Health Care and Therapeutic Services

DDS Service Standards Survey 2011

SurveyMonkey

1. I am a:

	Response Percent	Response Count
Consumer	8.7%	108
Family Member or Friend of a Consumer	**50.6%**	**631**
Service Provider Employee or Board Member	16.7%	209
Regional Center Employee or Board Member	12.3%	153
Decline to state	4.2%	53
Other (Specify Below)	7.5%	94
	Please Specify if Other	148
	answered question	**1,248**
	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	**71.1%**	**887**
No	28.9%	361
	answered question	**1,248**
	skipped question	**0**

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3. Suggested service standards about who should receive these services:	
	Response Count
	1,155
answered question	**1,155**
skipped question	**93**

4. Suggested service standards about how often a specific service should be provided:	
	Response Count
	957
answered question	**957**
skipped question	**291**

5. Suggested service standards about how to make sure the services provided are useful and effective:	
	Response Count
	872
answered question	**872**
skipped question	**376**

6. Suggested service standards about the qualifications and performance of the person or organization that provides these services:	
	Response Count
	795
answered question	**795**
skipped question	**453**

7. Suggested service standards about the payment for these services:	
	Response Count
	813
answered question	813
skipped question	435

8. Suggested service standards about the responsibilities of parents and consumers for these services, e.g., co-payment, time commitment, etc:	
	Response Count
	797
answered question	797
skipped question	451

9. Suggested service standards about self-directed or self-determination options for these services:	
	Response Count
	517
answered question	517
skipped question	731

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	The former Assistant Commissioner who developed the service standards for Massachusetts.	Jan 28, 2011 2:39 AM
3	Direct caregiver with all responsibilities and no rights!	Jan 28, 2011 3:27 AM
4	Family member and a service provider.	Jan 28, 2011 4:57 PM
5	Parent of a child with a disability	Jan 28, 2011 5:46 PM
6	I am also a caregiver.	Jan 28, 2011 6:06 PM

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1. I am a:

	Please Specify if Other	
7	Service Provider Vendored with Regional Center	Jan 28, 2011 6:14 PM
8	Concerned Community Member	Jan 28, 2011 6:36 PM
9	Vendor	Jan 28, 2011 6:59 PM
10	Department of Rehabilitation Counselor	Jan 28, 2011 7:23 PM
11	Also a regional center employee (full disclosure)	Jan 28, 2011 7:30 PM
12	early start intake coordinator	Jan 28, 2011 7:41 PM
13	Also director of a large autism support program	Jan 28, 2011 8:31 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	Parent and IHSS Provider for our daughter who is brain damaged and quadreplegic.	Jan 28, 2011 8:54 PM
17	I am a customer of the Riverside County Mental Health System, but I also believe I have Asperger Syndrome. I have done research on AS to determine this self-diagnosis.	Jan 28, 2011 10:02 PM
18	Teacher	Jan 28, 2011 10:53 PM
19	I am a Regional Center employee and the mother of two Regional Center consumers	Jan 28, 2011 11:06 PM
20	Also Parent Vendor & Service Provider Employee	Jan 29, 2011 12:02 AM
21	Mother of 3.5 year old with autism	Jan 29, 2011 12:59 AM
22	Also a health advocate	Jan 29, 2011 1:11 AM
23	Mother of a beautiful 9 yr. old daughter born with Down Syndrome and autistic characteristics.	Jan 29, 2011 4:17 AM
24	I am a Mother and the client's conservator.	Jan 29, 2011 5:02 AM
25	service provider	Jan 29, 2011 6:20 AM
26	I am both a parent of a consumer and a regional center board member.	Jan 29, 2011 8:26 AM
27	state staff	Jan 29, 2011 2:46 PM
28	Father/conservator of consumer.	Jan 29, 2011 8:51 PM
29	RESPITE CRE PROVIDER MSW LCSW	Jan 29, 2011 11:27 PM
30	I also work at a regional center as an occupational therapist	Jan 30, 2011 2:02 AM
31	Owner/Administrator of ARF	Jan 30, 2011 4:44 AM
32	I have children with developmenatal disabilities. 1 adult child & 2 adopted children	Jan 30, 2011 4:49 PM
33	Director of Supported Living Services agency, specializing in moving people with extreme behavioral and medical challenges into the comm. from State institutions.	Jan 30, 2011 8:46 PM
34	Both a family member and a service provider	Jan 31, 2011 3:46 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	My six year old has autism	Jan 31, 2011 5:23 PM
38	"Purchase of Service Limits" is more appropriate than "standards"	Jan 31, 2011 9:49 PM
39	Service provider	Feb 1, 2011 4:56 AM
40	Early Interventionist	Feb 1, 2011 4:49 PM
41	spouse of a service provider	Feb 1, 2011 5:49 PM
42	I am both a family member and employed by a service provider	Feb 1, 2011 5:57 PM

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1. I am a:

	Please Specify if Other	
43	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
44	I am also a family member.	Feb 1, 2011 8:32 PM
45	physician	Feb 1, 2011 10:17 PM
46	Mother of a child who is a client of Kern Regional center.	Feb 2, 2011 12:31 AM
47	Mother of a client and also a community worker.	Feb 2, 2011 1:38 AM
48	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
49	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
50	Conservator	Feb 2, 2011 5:44 PM
51	My daughter received services until she passed away.	Feb 2, 2011 6:40 PM
52	I've been in the system for more than 20 years	Feb 2, 2011 7:41 PM
53	Area Board staff	Feb 2, 2011 8:51 PM
54	father of children with special needs	Feb 2, 2011 9:23 PM
55	Behavioral Consultant, contractor	Feb 3, 2011 6:01 AM
56	Parent of 2 children with Autism	Feb 3, 2011 6:27 AM
57	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
58	Parent	Feb 3, 2011 6:02 PM
59	Care Provider	Feb 3, 2011 6:51 PM
60	My child has cerebral palsy and we are assisted by Golden Gate Regional Center.	Feb 3, 2011 7:14 PM
61	Parent of consumer	Feb 3, 2011 7:15 PM
62	My son needs developmental services that are proposed to be cut.	Feb 3, 2011 8:25 PM
63	Orthopaedic Surgeon	Feb 3, 2011 9:02 PM
64	Both a service provider and parent of a consumer receiving services.	Feb 4, 2011 1:13 AM
65	As well as a family member of a consumer	Feb 4, 2011 1:14 AM
66	parent of two consumers with autism	Feb 4, 2011 1:47 AM
67	Licensed Clinical Social Worker	Feb 4, 2011 2:00 AM
68	Parent of child with autism	Feb 4, 2011 3:35 AM
69	Advocate	Feb 4, 2011 3:38 AM
70	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
71	Independent contractor in the Clinical Services division for 1 of 21 your regional centers	Feb 4, 2011 8:45 PM
72	I am category one, two, and three	Feb 4, 2011 9:15 PM
73	mother	Feb 4, 2011 9:23 PM
74	mother of two sons with autism	Feb 4, 2011 9:45 PM
75	Clinical Social Worker in a specialty pediatric clinic for children with developmental disabilities including autism	Feb 4, 2011 10:12 PM
76	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
77	I am also a researcher working with children and adults with rare genetic disorders	Feb 5, 2011 5:30 AM
78	Conservator	Feb 6, 2011 7:32 PM

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1. I am a:

	Please Specify if Other	
79	and Parent Vendor	Feb 8, 2011 12:50 AM
80	Life-long Californian	Feb 8, 2011 3:45 AM
81	Mother of a consumer, service provider of home health agency and former Vendor Advisory Committee Member.	Feb 8, 2011 5:53 AM
82	REgional Center	Feb 8, 2011 9:36 PM
83	I am a sibling of a consumer.	Feb 9, 2011 1:13 AM
84	Physical Therapy Vendor	Feb 9, 2011 1:28 PM
85	Disability Rights California, non-profit advocacy organization.	Feb 9, 2011 5:23 PM
86	Social Worker for a private medical group in Southern California	Feb 9, 2011 5:55 PM
87	Also have many friends who use these services	Feb 9, 2011 7:45 PM
88	residential vendor	Feb 9, 2011 9:28 PM
89	Parent of adult child with developmental disabilities. Additionally, my child is non-ambulatory which complicates his services.	Feb 9, 2011 11:12 PM
90	Optometrist specializing in Vision Development and Rehabiliation	Feb 10, 2011 9:49 PM
91	Speech-Language Pathologist for a non-profit agency	Feb 10, 2011 10:12 PM
92	care home owner	Feb 11, 2011 12:40 AM
93	Program Director Adult Day Services	Feb 11, 2011 1:43 AM
94	Parent of two consumers who are disabled and a advocate for regional center consumers	Feb 11, 2011 2:37 AM
95	Concerned parent of a child with Multiple disabilities	Feb 11, 2011 5:44 PM
96	Developmental optometrist	Feb 11, 2011 6:10 PM
97	I am an employee of the Regional Center, and have been for 14 years.	Feb 11, 2011 6:46 PM
98	Both a Family member and a Board Member	Feb 11, 2011 7:01 PM
99	administrator at a care home	Feb 11, 2011 8:02 PM
100	Public health professional	Feb 11, 2011 9:27 PM
101	the parent of a child with autism	Feb 11, 2011 9:58 PM
102	Parent of special needs child	Feb 11, 2011 10:34 PM
103	Friend of consumer and consulting psychologist to Regional Center	Feb 11, 2011 10:46 PM
104	parent of a special needs child	Feb 11, 2011 10:57 PM
105	Vendor	Feb 11, 2011 11:44 PM
106	Family member and Director of a local autism education & support non-profit.	Feb 12, 2011 3:05 AM
107	I am a Mother of a teen ager who was diagnosed with autism when he was 7 but fought for two years in order to get a dianosed due to the lack of funds in clinics,hospitals, and schools.	Feb 12, 2011 5:21 AM
108	Mom of 18 yr old adopted child with Fetal Alcohol Spectrum Disorder	Feb 12, 2011 3:07 PM
109	Special Education teacher and advocate for the disabled.	Feb 12, 2011 4:06 PM
110	and a special ed teacher	Feb 12, 2011 5:38 PM
111	Special Day Class Teacher	Feb 12, 2011 8:03 PM
112	Parent of a teenager who is on the Autism Spectrum.	Feb 12, 2011 8:10 PM
113	Our disabled son is part of the Regional Center of Orange County	Feb 12, 2011 8:32 PM
114	Physical Therapist	Feb 12, 2011 8:50 PM
115	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
116	I am a service provider and a family member of a consumer	Feb 13, 2011 4:46 AM

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1. I am a:

	Please Specify if Other	
117	family member, service provider employee and vendor.	Feb 13, 2011 6:05 AM
118	respite	Feb 13, 2011 9:25 PM
119	I am also a family member.	Feb 14, 2011 12:22 AM
120	conservator and family member of regional center client	Feb 14, 2011 1:12 AM
121	Psychologist for the Developmentally Disabled.	Feb 14, 2011 12:45 PM
122	Also a Board member	Feb 14, 2011 4:34 PM
123	Parent of a daughter