be from state	Feb 3, 2011 7:30 PM
360	payment for the services provided but, with a yearly evaluation ensuring the plan is working.	Feb 3, 2011 7:32 PM
361	The Regional Center system	Feb 3, 2011 8:08 PM

5. Suggested service standards about the payment for these services:

	Response Text	
362	Parents, Schools, and Conductive Ed Programs need to be reimbursed for Conductive Ed services.	Feb 3, 2011 8:10 PM
363	They should be set as one rate for every Reginal Center and not have one being paid more that the other. The rate should not be more that $75. It should also be less for infant stimulation providers as well as center based.	Feb 3, 2011 8:32 PM
364	first 5?	Feb 3, 2011 8:39 PM
365	Financial screening in place like CCS. Parent share of cost would be helpful. I think they had to pay some of the cost for their child's therapies, they would be less demanding and more appreciative.	Feb 3, 2011 8:39 PM
366	Tax the capitalist. They have take away from the workers for many years now. Time to repay.	Feb 3, 2011 8:47 PM
367	No payment should be required for these services.	Feb 3, 2011 8:55 PM
368	Thru Regional Center and Insurance	Feb 3, 2011 8:56 PM
369	Require financial screening of parents. Require share of cost for therapy and equipment. Eliminate entitlement	Feb 3, 2011 8:57 PM
370	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 9:14 PM
371	These should be on a par with other agency reimbursement to attract highly qualified personnel.	Feb 3, 2011 9:27 PM
372	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 9:37 PM
373	N/A	Feb 3, 2011 10:11 PM
374	It should be paid for by the state if they qualify medically. If they start to need more than the standard, then maybe ask for a minimal payment.	Feb 3, 2011 10:11 PM
375	sliding scale with no rejections.	Feb 3, 2011 10:21 PM
376	Developmental delays happen to children of all socio-econiomic backgrounds. If the current system cannot be saved, a sliding scale payment based on consumer income should be adopted. I am currently underemployed, and my wife was out of work for over a year. While I would rather the current tax payer funded system remain in place, I most definitely do not want to loose these vital services for my child.	Feb 3, 2011 10:23 PM
377	Payment should be relevant to the parents income and house hold expenses. Also I believe children with severe developmental and medical issues should be assisted by the state.	Feb 3, 2011 10:36 PM
378	A rate of pay should be determined as per the standard amounts for services in that particular field.	Feb 3, 2011 10:48 PM
379	As many forms of payment should be offered for these services, including sliding scale and grants, donations provided to help for those in financial need.	Feb 3, 2011 11:05 PM
380	Regional centers/agency should fund directly to service providers.	Feb 3, 2011 11:12 PM
381	Payments should be equally paid to each program on a per hour basis.	Feb 3, 2011 11:14 PM
382	Regional Center pays direct.	Feb 3, 2011 11:27 PM

5. Suggested service standards about the payment for these services:

	Response Text	
383	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 11:38 PM
384	This should be public as it is a service to those whose families pay taxes.	Feb 3, 2011 11:47 PM
385	Consider that all regional centers transition to an electronic billing and payment system.	Feb 3, 2011 11:49 PM
386	state funded with some help for families and based on income level.	Feb 3, 2011 11:57 PM
387	Sliding fee scale for parents	Feb 4, 2011 12:03 AM
388	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 12:04 AM
389	Med ins	Feb 4, 2011 12:06 AM
390	Hold payment to vendor until such time that vendor has completed all of their contractual obligations, including but not limited to treatment plans and progress reports.	Feb 4, 2011 12:41 AM
391	Yes- a set payment for all providers.	Feb 4, 2011 1:08 AM
392	Health insurance should be paying for a portion of the services such as PT, OT and speech therapy.	Feb 4, 2011 1:22 AM
393	You could apply a sliding fee schedule for many of these services as well as seeking participation from medical insurance companies.	Feb 4, 2011 1:25 AM
394	Payment should qualify with what the actual services that are being provided. The people that put their hard word and effort into this field should be honored by being paid at least a middle class wage. The people who work in these fields put their hard work in to what they're doing, and often are not paid for nearly half of the amount of time they actually work. Payments need to be changed and need to be honored more for those who work hard to help change lives.	Feb 4, 2011 1:32 AM
395	To meet the needs of standard of living.	Feb 4, 2011 1:41 AM
396	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 1:48 AM
397	Please have these main early intervention services continue to be paid by the state. I see these programs similar to public education. However, increase the focus on getting payment by insurance for speech, OT, PT and ABA. Right now, relatively few kids are getting their services from insurance. Insurance companies send denials, even explicitly stating that it is not a medical necessity, but rather a need covered by the Regional Center which provides free services. Many hospitals or large medical groups hire insurance advocates to go after payment and help patients navigate situations in which they need to appeal the insurance company's decision. Regional Centers should have access to such staff, maybe centrally by region, so that expertise can be developed related to the specific insurance companies and all of their plans, etc. and that children are receiving the medically necessary services that they deserve. This is particularly true of ABA services and the constellation of services required by children in the spectrum in order to have effective early intervention. These little kids often have neurological symptoms, GI issues, and immune system differences, yet it is not being considered as a medical disorder (as well as a developmental disorder).	Feb 4, 2011 2:02 AM

5. Suggested service standards about the payment for these services:

	Response Text	
398	If it comes down to being kept open due to the state having no money, then it should be based on income. To make sure insurance companies pick up some of the cost as well.	Feb 4, 2011 2:44 AM
399	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 2:48 AM
400	Regional center need to handel the payment with parental confirmation.	Feb 4, 2011 3:01 AM
401	A sliding scale of payment is needed for parents and if they can not afford any part of the program, it should be provided for all children to continue to meet their goals.	Feb 4, 2011 3:13 AM
402	Obviously programs and those who work in these programs require a scale that meets the cost of living in the area they are placed.	Feb 4, 2011 3:58 AM
403	don't understand question	Feb 4, 2011 5:04 AM
404	Market rate	Feb 4, 2011 5:43 AM
405	Payments need to be fair for education, degrees, and experience. Rates need to be published publicly. Parent-run programs need to be reimbursed at the same rates as vendor-run programs. The discrimination needs to stop immediately.	Feb 4, 2011 5:49 AM
406	RC,insurance, co-pays.	Feb 4, 2011 5:52 AM
407	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 6:35 AM
408	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 7:30 AM
409	competitive rates with other developmental therapy providers	Feb 4, 2011 8:08 AM
410	Only provide payment for services in natural environment.	Feb 4, 2011 9:24 AM
411	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 3:14 PM
412	This is a hard one.....payment on a sliding scale, depending on their income. Also when deciding on the income, include the monthly payments. For example, rent, utilities and food.	Feb 4, 2011 4:09 PM
413	Depend on families financial ability. Use families insurance, but if the family has trouble with the copay amount, assistance may be provided.	Feb 4, 2011 4:34 PM
414	Keep as is.	Feb 4, 2011 4:46 PM
415	Same as previous section	Feb 4, 2011 4:54 PM
416	Providers should be pay based on the qualify of services they provide. If the provider can go to the child house or day care then they should get a little more money.	Feb 4, 2011 4:55 PM
417	Pay on time	Feb 4, 2011 5:00 PM

5. Suggested service standards about the payment for these services:

	Response Text	
418	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 5:09 PM
419	Current standards are adequate.	Feb 4, 2011 5:09 PM
420	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 5:25 PM
421	This may need to be on a sliding scale.	Feb 4, 2011 5:40 PM
422	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 5:42 PM
423	They should be paid enough to ensure quality people to work with our kids.	Feb 4, 2011 5:47 PM
424	I have no problem having parents access their insurance for therapy services and using CCS, but unfortunately the system is slow and it would nice to have interim services provided bny Regional Services like they used to until the provider can be established. In the past duplication of services caused alot of uneeded expensives. If services were coordingated appropriateluy with structure protocols....effective services could be provided without duplication and misuse of funds.	Feb 4, 2011 5:51 PM
425	Current reimbursement rates are already significantly below what is reimbursed for private practice 1:1 services. Cutting rates further will only result in limiting the number of therapists realistically able to provided early start services. Furthermore, the reimbursement rates cannot be completely standard throughout California. The cost of living is DRAMATICALLY different based on which part of the state you reside. Consider polling private practices in the area served by each regional center. Determine what the average rate of reimbursement is for 1:1 services (not including current early start contracts). Then reimburse regional center service providers a certain percentage of this average.	Feb 4, 2011 5:57 PM
426	Average fee-range based on type of services provided	Feb 4, 2011 6:24 PM
427	The Lanterman Act and Early Intervention programs have provided payment for these services and should not be gutted by the current administration. The massive cuts currently being proposed by Governor Brown would have horrendous consequences down line when these children have been massivly affected by cuts to the most fragile of our citizens at a time in their lives where intervention has critical results for their whole lifetime.	Feb 4, 2011 6:50 PM
428	Payment for each service should coorespond to the payscales in the area of each regional center. Providers should be adequately compensated for the services they provide. If reimbursement rates are too low, quality providers will be difficult to find.	Feb 4, 2011 6:58 PM
429	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 7:01 PM
430	The same as previous #5.	Feb 4, 2011 7:15 PM
431	State and Federal	Feb 4, 2011 7:28 PM

5. Suggested service standards about the payment for these services:

	Response Text	
432	Well established programs (over 30 years) are still tied to 1979 base rates due to old language in legislation. this needs to be changes. If programs are to meet new standards of personnel and ongoing professional development, they need to paid similar rates to new programs. There needs to be a statewide standard for rates for home program services, for center base services and for one to one autism programs for children birth to three.	Feb 4, 2011 7:37 PM
433	Scale or service of some kind.....	Feb 4, 2011 7:43 PM
434	Professionals and agencies should be paid a fair rate that is in line with what other agencies are paying.	Feb 4, 2011 7:46 PM
435	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 7:47 PM
436	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 8:12 PM
437	get insurances involved!!!! Insurances should pay for more of these services under their mental coverage.	Feb 4, 2011 8:17 PM
438	Payment should be at rates that ensure quality services.	Feb 4, 2011 8:32 PM
439	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 8:52 PM
440	Payment of these services must be made in a timely manner on a regular basis.	Feb 4, 2011 9:00 PM
441	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 9:11 PM
442	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 9:15 PM
443	Same as above.	Feb 4, 2011 9:31 PM
444	Insurance if possible.	Feb 4, 2011 9:41 PM
445	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 9:52 PM
446	The regional centers should pay for these services on behalf of the families.	Feb 4, 2011 10:03 PM

5. Suggested service standards about the payment for these services:

	Response Text	
447	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 10:18 PM
448	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 10:26 PM
449	Payments/rates should be based on program design, services provided and marekt rate information.	Feb 4, 2011 10:30 PM
450	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 10:34 PM
451	Payments according to the Medical rates and the RBRVS.	Feb 4, 2011 10:39 PM
452	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 10:41 PM
453	The Federal Government and the states need to work hand-in-hand to continue this very important program.	Feb 4, 2011 10:43 PM
454	Current rates of reimbursement, particularly SMA rates for ST, may no longer allow these licensed service providers to see ES consumers after a while, especially in view of the current rate reductions placed on them. Practices with groups of clinicians will not be able to hire other "licensed" therapists (which is desired) in their practices if under the SMA rate system. You may see a trend of them using SLPAs (assistants) instead, for therapy needs. Current SMA reimbursement for speech-language evaluations is $125 with the current rate reductions in place. If a ST organization hires a licensed therapist, that professional demands a minimum rate depending on educational training, experience and licensure status. Let's say, the licensed individual is hired at $70 per hour by a service provider and spends one-hour conducting the caregiver interview and the observation/testing of the consumer, then he must write the report. If s/he puts two hours into the total assessment including the report, the cost is now $140. The service provider's company cannot stay in business if this continues, or it resorts to hiring less qualified individuals (which is least deisred). Meanwhile, there is the Specialized Early Intervention code of 116, but some regional centers are not vendoring that way anymore in view of the budget. ST is a frequently requested service in Early Start, and the rates for this discipline are below that of OTs and PTs, Equity is needed!!!	Feb 4, 2011 10:51 PM
455	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 10:55 PM
456	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 11:11 PM

5. Suggested service standards about the payment for these services:

	Response Text	
457	Department of Developmental Services is required by law 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 11:14 PM
458	sliding scale commiserate with income	Feb 4, 2011 11:16 PM
459	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 11:19 PM
460	Regional center coverage.	Feb 4, 2011 11:34 PM
461	The service should be provided free to the parents as long as they participate and stay commited to the organization.	Feb 4, 2011 11:42 PM
462	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 11:54 PM
463	seek insurance co-pays	Feb 4, 2011 11:56 PM
464	Median rates.	Feb 5, 2011 12:00 AM
465	Lanterman Act 4648 and 4690 require the Director of DDS to develop and maintain equitalbe processes for setting rates to assure high quality services are available to babies with disablities.	Feb 5, 2011 12:02 AM
466	Services should be provided and paid for by Regional Center.	Feb 5, 2011 12:18 AM
467	same as given for the other programs	Feb 5, 2011 1:21 AM
468	50% State / 50% Federal	Feb 5, 2011 1:25 AM
469	RC funded.	Feb 5, 2011 3:40 AM
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 5, 2011 3:52 AM
471	Payment for these services should be provided by the state. The amount of money spent on early intervention will be far less than if a child does not receive early start services. The first three years of a child's life are critical and they are able to make huge gains on any delays. If they do not receive the early intervention services, it is likely they will cost the state a significant more amount of money long-term.	Feb 5, 2011 5:33 AM
472	See Sweden	Feb 5, 2011 5:45 AM
473	If the parent is able to pay for services, they should be expected to except in the case of special needs adoptions.	Feb 5, 2011 6:30 AM
474	Family co-pay when appropriate	Feb 5, 2011 6:45 AM
475	Based on Medicare reimbursement rate.	Feb 5, 2011 8:01 AM
476	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 2:45 PM
477	The state should provide for these services as they have continued to do so.	Feb 5, 2011 2:51 PM
478	Parents shoudl be made to pay for some of these services.	Feb 5, 2011 4:13 PM
479	Should be addressed as if the child was attending school. No matter the age.	Feb 5, 2011 4:19 PM

5. Suggested service standards about the payment for these services:

	Response Text	
480	Services are very expensive. I do think that parents MIGHT take a more active role if they were somehow held accountable for their child's progress. Whether that be through their child qualifying for extra services if they show they are involved in their child's progress, or through a sliding scale of payments based on their income. I know we have spent tens of thousands out of pocket on our daughter (thank God we;ve been able to), but it certainly helps us stay focused on our kiddo's progress when we are writing large checks to help her progress!	Feb 5, 2011 4:57 PM
481	That is between the service provider and the regional center.	Feb 5, 2011 5:00 PM
482	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 5:20 PM
483	I believe these are a state responsbility.	Feb 5, 2011 6:27 PM
484	same as first set	Feb 5, 2011 6:39 PM
485	Early Start should be responsible	Feb 5, 2011 7:57 PM
486	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 8:44 PM
487	Primary medical insurances should be exhausted first. Regional Center should be the payor of last resort. Services should not be denied to this population for many reasons, but specifically in these economic times, it will end up costing the state more in the long run.	Feb 5, 2011 9:00 PM
488	The payment should vary ranging $50-$100 per hour depending on how many providers involved in each case.	Feb 5, 2011 10:04 PM
489	Based on a scale, only the parents that are very wealthy should help in payment...	Feb 5, 2011 10:07 PM
490	MA level supervisors/program managers - No more than 50/HR BA/BS level direct staff (IDS) - No more than 30/HR	Feb 5, 2011 10:25 PM
491	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 10:52 PM
492	parents, health insurance (if covers) regional centers	Feb 6, 2011 2:25 AM
493	This part has worked well in my opinion. I have never had a problem receiving payment. I do not believe providers should have clients pre-sign billings. I have seen this and it is unethical. I also know of some providers hiring "aides" to work with a client-not a fully credentialed specialist (e.g. speech therapy aide)-this must be prohibited. I also do not believe "therapeutic play groups" should be funded.	Feb 6, 2011 2:59 AM
494	Payment should be sliding scale with those who are poor, payment comming form the state.	Feb 6, 2011 3:29 AM
495	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 5:27 AM

5. Suggested service standards about the payment for these services:

	Response Text	
496	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 5:53 AM
497	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 4:31 PM
498	TRI-Counties can help from infants to about 3 yrs. Health insurance companies should be forced to provide quality help for those after 3 yrs.	Feb 6, 2011 4:59 PM
499	ditto	Feb 6, 2011 7:20 PM
500	State of California to pay	Feb 6, 2011 9:49 PM
501	Because of the intensive early intervention full payment would be a hardship for most families. I believe the state and federal government should pay for most, if not all of the services. If a family makes over a certain amount of money perhaps a percentage of the services could be absorbed by the family. This would need to be a large figure such as $200,000, at least for those living in the Bay Area where the cost of living is so high.	Feb 6, 2011 10:12 PM
502	Payment by clients insurance first, then look at other options such as ability to pay co-payment, then look at public resources.	Feb 6, 2011 10:44 PM
503	Same	Feb 7, 2011 2:49 AM
504	The Lanterman Act 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 Center can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 7, 2011 5:12 AM
505	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 6:35 AM
506	Minimum of $30.00 per hour	Feb 7, 2011 7:21 AM
507	Should be covered by state or federal tax	Feb 7, 2011 8:02 AM
508	State funded	Feb 7, 2011 2:55 PM
509	DDS should look at median rates again. As someone who works in resource Development for a Regional Center it is hard to develop resources with such slow rates, especially for Early Intervention Behavior treatment and training. My specfic regioanl center is asking for a licensed clinical person to oversee program and the rates do not support this level of staff.	Feb 7, 2011 5:27 PM
510	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 5:43 PM
511	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 6:19 PM

5. Suggested service standards about the payment for these services:

	Response Text	
512	Currently i can only work for RC because i have a full pension coming to me from my 33 years in the public schools. There are many more lucrative ooportunities for speech therapists and therefore it is difficult to recruit therapists to work for RC. there is a huge shortasge in SLPs, esp spanish-speaking SLPS . Rates should go back to at least $85 per hour	Feb 7, 2011 6:22 PM
513	Regional Center should vendor and pay for these services.	Feb 7, 2011 6:24 PM
514	Monthly and reasonable	Feb 7, 2011 6:45 PM
515	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 7:51 PM
516	This does not apply to us.	Feb 7, 2011 7:58 PM
517	If people have work health care if it could done reasonably that could be a way for cleints to pay for some of the services (again based on need, individuals ability to pay). State does need to provide some payment for these services too.	Feb 7, 2011 8:22 PM
518	As stated in the prior section.	Feb 7, 2011 8:24 PM
519	Free services to California taxpayers	Feb 7, 2011 9:31 PM
520	Insurance should cover if possible. If not, then it falls to the tax payers.	Feb 7, 2011 9:48 PM
521	Like everything, you get what you pay for. We need to make sure that our children are not suffering substandard care and expecting to perform at an expectation, which quite often takes place.	Feb 7, 2011 9:57 PM
522	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 10:31 PM
523	Allow RC's to set the standards in their own communities.	Feb 7, 2011 10:44 PM
524	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 young children with developmental disabilities.	Feb 7, 2011 11:09 PM
525	Let the Regional Centers make the decisions regarding program services	Feb 7, 2011 11:13 PM
526	Payment should be based on family income and resources	Feb 7, 2011 11:52 PM
527	Regional Centers have contracts with private SLPs that are negotiated with the individual SLPs and agencies.	Feb 8, 2011 12:13 AM
528	* Services should be provided to the children for free * A co-payment for family services (e.g. transportation for families to attend Mommy and Me classes)	Feb 8, 2011 12:28 AM
529	I still think it's fine to go through insurance first then RC/state providing the services.	Feb 8, 2011 12:36 AM
530	Going rate for people with experience in this area.	Feb 8, 2011 1:12 AM
531	Regional center and parent partial pay. MediCal and family insurance may be another option or education if appropriate.	Feb 8, 2011 1:27 AM

5. Suggested service standards about the payment for these services:

	Response Text	
532	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 1:57 AM
533	As needed through RCEB	Feb 8, 2011 1:58 AM
534	See #5 in Behavioral services	Feb 8, 2011 3:27 AM
535	Payment should be based on reasonable reimbursement for the state (cost of living). Also, reimbursement should consider the level of education, languages spoken, time traveling. Clinic based therapy services don't require to travel, yet early intervention services provided through the regional centers require to travel and work in difficult and uncomfortable situations. Reimbursement should be based on research for each profession. Each profession has payment reimbursements surveys conducted by their professional association. In addition medical standards reimburse based on diagnostic codes.	Feb 8, 2011 3:44 AM
536	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 3:53 AM
537	Not MediCal rate, especially if providing OT, PT, or speech therapy. These are such specialized services that it warrants a higher rate.	Feb 8, 2011 3:55 AM
538	Should be 100% government funded.	Feb 8, 2011 5:16 AM
539	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 5:29 AM
540	Again as previously stated.	Feb 8, 2011 6:07 AM
541	A sliding scale should be used according to the parents' income.	Feb 8, 2011 6:24 AM
542	Standardized contracted amounts from counties or regions based on years of experience for the vendor. Perhaps that Insurance Commissioner and the state of CA should fight the private insurance companies to fund the Autism treatment programs. Oh but wait...then, all the premiums would increase for the subscribers of private insurance.	Feb 8, 2011 8:42 AM
543	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 3:38 PM
544	Based on income	Feb 8, 2011 4:11 PM

5. Suggested service standards about the payment for these services:

	Response Text	
545	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 4:22 PM
546	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 6:00 PM
547	Regional Center or Insurance	Feb 8, 2011 6:35 PM
548	The State and Federal Governments need to pay for these services.	Feb 8, 2011 7:00 PM
549	County and State funding. Please do NOT cut current programs !	Feb 8, 2011 7:35 PM
550	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 7:51 PM
551	bill insurance	Feb 8, 2011 9:17 PM
552	Don't know	Feb 8, 2011 10:24 PM
553	I think that there should be more specific service standards for services. However, you need to take into account what the job market is, for example, what are other pediatric PT's getting paid. Otherwise what is their insentive to work for a regional center.	Feb 8, 2011 11:00 PM
554	If parents of these children have the ability to pay out of pocket or via insurance then they should do so. However, a child should not be turned away because of their parents financial situation.	Feb 8, 2011 11:03 PM
555	Don't just get cheapest	Feb 8, 2011 11:16 PM
556	Regional Center funding for these services should continue.	Feb 8, 2011 11:30 PM
557	If families are unable to pay, services on a sliding scale. If the family has insurance than insurance should be billed.	Feb 8, 2011 11:48 PM
558	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 11:51 PM
559	Payment for these programs must be negotiated, not changed at whim by dictating agencies. Payment schedules should be within the standard of like services nationwide. While the understanding of the budget confines hangs heavy in the air, continuing to decrease programming and decrease rates for the smallest and most vulnerable in our care is unconscionable. Reduced rates can lead to reduced quality, less qualified staff and less adjunct therapy that is available in these programs. These programs cannot continue to provide high quality services with continually lowered rates.	Feb 9, 2011 12:06 AM

5. Suggested service standards about the payment for these services:

	Response Text	
560	Please understand that the RC system actually discourages, independent contractors where we, individually, would actually make more hourly than when we work for a program or company. However, the only way I can receive RC referrals for early intervention is by working for a program or company which means a lower hourly rate for me than if I was able to work for the RC's as an independent contractor. I have been told by TriCounties, that they prefer to work with companies and programs because it is that it is easier for them, one stop shopping so to say. DDS could actually save if they'd figure out to utilize independent contractors and computerize assignments, billing to the RC's, visit notes, etc., all the paperwork we presently do through our company or program.	Feb 9, 2011 12:46 AM
561	n/a	Feb 9, 2011 12:47 AM
562	Parents should not have to pay for these services	Feb 9, 2011 1:33 AM
563	same	Feb 9, 2011 2:27 AM
564	I dont have an opinion on this.	Feb 9, 2011 3:15 AM
565	n/a	Feb 9, 2011 3:49 AM
566	Payment should be rendered for requested services above an beyond the assessed course of treatment, and should be supported if parents believe other needs should be addressed.	Feb 9, 2011 3:56 AM
567	Payment for these services should be a priority for DDS since early intervention saves later dollars for sure.	Feb 9, 2011 4:11 AM
568	For such services, consisitency of service, specificity of service as follows the treatment plan created by regional center, they should be paid by the designated regional center funds. Insurance coverage has not been significant or affordable enough for most parents and continuum of service.	Feb 9, 2011 4:28 AM
569	I think these providors invest a lot in training their people and their jobs are very difficult. I think salaries in general are determined by the market place. But, I am afraid that payments to providors might be cut so much that they quality of the therapist would be compromised.	Feb 9, 2011 4:31 AM
570	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 5:40 AM
571	Staffing for each child every three months should be paid on an hourly rate to make sure that progress is being maximized.	Feb 9, 2011 6:14 AM
572	If you are going to have staffing for each child every three months, you need to pay the service providers on an hourly rate to make sure that progress is being maximized.	Feb 9, 2011 6:16 AM
573	Cont8nue rates as is and pull back the 4.25% RETRO payments	Feb 9, 2011 6:53 AM
574	Not sure.	Feb 9, 2011 7:00 AM
575	Addressed in question #1.	Feb 9, 2011 7:00 AM

5. Suggested service standards about the payment for these services:

	Response Text	
576	RC should pay these services in full. Unlike for children over 3, the RC pays for educational services for these children when their school district cannot. We are not talking about daycamps & horse back riding therapy. When it's a special Ed teacher, PT, OT, and speech therapist coming out to work with these children, you will see progress! Without these services, you will see these kids again by the time the hit elementary school! We are talking about a difference between educational services versus recreational & community services (which are less likely to have detrimental effects). If parents were required to share cost, they may be less likely to take the services, which only punishes the child! Service providers should continue receiving their contracted rates (including the current 4.25% reduction)	Feb 9, 2011 8:38 AM
577	Payment should be sensitive to training and experience of provider Providers with a greater knowledge base of how the child's "Systems" (includes: neuromuscular, musculoskeletal, GI, cardiopulmonary, sensory) affect their function and bonding and function within family should be compensated higher than providers with general child development background	Feb 9, 2011 1:55 PM
578	$75-100/hour	Feb 9, 2011 3:56 PM
579	Please review the comment in section 1.	Feb 9, 2011 5:08 PM
580	These services should be provided free of cost to the families. Many families may not be able to afford these services and thus their child would be deprived of basic rights to have every opportunity to develop to their potential. I would hope that the state could evaluate their funds appropriately putting a greater importance on our children and their development and education. In the long run if children are allowed a good start it will save money in the future because many development problems can be overcome before the age of 3.	Feb 9, 2011 5:28 PM
581	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.	Feb 9, 2011 5:30 PM
582	Should continue to be funded by Regional Center.	Feb 9, 2011 7:21 PM
583	I think that payment for these services should occurr in a competitive manner so that providers are available and there are no waiting lists.	Feb 9, 2011 7:42 PM
584	Fine with the status quo.	Feb 9, 2011 7:51 PM
585	Services that are authorized/rendered should be paid according to the agreed upon rate with the service provider. In order to maintain qualified and quality therapists, there needs to be some respect to market standards of rates in the area services are provided. Rate cuts do not allow for therapists to maintain caseloads with Early Start clients, and could result in less available therapists or less quality in therapy received by consumers. If consumers do not receive the services they need while in the Early Start phase, there will no doubt be further delays and exponential costs to the state down the road when the child moves on to district services. This needs to be recognized and considered.	Feb 9, 2011 8:38 PM
586	Payment for these services should be close to market value. Today I inquired with an insurance company about what is reasonable and customary for a home visit. Their fee was $280.00 We are getting $95.00	Feb 9, 2011 8:49 PM

5. Suggested service standards about the payment for these services:

	Response Text	
587	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 disability. The Director should comply with these laws.	Feb 9, 2011 9:00 PM
588	usual and customary, flat rate or group rate.	Feb 9, 2011 9:16 PM
589	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 9:59 PM
590	payment should be from the regional center	Feb 9, 2011 10:15 PM
591	Cut ALL service provider rates by 10% - this is equivalent to the Governor's proposed cut to Medi-cal rates.	Feb 9, 2011 10:17 PM
592	Payment should not be reduced any further, as therapists are highly trained professionals who perform a valuable, life changing service to families of children with special needs.	Feb 9, 2011 10:48 PM
593	Payment should be made based on individual financial factors. If family has insurance that pays for service, the insurance can pick up the tab. If family does not have insurance, the regional center should pay for the service. Partial co-pays (i.e., $10-20) to preserve clinical standards and to help spread resources would be acceptable if the family could afford this. Co-pays should be waivered for families who cannot pay and thus would otherwise loose out on the service.	Feb 9, 2011 11:07 PM
594	Pay what they actually cost; provide for cost of living adjustments and benefits even a fraction of what State employees get	Feb 9, 2011 11:43 PM
595	Payment should be made at a reasonable rate for services rendered.	Feb 9, 2011 11:49 PM
596	Quality intensive early intervention services are not low cost. The cost to the state if the services are not provided will be much increased later on as the children grow up and are dependent on society for support. If intensive early intervention is provided, many children will not be dependent on society in the future, or will require much less supports than they would otherwise.	Feb 10, 2011 12:34 AM
597	see comments for behavioral services above	Feb 10, 2011 12:58 AM
598	billable to all the health insurance carriers...Services must be covered by all carriers	Feb 10, 2011 2:52 AM
599	do no reduce funds anymo0re	Feb 10, 2011 7:38 PM
600	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 7:55 PM
601	Fine as is.	Feb 10, 2011 8:04 PM
602	State funded for the duration of the necesity of the program with low co-payment provided by consumer. This will prevent decreased state costs later in the consumers life as this is where the most difference can be made in disability.	Feb 10, 2011 8:36 PM
603	Payments should be made to providers in a timely manner without having to wait months for approvals in order to get services started.	Feb 10, 2011 8:48 PM

5. Suggested service standards about the payment for these services:

	Response Text	
604	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 8:50 PM
605	co payments from families based on sliding scale; charge families for "no shows"	Feb 10, 2011 9:24 PM
606	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 9:29 PM
607	Within 7 business days of receiving the invoice from the provider.	Feb 10, 2011 9:39 PM
608	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 9:53 PM
609	Regional center should utilize whatever free services are available through organizations such as the California-Hawaii Elks Major Project, Inc., before engaging vendors to provide therapy services.	Feb 10, 2011 10:27 PM
610	Though I'm grateful the state pays for my daughter's "treatment", I would happily pay if she did not qualify. I would hope that a sliding scale form of payment would be offered because I am a full-time single mother receiving no child support and I feel the effects of that plus the current economy every day.	Feb 10, 2011 11:04 PM
611	State of CA should pay for these services like we pay for all other educational services needed by minors in CA.	Feb 10, 2011 11:10 PM
612	Consider having the families pay a portion of the fees rather than completely denying services or switching to a consultative model.	Feb 10, 2011 11:12 PM
613	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 11:40 PM
614	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 11:51 PM
615	Rates should be commensurate with insurance companies and other professional services.	Feb 10, 2011 11:54 PM
616	You have the tax dollars already. Take it out of the teacher, firefighter, law enforcement and government employee pensions and unions. Early Start saves money to taxpayers as many delays are ameliorated before the age of three.	Feb 11, 2011 12:40 AM
617	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 1:09 AM

5. Suggested service standards about the payment for these services:

	Response Text	
618	Medical insurance really needs to start contributing to services the State is providing. I believe Speech Therapy, Occupational Therapy, and Physical Therapy should be paid for (or at least half) by medical insurance. The State is going broke because medical insurances are not paying for preventative care.	Feb 11, 2011 1:10 AM
619	Regional Center, possibly a co pay if family can afford	Feb 11, 2011 1:17 AM
620	Supports should remain the same or increase.	Feb 11, 2011 1:48 AM
621	Create a single standard payment set by the state that is mid range and fund no show. If families do not actively participate or miss appointments(set # of failed visites in quarter of 3) thane services are cancelled.	Feb 11, 2011 2:19 AM
622	It should be provided for free for under the age of 3, it is vital to the child. There are to many families that can not afford anytype of payment and that should not stop the child from getting what they need. See if medical services can provide some $$ support with coverage of some level.	Feb 11, 2011 2:31 AM
623	covered by the Regional Center	Feb 11, 2011 2:38 AM
624	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 3:16 AM
625	Payments for these services should be $80-100.00 / hour. This will include milage for home visits.	Feb 11, 2011 3:31 AM
626	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 3:57 AM
627	MediCal or MediCal rate. Family insurance. Amount expended should have limit per child per month. Family can choose type of service and change type of serivce. For instance SLP this month, OT next Month., but child should not get all at once. California Children's Services should be involved in planning and in IFSP development, so that child that is receiving CCS services will not also be getting similar service through regional center funding. If family is obtaining a specific therapy through private insurance then regional center should not fund same therapy through a different vendor.	Feb 11, 2011 4:29 AM
628	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 4:46 AM
629	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 5:04 AM
630	same as before	Feb 11, 2011 5:05 AM
631	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 5:20 AM

5. Suggested service standards about the payment for these services:

	Response Text	
632	It should be electronically that way it is more cost productive.	Feb 11, 2011 5:33 AM
633	Standard rates for all Early Start services are necessary. Standardization of rates should include input from providers.	Feb 11, 2011 5:43 AM
634	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 6:08 AM
635	contract should go to the vendor with the lowest rates.	Feb 11, 2011 6:26 AM
636	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 6:34 AM
637	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 6:44 AM
638	State taxes should be raised to maintain funding.	Feb 11, 2011 7:33 AM
639	This answer pretains to the previous sections on payment (behavioral?). For payment there should be Tiers, mild, moderate, and severe. Within these three tier there should be three sections each. If zero percent of behavior goals reached should be the lowest amount of payment within the tier then anywhere from thirty to fifty percent of behavioral goals met should require the second level of payment, anything over fifty percent to one hundred percent goals met should carry the highest payment within that tier, etc. Then of course the tier for moderate behavioral difficulties would be higher than that of the mild, etc.	Feb 11, 2011 8:31 AM
640	These services are way too expensive for a family to cover weekly with a child with special needs, so I think the state should be helping fund these programs for all these kids. The numbers of autistic children keep rising!	Feb 11, 2011 1:00 PM
641	Early intervention has been shown to be effective in savings down the road--preventing children from requiring services in future. For that reason, a priority should be set for the state to cover all the cost of these services as a means of encouraging parents and consumers to seek comprehensive treatment and thereby avoid further cost to the state.	Feb 11, 2011 4:57 PM
642	I see that the Federal and State are not effective in being able to address the needs of people. This aspect of the problem is too complex for me at this point. The current state of services and payment for these services has generated more problems than it has addressed.	Feb 11, 2011 5:20 PM
643	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 5:50 PM
644	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 6:06 PM
645	Payment for services should be based on where the office is located. An office in Palm Springs is far less costly to run than an office in Beverly Hills.	Feb 11, 2011 6:30 PM
646	Provided to families at no fee	Feb 11, 2011 6:56 PM
647	Early intervention should be covered by Regional Center or insurance.	Feb 11, 2011 7:15 PM

5. Suggested service standards about the payment for these services:

	Response Text	
648	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 7:19 PM
649	Consistency is the key. Again vendors rates are decided by administration, and vary quite a bit.	Feb 11, 2011 7:32 PM
650	Payment is based on log of services provided	Feb 11, 2011 8:09 PM
651	See comment under Behavioral Services	Feb 11, 2011 8:48 PM
652	Because it is so important for early intervention I do not believe there should be parent payment unless they want 1:1 services rather than group. Then there should be a co-payment for 1:1 services.	Feb 11, 2011 9:10 PM
653	Parents to pay a use fee on a sliding scale, or depending upon severity and number of conditions	Feb 11, 2011 9:34 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 11, 2011 9:37 PM
655	Rates should be standardized througout the state and competitive with rates paid by other public and private entities.	Feb 11, 2011 9:39 PM
656	Not familiar with how it is being paid now, so I can't think of improvements at this moment.	Feb 11, 2011 9:42 PM
657	Generic and private resources (e.g., insurance, school districts) should be utilized when available. Denials should be obtained from the appropriate generic and private resources; however, Early Start services should be approved pending the denial process to facilitate the provision of services as soon as possible.	Feb 11, 2011 9:43 PM
658	Generic and private resources (e.g., insurance, school districts) should be utilized when available. Denials should be obtained from the appropriate generic and private resources; however, Early Start services should be approved pending the denial process to facilitate the provision of services as soon as possible.	Feb 11, 2011 9:44 PM
659	Generic and private resources (e.g., insurance, school districts) should be utilized when available. Denials should be obtained from the appropriate generic and private resources; however, Early Start services should be approved pending the denial process to facilitate the provision of services as soon as possible.	Feb 11, 2011 9:47 PM
660	Generic and private resources (e.g., insurance, school districts) should be utilized when available. Denials should be obtained from the appropriate generic and private resources; however, Early Start services should be approved pending the denial process to facilitate the provision of services as soon as possible.	Feb 11, 2011 9:47 PM
661	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 9:48 PM
662	Generic and private resources (e.g., insurance, school districts) should be utilized when available. Denials should be obtained from the appropriate generic and private resources; however, Early Start services should be approved pending the denial process to facilitate the provision of services as soon as possible.	Feb 11, 2011 9:50 PM
663	Generic and private resources (e.g., insurance, school districts) should be utilized when available. Denials should be obtained from the appropriate generic and private resources; however, Early Start services should be approved pending the denial process to facilitate the provision of services as soon as possible.	Feb 11, 2011 9:51 PM

5. Suggested service standards about the payment for these services:

	Response Text	
664	Generic and private resources (e.g., insurance, school districts) should be utilized when available. Denials should be obtained from the appropriate generic and private resources; however, Early Start services should be approved pending the denial process to facilitate the provision of services as soon as possible.	Feb 11, 2011 9:55 PM
665	Generic and private resources (e.g., insurance, school districts) should be utilized when available. Denials should be obtained from the appropriate generic and private resources; however, Early Start services should be approved pending the denial process to facilitate the provision of services as soon as possible	Feb 11, 2011 9:59 PM
666	Generic and private resources (e.g., insurance, school districts) should be utilized when available. Denials should be obtained from the appropriate generic and private resources; however, Early Start services should be approved pending the denial process to facilitate the provision of services as soon as possible.	Feb 11, 2011 10:00 PM
667	Generic and private resources (e.g., insurance, school districts) should be utilized when available. Denials should be obtained from the appropriate generic and private resources; however, Early Start services should be approved pending the denial process to facilitate the provision of services as soon as possible.	Feb 11, 2011 10:11 PM
668	Generic and private resources (e.g., insurance, school districts) should be utilized when available. Denials should be obtained from the appropriate generic and private resources; however, Early Start services should be approved pending the denial process to facilitate the provision of services as soon as possible.	Feb 11, 2011 10:19 PM
669	Generic and private resources (e.g., insurance, school districts) should be utilized when available. Denials should be obtained from the appropriate generic and private resources; however, Early Start services should be approved pending the denial process to facilitate the provision of services as soon as possible.	Feb 11, 2011 10:21 PM
670	Generic and private resources (e.g., insurance, school districts) should be utilized when available. Denials should be obtained from the appropriate generic and private resources; however, Early Start services should be approved pending the denial process to facilitate the provision of services as soon as possible.	Feb 11, 2011 10:27 PM
671	for minors that are still living with the parents and family, the should be share of cost, as any minor child is always the responsibility of a parent, percentages should be determined as to the split in cost coverage according to 1 parent family opposed to 2 parent families and economical means of the family. the burden still should be mostly on the parents as it would be with any "normal" child of that age.	Feb 11, 2011 10:29 PM
672	Generic and private resources (e.g., insurance, school districts) should be utilized when available. Denials should be obtained from the appropriate generic and private resources; however, Early Start services should be approved pending the denial process to facilitate the provision of services as soon as possible.	Feb 11, 2011 10:32 PM
673	Services should not be delayed greater than thirty day while payment avenues are exhasuted, ie, insurance, CCS, or Medi-cal. children need services provided in a timely manner. If another avenue is made available, service delivery can be changed.	Feb 11, 2011 10:37 PM
674	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 10:40 PM
675	Generic and private resources (e.g., insurance, school districts) should be utilized when available. Denials should be obtained from the appropriate generic and private resources; however, Early Start services should be approved pending the denial process to facilitate the provision of services as soon as possible.	Feb 11, 2011 10:53 PM

5. Suggested service standards about the payment for these services:

	Response Text	
676	everyone that needs it between the ages of 0-3 years, early intervention is the key!!!!	Feb 11, 2011 10:59 PM
677	80% of usual and customary fee.	Feb 11, 2011 11:07 PM
678	Generic and private resources (e.g., insurance, school districts) should be utilized when available. Denials should be obtained from the appropriate generic and private resources; however, Early Start services should be approved pending the denial process to facilitate the provision of services as soon as possible.	Feb 11, 2011 11:23 PM
679	Payment should be tied to the qualifications of the person performing the services, not to the nominal supersivors of such persons.	Feb 11, 2011 11:38 PM
680	Payment should be based of visit/patient contact	Feb 11, 2011 11:42 PM
681	Qualifications of those providing Early Start services are dependent on the services being rendered. For example, if Early Intensive Intervention Behavioral Services are being provided, a behavior analyst or someone training in behavior analysis should provide those services. If Infant Development Services are being provided, licensed therapists and certified educators should provide those services.	Feb 12, 2011 12:00 AM
682	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 12:32 AM
683	There should not be a delay of more than 30 days while payment avenues are explored and exhausted (i.e., private insurance, CCS, Medi-cal). Children need services in a timely manner. If another service avenue is available, service delivery can be changed.	Feb 12, 2011 12:50 AM
684	Pay should be based on experience/education of provider.	Feb 12, 2011 1:29 AM
685	The Lanterman Act in Sections 4648 (a) (5) and 4690 required 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 qualitity service for persons with developmental disabilities. The Director should comply with these laws.	Feb 12, 2011 2:25 AM
686	Should be based on family satisfaction survey s and othe routcome measures to incent high quality providers	Feb 12, 2011 2:38 AM
687	State aid and/or insurance providers.	Feb 12, 2011 3:33 AM
688	I don't know	Feb 12, 2011 4:04 AM
689	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 5:15 AM
690	This program or any helping an individaul weather a child or an adult, should be the very last program on a list to be cut. They can't help they were born this way. We the parent and goverment agencies that we pay taxes to should not stop providing to these individuals.	Feb 12, 2011 6:18 AM
691	See previous answers.	Feb 12, 2011 6:26 AM
692	I have no idea how this works in the system so I cannot comment on this area.	Feb 12, 2011 7:45 AM
693	These services should be available to all families of children ages 0-2 with developmental delays regardless of whether they have private insurance or Cal Optima.	Feb 12, 2011 1:52 PM
694	Notify parents about how to donate to these organizations.	Feb 12, 2011 3:22 PM
695	Should be covered by ins and regional center. Just as school has to provide for kids in need. Charging will deter people from getting necessary help for their kids	Feb 12, 2011 3:29 PM

5. Suggested service standards about the payment for these services:

	Response Text	
696	Insurance first and then Regional Center second	Feb 12, 2011 3:41 PM
697	After delivery of services and based upon reviews	Feb 12, 2011 4:52 PM
698	state budget	Feb 12, 2011 4:54 PM
699	By county with subsidy from state	Feb 12, 2011 5:04 PM
700	Paid for by Regional Center. It is NOT FAIR to require the family to use their health insurance if the health insurance plan does not provide the same level of coverage as Regional Center. For example, even if a family has insurance, it may cost a family hundreds, or thousands of dollars out-of-pocket under their "insurance" plan for therapies. Out-of-pocket costs cover co-pays, co-insurance and deductibles. If insurance covers therapy related and behaviorial services at 100%, and there are local, qualified providers available for for therapy, then it is fair to require use of private insurance before using Regional Center services. However,	Feb 12, 2011 5:39 PM
701	A combination of state-funded and parent co-pay.	Feb 12, 2011 5:43 PM
702	Many families cannot afford the EI services if they don't have state/federal funding to help them out.	Feb 12, 2011 5:45 PM
703	My answers are the same as before.	Feb 12, 2011 5:47 PM
704	Open market.	Feb 12, 2011 5:48 PM
705	The present system is working well. I would defer to ICEC and Regional Center for these decisions as I believe they know best regarding this. I remember there had been talk of tapping into health insurance.	Feb 12, 2011 5:58 PM
706	Regional Center provided.	Feb 12, 2011 6:07 PM
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 12, 2011 6:09 PM
708	Paid as professionals based on results shown.	Feb 12, 2011 6:20 PM
709	I really can't comment on this area.	Feb 12, 2011 6:59 PM
710	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 7:15 PM
711	There should be a 'health plan-style' organization that sets payscales for specific categories of service.	Feb 12, 2011 7:32 PM
712	1. Regional Center pay for services. 2. Incentive for corporations to donate to Early Start specific fund that goes directly to payment of services and not administration 3. Creat an excise tax for oil companies where money goes to children services	Feb 12, 2011 8:26 PM
713	It would be wonderful if such services were covered by insurance for those with insurance, but as some may have more financial need, other funding would help their child get the services they need without having to worry about their child because they do not have the money.	Feb 12, 2011 8:31 PM
714	regional center funded entirely	Feb 12, 2011 8:44 PM
715	As is currently the case, having patients utilize their insurance first, then funded by regional center	Feb 12, 2011 8:54 PM
716	State should pay.	Feb 12, 2011 9:20 PM
717	$ 70.00 per hour	Feb 12, 2011 9:38 PM

5. Suggested service standards about the payment for these services:

	Response Text	
718	Direct service providers (tutors) should be paid commensurate to other baccalaureate level service providers. Case consultants should be paid a higher rate but not one as high as that reserved for a BCBA. A distinction between a master-level and doctorate-level BCBA has been provided by the Behavior Analyst Certification Board with the doctorate-level indicated by the letter D, BCBA-D. Pay rates similar to clinical psychologists should be reserved for the BCBA-D certification level. Pay rates similar to a master-level clinician should be reserved for BCBAs. When determining least costly vendors, the expertise level of the behavior analyst should be considered. Specifically, a vendor that utilizes a BCBA-D for supervision should not be evaluated against a vendor that utilizes a BCBA for supervision. The RC should encourage vendors to maintain the highest level of expertise when providing behavior services.	Feb 12, 2011 9:58 PM
719	Regional Center	Feb 12, 2011 10:08 PM
720	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 10:31 PM
721	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 10:35 PM
722	taxes	Feb 12, 2011 10:46 PM
723	Taxes need to help, Tax Cigarettes, Liquor, Gas, Have us all have to pay 1/2 % or 1% of our State and or Federal Tax Refund. This care is very needed to these children. Paying a few cents more in taxes to help these children from birth on is better than paying thousands in taxes because the children did not get the help they needed and turned to drugs or other unlawful ways needing mental help, or time spent in jail or prison later in their lives, or in a rehab for drugs . Cut back on other things, not on these young people.	Feb 12, 2011 11:20 PM
724	through regional ceneter	Feb 13, 2011 12:23 AM
725	parents need to pay based on income levels	Feb 13, 2011 12:29 AM
726	Maintain current payment structure.	Feb 13, 2011 12:35 AM
727	Accept most insurances.	Feb 13, 2011 12:36 AM
728	Taxes I will pay more to see it continue!	Feb 13, 2011 1:20 AM
729	payment should be based on a sliding scale in regards to one's income	Feb 13, 2011 1:42 AM
730	ALTA or private provider to pay for services.	Feb 13, 2011 1:44 AM
731	Insurance Regional Center funding	Feb 13, 2011 2:25 AM
732	For direct services, the pay should be in the range of $15-25 per hour DOE.	Feb 13, 2011 2:27 AM

5. Suggested service standards about the payment for these services:

	Response Text	
733	cut the GOVERNMENT salary & remember the "promise" KIDS COME FIRST!!!!"	Feb 13, 2011 2:38 AM
734	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 2:38 AM
735	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 2:52 AM
736	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 3:10 AM
737	I understand that budget cuts are necessary, but we are in a position where we have been penalized for having private insurance. Our recommended therapy was twice a week. The only in-network provider for our insurance did not have an appropriate program for our son, who did not need intensive multiple disability therapy. Every other provider in the county required payment out of pocket which we then submit to our insurance for reimbursement. The problem with that is that we do not have enough "ready cash" each paycheck to pay for services out of pocket twice a week and then later wait until the insurance reimburses us (which takes a long time). As a result, our son can only attend as many therapy sessions as we can afford out of pocket at the time of service, which for our family is only once a week and for some families may be not at all. If our insurance provided no coverage, the Regional Center would pay for twice a week. I feel this is a penalty due to having private insurance. I know that there are many reasons why a provider does not contract directly with private insurers. Many are small providers who lack the resources to do so. I think that the Regional Center (and state standards) should assist providers with contracting directly with private insurers so that families like myself do not incur a financial penalty and lack of services just for having private insurance. I feel that there should be more options for people with private insurance. I think a standard might be that providers who provide for the Regional Center should be open to contracting directly with private insurers and be provided with adequate support from the Regional Center to make that happen. Additionally, private insurers should be required to pay for services at the same rate as the Regional Centers and be required to work with more providers.	Feb 13, 2011 3:26 AM
738	: 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 3:38 AM
739	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 3:39 AM
740	As currently in place	Feb 13, 2011 3:41 AM
741	Free	Feb 13, 2011 4:02 AM
742	hourly	Feb 13, 2011 4:04 AM

5. Suggested service standards about the payment for these services:

	Response Text	
743	Federal, Grant, Fundraising.	Feb 13, 2011 4:07 AM
744	A co-payment would be acceptable - up to $30/session.	Feb 13, 2011 4:30 AM
745	should be decided by income	Feb 13, 2011 4:31 AM
746	As much as necessary to help these children in need. No price is too high for the children of tomorrow that are suffering from disabilities.	Feb 13, 2011 4:34 AM
747	The regional center should pay for the services recommended services by a qualified behavior analyst that is not an employee of the regional center to avoid basis.	Feb 13, 2011 4:52 AM
748	Should be funded by the State/Regional Center and not families. Right now families are providing their own intervention by providing and paying for therapies.	Feb 13, 2011 5:03 AM
749	Same standard as set forth in Behavioral Supports	Feb 13, 2011 5:06 AM
750	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 5:06 AM
751	The quality of services they provided can be measured in terms of how the person who benefited the service	Feb 13, 2011 5:08 AM
752	As previously mentioned, when insurance is not available or costs much too much these services should be provided by the state for free or at a very low cost of around $30-50 per month.	Feb 13, 2011 5:12 AM
753	Make a plan with the parents and ask the Goverment for help	Feb 13, 2011 5:43 AM
754	1. Request insurance to pay first; then regional center when insurance funds are exhausted.	Feb 13, 2011 5:47 AM
755	SEE COMMENTS FOR ABA SERVICES and day program services.	Feb 13, 2011 5:59 AM
756	Once again, health insurance should help pay for treatment. However, we are not that fortunate at this time... Regional Centers, School Districts and also possible a co-pay by parents.	Feb 13, 2011 6:47 AM
757	Paid fully by RCOC	Feb 13, 2011 7:01 AM
758	Initially, private insurance should also be responsible for a portion of these services.	Feb 13, 2011 7:58 AM
759	Household income dependent payment scale with co-payment from the consumers. All consumers should receive at least 75% coverage of the actual service charges.	Feb 13, 2011 9:53 AM
760	State funded	Feb 13, 2011 10:43 AM
761	Services should NOT be free. Payment should be on a sliding scale. Payment encourages investment on the part of the consumer. If parents are unable to pay, a volunteer program of time in community service would be acceptable.	Feb 13, 2011 4:36 PM
762	Insurrance companies should do this or at least provide a share of this	Feb 13, 2011 5:16 PM
763	A price should not be put on the health and quality of life of a child.	Feb 13, 2011 5:17 PM
764	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 5:22 PM
765	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 7:11 PM

5. Suggested service standards about the payment for these services:

	Response Text	
766	no comments	Feb 13, 2011 7:12 PM
767	regional centers funding and health insurance plans.	Feb 13, 2011 7:30 PM
768	The state should pay for services so that every child who needs these services can have access to them.	Feb 13, 2011 8:07 PM
769	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 8:25 PM
770	Regional center when services are in the home/center. School districts when the services are in school.	Feb 13, 2011 8:31 PM
771	Regional Center should provide payment if insurance does not cover services determined essential for child to catch up developmentally to their appropriate age level.	Feb 13, 2011 8:34 PM
772	Look at cost of services and pay accordingly.	Feb 13, 2011 9:07 PM
773	Bill medical insurance for families who have it. No expense to the family.	Feb 13, 2011 9:14 PM
774	I believe that the families should have to pay some sort of fee for the services. I believe people put more effort and attention into things they pay for. I have experienced families that don't take the therapy seriously because they are not paying for it. I have also seen parents on the other end of the spectrum that want you to keep coming because their children are receiving something educational and they try to convince the service coordinators to keep their services even though it is not appropriate anymore. I think if the families had to pay even $5 per visit, they would put more effort into the child's services and/or make a more objective decision about their child's need for services.	Feb 13, 2011 9:57 PM
775	provide adequate financial support, make sure its fair to the social services that other folks receive. If you need to make cuts, DONT CUT THESE PROGRAMS OR MAKE FURTHER CUTS TO EDUCATION. CUT THE SALARIES OF THOSE MAKING MORE THAN 15OK IN THE STATE AND MAKE CUTS TO LAW ENFORCEMENT AND PENAL SYSTEM. money needs to go to the people, not to special interest or those who are effective in lobbying (i.e. correctional officers union)	Feb 13, 2011 11:17 PM
776	regional centers should not ask for a copay	Feb 13, 2011 11:54 PM
777	I have no great suggestons.	Feb 14, 2011 12:23 AM
778	Rate of payment should be tied to the actual cost of living for the community in which the services are being delivered.	Feb 14, 2011 12:47 AM
779	Insurance companies need to start being held accountable and authorizing payment for various different services that have continually fell under "educational" disability.	Feb 14, 2011 1:26 AM
780	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 the these laws.	Feb 14, 2011 1:35 AM
781	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 1:47 AM
782	Co-payment from family, insurances, medi-cal etc. must be exhausted first.	Feb 14, 2011 2:12 AM

5. Suggested service standards about the payment for these services:

	Response Text	
783	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 2:37 AM
784	Follow the Lanterman Act - you need to ensure that rates are sufficient to assure high quality services.	Feb 14, 2011 3:15 AM
785	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 3:21 AM
786	Funding for behavioral services 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 5:47 AM
787	State should cover services, as needed.	Feb 14, 2011 6:02 AM
788	contracted rate negotiated with contractor	Feb 14, 2011 7:37 AM
789	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 8:06 AM
790	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 8:54 AM
791	The payments for these services should be appropriately related to the individual therapists/specialists. We have gone through a lot of education and training to be able to work with these children who have special needs. This is my full time job and I am passionate about working with these children and their families. Being a family member of children who had developmental delays, I saw how the individualized therapies helped them and no longer needed the services one they turned 3 years of age. In addition, seeing these children before the age of 3 will save money to taxpayers because a lot of the delays are ameliorated by the age of 3.	Feb 14, 2011 9:18 AM
792	the state should pay	Feb 14, 2011 2:40 PM
793	Based on the type of service performed - measurable with how much that service costs to provide	Feb 14, 2011 3:54 PM
794	Generic and private resources (e.g., insurance, school districts) should be utilized when available. Denials should be obtained from the appropriate generic and private resources; however, Early Start services should be approved pending the denial process to facilitate the provision of services as soon as possible.	Feb 14, 2011 3:54 PM
795	Generic and private resources (e.g., insurance, school districts) should be utilized when available. Denials should be obtained from the appropriate generic and private resources; however, Early Start services should be approved pending the denial process to facilitate the provision of services as soon as possible.	Feb 14, 2011 4:23 PM
796	Again, we need to be pushing private insurance to cover these costs and make the regional center responsible for copays.	Feb 14, 2011 4:27 PM
797	Direct payment to agency	Feb 14, 2011 4:46 PM
798	Medical, school districts	Feb 14, 2011 4:47 PM

5. Suggested service standards about the payment for these services:

	Response Text	
799	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 4:50 PM
800	Generic and private resources (e.g., insurance, school districts) should be utilized when available. Denials should be obtained from the appropriate generic and private resources; however, Early Start services should be approved pending the denial process to facilitate the provision of services as soon as possible.	Feb 14, 2011 5:03 PM
801	Generic and private resources (e.g., insurance, school districts) should be utilized first when available. Denials should be obtained from the appropriate generic and private resources; however, Early Start services should be approved pending the denial process to facilitate the provision of services as soon as possible.	Feb 14, 2011 5:06 PM
802	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 5:08 PM
803	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. Until that time, regional center should be responsible for providing the funding for these programs.	Feb 14, 2011 5:16 PM
804	should have a standard rate for all	Feb 14, 2011 5:19 PM
805	If private insurance will pay, that should be used first. Otherwise, service should be provided to U.S. citizens / California residents from state funds.	Feb 14, 2011 5:25 PM
806	Government should be responsible for payment of services.	Feb 14, 2011 5:25 PM
807	Health Care Insurance should be a resource If not, state funding should still be pursued	Feb 14, 2011 5:51 PM
808	Marketplace prevailing rates.	Feb 14, 2011 6:03 PM
809	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. Until that time, regional center should be responsible for providing the funding for these programs.	Feb 14, 2011 6:09 PM
810	Generic and private resources (e.g., insurance, school districts) should be utilized when available. Denials should be obtained from the appropriate generic and private resources; however, Early Start services should be approved pending the denial process to facilitate the provision of services as soon as possible.	Feb 14, 2011 6:10 PM
811	Parents should not pay for these services.	Feb 14, 2011 6:11 PM
812	Generic and private resources (e.g., insurance, school districts) should be utilized when available. Denials should be obtained from the appropriate generic and private resources; however, Early Start services should be approved pending the denial process to facilitate the provision of services as soon as possible.	Feb 14, 2011 6:16 PM
813	Generic and private resources (e.g., insurance, school districts) should be utilized when available. Denials should be obtained from the appropriate generic and private resources; however, Early Start services should be approved pending the denial process to facilitate the provision of services as soon as possible.	Feb 14, 2011 6:17 PM

5. Suggested service standards about the payment for these services:

	Response Text	
814	Generic and private resources (e.g., insurance, school districts) should be utilized when available. Denials should be obtained from the appropriate generic and private resources; however, Early Start services should be approved pending the denial process to facilitate the provision of services as soon as possible.	Feb 14, 2011 6:24 PM
815	Generic and private resources (e.g., insurance, school districts) should be utilized when available. Denials should be obtained from the appropriate generic and private resources; however, Early Start services should be approved pending the denial process to facilitate the provision of services as soon as possible.	Feb 14, 2011 6:25 PM
816	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. Until that time, regional center should be responsible for providing the funding for these programs.	Feb 14, 2011 6:26 PM
817	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 6:27 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 14, 2011 6:28 PM
819	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 6:36 PM
820	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 6:37 PM
821	FCPP should be applied to services. Their should be a copayment based on income or on a sliding scale.	Feb 14, 2011 6:38 PM
822	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 6:46 PM
823	Funding for behavioral services for school-aged children should be pursued through generic resources such as healthy 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 6:56 PM
824	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 6:57 PM

5. Suggested service standards about the payment for these services:

	Response Text	
825	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 7:01 PM
826	Generic and private resources (e.g., insurance, school districts) should be utilized when available. Denials should be obtained from the appropriate generic and private resources; however, Early Start services should be approved pending the denial process to facilitate the provision of services as soon as possible.	Feb 14, 2011 7:06 PM
827	Pay consistent with same job in this industry.	Feb 14, 2011 7:07 PM
828	Generic and private resources (e.g., insurance, school districts) should be utilized when available. Denials should be obtained from the appropriate generic and private resources; however, Early Start services should be approved pending the denial process to facilitate the provision of services as soon as possible.	Feb 14, 2011 7:21 PM
829	Set limits on salaries of administrators of early intervention programs.	Feb 14, 2011 7:22 PM
830	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 7:30 PM
831	The Lanternman Act requires that the Director of the Dept of Developmental Services to develop and maintain equitable processes for setting rates to assure Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 14, 2011 7:31 PM
832	Regional Center, public school system, Medicare, MediCal	Feb 14, 2011 7:33 PM
833	Generic and private resources (e.g., insurance, school districts) should be utilized when available. Denials should be obtained from the appropriate generic and private resources; however, Early Start services should be approved pending the denial process to facilitate the provision of services as soon as possible.	Feb 14, 2011 7:43 PM
834	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 7:46 PM
835	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 8:00 PM

5. Suggested service standards about the payment for these services:

	Response Text	
836	Generic and private resources (e.g., insurance, school districts) should be utilized when available. Denials should be obtained from the appropriate generic and private resources; however, Early Start services should be approved pending the denial process to facilitate the provision of services as soon as possible.	Feb 14, 2011 8:02 PM
837	Services should be paid by solely or in combination by VMRC, school district, and/or insurance providers.	Feb 14, 2011 8:31 PM
838	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 14, 2011 8:35 PM
839	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 8:46 PM
840	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 8:53 PM
841	Generic and private resources (e.g., insurance, school districts) should be utilized when available. Denials should be obtained from the appropriate generic and private resources; however, Early Start services should be approved pending the denial process to facilitate the provision of services as soon as possible. FCPP should apply to all services.	Feb 14, 2011 8:54 PM
842	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 14, 2011 8:57 PM
843	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 9:00 PM
844	Payment should be made directly to the speech therapist	Feb 14, 2011 9:13 PM
845	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 9:25 PM
846	government needs to stop providing financial assitance to those who choose to use drugs. this would free up money for programs for our children.	Feb 14, 2011 9:25 PM
847	same as in place now	Feb 14, 2011 9:28 PM
848	I would have people go through their insurance carriers first and then have the rest reviewed by DDS. No child should be denied services on monetary basis only.	Feb 14, 2011 9:46 PM
849	regional center, or school district	Feb 14, 2011 9:52 PM
850	Provided by state budget without requirement of insurance usage for those with co-payments and high deductibles	Feb 14, 2011 10:03 PM

5. Suggested service standards about the payment for these services:

	Response Text	
851	California State should provide the payment for these services through the regional centers, just as in the past. California needs not to cut funds from the bucket of funds that helps our children and our future; they need to find other places to resolve this budget crisis.	Feb 14, 2011 10:05 PM
852	Payment should be timely for services rendered. Rates should reflect usual and customary costs to deliver services. Current rates are lower than they should be.	Feb 14, 2011 10:11 PM
853	Each child that qualifies for early start services should be assigned a service coordinator to consult with and a maximum dollar amount (or cap) to work within over a set period of time. While all children may not require/use the same amount of money to meet their developmental needs, the maximum dollar amount or cap should be the same for all children. Families should be given full disclosure of the services available and cost of services provided by individual and organizational providers. Families should also be given an option to review a provider's background information. Families should be able to prioritize those services they feel will best meet their child's developmental needs. All vendors including developmental programs should be paid the same rate for a given service (e.g. physical therapy). Interventionists (e.g. physical therapists) working for developmental programs have the same licenses and qualifications as do independent vendors. Paying more for the same service is a misuse of scarce public funds.	Feb 14, 2011 10:20 PM
854	I fully realize the enormous budget deficit facing our great state. The past rate reductions have caused our agency to cut jobs along with many other cost saving measures in order to stay in business operating with a loss for the last fiscal year. The costs associated with training and providing quality interventions for children and their families is large, however the costs associated with of providing these early intervention services are far greater to the state and to society (Jacobsen Mullick & Green). If the state wishes to recruit capable and effective service providers for the families in California, the reimbursement rates should be similar for supervision. 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).	Feb 14, 2011 10:45 PM
855	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 10:45 PM
856	Reimbursement should be commensurate with the qualifications of the person providing the service i.e reimbursement for an AA level person would be less than that for a person with a BA etc. At the present time minimally trained and educated early iinterventionists are reimbursed at a higher rate than more highly educated and licensed therapists such as SLPs and OTs Reimbursement for companies providing EI services should be around $40 per hour	Feb 14, 2011 10:47 PM
857	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 10:48 PM

5. Suggested service standards about the payment for these services:

	Response Text	
858	payement paid direvtlly to parents to pay the provider.	Feb 14, 2011 10:49 PM
859	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 10:57 PM
860	In adherence to the Lanterman Act, payment should be made from local, state, and federal monies. Families should pay a co-payment based on a sliding scale fee.	Feb 14, 2011 11:06 PM
861	Payment for these services should be made in a timely way. Current rates are lower than they should be; rates should reflect the usual and customary costs to deliver services. They have fallen behind.	Feb 14, 2011 11:12 PM
862	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 11:18 PM
863	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 11:27 PM
864	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 11:33 PM
865	children under age three should receive funding through the regional center, with responsibility turning to the school districts when child reaches age 3.	Feb 14, 2011 11:34 PM
866	Equal across regional centers with some extra incentives for agencies in underserved areas.	Feb 14, 2011 11:43 PM
867	If the tax payer has insurance it should be RCOC to find them a therapist that would accept their insurance and if not then the state should provide the service acting as the insurance and the consumer pays any deductables and or copayments.	Feb 14, 2011 11:45 PM
868	Generic and private resources (e.g., insurance, school districts) should be utilized when available. Denials should be obtained from the appropriate generic and private resources; however, Early Start services should be approved pending the denial process to facilitate the provision of services as soon as possible.	Feb 14, 2011 11:47 PM
869	Generic and private resources (e.g., insurance, school districts) should be utilized when available. Denials should be obtained from the appropriate generic and private resources; however, Early Start services should be approved pending the denial process to facilitate the provision of services as soon as possible.	Feb 14, 2011 11:48 PM
870	Payment should be timely for services rendered. Rates should reflect usual and customary costs to deliver services. Current rates are lower than they should be.	Feb 14, 2011 11:54 PM

5. Suggested service standards about the payment for these services:

	Response Text	
871	Continue/increase to require use of community resources etc. There is a lot of duplication of services (i.e. Regional Centers, First 5 programs, CCS, Family Resource Centers).	Feb 14, 2011 11:55 PM
872	Regional center & school districts should pay	Feb 15, 2011 12:01 AM
873	Free services to California taxpayers	Feb 15, 2011 12:03 AM
874	Payment should be from related agencies with regional center as payor of last resort though services should not be delayed due to extensive research of payment sources as this significantly reduces the effectiveness of early intervention which needs to be EARLY when brain development and intervention can have the greatest impact	Feb 15, 2011 12:04 AM
875	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 12:11 AM
876	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 12:12 AM
877	Payment for services are suggested at SMA rate as the maximum. Vendors may opt to lower their rate based on thier business needs.	Feb 15, 2011 12:12 AM
878	State should pay for all	Feb 15, 2011 12:44 AM
879	A standard rate for all providers. Referrals should be based on availability.	Feb 15, 2011 12:48 AM
880	SMA	Feb 15, 2011 12:49 AM
881	Beside Regional Center, insurance companies should pay for ABA services like speech services etc.	Feb 15, 2011 12:52 AM
882	Standards should address education, experience and performance of service.	Feb 15, 2011 12:57 AM
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 15, 2011 1:06 AM
884	Because my children are covered by Medical and sometimes CCS. Once in a while Regional center must cover the costs for babies with CCS because they require in home treatment which CCS does not offer.	Feb 15, 2011 1:09 AM
885	same as now	Feb 15, 2011 1:15 AM
886	Remuneration reflective of similar services received in the "typical" community. Costs consumer would expend in the absence of vendored services. A partnership with local school districts may provide a delivery model and create a fiduciary perspective.	Feb 15, 2011 1:18 AM
887	Regional center.	Feb 15, 2011 1:25 AM

5. Suggested service standards about the payment for these services:

	Response Text	
888	Eliminate or control the 116 code rates for therapy services. Many providers have high rates because of this opportunity which was intended to increase resources. This tended to give the therapy providers more influence and de-valued the infant program providers.	Feb 15, 2011 1:30 AM
889	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 1:30 AM
890	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 1:34 AM
891	Insurance companies should pay for insured clients' services.	Feb 15, 2011 1:35 AM
892	Payment needs to adequately compensate the cost of service. If reductions are needed; establish at least a baseline of reimbursement, rather than some providers higher and some lower.	Feb 15, 2011 1:41 AM
893	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 1:50 AM
894	Regional center	Feb 15, 2011 1:51 AM
895	By regional and insurance companies.	Feb 15, 2011 1:55 AM
896	co-pay or private	Feb 15, 2011 1:57 AM
897	s: 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 1:58 AM
898	Reduce therapy sessions to 45 minutes to offset the payment reduction. Consult insurance companies in California. What do they pay for PT, OT, Speech? Travel fee added to payment for vendors providing In-Home services.	Feb 15, 2011 2:00 AM
899	Goverment	Feb 15, 2011 2:01 AM
900	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 2:01 AM
901	The government should support all these services fully and completely.	Feb 15, 2011 2:03 AM
902	if insurance is used ,regional centers should help with the co-pay	Feb 15, 2011 2:19 AM
903	Should be free to the families	Feb 15, 2011 2:45 AM
904	I definitely could not afford these services even in an upper middle class family. All people should receive these services without payment.	Feb 15, 2011 2:46 AM
905	$60 dollar per hour	Feb 15, 2011 3:05 AM

5. Suggested service standards about the payment for these services:

	Response Text	
906	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 3:11 AM
907	Payment; Regional Center with School Districts; Selpa; in accordance with FAPE and LRE as determined	Feb 15, 2011 3:14 AM
908	Paid through taxes and public schools	Feb 15, 2011 3:17 AM
909	The state of California will need to support the families of those receiving treatment, since their children are not yet of school age.	Feb 15, 2011 3:20 AM
910	Regional center and/or health insurance. Parents are already money strapped trying to cover everything for their child.	Feb 15, 2011 3:25 AM
911	no suggestion	Feb 15, 2011 3:33 AM
912	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 3:44 AM
913	See Lanterman Act	Feb 15, 2011 4:00 AM
914	paid for by Regional Center system under the Lanterman Act	Feb 15, 2011 4:06 AM
915	Regional service should pay for the services. Parents of special needs children are broke!!!	Feb 15, 2011 4:07 AM
916	This should be a state-funded, early intervention program, as these programs are critical for ensuring a child's preparedness for further education and ultimate success.	Feb 15, 2011 4:07 AM
917	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. In our case, the state has saved more money through its early intervention program.	Feb 15, 2011 4:15 AM
918	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 4:38 AM
919	Regional center, health care insurance	Feb 15, 2011 4:39 AM
920	Health insurance	Feb 15, 2011 4:42 AM
921	Same as previous.	Feb 15, 2011 5:05 AM
922	early start services include many specialties and many services. Payment has to be reasonable especially if oversight and supervision of line staff is to be included. If programs are expected to be comprehensive and provide everything for the child's program then the rate will be different than for a program that one specialty/ or a comprehensive global program. Expectations for programs have shifted over the years	Feb 15, 2011 5:06 AM

5. Suggested service standards about the payment for these services:

	Response Text	
923	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 5:07 AM
924	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 5:07 AM
925	If these services can be billed through private insurance, then they should be. If these are services that can be provided by the County Health Care system, then they should be.	Feb 15, 2011 5:13 AM
926	same comments as for infant development	Feb 15, 2011 5:27 AM
927	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 5:31 AM
928	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 5:58 AM
929	Fund raisers and government grants.	Feb 15, 2011 5:58 AM
930	Payment must include time for planning and collaboration with families, early educators in natural environments, and colleagues within the child's team.	Feb 15, 2011 6:14 AM
931	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 6:22 AM
932	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 6:28 AM
933	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 6:29 AM
934	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 6:30 AM

5. Suggested service standards about the payment for these services:

	Response Text	
935	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 6:35 AM
936	There should be a standard rate set for evaluations across regional centers. A rate of 170.00 -175.00per professional. Private insurance evaluations can run from 250.00 to 325.00. Direct treatment rates between 77.00-85.00. (Private insurance pays anywhere from 78-150 for a treatment hour) Group rates that the DDS uses are low but could stay the same for now, with eventually looking at reinstating the cost statement for programs to be submitted to adjust for rising cost of living/ cost of running a program.	Feb 15, 2011 6:36 AM
937	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 6:40 AM
938	Insurances should be able to help with these services.	Feb 15, 2011 6:47 AM
939	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 6:58 AM
940	Medicare levels for telemedicine	Feb 15, 2011 7:06 AM
941	Payment for these services should be dependent upon the experience and skill of each individual service worker.	Feb 15, 2011 7:06 AM
942	Every child is eligible for free education provided by the state	Feb 15, 2011 7:15 AM
943	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 7:53 AM
944	-per encounter -amount not covered if have insurance -cost of services without insurance	Feb 15, 2011 8:17 AM
945	I have learned that some EIBT providers get a higher rate than others. This must stop. Make it the same across the board, unless you do as I suggest and ensure that care is given in a need based way. In that case, providers who actually take on difficult cases may require a higher rate.	Feb 15, 2011 8:39 AM
946	Funding for behavioral services for school-aged children should be provided through insurance company's and the State Of California should assist families in their pursuit of funding.	Feb 15, 2011 8:51 AM
947	Intensive early start services should be provided to children/family of children with autism and other disabilities	Feb 15, 2011 10:47 AM
948	By the hour??	Feb 15, 2011 12:07 PM
949	Again modest co-pay. Helpful to allow HSA or HFA accounts to help with this.	Feb 15, 2011 1:47 PM
950	Government and state	Feb 15, 2011 3:06 PM
951	No cost to services provided	Feb 15, 2011 3:06 PM

5. Suggested service standards about the payment for these services:

	Response Text	
952	Insurance should be utilized as a first payor, however, considerations should be taken for families with high deductibles. Financial burdens should not fall only on those who have insurance or perhaps there is incentive to "not have insurance".	Feb 15, 2011 3:18 PM
953	Payment should be made in timely manner. Payment should be commesurate with services provided. If more specialized, should have higher rate. If rate covers program costs, programs will be able to retain excellent experienced staff and be able to offer increased ongoing training.	Feb 15, 2011 3:24 PM
954	State-set rate for vendors	Feb 15, 2011 3:54 PM
955	Present payment has been fine. The hassle to get proof that there is a possibility that any other insurance could provide the service has been an expensive burden placed on the providers because the family is not usually sophisticated enough to know how to pursue this denial or certification. THe insurance companies are often not willing to put denials into writing and in the mean time it take many phone calls and letters etc.	Feb 15, 2011 3:55 PM
956	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 4:03 PM
957	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 4:11 PM
958	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 4:11 PM
959	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 4:18 PM
960	free	Feb 15, 2011 4:27 PM
961	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 4:53 PM
962	$15 and up	Feb 15, 2011 5:02 PM

5. Suggested service standards about the payment for these services:

	Response Text	
963	Equity within and across systems is critical to maintain a quality workforce in California. A highest standard would be to fund services through regional center vendor Early Start programs rather than through individual contractors who do not necessarily have collaborative relationships with other providers or the opportunity for reflective supervision. Rates to programs should be equitable across the state and enable pay for staff commensurate with knowledge and training required, indirect services such as driving, phone calls, team meetings, writing assessment reports, etc. Vendor programs should be able to afford basic benefits for staff commensurate with what regional center Early Start service coordinators receive.	Feb 15, 2011 5:09 PM
964	That cost of living be calculated into the payments.	Feb 15, 2011 5:26 PM
965	too many cancelations by either party may effect payment.	Feb 15, 2011 5:35 PM
966	State	Feb 15, 2011 5:44 PM
967	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 5:45 PM
968	Shared cost with parents.	Feb 15, 2011 5:51 PM
969	Continuation of current standards	Feb 15, 2011 5:53 PM
970	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 5:58 PM
971	Eliminate funding for interventions and treatments whose effectiveness have not been proved by well documented scientific findings. We should look at the collaborative funding model that involves regional centers and school. This has worked now for 15 years. On average the State of California will pay more than $3,000,000 for each and every adult for lifetime services with autism for basic care. Bottom line: Intensive early Intervention based on applied behavior analysis is a smart investment. See also Jacobson, Mulick, & Green, 1998; Chasson, G.S., Harris, G. E., & Neely, W. J. (2007). Cost comparison of early intensive behavioral intervention and special education for children with autism. Journal of Child and Family Studies, 16, 401-413.	Feb 15, 2011 6:04 PM
972	Fair market value according the license and/or certification.	Feb 15, 2011 6:05 PM
973	These infants, children, young adults, and mature adults, did not ask to be disabled. The government helps people how can help themselves (welfare) These disabled can not help themselves, they are being punished because they do not have a voice and they should get some help from the government. The government needs to put to work those that can work.	Feb 15, 2011 6:20 PM
974	-possible copayment by families based on a sliding scale to supplement state and federal funding	Feb 15, 2011 6:20 PM
975	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 6:21 PM

5. Suggested service standards about the payment for these services:

	Response Text	
976	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 6:23 PM
977	Shared if involved with school. Regional Center to share in costs with parent.	Feb 15, 2011 6:27 PM
978	Payments should be partially paid by the standards. Parents should be held responsible for a portion of their own children's care.	Feb 15, 2011 6:27 PM
979	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 6:28 PM
980	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. Until that time, regional center should be responsible for providing the funding for these programs.	Feb 15, 2011 6:30 PM
981	This is not where you should try to find savings. With autism spectrum disorders, early start should flood families with whatever they need in this critical, short time-window before age three. The reality is, that most famlies have been struggling for months before they finally get a diagnoses, probably after age two. That means there are only a few months until the child is three.It Just flood them with whatever you can in the short period of time before age three and the challenges that come for a family now faced with moving the child to the school system and Lanterman Act services.	Feb 15, 2011 6:39 PM
982	Payment should not be by parents. Not even co-payment.	Feb 15, 2011 6:45 PM
983	?	Feb 15, 2011 6:54 PM
984	Generic and private resources (e.g., insurance, school districts) should be utilized when available. Denials should be obtained from the appropriate generic and private resources; however, Early Start services should be approved pending the denial process to facilitate the provision of services as soon as possible.	Feb 15, 2011 6:55 PM
985	Generic and private resources (e.g., insurance, school districts) should be utilized when available. Denials should be obtained from the appropriate generic and private resources; however, Early Start services should be approved pending the denial process to facilitate the provision of services as soon as possible.	Feb 15, 2011 6:57 PM
986	When a person has medical eligibility and insurance, insurance should be used. If they need the skills of a licensed therapist, they should get skilled services, and if they don't need those skills then we should find appropriate alternatives.	Feb 15, 2011 7:00 PM
987	Generic and private resources (e.g., insurance, school districts) should be utilized when available. Denials should be obtained from the appropriate generic and private resources; however, Early Start services should be approved pending the denial process to facilitate the provision of services as soon as possible.	Feb 15, 2011 7:04 PM
988	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 7:05 PM
989	Payments must be adequate to ensure that there is a network of providers willing to serve these children. This network must include providers able to serve non-English-speaking children and families.	Feb 15, 2011 7:08 PM

5. Suggested service standards about the payment for these services:

	Response Text	
990	As a mom of my child, I am not paying anything for these services. Regonal center is the one who pays for the services.	Feb 15, 2011 7:15 PM
991	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 7:48 PM
992	State need to be resonsible for this ervice. Indivudals will not beable to do this and in long run state would be burdened with these indivsuals. The Lanterman Act's commitment state this clarily.	Feb 15, 2011 7:53 PM
993	See suggestions for Behavior services and Day programs	Feb 15, 2011 7:56 PM
994	government and donations	Feb 15, 2011 8:12 PM
995	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 8:19 PM
996	Have a negotiated fee (much like managed care) to avoid preferential treatment of providers with a lower rate.	Feb 15, 2011 8:23 PM
997	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 8:28 PM
998	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 8:32 PM
999	Government funding with maybe co-pay from parents who are able to pay (income based)	Feb 15, 2011 8:34 PM
1000	Funding for behavioral services 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 8:34 PM
1001	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. Until that time, regional center should be responsible for providing the funding for these programs.	Feb 15, 2011 8:38 PM
1002	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 8:42 PM
1003	The vendor payment system should reimburse programs for ALL Early Start services: direct child services, IFSP team meetings, and family support. Research has repeatedly demonstrated, that investing funds on quality early intervention programs for young children, with family support, yields savings in special education and developmental services in the future.	Feb 15, 2011 8:47 PM
1004	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 8:56 PM

5. Suggested service standards about the payment for these services:

	Response Text	
1005	Insurance - since the changes in fall 2009, parents are required to utilize insurance when available, but there is no mandate of the insurance companies to follow through on this mandate. Medical groups are still denying these services because they say they don't cover developmental delay. There needs to be better coordination between DDS, DOI and DMHC to determine who pays for what. Medi-Cal -- there are no Medi-Cal providers in my area so it is impossible to have Medi-Cal pay for these services.	Feb 15, 2011 8:58 PM
1006	Co payment to families	Feb 15, 2011 9:19 PM
1007	Don't know about this.	Feb 15, 2011 9:25 PM
1008	Only pay speech contractors if speech pathologists are present for the session. (Have parents sign off.)	Feb 15, 2011 9:31 PM
1009	The Lanterman ACt, in Sections 4648 (a)(5) and 4690 requires the Director of the Department of Develpmental 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 sould comply with these laws.	Feb 15, 2011 9:35 PM
1010	The vendor payment system should reimburse programs for ALL Early Start services: direct child services, IFSP team meetings, and family support. Research has repeatedly demonstrated, that investing funds on quality early intervention programs for young children, with family support, yields savings in special education and developmental services in the future.	Feb 15, 2011 9:35 PM
1011	The vendor payment system should reimburse programs for ALL Early Start services: direct child services, IFSP team meetings, and family support. Research has repeatedly demonstrated, that investing funds on quality early intervention programs for young children, with family support, yields savings in special education and developmental services in the future.	Feb 15, 2011 9:35 PM
1012	These services should be funded through the regional centers.	Feb 15, 2011 9:37 PM
1013	The vendor payment system should reimburse programs for ALL Early Start services: direct child services, IFSP team meetings, and family support. Research has repeatedly demonstrated, that investing funds on quality early intervention programs for young children, with family support, yields savings in special education and developmental services in the future.	Feb 15, 2011 9:37 PM
1014	The vendor payment system should reimburse programs for all Early Start Services: direct child services, IFSP team meetings, and family support. Investment in good early intervention will reduce fiscal costs in the future.	Feb 15, 2011 9:38 PM
1015	The regional centers should continue to pay for all necessary services, as determined by the IPP team.	Feb 15, 2011 9:45 PM
1016	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 10:12 PM
1017	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 assit families if they are to successfully pursue this type of funding.	Feb 15, 2011 10:18 PM
1018	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 10:27 PM

5. Suggested service standards about the payment for these services:

	Response Text	
1019	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 10:40 PM
1020	compliance w/ certification and reporting in agreement with the funding source	Feb 15, 2011 10:48 PM
1021	Pay the vendors for the all the work they do that relates to Early Start including family support, IFSP meetings, direct services, etc. Not just face to face time. Give what is fully needed up front in order to save money and services in the future.	Feb 15, 2011 10:49 PM
1022	No payment. Prevention at birth - 3 is more cost effective than waiting for delays to get worse or develop.	Feb 15, 2011 11:04 PM
1023	Must be adjusted by region and availability to ensure sufficient resources	Feb 15, 2011 11:04 PM
1024	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 11:07 PM
1025	Need to increase Part H funding, as this covers only a portion of the costs to Regional Centers.	Feb 15, 2011 11:14 PM
1026	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 11:14 PM
1027	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. Until that time, regional center should be responsible for providing the funding for these programs.	Feb 15, 2011 11:16 PM
1028	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 11:19 PM
1029	The vendor payment system should reimburse programs for ALL Early Start services: direct child services, IFSP team meetings, and family support. Research has repeatedly demonstrated, that investing funds on quality early intervention programs for young children, with family support, yields savings in special education and developmental services in the future.	Feb 15, 2011 11:29 PM
1030	Funded by the federal or state government.	Feb 15, 2011 11:52 PM
1031	through vendored contract with the local regional centers	Feb 15, 2011 11:53 PM
1032	in line with standards of living and cost requirements of facilities and professional supplying the care	Feb 15, 2011 11:57 PM
1033	Health insurance companies.	Feb 15, 2011 11:59 PM
1034	I believe the services should be low cost of free for those families that are lower income.	Feb 16, 2011 12:02 AM
1035	poverty level of consumer should pay minimal or less	Feb 16, 2011 12:03 AM
1036	Continue to use the Regional Centers for funding of these services.	Feb 16, 2011 12:13 AM
1037	The state should provide these services.	Feb 16, 2011 12:14 AM

5. Suggested service standards about the payment for these services:

	Response Text	
1038	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 12:15 AM
1039	low cost or no cost	Feb 16, 2011 12:22 AM
1040	State, county, schoold districts, parents.	Feb 16, 2011 12:26 AM
1041	Should be industry standard or slightly below as it is now. Otherwise, you will force a shortage of providers because no one will work for very little.	Feb 16, 2011 12:26 AM
1042	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 12:30 AM
1043	all insurances.	Feb 16, 2011 12:30 AM
1044	this will be difficult to address here. A program that provides a comprehensive program with all services/therapies will be different from a program that provides a specific service. home visiting programs may have different costs than clinics/centers/etc Payment of services needs to consider supervision/training etc	Feb 16, 2011 12:37 AM
1045	It should be on a case by case basis through the regional center. Every child should be given the services they needed. It will be so much more cost effective to help children with Autism when they are young and have a chance to learn.	Feb 16, 2011 12:40 AM
1046	not as high as insurance companies but enough for a professional to earn a living	Feb 16, 2011 12:46 AM
1047	I know that the budget cuts will be large and regional centers have been impacted but the clinics are hurting too. Why can't the parents pay a co-pay to the centers running programs.	Feb 16, 2011 12:57 AM
1048	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 12:57 AM
1049	Please see response for this question under Behavioral Services. A sliding scale should be used so that lower income families pay less that higher income families. Consumers should be somewhat responsible for the costs of service.	Feb 16, 2011 12:59 AM

5. Suggested service standards about the payment for these services:

	Response Text	
1050	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 1:04 AM
1051	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 1:09 AM
1052	dds and medi-cal	Feb 16, 2011 1:11 AM
1053	Payment must be fair and swift in order to retain qualified providers. The consumers have very special and an times difficult needs and the providers need to be compensated accordingly. Computerization for time cards would be a great stride in streamling the payment process for individual providers.	Feb 16, 2011 1:13 AM
1054	?	Feb 16, 2011 1:18 AM
1055	If something or someone is inferior get rid of them	Feb 16, 2011 1:18 AM
1056	Funding for behavioral services 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 1:26 AM
1057	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 2:02 AM
1058	NONE	Feb 16, 2011 2:16 AM
1059	see Lanterman Act	Feb 16, 2011 2:18 AM
1060	No suggestion	Feb 16, 2011 2:21 AM
1061	I think that people with insurance or the means to pay for these services should be required to pay for a portion of the services they receive. My daughter received services for almost two years. I would have been willing to contribute a share of cost for these services. The share should not be so high that people opt out of receiving services.	Feb 16, 2011 2:38 AM
1062	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 2:40 AM
1063	Try to pay a high enough wage that we keep well trained individuals providing these services.	Feb 16, 2011 2:44 AM
1064	Payment for services will help build the value for such services. A sliding-scale fee co-payment plan would be beneficial to the integrity of all services provided through the Regional Center.	Feb 16, 2011 3:02 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 16, 2011 3:02 AM

5. Suggested service standards about the payment for these services:

	Response Text	
1066	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 3:31 AM
1067	Payment should be timely for services rendered. Rates should reflect usual and customary costs to deliver services. Current rates are lower than they should be.	Feb 16, 2011 3:31 AM
1068	Difficult to state an amount - various factors In order to have quality programs, vendors need to be reimbursed for all services provided. IFSP meetings, supervision of staff, no shows of clients for home visiting programs. For home programs, there are many expenses that do not get reimbursed which makes it difficult to continue with this model.	Feb 16, 2011 3:41 AM
1069	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 3:45 AM
1070	Insurance companies and the state of California.	Feb 16, 2011 3:48 AM
1071	Payment should be according to the economic status of the parents. It should be minimal to free of charge to those who are in need but can not pay the full amount.	Feb 16, 2011 3:54 AM
1072	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 3:55 AM
1073	should be free -more familys would be able to have help--(if you have insurance or the money then pay) if this program was offered to more children at an early age then the saying no child will be left behind would come true.	Feb 16, 2011 3:56 AM
1074	Payment should follow the model currently in use in Stanislaus County.	Feb 16, 2011 4:02 AM
1075	The DDS Early Start system should reimburse all vendored programs for all Early Start services. This includes direct service delivery, family support, and attendance at IFSP meetings. The use of private insurance should be considered for therapy services (occupational therapy, physical therapy, speech and language therapy) as long as undue financial hardship is avoided. To leverage the insurance system is appropriate - but not at the risk of families opting out of services due to the hardship of co-payments every week/month or large deductibles every January. This is short sighted and our state could end up with many children/adults down the line with more significant issues that will cost us more in the future to manage.	Feb 16, 2011 4:08 AM
1076	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 4:29 AM
1077	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 4:30 AM

5. Suggested service standards about the payment for these services:

	Response Text	
1078	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 4:45 AM
1079	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 4:53 AM
1080	Well, since our healthcare system in our state does not acknowledge or pay for these services, they must be provided by the State.	Feb 16, 2011 4:57 AM
1081	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 4:57 AM
1082	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 5:01 AM
1083	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 5:07 AM
1084	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 5:11 AM
1085	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 5:15 AM
1086	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 5:33 AM
1087	market value	Feb 16, 2011 5:54 AM
1088	Health insurance should be accessed first for therapy services such as PT, OT, speech, with regional center as the payer of last resort. Some services could be covered by CCS. A sliding scale for respite and intensive ABA services would be appropriate, based on parent income. There should be a set rate for each type of intervention. Currently, some vendors have higher rates due to the "usual and customary" standards that were used at the time of vendorization. Currently there is a wide range of rates, and no commensurate difference in quality of services.	Feb 16, 2011 6:00 AM

5. Suggested service standards about the payment for these services:

	Response Text	
1089	Funding for behavioral services for young 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 6:01 AM
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 16, 2011 6:04 AM
1091	US government or private insurance if possible	Feb 16, 2011 6:21 AM
1092	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 6:27 AM
1093	Federal/state dollars	Feb 16, 2011 7:16 AM
1094	TAXES - these kids are our future! (they will only get MORE expensive if they age without services)	Feb 16, 2011 7:41 AM
1095	Passing an insurance mandate bill for autism medical and therapy would share the cost between the state and the insurance company if a person has insurance. The RC would only need to pay for the uninsured. The more treatment a child receives early, the better outcome. Insurance should cover needed therapies from the moment the child is diagnosed. There should be strict rules prohibiting an insurance company from declining needed therapies. There should be consumer choice for vendors for the service. This will save the state millions of dollars. Comparing the cost for other states to have this coverage by insurance companies has proven it does not impact the companies in a negative way. It can and should be done. The uninsured should still have access to early state programs. It saves the state in the long run. It also saves the schools too.	Feb 16, 2011 7:44 AM
1096	accountability and audits for vendors payments	Feb 16, 2011 7:54 AM
1097	The payment of these services should be divided between the consumer's insurance (medical or other applicable), regional center resources (DDS or other public funding sources), and the parents of the early start consumer. The reason is simple. Every party mentioned above have an interest in the best outcome for the child. All parties should share financial responsibilities. Depending on financial circumstance, the parent's responsibility should be no less than $5-$10/session to a top level limit. This way services provided are then valued by the parents when they have some "skin" in the game. IE: Financial Responsibility.	Feb 16, 2011 7:57 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1	Set up copay process	Jan 28, 2011 1:04 AM
2	for those without an identified/defined developmental disability a co-payment of 10%-20% of the cost, if they do not have medicaid.	Jan 28, 2011 1:09 AM
3	Co-payment for age appropiate kids that reach age level. All other children who still quailfy should remain free	Jan 28, 2011 1:13 AM
4	INDIVIDUAL CHOICE BUDGET	Jan 28, 2011 1:19 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
5	parents may copay $5.00 per hour of service.	Jan 28, 2011 1:23 AM
6	Parents should not have to pay for public education.	Jan 28, 2011 1:25 AM
7	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 1:32 AM
8	parents have the lions share of cost responsibility	Jan 28, 2011 1:41 AM
9	ICB	Jan 28, 2011 1:48 AM
10	1) Parent Education commitment 2) Parent time commitment 3) Parent copayment	Jan 28, 2011 1:53 AM
11	family should give a time commitment. no cost to family.	Jan 28, 2011 1:57 AM
12	Ideally, parents and caregivers will be involved in whatever treatments are used. However, a consumer should not be punished because a parent or caregiver is unavailable (e.g., working) or unwilling to participate. Caring for a child with a developmental disability is expensive enough (e.g., special schools, technology, medical appointments, special equipment); parents should not be asked to make co-payments for regional center services. Also, in families with a child with a developmental disability, family income is generally lower, as the demands of caring for a child with a disability preclude having two working parents.	Jan 28, 2011 2:28 AM
13	Should be very upfront about the expectations of the program if the child qualifies, as parent involvement is a crucial factor in success of childs development.	Jan 28, 2011 2:44 AM
14	co-payments should not be considered here	Jan 28, 2011 2:48 AM
15	see above	Jan 28, 2011 2:55 AM
16	I believe parents should be involved in any type of program that is being taken on by their child. As far as a co-pay, if insurance is covering this, then the $10 co-pay, just as if I needed to go and see my doctor for a sore throat.	Jan 28, 2011 3:08 AM
17	I do not feel early intervention families should face a co-payment, unless it is on a sliding income based scale and low to moderate income families should not be responsible to pay a co-payment. The co-payment should not be high for anyone.	Jan 28, 2011 3:10 AM
18	None	Jan 28, 2011 3:30 AM
19	Parents should be directly involved in treatment and should be held accountable for follow up activities in the home.	Jan 28, 2011 3:41 AM
20	Parents are present for all services and agree to follow though with homework with the therapies an agreed upon number of hours per week.	Jan 28, 2011 3:43 AM
21	Lanterman Act. Needs of the consumer as written in the IPP	Jan 28, 2011 3:44 AM
22	Same as 5.	Jan 28, 2011 3:47 AM
23	Parents should be required to put time in for services, but not have to pay out ofpocket	Jan 28, 2011 3:56 AM
24	Parents must be required to participate in their child's program. Parent training is an essential part of Early Start Programs. Excessive absences or cancelations should terminate the program. If the parent/caregivers do not participate in the Early Start Program the program should be terminated. Parents should make co-payments to the state on a sliding scale basis.	Jan 28, 2011 3:59 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
25	Parents should have to be more responsible. It is understandable that many parents cannot attend therapy sessions as they are working and at that point the therapist should be following-up with the parent. However, parents that continually cancel for reasons other than illness, are not at home when the therapist arrive, who are home but don't answer the door and you later find out that they were in the shower, etc., etc., should be put on some sort of probation from therapy services until they can be compliant. We, as therapists aren't really asking that much, just to be there when we arrive. Maybe missed appointments should be reported and the parent make a co-pay to at least cover our gas and milage!	Jan 28, 2011 4:09 AM
26	Parents have the responsibilities to follow through with all recommendations. Parents should also follow through when it comes to getting a prescription and submitting it to the regional center or theraputic units. Parents have participate during the sessions which is one hour per session.	Jan 28, 2011 4:09 AM
27	Parent training, time commitment, implementing programs when therapists are not present (consistently).	Jan 28, 2011 4:09 AM
28	No co-payment or sliding scale and maybe one day with parents and one day without.	Jan 28, 2011 4:21 AM
29	Co-paynment should be paid by the parents at the time of servcie.	Jan 28, 2011 4:22 AM
30	Some cancellations are to be expected, but if a parent is unable to commit to services then services need to be inactivated until the family is able to particpate more fully.	Jan 28, 2011 4:30 AM
31	Parents should participate in services as directed by the IPP	Jan 28, 2011 4:47 AM
32	The Family Cost Participation Program should be extended to apply to all regional center funded services for minors living with their families.	Jan 28, 2011 4:57 AM
33	Again, it take more money to nickel and dime the families than it does to provide services that will increase the level of functioning of the disabled family member.	Jan 28, 2011 5:45 AM
34	Parents should not be asked for co-payment for early intervention services.	Jan 28, 2011 6:32 AM
35	As outlined above, parents of children 0-3 are often forced to quit jobs to care for their child. I feel very strongly that parents should not have to pay for these services. Not even a copay to their insurance. Families are being forced to pay thousands of dollars out of pocket for medical equipment and medical bills. Educational services should NOT cost money - this includes developmental specialists, hearing teachers, speech teachers, vision teachers. I understand asking insurance companies to help pay for physical and occupational therapies that are medical in nature, but parents should NOT be forced to pay copays for these services when they become excessive. Some insurance companies send parents to out of network providers, where parents may pay up to $100 per session. With PT and OT, $200 a week is excessive when faced with many other bills for the care of their child. This intense stress has a devastating effect on families and children.	Jan 28, 2011 6:39 AM
36	Parents Must always be involved with their children's health!	Jan 28, 2011 6:56 AM
37	Eliminate the program entirely	Jan 28, 2011 7:00 AM
38	Keep all medical appointments and follow all directions. If you need help or don't understand something, ask.	Jan 28, 2011 7:12 AM
39	Parents could have the option to volunteer their time or make co-payments.	Jan 28, 2011 7:15 AM
40	Manditory monthly seminars for parents wanting services	Jan 28, 2011 3:05 PM
41	work with provider of service	Jan 28, 2011 4:31 PM
42	At this young age parents should have more time commitment, yet, as I stated previously, people have to work.	Jan 28, 2011 4:35 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
43	parents need to put in the time and effort in working on stimulation activities that they are taught.	Jan 28, 2011 4:37 PM
44	Maintain high standards so the client can really know that in spite of their handicap, they are somebody. When staff have the love and heart to work with special people, staff benefits as well. Services and payment can be negotiated on a as need/required based on the client's situation.	Jan 28, 2011 4:41 PM
45	Parents should not receive respite/day care except in cases where subsidy for specialized care is required.	Jan 28, 2011 4:46 PM
46	Mandatory parent participation.	Jan 28, 2011 4:59 PM
47	When it comes down to the children all individuals involved should put energy into this. As for copays or payments there should be copayment according to income.	Jan 28, 2011 5:01 PM
48	These standards already exist at a level that most families cannot afford, especially when dealing with all the other issues that come with raising a child with disabilities	Jan 28, 2011 5:04 PM
49	Parent contribution based on income (which is determined by tax returns), Regional Centers and eventually Insurance Companies. Parents should be required to participate in their child's services 10% of the amount of time their child receives services, e.g., if a child receives 30 hours a week of services, the parent must participate for 3 hours of that time.	Jan 28, 2011 5:12 PM
50	Parents should only be required to commit to the time needed for the services they feel are important, and have signed for at the IFSP.	Jan 28, 2011 5:24 PM
51	tricky with insurance etc. sets up the same discriminatory possibilities that those with resources fight for services and those that do not have the economic or social means by which to advocate for their children, often don't - seek federal funding to supplement state funding.	Jan 28, 2011 5:48 PM
52	Parents should not be required to pay for co-pays or deductibles so that there are no barriers for eligible consumers to receive Early Start required services.	Jan 28, 2011 5:49 PM
53	Co-payments should be considered based on income of family Time commitment needs to be required since Early Start is a parent training program. No show fees should be considered.	Jan 28, 2011 5:52 PM
54	Parents should involved as much as possible making exceptions for working parents who have to juggle all of their responsibities to provide for their families. At minimum, weekly consultation with the professionals working with their children should be required.	Jan 28, 2011 5:54 PM
55	Parents need to be a part of the process. There should be activities that are suggested at home and followed up upon by the teachers to make sure there is a continuim in place. All efforts should be made to have the child not need early intervention as soon as possible.	Jan 28, 2011 6:04 PM
56	time commitment	Jan 28, 2011 6:11 PM
57	Keep at the current rates and amounts.	Jan 28, 2011 6:14 PM
58	a parental share of cost for parents above a 100k household income.	Jan 28, 2011 6:16 PM
59	Means tested copayments for all services.	Jan 28, 2011 6:18 PM
60	Parents should be involved and incorporated in treatment and treatment decisions as much as possible.	Jan 28, 2011 6:28 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
61	I believe parents need to be there for their child with special needs the same as for any typical child. That means going to appointments, learning from the therapists or teachers how they can help their child between appointments and maybe most importantly learning their rights and their responsibilities -- becoming their child's advocate. Medical expenses can be so high for many of these little ones that a copayment could put services out of reach -- maybe especially for the "middle class". Looking at income levels only doesn't paint the entire picture of their income vs expenses and the amount of money available to pay for services.	Jan 28, 2011 6:29 PM
62	Have parents provide a small % of time commitment to decrease cost of aids and possibly a small co-payment for the services.	Jan 28, 2011 6:31 PM
63	No co-payment should be required. However, parents should ensure they are available for the services and services should be terminated if parents don't keep their commitment.	Jan 28, 2011 6:36 PM
64	If the parents have private insurance, a guideline for what amount of copay they should be responsible for should be established. Parents need to commit to appointments, and to carrying out activities in between visits.	Jan 28, 2011 6:43 PM
65	no	Jan 28, 2011 6:44 PM
66	Parents should be required to attend classroom and therapy sessions with thier children and not just drop them off "to be fixed". Without parents commitment the child will not progress as well. Co-payments for those who can afford them are fine, but for those who cannot another system needs to be in place. No child should be denied services for a parents in ability to pay.	Jan 28, 2011 6:56 PM
67	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 7:07 PM
68	Copayment is already required for some services -- no further copayments should be required. Parents spend a great deal of money already on diagnosis, medications, doctor's copayments, etc. for these consumers. Documentation of time commitment (when parent can't work in order to take consumer to the service), transportation costs can show parental commitment to services.	Jan 28, 2011 7:12 PM
69	Parents/caregivers should be present for sessions and be required to implement strategies outside of the early interventionist visit.	Jan 28, 2011 7:20 PM
70	Parents must be committed to work together with the provider and must continue service during non-session hours.	Jan 28, 2011 7:22 PM
71	Parents HAVE TO be involved or the therapy will not work. It needs to translate from the therapeutic setting to the home setting. Any parent who cannot be involved shouldn't get therapy. Weekends are available for therapy as well. It can be done.	Jan 28, 2011 7:24 PM
72	No co-pays! It only makes those who cannot afford the co-pay completely avoid services, which hurts the kids in the long run.	Jan 28, 2011 7:30 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
73	State money should only be distributed to programs that have clear, consise and specific statements of service. this should include money indirectly given to parents in the form of services. Receipients should be held accountable..ie.. a parent has a special needs child the would benefit from physical therapy.. a therapist is sent to the home and paid from state money theapist is required to document service and provide billing..the parent should also be required to be trained and sign a statement of agreeing to follow the treatment plan and follow up care as prescribed..the child is not going to improve solely on therapist's visit 1 time per week.. the parent will also have to "work"..baseline data collection and results are the tools to determining fruits of the therapy..if parent not follow thru then this service should not be continued and an alternate should be sought,,more time consuming? yes initially but NOT in the long run..Spend the money at first but STOP the waste.. co pays should be charged	Jan 28, 2011 7:35 PM
74	They should be required to keep contact with service providers. If they do not and are unable to contact for a three- four week services are dropped.	Jan 28, 2011 7:37 PM
75	Definetely, a time commitment, and parent responsibilty to help child become age appropriate.	Jan 28, 2011 7:43 PM
76	There should be no co-pay for Early Start.	Jan 28, 2011 7:44 PM
77	Parents sign the IFSP and are aware of the services. If there is a co-pay, parents will bow out of the services and the child will lose. The professionals working with the family should be aware of the family dynamics and make appropriate changes to the services amount as needed.	Jan 28, 2011 8:02 PM
78	parents pay their insurance co-pays. no services without parent being present, active participant, being trained to take care of their child.	Jan 28, 2011 8:03 PM
79	Agencies should be felexible with parents not what school or RC tells them to do.	Jan 28, 2011 8:05 PM
80	Parents shall be required to show they are learning and utilizing new skills taught by service providers.	Jan 28, 2011 8:41 PM
81	parents should have access their insurances and pay a copay. there is no reason why insurances should not be funding some of the early intervention services - they pay for other things	Jan 28, 2011 8:41 PM
82	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 8:46 PM
83	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	Jan 28, 2011 8:48 PM
84	none	Jan 28, 2011 8:50 PM
85	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 8:55 PM
86	Should participate in group sessions and have documented reasons if the child misses therapy.	Jan 28, 2011 9:04 PM
87	I repeat: such families of children with disabilities are already strapped for time and funds. This occurs instantly and without warning as soon as a child is born with disability. Hospitalization in the first week or two can run into the millions. Be careful about asking for more - there is usually none to give and such families are on the brink or over it.	Jan 28, 2011 9:05 PM
88	See response to Behavior Services.	Jan 28, 2011 9:19 PM
89	parents should be required to participate in each hour of service.	Jan 28, 2011 9:38 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
90	same as behavioral	Jan 28, 2011 9:40 PM
91	services should be provider during the time that private insurance is being persued parent/caretaker must be present during sessions	Jan 28, 2011 9:42 PM
92	Require parents to sign contracts and implement penalties for broken contracts.	Jan 28, 2011 9:46 PM
93	co payments for no shows or late cancellations co payments for group programs mandetory parent participation programs and counseling	Jan 28, 2011 9:53 PM
94	co payment for higher income families or a higher co-pay for families that will not participate.	Jan 28, 2011 9:54 PM
95	parents should be able to commit to learning to use simple therapy and developmental techniques in the child's daily life outside the therapy setting	Jan 28, 2011 10:05 PM
96	possibly utilize a sliding scale, based on income (using tax forms) and/or allow parents of participants to volunteer at the regional center.	Jan 28, 2011 10:18 PM
97	Parents need to participate in all aspects of the infant development program in order to be educated on how to apply the intervention techniques at home. An hour or half hour of intervention will not produce results. However, if the parents are trained to implement the techniques every day then we might see progress. Parents who are unwilling to do this should not receive the services.	Jan 28, 2011 10:36 PM
98	The health of childen in Early Start is often compromised so historically absences have been a problem for home visitors. it is accepted and understood that there are many doctor appts, sickness and hospitalizations that occur. Being so, that should not excuse the number of no shows due to a parent's lack of follow through. Staff should not spend hours trying to get careproviders to call back or show up. The argument is always stated that there are not enough providers,so let us make sure that the families we commit our time to are truely invested in their childrens's needs. Three unexcused absenses should suffice to close a case with a letter to the family explaining why. These services should be accessed by families who value the gift of a home visitor and until most recently at no expense to them. I	Jan 28, 2011 10:48 PM
99	Co-pay no exceptions, no appeal rights as the decision to up to local RC.	Jan 28, 2011 10:59 PM
100	Participation required.	Jan 28, 2011 11:02 PM
101	Parents must agree to participate and do so at an 80% or better rate to qualify for free or reduced cost services. Missed or canceled appointments should be held against them.	Jan 28, 2011 11:09 PM
102	There should be some form of co-payment for services based upon income. In addition, services should be terminated of services are not used for a set amount of time. And if they are terminated, there should be a set amount of time that should have to pass before the service can be requested again.	Jan 28, 2011 11:11 PM
103	Parents need to be a partner in the services. Look for reimbursement from medical insurance companies. However, many health care institutions are ill-equipped to treat infants and children with feeding problems, so they need resources (list of state vendors) that may assist them to help their members.	Jan 28, 2011 11:17 PM
104	The requirements for making sure therapists are aware of absences and the limits to unscheduled absences were reasonable and helped both sides keep their commitments. When we began Early Start there were no co-pays, and as they were introduced our income was too low to require us to submit co-pays. They certainly shouldn't be high enough to threaten the child's access to services, and it was good that there was an income-based scale.	Jan 29, 2011 12:03 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
105	Parent may pay co-payment based on income and regional center may determine based on sliding scale. Parents would be required to be involve at least 90% of the sessions and no more than 20% cancelation of appointments.	Jan 29, 2011 12:32 AM
106	Regional Centers should unite and cover the family's co-pays up to the allotted amount and parents/caretakers should be involved as much as they can when providing services to their children so they can be well-educated. It should be mandatory that parents or a family member/close friend should attend when the therapist(s) is/are treating at least twice a month for each discipline.	Jan 29, 2011 12:38 AM
107	Definitely there should be a time commitment from the parents, who will also need to bring their share of information regarding these services to schools and IEPs. I have found that involvement of Case workers at school meetings and IEPs to also be of great value in helping ensure proper services are captured in the IEP and helping parents and educators understand resources that are available to children, their families, and the schools.	Jan 29, 2011 12:39 AM
108	See above	Jan 29, 2011 12:55 AM

Early Start Services

6. Suggested service standards about the responsibilities of parents and

	Response Text	
109	California Government Code Division 14. California Early Intervention Services Act Chapter 1. General Provisions 95000. This title may be cited as the California Early Intervention Services Act. 95001. (a) The Legislature hereby finds and declares all of the following: (3) The family is the constant in the child's life, while the service system and personnel within those systems fluctuate. Because the primary responsibility of an infant's or toddler's well-being rests with the family, services should support and enhance the family's capability to meet the special developmental needs of their infant or toddler with disabilities. (4) Family-to-family support strengthens families' ability to fully participate in services planning and their capacity to care for their infants or toddlers with disabilities. (5) Meeting the complex needs of infants with disabilities and their families requires active state and local coordinated, collaborative, and accessible service delivery systems that are flexible, culturally competent, and responsive to family-identified needs. When health, developmental, educational, and social programs are coordinated, they are proven to be cost effective, not only for systems, but for families as well. (6) Family-professional collaboration contributes to changing the ways that early intervention services are provided and to enhancing their effectiveness. (7) Infants and toddlers with disabilities are a part of their communities, and as citizens make valuable contributions to society as a whole. (b) Therefore, it is the intent of the Legislature that: (1) Funding provided under Part C of the federal Individuals with Disabilities Education Act (20 U.S.C. Sec. 1431 et seq.) be used to improve and enhance early intervention services as defined in this title by developing innovative ways of providing family focused, coordinated services, which are built upon existing systems. (2) The State Department of Developmental Services, the State Department of Education, the State Department of Health Care Services, the State Department of Mental Health, the State Department of Social Services, and the State Department of Alcohol and Drug Programs coordinate services to infants and toddlers with disabilities and their families. These agencies need to collaborate with families and communities to provide a family-centered, comprehensive, multidisciplinary, interagency, community-based, early intervention system for infants and toddlers with disabilities. (3) Families be well informed, supported, and respected as capable and collaborative decisionmakers regarding services for their child. (4) Professionals be supported to enhance their training and maintain a high level of expertise in their field, as well as knowledge of what constitutes most effective early intervention practices. (5) Families and professionals join in collaborative partnerships to develop early intervention services that meet the needs of infants and toddlers with disabilities, and that those partnerships be the basis for the development of services that meet the needs of the culturally and linguistically diverse population of California. (6) To the maximum extent possible, infants and toddlers with disabilities and their families be provided services in the most natural environment, and include the use of natural supports and existing community resources	Jan 29, 2011 12:56 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
110	Parents should be required to particpate in 35 % of child's program.	Jan 29, 2011 1:27 AM
111	I believe there should be a cost share program implemented where families are responsible for contribuiting a certain amount of money each month dependent on their income and family size.	Jan 29, 2011 1:59 AM
112	98%	Jan 29, 2011 2:51 AM
113	time committment	Jan 29, 2011 3:07 AM
114	eliminate	Jan 29, 2011 3:13 AM
115	Make sure parents are working with their children. If they aren't following up and working with their kids and implementing what they learn, then make those parents have some sort of consequence.	Jan 29, 2011 3:42 AM
116	until the child is developmentally, mentally kindergaten able.... potty trained, walking, able to be more self sufficient, able to feed self, dress, wash hands....	Jan 29, 2011 4:38 AM
117	Should co-pay if income allows must require same amount of hours as therapy	Jan 29, 2011 4:45 AM
118	parents should be involved with therapy to make it most effective; a modest income-based co-pay could be considered under these dire budget circumstances	Jan 29, 2011 5:10 AM
119	As above/	Jan 29, 2011 5:27 AM
120	Parents - usually young - with a newly diagnosed infant/toddler with a developmental disability are the last ones who should have these demands placed on them. If a study hasn't already ben done to determine the number of divorces the lack of early start services has brought about for these families, it should be. Without the supports and services previously available to these families they are often unable to cope with the stress and demands placed on them.	Jan 29, 2011 5:59 AM
121	I was required to sign a contract in order to get my kid into this program, outlining the minimum requirements, the times I had committed to, who would provide what services, and what I would do at home. I was required to attend every session, and attend the parent support groups. Later on, I ran the parent support group, since I was a trained therapist.	Jan 29, 2011 6:08 AM
122	See response for Behavioral	Jan 29, 2011 6:25 AM
123	Parental involvement is key. Early start services, should not be a time for a parent to sit back and read a book. It should be a time for the parent to participate and obtain ideas for how to carry on activities at home. Parents should also be required to attend some type of in-service regarding their child's area of need. A sliding scale fee schedule would also be beneficial. If parents have a vested financial interest in a service, they will be more likely to make the most of the time.	Jan 29, 2011 7:06 AM
124	Co- payment and/or a time requirement should be part of the agreement of the parties. The co-payment and or time could be on a sliding scale depending on the family's time commitments and income.	Jan 29, 2011 7:14 AM
125	No co-pay....this situation will make parents poorer in the long run and dissolve their marriages...early intervention with complete support is tax obligation and humane	Jan 29, 2011 7:18 AM
126	Parents are critical in the team working with children with disabilities. They should be involved in all aspects of their child's development on a daily basis, learning from the professionals and then participating with their child.	Jan 29, 2011 7:32 AM
127	Should be no co-payment apply and as long as children needed	Jan 29, 2011 7:38 AM
128	You will pay for your failure to invest in this service.	Jan 29, 2011 7:39 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
129	Consumer should be available and accessible for services. The parent is just that, the parent and should not be expected to be ABA therapist, speech therapist, OT or any other. The parent should be aware of the therapy given, the purpose and nature of the therapy, any at home procedures to abide by, but that is it. If there are additional co-pay's or fees, then mediCal or insurance should be billed. Regional Center should provide advocacy and assistance in pursuing these claims as often, these claims are denied.	Jan 29, 2011 8:23 AM
130	Parents of consumers are just trying to cope and be able to get out of bed every day. To put a time commitment on a parent of a consumer is not feasible. Their time is focused on the everyday living for their child. Co-payment seems harsh and hard to collect. And what if people cannot pay? Then they do not get help? The more we do NOW for children, the more money we save later.	Jan 29, 2011 8:40 AM
131	Parents or caregivers should be required to participate by observing/consulting with each therapist at least once a month so that they can follow through with the program at home between sessions.	Jan 29, 2011 4:29 PM
132	Sliding scale co-payment? Not require astronomical co-pay of some insurance plans. Perhaps a self-review checklist that parents/care providers complete periodically to indicate level of understanding, carry over, progress, time spent implementing recommended home activities, etc.	Jan 29, 2011 5:07 PM
133	see above	Jan 29, 2011 7:06 PM
134	co-pay: get peoples insurance to actively and properlky respond for copays. When your child is first diagnosed you can't imagine the costs you will need to spend. If the RC didnt' offer the ABA I don't know if we would have tried it becuase it is so expensive. And with the HUGE gains we are seeing, we are now willing to pay the gigantic copays that we'll be saddled with by the RC when our insurance does kick in.	Jan 29, 2011 7:41 PM
135	Parents of children with a disability of any kind will be at a disadvantage financially and otherwise for the rest of their children's lives and should ABSOLUTELY NOT be expected to pay for these services. There are enough instances where children who need services do not qualify for the level of services needed and parents are already financially strapped trying to make up the difference!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!! I understand that California is in a budget crisis but my husband and I have paid our taxes for decades and never required assistance above and beyond that of a normal citizen. I feel that children on the autism spectrum have a right to these services and cuts should be made elsewhere. Services affected children should be the LAST cuts considered.	Jan 29, 2011 8:08 PM
136	4 month service cycle, Quarterly cycle allows time for parents to take vacation in winter or summer and not be penalized for "lack of interest" in program. Children are often sick in the fall/winter and miss appointments due to illness or holiday.	Jan 29, 2011 9:27 PM
137	Parents who can reasonably do so should be required to perform some services for the agency specifically serving their child.	Jan 29, 2011 9:33 PM
138	MUST BE A STRONG PARENT INVOLVEMENT COMPONENT ON GOING INTERVENTION SUPPORT, COUNSELING, PARENT PEER SUPPORT WITH COMMUNITY ORGANIZATIONS-	Jan 29, 2011 11:43 PM
139	Parents and consumers need to be able to be available for these services. This can be difficult as unfortunately poverty and developmental delay often go together. Many of these families and consumers have complex emotional and or standard of living issues. They need a lot of support to get their lives organized. Co-payments have been tired and they do not improve parent's abilities to cope. A better social support system would be more helpful in assisting these families in gaining the most from early intervention services.	Jan 29, 2011 11:58 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
140	don't know	Jan 30, 2011 12:25 AM
141	I beleive parents would participate more fully in a service that they had to pay for. However, I wouldn't want this to deter a family from participating in a service. It has always been the philosophy of Early Start that cost should never be a disincentive for a child to receive services as early as possible when intervention makes the most difference.	Jan 30, 2011 12:54 AM
142	Parent training must be a requirement. Parent must provide follow up recommended by providers.	Jan 30, 2011 1:23 AM
143	It seems silly that our medical babies go to the medical therapy units, while babies with a diagnosis of down syndrome or speech delay can demand services in their home. 1 or 2 hours a week of receiving the services will not make a difference in the development of a baby. Parents must be present at all intervention. This would change service provision for working parents to include weekends.	Jan 30, 2011 3:17 AM
144	Parents must commit to dedicate a certain amount of time to the interventions designed by the therapists they are working with.	Jan 30, 2011 4:08 AM
145	Parent needs to attend training 1/week. Needs to attend other services with their child at least 2/month.	Jan 30, 2011 6:27 AM
146	The IEP is written with the approval of the parents or caregivers. The need to follow through with what the teacher is working on to get the optimal results.	Jan 30, 2011 6:27 AM
147	We want the time to be involved! Other families might not realize how important this is so I said 15 min of every hour has to be devoted to parent time to talk about how things are going and what to do and problem solve (and listen to us!). That time might have to be on the phone later if the child is right there.	Jan 30, 2011 4:23 PM
148	This is an IFSP, and family involvement is key. As mentioned in question 1, working families may need some higher tech methods for direct involvement. The more our families become trained and effective partners, the more positive the outcome for our kids.	Jan 30, 2011 5:57 PM
149	Families that can afford to co-pay for these services, even if only a small amount, should do so. It invests them in the services provided and it will help make these services sustainable.	Jan 30, 2011 6:27 PM
150	Parents of young children should have financial responsibility. It will ensure accountability for these parents that they are "giving back" financial responsibility to their child's program. It will also provide realization that parents should hav an active role in their child's therapy program.	Jan 30, 2011 8:11 PM
151	time commitment no co payment for those in need	Jan 30, 2011 9:07 PM
152	Ideally all services should be provided at no cost. If a co-pay if required, it should be based on a sliding scale comensurate with avaialble family income	Jan 31, 2011 12:04 AM
153	Again, I believe that if parents have a fiscal involvement, they will have a physical and emotional involvement.	Jan 31, 2011 12:09 AM
154	A sliding scale for those whose income allows it, may be a good alternative to closing programs. This also provides parents with some feeling of how important the service really is. When something is free, not everyone values it.	Jan 31, 2011 1:30 AM
155	Consumers should be encouraged to take full advantage of services available so that service providers can continue to justify and pay for the hours of services they request. Services should remain free to participating families.	Jan 31, 2011 3:48 PM
156	change referral process so it is similar to special ed referral process -parents need to sign consent for 45 day timeline to begin; make sure parents agree to program; missed appointments = termination of services	Jan 31, 2011 3:57 PM
157	parental co-payments for services, enhances parent committment	Jan 31, 2011 4:02 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
158	The families must commit to time to participate and to practice not only behavioral techniques but also occupational therapy, speech therapy and physical therapy. The service plans should include goals and task for the parents. Co payments should be considered on a sliding scale.	Jan 31, 2011 4:20 PM
159	Families need to provide something, time-committment is the least. They need to complete a series of training or programs before moving to additional services. In our community, families are looking for easy labels, they don't really implement or fully complete training, use the label for SSI etc. The cycle needs to stop so that the services are really being delivered to families in need.	Jan 31, 2011 4:22 PM
160	since at that age, babies require so mcuh of the parents attention, parents should be involved 100% of the time.	Jan 31, 2011 4:39 PM
161	Parents and care providers must be involved. A small co-payment may help make parents more involved and more responsible to be at visits, but it may keep others from seeking the services they need. Possibly paying if they don't show up for appointments (excluding cancellations).	Jan 31, 2011 4:46 PM
162	full participation commitment is needed from the families for all services and parents should continuously learn the strategies that providers utilize working with the children to empower them to continue even if the providers does not continue	Jan 31, 2011 5:02 PM
163	full commitment and participation as parents can learn and provide interventions and follow ups at home. FCPP assess for all families regardless of medicaid waiver status.	Jan 31, 2011 5:05 PM
164	I believe that regional centers have been accessing the family's medical insurance first before paying for services. I think that has been a good strategy and I think that there are definitely families that could pay a co- payment for some services. My understanding of the intent of the law is that parents, caregivers make a time commitment in that they are present when some or all of their child's services are being delivered so that they know what to do to help their child progress.	Jan 31, 2011 5:23 PM
165	...same...	Jan 31, 2011 5:31 PM
166	Means testing and family share of cost would be appropriate.	Jan 31, 2011 5:32 PM
167	No co-payment. State should pay these services entirely.	Jan 31, 2011 5:32 PM
168	Active participation by a care giver should be required.	Jan 31, 2011 5:35 PM
169	Perhaps a sliding scale can be developed to determine the parent responsibilities for payment. We need to be careful that many parents may be unable to pay and the children will then suffer.	Jan 31, 2011 5:59 PM
170	parents need to attend services with consequences for poor attendance, reduction or elimination of servcies. Access own insurance for ongoing services, first.	Jan 31, 2011 6:03 PM
171	parent-to-parent component to support parents	Jan 31, 2011 6:10 PM
172	parents need to be held accountable to pay copays in a timely manner	Jan 31, 2011 6:10 PM
173	Parents need to be fully participating in the service delivery - learning what they can do at home to carry over developmental programming.	Jan 31, 2011 6:14 PM
174	A minimum of 5 visits per month	Jan 31, 2011 6:23 PM
175	Right now with VMRC, our most costly services are the ESAIP, IT and EIBT Autism Intervention Services. I do not feel that parents should have a share of cost for these programs, but do feel that they should be required to participate more (time commitment). Right now the service provider works directly with the child and spends little time teaching the parents how to carry out the in home programming. I think that parents should be required to participate for a minimum of 50% of the intervention sessions in order for them to gain the knowledge and skills to carry out these programs when service providers are not available.	Jan 31, 2011 6:32 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
176	This is also handled very well now. One option may be to ask for a standard co-pay for those that can afford ($25) or a sliding scale based on income. Since it's a state service it's easy to cross reference stated household income on State Income Tax returns. As it stands today, nobody, despite their income bracket, pays anything for assessment.	Jan 31, 2011 6:49 PM
177	Parents should not be made to pay--many will refuse and their children will suffer. Parents don't pay for school and Early Start is both a state and federal entitlement.	Jan 31, 2011 7:11 PM
178	Sliding scale	Jan 31, 2011 7:28 PM
179	See above. As a parent of a child with DS< we have hit 5 out of pocket maximums in 2.5 years (due to job changes,etc). We cannot afford to pay these services on top of the medical costs. These services pay back the state in spades through lower costs to educate and higher success rates and independence. We need a study to quantify the benefits to demonstrate how myopic these cuts can be.	Jan 31, 2011 7:29 PM
180	Parents should be required to be active participants. No co payment	Jan 31, 2011 7:49 PM
181	See above (#1) Terminate ES services if there is no active participation of Parents. (not just receiving interventionists but also doing recommended activites between the scheduled visits).	Jan 31, 2011 7:54 PM
182	Parents have the responsibility to be involved with the treatment and care of their children. Sometimes, however, in order to provide care for their children, they must work outside the home and leave their child with a caregiver. It is just as important for the caregiver to understand the goals and treatments as it is for the parents, and children in daycare should not be punished because they need to work to support their children. Besides, for some children, child-care settings are the "natural environment". Services provided free of charge are more likely to be taken for granted than services that are paid for, however those without the means to pay should not be penalized for their poverty. Perhaps a nominal co-pay should be considered, on a sliding scale based on income.	Jan 31, 2011 8:04 PM
183	Parents and consumers must be responsible for being available for services in a timely manner and for implementing techniques and suggestions given during daily living.	Jan 31, 2011 8:15 PM
184	except in the case of child's illness - child is expected to be on time and daily - parent to pick up on time as well	Jan 31, 2011 8:27 PM
185	Parents are the first and foremost providers of services. Time commitment is a must. If parents do not participate we need to look for the reason. Many children with special needs have many issues medically and developmentally. We need to seek commitment but also allow parents to have a say in the frequency...one time/week? one time a month? bimonthly? individual or group services? Regarding co-payment...if we could make it work, would it be financially viable or would the accounting costs to the State be greater?	Jan 31, 2011 8:31 PM
186	parent participation in the area of attendance to team meetings and participation in parent goals.	Jan 31, 2011 8:44 PM
187	Parents should sign a form similar to the one for behavioral services indicating they understand the time committment and are willing to adhere to the guidelines for best practice (e.g., being active participants).	Jan 31, 2011 8:49 PM
188	everyone should pitch in for helping to pay	Jan 31, 2011 8:54 PM
189	Parents could pay a co-pay for services based on income. For parents to receive intensive behavioral services, they should have to be involved in the sessions, and learn how to work with their own child.	Jan 31, 2011 9:09 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
190	Parents should be responsible for their own children	Jan 31, 2011 9:09 PM
191	Parents should be expected to sign contracts for services to assure that they will make the commitment to the service.	Jan 31, 2011 9:17 PM
192	a. Parents should have to pay a minimum co-payment for all services on behalf of their children. This is how services become valued. There are three models that can be used: 1. Insurance billing 2. Sliding scale 3. Nominal amount from everyone ($5.00 per visit or $2.00 per visit)	Jan 31, 2011 9:20 PM
193	These standards already exist at levels tha many family's cannot bear; (for adult services like day programs) these services are provided to adults, nearly all of whom qualify for public assistance and should not have to pay.	Jan 31, 2011 9:24 PM
194	To the extent family members can participate financially, some of the cost of these services should be their responsibility. Time commitment is crucial - in order for early intervention to work, all people in the child's environment must participate in treatment. Required parenting classes may be helpful.	Jan 31, 2011 9:30 PM
195	Parents should be actively engaged in services, learning strategies to complete learning goals on their own with their child. They should be on a sliding scale with families receiving more than 60,000 a year being required to make a co-payment of at least 10$ per visit or 50$ per month.	Jan 31, 2011 9:39 PM
196	Parents should be required to pay for specialized services as they would a non-disabled child. Parents must commit to requirements of programs as this may prevent poor follow through from parents as they may take more responsibility. If there are financial difficulties, payment arrangements/co-payments could be provided based on financial situation.	Jan 31, 2011 9:59 PM
197	Many parents cannot afford co payments- if they can perhaps a $10 co payment depending on the financial situation of the family	Jan 31, 2011 9:59 PM
198	Sliding scale fee for families.	Jan 31, 2011 10:26 PM
199	rere	Jan 31, 2011 10:29 PM
200	Families with high income must pay a proporcional co-payment. Families must commit to participate in every single session. Programs must develop a component to evaluate parents acquisition of new knowledge.	Jan 31, 2011 10:54 PM
201	Limited copay ok, should be limited.	Jan 31, 2011 11:06 PM
202	parents responsibility : full time commitment: if 5 times a month then they should be seen 5 times a month rather than miss out one hour each time there is only (i.e) 4 Mondays in a particular month Payment: insurance	Jan 31, 2011 11:20 PM
203	There should be co-pays and insurances should be billed up to the maximum allowable services under their benefits package.	Jan 31, 2011 11:40 PM
204	parents/caregiver to be activity involved in all services.	Jan 31, 2011 11:51 PM
205	Copays should be based upon the family's ability to pay. No Waiver for individuals with MediCal via insitutional deeming as these families often have substantial income. Current FCPP gudileins are too low for the share of cost.	Feb 1, 2011 12:11 AM
206	same as 6 in behavior services	Feb 1, 2011 12:19 AM
207	I believe there should be a co pay involved that is required of the parent. They would have a monetary investment into their child's services.	Feb 1, 2011 12:25 AM
208	Parents need to receive and there should be documented repeat demonstration time.	Feb 1, 2011 1:18 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
209	Parents accepted as partners in child's develepment and parent volunteerism/involvment promoted actively!	Feb 1, 2011 1:22 AM
210	CO-pays if it were the only option needed to sustain survices. Make parents participate. Parents are with the children 24/7 and need to know what to do and how to do it all other hours.	Feb 1, 2011 1:47 AM
211	A low co-payment should be considered based on household income, with free services below a certain threshold to ensure that really poor families living on the breadline are not avoiding services due to payment requirements. Paying something for the services ensures that the parents buy in and are committed to the program. A cancellation policy should be in place so that schedules can be rearranged if possible when a child is sick (24 hours notice is usual, but 2 hours if the child falls ill the same day of the appointment), with parent paying a certain amount to the provider if they do not show 2 times in a row or are not at home at the designated time. Even a $10.00 payment for a session cancelled less than 2 hours before will help to offset the costs of the provider who is then losing money due to poor parent commitment.	Feb 1, 2011 2:24 AM
212	Based upon individual need and economic status, after health insurance coverage is determined.	Feb 1, 2011 2:32 AM
213	If the consumer/parent continually misses appointments the service should be suspended, until the parent is ready to cooperate.	Feb 1, 2011 2:32 AM
214	The standard should address the system's responsibility toward parents.	Feb 1, 2011 3:44 AM
215	I think it's critical that services be provided within a timely manner. If a parent primary insurance is billed it may take months before approval is given, which impacts the infant/toddler and family	Feb 1, 2011 4:15 AM
216	Parents and caregivers must be involved in all sessions and must be committed to following through with prescribed interventions.	Feb 1, 2011 4:23 AM
217	Obviously the services will bot benefit the child with out follow up or follow through by the parents. There are many ways for to participate but parents should not be required to perform tasks they are NOT qualified for. They should learn how to participate and assist the Therapists. Therapy is nit babysitting.	Feb 1, 2011 4:29 AM
218	Parents should be required to attend all sessions. Parents should not be required to pay or use insurance benefits to help pay for these services.	Feb 1, 2011 4:30 AM
219	Unique to a client's/families individual situation. Time commitment must be of the amount the team agrees upon is the amount needed for the client to make appropriate progress. If a family's situation (i.e. work schedule, other children's needs, etc.) prevents the parents from fulfilling the needed time commitment, additional therapists should be provided - at school district or regional center expense - to fill the gap.	Feb 1, 2011 4:41 AM
220	they should be free	Feb 1, 2011 4:42 AM
221	Before individual therapy is provided, parents must participate in parent education first (much like the training that happens with ABA).	Feb 1, 2011 4:42 AM
222	none	Feb 1, 2011 5:09 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
223	It is the philosophy of our center that parents and/or primary caregivers must be present and actively participating in all therapeutic services provided at our center. We encourage all family members and caregivers to particpicate when possible. Some families are working hard in these tough economic times and the parent may not be the caregiver present during the typical 40 hour work week. That child's nanny, babysitter, grandparent or primary caregiver has a powerful effect on that child and their participation is just as important. We do not have any families, however, who rely exclusively on a caregiver as we do offer early evening and Saturday appointments to accommodate working families. Without active parent/ caregiver participation, the outcomes will not be as great. For families with health insurance coverage that will provide the recommended therapy, this absolutely should be utilized to the fullest extent possible prior to the use of Regional Center funding. There are, however, families who carry high deductible policies. Many families simplly are not able to meet this deductible and while their plans officialy have PT, OT or ST as a plan benefit, the family is in effect paying all of the bills in full. There must be a policy and procedure in place for these families to request assistance from the regional centers based on financial need. For families without insurance benefits but who are able to pay a co-payment, this option should be utilized as a cost saving measure. I realize it is diffiuclt to judge how much a family can afford so this indeed will be a challenge. Possibly using a sliding scale co-payment based on household income and number of members of the household, the co-pay could vary from $5.00 per session to $10.00 per session, which are less than the typical co-pay amounts for insurance plans. This certainly would offset the cost to the Regional Center system, allowing the system to mirror what is encountered with private health insurance plans, for those who can afford it. Most families who know they can afford it will not choose to claim financial hardship and submit the requested financial information unless they truly can't afford a co-pay. All families could be assigned the highest co-pay at the time of intake with an application process for consideration of a sliding co-pay schedule perhaps. Service providers would be responsible for collecting these co-pays from the family directly at the time of service or according to their own billing practices.	Feb 1, 2011 5:10 AM
224	Parents of disable children should pay most of the expenses and shouldn't pass the bill to the society.	Feb 1, 2011 5:16 AM
225	no co-payment. parents need to be involved and be given parental goals to continue teaching the child. commitment is a must for all to help a child grow.	Feb 1, 2011 5:17 AM
226	Consumer's/ parents need to work together in order for the program to come into effect	Feb 1, 2011 5:23 AM
227	Generally, in the private sector, if the patient gets treatment for free, the treatment is less valued and the patient is less compliant. Most vision re/habilitation therapy regimens for infants require two to three times weekly visits, with home therapies prescribed for daily practice in between. A small copayment, based on ability to pay would make compliance more likely.	Feb 1, 2011 5:24 AM
228	Parents should be included in all sessions and will have every month a parents meeting that will focue on their training	Feb 1, 2011 5:33 AM
229	There should be a sliding scale so that parents who can afford to should make a co-payment for services.	Feb 1, 2011 5:38 AM
230	Parents should participate in the therapy, and should be able to negotiate a co-payment if rates are not financially possible.	Feb 1, 2011 5:45 AM
231	see behavioral therapy section...same answer applies	Feb 1, 2011 5:54 AM
232	See answers above in item 5. Parent have to be involved in their children's services.	Feb 1, 2011 6:32 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
233	Parents benefit as part of the team, working collaboratively with the specialists to effectively improve the strengths of the child, as well as become advocates on the child's behalf.	Feb 1, 2011 6:54 AM
234	These families shouldn't be expected can't afford to pay or co-pay for services at this time! They have come to realize their child has a life-long disability and there are so many expenses outside of therapy that cost a fortune. Renovating a therapy room, buying the supplies the therapists would like to have, buying equipment you think you need for treatment, money for books and education etc. doctor's appts, special diets, vitamins, family therapy to save your marriage. The list goes on. Early intervention is not a time to nickel and dime families. It is a time to get in and get maximum impact for the State & Feds dollars by changing that child's brain structure through therapy. It is a huge window of opportunity that if used wisely will significantly decrease the amount of money and resources needed for treatment (and education support) later.	Feb 1, 2011 7:19 AM
235	There should be a co-payment for therapy. The State should waive the provision in the Federal regulations that mandates the services to be no cost to families. Families do not value the service and oftentimes cancel appointments without notice resulting in many complaints from vendors. Parents should be charged for no shows or unexcused absences. Family centered approach is best to ensure that parents participate and learn with the child. Commitment from the parents upfront should be established and parents need to be aware that there are financial consquences if therapy is not followed up. Parents should also know that therapy can be terminated if progress is not made for due to lack of parent/caregiver participation or if there are other underlying medical or behavioral issues.	Feb 1, 2011 7:50 AM
236	based upon income	Feb 1, 2011 8:16 AM
237	A carrot and stick approach. Parents should be trained to do needed therapy and supervised/guided by therapists. No penalty to parents by employers for going to therapy/intervention sessions. Parents should be held accountable, with penalties such as reduction in SSI for parents who fail to show up or follow through. Social services as needed for those parents who are having trouble in this area	Feb 1, 2011 8:44 AM
238	Time commitment and share of cost should be a priority for services.	Feb 1, 2011 4:47 PM
239	parent participation a must	Feb 1, 2011 5:13 PM
240	co payment should be explored, and time commitment needs to be clearly spelled out. If there are many cancellations, than I think services need to be terminated.	Feb 1, 2011 5:46 PM
241	Parents should have full access to transparent information about their rights and responsibilities and be given control over the process whenever possible. Parents should have full responsibility of follow-through and teamwork in service to their child.	Feb 1, 2011 6:00 PM
242	Parents should be required to participate fully in all of the services and the goal creation for the IFSPs. They should not be required to provide co-payment, based on the "free and equal education for all" maxim of disability services.	Feb 1, 2011 6:11 PM
243	if parents learn the skills of teaching kids at home, they should get credit for that; copay is a good option	Feb 1, 2011 6:18 PM
244	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) "Up to but not to exceed the cost to house one individual in a Developmental Center."	Feb 1, 2011 7:54 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
245	Parent particpation is a problem becasue your providers don't want them to participate.	Feb 1, 2011 8:01 PM
246	Co-payment yes. Parent participation absolutely. Parent training is a must.	Feb 1, 2011 8:08 PM
247	Co-pay on a sliding scale. Parents should participate and goals should include goasl for the parents as well as the child.	Feb 1, 2011 8:21 PM
248	asdfsf	Feb 1, 2011 8:40 PM
249	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 9:14 PM
250	As stated in the Lanterman Act 4501 there is no co-pay required for services to babies with disabilities and the State of California has accepted this responsibility as so stated. The Public Schools DO NOT require parents to pay for their babies to receive Early Start services and the same has to apply.	Feb 1, 2011 9:25 PM
251	Parents need to adhere to a commitment for each session. It is unacceptable to miss appointments without significant reason.	Feb 1, 2011 9:36 PM
252	Parents should commit to the involvement in their child's intervention therapies and have regular attendance when possible. Of course, medical problems and illnesses should be excused when necessary.	Feb 1, 2011 9:57 PM
253	- Co-payments of 10-15%	Feb 1, 2011 10:12 PM
254	Time Commitment.	Feb 1, 2011 10:42 PM
255	please read previous page	Feb 1, 2011 11:08 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
256	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. see comment from a parent: compare that to the cost given by a Harvard study a couple of years ago on the cost to raise an autistic child into adulthood. Average cost of raising a neurotypical child – $290,000 Average cost of raising an autistic child – $3,200,000 But wait! The mathematically astute among you will notice that the second amount doesn't quite add up logically. Not many people even make that much in income over 18 years. A chunk of that is because health care and educational expenses are factored into that number regardless of who pays for it (parents, insurers, Medicaid, local schools, states, etc.), but there's another big chunk that most no one – other than parents with autistic kids -thinks about. In many families with autistic children, one of the parents reduces their work hours or stops working altogether in order to care for their child, learn all the therapies, be their advocate, etc. I freelance when I have time, but my net revenue per year is maybe 20-25% of what I would get paid to work full-time in the corporate world. "	Feb 1, 2011 11:12 PM
257	For those making above $200,000 perhaps a mangable co-payment could be requested for services.	Feb 1, 2011 11:33 PM
258	Parents should be advised to advocate for their child to get the therapies recommended from the report of the evaluation, and they should be required to learn how to carry through at home what the therapists perform.	Feb 2, 2011 12:50 AM
259	I don't believe parents shoud have to pay a co-payment for services guaranteed by the government. I believe early intervention services should be provided to the families of young children who qualify free of charge.	Feb 2, 2011 12:52 AM
260	A small co-pay can be administered for family whose income is above, say, $60,000. A verbal report needs to be given by parents to therapists regarding the time they spend on doing the home therapies.	Feb 2, 2011 1:04 AM
261	Parents should actually be on the line for the average cost of services for a 'typical' child. the state should only make up the difference!	Feb 2, 2011 1:22 AM
262	See my notes under behavioral sciences.	Feb 2, 2011 2:29 AM
263	optimally parents would particapte in sessions however, working parents may not be able to within the typical business day we need to design a method of tracking parents follow through with "homework" those who are not invested in the process do not continue with services	Feb 2, 2011 2:33 AM
264	strict attendance guidelines and co payments or discontinued	Feb 2, 2011 2:42 AM
265	This should be a requirement that is clearly defined.	Feb 2, 2011 3:03 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
266	$5/family co-payment	Feb 2, 2011 3:39 AM
267	If the parents are able to co-pay great but services shouldn't be denied. If a child who has special needs doesn't get these services that child has more delays & may never be able to catch up.	Feb 2, 2011 4:14 AM
268	Co-payment if the parent can afford it. Parent needs to be taught exercises and be willing to make a time commitment.	Feb 2, 2011 4:39 AM
269	The parents and caregivers should be responsible for attending and assisting with the services. The services should be interactive and provide parents and caregivers the tools to continue the services in the home environment.	Feb 2, 2011 4:49 AM
270	Parents need to be able to commit to following through on suggestions, keeping appointments with service providers	Feb 2, 2011 4:55 AM
271	contract committment	Feb 2, 2011 5:05 AM
272	Full parent participation, co-payment even after the use of insurance. Also - to ensure parent participation, providers need to be more flexible as to when they provide the service - we need evenings and week ends as the norm not the exception.	Feb 2, 2011 5:09 AM
273	Definite co-payments for parents for evaluations and ongoing intervention. Parents should be fullly invested in these services and adhere to a contract for payment and attendance. Many parents abuse the system and end up taking up space for families who really need it and would appreciate it more.	Feb 2, 2011 5:22 AM
274	Parents are already committed to the extra time it takes to parent a child with a disability or delay. Payment on a sliding scale might be appropriate.	Feb 2, 2011 5:50 AM
275	Co-payments if implemented, should be on a sliding scale basis. Parents should make a strong time commitment to the service.	Feb 2, 2011 6:00 AM
276	Parents and caregivers need to show good faith intentions toward the program. Failure to keep appointments, participate in recommended outside therapy activities with the child and/or any other demonstration of disregard for the recommendations and interventions being provided should be interpreted as a willingness to have their child disenrolled and ineligible for services.	Feb 2, 2011 6:03 AM
277	Parents and consumers of these services should be expected to participate in their child's program and therapies. They should be respectful of the professional's time and keep appointments, notifying of a cancellation within 24 hours if able. It is not felt that parents should have a co-pay for these services.	Feb 2, 2011 6:21 AM
278	a responsible adult must be present at all times.	Feb 2, 2011 6:32 AM
279	If parents have high income- they should be able to co-pay. It should be based on income and the level of services they receive. (more service they receive and higher the income- parents should be able to pay more copay.)	Feb 2, 2011 6:33 AM
280	Parents must participate regularly in sessions in order for there to be improvement. We, as parents, should be present at every session and follow the exercise "homework" recommendations. The facilities should accommodate parent work schedules so that they can participate. Services should be terminated if the parent/child cancel or miss a number of sessions for reasons other than illness. Multiple illnesses should be documented by a doctor's note.	Feb 2, 2011 8:07 AM
281	CO-PAY	Feb 2, 2011 1:51 PM
282	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 3:31 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
283	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 4:51 PM
284	parent co-pay should be expanded for all Early Start.Tax payers would be very unhappy knowing that their money is being used to fund weekly speech therapy for families that live in Montecito mansions!!! As a Service Coordinator and tax payer it is hard to see. Our area has many wealthy people and generally they are the most demanding in terms of services.	Feb 2, 2011 5:07 PM
285	parents/ prmary care giver needs to be present. Should only be 1-2 hours/week	Feb 2, 2011 5:17 PM
286	see above	Feb 2, 2011 5:29 PM
287	Parents are a part of the evaluation and training process at the current time. If insurance is available for the services, they have already been exhaust before the RC system supplements.	Feb 2, 2011 5:36 PM
288	Daily attendance forms. request of services and service provider numbers and contractual information.	Feb 2, 2011 5:42 PM
289	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 5:48 PM
290	Parents definitely need to be involved as active participants of any activity program. Any early start program requires parental involvement to be successful, the parent needs to be invested in the exercises and the activities. The therapist is only there once or twice a week for a limited amount of time, the parent needs to follow through with the activities the remainder of the week.	Feb 2, 2011 6:03 PM
291	The parents should have no fiscal responsibility. If they do the children are less likely to recieve serves & be a greater burden to the state in the long run.	Feb 2, 2011 6:03 PM
292	Looking at a very low copayment for services may increase families committment to the program.	Feb 2, 2011 6:12 PM
293	Parents shoud be responsible for co - pays and for supplementing hands on services provided.	Feb 2, 2011 6:16 PM
294	Depending on family's financial picture and time commitment	Feb 2, 2011 6:30 PM
295	Parents should attend classes (at least 4 hours) on the importance of proving a home with language enriched opportunities, proper nutrition, and exercize. Parents should be connected with other agencies such as First 5. Parents should serve a min of 2 hours per month working with child's pre-school, OT, ST, etc...in order to gain more hands on experience.	Feb 2, 2011 6:37 PM
296	Let parents pay 20% of market rate as a copay; GGRC picks up 80% OF MARKET RATE	Feb 2, 2011 6:49 PM
297	a	Feb 2, 2011 6:49 PM
298	Parental co-pay based on income for Day Care.	Feb 2, 2011 6:50 PM
299	Parents should be required to attend trainings.	Feb 2, 2011 6:52 PM
300	again, families should be expected to be active in the team. They are expected to follow through and make sure their child gets the hours recommended.	Feb 2, 2011 6:57 PM
301	Early Start is a place where I think parents should be more involved. In the early years, parents were welcomed at the IDP, not so much anymore. I think parents or family members should be expected to attend IDP with their children to learn how to help them & work with them at home.	Feb 2, 2011 6:59 PM
302	The time commitment must be made by the parent or by proxy. Many families can not afford services and in our community, there are very few outpatient choices for PT/OT/ST. If this service did not exist, these services would not be found.	Feb 2, 2011 7:02 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
303	require parent participation/home program	Feb 2, 2011 7:21 PM
304	I don't believe a co-payment is a good way to handle this. We all pay taxes and it is not fair to punish some. People who have children with develpmental disabilities did not ask to have these children and they deserve the help to insure their children succeed in life. It is not right to cut some people out because they can't afford to pay. I do believe that all parents have the responsibility to help though and this is through a commitment of time to learn how to help their children at home.	Feb 2, 2011 7:23 PM
305	See #5	Feb 2, 2011 7:37 PM
306	Parents or care providers need to present and engaged in 3/4 sessions. Parents need to present or involved with a phone consult at least 1/month. Parents should be provided with a home plan for each Early Start services. The home plan should be reviewed at each session and copy provided to the funding agency.	Feb 2, 2011 8:48 PM
307	The intake process denies early intervention services for 4 months (120 days) and then another 2 months or more to finalize. A maximum of 30 days for the intake process and to get appt. within 2 weeks from that point.	Feb 2, 2011 9:29 PM
308	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 paretns and student for co-pays in California's public schools and the same logiv applies here	Feb 2, 2011 9:30 PM
309	All parents should be fully involved in their childs treatment. This will help them in the future to apply some of the teachings, to cope and to address them.	Feb 2, 2011 9:31 PM
310	parents should fill out attendance forms to ensure services	Feb 2, 2011 9:35 PM
311	MAYBE THEY CAN PAY A SMALL AMOUT ACCORDILNG TO THEIR BUDGET	Feb 2, 2011 9:39 PM
312	time commitment, co-pay are to much they can not afford or they would be already getting services	Feb 2, 2011 9:44 PM
313	*parent involvement must be required *	Feb 2, 2011 9:58 PM
314	The parents should sign for the services provided, showing the hours and type of service provided on a time sheet to be submitted for payment .... not just take the word of the service provider that it was provided. Parents should be responsible to ensure their child is taken to all apppointments and the family is commited to pursue early start.	Feb 2, 2011 9:58 PM
315	Parents must be actively involved to aide the purpose of services.	Feb 2, 2011 9:59 PM
316	SAME AS PRIOR	Feb 2, 2011 10:01 PM
317	See response to Behavioral Services for this question.	Feb 2, 2011 10:08 PM
318	Parent must commit to be available for the intervention and risk losing service if they have unexcused absences. Income guideline for a minimal copayment for those families able to afford such.	Feb 2, 2011 10:08 PM
319	Do not implement a $750 million cut to the Department of Developmental Services (DDS) budget. It is too drastic! We need these services for our kids on the spectrum!	Feb 2, 2011 10:11 PM
320	The IFSP should be viewed as a contractual agreement with all parties responsibilities spelled out and agreed upon beforehand.	Feb 2, 2011 10:12 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
321	1. Parents need to be committed to participate in the Early Start services for the program to be effective by committing to weekly appointments 2. Parents need to follow through with suggested activities for development 3. Many families are not able to pay a co-pay as the socioeconomic level is usually low or with families who do not speak English	Feb 2, 2011 10:14 PM
322	Parents required to sit in on 6 of the 10 hours of services provided	Feb 2, 2011 10:21 PM
323	Always parents should be expected to do the most for their kids with the help of professionals.	Feb 2, 2011 11:05 PM
324	Parents must commit time and energy to be trained so that they can follow through with therapeutic activities between sessions.	Feb 2, 2011 11:07 PM
325	As with all services, parent participation is a requirement. Co-payment should be considered and should be based on an ability to pay basis.	Feb 2, 2011 11:08 PM
326	The responsibilities of parents and consumers are to be up to date with the child's progress and discuss when the targeted therapy will be ended based on the child's current levels of development. Time commitment must be pursued at least 80% and co-payment must be supported by insurance or state funding if a child's family is unable to provide!	Feb 2, 2011 11:10 PM
327	Parents can be requested for co-payment based upon annual salary information up to an annual maximum for all Regional Center services.	Feb 2, 2011 11:32 PM
328	Require parents to participate in all sessions Sliding scale co-payment	Feb 2, 2011 11:33 PM
329	Parents want to see their children get better. Regional Centers need to support them to do that, not penalize or abuse them. Parents should not miss appointments except for illness or unforeseen events, it is appropriate to have a max % of kept appointments in order to keep the services.	Feb 2, 2011 11:41 PM
330	I feel the same way about all services for children living at home. (see previous input)	Feb 2, 2011 11:59 PM
331	Time commitment should be required. Usually parents will quit their jobs partially or completely to care for their special need child and that is a financial burden. In my case I lost my family's medical insurance since I had to go part time to take care of my autistic daughter. (I am loosing monthly payment AND I am paying more money on buying private/personal medical insurance). If insurance covers the services (or part of them) there will automatically be some co-payment. I don't think parents should go under anymore financial pressure.	Feb 3, 2011 12:12 AM
332	A sliding scale is not unreasonable.	Feb 3, 2011 12:14 AM
333	Payment could be on a sliding scale, as they are able to pay. Not all parents are willing or can help, but they could find a friend or relative who might step in and help.	Feb 3, 2011 12:22 AM
334	If the service is provided with insurance, parents etc should be totally responsible to contractural obligations. There should be a definate time commitment required of all parents/caregivers in which they are required to attend therapy and meet with or consult with the provider of service on at least a monthly basis.	Feb 3, 2011 12:42 AM
335	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 12:56 AM
336	small copayment or small% of care is reasonable if family qualifies	Feb 3, 2011 1:27 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
337	No copayments will ensure kids get treatments. Time commitment - the teacher assists our baby at her current daycare, and it works perfectly.	Feb 3, 2011 1:31 AM
338	Evaluate Program/services.	Feb 3, 2011 1:50 AM
339	Parents, as I participated...to volunteer in many aspects. (transportation, food, assistance in training)	Feb 3, 2011 1:55 AM
340	Expecting parents-especially MediCal parents to provide co-payment is not appropriate. Time commitment to the therapist and the therapy is mandatory. Also, no clinic therapy-therapy is to take place in the child's natural environment-home.	Feb 3, 2011 1:57 AM
341	Parents need to participate. The issue with co-payment is that parents and families may opt out of important services due to budget issues. The state will incur costs later on if early intervention is not provided.	Feb 3, 2011 2:23 AM
342	Parents should be required to be present and participate in the services provided for their child. Services are designed to be a support to the parent and their child, not to take the place of the parent and their role in their child's overall development and well being. I feel that their should be a sliding scale based on income for families and they should be required to pay a small or nominal co=pay (ie: $5-20 for each session provided based on that families income.) Families who are in poverty should not be required to pay any co-pays for services. There are many families that we provide service to that are SHOCKED that they get this for free and that have the means to contribute. Tis may be a great way to assist in closing the budgit deficit. Families could still recieve services without reducing the eligibility for services in terms of the child's development, however, they would pay a co-pay to recieve the services. All initial assessments to determine eligibility should remain free tothe family. Only if the child is determined to qualify for services should that family have to contribute a co-pay for any services provided after that point.	Feb 3, 2011 3:15 AM
343	All parents should receive hands on training. Some cases are more serious then others.	Feb 3, 2011 3:23 AM
344	Parents should be required to participate and volunteer their time while their child is recieving services.	Feb 3, 2011 4:06 AM
345	Parents who are not able to pay for services, and/or co-payments should be able to have the state pay.	Feb 3, 2011 4:31 AM
346	time commitment is a must	Feb 3, 2011 4:35 AM
347	Parents should make a committment to participate at least one hour per week witrh the teacher and help to develop and implement the goals and objectives at home. Co payments should be determined by the families ability to pay but no child should be denied services if the parents cannot or refuse to pay because the cost to the society of failure to provide these services is so great in the long term.	Feb 3, 2011 4:57 AM
348	no comment	Feb 3, 2011 5:06 AM
349	Parents must demonstrate commitment to interventions- attend all appointments/ treatments and follow through with home program (if applicable)	Feb 3, 2011 5:23 AM
350	Co-payment by parents based on income level	Feb 3, 2011 5:24 AM
351	Unsure. Should be accessible to all parents regardless of income	Feb 3, 2011 5:50 AM
352	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 6:04 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
353	Parents, when financially feasible, should contribute with a small co-payment for services rendered. However, that co payment shall not exceed %20 percent of the cost of the service delivered.	Feb 3, 2011 6:16 AM
354	Parents should be on time for visits and be involved. A "3-strike" rule regarding no-shows or cancelled visits without 24hr notice (non-emergency) should be imposed so that only families who are serious about the services are enrolled.	Feb 3, 2011 6:17 AM
355	co-pays are reasonable but should be determined using income guidelines	Feb 3, 2011 6:25 AM
356	No Co-payment. Time commitment important. Same standard as Valley Mountain Regional Center.	Feb 3, 2011 6:42 AM
357	Time commitment is important. NO co-payment. Same standards as Valley Mountain Regional Center.	Feb 3, 2011 6:47 AM
358	Parent involvement is required and necessary to team with the service providers	Feb 3, 2011 6:52 AM
359	Co-pays and parents follow up with therapy suggestions.	Feb 3, 2011 7:11 AM
360	Time commitment - 100% is the parents' or consumers' responsibility. About the co-payment, it has to be subsidised for persons with disability - it should be as affordable as a lunch is.	Feb 3, 2011 7:54 AM
361	Time commitment so parents can reinforce the home program.	Feb 3, 2011 8:06 AM
362	Parents or primary caregivers should be required to attend and participate.Working parents should be required to follow through with weekly assignments with written proof of implementation of the recommendations.	Feb 3, 2011 8:49 AM
363	Parents or child's primary care giver should always participate in services. However--there should be a written, timely method for assisting fairly with families who have a prohibitive copay or deductible. Currently there are some families paying nothing, because their service coordinator feels they can't pay (they are sometimes fairly well off), and other families stopping needed therapy because their insurance has a copay they cannot afford on a weekly basis. And the service coordinators do not tell families there is any kind of appeal or hardship process.	Feb 3, 2011 1:50 PM
364	I think that Early Start should remain free to families. However, yes they should make a time commitment to their child's services. However, I think there should be an established protocol for clients who consistently miss appointments. Perhaps instead of discontinuing services permanently after several no shows, they be put on some kind of probation. Or have services paused for several months and give them the opportunity to renew their commitment and continue to receive services.	Feb 3, 2011 3:55 PM
365	Parents always need to be involved but basic services should be provided for the sate and any additional services above basic should be paid for by the families.	Feb 3, 2011 4:38 PM
366	Sliding scale. Parents should have a PTA or something similar too.	Feb 3, 2011 4:39 PM
367	Parents should learn as much as they can and implement a few of the things they learned with child. If they have questions they should be allowed to talk to the providers of the service (i.e. speech therapist).	Feb 3, 2011 4:57 PM
368	Parents if possible should be asked to provde a co-payment. Additionallly, family engagement is critial and should be required of all parents.	Feb 3, 2011 5:02 PM
369	Free to all qualified consumers.	Feb 3, 2011 5:15 PM
370	Again, parents who have upper levels of income should be made to bear a portion of the financial responsibility.	Feb 3, 2011 5:16 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
371	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 5:20 PM
372	The time commitment is very important. A copayment might be feasible.	Feb 3, 2011 5:32 PM
373	Parents of infants shall keep regular appointments with therapists and be able to implement strategies suggested by specialist.	Feb 3, 2011 5:36 PM
374	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 5:41 PM
375	Parent involvement is required and necessary to team with the service providers	Feb 3, 2011 5:44 PM
376	Consumer responsibility is moot; these are babies. Parents need to be taught what their responsibilities are, and the role for this teaching should be spread between RC CPCs and service providers.	Feb 3, 2011 6:06 PM
377	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 6:28 PM
378	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 6:34 PM
379	See above	Feb 3, 2011 6:38 PM
380	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 6:48 PM
381	Parent education and collaboration to reach gaols	Feb 3, 2011 6:56 PM
382	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 6:59 PM
383	if an appt is made they need to amke sure they are there or if not give enough notice to cancel. if a parent is not using services or feels they dont need as much they need to tell	Feb 3, 2011 6:59 PM
384	I feel the same for all services as I do with the first survey I took.	Feb 3, 2011 7:17 PM
385	parents or care givers are required 100% committment	Feb 3, 2011 7:30 PM
386	Improvement or discontinuence, the parents or clients don't have the funds for these services.	Feb 3, 2011 7:32 PM
387	A time committment from parents is definitely necessary and a co-payment should be required for thse that to not participate.	Feb 3, 2011 7:53 PM
388	Co- pays seem acceptable and well as as some kind of time commitment exchange such as allowing a parent or family member to exchange volunteer hours for an organization who is providing services for your child.	Feb 3, 2011 8:10 PM
389	Allowing or suggestions for other organizations like CCS or medi cal or ssi would be helpful. Each organization operates so indipendantly, that a parent is either not aware of additional services, or when they discover that another can help, then they are told that the regional center will "drop them" if they are able to qualify for services with another organization.	Feb 3, 2011 8:12 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
390	The issues with this is it needs to be very clear if this is done. It becomes very complicated to figure all of this out and time consuming. Example: insurance is very frustrating to parents and insurance companies and medical are very difficult to try to get services from.	Feb 3, 2011 8:32 PM
391	Parents should be required to participate in the payment for medical services.	Feb 3, 2011 8:34 PM
392	Give the parents a break before they break. It is a looong road.	Feb 3, 2011 8:39 PM
393	See #5	Feb 3, 2011 8:39 PM
394	If the parent/consumer fail to utilize the service than the service is not needed. Only services used should be provided.	Feb 3, 2011 8:47 PM
395	Parents should participate in 90% of their child's program by being present, running lessons, observing lessons being run by staff, meeting with the consultant/supervisor to do parent training, etc. No co-payment should be required.	Feb 3, 2011 8:55 PM
396	Sliding scale copay would be ok	Feb 3, 2011 8:56 PM
397	See above responses	Feb 3, 2011 8:57 PM
398	Parents are already going through traumatic adjustments when they have a child diagnosed with a disability. Parents are generally happy to provide their time for their children. NO co-payment should be asked of these parents. IDEA provides clear standards about children receiving a free and appropriate public education. This is a fundamental service for all children with disabilities.	Feb 3, 2011 9:02 PM
399	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 9:14 PM
400	Again this depends on the service but whenever possible parents should be trained to carry over skill in the home.	Feb 3, 2011 9:27 PM
401	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 9:37 PM
402	Again. Parents need to understand that they are a huge part of any service.	Feb 3, 2011 10:00 PM
403	see previous answer in other topic	Feb 3, 2011 10:02 PM
404	I think that a sliding scale for parents should be considered in terms of co payment.	Feb 3, 2011 10:11 PM
405	?	Feb 3, 2011 10:11 PM
406	parents of very young children need to be responsible in some way - could involve time rather than payment if payment is an issue or the other way around or participating in learning groups or whatever is viable and useful. Free services lead to lack of commitment and feeling vested.	Feb 3, 2011 10:21 PM
407	If the child will be starting services, the parents/guardians of the child should be committed to the hours and days of services. If not then the spot should be given to another child in need. Unfortunately we have many children in need and not enough therapist/teachers.	Feb 3, 2011 10:36 PM
408	As mentioned with behavioral services, parents may have a shared responsibility if that co-payment is set to a capped amount - irrespective of the family's income. There are so many financial costs associated with caring for a child w/special needs and to add more financial burden would seem inconscionable. I think that a maximum cap of $30 per service seems fair and would ease some of the financial burden for the regional centers.	Feb 3, 2011 10:48 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
409	Co-pays should not be charged if the payment is already being made. Family should be consistent and regular in their visits, however, but medical issues and other crises in the family should also be kept in mind so they won't be held against them.	Feb 3, 2011 11:05 PM
410	If necessary, co-payments can be requested from parents. Parents should definitely be involved and made time commitments (but leniency should be given to families where both parents work full time).	Feb 3, 2011 11:12 PM
411	Families are required to particiapte in all IFSP's and they have goals they are responsible for.	Feb 3, 2011 11:14 PM
412	Co-payments are very reasonable. I would be happy to do it.	Feb 3, 2011 11:27 PM
413	Time commitment, most of us with disabled children are in financial dismay already. If, we have the money we have spent it on bettering our children anyways. Having a disabled child has a huge financial strain on the family	Feb 3, 2011 11:27 PM
414	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 11:38 PM
415	A co-payment is a good idea, however, there are many families who might not have the financial means to pay the co-payment or be willing to pay it. If the family refuses to pay the co-payment, even if they have the financial means, the child does not receive the services. Ultimately this will result in a larger delay and cost tax payers even more money in the future with less opportunity to resolve the delay.	Feb 3, 2011 11:49 PM
416	both parent and insurance companies	Feb 3, 2011 11:57 PM
417	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 he	Feb 4, 2011 12:04 AM
418	Copayment should be the same as any other med need & parents need to be involved in the treatment	Feb 4, 2011 12:06 AM
419	yes, this is crucial.	Feb 4, 2011 1:08 AM
420	Parents of children with disabilities can only be expected to make co-payments depending on employment status, insurance coverage and education. Making a standard rule in this area can be very tricky and denying early intervention to parents and children will have a devastating effect on additional future services. A more realistic sliding scale could be applied in this area.	Feb 4, 2011 1:25 AM
421	Responsibilities of parents and consumers should be extensive. They should be required to participate in every aspect that is asked of the service providers. They should also commit any time asked from the program, along with any payments that may be required. I do feel that parents should receive help from ALTA due to the parents usually having to not work to be there for the program and help with their child, but commitment of a parent is and should be intense, because when services end, they need to be understanding of what roles they need to do, to help progress their child.	Feb 4, 2011 1:32 AM
422	The family's that qualify for these services should be entitled to have services 5 days a week if needed. No copayment.	Feb 4, 2011 1:41 AM
423	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 1:48 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
424	Again, perhaps parents need to sign a contract that they will be present and participate in services. I do not think parents should be charged for their child's early intervention services. Rather, I think parents need to understand that if they do not follow through, the services can be terminated. They also need to understand their role in the child's development. Many parents, of course, do understand this. But, one of the common complaints from providers are about parents who treat the teacher or speech therapist as a babysitter while they go cook, check their mail, or are otherwise occupied at home. Another complaint relates to no-shows.	Feb 4, 2011 2:02 AM
425	If the child is going to recieve services, then the parent should participate and be committed to taking their child there every week. If the parents are not going to participate, then the services should be provided to another child.	Feb 4, 2011 2:44 AM
426	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 2:48 AM
427	Chagrin the parent while there should be a fund every body already paid for is depriving the child And the entire family from appreciating their life.	Feb 4, 2011 3:01 AM
428	Maybe there should be a sliding scale based on income to determine how much parents need to contribute. But, we also have to keep in mind that parents of children with disabilities have numerous medical expenses that are above and beyond those of typical children. These expenses are not just in cost of therapies, but in respite care, day care (often children cannot go to cheaper day cares and instead require babysitters because they need more attention), copays, and any medical equipment the child needs. What would not be acceptable is to deny a child services that they need because their parents cannot afford to pay or to make parents need to choose between therapy and rent.	Feb 4, 2011 3:12 AM
429	.Parents should set aside a commited time to work on the skills of their child. If the parent is not commited in helping their child meet goals, the co-payment is raised.	Feb 4, 2011 3:13 AM
430	I do not believe the consumers or families of consumers can afford to assist in these areas	Feb 4, 2011 3:58 AM
431	If a parent misses some number of appointments (other than due to illness/hospitalization) there should be some discussion at the IFSP regarding discontinuation of services if the parent is not able to keep appointments. But also, there are times I know of when therapists have been inflexible about scheduling, and the reality is parents have to work. So again, having more than one therapist available would be an option. I think a co-payment, even if it is as low as $5 encourages parents to be more active participants in a child's program. (Although there are some families that this would be a hardship, and there should be some income eligibilty taken into consideration.)	Feb 4, 2011 4:20 AM
432	Parents should be required to be fully involved in the programs in order for them to be effective.	Feb 4, 2011 4:27 AM
433	A small co-payment based on the family's level of income may be helpful for family follow-through with a home program.	Feb 4, 2011 5:23 AM
434	most services that are provided require a regular practice and time commitment. If the client and or caretakers cannot commit to the regular practice required to attain goals then the service should be discontinued.	Feb 4, 2011 5:43 AM
435	None for co-payment. Re. time commitment, parents encouraged and supported to be as involved as possible.	Feb 4, 2011 5:49 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
436	Parent contributions might include co-payment for equipment and fee for cancellations or removal of service with non-compliance.	Feb 4, 2011 5:49 AM
437	Parents must commit to work with service.	Feb 4, 2011 5:52 AM
438	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 6:35 AM
439	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 7:30 AM
440	Income based co-payments and provide free to children with Medi-Cal	Feb 4, 2011 9:24 AM
441	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 3:14 PM
442	I feel the parent should make the commitment to these services. But sometimes the parent isn't able to do the time commitment due to lack of education, language or transportation. I think these issues need to be looked at.	Feb 4, 2011 4:09 PM
443	Keep appointments, follow though with suggested activities.	Feb 4, 2011 4:34 PM
444	It was a huge time commitment to just get my son to his therapies. I am very lucky to have a sympathetic boss. Again, ALta should try to do something to help parents in getting their health insurance to pay for some of the services or get the health plan to provide such diagnosis or therapy services--pediatrician kept saying ALta would diagnose and treat and that doesn't seem right.	Feb 4, 2011 4:41 PM
445	Time commitment is already in place. I would be willing to work more, hand in hand with the therapist.	Feb 4, 2011 4:46 PM
446	Same as previous section	Feb 4, 2011 4:54 PM
447	I think if the Regional Center start asking for co-payments it should be based on poverty level. For those people that are under the FPL guideles should not paid a co-payment. For those people that have incomes above poverty level should paid a co-payment of about $10 per visit or service.	Feb 4, 2011 4:55 PM
448	Fair amount to be paid	Feb 4, 2011 5:00 PM
449	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 5:09 PM
450	Parents should be allowed to determine the time commitment they are capable of. The services should continue to be free to all families.	Feb 4, 2011 5:09 PM
451	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 5:25 PM
452	I believe that copayment on a sliding scale may be appropriate.	Feb 4, 2011 5:40 PM
453	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 5:42 PM
454	The state, as in public school, should not require parent payment or specific time commitment.	Feb 4, 2011 5:47 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
455	I think the problem is management of services, overuse of vendors....too many visits authorized per week with wrong focus. Higher standards for vendors and teachers would elminate costs. I think Early Start should all be under one agency. Check out the Minnesota , Wisconsin models!	Feb 4, 2011 5:51 PM
456	I feel a co-payment based on a sliding scale of income will encourage the families to take more responsibility. I feel the majority of cancellations or "no shows" for therapy appointments occur without much thought from the families...ie. "I don't have to pay for it, who cares". Financial "loss" is a great motivator for attendance and a feeling of commitment. Will also off set the costs for the regional centers. Therapist should be paid regardless if cancellations are less than 24 hours (otherwise there is no opportunity for a therapist to "fill" that therapy slot and making them unable to be financially productive during that time period).	Feb 4, 2011 5:57 PM
457	A small ($5) co payment for services may be beneficial in some circumstances.	Feb 4, 2011 6:09 PM
458	Parents should be available and should receive training as well e.g. about ROM exercises to use at home	Feb 4, 2011 6:24 PM
459	There is a wide breadth of how having a special needs infant/child affects the parents ability to financially address the costs of these services if they were cut radically as Governor Brown is suggesting. In our family, my granddaughter was induced six weeks early as she was not growing in-utero and was born at 2 lbs. 10 oz; just a few ounces under what would have qualified her for immediate Medi-Cal. She was in the hospital for seven weeks and even though the family had insurance at that time through the mother's job, the deductible was $6,000. Because the baby continued to have developmental issues, the mother ultimately had to resign her position as a college professor to be available to be there to take the baby to all of her medical and therapy appointments. About six months ago she was able to get a half time position that mostly allowed her to work from home but because the baby demands 24/7 full time attention she has had to hire a babysitter to occupy the baby and that has been very expensive. Both parents spend a huge time commitment in giving this precious gift the love and attention she requires and also spend a considerable amount of money paying for extra therapies, water programs and buying extra equipment that she requires.	Feb 4, 2011 6:50 PM
460	Parents should be expected to take part in the therapy sessions assigned to their child. Frequent cancellations and no-shows should result in waitlisting. Additionally, a small co-pay of $10 or less may ensure better compliance with services.	Feb 4, 2011 6:58 PM
461	The State of Calfornia 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 7:01 PM
462	The same as previous #6.	Feb 4, 2011 7:15 PM
463	Consumer is a child, the parent is devestated. The state and/or federal government should fund these services	Feb 4, 2011 7:28 PM
464	Parents whose family income is 80% or less of the median income for the community should not have a co-pay. Other parents could pay a flat rate co-pay for the month, regardless of service hours. Keep it simple to avoid excessive cost of documenting income and collecting co-pays.	Feb 4, 2011 7:37 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
465	Parents of children need to be totally involved if possible.....some parents may need to work to support the rest of the family....but full care of child can not be person or group giving service...needs to be support system, training system.....co-pay or service by one or more of parents ....go after parent if they have deserted family....	Feb 4, 2011 7:43 PM
466	When a service is free, sometimes parents do not value it or take it seriously. I think that there should be a co-pay that families pay for therapy services. It could be on a sliding scale.	Feb 4, 2011 7:46 PM
467	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 7:47 PM
468	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 8:12 PM
469	no copayment for parents. It's a pretty known fact that most parents with a child with a disability have already exhausted all their savings and resources in a matter or a few years. Time commitment should be 100% for the therapy to be succesfull. give parents "home work" for therapy that needs to be proven succesfull. OT can give tasks to do at home with the child that need to be turned in and be part of the progress reports, speech & PT the same things. DTT/ABA can give parents programs to apply themselves while being guided thru the principles by an agency supervisor. Those programs need to be part of the child's report as well. As time goes by and the services end, parents "HAVE" to know how to apply these to their children and how to teach their children new things in order for the child to keep progressing.	Feb 4, 2011 8:17 PM
470	We aren't talking pre-school here, nor daycare. These are children at risk and early intervention needs to be funded by State....in the same way that the State funds public schools.	Feb 4, 2011 8:32 PM
471	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 8:52 PM
472	Parents/consumers of these services must understand that their involvement in services is critical to their children's development. Children must consistently attend services and missed appointments, or tardiness on a consistnet bases in unacceptable.	Feb 4, 2011 9:00 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
473	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 9:11 PM
474	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 9:15 PM
475	No co-payment. Investment of time.	Feb 4, 2011 9:23 PM
476	Same as above.	Feb 4, 2011 9:31 PM
477	Should be part of means testing, FCPP and/or co-payment by parents.	Feb 4, 2011 9:41 PM
478	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 9:52 PM
479	Parents should use the services available at no cost to them.	Feb 4, 2011 10:03 PM
480	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 10:18 PM
481	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 10:26 PM
482	This should be individualized based on need and financial resources	Feb 4, 2011 10:30 PM
483	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 10:34 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
484	Parents and care givers need to be actively involved in treatment plans and need to be able to continue therapeutic measures between visit to therapists.	Feb 4, 2011 10:39 PM
485	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 10:41 PM
486	Parents need to give a co-payment. In the case of undocumented children, parents also need to give a co-payment. We need to start to compute how much goes to undocumented children (and adults) while continuing to provide services. Knowing these figures will presure the federal governement in institutionalize a comprehensive immigration law.	Feb 4, 2011 10:43 PM
487	All parents/caregivers receiving a therapy service or IDP of an ES consumer must participate. The consumers in this age group will not generalize learning without the support of parents/caregivers. So, the IFSP needs to incorporate that language into the goals. Most ES service providers write goals for the consumer, but it is called an "IFSP," not an IEP. Some retraining with service providers must take place. When you say "co-payments," are you referring to share of cost? If it is share of cost, that should be related to the family income. However, I have witnessed through other work I do sometimes, that when individuals contribute to the cost of something (even if only $5-10), they are more likely to put some time into it!!!	Feb 4, 2011 10:51 PM
488	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 10:55 PM
489	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 11:11 PM
490	The State of California has accepted a responsibility for persons with developmental disabilities and is obligated to insure services be delivered. 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 11:14 PM
491	same as prior	Feb 4, 2011 11:16 PM
492	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 11:19 PM
493	I think that if one is getting the service they should be able to commit to the time and day.	Feb 4, 2011 11:23 PM
494	I feel it is appropriate to ask parents to pay a portion for therapies needed based on sliding scale, frequency of therapies and number of therapies. I do feel that there are many at poverty level and above that are just trying to make ends meet and would not be able to make the co-pay no matter what amount. Apparently it has been stated that families that would participate would be 400% above poverty level. I am in agreement. Length of time committment needs to be individualized as infants and toddlers develop at various rates and spurts.	Feb 4, 2011 11:26 PM
495	Co-payment or family payment for cancelled days is fair.	Feb 4, 2011 11:34 PM
496	Time commitment is vital for both parent and child. Most families are unable to pay and I feel that this service is the childs right.	Feb 4, 2011 11:42 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
497	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 in California's public schools and the same logic applies here.	Feb 4, 2011 11:54 PM
498	assist families with seeking insurance copays	Feb 4, 2011 11:56 PM
499	Parents have co-pay. They must pay their share of costs prior to billing to RC. They must participate in all services.	Feb 5, 2011 12:00 AM
500	In both the Lanterman Act and IDEA there is acceptance of the responsibility to provide services for babies with disabilities. Just as parents aren't asked to pay a co-pay for their children to go to school neither should babies be charged a co-pay.	Feb 5, 2011 12:02 AM
501	Parents must commit to a certain portion of training that must be completed in order for the child to receive services.	Feb 5, 2011 12:11 AM
502	Parents should not have to pay for these services or provide co-pays. They should be willing to be on time for appointments and receive training and education about how to work with their children and help them achieve their goals when the service provider is not with them. Parents should be willing and able to work with their children daily.	Feb 5, 2011 12:18 AM
503	same as given for the other programs	Feb 5, 2011 1:21 AM
504	Time commitment	Feb 5, 2011 1:25 AM
505	Co-payments and time commitments may amount to discrimination for some families especially those of low income. I would worry that some individuals who need the services would not access services b/c their families cannot afford a co-payment or have the flexibility in their job. For some well meaning families who love their children the choice should never be between putting their job at risk and thereby risk essentials (shelter, food, clothes) to attend meetings and things that serve as deterrents. That being said, it is important that families receive adequate training and understanding of the services their children are receiving. For these RC and vendors must provide a lot of time options and in languages other than English.	Feb 5, 2011 3:40 AM
506	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 3:52 AM
507	Payment should be provided by State funding. Parents of children with special needs have enough responsibilities to handle. However, services should be collaborative with parent participation mandated.	Feb 5, 2011 4:15 AM
508	Parents need to commit to doing all homework with their child in between therapy appointments. If a child is only receiving therapy once/week, they are not going to make as much headway as they will if the parents continue to do treatment/homework with them at home during the rest of the week.	Feb 5, 2011 5:33 AM
509	See my previous post in the behavioral services sections.	Feb 5, 2011 5:34 AM
510	As these parents are at highest risk for divorce, bankruptcy, addictions, mental illness, physical decline, society should support them in every way possible so they can continue to care for their children at home.	Feb 5, 2011 5:45 AM
511	Parents should be responsible for co-payments as they are able, and they should participate actively in the therapy sessions.	Feb 5, 2011 5:54 AM
512	Parents who can and are able to make a co-payment should (except in the case of special needs adoptions), and they should make their child available for services offered. They should commit themselves to follwoing whatever protocol is agreed on between the parent and the agency.	Feb 5, 2011 6:30 AM
513	Parent participation 50-75% of time	Feb 5, 2011 6:45 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
514	If the services will not be covered by the parents' insurance, DDS should pay for the cost of early start programs. It would be a huge burden of parents of young children to have to pay for any costs of their disabled child.	Feb 5, 2011 7:41 AM
515	At lease 10% participation from parents and help with dealing with insurance for co-payment.	Feb 5, 2011 8:01 AM
516	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 2:45 PM
517	I am not opposed to a co-payment and feel that it would put more responsibility on me as a consumer to show up and be a willing participant in my child's development. As far as time commitment, it is imperative to be part of the planned programming every time there is a scheduled time or I lose my ability to participate in the program.	Feb 5, 2011 2:51 PM
518	Parents should be required to atttend orientations about the nature of services. They should be required to always be a the sessions. They should pay at least a nominal service or they will not value the services.	Feb 5, 2011 4:13 PM
519	Parents and caregivers/therapists should all be held responsible.	Feb 5, 2011 4:19 PM
520	Hey, copay's are a good idea! See my thoughts above. Free isn't always motivating enough. I think some parents must be pushed into participating in their child's learning!	Feb 5, 2011 4:57 PM
521	Parent(s) involvement, offer some payment towards the service what they can afford.	Feb 5, 2011 5:00 PM
522	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 5:20 PM
523	same as first set	Feb 5, 2011 6:39 PM
524	No co-payment, but parents should be mandated to participate. A referral to Child Protective Services should be made if a parent fails to ensure their child participates in the program(s).	Feb 5, 2011 7:57 PM
525	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 8:44 PM
526	Limit number of cancellations and no-shows. Typically these children can be ill frequently, so cancellations are always going to be an issue. Parents must be an active participant in therapy visits. Co-payment should not be required.	Feb 5, 2011 9:00 PM
527	Parents should be participating and involved in the session and also do their monthly progress report or survey to express their statisfaction or need for their child.	Feb 5, 2011 10:04 PM
528	Parent classes, ceretain standards must be meet for the state to pay for the services. If they do not meet the standards something should be done.	Feb 5, 2011 10:07 PM
529	Copayment for basic ES services if combined parent income exceeds 50,000/year Copayment for Specialized services (EIBT) - sliding scale if income exceeds 60,000/year	Feb 5, 2011 10:25 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
530	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 10:52 PM
531	co-payment from parents (sliding fee scale, income based) time commitment from parents, commitment from parents to advocate for their own children and learn to provide some of the therapies themselves	Feb 6, 2011 2:25 AM
532	-It should be required that parents or caregiver must be present for a session. -Co-payments should be implemented based on income. Parents have a much greater investment when they are having to pay something	Feb 6, 2011 2:59 AM
533	The comsumer in this case are to young to be responsible. The parents are responsible for keeping appointments, and following the practioners directions, with the right to ask for an alternative direction. Payment should be sliding scale with those who are poor paying nothing and funding comming from the state.	Feb 6, 2011 3:29 AM
534	Regardless of any suggested standards, the consumer's parents and/or caregivers must still have input regarding early start 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 5:27 AM
535	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 5:53 AM
536	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 4:31 PM
537	For infants and toddlers, parental involvement should be needed so they can work with the child at home.	Feb 6, 2011 4:59 PM
538	ditto	Feb 6, 2011 7:20 PM
539	Insurance should be first line of defense just as with any other medical condition. with rc bridging the gap when necessary.	Feb 6, 2011 8:03 PM
540	none	Feb 6, 2011 9:49 PM
541	A co-payment is a possibility. I paid the co-pay for nutritional therapy. However, my son receives so many services that I would have trouble making a co-payment for everything. Perhaps there could be a maximum co-payment total per month such as $100-again depending on income. Some would not be able to make any co-payments.	Feb 6, 2011 10:12 PM
542	See above	Feb 6, 2011 10:44 PM
543	Same	Feb 7, 2011 2:49 AM
544	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 parent and student for co-pays in California's public school and the same logic applies here.	Feb 7, 2011 5:12 AM
545	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 6:35 AM
546	time commitment for low income families and maybe co-payment for high income families.	Feb 7, 2011 7:21 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
547	Parents need training too. Providers can help, but they do not raise your child. The services should be free to all families with children with disabilities, just as public school is. Parents should be 100% involved.	Feb 7, 2011 8:02 AM
548	Parental participation mandatory	Feb 7, 2011 2:55 PM
549	Parents/caregivers must participate, especially at this age they should know how to teach their child different skills. Parents should also still be required to attend parent training before recieving this service.	Feb 7, 2011 5:27 PM
550	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 5:43 PM
551	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 6:19 PM
552	After 3 no shows...services should end co-payment for families making over $100,000	Feb 7, 2011 6:22 PM
553	co payment	Feb 7, 2011 6:45 PM
554	Share of Cost.	Feb 7, 2011 7:18 PM
555	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 7:51 PM
556	We have been very committed to our services. And as a result our children have made great strides. Maybe if a parent misses a therapy appt they have to pay a fee for a missed session, and if they don't pay the fine services stop. Investing in families who are not using the service is a waste of resources for those families who really want, need and are committed to the service. The Co-payment worked really well for us when we had respite. We were very thankful RC gave us that option.	Feb 7, 2011 7:58 PM
557	Again as long as it is fair and not a huge burden on families, perhaps ways to off-set the fees could be found thru work insurance, reduced fees for services, ways to reduce waste in paperwork	Feb 7, 2011 8:22 PM
558	The parent should not have to pay for these services, since with the cost that is involved just to provide all of the other non-covered needs for the disabled child, they will already be far overextended monetarily. The time commitment of a parent of a disabled child, speaking for the diagnosis of autism, is so extensive that the parent lives on constant sleep and energy deprevation. The child often has a sleep disorder that requires the parent to be alert 24/7 and up during the night frequently to tend to the child who sleeps very little and gets into a lot of things if left alone. The time commitment for being trained by licensed and trained personnel should be enough hours to help the parent to be effective in helping the child to advance to the best of his/her potential.	Feb 7, 2011 8:24 PM
559	If you require peo;e to pay for what they previously got from the Regional Center. People will probably turn their kids over to the state and make them wards of the state.	Feb 7, 2011 9:09 PM
560	Parent involvement is required and necessary to team with the service providers	Feb 7, 2011 9:31 PM
561	Parents or guardia	Feb 7, 2011 9:48 PM
562	We need to stop trying to streamline everything, life is not black and white. We need to do what works for the families so the child thrives.	Feb 7, 2011 9:57 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
563	Parents should be asking what they can do to facilitate the development of their child. They should be watching the sessions, and learning from them about their childs needs. They are not expected to be able to imitate the therapists every move but they are expected to want to work towards achieving joint goals that are worked out by the therapists and the parents during the evaluations so that everyone is on the same page with this child	Feb 7, 2011 10:25 PM
564	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 7, 2011 10:31 PM
565	Allow RC's to set the standards in their own communities.	Feb 7, 2011 10:44 PM
566	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must fulfill. Parents of young children with developmental disabilities are usually confused, scared, and overextended in every way. They should be able to access services for their children without additional financial or time commitments.	Feb 7, 2011 11:09 PM
567	Let the Regional Centers make the decisions regarding program services	Feb 7, 2011 11:13 PM
568	sliding scales and based on resources	Feb 7, 2011 11:52 PM
569	I think a co-payment from parents who can afford them is a great idea. It helps the parents be invested in the success of the speech therapy. Also, it is important that the parents bring their children to appointments on time and on a regular basis.	Feb 8, 2011 12:13 AM
570	* Parents need to be active participants during each session * Parents need to continue to work with their child based on the strategies used in each session to maximize progress * Early START services are not a replacement for respite or baby sitting	Feb 8, 2011 12:28 AM
571	It is important that parents are participants during the services. After all the parents are the most important teacher to the babies. They learn from our modeling and then must take what they've learned and make it part of what they do on a daily basis so it becomes a natural thing in their lives.	Feb 8, 2011 12:36 AM
572	Parents benefit from engaging in active partnership with the professional team and becoming increasingly skilled at providing similar activities which benefit the child.	Feb 8, 2011 1:01 AM
573	Time commitment.	Feb 8, 2011 1:12 AM
574	Mentioned above. This Q. makes no sense.	Feb 8, 2011 1:27 AM
575	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 1:57 AM
576	Many parents have so many medical bills that I do not think that they would have the ability to paya co-pay. Some parents have insurance, most do not have any. In the past two years many parents have lost jobs and have had financial difficulties.	Feb 8, 2011 3:22 AM
577	monitor the progress and development of the child. Speech and OT must be administered on a regular basis by a trained professional or we chance that they will not be effective.	Feb 8, 2011 3:27 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
578	Families that have insurance should attempt to get services through their insurance. Especially, families that have the means to have insurance. Families should be responsible for co-payment if they are accessing their insurance. A co-payment for regional center services should not be asked. Many families hard ships that a co-payment means they may not seek the services because it would cost too much for their personal financial situation. Family involvement is crucial. Parent participation is mandatory.	Feb 8, 2011 3:44 AM
579	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. Our disabled citizens are the responsibility of all of us, just as educating our young people in public schools is the responsibility of all of us!!!!!!!	Feb 8, 2011 3:53 AM
580	If a family is determined to be of low income, then services should be free to them. If family is middle to high class, then co-payment should be considered, especially if family is able to afford insurance.	Feb 8, 2011 3:55 AM
581	Sliding scale plus time commitment. The professionals should help the parents feel comfortable working with the child.	Feb 8, 2011 4:17 AM
582	parents should be involved in 90% of services	Feb 8, 2011 4:24 AM
583	Emotional support, parental involvement in the home. Time commitment should already be a given and if it is not, parental co-payment may be considered.	Feb 8, 2011 5:16 AM
584	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 5:29 AM
585	Again as previously stated.	Feb 8, 2011 6:07 AM
586	The parents should be involved in the progress and analysis of the child. There should be regular meetings to discuss the progress.	Feb 8, 2011 6:24 AM
587	No copayment should be implemented. How many more staff members in accounting would need to be hired to handle all the billing and processing of payments? In addition, what would happen if the parent failed to pay. Would the state be in the position to stop and deny the service under federally funded early start guidelines? you should remember that early start began because most private insurances won't fund therapies that are due to a developmental delay and not a medical condition.	Feb 8, 2011 8:42 AM
588	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 3:38 PM
589	Copayments based on income	Feb 8, 2011 4:11 PM
590	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 4:22 PM
591	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 6:00 PM
592	Parents must receive some form of parent training to ensure consistency	Feb 8, 2011 6:35 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
593	The responsibilities of the parents and consumers is to make sure they receive the services and ensure the consumer is benefiting from the service.	Feb 8, 2011 7:00 PM
594	Many famiies cannot afford to pay, time is a good alternative.	Feb 8, 2011 7:35 PM
595	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 7:51 PM
596	Again, I believe in a small co-payment for all services because if a product is free it is viewed as "inferior".	Feb 8, 2011 8:36 PM
597	insurance	Feb 8, 2011 9:17 PM
598	Parents should commit to bringing their child to the programs and coming with the focus of working with the therapists to attain the goals to help their child grow and develop to his/her potential. Perhaps a sliding scale of payment--what the parent can afford?	Feb 8, 2011 10:24 PM
599	The time committment should be the same as it is now. Parents are required to participate in the home visit with therapist to receive parent training by the therapist to be able to follow up on the recommended activities throughout the week until the next visit. Early start services are supposed to be of no cost to the family. So unless we are going to change the laternman act and early start regulations I do not believe that parents should have a co-payment, especially in this ecomonic climate most of our families will not be able to pay and therefore the child goes without services. That is not the intent behind early start services. Unless you want to privatize early start services I do not agree with a co-payment for early start services.	Feb 8, 2011 11:00 PM
600	Parents need to be required to either put in 5 hours a week at the center where their child is or attend mandatory monthly training sessions. Parental involvement is key to a childs success in these programs. Parents unable or unwilling to attend monthly meetings should be paying a higher tuition/fee for the services their children are receiving. Children should not suffer due to a parents lack of cooperation.	Feb 8, 2011 11:03 PM
601	See previous answers..time = $	Feb 8, 2011 11:16 PM
602	I do not believe co-payment is appropriate. A certain time commitment (weekend or evening, for example) working toward learning the techniques to use with children at home seems appropriate to me.	Feb 8, 2011 11:30 PM
603	A family needs to make the commitment to follow through on therapies suggested by provider, must show up on time and make therapy appointments.	Feb 8, 2011 11:48 PM
604	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 11:51 PM
605	Parents should have minimum co-pay options for higher quality programs. It has always been felt that consumers families would perhaps value the service more if they did have a co-pay commitment. That said, of course, there are families who could not afford any payment. Other options could be made, such as contributions of food, work around the program or facility, any option that helps the family feel more involved with the program and their child's development.	Feb 9, 2011 12:06 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
606	I think some kind of payment by parents would help them to be more vested in their child's EI program. Too many times, parents cancel appts just because it's not convenient for them. We need to have parent and family criteria that will enable us to discontinue All services, rather than just handing the child back to the RC to re-assign to another company or program. It's a waste of time and money. If they don't keep at least 75% of their appts for trivial reasons, then they loose their EI services. I think we need to go back to a consolidation of services, center based, unless famlies do not have transportation, then, home services are provided. We can see more children, more effectively in a center based setting where our equipment is consolidated. We don't waste time driving all over the countryside, wasting time and gas. Home based therapy is a luxury we can't afford anymore.	Feb 9, 2011 12:46 AM
607	n/a	Feb 9, 2011 12:47 AM
608	Require co-pay based on sliding scale. Families must commit to availability for recommended services, with discontinuation of services if attendance is not consistent.	Feb 9, 2011 1:26 AM
609	No co payments should be made but parents should be required to actively participate in the child's development if it does not interfere with their school or work.	Feb 9, 2011 1:33 AM
610	same	Feb 9, 2011 2:27 AM
611	I think a small co pay would be useful but the State does not require this sort of red tape to their medi-cal of welfare recipients. They should go to work caring for our kids for their welfare payments	Feb 9, 2011 3:15 AM
612	It is appropiate to ask those families able to help pay their services. However there are those like me who can barely get by as it is. And not knowing I was gonna have a child w needs I could never afford the services. Then my child would be at a disadvantage	Feb 9, 2011 3:49 AM
613	Parents should agree to meet with staff on at least a monthly basis to go over progress of the child, as well as to provide feedback to the staff about what is working and what is not working in specific treatments and/or therapies.	Feb 9, 2011 3:56 AM
614	We have a problem in our clinic regarding regional center clients who cancel with less than 24 hours notice and clients who do not show for their appointments. Currently we as a non-profit clinic cannot be compensated for this lost billable time from the regional centers. There should be some sort of penalty payment that can be billed to the parents/consumers for these types of incidents. In turn, this will increase the amount of skilled intervention time for clients of the regional center and possibly lead to earlier discharge.	Feb 9, 2011 4:09 AM
615	Do not charge consumers above their fair tax dollars, just like we don't charge families for school above their fairly assessed tax dollars.	Feb 9, 2011 4:11 AM
616	Parents should be held responsible for attendance of appointments and carry over of therapeutic recommendations and treatment plans. Parents should be held responsible for the good health and well being of these children while in attendance of these services.	Feb 9, 2011 4:28 AM
617	Parents should participate as much as possible and become as informed as possible. Read everything, books, manuals, and go to conferences to gain information from a variety of sources. I think if parents are able to pay, they would. If I could have paid for my son's services myself, I would have. Dealing with the Regional Center was to say the least, very trying. No one would choose the Regional Center option if they had a choice.	Feb 9, 2011 4:31 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
618	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 5:40 AM
619	Parent involvement in receiving parent training.	Feb 9, 2011 5:59 AM
620	It is important that parent(s) assume responsibility for modeling appropriate language and for providing practice in a variety of playbased activities to encourage two-way communication.	Feb 9, 2011 6:14 AM
621	It is important that the parents assume responsibility for modeling appropriate language and providing practice in a variety of play-based activities to encourage two way communication.	Feb 9, 2011 6:16 AM
622	Parents to be available and use insurance for services if avaliable (OT/PT/Speech only)	Feb 9, 2011 6:53 AM
623	Time commitment by parents...YES..... a signed type of contract for example: 4 mo., 6 mo., 12 mo. Co-payment - if it is perhaps $5, $10, $15, $20, then I feel the parents may not complain to bad if they had to pay.	Feb 9, 2011 7:00 AM
624	I addressed the payments in ques #1, but feel it is necessary for the parents, grandparents, and/or caregivers to be fully integrated into the program. I believe it is necessary for one of the above to always be with the child during therapy so they know what is going on and can implement some or part of the therapy at home for practice and consistency.	Feb 9, 2011 7:00 AM
625	Co-payments could be viable. Even a minimal payment per visit ($5) to get the parents/guardians to acknowledge some value of the treatment, without causing undue hardship. Even co-payments for the first 20 visits, and then if they prove to be responsible and bought into the program, then discontinue the collection.	Feb 9, 2011 7:12 AM
626	Parents or consumers should have some responsibility such as 5% to 10% copayment.	Feb 9, 2011 7:37 AM
627	RC should cover fully for infant teachers & therapies(educational services) Behavior intervention and clinical services should be share cost - flat rate-everyone paying the same amount if they choose to participate. They should have the option to go through insurance first for these non-educational services.	Feb 9, 2011 8:38 AM
628	Individually assessed by service provider based on child's needs and families capabilities	Feb 9, 2011 1:55 PM
629	Demonstrate the use of strategies during daily activities with their child. Continued follow up with service coordinator and service providers.	Feb 9, 2011 3:56 PM
630	Under the current system, I believe it is unfair to ask parents who have private insurance to receive services outside of their home if they had been receiving services inside their home prior to these budget cuts. This is interpreted as a punishment for being able to afford to pay for insurance as opposed to not being able to afford it. In addition, the state does not consider the cost and time that one has to take into account for going to a clinic. On the other hand, it wouldn't be a problem if the state agreed to pay for the co-payments,premium hikes, gas, parking, and a baby sitter (for the other siblings who are not receiving services). Several of my families have felt discriminated against with these changes. Their comments are that if they didn't have insurance they wouldn't be punished.	Feb 9, 2011 5:08 PM
631	Parents should be committed to the times they agree upon with the service provider and be dedicated to participating in the development of their child by watching, learning, and then encouraging their child in the suggested activities so that progress is made throughout the week not just during the one hour with the therapist.	Feb 9, 2011 5:28 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
632	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 5:30 PM
633	Parents can pay copayment ($10 per session) or coinsurance (10%) to the service providers, similar to the private health insurance copayment/coinsurance for doctor visits.	Feb 9, 2011 6:27 PM
634	Surveys of providers by parents.	Feb 9, 2011 7:21 PM
635	I think that parents be involved in the process.	Feb 9, 2011 7:42 PM
636	Fine with the status quo.	Feb 9, 2011 7:51 PM
637	Parents and consumers should be expected to take these services seriously, and should make a commitment to any services/therapy programs set up in the IFSP process for their child. Sliding scale co-payments may be a way to help engage parents in the process, but may also cause issues for parents who cannot pay anything at all.	Feb 9, 2011 8:38 PM
638	I think evry family should be paying a copayment based on their income. Services that are "free" are not always valued as much as they should. Paying a co-payment demonstrated a level of committment on the part of the family.	Feb 9, 2011 8:49 PM
639	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 9:00 PM
640	weekly or monthly sessions	Feb 9, 2011 9:16 PM
641	Parents should commit the time to these service	Feb 9, 2011 9:54 PM
642	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 9:59 PM
643	weekly time commitment and parental weekly followup should be mandatory for the services to be paid for by the regional center. in other words, if the parents don't do the homework, they don't get the services paid.	Feb 9, 2011 10:15 PM
644	If a co-payment is considered many children might not receive proper care and services due to financial constraints, beliefs or attitudes. Many families feel that care for children with special needs should be free. This will be a difficult posture and attitude to change at the the childs expense if a co-payment is implemented.	Feb 9, 2011 10:48 PM
645	See above regarding co-pays. Time commitment should be mandatory when signing IFSP.	Feb 9, 2011 11:07 PM
646	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 11:43 PM
647	If parents can pay, it would not be unreasonable to expect at minimum a copayment for glasses and/or examination. If parents are unable to pay, a child should not be denied services.	Feb 9, 2011 11:49 PM
648	Co-payments are a possibility, but the inability to afford the co-payments should not preclude a child from receiving a needed service or the level of service that would be effective.	Feb 10, 2011 12:34 AM
649	see above, although exemption on parental time match for ages 0-2	Feb 10, 2011 12:58 AM
650	medical so its a fixed rate	Feb 10, 2011 7:38 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
651	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 7:55 PM
652	Fine as is.	Feb 10, 2011 8:04 PM
653	Commit to following through with the plan of care and having a co-payment of 5 dollars per session to maintain commitment and accountability	Feb 10, 2011 8:36 PM
654	Parents and cnsumers should be held accountable for the services contracts indicating time committments and other obligations should be imposed.	Feb 10, 2011 8:48 PM
655	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 8:50 PM
656	co payment; auto discharge from therapy after 3 no-shows; charge for "no shows"	Feb 10, 2011 9:24 PM
657	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 9:29 PM
658	Same as the comments untder Behavioral Services.	Feb 10, 2011 9:39 PM
659	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 9:53 PM
660	Parents should be required to keep scheduled appointments and to carry out home program activities on a consistent basis. When vendors are used, parent co-pays and insurance would help to defray the costs of providing this type of service.	Feb 10, 2011 10:27 PM
661	I would hope all parents would be diligent in their efforts to help their children. I would perform an evaluation of a child WITH their parent, having the parent do work with the child to prove they are working as hard, if not harder than the therapist to help their children. I don't know how you could put a time commitment expectation on the parent(s) but an evaluation of their efforts would demonstrate approximately how much effort they put into their children's needs.	Feb 10, 2011 11:04 PM
662	Parents pay taxes and should not be asked to pay for that which is the fiscal responsibility of the State of CA.	Feb 10, 2011 11:10 PM
663	See above. I agree with consumers paying a portion of the fees & participating in the therapy sessions unless their children are having difficulty with them being present.	Feb 10, 2011 11:12 PM
664	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 11:40 PM
665	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 10, 2011 11:51 PM
666	Parents MUST learn from these professionals how to implement and continue these programs. They must see these approaches as a 24/7 strategy to do everything possible to help these children become independent to reduce future demands on state financial resources.	Feb 10, 2011 11:54 PM
667	The child does NOT choose his or her parents. If the physician and therapist agree services are beneficial that is enough to continue to provide them.	Feb 11, 2011 12:40 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
668	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. no means testing.	Feb 11, 2011 1:09 AM
669	Parents need to be prove they are working with their child and they need to attend mandatory trainings. Ao co-payment may be a financial hardship, but some parents make over $150, 000 and should be able to contribute towards the cost of the program. I personally think medical insurance needs to contribute financially for services in Early Start.	Feb 11, 2011 1:10 AM
670	Parents should be shown what is going on with their child and how to adapt it Families should have the option of complete or partial scholarships	Feb 11, 2011 1:17 AM
671	Supports should remain the same or increase.	Feb 11, 2011 1:48 AM
672	use puublic transit only. limited home sevices to SMA level.	Feb 11, 2011 2:19 AM
673	The parents and therapists should be committed to the programs by showing up to all appointment unless of sickness. Cancel the appointments in a timely manner if needed. Be actively involved as much as the therapists indicats. Co-payments can be the same as the medical insurance since medical insurance sucks and does not offer the services or help with the fees.	Feb 11, 2011 2:31 AM
674	time-commitment	Feb 11, 2011 2:38 AM
675	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 3:16 AM
676	Under IDEA this is a federally funded program. With the financial situation in the country, parents cannot afford co-payments with their insurance(if they have it). Is is fair for those parents who have insurance to pay for it when those who have Medical or who are "anchor babies" get the services free. THIS IS NOT FAIR TO THOSE RESPONSIBLE PARENTS WHO HAVE JOBS WITH INSURANCE.	Feb 11, 2011 3:31 AM
677	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 3:57 AM
678	Regional Center may assist certain family with co-payment if making co payment would result in child not getting the intervention service which has been listed in the IFSP. Family member or caregiver must attend early intervention. Services and time should be limited to specific hours per month. The time a child would receive intervention should be similar to hours provided through "educational program" for Early Start child. Regional Center service child should not get more hours of service than a child served by California Dept of Ed.	Feb 11, 2011 4:29 AM
679	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 4:46 AM
680	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 5:04 AM
681	same as before	Feb 11, 2011 5:05 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
682	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 5:20 AM
683	A parent should be there at the time of the services.	Feb 11, 2011 5:33 AM
684	Parents should commit their time to these services. I am not in favor of co-payment, but I recommend that a fee be allowed when parents do not show up to their scheduled appointments. Three unexcused absences should result in dismissal the family by the provider.	Feb 11, 2011 5:43 AM
685	Each vendor program could have an "introduction to the program" letter which outlines expectations for appointment times (parent and E.I. working together with the child as a team). Description of how to follow up on no-show appointment times. When to contact E.S. service coordinator.	Feb 11, 2011 6:01 AM
686	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 6:08 AM
687	a small co-payment should be effective in increasing the buy in of the families. in addition to that, the families should be required, just as with a doctor visit, to pay a small cancellation fee to the service provider if a session is cancelled with less than 24 hrs notice.	Feb 11, 2011 6:26 AM
688	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 6:34 AM
689	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 6:44 AM
690	There should be no co-pay for services provided by Regional Center and the Public School System. Funding should not cover private education except in instances when there is no public alternative available.	Feb 11, 2011 7:33 AM
691	I believe it is states responsibility to fund these services but the parents responsibility to follow through and take their children to their appointments and make sure the services and needs are being met.	Feb 11, 2011 1:00 PM
692	Good idea. I would estimate about 10% being able to afford co-payment.	Feb 11, 2011 4:40 PM
693	Parents or caregivers should be expected to be trained as part of the therapy in order to continue the therapies during off hours.	Feb 11, 2011 4:57 PM
694	I see that the Federal and State are not effective in being able to address the needs of people. This aspect of the problem is too complex for me at this point. The current state of services and payment for these services has generated more problems than it has addressed.	Feb 11, 2011 5:20 PM
695	Child may be dropped from a program if parent fails to attend class or keep home visit appts.	Feb 11, 2011 5:47 PM
696	If a family is charged a no-show fee, such as $15.00, I think families would be more responsible about making it to appointments and being on time.	Feb 11, 2011 5:50 PM
697	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 6:06 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
698	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 provide 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 / expense 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 more money to be in the system and thus more clients will get the help they desperately need. 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 to ensure that their child is receiving what they need.	Feb 11, 2011 6:30 PM
699	Would need parent participation at some level to insure the actions at home are supportive	Feb 11, 2011 7:15 PM
700	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 7:19 PM
701	Parent's should always have the first responsibility. They should pay copayments based on their income for every service, just like any other family would for a non disabled child.	Feb 11, 2011 7:32 PM
702	Support parents with transportation to keep schedules	Feb 11, 2011 8:09 PM
703	See comment under Behavioral Services	Feb 11, 2011 8:48 PM
704	Again, there has to be parent involvement and participation as there should be with any infant/toddler. These are the people that will play with and interact with the child. Through those interactions and play they will continue to work on the things being worked on while in program. They need to be involved on a semi-regular basis, even if it is just weekly to see what new has been added, to practice techniques they are having difficulty with, etc.	Feb 11, 2011 9:10 PM
705	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 9:37 PM
706	I feel strongly that all Regional Center services, including Early Start, should have a family income finanacial eligibility criteria. All Medi-Cal eligible children are automatically eligible, all other families should be required to present Tax documentation to prove their adjusted gross income and criteia should be set to have a cut off determined by income, family size, etc.	Feb 11, 2011 9:39 PM
707	Parents should be held accountable for time commitment. If they are constantly late or missing appointments, then they should loose the services. There should not be a co-payment because that would cut out many families who can't afford them.	Feb 11, 2011 9:42 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
708	Parents and/or primary caregivers should be required to participate in and implement, as appropriate, the treatment plans recommended by the providers of their child's Early Start services.	Feb 11, 2011 9:43 PM
709	Parents and/or primary caregivers should be required to participate in and implement, as appropriate, the treatment plans recommended by the providers of their child's Early Start services.	Feb 11, 2011 9:44 PM
710	Parents and/or primary caregivers should be required to participate in and implement, as appropriate, the treatment plans recommended by the providers of their child's Early Start services.	Feb 11, 2011 9:47 PM
711	Parents and/or primary caregivers should be required to participate in and implement, as appropriate, the treatment plans recommended by the providers of their child's Early Start services.	Feb 11, 2011 9:47 PM
712	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 9:48 PM
713	1. Family Cost Participation 2. Normal development of child 3. Parent training/Hanen Program for those with communication concerns, after a parent attends the Hanen Program, then therapy will be implemented.	Feb 11, 2011 9:49 PM
714	Parents and/or primary caregivers should be required to participate in and implement, as appropriate, the treatment plans recommended by the providers of their child's Early Start services.	Feb 11, 2011 9:50 PM
715	Parents and/or primary caregivers should be required to participate in and implement, as appropriate, the treatment plans recommended by the providers of their child's Early Start services.	Feb 11, 2011 9:51 PM
716	Parents and/or primary caregivers should be required to participate in and implement, as appropriate, the treatment plans recommended by the providers of their child's Early Start services.	Feb 11, 2011 9:55 PM
717	Parents and/or primary caregivers should be required to participate in and implement, as appropriate, the treatment plans recommended by the providers of their child's Early Start services.	Feb 11, 2011 9:59 PM
718	Parents and/or primary caregivers should be required to participate in and implement, as appropriate, the treatment plans recommended by the providers of their child's Early Start services.	Feb 11, 2011 10:00 PM
719	Parents and/or primary caregivers should be required to participate in and implement, as appropriate, the treatment plans recommended by the providers of their child's Early Start services.	Feb 11, 2011 10:11 PM
720	Parents and/or primary caregivers should be required to participate in and implement, as appropriate, the treatment plans recommended by the providers of their child's Early Start services. **Family cost participation on a sliding scale shoudl be strongly considered for Early Start Behavioral Services**	Feb 11, 2011 10:19 PM
721	Parents and/or primary caregivers should be required to participate in and implement, as appropriate, the treatment plans recommended by the providers of their child's Early Start services.	Feb 11, 2011 10:21 PM
722	Parents and/or primary caregivers should be required to participate in and implement, as appropriate, the treatment plans recommended by the providers of their child's Early Start services.	Feb 11, 2011 10:27 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
723	share of cost should be in children that are minor with the major responsibility on th a parents, when the individual is of age there should be some share of cost at a different percentage.In reference to time commintement if the child is monir time commitment should be on the parents solely.	Feb 11, 2011 10:29 PM
724	Parents and/or primary caregivers should be required to participate in and implement, as appropriate, the treatment plans recommended by the providers of their child's Early Start services.	Feb 11, 2011 10:32 PM
725	Parents and professionals are responsible for carrying out the outcomes as specified on the IFSP. In the event that a parent does not make a child available for service, services can be discontinued after three consecutive no-shows without good cause.	Feb 11, 2011 10:37 PM
726	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 10:40 PM
727	Parents and/or primary caregivers should be required to participate in and implement, as appropriate, the treatment plans recommended by the providers of their child's Early Start services.	Feb 11, 2011 10:53 PM
728	everyone that needs it between the ages of 0-3 years, early intervention is the key!!!!	Feb 11, 2011 10:59 PM
729	Parents should be responsible for a small portion of the therapy or services.	Feb 11, 2011 11:07 PM
730	Parents and/or primary caregivers should be required to participate in and implement, as appropriate, the treatment plans recommended by the providers of their child's Early Start services.	Feb 11, 2011 11:23 PM
731	Parents and consumers should be held accountable for learning and practicing the intervention material.	Feb 11, 2011 11:38 PM
732	For children under 3 parent involvement is necessary, if a parent is unable or unwilling to participate in the services then their child is not eligible.	Feb 11, 2011 11:42 PM
733	Parents or caregiver should be present during the session and should be able to demonstrate techniques or exercises provided by the service provider.	Feb 11, 2011 11:42 PM
734	Parents and/or primary caregivers should be required to participate in and implement, as appropriate, the treatment plans recommended by the providers of their child's Early Start services.	Feb 12, 2011 12:00 AM
735	Parents and professionals are responsible for carrying out the outcomes as specified on the IFSP. In the event that a parent does not make a child available for service, services can be discontinued after 3 consecutive no-shows without good cause. Perhaps a minimal co-payment should be considered as parents seem to value and be more invested in services they have to pay for even if minimally. However, financial hardship should not prevent a child from receiving services.	Feb 12, 2011 12:50 AM
736	No suggestions	Feb 12, 2011 1:29 AM
737	The State of California has accepted a responsibilty 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. My grandchildren would be unrecoverable as human beings without these services. The early intervention is so very key to their futures - where would our society be without early intervention. You would leave them as mentally ill adults without hope and it would also strain our financial and legal systems even more in the future.	Feb 12, 2011 2:25 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
738	None	Feb 12, 2011 2:38 AM
739	No parent or guardian payment. Parents need to give quarterly evaluations on services provided and effectivness.	Feb 12, 2011 3:33 AM
740	Parents should be involved in therapy in order to generalize skills gained in therapy across the consumer's day. They should attend any supervisory meetings involving discussion of goals and progress on a monthly basis payment on sliding scale similar to the one used for family cost participation for respite.	Feb 12, 2011 4:04 AM
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 12, 2011 5:15 AM
742	If the parent can help financial they should be able to set how much based on their budget can allow. No one thinks of setting money aside prior to the arrival of a child for these types of services. Let alone to find out your child needs help is a heavy price to pay. There are other expenses that come a special needs child that there are no funds to help cover. The help for these kids should be ongoing. Helping them now verses later in life when it cost more to start over because they only got a limited commitment of services	Feb 12, 2011 6:18 AM
743	See previous answers.	Feb 12, 2011 6:26 AM
744	Parents should be required to sign a contract regarding the amount of time they need to commit taking their children to these services and practicing the exercises at home.	Feb 12, 2011 6:31 AM
745	I think for low income a $5.00 co pay is not asking to much. For the middle class, a co pay of $20.00 for be reasonable or a flat fee of $40.00 a month x 4 week sessions at 1 hour per week and the upper class a $50.00 co pay per month.	Feb 12, 2011 7:45 AM
746	Parents should be willing to be at every appointment on time and be willing to pay co-pays if their insurance requests that within reason.	Feb 12, 2011 1:52 PM
747	I would certainly pay my service coordinators if that meant I could keep them. I think it is particularly a good option at the second isfp after the parents have seen what early intervention can do. But if course, as a tax payer, I would prefer to pay for early intervention then to not give these services to a family who won't or can't pay for them bc it is mote expensive to our community later.	Feb 12, 2011 3:02 PM
748	Provide parents with a copy of the signed contract.	Feb 12, 2011 3:22 PM
749	Parents need to find a way to get theory child to the appt and make time for the homework. But should not be required to pay a copay	Feb 12, 2011 3:29 PM
750	Parents should have co-pay just like they would for insurance. A certain number of unexcused absences would constitute dropping from program.	Feb 12, 2011 3:41 PM
751	time commitment, support	Feb 12, 2011 4:54 PM
752	If parents have insurance, should pay for therapy. County/state to pay for assessment	Feb 12, 2011 5:04 PM
753	Any family earning $200,000 and over should contribute.	Feb 12, 2011 5:07 PM
754	Since all insurance plans are NOT created equal, it is NOT fair to require consumers with disabilities to use their private insurance, unless the out-of-pocket costs are the same for all families - or, Regional Center "covers the gap" and helps the family pay the associated out-of-pocket costs. Since many parents work and can't transport their kids all over town, Regional Center should provide in-home services, if appropriate, or transportation services.	Feb 12, 2011 5:39 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
755	A sliding scale should be used along with a co-pay. Families with significant economic stress should receive services for free. Parent participation should be determined individually by the IPP team based on client's presenting needs and parent availability (to some extent).	Feb 12, 2011 5:43 PM
756	It is not unreasonable for families to give a small co-payment for services, if they can afford it. However, many families cannot afford to utilize all the benefits during the first few years of their child's life, if they have a lifetime max. Most families need some support.	Feb 12, 2011 5:45 PM
757	Parents and consumers should follow the recommendations provided by a developmental professional, such as a Psychologist, BCBA, Psychiatrist, Developmental Pediatrician.	Feb 12, 2011 5:48 PM
758	I work with my daughter every morning at 5 a.m. to 6 a.m. I don't know how many people could afford co-payments with all the co-payments we presently have with doctor visits. My wife and I are thoroughly involved with out daughter's development. I attend the Laguna Beach intervention every week with my wife and daughter. When my daughter graduates I intend on being at the Irvine location at least once a week.	Feb 12, 2011 5:58 PM
759	Parents learn the techniques in 2-3 hours a week and continue with the therapy on their own at home.	Feb 12, 2011 6:07 PM
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 pubic schools and the same logic applies here.	Feb 12, 2011 6:09 PM
761	parents should be part of the therapy process. If parents are present when therapies are provided they can learn the tools to help their children.	Feb 12, 2011 6:16 PM
762	if no money to pay, community service would compensate well.	Feb 12, 2011 6:20 PM
763	I think the parent or caregiver needs to be present for the session and set expectations wtih the child about their behavior during the session. Other than that the service provider really should be allowed to develop rapport and work with the child.	Feb 12, 2011 6:59 PM
764	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 7:15 PM
765	Critical for parents of Early Start consumers to be ACTIVELY involved in the services - if consumer 'graduates' from the RC programs, the parent must know the skills to carry on the programs.	Feb 12, 2011 7:32 PM
766	1. Parents participate in therapy sessions 2. Parents provide co-pay of services if hours exceed a certain amount 3. Parents who "no-show" / "flake out" on therapy sessions on a chronic basis shift to a different format: monitor, participate in parent education program to get back to more regular sessions to ensure participation 4. Parents undergo a "probation period" of services and if consistent with attendance and active with participation in sessions therapy at the initial model is continued, if not then consider an alternative schedule of therapy services for family.	Feb 12, 2011 8:26 PM
767	Time committment by parents needs to be substantial and significant!	Feb 12, 2011 8:27 PM
768	There should be a time commitment for parental involvement for children receiving such services but within reason as some may be working full time to help pay for household expenses. Parents should be showing effort to provide for their family and a co-payment if possible otherwise showing income restrictions if receiving services covered by alternative funding.	Feb 12, 2011 8:31 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
769	annual assessments	Feb 12, 2011 8:44 PM
770	Parents should be responsible to pay co-pay, be on time and participate with therapy sessions and home programs as directed by their therapists	Feb 12, 2011 8:54 PM
771	Can be based on income.	Feb 12, 2011 9:20 PM
772	same as prior section	Feb 12, 2011 9:38 PM
773	All parents wishing to receive EIBT should be required to attend a group parent training. In addition, a parent services agreement with the RC should be required for services. In this agreement, parents should be required to permit collaboration between all of the child's service providers (i.e. doctors, schools, OT, PT, EIBT vendors) by signing releases of information. Parents should also be informed of the parent participation requirement and level of intrusiveness. General time-lines of programming should also be included in this agreement (i.e. fading of services when school begins, overall program goals, reporting requirements, program evaluations, etc.). Once insurance companies are required to pay for EIBT services, the RC should consider working in tandem with participating companies. One way to maintain a standard of excellence could be to retain control of the consultation level of services. Moving the direct service costs to the insurance companies would lift a heavy burden off of the RC budget. Maintaining oversight of the consultant level of services will be a benefit in coordinating on-going services and cross-agency collaborations. One stumbling block to this idea is that RC funded consultants may not have control over the contingencies for the direct staff (i.e. schedules, performance evaluations, etc.) An MOU between the RC, vendor and insurance agency could resolve this issue.	Feb 12, 2011 9:58 PM
774	Time commitment, travel to and from appt, keep appts, be on time, willing to be trained to do exercises at home, provide clean and safe treatment area if doing home visits	Feb 12, 2011 10:08 PM
775	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 10:31 PM
776	co-pay	Feb 12, 2011 10:46 PM
777	Parents that have their children in these programs due so to give their children every opportunity they can to start the child off right. Parents should pay on a sliding scale according to their income. There can not be a time commitment on giving a child a good, healthy start with life.	Feb 12, 2011 11:20 PM
778	follow thoruigh with time	Feb 13, 2011 12:23 AM
779	parents need to donate teaching hours take classes , exc. learn about how to raise theyre own children and not have it handed to them free all the time nothing should be free in life.	Feb 13, 2011 12:29 AM
780	Parents are already asked to use their insurance coverage to access services like speech/language therapy, occupational therapy and physical therapy. While this works well for some families, it virtually denies access to services if they have an unreasonably high deductible and/or copay.	Feb 13, 2011 12:35 AM
781	Co-payments due at the time of service. 24 hour notice to cancel appointments.	Feb 13, 2011 12:36 AM
782	Win/win environment. Parents do need to share in follow up	Feb 13, 2011 1:20 AM
783	Consumers should take the provision of these services seriously. Should be cooperative with deadlines and co payment, or services discontinued.	Feb 13, 2011 1:42 AM
784	Parent to be present and involved during therapy sessions. Parent training.	Feb 13, 2011 1:44 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
785	Parents and or caregivers should participate in parent training, education, consultation, and implementation of their childs services to optimize timely success.	Feb 13, 2011 2:08 AM
786	Time commitment	Feb 13, 2011 2:25 AM
787	Parents must be directly involved with the therapy. Given the severity of the student's needs, each plan should include the appropriate level of parental involvement in the service delivery model. For example, "child X requires 30 hours of intervention, with 7.5 of those hours to be provided directly by parents under the supervision of the behavioralist specialist.	Feb 13, 2011 2:27 AM
788	normal like any other child, duh! this is getting insulting!!!	Feb 13, 2011 2:38 AM
789	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 2:38 AM
790	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 2:52 AM
791	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 3:10 AM
792	The number of hours typically recommended reflects a highly inefficient means of intervention. By focusing on pivotal developmentally necessary behaviors, there is no need for adding reinforcers, prompting and other strategies that take just as much time to get rid of than they do to implement. By working with development rather than against it, these strategies are rarely necessary. If providers could do their jobs in 40 hours per month or less, more people could get served. Providers asking for 60+ hours per month are more than likely implementing inefficient means of intervention.	Feb 13, 2011 3:21 AM
793	Families with private insurance incur an unfair financial penalty. In addition to the out of pocket issue I mentioned above, our insurance only covers 80% of the negotiated rate for in-network providers and 60% of the negotiated rate for out-of-network providers. As a result, we have to pay 20-40% of the cost of our therapy, where if we had no insurance our therapy would be completely covered and we would pay nothing. As a result, people with private insurance pay significantly more and often receive fewer services as I outlined above. I feel that a good standard would be to charge parents who are funded through the Regional Center a co-payment, perhaps on a sliding scale according to income, and that money used to assist providers with accepting private insurance directly. Addtionally, if private insurers were required to cover these services, the state would save a lot of money that it now pays to make up for people with insurance who don't cover these services. I do not think it is unreasonable to expect private insurance to pay for services when possible. However, I do think that a system needs to be put into place to make it fair and equitable for everyone.	Feb 13, 2011 3:26 AM
794	Parents need to participate fully in all behavior change programs.	Feb 13, 2011 3:36 AM
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 pubic schools and the same logic applies here.	Feb 13, 2011 3:38 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
796	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 3:39 AM
797	Need increase in parental committments and time.	Feb 13, 2011 3:41 AM
798	Parents must be participate	Feb 13, 2011 4:02 AM
799	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 4:04 AM
800	A co-payment would be acceptable - up to $30/session. Parents should be available during and/or participating in the services.	Feb 13, 2011 4:30 AM
801	parents are required to follow through with the time committment	Feb 13, 2011 4:31 AM
802	Time commitment to ensure that families are using these services is a way that will guarantee consistency that will further benefit the child's learning.	Feb 13, 2011 4:34 AM
803	Parents and consumers should be active participants within treatment. However the regional centers should not hold families to unrealistic and unethically high percentage of participation when it would be detrimental to there income and overall family well being.	Feb 13, 2011 4:52 AM
804	The State/Regional Center should pay for all early intervention	Feb 13, 2011 5:03 AM
805	Same standard as set forth in Behavioral Supports	Feb 13, 2011 5:06 AM
806	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 5:06 AM
807	Parents can share the cost depending on their income.	Feb 13, 2011 5:08 AM
808	If parents are charged for this service payment should be prompt.	Feb 13, 2011 5:12 AM
809	again ask the parents for a plan	Feb 13, 2011 5:43 AM
810	1. Parents must be present for the service. 2. Parents should not be expected to pay for services unless choosing a greater frequency of time than allotted by the regional center eligiblity team.	Feb 13, 2011 5:47 AM
811	50-50 parent involvement. 50% parent ed.-50% parent in-vivo training	Feb 13, 2011 5:59 AM
812	Parents should take on the responsibilities of continuing treatment at home. Participate with the training or observe. So, the skills can be transferred to the home.	Feb 13, 2011 6:47 AM
813	Time commitment is a huge expectation. There should be no copayment required	Feb 13, 2011 7:01 AM
814	For intervention to be effective, parents/caregivers need to commit to supporting the identified treatment plan.	Feb 13, 2011 7:25 AM
815	Sliding scale to begin for household incomes above 70,000 annually	Feb 13, 2011 7:30 AM
816	The same as behavior services where parents must be present during a certain percentage of services, participate in clinical meetings, and show progress toward established parental goals.	Feb 13, 2011 7:58 AM
817	Co-payment of services will be on a household income dependent scale, with no more than 25% of the actual service charges for the wealthiest consumers. Consumers/parents must be able to commit at least 75% of the recommended services hours to the services.	Feb 13, 2011 9:53 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
818	Parent responsibility would be mandatory enrollment in a 10 week parenting course and a certificate of completion. The course would have the interdisciplinary team each do a training and there would be an outcome measure of parent attendance and some type of pre and post test of concepts learned PRIOR to families receiving services. Co-payment on a sliding scale should be mandatory.	Feb 13, 2011 4:36 PM
819	Insurance should pay	Feb 13, 2011 5:16 PM
820	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 5:22 PM
821	The parents MUST be responsible for a time commitment. Otherwise, the services that are provided has a smaller chance of having a lasting effect.	Feb 13, 2011 6:47 PM
822	Co-payment is a good idea. As a parent of a child who receives speech therapy. I am very grateful for the services my child is receiving...I wish he was approved for more therapy, because he needs it. But never the less I would have no problem if there was a reasonable co-payment attached to these services.	Feb 13, 2011 7:01 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 pubic schools and the same logic applies here.	Feb 13, 2011 7:11 PM
824	co-payment, minimum time commitment	Feb 13, 2011 7:12 PM
825	parent/caregiver training should be an integral part and the ultimate goal of providing services.	Feb 13, 2011 7:30 PM
826	Parents/caregivers commitment and involvement in the programs is paramount to achieve success.	Feb 13, 2011 7:42 PM
827	Parents should make sure that the child receives the necessary services and attends all appointments. Co-payments should be low enough that low income families can get the services they need.	Feb 13, 2011 8:07 PM
828	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 8:25 PM
829	Parents should not be discriminated against financially if their child has autism or another disability and their child should be entitled to services paid by the regional center and state that are proven effective treatments.	Feb 13, 2011 8:34 PM
830	Because of the young ages of these children, parents will definitely play a very important role. Parents are definitely strongly encouraged to be involved. No copayments, which might be a deterrent.	Feb 13, 2011 9:07 PM
831	The bottom line is the families that spend more time observing and participating in the programs have children whose outcomes are much better. There should be minimum family participation standards. One suggestion is 50% participation in every session conducted. Co-payments if kept to a minimum could be beneficial because there may be more "buy-in" if families are partially fiscally responsible.	Feb 13, 2011 9:11 PM
832	Time commitment from families and documentation of their follow through with the program.	Feb 13, 2011 9:14 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
833	When we first started with the Regional Center, my husband was unemployed. Our Cobra insurance would not allow for therapy until a large deductible was met. By the services being paid for by the Regional Center, I did not have to worry about not recieving the much needed services because we could not afford them. My children are currently recieving 6 total hours of therapy a week. While, it consumes my week and not always wantting to particpate in the sessions, I have made a commitment to my children and to the therapists.	Feb 13, 2011 9:33 PM
834	I think that therapist should be paid if they show up at a house and a client does not show up. I also think if this was implemented that it would be a 2 time no show process and then the 3rd no show would mean discontinuation of services or services with a fee.	Feb 13, 2011 9:57 PM
835	Co-pays are fine. Parents need to be more involved. It should be a requirement.	Feb 13, 2011 11:09 PM
836	Time commitment is especially necessary if people want to receive these services at very low or no cost.	Feb 13, 2011 11:17 PM
837	Parents should be required to keep regular appointments and/or notify service providers of cancellation. Co-payment may be made on a sliding scale.	Feb 14, 2011 12:23 AM
838	Parents should be informed and provided adequate training and support to ensure that they follow through w/ expected interim supports. Parents should not be expected to learn to provide the therapies themselves, as they are not professionally qualified. Parents should not be asked to pay a co-payment for these services, as the RC is already the "payer of last resort."	Feb 14, 2011 12:47 AM
839	Consumers should have the responsibility for small co-payments as it is often the case that they do not value the services they are receiving.	Feb 14, 2011 12:52 AM
840	Not all parents can afford to pay for these services and until the governments support a law to require insurance companies to authorize certain treatments for varying different disabilities, many of us parents will not be able to provide our children with necessary treatment. Too many times we are denied services due to budget cuts, however if the insurance companies were legally required to provide services to our children we could finally give our children the opportunity to participate in these services.	Feb 14, 2011 1:26 AM
841	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 14, 2011 1:35 AM
842	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 1:47 AM
843	see above However I do know I value more and keep the appointments more if I am somehow paying for them.	Feb 14, 2011 2:12 AM
844	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 2:37 AM
845	Parents and consumers should not co-pay.	Feb 14, 2011 3:15 AM
846	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 3:21 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
847	There should be a co-payment for these services. Private insurance must also be used prior to regional center funding.	Feb 14, 2011 4:52 AM
848	participation in IEP	Feb 14, 2011 5:12 AM
849	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. Families must be involved in the treatment in order for the full benefits to be realized.	Feb 14, 2011 5:47 AM
850	Parents should be responsible for knowing what providers are working on with their children and committing time during home hours (non-work hours or weekends) to working on skills and behaviors as directed by therapists.	Feb 14, 2011 6:02 AM
851	Clients that do not meet a cerain number of sessions (at least 80%) authorized wihtout a valid excuse can lose their authorization.	Feb 14, 2011 6:38 AM
852	Parents should play active role in Therapy and with follow through. Parents should pay co-pay based on their income level. Low income should pay nothing. Insurance Co should pay full price of services if the child is covered.	Feb 14, 2011 7:37 AM
853	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 8:06 AM
854	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 8:54 AM
855	The parents of the children are receptive to have interventionists work their children. These parents are very anxious and worried about having a child with special needs. They want to do whats best for their child and do understand that having individualized early intervention is the best way for their child's development to be optimized. The parents understand that it is a time commitment and are accepting of having the therapists/specialists come in on a weekly basis.	Feb 14, 2011 9:18 AM
856	Parents should participate with service providers.	Feb 14, 2011 3:54 PM
857	Parents and/or primary caregivers should be required to participate in and implement, as appropriate, the treatment plans recommended by the providers of their child’s Early Start services.	Feb 14, 2011 3:54 PM
858	Parents and/or primary caregivers should be required to participate in and implement, as appropriate, the treatment plans recommended by the providers of their child’s Early Start services.	Feb 14, 2011 4:23 PM
859	Early intervention is the key to eliminating life long disability for some individuals in the long run. If we spend our money up front, it will reduce the amount we spend later on by a significantly large amount. Putting pressure on parents to pay for these services will only keep students in need from receiving them. That does a disservice to all of society, not just the student or family.	Feb 14, 2011 4:27 PM
860	100% parent involvement in all sessions	Feb 14, 2011 4:46 PM
861	no co-payment, but time should be mandatory	Feb 14, 2011 4:47 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
862	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 4:50 PM
863	Parents and/or primary caregivers should be required to participate in and implement, as appropriate, the treatment plans recommended by the providers of their child's Early Start services.	Feb 14, 2011 5:03 PM
864	Parents and/or primary caregivers should be required to participate in and implement, as appropriate, the treatment plans recommended by the providers of their child's Early Start services. Partents/primary caregivers should be required to use all appropriate generic resources first.	Feb 14, 2011 5:06 PM
865	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 5:08 PM
866	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 5:16 PM
867	all	Feb 14, 2011 5:19 PM
868	Parents should not have any financial responsibility but should be asked to engage in parent education and should be expected to commit to the hours of therapy.	Feb 14, 2011 5:25 PM
869	Parents/caretakers should receive 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 5:51 PM
870	Use private insurance to supplement (if available)	Feb 14, 2011 6:03 PM
871	Parents shouln't have to pay for these services. That was the point of the system being put in place to begin with.	Feb 14, 2011 6:06 PM
872	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 6:09 PM
873	Parents and/or primary caregivers should be required to participate in and implement, as appropriate, the treatment plans recommended by the providers of their child's Early Start services.	Feb 14, 2011 6:10 PM
874	Parents need to be commited to bring their child daily Monday- Friday for four hrs a day.	Feb 14, 2011 6:11 PM
875	Parents and/or primary caregivers should be required to participate in and implement, as appropriate, the treatment plans recommended by the providers of their child's Early Start services.	Feb 14, 2011 6:16 PM
876	Parents and/or primary caregivers should be required to participate in and implement, as appropriate, the treatment plans recommended by the providers of their child's Early Start services.	Feb 14, 2011 6:17 PM
877	Parents and/or primary caregivers should be required to participate in and implement, as appropriate, the treatment plans recommended by the providers of their child's Early Start services.	Feb 14, 2011 6:24 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
878	Parents and/or primary caregivers should be required to participate in and implement, as appropriate, the treatment plans recommended by the providers of their child’s Early Start services.	Feb 14, 2011 6:25 PM
879	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 6:26 PM
880	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 6:27 PM
881	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 6:28 PM
882	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 6:36 PM
883	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 6:37 PM
884	Their should be a copayment based on income or on a sliding scale.	Feb 14, 2011 6:38 PM
885	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 6:46 PM
886	Family training is an integral part of early start 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 in need to be carried over outside of the sesions.	Feb 14, 2011 6:56 PM
887	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 6:57 PM
888	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 7:01 PM
889	Parents and/or primary caregivers should be required to participate in and implement, as appropriate, the treatment plans recommended by the providers of their child’s Early Start services.	Feb 14, 2011 7:06 PM
890	Parents need to be trained and given clear communication on how early intervention will pay off and help their child in the long run. Attendance must be consistent to have results.	Feb 14, 2011 7:07 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
891	Parents and/or primary caregivers should be required to participate in and implement, as appropriate, the treatment plans recommended by the providers of their child's Early Start services.	Feb 14, 2011 7:21 PM
892	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 7:30 PM
893	The State of California has accepted responsibility for persons with developmental disabilites and an obligation to them which it must discharge (Lanternman Act Section 4501). The state does not ask parents to pay for co-pays in Ca's public schools and the same logic applies here.	Feb 14, 2011 7:31 PM
894	Reimpliment the PPC program	Feb 14, 2011 7:33 PM
895	Parents and/or primary caregivers should be required to participate in and implement, as appropriate, the treatment plans recommended by the providers of their child's Early Start services.	Feb 14, 2011 7:43 PM
896	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 7:46 PM
897	all consumers need to have a co-pay	Feb 14, 2011 7:46 PM
898	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 8:00 PM
899	Parents and/or primary caregivers should be required to participate in and implement, as appropriate, the treatment plans recommended by the providers of their child's Early Start services.	Feb 14, 2011 8:02 PM
900	There should be no co-payment for services.	Feb 14, 2011 8:31 PM
901	Families must commit their time both when behavioral staff are present (in order to generalize skills outside the home and provide consistency) and to collect data outside of direct sessions. Families should participate in a training program and participate in completion of a Functional Behavioral Assessment prior to implementation of behavioral services. Co-payment: no for single parent/guardian, for a two parent family with a single full time employed parent/guardian, for a family who adopts a child with a disability; yes, on a sliding scale, for two parent, two full time employed wager earner families.	Feb 14, 2011 8:35 PM
902	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 8:46 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
903	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 8:53 PM
904	Parents and/or primary caregivers should be required to participate in and implement, as appropriate, the treatment plans recommended by the providers of their child's Early Start services. FCPP should apply to all services.	Feb 14, 2011 8:54 PM
905	: 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 14, 2011 8:57 PM
906	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 9:00 PM
907	Commitment by parent to review and practice weekly lesson plans and attend weekly speech sessions w/ child.	Feb 14, 2011 9:13 PM
908	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 9:25 PM
909	small fee	Feb 14, 2011 9:28 PM
910	State of California DDS	Feb 14, 2011 9:46 PM
911	parents must commit to making sure child comes to 98% of sessions	Feb 14, 2011 9:52 PM
912	time commitment or acknowledgment of agreement of what parent's level of participation should be (ie. parenting classes, so many home visits, list of parent goals, etc.)	Feb 14, 2011 9:55 PM
913	Parents definitely need to be involved in order to provide carry over and follow through with home programs to help facilitate skill development in these children who are demonstrating developmental delays. If California state needs some help with paying for services, than at the most a minimum co-payment such as $10 should be expected, but no more than that.	Feb 14, 2011 10:05 PM
914	Families should commit to the services provided by vendors and the Regional Center. If families are not committed, the team should meet to reassess the needs for services.	Feb 14, 2011 10:11 PM
915	The family may be given a co-payment option if the desired services expand beyond the maximum dollar amount or cap.	Feb 14, 2011 10:20 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
916	In addition to the time commitment to intervention families must commit their time both when behavioral staff are present and absent must collect data outside of direct sessions. As parent of a child who once qualified for regional center services but thankfully through the hard work of myself and my wife no longer qualifies, I have fully seen the critical role parents play. As a parent we are crucial to our daughter's development and from the research on autism treatment outcomes, we know full well the role parents play in intervention. I do believe given the budget situation that families should be responsible for intervention co-payment on a sliding scale with other factors considered. For example, co-payments could be structured as follows: None for single parent/guardian devoting time to implementing intervention. None for a two parent family with a single full time employed parent/guardian and one parent/guardian devoting their time to intervention. None for a family who adopts a child with a disability; Yes, on a sliding scale, for two parent, two full time employed wager earner families (requirement to participate is still present.	Feb 14, 2011 10:45 PM
917	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 10:45 PM
918	Copayments. Parents MUST be present during intervention At the present time as long as service is provided anywhere but a clinic setting parents do not have to be present and are often not present	Feb 14, 2011 10:47 PM
919	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 10:48 PM
920	make sure parents commit their time and meet to conirm continued benefit from services,	Feb 14, 2011 10:49 PM
921	The State of California has accepted a responsiblity 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 pubic schools and the same logic applies here.	Feb 14, 2011 10:57 PM
922	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 10:57 PM
923	Families can be assessed a co-payment based on a sliding scale fee, with a cap not to exceed a designated amount. Families could sign a contract with a commitment to bring their child to the recommended therapies and actively participate in their child's treatment for a set amount of time. Non-compliance and/or excessive absences can result in disqualification of services.	Feb 14, 2011 11:06 PM
924	Families play a key role in their child's services and they should be fully committed to the services provided by the vendors and the Regional Centers. If the family is not "on board" the vendor and Regional Center should consult one another and possibly reassess the need for services.	Feb 14, 2011 11:12 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
925	Ideally, there should be some responsibility on the part of the parent to be involved in their child's therapy and to show up for appointments. Perhaps there could be a co-pay charged when a client fails to show up to an appointment and doesn't provide notice. There are some sticky issues about "calling in sick" to appointments, because you can't always know that a child will be sick on the day of an appointment, and we're asked not to bring sick children into the therapy studio. I'm not sure how to solve that problem. As a stay-at-home mom, I would be happy to fulfill some sort of volunteer committment as a supplement to help "pay" for my daughter's services. We have more time than money, living on one income. But others may be working full time and not have the extra time.	Feb 14, 2011 11:15 PM
926	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 11:18 PM
927	As little as possible so the number of people who use it is greater.	Feb 14, 2011 11:23 PM
928	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 11:27 PM
929	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 11:33 PM
930	generalization training is an integral part of treatment carry-over of benefits the child has received. parent training with caregivers should occur at least twice per month.	Feb 14, 2011 11:34 PM
931	I feel that homework should be assigned so that the parent is also providing any extra help for the childs best interest. If these are not met then a fee should be implemented for the extra work/length that the therapist would have to then provide.	Feb 14, 2011 11:45 PM
932	Parents and/or primary caregivers should be required to participate in and implement, as appropriate, the treatment plans recommended by the providers of their child’s Early Start services.	Feb 14, 2011 11:47 PM
933	Parents and/or primary caregivers should be required to participate in and implement, as appropriate, the treatment plans recommended by the providers of their child’s Early Start services.	Feb 14, 2011 11:48 PM
934	Families should commit to the services provided by vendors and the Regional Center. If families are not committed, the team should meet to reassess the needs for services.	Feb 14, 2011 11:54 PM
935	Again, language about the paren'ts role in ES needs to be more clearly defined. A stronger committement on the parent's part should be part of the process. Many families want someone else to come in and work with and fix their child, without putting too much work on them.	Feb 14, 2011 11:55 PM
936	Parent commit to program with time, participation & attendance.	Feb 15, 2011 12:01 AM
937	Parent involvement is required and necessary to team with the service providers	Feb 15, 2011 12:03 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
938	Time commitment is fine to expect as long as service providers can accommodate a variety of parent schedules, so as not to deny educational or employment opportunities to parents of children in need of early intervention. Co-payment by families would create a huge financial obstacle for many families who are already struggling with greater financial responsibilities, be it medical or child care related for their children with special needs.	Feb 15, 2011 12:04 AM
939	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 12:11 AM
940	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 12:12 AM
941	Parents/caregivers should be present for at least 50% of a therapuetic session in order to learn techniques that they can provide for thier child in the home environment.	Feb 15, 2011 12:12 AM
942	Parents should be trained ot ensure whatever skilsl the child has learned he does not loose	Feb 15, 2011 12:44 AM
943	Parents should expect to participate in 50% of services.	Feb 15, 2011 12:48 AM
944	Co-payments unless family is 250% of poverty level or below. The co-payment could be $5 per visit up to a maximum of $50 per month, which is affordable and less expensive than most health insurance co-pays.	Feb 15, 2011 12:49 AM
945	Standards should require parent/caregiver participation. All those with insurance should be required to access insurance and those of means to pay a co-payment for service.	Feb 15, 2011 12:57 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 public schools and the same logic applies here.	Feb 15, 2011 1:06 AM
947	Parents of children receiving services must make sure that the children are available for each therapy session and follow thru with prescribed exercises between therapy sessions.	Feb 15, 2011 1:09 AM
948	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 1:18 AM
949	Parents needs to participate.	Feb 15, 2011 1:25 AM
950	Since the Federal regulations require that Early Start services are supposed to be provided at no cost to the family, the current insurance requirement already has had an impact on families who have co-pays. Parent or primary caregiver should be required to be present for all sessions and implement the intervention during the week.	Feb 15, 2011 1:30 AM
951	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 1:30 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
952	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 1:34 AM
953	co pays as able to ensure the services ar not abolished.	Feb 15, 2011 1:41 AM
954	Parents will be engaged in services and embed intervention in their daily routines.	Feb 15, 2011 1:41 AM
955	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 1:50 AM
956	One should be present in the home at time of therapy. Co payment if insurance requires it..	Feb 15, 2011 1:55 AM
957	co-payment and time commitment	Feb 15, 2011 1:57 AM
958	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 1:58 AM
959	What about a limit on the out of pocket expenses a parent will be required to meet every year? When the parent provides documentation that they have met $_____, then Regional Center will provide the services and parent no longer goes through insurance. Some families have very large deductibles that they are having to meet. CCS has a financial component.	Feb 15, 2011 2:00 AM
960	2 years and older	Feb 15, 2011 2:01 AM
961	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 2:01 AM
962	Parent share a huge part of the time commitment. They have the most to gain or loose. They need to be given the tools to follow thur outside of therapy.	Feb 15, 2011 2:02 AM
963	Parents ought to be involved if at all possible.	Feb 15, 2011 2:03 AM
964	parents and clients should commit to home program carryover	Feb 15, 2011 2:19 AM
965	As long as parents are willing to put in their time and accept the terms of the company.	Feb 15, 2011 2:45 AM
966	Same as above. Early intervention is so important, parents should not need to worry about the cost during these times. We pay enough in our taxes to be able to cover these expenses.	Feb 15, 2011 2:46 AM
967	time commitment for appointments and involvment in on-going evaluation of services provided.	Feb 15, 2011 3:05 AM
968	Families should be required to pay co-payments so that they are more invested in the process and less likely to squandor appointments and miss appointments. These co-payments should be dependent on family income.	Feb 15, 2011 3:06 AM
969	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 3:11 AM
970	based on diagnosis; FAPE; LRE	Feb 15, 2011 3:14 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
971	They should be aware and watchful for signs of developmental disabilities.	Feb 15, 2011 3:17 AM
972	parents to be present at all time while consumer receives treatment	Feb 15, 2011 3:18 AM
973	Training for families will be provided once monthly, and is crucial to the treatment plan.	Feb 15, 2011 3:20 AM
974	Parent's need to be responsible and be prompt to appointments.	Feb 15, 2011 3:25 AM
975	Sliding scale based on parents' incomes.	Feb 15, 2011 3:28 AM
976	Time commitment should be there for all services.	Feb 15, 2011 3:33 AM
977	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 3:44 AM
978	There should be no co-pay. The state must care for those who cannot care for themselves!	Feb 15, 2011 4:00 AM
979	Some Parent participation required to ensure follow through in all areas of child's life	Feb 15, 2011 4:06 AM
980	Parents time commitment - 25% of therapy time	Feb 15, 2011 4:07 AM
981	If the parents have insurance, a co=payment should be sought. Similarly a sliding scale payment plan should be available for those without insurement, including no fee for those with little financial means.	Feb 15, 2011 4:07 AM
982	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 4:15 AM
983	If the child has medical insurance, speech and OT & PT should be provided by their carrier.	Feb 15, 2011 4:37 AM
984	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 4:38 AM
985	Parents must participate for 5-20 hours/week	Feb 15, 2011 4:39 AM
986	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 4:42 AM
987	Same as previous.	Feb 15, 2011 5:05 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
988	Parents/careproviders/extended family - whoever is part of the child's everyday life should be included in service delivery. Parents must at minimum meet with program providers for an initial introduction and overview to program and then as schedules permit but with a commitment. Other family members who are caring for the child are also part of the team as well as any community service the child is involved with that the family wants included. Co-payments can be implemented if it does not become too cost prohibitive. We need to look at how many co- pays parents really have to pay when their child may be in need of 2 or 3 therapies a couple of times per week. it is expensive and parents are making very difficult decisions now as to what they can keep and what they can drop. Not many familes can afford the co-pays as it stands now	Feb 15, 2011 5:06 AM
989	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 5:07 AM
990	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 5:07 AM
991	Time commitment unless ill.	Feb 15, 2011 5:07 AM
992	The parents should provide these services at home as much as possible. My concern is for the single mother, the working single mother without private insurance.	Feb 15, 2011 5:13 AM
993	same comments as for infant development	Feb 15, 2011 5:27 AM
994	Family training is an integral part of early start applied behavioral analytic (ABA) traetment 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 5:31 AM
995	see comments on Behavior services	Feb 15, 2011 5:41 AM
996	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 5:58 AM
997	Parent involvement as well as parent education.	Feb 15, 2011 5:58 AM
998	Parents must be present at the time of service and are not to be somewhere else on the premises, but in direct attendance.	Feb 15, 2011 6:02 AM
999	Parents should not be required to pay for early intervention services.	Feb 15, 2011 6:14 AM
1000	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 6:22 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1001	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 6:28 AM
1002	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 6:29 AM
1003	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 6:30 AM
1004	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 6:35 AM
1005	Parent's/ caregivers should ideally be required to participate in their child's direct therapy services for parent training to occur on an ongoing basis. For services (both behavioral and therapy services) regional centers could require a co-payment from the family for the services based on a sliding scale and families income that would be determined by regional center, they could pay it directly to the regional centers or there could be a monthly fee, if this would help to offset the costs to the state. Even if the co-payment was for 2-3 dollars each session.	Feb 15, 2011 6:36 AM
1006	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 6:40 AM
1007	It is exhausting as a parent, it is a lot more work raising my a child with disablities, but it was my choice to have this child and I will do what I can to raise her to the best of my ability. Our funds are tight, so if these state takes these funds away, I would probably just to do one physical therapy and one speech a month. The bare minimum that I would need to know what I need to work on.	Feb 15, 2011 6:47 AM
1008	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 6:58 AM
1009	telemedicine professionals train caregiver(s) who live with child. all direct service provided by caregiver(s) who live with child	Feb 15, 2011 7:06 AM
1010	please, doctors, medications, food supplements test are already expensive because insurance companies are not covering 100% of the cost, very month we are spending 15% of our income on the necessary help for our Daughter, if the funding for her services will be cut we would probably go in the more financial trouble. Family should have more direct help form the state like tax cuts	Feb 15, 2011 7:15 AM
1011	parents must be involved in implementing the teaching strategies in the hours that tutors are not in the home. They should attend team meetings.	Feb 15, 2011 7:26 AM
1012	Parental involvement is necessary. However, the fact that our services could be provided at home and/or a daycare setting allows many families to meet their financial obligations.	Feb 15, 2011 7:52 AM
1013	Parents should have a co-payment based on a sliding scale related to income.	Feb 15, 2011 7:53 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1014	achievement of parent participation goals and assigned home activity	Feb 15, 2011 8:17 AM
1015	I do not believe at all in the parent co-pay that has been put on parents. These families are under extreme duress and most under financial strain. Of course, I am speaking about families with consumers who have autism. Putting further financial burdens on the families of your consumers with moderate to severe autism will not help the consumer at all.	Feb 15, 2011 8:39 AM
1016	Family training is an important part of early start applied behavior analytic treatment for children at risk of or with autism. Training should be given at least once a month or as needed on case by case basis.	Feb 15, 2011 8:51 AM
1017	Intensive early start services should be provided to children/family of children with autism and other disabilities	Feb 15, 2011 10:47 AM
1018	Parents or caregivers must be involved during the services to be able to generalize the corrected behavior of the child.	Feb 15, 2011 12:07 PM
1019	None	Feb 15, 2011 3:06 PM
1020	Parent involvement in making sure child is getting all services provided with no limitation to services	Feb 15, 2011 3:06 PM
1021	Parents should be a part of therapy sessions group and individual. If a co-payment is to be considered it should be on a sliding scale.	Feb 15, 2011 3:18 PM
1022	Parents need to be active participants in the services being provided. They need to maintain contact with all service providers and SC. Participate in the actual service visit as well as be their child's best teacher on a daily basis. They have a responsibility to be the most active member of the team. They also should have the support needed to fill this role.	Feb 15, 2011 3:24 PM
1023	Parents need to be actively involved, learn and implement strategies outside of sessions, and should have to pursue resources, such as health insurance, before state funding.	Feb 15, 2011 3:54 PM
1024	The payment of a copay every week is too great a burden to families - poor or the working poor.	Feb 15, 2011 3:55 PM
1025	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 4:03 PM
1026	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. An income-scaled co-pay would be a desireable option for many if the alternative left a poor-quality ABA program due to cuts.	Feb 15, 2011 4:11 PM
1027	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 4:11 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 15, 2011 4:18 PM
1029	free	Feb 15, 2011 4:27 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1030	Durable or reusable equipment should be covered by the company, while less durable equipment cost should be covered by the recipient or family when appropriate.	Feb 15, 2011 4:49 PM
1031	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 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. Parents shoudl bear some responsibility for late cancellations and no-shows!	Feb 15, 2011 4:53 PM
1032	Parents should make sure their child get what it needs.	Feb 15, 2011 5:02 PM
1033	Parents/caregivers must be active, collaborative partners in their children's services and the nature of their participation must be clearly outlined at the outset of services. When financially able, parents could provide modest co-payment for services, negotiated and processed by the regional center.	Feb 15, 2011 5:09 PM
1034	Parents are the best teachers of their children and should be an integral part of their child's early intervention.	Feb 15, 2011 5:26 PM
1035	Parents should be involved,educated and trained to continue any service they can perform.	Feb 15, 2011 5:35 PM
1036	they need to make themselves available for services.	Feb 15, 2011 5:35 PM
1037	A percentage of time should be required of the parent, depending on work schedule and availability	Feb 15, 2011 5:44 PM
1038	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 5:45 PM
1039	Shared cost.	Feb 15, 2011 5:51 PM
1040	Continuation of current standards	Feb 15, 2011 5:53 PM
1041	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 5:58 PM
1042	We should be working and collaborating with the regional centers and schools. In our case we recieve intensive ABA services for my boys but anything like OT or other services is to be provided by my husband and I because we have medical insurance.	Feb 15, 2011 6:04 PM
1043	Small co-pay based on family income, time commitment and participation in what the professional recommends.	Feb 15, 2011 6:05 PM
1044	-parents should have a copayment for all services; there should also be a contract for parents to complete regarding the attendance (no show; cancel policies)	Feb 15, 2011 6:20 PM
1045	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 6:21 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1046	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 6:23 PM
1047	Parents need to be involved in participating,	Feb 15, 2011 6:27 PM
1048	Co payment, attendance, and transportation should be left up to the parent to commit.	Feb 15, 2011 6:27 PM
1049	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 6:28 PM
1050	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 6:30 PM
1051	My response this question in the previous section applies here as well. Parents of children with developmental disabilities are already facing more day-to-day responsibilities than most Californians can fathom. The demands of caring for a child with a disability, advocating for services in multiple systems, finding resources to pay for things the child needs and dealing with the family stress have most families already meeting more than their share of responsibility. If "responsibilities" of parents and consumers is on the table, let it also be on the table for much less vulnerable parents -- those who have non-disabled children in the California Youth Authority, those who have non-disabled children who act up at school, those who have children who receive free health care services and child care services. Why is it always the parents of disabled children in the DD system who are asked to do more? Enough! Stop assuming that people who are not poor are not vulnerable.	Feb 15, 2011 6:39 PM
1052	Parents have to monitor and provide service oversight. Parents have to be involved but not as service providers. parents should provide case management instead of regional center. Parents are doing it anyway and there is a duplication of services between parents and regional center case manager where early start is concerned.Payment should not be by parents. Not even co-payment.	Feb 15, 2011 6:45 PM
1053	Again, I think only the very wealthy should be charged with co-payments. For all others their expense would be their time to help their child.	Feb 15, 2011 6:51 PM
1054	co-payment and insurance. Time commitment on the part of the consumer for sure, to have them enroll in the service they must be present a minimum of 80% of the time approved or something like that. Time committment on that of the parent shouldn't be any other than to transport the child. We make it nearly immpossible for our parents to work. We want parents to work. Not only to bring in income for the family but that they have time away from the consumer to focus on something other than the dealys and disfunctions at home.	Feb 15, 2011 6:54 PM
1055	Parents and/or primary caregivers should be required to participate in and implement, as appropriate, the treatment plans recommended by the providers of their child’s Early Start services.	Feb 15, 2011 6:55 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1056	Parents and/or primary caregivers should be required to participate in and implement, as appropriate, the treatment plans recommended by the providers of their child's Early Start services.	Feb 15, 2011 6:57 PM
1057	Regardless of services parents should be actively involved and ultimately responisble for their childs needs. Co-pays are part of that responsibility if they have insurance. Instituting a consistent policy of co-pays for all regional center consumers should be considered as a means of creating a more equal system, soliciting more committment from consumers and limit some consumers sense of entitlement. It would also help eliminate some of the current trends where consumers are being moved in and out of therapy services and 805 programs in order to "help" people avoid their co-pays. There is no consistent standard being applied and many consumers talk with each other.	Feb 15, 2011 7:00 PM
1058	Parents and/or primary caregivers should be required to participate in and implement, as appropriate, the treatment plans recommended by the providers of their child's Early Start services.	Feb 15, 2011 7:04 PM
1059	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 7:05 PM
1060	Many parents cannot afford additional services for their children. Often families are strapped financially after a birth of a child because of the need for childcare- either a parent or a childcare provider. Sliding scale could work although if parents of limited means are expected to pay and don;'t feel they can, that child may get NO interventions and later the repercussions will be made clear- the state will pay more educating that child and the child's quality of life will be affected.	Feb 15, 2011 7:05 PM
1061	use private insuracne first, minimum $5 co-pay for each visit, use sliding scale	Feb 15, 2011 7:10 PM
1062	Parents are ersponsible to bring the child in time for the therapy.The therapists are flexible in time also.	Feb 15, 2011 7:15 PM
1063	I think time commitment may work also since it will help lessen the load such as group speech or group it with parents in a class setting for children. For co-pay maybe $5, $10 , or $20 ? Per session when they come to the classes.	Feb 15, 2011 7:33 PM
1064	Some type of copayment based on income of at least $10 each week. Parents commitment to participate in daily HEP given by therapist.	Feb 15, 2011 7:36 PM
1065	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. 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 7:48 PM
1066	For early education there should be no copayment. This will allow early intervention without fear of financial liability. In long run this will reduce cost of state.	Feb 15, 2011 7:53 PM
1067	See suggestions for Behavior services and Day programs	Feb 15, 2011 7:56 PM
1068	donation	Feb 15, 2011 8:12 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1069	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 8:19 PM
1070	Parents must be educated and trained in the specific fields of treatment that their child is receiving services, so that they can provide consistency when the child is not receiving direct services from the professional.	Feb 15, 2011 8:23 PM
1071	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 8:28 PM
1072	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.	Feb 15, 2011 8:32 PM
1073	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 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.	Feb 15, 2011 8:34 PM
1074	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 8:38 PM
1075	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 8:42 PM
1076	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 student for co-pays in California’s pubic schools and the same logic applies here.	Feb 15, 2011 8:56 PM
1077	Parents should have some educational requirement and participation requirement for Early Start services. Many children are supervised at home by child care providers, grandparents, etc. I think parents should be required to participate in the majority of their child's therapy sessions. I think periodic classes are a good idea too, especially as the child prepares to transition. These classes could be offered by the RC or by the FRC.	Feb 15, 2011 8:58 PM
1078	Parents need to have homework, lessons to do with their children and provide an environment conducive to learning.	Feb 15, 2011 9:11 PM
1079	Sliding scale Insurance copay if available	Feb 15, 2011 9:14 PM
1080	Makes me sad to think that first a parent has to go through the grief of getting their child diagnosed, only to find out that there is nothing there to help them cope.	Feb 15, 2011 9:25 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1081	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 California's public schools, and the same logic applies here.	Feb 15, 2011 9:35 PM
1082	Insurance copayment for therapy is forcing many families to discontinue needed services. Early Start must pay the insurance co-payments, which allows the use of insurance services. A change of therapist due to insurance changes and other reasons is frequent. Coordination of services is key- the treatment plan should be shared/transferred whenever there is a change of therapist.	Feb 15, 2011 9:35 PM
1083	Insurance copayment for therapy is forcing many families to discontinue needed services. Early Start must pay the insurance co-payments, which allows the use of insurance services A change of therapist due to insurance changes and other reasons is frequent. Coordination of services is key- the treatment plan should be shared/transferred whenever there is a change of therapist.	Feb 15, 2011 9:35 PM
1084	Parents should take an active role in all therapies provided in early start.	Feb 15, 2011 9:37 PM
1085	Insurance copayment for therapy is forcing many families to discontinue needed services. Early Start must pay the insurance co-payments, which allows the use of insurance services. A change of therapist due to insurance changes and other reasons is frequent. Coordination of services is key- the treatment plan should be shared/transferred whenever there is a change of therapist.	Feb 15, 2011 9:37 PM
1086	Coordination of services is crucial for good intervention services....often families can not afford co-pays or there is a lifetime cap on their insurance for therapies....Early start must work with families on this shared cost.	Feb 15, 2011 9:38 PM
1087	Parents/Guardians should be available as much as possible to help support the persons or organizations to help promote the development of the child.	Feb 15, 2011 9:42 PM
1088	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 9:45 PM
1089	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 10:12 PM
1090	Family training is an intergral part of early start applied behavior analytic (ABA) treatment for young children at risk of or with autism.	Feb 15, 2011 10:18 PM
1091	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 10:27 PM
1092	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 10:40 PM
1093	parent participation: if the support is 40 hours, it should begin that way, parents being trained along the way, taper professional support gradually to allow parents to continue with the responsibility, if this is a hardship, to have an alternate option through the school system possibly	Feb 15, 2011 10:48 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1094	Parents should not have to pay high cost insurance copayments--they often can't afford it and end up dropping the services. California then sees the children in the near future needing more services and costing California more money. Coordination of services is vital--transfer of information must happen for seamless services to continue when therapists are changed due to insurance changes.	Feb 15, 2011 10:49 PM
1095	This should not be included	Feb 15, 2011 11:04 PM
1096	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 11:07 PM
1097	The cost of raising a child is difficult enough, let alone additional costs related to a disability. Each family needs to be assessed on their ability to pay and contribute if their income allows for it.	Feb 15, 2011 11:14 PM
1098	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 11:14 PM
1099	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 11:16 PM
1100	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 11:19 PM
1101	Insurance copayment for therapy is forcing many families to discontinue needed services. Early Start must pay the insurance co-payments, which allows the use of insurance services. A change of therapist due to insurance changes and other reasons is frequent. Coordination of services is key- the treatment plan should be shared/transferred whenever there is a change of therapist.	Feb 15, 2011 11:29 PM
1102	Volunteer time-commitment or small co-pay.	Feb 15, 2011 11:52 PM
1103	co-payments by families on a pro-rated basis	Feb 15, 2011 11:57 PM
1104	co pay if can afford	Feb 16, 2011 12:03 AM
1105	There could be a copay for people making anode a certain amount.	Feb 16, 2011 12:14 AM
1106	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 12:15 AM
1107	Parents should be involved in time commitments and possible co-payments to increase participation.	Feb 16, 2011 12:26 AM
1108	Co-payments could be in the form of 'homework' required by parents to complete...to help their child or themselves to better understand how to help their child	Feb 16, 2011 12:26 AM
1109	signed contract by parent to do community service or pay a reduced rate, could be set up on a payment plan if necessary.	Feb 16, 2011 12:27 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1110	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 12:30 AM
1111	education, prevention and early intervention.	Feb 16, 2011 12:30 AM
1112	If parents don't show up for services, they should be required to pay for the missed treatment. Staff are paid and waiting to serve their child and most clinics are not allowed to charge for that time if the child doesn't show up. If parents don't cancel or cannot give a good excuse for not doing so, they should be charged a fee.	Feb 16, 2011 12:33 AM
1113	Parents need to be included in the delivery of services and know how important it is to be involved. We must also include the care providers/grandparents/ etc in the delivery. Copayment is a good idea as services are more valued when a cost is attached...HOWEVER....many parents have 2 to 3 co-payments with insurance now and can not afford to keep services for their children and are having to make a choice of which service is most important so there needs to be some thoughtfulness in this decision.	Feb 16, 2011 12:37 AM
1114	Parents to agree to follow professionanlss recommendations, i.e. exercise or read to childl daily	Feb 16, 2011 12:46 AM
1115	I would support co-payment to the organizations running the early intervention program. Just like when one visits their doctor. Most doctors have an agreed amount but the patients pay a co-payment to the doctor. Rates for centers are so low. Sliding scale or co-payment would help but for the clinic not for regional centers.	Feb 16, 2011 12:57 AM
1116	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 12:57 AM
1117	See response for this question under behavioral services. Parents should participate in the service as much as possible, however, service should not be denied or reduced simply because a parent cannot participate.	Feb 16, 2011 12:59 AM
1118	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 1:04 AM
1119	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 1:09 AM
1120	no more copayments- it's hard enough that we have to pay for so many other things for our kids for a longer period of time than we do for our other children and also more often	Feb 16, 2011 1:11 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1121	Once again, from a parent whose family is self-employed and struggling, and with the budget situation and inflation the way it is, if a co-payment was required, it could topple us. Many families with special needs kids, especially those who have numerous medical needs are already financially strapped. Please focus on the quality of life for these children who will be served. If an Early Start program was abandoned for a child by their family because a co-payment was required, imagine what that family and child would be missing out on? It so helped our older son to become an amazingly responsible student, and it helped to educated me in the best ways to care for our medically fragile child? As far as time commitment, I am assuming for family members, I am a very involved parent and give of my time often. But if it became a requirement for a service, that would be difficult for many families that have to work. I already have to attend school with my child because there is a shortage of nurses, and that is putting a significant strain on our family and home.	Feb 16, 2011 1:18 AM
1122	For Early Start no copayments	Feb 16, 2011 1:18 AM
1123	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. Families must be involved in the treatment in order for the full benefits to be realized.	Feb 16, 2011 1:26 AM
1124	Parents need to support the professionals but please keep in mind many parents of a disabled child are still grieving or in the process of accepting thier child and have no idea what to expect or who to believe.	Feb 16, 2011 1:32 AM
1125	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 2:02 AM
1126	NONE	Feb 16, 2011 2:16 AM
1127	see Lanterman Act	Feb 16, 2011 2:18 AM
1128	I think the current arrangements are working and appropriate!	Feb 16, 2011 2:21 AM
1129	A reasonable co-payment based on ability to pay would be one way to save money.	Feb 16, 2011 2:38 AM
1130	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 2:40 AM
1131	Health providers need to be more responsible for at least co-payment of these services. Kaiser has some therapists but no 4 year old should have to drive an hour after school to see a therapist for a 50 minute session. Ex. Grandson lives in Oceanside but needs to travel to San Diego for services - too much of a time commitment and a huge problem for working parents.	Feb 16, 2011 2:44 AM
1132	Family training is an integral part of early start Applied Behavior Analytic (ABA) treatment for young children at risk of being diagnosed with an ASD or already diagnosed with an ASD. An initial class training of 2-3 hours, held in a location other than the consumers home, should be mandated prior to delivering services in order to ensure parents are dedicated and willing to participate. Such "Introductory Class" should cover the basics of behavior and what to expect from services. Direct training should be provided at least once monthly, including observing sessions and for skills that are rapidly changing and need to be carried over outside of 1:1 sessions.	Feb 16, 2011 3:02 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1133	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 3:02 AM
1134	Families have responsibility based on income. Not eligible after certain income level. RC's shouldnt pay family copays for insurance or insurance dedcutibles.	Feb 16, 2011 3:23 AM
1135	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 3:31 AM
1136	Families should commit to the services provided by vendors and the Regional Center. If families are not committed, the team should meet to reassess the needs for services.	Feb 16, 2011 3:31 AM
1137	Parents must be active participants BUT also we must take into consideration the working parents. Early education centers; grandparents; extended family all can be a part of the team and should be acceptable as involvement as they play a large part in the child's life for many families. Insurance co-pays are difficult as families now have to choose which service is most important when they cannot afford co-pays for more than one service when the child needs it.	Feb 16, 2011 3:41 AM
1138	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 3:45 AM
1139	Commitement to participation in all ABA sessions, and a committment to learning the principles of ABA and demonstrating these principles both during session and outside of session.	Feb 16, 2011 3:48 AM
1140	Parent participatient	Feb 16, 2011 3:50 AM
1141	Parents should be commited.	Feb 16, 2011 3:54 AM
1142	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 3:55 AM
1143	parents should pay if they drop their kids off to be baby sit----parents should always be involved and commited as your child is helped you should be learning coping skills and dealing with behavioral and learning prolems.	Feb 16, 2011 3:56 AM
1144	I am not qualified to answer this question.	Feb 16, 2011 4:02 AM
1145	Developing an infrastructure that allows DDS to support the funding of the co-payments would increase access for infants/toddlers for services they need. The co-payments (for the most part) would be significantly less than the regular payment for those same therapy services funded by the regional center. The infants/toddlers could have the frequency of therapy services based on needs versus a standardized approach for infants/toddlers of a certain age or disablity.	Feb 16, 2011 4:08 AM
1146	i think a co-payment is a respectable payment to request from the family, but it should depend on the family's monthly income. maybe suggest families make a contribution/donation to the regional center as a "thank you". i think requiring parents to attend a monthly or bi-monthly parent ed. meeting of some kind is a great idea. this could be offered by the regional center or the vendor.	Feb 16, 2011 4:13 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1147	I think the state asking for payment for these services risks a successful lawsuit on FAPE (free and appropriate public education)	Feb 16, 2011 4:15 AM
1148	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 4:29 AM
1149	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 4:30 AM
1150	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 16, 2011 4:45 AM
1151	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 4:53 AM
1152	Parents and consumers should be expected to become a working part of the team providing services. There should be requirements that the parents, guardian etc. fully participate and work toward reaching service goals of the recipient. This includes speech, OT, PT, and even behavioral therapies. If it means keeping these services in place, then a sliding scale co-payment could be enforced.	Feb 16, 2011 4:57 AM
1153	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 4:57 AM
1154	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 5:01 AM
1155	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 5:07 AM
1156	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 5:11 AM
1157	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 5:15 AM
1158	State of Calif accepted responsibility and made a promise with which it has an obligation to keep per The Lanterman Act.	Feb 16, 2011 5:25 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1159	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 5:33 AM
1160	Many parents of children with developmental delays have to keep full time jobs and therefore makes it difficult to take their children to therapy appointments, especially when these start and end in the middle of the day. One suggestion would be to have full days of therapies so that there's no need to make so many trips to the therapy centers.	Feb 16, 2011 5:44 AM
1161	Parents should be required to participate 100% of the time in the child's interventions, and to have "homework" between sessions. This is especially essential in the provision of intensive ABA services.	Feb 16, 2011 6:00 AM
1162	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. Training and family support are essential for skills to be carried over outside of treatment sessions and generalized.	Feb 16, 2011 6:01 AM
1163	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 6:04 AM
1164	being proactive and participate in each meeting with therapist; attend all meetings if possible; perform homework for next meeting with therapist	Feb 16, 2011 6:21 AM
1165	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 6:27 AM
1166	Parents should be required to participate in services	Feb 16, 2011 6:43 AM
1167	Some families are not capable/if capable, families can support based on excess household excess dollars	Feb 16, 2011 7:16 AM
1168	Parent should be 100% involved in services in order to ensure that consumer is continually being educated.	Feb 16, 2011 7:26 AM
1169	NONE to be stated in law. this is the concern of the Village this is the kind of Welfare that is the most important	Feb 16, 2011 7:41 AM
1170	There should not be means testing or cost sharing. Therapies for children with ASD are a right under the Lanterman Act. Families are burdened with many many costs associated with ASD. Demanding copayments would exclude many families and could cause children to be institutionalized rather than to stay in the home, which has been proven to be more cost effective in the long run. Preserve the Lanterman Act!	Feb 16, 2011 7:44 AM
1171	sliding scale share of cost for every services	Feb 16, 2011 7:54 AM
1172	Time commitment is necessary for parents for best outcomes for early start therapies. Co-Payment is an absolute must for parents, on an increasing range depending on financial abilities. Co-pays as illustrated in the previous statement are given. This way, parents feel that there is some value in the services provided if they have to pay fora copayment. This would also encourage parental participation and follow-through of therapy provided.	Feb 16, 2011 7:57 AM

7. Suggested service standards about self-directed or self-determination

	Response Text	
1	ICB WAS PASSED LAST YEAR AND NOTHING IMPLEMENTED YET.	Jan 28, 2011 1:19 AM
2	Specialized instruction and related services should be considered public education and therefore there should not be a self-directed option for these services.	Jan 28, 2011 1:25 AM
3	I 100% suport self directed services for ALL services!	Jan 28, 2011 1:32 AM
4	No self directed services	Jan 28, 2011 1:41 AM
5	ICB	Jan 28, 2011 1:48 AM
6	Self-directed or self-determination should be family's options.	Jan 28, 2011 1:53 AM
7	self-directed	Jan 28, 2011 1:57 AM
8	Parental input is important to consider when placing the child.	Jan 28, 2011 2:01 AM
9	Again, I believe evidence based treatments should be the first methods tried. However, if these options are unavailable, have not been successful with this consumer, or there is a logical reason why the evidence based treatment is not expected to work, consumers and their families should have the option of trying other therapies. What should not happen is what is happening at our regional center. Everyone with autism under age 3 is placed in early intervention classes, regardless of parents' wishes, medical providers recommendations, or the research literature that suggests these classes are ineffective.	Jan 28, 2011 2:28 AM
10	should be diagnosed through a physician and recommended	Jan 28, 2011 2:48 AM
11	I believe any parent should know and be involved in any type program. However, if one is approved and a parent does not take on the responsibility of taking their child to the program and follow up with all and anything that is going on with their child, then they should be terminated from a program. i.e., if a child is receiving 40 hrs a week, just like a job, if so many hrs are missed within a certain time period, be counseled and if missed therapy sessions are missed, then be terminated.	Jan 28, 2011 3:08 AM
12	Vouchers would enable parents to use the services that best met their needs.	Jan 28, 2011 3:09 AM
13	I'm not familiar with this, sorry.	Jan 28, 2011 3:10 AM
14	parents should be able to accept or decline services. They should have a choice in providers.	Jan 28, 2011 3:43 AM
15	Lanterman Act. Needs of the consumer as written in the IPP	Jan 28, 2011 3:44 AM
16	Be real! Parents of newly diagnosed children are not experts at this time. Expertise and education follow over time. Do more family training, such as that provided at the U.C.S.B. Koegel clinic, so that parents could develop better understanding.	Jan 28, 2011 3:47 AM
17	I believe that the evaluating and or treating therapist is best able to determine the frequency of treatment. I would like to add that the cutbacks for Regional Center personnel have made getting services for the children much more difficulty, there's too much of a backlog and the CSC's seem to have trouble getting through all of the paperwork. Many times there are services held up because the authorizations don't come through in a timely manner. On a recent case of a 15 month old with deafness and other developmental issues it took over 2 months from the time the recommendation for OT was made until the authorization was approved. That's a long time to wait for services to get started. I have several cases in which PT authorizations are pending for over a month but have not yet been authorized. I	Jan 28, 2011 4:09 AM
18	Not sure what this means.	Jan 28, 2011 4:09 AM
19	?	Jan 28, 2011 4:21 AM
20	Services chosen under a self-determination plan should still be evidence based and not experimental, and provided by qualified providers.	Jan 28, 2011 4:57 AM

7. Suggested service standards about self-directed or self-determination

	Response Text	
21	As much as individuals can participate in their own destiny...they should have that right.	Jan 28, 2011 5:45 AM
22	Let the Government Help for a Change!	Jan 28, 2011 6:56 AM
23	Eliminate the program entirely	Jan 28, 2011 7:00 AM
24	none	Jan 28, 2011 7:15 AM
25	Same as item 6 above.	Jan 28, 2011 3:05 PM
26	none	Jan 28, 2011 4:31 PM
27	Not sure	Jan 28, 2011 4:35 PM
28	Definately give the direction for the client to move/go forward to be as independent as possbile.	Jan 28, 2011 4:41 PM
29	Again, such a service will require auditors and investigators. Especially for Early Start, the funds will quickly prove inadequate to need and families will beggar themselves to pay for them. You will have to require certain rates from businesses accepting these funds to maximize the benefit, otherwise the funds will amount to either minimal intervention or a cost-defraying subsidy for those who can afford the additional payments.	Jan 28, 2011 4:46 PM
30	Self-directed services - good idea, not a cost saver.	Jan 28, 2011 5:04 PM
31	???	Jan 28, 2011 5:12 PM
32	Parents should be allowed to decide if a service is of beneft to them. Currently, with the buget cuts, parents are not typically informed by their Regional Center worker of all the services available to them, they are only told of the ones the RS worker thinks they should know about.	Jan 28, 2011 5:24 PM
33	Families should always be a part of deciding what their children need but it can be a difficult process and sometimes there needs to be professional supports to navigate systems.	Jan 28, 2011 5:45 PM
34	Informed consent is critical for parents to be self-directed in their intervention efforts. they have to know what is wrong and what to do in order to take the next steps themselves.	Jan 28, 2011 5:54 PM
35	not sure	Jan 28, 2011 6:04 PM
36	no comment	Jan 28, 2011 6:11 PM
37	Keep at the current rates and amounts.	Jan 28, 2011 6:14 PM
38	none	Jan 28, 2011 6:16 PM
39	Are we asking parents to take over for trained licensed therapists or teachers? Asking a parent could do more harm than good for some problems. Can parents be trained to provide support for therapy services - YES. Should parents be expected to have the same level of expertise as an OT, PT, SLP or infant teacher - NO.	Jan 28, 2011 6:29 PM
40	Parents should be able to choose the provider. If funding is provided to families it should be adequate to purchase these services consistent with what would be the minimum qualifications of people proving the service.	Jan 28, 2011 6:36 PM
41	N/A	Jan 28, 2011 6:43 PM
42	N/A too young - other than providers monitoring behavioral response	Jan 28, 2011 6:44 PM
43	no comment	Jan 28, 2011 6:56 PM
44	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 7:07 PM
45	Current methods for determining necessity are sufficient. Early Start services are good and should not be changed.	Jan 28, 2011 7:12 PM
46	This is HUGE. Please do this! Please allow parents to direct their child's programs. They know their childlren best.	Jan 28, 2011 7:24 PM

7. Suggested service standards about self-directed or self-determination

	Response Text	
47	Dedicated parents who care about their children will definetely gain the most of these services - results will be a child that will no longer need any type of servies; but incase they need services it will be minnimal	Jan 28, 2011 7:43 PM
48	No comment	Jan 28, 2011 7:44 PM
49	Some parents seeks us out but come to us late due to the lack of awareness by general physicians, hospitals etc. or the physicians minimize the parental concerns. Parents need to be able to find the Early Start resource through a generic number. Child find needs to be on a state level not only on a local level.	Jan 28, 2011 8:02 PM
50	don't do it. fraud, misuse too frequent.	Jan 28, 2011 8:03 PM
51	Have parent to take a short quiz if they are understanding their method and give parents the choice to include goals and follow through. and give parents a survey every 4-6 months to see how their kids improve.	Jan 28, 2011 8:05 PM
52	don't have a regional center coordinator if the parent can be the director of services. Or maybe there is another person in that person's life that can be an advocate	Jan 28, 2011 8:41 PM
53	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 8:46 PM
54	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 8:48 PM
55	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 8:55 PM
56	Family-directed as the starting point/default.	Jan 28, 2011 9:05 PM
57	See response to Behavior Services.	Jan 28, 2011 9:19 PM
58	should not be an option as quality control will be lost	Jan 28, 2011 9:42 PM
59	N/A	Jan 28, 2011 9:46 PM
60	a points system or an allowance that families can spend in any way they choose for the year that best fits the needs of their family.	Jan 28, 2011 9:54 PM
61	For parents who don't want in-home visits and child is too young to go to a center-based program, Regional Centers could send hand-outs on different topics of child development (maybe a checklist?). Consider different cultures and languages.	Jan 28, 2011 10:16 PM
62	no suggestions	Jan 28, 2011 10:18 PM
63	a lump sum of money might work, but often times families are not well educated enough to know what the services they are wanting to access actually provide. If this option were to be make available, educating families would need to be a part of that program.	Jan 28, 2011 10:48 PM
64	Not applicable	Jan 28, 2011 10:59 PM
65	Make available to all families.	Jan 28, 2011 11:02 PM
66	Families should be able to choose programs based on how close they are to the family, and how much parent participation is encouraged, as well as the recommendations of other families.	Jan 29, 2011 12:03 AM
67	I do not understand this question.	Jan 29, 2011 12:39 AM
68	See above	Jan 29, 2011 12:55 AM

7. Suggested service standards about self-directed or self-determination

	Response Text	
69	California Department of Developmental Services http://www.arccalifornia.org/GA%20Committee/Public%20Forum%20ARC%20Orange%20County.ppt#259,3,SELF-DIRECTED SERVICES PROGRAM	Jan 29, 2011 12:56 AM
70	most of these are baby sitting services	Jan 29, 2011 3:13 AM
71	optional	Jan 29, 2011 4:38 AM
72	Don't know	Jan 29, 2011 4:45 AM
73	Current system is appropriate as children still need to meet eligibility criteria even if they are referred by their own parents.	Jan 29, 2011 5:27 AM
74	Only a parent/guardian could be involved in creating these.	Jan 29, 2011 5:59 AM
75	Require parents to attend all sessions.	Jan 29, 2011 6:08 AM
76	Parents should have the option to self select services via service credits.	Jan 29, 2011 6:25 AM
77	Parents should still have the last say in the services provided to their child.	Jan 29, 2011 7:14 AM
78	Hey....you heard me.....easy to do but has been a decade plus of mistrust by DDS/Regional Center staff and politicians that consumers can be responsible and accountable.....use a UWASIS United wat taxonomy to track....Independent and unaccountable RCs are a growth industry that have eroded directservice dollars to those "protected" under Lanterman	Jan 29, 2011 7:18 AM
79	should be self directed	Jan 29, 2011 7:38 AM
80	All services should be based on evaluation and parents should be provided video training on the purpose and potential outcomes for services.	Jan 29, 2011 7:39 AM
81	Again, was not made aware by Inland Regional Center that such options were available. That is, without attorney presence, I was not aware.... This option should be available, expressed available and honored as such to parents.	Jan 29, 2011 8:23 AM
82	Oversight is needed for any program. When you are struggling with a child with a developmental disability, you do not have the energy to take on a "self-directed" program. Seems like another way the state would let these children and their parents down.	Jan 29, 2011 8:40 AM
83	Parents of children with developmental delay and specific neurological handicaps are entitled to insurance reimbursment under their insurance plans. A U.S. wide insurance fund involving EVERY INSURANCE company in the U.S. should be set aside for Early Intervention Services in EVERY STATE. Check out the Executive Compensation of insurance excutives for PPO's and HMO's in the state of Ca. Insurance companies should receive incentives from the California State Insuranance Commissioner to create a State Trust Fund for Early Intervention Services to Children of Special Needs	Jan 29, 2011 9:27 PM
84	FAMILY COMMITMENT TO THE PROGRAM ACTIVE INVOLVEMENT AT ALL LEVELS.	Jan 29, 2011 11:43 PM
85	If parents receive appropriate information in a language they understand they can make reasonable decisions. The issue of health literacy however is complex and often families do not truly understand and providers also do not understand what information families are lacking or how beliefs and cultural traditions may guide families decisions. If more effective communication and appropriate education taking into account health literacy issues were available many more families would have the information they needed to make effective decisions for their children.	Jan 29, 2011 11:58 PM
86	don't know	Jan 30, 2011 12:25 AM

7. Suggested service standards about self-directed or self-determination

	Response Text	
87	Self directed services should be cost effective. Too often families request more funds that they agreed to making this option a "blank check" for some. Children change so rapidly at this age, I'm not sure if self determination is practical or that we know enough about a child who has just had an Intake to know what that child's needs will be for a specific period. Funding would require more frequent review and re-negotiation than with an older child whose needs are better known.	Jan 30, 2011 12:54 AM
88	don't know	Jan 30, 2011 1:23 AM
89	The parents or caregivers are able to investigate different primary schools for their child. It is always preferable for the parents or caregivers to visit the schools and observe the teachers working with the children.	Jan 30, 2011 6:27 AM
90	Parents need to pick the people they work with. See above!	Jan 30, 2011 4:23 PM
91	Most ES parents are too new to make the best judgment calls. Again, SDS should be voluntary.	Jan 30, 2011 5:57 PM
92	I need to know how this would occur before I could comment.	Jan 31, 2011 1:30 AM
93	Self-direction should remain a collaborative effort between the individual and a service provider. Individuals who want to administer their own services should do so being well-informed, with the option of receiving support should they want or need it.	Jan 31, 2011 3:48 PM
94	No comment.	Jan 31, 2011 4:39 PM
95	Sometimes at this age parents don't know what is available and what would be beneficial, and the choice comes down to advertising versus a real benefit to the individual. But, parents should definitely have a say in any approved services. Some services are beneficial to children with disabilities, but they are beneficial to all children, and these recreational programs should not be paid for with Regional Center funds.	Jan 31, 2011 4:46 PM
96	...same...	Jan 31, 2011 5:31 PM
97	Ensure a continuum of services from home-based to center-based to meet the needs and choices of families.	Jan 31, 2011 5:32 PM
98	I beleive that a team should be developed and together with the parents; the correct service can be selected.	Jan 31, 2011 5:59 PM
99	n/a, for children under age 5.	Jan 31, 2011 6:10 PM
100	Self determination is very difficult as most parents only have one child with a disability and really have no experience in determining what is best and what the anticipated results would be. Again, if parents were involved in center based programs they would have a built in peer group so that self-determination would be more meaningful	Jan 31, 2011 6:14 PM
101	Parents must be the ones to direct and determine what services they and their children need. Babies cannot speak for themselves.	Jan 31, 2011 7:11 PM
102	none	Jan 31, 2011 7:49 PM
103	I don't know what this means	Jan 31, 2011 8:27 PM
104	do not understand	Jan 31, 2011 8:54 PM
105	No self-directed services	Jan 31, 2011 9:09 PM
106	If the parent finds that the service is being met elsewhere then that service should nto be the responsibility of the Regional Center.	Jan 31, 2011 9:17 PM
107	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 9:24 PM
108	For this population, this is not relevant.	Jan 31, 2011 9:30 PM

7. Suggested service standards about self-directed or self-determination

	Response Text	
109	Parents should have the voice and choice to identify and suggest use of particular services. If deemed appropriate by professionals, this service should be used as it will increase family participation.	Jan 31, 2011 9:39 PM
110	Service provided only if desired	Jan 31, 2011 9:59 PM
111	Cost limited.	Jan 31, 2011 10:26 PM
112	rere	Jan 31, 2011 10:29 PM
113	Offer the families with this option during the IFSP.	Jan 31, 2011 10:54 PM
114	no concerns.	Jan 31, 2011 11:06 PM
115	I don't think too many toddlers will choose self-determined options. Their parents may choose to direct their program. I think it is their right and also their right to pay for it. When I chose to send my son with cerebral palsy to a private high school, it was my choice and I didn't expect Special Ed to pay for it. It was on me.	Jan 31, 2011 11:40 PM
116	For infants, the "self determinaton" is "family determination"; family resources and priorities should drive the outcomes (as outlined in IDEA) For toddlers, self-determination begins with communication and choice. Support for successful peer play (sharing, requesting desired toys, saying "no") should be emphasized.	Jan 31, 2011 11:51 PM
117	Parent choice should guide standards for selection of these services. Relationship-based therapies built on the science of the field of infant mental health need to be available to families.	Jan 31, 2011 11:56 PM
118	same as 7 in behavior services	Feb 1, 2011 12:19 AM
119	Use microboard system to fund based on child/family needs,	Feb 1, 2011 1:22 AM
120	Family determination is built into IDEA. There is a wealth of literature that could be incorporated into this standard. In general, the state needs to consult the early intervention literature and the array of early intervention experts throughout the state. There is much written that can address these standards that I can't review in a short time in these boxes.	Feb 1, 2011 3:44 AM
121	Parents should have the right to determine what services their child receives.	Feb 1, 2011 4:23 AM
122	I don't understand this question. What do those terms mean?	Feb 1, 2011 4:29 AM
123	none	Feb 1, 2011 5:09 AM
124	N/A	Feb 1, 2011 5:23 AM
125	???	Feb 1, 2011 5:54 AM
126	All research based interventional therapies and services need to be included in self-directed/self-determination options.	Feb 1, 2011 6:32 AM
127	Parents can contact regional centers and request assessment of their child.	Feb 1, 2011 6:54 AM

7. Suggested service standards about self-directed or self-determination

	Response Text	
128	Families need the option to choose treatments that best reflect their families values and interest. There is no one size fits all. Forcing all families to choose a certain treatment model or models because that is all that will be funded is an outrage. A wide range of acceptable and funded treatment models are needed (esp. for autism.) Saying SCERTS only or DIR only or ABA only or the Denver Model only is simply not appropriate. Each of these Models have families that would prefer one of the other or some mix, and often this is influenced by the service provider. Families are usually in such a state of crisis at this time, that they don't want to be forced to work with certain individuals because they are the only ones trained and available to provide treatment in an exclusively funded model situation. Depending on the individual therapist and your families needs, a SCERTS umbrella model could work well in conjunction with any other model (including ABA and DIR). SCERTS empowers family members to become active participants in the treatment of their child, as early as 6 months. And it provides a cohesive way to keep various team members on the same page in terms of addressing the core deficits of autism.	Feb 1, 2011 7:19 AM
129	Not recommended. This service should be monitored carefully and diligently as it could be abused.	Feb 1, 2011 7:50 AM
130	If independent expert thinks a nontraditional service is needed, some way of providing it and evaluating its effectiveness should be undertaken. If the parent wants to provide it for their child at their expense, they should feel free to do so.	Feb 1, 2011 8:44 AM
131	one on one with parent	Feb 1, 2011 5:13 PM
132	Families should be able to self-direct, self-determine all services for their child. As a team member along with involved professionals, families should be given high levels of control about what services are activated and who provides them.	Feb 1, 2011 6:00 PM
133	parents should be able to choose among a variety of services provided: e.g. more options than just behavioral programs for children with autism should be available for parents to choose from, or home-based OT/PT services rather than clinic-based. The parents should have equal access to education about the variety of services and be able to choose based on the best fit with their families' needs.	Feb 1, 2011 6:11 PM
134	let the clients/parents direct the services without the RC, if necessary	Feb 1, 2011 6:18 PM
135	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) "Up to but not to exceed the cost to house one individual in a Developmental Center."	Feb 1, 2011 7:54 PM
136	yes. again, the use of favorite vendors is not always in the consumers best interest.	Feb 1, 2011 8:08 PM
137	Parents should be able to choose from qualified vendors.	Feb 1, 2011 8:21 PM
138	asdfdsf	Feb 1, 2011 8:40 PM

7. Suggested service standards about self-directed or self-determination

	Response Text	
139	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 9:14 PM
140	This can't be answered since babies can't make self-directed or self-determiniation options.	Feb 1, 2011 9:25 PM
141	no comment	Feb 1, 2011 11:12 PM
142	Individuals should be evaluated on an annual basis and services offered.	Feb 1, 2011 11:33 PM
143	Parents should definitely have the option to do self-directed Early Intervention, relying on RC's to create a fund through which consultants, trainers, and aides could be paid.	Feb 2, 2011 12:29 AM
144	Ideally, parents should be taught by their child's therapists how to practice on a daily basis what the therapists do weekly.	Feb 2, 2011 12:50 AM
145	in early start?! WTFH?!	Feb 2, 2011 1:22 AM
146	What does this mean? If it is self directed or self determined, how can there be a service standard related to it? How would this work?	Feb 2, 2011 3:03 AM
147	This would have to be funded well, have plenty of providers, brokers & easy to use. Parents who children are diagnosis with any delay or special need are overwhelm with so many emotions. It may be hard for them to be able to have to look for services or broker etc. Regional would have to have this set up user friendly.	Feb 2, 2011 4:14 AM
148	The service provider should provide professional evaluators for parents/caregivers that have concerns but the child does not qualify for Early Intervention. If the parents want to have an evaluation done, it should be provided by the service provider.	Feb 2, 2011 4:49 AM
149	I think parents are often pretty overwhelmed when they have an infant or toddler who may require Early Start services, and I do not think self-directed services would be as helpful as outside services to help educate and enable the parents to learn to be advocates for their children.	Feb 2, 2011 4:55 AM
150	n/a	Feb 2, 2011 5:05 AM
151	This may help some families access their insurance, but it needs to be verified by the insurance company.	Feb 2, 2011 5:09 AM
152	See answer for Behavioral Services, the clinician should provide evidence-based recommendations specific to the unique child, and the team should be free to choose the best services for the child, as long as the therapies show promise in the field.	Feb 2, 2011 5:50 AM
153	Parents should have the option of choosing the most natural environment for these services, such as in home, at a community daycare, family daycare, or nursery school setting.	Feb 2, 2011 6:00 AM
154	should be included to the greatest extent possible.	Feb 2, 2011 6:32 AM
155	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 2, 2011 3:31 PM
156	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 2, 2011 4:51 PM

7. Suggested service standards about self-directed or self-determination

	Response Text	
157	not a good option, in our area self determination budgets are too high and the money is abused by families for services the RC would not typically fund, if either of these programs are to continue or expand there needs to be limits on the budget and types of services that can be funded.	Feb 2, 2011 5:07 PM
158	Review of current IFSP, reports and assessment reports.	Feb 2, 2011 5:42 PM
159	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 2, 2011 5:48 PM
160	Home program activities are usually provided to the parents (at the therapist's expense).	Feb 2, 2011 6:03 PM
161	Children who apply for ss should have to have these services in order to recieve cash assistance from state.	Feb 2, 2011 6:03 PM
162	Services for Early Start are already individualized and parents are supposed to have a choice in the provider they use. I would suggest each regional center provide families with their options rather than the service coordinator choosing the program for them. California has worked hard to develop personnel standard and we are now seeing them. If families are allowed self-directed service options the services would not be provided based upon IDEA part C, have appropriate personnel standards including early childhood training in typical and atypical development. Natural Environment in everyday routines and places needs to be the standard	Feb 2, 2011 6:12 PM
163	Evaluation by professionals with consideration of input of parents	Feb 2, 2011 6:16 PM
164	Disagree with self-directed and self determined. Sometimes parents are not aware of exactly what type of help their child needs. Early Start services made a huge impact on my child's life in terms of physical development and speech.	Feb 2, 2011 6:30 PM
165	If a parent, doctor, or teacher feels a child has a developmental delay and can prove as such then services should be provided.	Feb 2, 2011 6:37 PM
166	a	Feb 2, 2011 6:49 PM
167	I do not think that self directed service would be a good option for this service.	Feb 2, 2011 6:50 PM
168	This would be difficult because parents of young children usually don't know about all the services that their child needs. They are looking to teachers to help them understand what their child needs. It would be difficult for them to choose.	Feb 2, 2011 6:59 PM
169	I think the current standards are appropriate.	Feb 2, 2011 7:37 PM
170	Parents should be given written information about the type of services they are to receive. Parents should be aware of training and background needed for the service provided.	Feb 2, 2011 8:48 PM
171	This question cannot be answered until California has a clearly defined mechanism for implementing self-directoed or self determination options.	Feb 2, 2011 9:30 PM
172	TO HELP THESES KIDS BIULD THEIR SKILLS UP.	Feb 2, 2011 9:39 PM
173	none	Feb 2, 2011 9:58 PM
174	what does this mean?	Feb 2, 2011 10:08 PM
175	Do not implement a $750 million cut to the Department of Developmental Services (DDS) budget. It is too drastic! We need these services for our kids on the spectrum!	Feb 2, 2011 10:11 PM
176	NA	Feb 2, 2011 10:12 PM
177	Not sure	Feb 2, 2011 10:14 PM
178	Families should have the option of using self-directed funds to purchase these services.	Feb 2, 2011 11:07 PM

7. Suggested service standards about self-directed or self-determination

	Response Text	
179	Parents would need a lot of guidance to make the right choices for their situation.	Feb 2, 2011 11:08 PM
180	Self directed options must be based on outside testing from a Regional Center and pursued by the family in need.	Feb 2, 2011 11:10 PM
181	Parents should not be forced to use a provider that they feel is not effective or respectful of them and their child.	Feb 2, 2011 11:41 PM
182	Current practices are excellent.	Feb 3, 2011 12:14 AM
183	These should be established in advance between the provider of services and the agency providig the service to the clint.	Feb 3, 2011 12:42 AM
184	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 3, 2011 12:56 AM
185	The system in place now works well. We receive weekly reports with further self-directed activities and follow up.	Feb 3, 2011 1:31 AM
186	Communication is important,	Feb 3, 2011 1:50 AM
187	No comment	Feb 3, 2011 1:57 AM
188	None at this time	Feb 3, 2011 3:15 AM
189	n/a	Feb 3, 2011 4:35 AM
190	These services cannot be self directed due to the age of the child. In the case of a developmentally delayed parent guidance should be provided to help them make positive choices for the child.	Feb 3, 2011 4:57 AM
191	minors will be directed by their parents	Feb 3, 2011 5:06 AM
192	None	Feb 3, 2011 5:24 AM
193	unknown	Feb 3, 2011 5:50 AM
194	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 3, 2011 6:04 AM
195	Same standard as Valley Mountain Regional Center.	Feb 3, 2011 6:42 AM
196	Same standards as Valley Mountain Regional Center.	Feb 3, 2011 6:47 AM
197	Parents must have options to choose quality providers	Feb 3, 2011 6:52 AM
198	Not sure how this can be self-directed or determined.	Feb 3, 2011 8:06 AM
199	Not sure a child this age can self-direct their services. It's based on the child's deficit areas. They can self direct their rewards.	Feb 3, 2011 8:49 AM
200	do not understand this, these are infants.	Feb 3, 2011 1:50 PM
201	I don't think there should be a self-directed option for this age group. Infants and toddlers need constant monitoring, and parents are often grieving the loss of the "expected child". This is not an age group that should be abandoned by kind, consistent, professional intervention.	Feb 3, 2011 3:55 PM
202	Most parent don;t know what is best for there child at such an early age and should have support and understand what evidence based intervention is available for them.	Feb 3, 2011 4:38 PM
203	Don't understand question.	Feb 3, 2011 4:39 PM
204	Don't have any comments.	Feb 3, 2011 5:02 PM
205	Self referral should be assessed by professionals.	Feb 3, 2011 5:15 PM
206	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 3, 2011 5:20 PM
207	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 3, 2011 5:41 PM
208	Parents must have options to choose quality providers	Feb 3, 2011 5:44 PM
209	No !!! SDS	Feb 3, 2011 5:49 PM

7. Suggested service standards about self-directed or self-determination

	Response Text	
210	None at this time.	Feb 3, 2011 6:06 PM
211	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options	Feb 3, 2011 6:34 PM
212	Again, an adult has autonomy. If they choose not to be insured and they are not conserved and understand the consequences then one should not recieve serves. It is a choice. When we are talking early start then this would not apply.	Feb 3, 2011 6:38 PM
213	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 3, 2011 6:48 PM
214	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 3, 2011 6:59 PM
215	parents need to know who to go to and that person needs to get back to them in a timely manner	Feb 3, 2011 6:59 PM
216	I feel the same for all services as I do with the first survey I took.	Feb 3, 2011 7:17 PM
217	parents should be allowed the option to choose their own proviers	Feb 3, 2011 7:30 PM
218	If a Conductive Ed Program or alternative program has been determined to be the least restrictive environment for a child's self determination/self direction then it needs to be recognized and vendored by Regional Centers.	Feb 3, 2011 8:10 PM
219	Under EI I would not recommend this. These are new familis who are still in shock that there child has a delay.	Feb 3, 2011 8:32 PM
220	This should be disclosed within the IPP process due to the variation of responses.	Feb 3, 2011 8:47 PM
221	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 3, 2011 9:14 PM
222	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 3, 2011 9:37 PM
223	see previous answer in other topic	Feb 3, 2011 10:02 PM
224	Don't agree with self-determination	Feb 3, 2011 10:11 PM
225	To start services funded by the state, each child should be seen and evaluated by a Regional Center personnel. If the parents don't want to go that route then it should be out of pocket for that family.	Feb 3, 2011 10:36 PM
226	As long as the child's needs are being met through the services and it is benefiting everyone, these options should be allowed.	Feb 3, 2011 11:05 PM
227	Again, I wish I knew what is meant by "self-directed" in order to comment.	Feb 3, 2011 11:12 PM
228	Infants and Toddlers are not ready for self-directed ot self-determination options for themselves.	Feb 3, 2011 11:14 PM
229	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 3, 2011 11:38 PM
230	none	Feb 3, 2011 11:49 PM
231	More federal funding.	Feb 3, 2011 11:57 PM
232	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options	Feb 4, 2011 12:04 AM
233	The treatment needed	Feb 4, 2011 12:06 AM
234	No, not needed.	Feb 4, 2011 1:08 AM
235	Dollar amount per child would be helpful for only some families. Some families really research their options and can make informed decisions whild others look to the expert for guidance and direction.	Feb 4, 2011 1:22 AM
236	Not applicable in this area.	Feb 4, 2011 1:25 AM

7. Suggested service standards about self-directed or self-determination

	Response Text	
237	Self-directed and self-determination options are not a good option because I believe these companies need the support of an organization to help fund and lead the correct way of what is being done.	Feb 4, 2011 1:32 AM
238	None	Feb 4, 2011 1:41 AM
239	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 1:48 AM
240	Again, parents can be given vouchers for a range of providers. They could be given a list of appropriate services, specialists, etc.	Feb 4, 2011 2:02 AM
241	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 2:48 AM
242	To prevent the abuse and misuse of the fund I do not support the self determination one.	Feb 4, 2011 3:01 AM
243	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 3:13 AM
244	?	Feb 4, 2011 3:58 AM
245	None. Not applicable whatsoever.	Feb 4, 2011 5:49 AM
246	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 6:35 AM
247	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 7:30 AM
248	Pass	Feb 4, 2011 9:24 AM
249	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 3:14 PM
250	Families have the right to choose services.	Feb 4, 2011 4:34 PM
251	Works fine.	Feb 4, 2011 4:46 PM
252	Same as previous section	Feb 4, 2011 4:54 PM
253	I believe only the professionals should be able to make determinations who should get services. I do believe parent's input should be take into consideration too.	Feb 4, 2011 4:55 PM
254	For the parent and child to want to get help and succeed	Feb 4, 2011 5:00 PM
255	I am unsure what these options are and how they are implemented	Feb 4, 2011 5:09 PM
256	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 5:25 PM
257	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 5:42 PM
258	Family Resource Center is one of the best components of the Early Start Model along with the Interagnency component. There needs to be more blending of services with First Five and Head Start as well. Not enough agency communication and collaboration.	Feb 4, 2011 5:51 PM
259	I feel physicians in the aresa served by regional centers need further education about when services are indeed appropriate.	Feb 4, 2011 5:57 PM
260	If a substitue will be representing the parent, require a co-payment	Feb 4, 2011 6:24 PM
261	Not sure what you are asking.	Feb 4, 2011 6:50 PM
262	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determined option.	Feb 4, 2011 7:01 PM
263	The same as previous #7.	Feb 4, 2011 7:15 PM

7. Suggested service standards about self-directed or self-determination

	Response Text	
264	???????	Feb 4, 2011 7:28 PM
265	Parents of infants and toddlers need some support. A self-directed program might be appropriate for parents of older children.	Feb 4, 2011 7:37 PM
266	no suggestion	Feb 4, 2011 7:43 PM
267	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 7:47 PM
268	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 8:12 PM
269	Don't know what this is.	Feb 4, 2011 8:17 PM
270	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 8:52 PM
271	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 9:11 PM
272	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 9:15 PM
273	What do you mean?	Feb 4, 2011 9:31 PM
274	Included.	Feb 4, 2011 9:41 PM
275	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 9:52 PM
276	don't know. it seems professionals / licensed therapists should be referred through the regional centers.	Feb 4, 2011 10:03 PM
277	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 10:18 PM
278	Parents should be able to self refer and be an ACTIVE part of service provision decisions fortheir child	Feb 4, 2011 10:30 PM
279	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 10:34 PM
280	These services need to be determined by direct evaluation of the patient. There should be very little self-directed use of these services.	Feb 4, 2011 10:39 PM
281	Once again, the federal government and the state of california need to agree on a certain amount that can be alloted to each infant or child that qualifies. After the amount is consumed, private insurance comes in or private pay.	Feb 4, 2011 10:43 PM
282	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 10:55 PM
283	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 11:11 PM
284	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 11:14 PM
285	same as prior	Feb 4, 2011 11:16 PM

7. Suggested service standards about self-directed or self-determination

	Response Text	
286	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 11:19 PM
287	This does not seem to apply for our population. They are under the care of adults 100% of the time.	Feb 4, 2011 11:26 PM
288	Again, this should be optional, but why would anyone refuse?	Feb 4, 2011 11:34 PM
289	no comment	Feb 4, 2011 11:42 PM
290	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 11:54 PM
291	If SD is available for ES families, there should be regional center or other clinical guidance	Feb 4, 2011 11:56 PM
292	Not to be included in Self-Determination.	Feb 5, 2011 12:00 AM
293	Not applicable	Feb 5, 2011 12:02 AM
294	same as given be for basically what is reasonable what is compassionate what is throrough, what is humane for the whole family, and consistent, not giving up	Feb 5, 2011 1:21 AM
295	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options, particularly as applies to those 0-3 years old.	Feb 5, 2011 3:52 AM
296	I do not know	Feb 5, 2011 5:45 AM
297	All ~reasonable~self-determined options should be thoughtfully considered and discussed.	Feb 5, 2011 6:30 AM
298	N/a	Feb 5, 2011 6:45 AM
299	Support self directed services.	Feb 5, 2011 8:01 AM
300	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 5, 2011 2:45 PM
301	I have no thoughts on this as I am not qualified to determine the best direction in providing a service for my own child.	Feb 5, 2011 2:51 PM
302	no experience!	Feb 5, 2011 4:57 PM
303	Parent(s) need to be open to learning and putting the time into working with their child.	Feb 5, 2011 5:00 PM
304	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 5, 2011 5:20 PM
305	same as first set	Feb 5, 2011 6:39 PM
306	should not be available	Feb 5, 2011 7:57 PM
307	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 8:44 PM
308	Parents must play an active role in goal development and should be followed as far as how they feel treatment is progressing and if their child is truly benefiting from the service being rendered.	Feb 5, 2011 9:00 PM
309	None	Feb 5, 2011 10:04 PM
310	Started young and at the comprehension of the child.	Feb 5, 2011 10:07 PM
311	none	Feb 5, 2011 10:25 PM
312	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 5, 2011 10:52 PM
313	I pretty much feel the same way as your previous questions. please see the first part	Feb 6, 2011 12:28 AM
314	All families should have the right to ask for an alternative treatment.	Feb 6, 2011 3:29 AM

7. Suggested service standards about self-directed or self-determination

	Response Text	
315	Regardless of any suggested standards, the consumer's parents and/or caregivers must still have input regarding early start 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's parents and/or caregivers given significant weight.	Feb 6, 2011 5:27 AM
316	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 6, 2011 5:53 AM
317	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 6, 2011 4:31 PM
318	No suggestions at this time.	Feb 6, 2011 4:59 PM
319	ditto	Feb 6, 2011 7:20 PM
320	none	Feb 6, 2011 9:49 PM
321	I think the family and the regional center should jointly agree on services.	Feb 6, 2011 10:12 PM
322	N/A	Feb 6, 2011 10:44 PM
323	Same	Feb 7, 2011 2:49 AM
324	this question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 7, 2011 5:12 AM
325	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 7, 2011 6:35 AM
326	no comments	Feb 7, 2011 7:21 AM
327	Parents/caregivers should have the option to pick who they woudl like to provide this service but they should not be able to demand what the program should look like without working it out with the planning team.	Feb 7, 2011 5:27 PM
328	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 7, 2011 5:43 PM
329	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 7, 2011 6:19 PM
330	No comment	Feb 7, 2011 6:22 PM
331	Parents cannot be held responsible to "self-direct" these services which require the knowledge and expertise of licensed pratctioners to deliver results	Feb 7, 2011 6:24 PM
332	It is important that parents have the choice in early intervention services and that they are given the chance to choose developmental services like DIR.	Feb 7, 2011 6:50 PM
333	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 7, 2011 7:51 PM
334	The parents need to have a say as long as it is supported by their doctor and therapists. If RC were to hire objective therapists to review the cases, people the parents trusted actually knew how to asses their child, the parent would feel more comfortable with decisions made by RC. I think upon being awarded therapy, we should be told as parents how many sessions we will get in a year. We can choose when and how and if to use them. If I decide my child is doing better, I can slow down on sessions, but if they revert, I can pick up again. I have those sessions to use or not. That being said, if I do not use them in 4 months, I lose them and they can go to someone else who will.	Feb 7, 2011 7:58 PM
335	Not sure what this is referring to?	Feb 7, 2011 8:22 PM
336	?	Feb 7, 2011 8:24 PM
337	Parents must have options to choose quality providers	Feb 7, 2011 9:31 PM
338	I think that this train of thought needs to be abolished.	Feb 7, 2011 9:57 PM
339	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 7, 2011 10:31 PM

7. Suggested service standards about self-directed or self-determination

	Response Text	
340	Allow RC's to set the standards in their own communities.	Feb 7, 2011 10:44 PM
341	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 11:09 PM
342	Let the Regional Centers make the decisions regarding program services	Feb 7, 2011 11:13 PM
343	all services must be culturally appropriate and family driven	Feb 7, 2011 11:52 PM
344	* Parents should learn to advocate for their child's needs in an assertive but friendly manner	Feb 8, 2011 12:28 AM
345	Not sure what is meant but " self directed or self determination" But this is not appropriate if you are talking about infants and toddlers being self directed and self determined to learn appropriate developmental skills to get them to a point of being on target.	Feb 8, 2011 12:36 AM
346	Early intervention (birth to 3) services have the advantage of being fiscally prudent----since the developmental issues have ameliorated by the age of 3 and no longer require the investment of remediation dollars. In the long run saving tax payers money and realizing positive outcomes for the children and families	Feb 8, 2011 1:01 AM
347	Parents should obviously be allowed to have input for their child.	Feb 8, 2011 1:12 AM
348	For Early Intervention? Really?? Do you have to use the same questions for every topic on this survey? Is your intention to get back jibberish?	Feb 8, 2011 1:27 AM
349	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 1:57 AM
350	I don't understand this question?? Self directed or self determination meaning the families decide what services they need for their child? If this question means that, then its absolutely ridiculous that parents decide how much intervention their child needs. Parent are not the qualified professional to decide intervention or needs.	Feb 8, 2011 3:44 AM
351	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 8, 2011 3:53 AM
352	Good idea in case they want to use Floortime.	Feb 8, 2011 4:17 AM
353	parents should be able to choose in home or center based services according to their family needs. Currently, they are told they have to recieve services in-home because it is their "natural environment" There are many things that effect families and for some families the constant intrusion of therapists in their home is too intrusive. Parents should have the right to choose.	Feb 8, 2011 4:24 AM
354	Unclear	Feb 8, 2011 5:16 AM
355	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 8, 2011 5:29 AM
356	Again as previously stated.	Feb 8, 2011 6:07 AM
357	not sure appropriate for age	Feb 8, 2011 8:42 AM
358	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 8, 2011 3:38 PM
359	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 8, 2011 4:22 PM

7. Suggested service standards about self-directed or self-determination

	Response Text	
360	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 8, 2011 6:00 PM
361	The goal of early intervention services to provide the services early so that children at some point become people who can be self directed and have self determination.	Feb 8, 2011 7:00 PM
362	phone lines to ask for eligibility?	Feb 8, 2011 7:35 PM
363	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 8, 2011 7:51 PM
364	n/a	Feb 8, 2011 9:17 PM
365	I do not feel that self-directed services or self-determination options apply to early start.	Feb 8, 2011 11:00 PM
366	Parent on team	Feb 8, 2011 11:16 PM
367	Parent, doctor or service provider to determine if and what services are needed or not. It should not be up to the parent alone thought to determine what if any services are needed. An IFSP team decision	Feb 8, 2011 11:48 PM
368	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 8, 2011 11:51 PM
369	Parent Choice is highly recommended. This would mean that Parents would have all of the information regarding all of the programs in their catchment area. It would be their job to peruse all of the programs that they felt were appropriate for their child and to choose the one that works for their family.	Feb 9, 2011 12:06 AM
370	I think this self-directed philosophy is giving families more power than they need or can manage. They do not have the long-term knowledge, education, research about the importance of EI.	Feb 9, 2011 12:46 AM
371	n/a	Feb 9, 2011 12:47 AM
372	same	Feb 9, 2011 2:27 AM
373	THese disabilities require specialized care from people who know what they are doing	Feb 9, 2011 3:15 AM
374	Adults are the care takers	Feb 9, 2011 3:49 AM
375	this question is unclear	Feb 9, 2011 4:28 AM
376	I don't know what this means.	Feb 9, 2011 4:31 AM
377	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 9, 2011 5:40 AM
378	Providing encouragement to parents and childcare providers must be closely monitored to make sure they take into consideration the child's age and profile specifc difficulties-delays. Recommendations for retrieving information from internet websites must also be monitored for accuracy and appropriate parent friendly information.	Feb 9, 2011 6:14 AM
379	Providing encouragement to parents and childcare providers must be closely monitored to make sure they take into consideration the child's age and profile specific difficulties/delays. Recommendations for retrieving background information and suggestions from internet websites must be monitored for accuracy and parent friendly reading..	Feb 9, 2011 6:16 AM
380	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 9, 2011 6:47 AM
381	unknown	Feb 9, 2011 6:53 AM
382	Not sure.	Feb 9, 2011 7:00 AM

7. Suggested service standards about self-directed or self-determination

	Response Text	
383	Evaluations should be accessible to all with the therapists being the determiners of necessary services. As a practicing PT with 30 years of experience, it is so obvious to me that waiting to provide care, as what happened 30 years ago when children didn't receive care until they were 3-4-5 years old, is risky as the costs go up prohibitively. Being pro-active and starting with intervention early prevents the need for intensive care, and expensive care later on. There are many children that no longer require intervention past the age of 3 because they received early intervention. Often the care is of a lower intensity when started early. It would be a travesty to delay services that have been proven to improve children's and families' lives by starting early.	Feb 9, 2011 7:12 AM
384	NA	Feb 9, 2011 1:55 PM
385	Please see comment in section 1.	Feb 9, 2011 5:08 PM
386	N/A	Feb 9, 2011 5:30 PM
387	Regional Center should provide parents a list of service providers available, so parents can make their own choices of the providers and copymant/coinsurance if they prefer so, like HMO and PPO systems.	Feb 9, 2011 6:27 PM
388	Don't know what this is?	Feb 9, 2011 7:21 PM
389	options should be available	Feb 9, 2011 7:42 PM
390	Fine with the status quo.	Feb 9, 2011 7:51 PM
391	SErvice standard should be high as we are responsible for the motor abilities of a child and this will determine if the need ongoing special ed services or they are maintreamed.	Feb 9, 2011 8:49 PM
392	These questions can not be answered until California has a clearly defined mechanism for implementing self directed or self determining options.	Feb 9, 2011 9:00 PM
393	Sex education for teens, parents as soon as they enterthe regionl center system.	Feb 9, 2011 9:16 PM
394	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 9, 2011 9:59 PM
395	don't understand the question	Feb 9, 2011 10:15 PM
396	Not sure what this means.	Feb 9, 2011 11:07 PM
397	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 11:43 PM
398	The quality of the providers should be maintained. Services should be limited to proven interventions types.	Feb 10, 2011 12:34 AM
399	na	Feb 10, 2011 12:58 AM
400	well give a chance to live daily life	Feb 10, 2011 7:38 PM
401	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 10, 2011 7:55 PM
402	Not applicable.	Feb 10, 2011 8:04 PM
403	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options	Feb 10, 2011 8:50 PM
404	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 10, 2011 9:29 PM
405	I believe that services provided to Early start programs should not be cut. It is essential to keep these services, especially for children who only have one parent or in low income households. Please do not cut these services to low income families; less than 45000/year.	Feb 10, 2011 9:36 PM

7. Suggested service standards about self-directed or self-determination

	Response Text	
406	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options. --	Feb 10, 2011 9:53 PM
407	I'm not sure I understand this question.	Feb 10, 2011 11:04 PM
408	I am not clear on what this means, therefore I cannot respond.	Feb 10, 2011 11:12 PM
409	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 10, 2011 11:40 PM
410	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 10, 2011 11:51 PM
411	To the extent possible the clients should have choices about the tasks but not to the exclusion of hard tasks that will lead to more independence - choices must minimize situations where a client refuses to even help themself.	Feb 10, 2011 11:54 PM
412	At the discretion of the physician and therapist	Feb 11, 2011 12:40 AM
413	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 11, 2011 1:09 AM
414	Supports should remain the same or increase.	Feb 11, 2011 1:48 AM
415	These services that our offered is amazing. The people that help the children have a true love for life and children. They are dedicated to helping others kids get better due to some leverl of development, behavioral, etc disorder. I have the great pleasure of meeting these ladies that give so much of themselves from time to tools (which they have to supply themselves). They help our young and innocent improve to move on to preschool and more. They idea that any one would think this is the place to make cuts is beyond my understanding. How can some one thing that taking things away from the young and innocent is wrong on so many levels.	Feb 11, 2011 2:31 AM
416	as much as the child mentality allows	Feb 11, 2011 2:38 AM
417	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 3:16 AM
418	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 11, 2011 3:57 AM
419	Parent should have option of choosing specific provider of similar service.	Feb 11, 2011 4:29 AM
420	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 11, 2011 4:46 AM
421	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 11, 2011 5:04 AM
422	same as before	Feb 11, 2011 5:05 AM
423	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 11, 2011 5:20 AM
424	It is possible for a Early Start families to receive their own budget for the year and procure services on their own in consultation with their primary care physician or other members of the child's IFSP team. However, Service Coordinators should be able to monitor services and provide feedback to the family. If family's budget for a year is exhausted early, then families have to wait for the next benefit year.	Feb 11, 2011 5:43 AM
425	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 11, 2011 6:08 AM
426	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 11, 2011 6:34 AM

7. Suggested service standards about self-directed or self-determination

	Response Text	
427	These services should be provided according to decisions made by ISP team.	Feb 11, 2011 7:33 AM
428	Good idea. Oversight to ensure that misappropriation and waste of funds does not occur.	Feb 11, 2011 4:40 PM
429	Minimum qualifications of service providers should be the same.	Feb 11, 2011 4:57 PM
430	I see that the Federal and State are not effective in being able to address the needs of people. This aspect of the problem is too complex for me at this point. The current state of services and payment for these services has generated more problems than it has addressed.	Feb 11, 2011 5:20 PM
431	No suggestions in this area.	Feb 11, 2011 5:50 PM
432	As in most services, if not all services, leaving it up to the vendor and the parent will in all likelyhood be less cost effective due to the potential misuse and lack of oversight.	Feb 11, 2011 5:57 PM
433	cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 11, 2011 6:06 PM
434	I think that agencies have a tendency to choose offices to do their initial consulations that are in their "back pocket" so to speak. The private agency is so concerned about losing their contract with Regional (for example) they downgrade a particular diagnosis and or treatment plan. I think that parents should be given a list of providers instead of sent to one provider. I think this would allow for a most honest approach but yet it still controlls costs.	Feb 11, 2011 6:30 PM
435	Should be some choice	Feb 11, 2011 7:15 PM
436	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 11, 2011 7:19 PM
437	no comment	Feb 11, 2011 7:32 PM
438	Support the parent to understand the benefits and need of services	Feb 11, 2011 8:09 PM
439	See comment under Behavioral Services	Feb 11, 2011 8:48 PM
440	NONE should be available. You will run the risk of paying for underqualified indiviudals providing babysitting services.	Feb 11, 2011 9:10 PM
441	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 11, 2011 9:37 PM
442	Not familiar with this to comment on it.	Feb 11, 2011 9:42 PM
443	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 11, 2011 9:48 PM
444	N/A	Feb 11, 2011 9:50 PM
445	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 11, 2011 10:40 PM
446	everyone that needs it between the ages of 0-3 years, early intervention is the key!!!!	Feb 11, 2011 10:59 PM
447	It is difficult to implement self-directed and self-determination method when we are dealing with someone who needs help. It is less effective.	Feb 11, 2011 11:07 PM
448	None	Feb 11, 2011 11:23 PM
449	A fading plan for gradually withdrawing the responsibility for performing the services by the professionals and concomitant assumption of those operational responsibilities by the consumer should be established.	Feb 11, 2011 11:38 PM

7. Suggested service standards about self-directed or self-determination

	Response Text	
450	Primarily children under the age of 36 months should receive these services based on identified need. The need for therapy should be related to the developmental disability or if the presenting condition is the result of recent deterioration or injury. For children over the age of 36 months, the provision of therapy services should be addressed by the local school district. For adults no longer eligible for a school program, therapy services should be funded by insurance. Exceptions should be considered on a case-by-case basis.	Feb 12, 2011 12:00 AM
451	No suggestions	Feb 12, 2011 1:29 AM
452	The question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 12, 2011 2:25 AM
453	Give parents tools to work with children on their own, outside therapy times.	Feb 12, 2011 3:33 AM
454	Not sure since these are very young children	Feb 12, 2011 4:04 AM
455	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 12, 2011 5:15 AM
456	See previous answers.	Feb 12, 2011 6:26 AM
457	Allow this perhaps by providing a questionnaire. Problems with infant development are difficult to assess without parent input. If a parent believes services are necessary, they probably know best. Doctors also base their recommendation on parent input.	Feb 12, 2011 3:22 PM
458	I am unaware of these	Feb 12, 2011 3:29 PM
459	I don't understand this question.	Feb 12, 2011 5:39 PM
460	As mentioned above, the child's developmental needs need to be taken into account. No child is the same, and though one may be doing well at one point they need to be monitored for continued success. If a parent wants to take their child out of the system that is fine. But with Down Syndrome specifically I am sure most will want to have their child participate.	Feb 12, 2011 5:58 PM
461	Parents must attend and continue with the homework to qualify.	Feb 12, 2011 6:07 PM
462	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 12, 2011 6:09 PM
463	?	Feb 12, 2011 6:20 PM
464	I don't understand this question.	Feb 12, 2011 6:59 PM
465	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 12, 2011 7:15 PM
466	Parents should have the right to choose between: center based model, natural environment model, mixed setting model, and choice of vendors	Feb 12, 2011 8:26 PM
467	I think a parent could contact for an evaluation, but most referrals or decisions should come from medical or being self-directed with referral from doctors.	Feb 12, 2011 8:31 PM
468	n/a	Feb 12, 2011 8:44 PM
469	same as prior section	Feb 12, 2011 9:38 PM
470	I am not clear on the definitions of self-directed or self-determination options. Parents retain the right to decline or discontinue services at any time. Parent's rationale for termination of services will be considered if behavior services are requested in the future.	Feb 12, 2011 9:58 PM
471	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 12, 2011 10:31 PM

7. Suggested service standards about self-directed or self-determination

	Response Text	
472	what does this mean?	Feb 12, 2011 10:46 PM
473	Everyone needs to keep up with their education on the topic they teach. The parents should also take some classes on how to continue to help their child between appointments. I believe that parents and teacher's for very very young children are the one's that are molding these children in more then just the disability area's. The babies learn so young with their problems because these teachers and parents love children and because they know that this child will learn easier the younger they are taught. I find it wrong of the California to not put these children FIRST like other children. Every child should have a first hand start on life. I believe we should always afford to teach our special children. Being special should not mean being thrown aside. We now have teaches that have down's. I believe every one has the right to a fair start. Teaching the babies give them the right start.	Feb 12, 2011 11:20 PM
474	not sure	Feb 13, 2011 12:23 AM
475	poor unwiling to help theyre children families theyre children are probably not going to be anything of importance in life anyways so they need less help from a center base but a sucsessful family who swears theyre child will not be a looser cause the mother and father is not a looser needs to donate a small fee of money for theyre child to get help .	Feb 13, 2011 12:29 AM
476	Parent participation should be part of the service model. Often this is difficult for parents who work. They could participate through parent education classes provided through the Family Resources Center of each regional center.	Feb 13, 2011 12:35 AM
477	Ongoing meetings	Feb 13, 2011 1:20 AM
478	N/A	Feb 13, 2011 1:44 AM
479	A child-driven form of therapy should be favored and strongly considered at this age. However, specialist should reserve to provide more structured services when self-directed programming is not deemed to lack effectiveness.	Feb 13, 2011 2:27 AM
480	doctors & specialist	Feb 13, 2011 2:38 AM
481	No response to this question.	Feb 13, 2011 2:38 AM
482	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 13, 2011 3:10 AM
483	Parents should have choices. Crony and politically influenced relationships between RCs and Providers should be avoided. Parents should be allowed to interview providers.	Feb 13, 2011 3:21 AM
484	I don't understand what this means.	Feb 13, 2011 3:26 AM
485	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 13, 2011 3:38 AM
486	No recommendation for response to this question.	Feb 13, 2011 3:39 AM
487	NA	Feb 13, 2011 3:41 AM
488	With guidance from the providers, home programs for parents to follow during the week before/after services.	Feb 13, 2011 4:30 AM
489	Same standard as set forth in Behavioral Supports	Feb 13, 2011 5:06 AM
490	Suggesttions is that self directed or self-determination options of these services can come out of the pocket of people who wants the service	Feb 13, 2011 5:08 AM
491	There is nothing a parent can do in many of these cases without professional help.	Feb 13, 2011 5:12 AM
492	If you are willing you can do it with the corporation from all	Feb 13, 2011 5:43 AM
493	1. Parents should be able to elect in/out of services they deem as necessary to help their child's overall developmental abilities.	Feb 13, 2011 5:47 AM

7. Suggested service standards about self-directed or self-determination

	Response Text	
494	This is what we are trying to do. DETERMINATION TO KEEP THE PROGRAMS GOING FOR OUR CHILDREN!!!	Feb 13, 2011 6:47 AM
495	Options should be available, but based on solid evidence of effectiveness.	Feb 13, 2011 7:25 AM
496	None	Feb 13, 2011 7:58 AM
497	The building and measuring levels of self-determination in consumers of Infant-Toddler services is a very important factor to consider in effective service delivery and in obtaining positive outcomes. It speaks to the generalizability of services in every day life and thus the investment of public funds expended. If an agency can foster confidence and self-determination in meeting developmental and behavioral needs in its consumers (parents and caregivers) the likelihood that the services and funds expended will be effective increases. Parents who have confidence in their ability to parent can greatly expand the services provided by all of the costly professionals and in turn teach self-determination to their children. It is high time this was identified as a factor in effective service delivery and outcomes.	Feb 13, 2011 4:36 PM
498	not sure	Feb 13, 2011 5:16 PM
499	Parents should be able to determine if/when their child needs services and they should be able to access those services immediately, i.e. within days, not weeks or months. A young child develops, or should develop, in a very short amount of time so if there are areas of need, they must be addressed as soon as they are identified whether by parents or professionals.	Feb 13, 2011 5:17 PM
500	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 13, 2011 7:11 PM
501	no comments	Feb 13, 2011 7:12 PM
502	N/A	Feb 13, 2011 7:30 PM
503	Parents should be given a list of care options and industry standards. They should be able to choose what services will work best for their child. They should have the option to change services if needed.	Feb 13, 2011 8:07 PM
504	Parents should be able to choose service providers that are the best fit for their child for best possible outcome.	Feb 13, 2011 8:34 PM
505	N/A	Feb 13, 2011 9:07 PM
506	My experience is that families do not have a good or clear sense about what services are going to be best for their child when they are new to the world of developmental disabilities. Expert recommendations should continue	Feb 13, 2011 9:11 PM
507	I believe the parents are ultimately responsible for the carryover of therapeutic activities.	Feb 13, 2011 9:57 PM
508	Educated parents directing how the money is spent with periodic review should lead to better results.	Feb 13, 2011 11:09 PM
509	what does this mean?	Feb 13, 2011 11:17 PM
510	The Individualized Family Service Plan (IFSP) that is the cornerstone of early intervention should continue to be "team" generated. The team includes parents and service providers.	Feb 14, 2011 12:23 AM
511	All RC services should be available to clients on a self-directed basis.	Feb 14, 2011 12:47 AM
512	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 14, 2011 1:35 AM
513	No recommendation.	Feb 14, 2011 2:37 AM
514	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 14, 2011 3:21 AM
515	directed by parent or guardian	Feb 14, 2011 5:12 AM

7. Suggested service standards about self-directed or self-determination

	Response Text	
516	It would be difficult for most families to readily determine the necessary training and experience for professionals who are qualified to provide Early Start ABA treatment.	Feb 14, 2011 5:47 AM
517	The licensed professional shoudl has dicretion to over rule a standard based on the needs of the child and their clinical judgement. They must provide a rationale for the exception.	Feb 14, 2011 7:37 AM
518	No recommendation.	Feb 14, 2011 8:06 AM
519	It is important for consumers/parents to have the resources to turn to if they are worried about their child's development. Every child should have the right to be seen by a therapist/specialist to determine if the child has delays, disabilities and limitations. The parents of these children have a right to be heard if they have concerns and it is the responsibilities of the individual health care providers to evaluate and work with these children. Seeing these children early in their lives will prevent further issues that could occur later in life.	Feb 14, 2011 9:18 AM
520	If parent sees delays should discusss with doctor to determine if intervention services are needed.	Feb 14, 2011 3:54 PM
521	Impossible	Feb 14, 2011 4:27 PM
522	Should be strongly discouraged from declining	Feb 14, 2011 4:47 PM
523	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 5:16 PM
524	N/A	Feb 14, 2011 5:25 PM
525	n/a	Feb 14, 2011 5:51 PM
526	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 6:09 PM
527	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 6:26 PM
528	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 14, 2011 6:27 PM
529	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 14, 2011 6:28 PM
530	No response.	Feb 14, 2011 6:36 PM
531	No recommendation	Feb 14, 2011 6:56 PM
532	No recommendation for response to this question.	Feb 14, 2011 6:57 PM
533	No recommendation for response to this question.	Feb 14, 2011 7:01 PM

7. Suggested service standards about self-directed or self-determination

	Response Text	
534	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 7:30 PM
535	Cannot be answered until CA has a clearly defined mechanism for implementation	Feb 14, 2011 7:31 PM
536	Is progress being made and are these services effective?	Feb 14, 2011 7:33 PM
537	No recommendation at this time.	Feb 14, 2011 8:00 PM
538	Parents should be able to self-direct and self-determine options for these services.	Feb 14, 2011 8:31 PM
539	none	Feb 14, 2011 8:53 PM
540	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 14, 2011 8:57 PM
541	No recommendation for response to this question.	Feb 14, 2011 9:00 PM
542	Would be a good idea to provide parents w/ at home tools to be self-directed.	Feb 14, 2011 9:13 PM
543	No recomendation	Feb 14, 2011 9:25 PM
544	dont understand the statement	Feb 14, 2011 9:28 PM
545	As above, since California has not clearly defined a mechanism for implementing self-direction or determination, I cannot answer this question.	Feb 14, 2011 9:46 PM
546	All services should be determined and directed by the IFSP and/or IEP team members.	Feb 14, 2011 10:03 PM
547	Service standards should be maintained as they currently are.	Feb 14, 2011 10:05 PM
548	Refer to comments for #5	Feb 14, 2011 10:20 PM
549	cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 14, 2011 10:45 PM
550	Parents can be alloted a certain amount of money which they can use for either EI services OR those of a licensed therapist	Feb 14, 2011 10:47 PM
551	if parent have there own provider somethimes less costly and the child learn more in more loving invirement.	Feb 14, 2011 10:49 PM
552	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options	Feb 14, 2011 10:57 PM
553	Families/caregivers are expected to attend trainings, participate in home visits, and attend quarterly family meetings/progress reports. Emphasis should be placed in parents to take initiative and to be active participants in their child's therapies/early intervention program.	Feb 14, 2011 11:06 PM
554	No comment	Feb 14, 2011 11:12 PM
555	Any education that can be provided to the parents/caregivers is a good idea. As parents, we are charged with the task of becoming physical therapists, speech therapists, occupational therapists, etc. without any of the formal training. If parents don't do the "homework" with their children, progress can't be made (at least not very effectively), but we rely totally on the therapist's ability to teach what they are doing, and the parent's ability to pick things up on the fly. If there were workshops to educate parents about therapy techniques and theories, I think it would be possible to reduce the term of treatment for many children.	Feb 14, 2011 11:15 PM
556	I think teaching a parent how to help their child learn would benifit all involved. Less services needed and more in home therapy can be taught by the parent.	Feb 14, 2011 11:45 PM
557	NA	Feb 14, 2011 11:54 PM
558	Parents must have options to choose quality providers	Feb 15, 2011 12:03 AM

7. Suggested service standards about self-directed or self-determination

	Response Text	
559	No recommendation for response to this question.	Feb 15, 2011 12:12 AM
560	n/a	Feb 15, 2011 12:48 AM
561	None.	Feb 15, 2011 12:49 AM
562	I do not support self direction or self determination for services in early start.	Feb 15, 2011 12:57 AM
563	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 15, 2011 1:06 AM
564	Repeating my earlier statement, 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 1:18 AM
565	Not sure.	Feb 15, 2011 1:25 AM
566	Probably not allowed by Part C regulations.	Feb 15, 2011 1:30 AM
567	No recommendation for response to this question.	Feb 15, 2011 1:30 AM
568	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options	Feb 15, 2011 1:34 AM
569	A reasonable amount based on successful models and the current cost of these services.	Feb 15, 2011 1:41 AM
570	Services should be determined necessary to meet the outcomes.	Feb 15, 2011 1:41 AM
571	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 15, 2011 1:50 AM
572	Should be performed by the people who are educated and trained for these professions.	Feb 15, 2011 1:55 AM
573	No recommendation for this response question	Feb 15, 2011 1:58 AM
574	Parents should get ALL support the consumer needs. It should be determined in combination with the family and the service providers.	Feb 15, 2011 2:03 AM
575	involve consumers as much as possible	Feb 15, 2011 3:05 AM
576	Develop assessment tools to assess total service cost. Family can choose their desire service provider instead of using GGRC vendor by using the total amount of service cost.	Feb 15, 2011 3:05 AM
577	Parents to include 24/7 care for their child	Feb 15, 2011 3:14 AM
578	No response	Feb 15, 2011 3:20 AM
579	If a certified therapist/specialist provides a report justifying the recommended therapy and providing periodic updates on the child's progress I think self directed services should be available.	Feb 15, 2011 3:25 AM
580	no suggestion	Feb 15, 2011 3:33 AM
581	No recommendation for response to this question.	Feb 15, 2011 3:44 AM
582	It's too soon to say!	Feb 15, 2011 4:00 AM
583	I don;t think this applies for small children.	Feb 15, 2011 4:07 AM
584	We are unqualified to answer this.	Feb 15, 2011 4:15 AM
585	No recommendation for response to this question.	Feb 15, 2011 4:38 AM
586	Same as previous.	Feb 15, 2011 5:05 AM

7. Suggested service standards about self-directed or self-determination

	Response Text	
587	if parents have enough information and a good understanding of the services,many families will make the best decisions they can for their child. but in reality, a family of an infant just coming into the system already feels overwhelmed and this could be very confusing and distressing for the family. Families need guidance and support early on and have the time to learn about systems. They are just processing the information about their child's diagnosis and this takes time.	Feb 15, 2011 5:06 AM
588	No recommendation for response to this question.	Feb 15, 2011 5:07 AM
589	No recommendation for response to this question.	Feb 15, 2011 5:07 AM
590	Have the Public Health Nurses screen the needs of the children.	Feb 15, 2011 5:13 AM
591	same comments as for infant development	Feb 15, 2011 5:27 AM
592	see comments on Behavior services	Feb 15, 2011 5:41 AM
593	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 15, 2011 5:58 AM
594	Family members speak for the infant or toddler	Feb 15, 2011 6:14 AM
595	n/a	Feb 15, 2011 6:28 AM
596	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 15, 2011 6:29 AM
597	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 15, 2011 6:30 AM
598	n/a	Feb 15, 2011 6:35 AM
599	Parent's should be given the recommendations and also 3-4 vendor providers as options for services. They should have the say in what vendor they go to for services. In addition, the regional center licensed professionals (OT, PT, ST) team should be involved in identifying the appropriate vendors the family can be referred to. There has to be a system set up that the service coordinators are not the ones making this decision and that the family is given several program options that they can go and visit.	Feb 15, 2011 6:36 AM
600	n/a	Feb 15, 2011 6:40 AM
601	Maybe a group therapy where it teaches parents hands on what to do. Basically having someone guiding/teaching the parents. I would suggest no more than 5 children to 1 instructor.	Feb 15, 2011 6:47 AM
602	None	Feb 15, 2011 6:58 AM
603	Families self-refer to telemedicine professional based on public ratings provided by other families	Feb 15, 2011 7:06 AM
604	parents need to have decision and have a chance to chance providers of the service	Feb 15, 2011 7:15 AM
605	any monies must be adequate to support a best practice program	Feb 15, 2011 7:26 AM
606	not a proponetn	Feb 15, 2011 8:17 AM
607	I believe that much more consideration needs to be given to what your families are saying as to services and providers. My experience with VMRC/EIBT, SARC and Alta has been very poor. They do not listen and they do not heed warnings about themselves or service providers. I have always been proven correct when I have had to make written complaints after being ignored by all three above mentioned regionals. It is time for all the arrogance to stop and more creedence be given to parents who watch and see what is actually going on.	Feb 15, 2011 8:39 AM
608	Intensive early start services should be provided to children/family of children with autism and other disabilities	Feb 15, 2011 10:47 AM
609	Depends on individual.	Feb 15, 2011 12:07 PM

7. Suggested service standards about self-directed or self-determination

	Response Text	
610	Continued offerings of parent education classes funded in various settings should supplement individualized therapy. Self-directed services should not be considered a substitute for individualized therapy even in the group setting in most cases.	Feb 15, 2011 3:18 PM
611	If families have resources, they should contribute.if able. However, even if they can contribute something, the process should not be so cumbersome, time consuming and lengthy that it causes more stress and takes time away from caring for their child. Most families cannot contribute financially and have difficulty navigating the system. Meanwhile, their child may not be receiving services which causes more stress.	Feb 15, 2011 3:24 PM
612	Should not be allowed	Feb 15, 2011 3:54 PM
613	The Regional Center was doing a great job until the recent changes. The burden of following these children with authorizations that only go for one month instead of the 6 that used to be standard. We use measured tests to show progress or lack there of. The present state of affairs makes it hard to know what your case load will be. you do not know if the child will continue until the day after the next month begins. I am considering not continuing and taking more stable case load.	Feb 15, 2011 3:55 PM
614	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 15, 2011 4:03 PM
615	No Recommendations.	Feb 15, 2011 4:11 PM
616	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 15, 2011 4:18 PM
617	Parents should be determine to learn how to help their child with the therapist vising their home.	Feb 15, 2011 5:02 PM
618	The interdisciplinary team offers informed clinical opinions based on assessment and current evidence. Priorities of the family must be honored, with team support, and learning strategies developed that build on strengths and preferred practices and culture of the family. Focus of and content of services may change over time in accordance with family need and priority.	Feb 15, 2011 5:09 PM
619	For the most part, parent's are the best judge of what is best for their child.	Feb 15, 2011 5:26 PM
620	Shared costs.	Feb 15, 2011 5:51 PM
621	Continuation of current standards	Feb 15, 2011 5:53 PM
622	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 15, 2011 5:58 PM
623	Consumer and/or family has to be involved. We are all more committed when we are involved in the decision making.	Feb 15, 2011 6:05 PM
624	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 15, 2011 6:21 PM
625	N/A	Feb 15, 2011 6:23 PM
626	N/A	Feb 15, 2011 6:27 PM
627	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 15, 2011 6:28 PM
628	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 6:30 PM
629	These services should implement a self-directed option.	Feb 15, 2011 6:45 PM
630	None	Feb 15, 2011 6:54 PM

7. Suggested service standards about self-directed or self-determination

	Response Text	
631	None	Feb 15, 2011 7:04 PM
632	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's parents.	Feb 15, 2011 7:48 PM
633	It is improtant each responsible parent/ gurdian to have control over the education of their childern. They know their child best and can provide valuable insight into their education.	Feb 15, 2011 7:53 PM
634	See suggestions for Behavior services and Day programs	Feb 15, 2011 7:56 PM
635	choices	Feb 15, 2011 8:12 PM
636	None	Feb 15, 2011 8:34 PM
637	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 8:38 PM
638	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 15, 2011 8:42 PM
639	Family support is a key component of the CA Early Start system; discussion of self-determination and community inclusion needs to begin with the family, when the child is an infant. Intervention approaches that are play- based, routine-based (strategies that are used through the daily routine) and encourage child choice of activities and toys teach young children self-determination. This approach should be required.	Feb 15, 2011 8:47 PM
640	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 15, 2011 8:56 PM
641	I don't think self directed options should apply.	Feb 15, 2011 8:58 PM
642	Parents should be able to choose the best program for their child. More service providers need to be vendorized.	Feb 15, 2011 9:14 PM
643	Repeat: Would love to see a test group of self directed services happen	Feb 15, 2011 9:25 PM
644	Have online options for parents who are stuck at home with challenging children.	Feb 15, 2011 9:31 PM
645	This question does not apply to children under three years of age.	Feb 15, 2011 9:35 PM
646	Family support is a key component of the CA Early Start system; discussion of self-determination and community inclusion needs to begin with the family, when the child is an infant. Intervention approaches that are play- based, routine-based (strategies that are used through the daily routine) and encourage child choice of activities and toys teach young children self-determination. This approach should be required.	Feb 15, 2011 9:35 PM
647	Family support is a key component of the CA Early Start system; discussion of self-determination and community inclusion needs to begin with the family, when the child is an infant. Intervention approaches that are play- based, routine-based (strategies that are used through the daily routine) and encourage child choice of activities and toys teach young children self-determination. This approach should be required.	Feb 15, 2011 9:35 PM

7. Suggested service standards about self-directed or self-determination

	Response Text	
648	Family support is a key component of the CA Early Start system; discussion of self-determination and community inclusion needs to begin with the family, when the child is an infant. Intervention approaches that are play- based, routine-based (strategies that are used through the daily routine) and encourage child choice of activities and toys teach young children self-determination. This approach should be required.	Feb 15, 2011 9:37 PM
649	Self-determination begins in early intervention services. Family support is a key element of the early start system. Community inclusion conversations must begin with the family when children are infants. Intervention approaches that are play-based, routine-based, and encourage child choice of activities and toys teach children self-determination.	Feb 15, 2011 9:38 PM
650	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 standards.	Feb 15, 2011 9:45 PM
651	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 15, 2011 10:27 PM
652	Parents, again, should be given a menu with ALL the options. I did not even know ABA was an option for my autistic child, and that is THE research-based therapy for children with autism. Parents should receive education and counseling, and then be able to choose the best therapy and best provider for their child. By knowing of and then choosing from the list of providers, they can choose the best and promote competition.	Feb 15, 2011 10:36 PM
653	none, or case by case for very rural settings	Feb 15, 2011 10:48 PM
654	Keep family support a major component. Learn to discuss self-direction, self-determination, and inclusion in the community with the family while the child is in Early Start. Early Start intervention should be evidence-based, meaning they are play based and in the daily routines of the child and family. Giving children choices early on develops self-direction and self-determination.	Feb 15, 2011 10:49 PM
655	NA	Feb 15, 2011 11:04 PM
656	Parents would not have the information available to them to know who is an appropriate behavior analyst, with the experience necessary to design their program.	Feb 15, 2011 11:07 PM
657	I do not agree with self directed or self determined service options.	Feb 15, 2011 11:14 PM
658	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 11:16 PM
659	No recommendation for response to this question.	Feb 15, 2011 11:19 PM

7. Suggested service standards about self-directed or self-determination

	Response Text	
660	Family support is a key component of the CA Early Start system; discussion of self-determination and community inclusion needs to begin with the family, when the child is an infant. Intervention approaches that are play- based, routine-based (strategies that are used through the daily routine) and encourage child choice of activities and toys teach young children self-determination. This approach should be required.	Feb 15, 2011 11:29 PM
661	Parents should select service formats that work for their family.	Feb 15, 2011 11:59 PM
662	determination should be recommend or referral	Feb 16, 2011 12:03 AM
663	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 16, 2011 12:15 AM
664	Doctor/clinic/hospital/school referral	Feb 16, 2011 12:27 AM
665	helpful.	Feb 16, 2011 12:30 AM
666	Parents need to be involved in decisions about their child's services but for families new to the system and just learning about their child's diagnosis, it is very difficult to try to understand the system enough without some guidance to determine what they will choose for their child	Feb 16, 2011 12:37 AM
667	Parents to participate in IFSPs twice yearly.	Feb 16, 2011 12:46 AM
668	Families should always have input on what services they think is good for their child. Options should be made available. California is too broad and diverse, what works for one family may not work for another. Early Start Services are vital. Please do not further cut. This is the most important time to help young children!	Feb 16, 2011 12:57 AM
669	No recommendation for response to this question.	Feb 16, 2011 12:57 AM
670	NA	Feb 16, 2011 12:59 AM
671	No recommendation for response to this question.	Feb 16, 2011 1:04 AM
672	No recommendation for response to this question.	Feb 16, 2011 1:09 AM
673	dont like it, get a good plan as to how to implement this. personally, i dont have time for more	Feb 16, 2011 1:11 AM
674	When or if a child is able to express their wants and needs they should be allowed ot give input to the serives they receive.	Feb 16, 2011 1:13 AM
675	?	Feb 16, 2011 1:18 AM
676	no suggestions for this area	Feb 16, 2011 2:02 AM
677	NONE	Feb 16, 2011 2:16 AM
678	n/a	Feb 16, 2011 2:21 AM
679	I don't know what this means.	Feb 16, 2011 2:44 AM
680	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 16, 2011 3:02 AM
681	None	Feb 16, 2011 3:31 AM
682	NA	Feb 16, 2011 3:31 AM
683	Families in Early Start are just learning about the systems and dealing with recent diagnosis. It is a difficult time - they may need guidance thru first steps. We need to instill in families early on the importance of their decisions for the future of their child.	Feb 16, 2011 3:41 AM
684	No recommendation.	Feb 16, 2011 3:45 AM
685	no response.	Feb 16, 2011 3:48 AM

7. Suggested service standards about self-directed or self-determination

	Response Text	
686	An intake should be taken by a worker.	Feb 16, 2011 3:54 AM
687	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 16, 2011 3:55 AM
688	no comment	Feb 16, 2011 3:56 AM
689	Follow the EIBT team's recommendations about what is the most appropriate for a child, on a solo basis.	Feb 16, 2011 4:02 AM
690	Family choice is critical to the success of Early Start. Service providers that teach, demonstrate and model choice for the infant/toddler are showing parents and caregivers how to plant the seeds of self-determination. Service delivery can be in many settings, should include the activities typical of the day in the life of an infant/toddler and should include the parent/caregiver. Supporting the dyad to be successful is critical to the success of early intervention - teaching engagement, using play, reading the infants cues - all create a foundation to maximize the development of not only the toddler, but the family unit.	Feb 16, 2011 4:08 AM
691	not really applicable	Feb 16, 2011 4:15 AM
692	No Suggestions	Feb 16, 2011 4:29 AM
693	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 16, 2011 4:45 AM
694	No recommendation for response to this question.	Feb 16, 2011 4:53 AM
695	n/a	Feb 16, 2011 4:57 AM
696	n/a	Feb 16, 2011 5:01 AM
697	n/a	Feb 16, 2011 5:07 AM
698	Cant be answered until Calif has a clearly defined mechanism for implementing self directed or self determination options	Feb 16, 2011 5:25 AM
699	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 16, 2011 5:33 AM
700	Important for families to have a say in best fit for their families	Feb 16, 2011 5:54 AM
701	No opinion	Feb 16, 2011 6:01 AM
702	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 16, 2011 6:04 AM
703	No recommendation for response to this question.	Feb 16, 2011 6:27 AM
704	Families should have the option of selecting their own service providers from the list of vendored providers, if they would like to do so; families should also be able to nominate new organizations for vendorization if the entity meets the RC's criteria for service providers.	Feb 16, 2011 7:00 AM
705	n/a	Feb 16, 2011 7:16 AM
706	None	Feb 16, 2011 7:26 AM
707	Families would be better off to have self directed services rather than having state wide standards that would not be tailored to the individual's needs. Everyone is different and should have the choice of what service will provide the therapeutic benefits their disability brings. Self determination/direction by consumers and families will help keep families intact, a proven money saver and quality of life issue!	Feb 16, 2011 7:44 AM
708	If parents have to offer a copayment for services, then it also follows that parents should have choices in who should there service providers should be.	Feb 16, 2011 7:57 AM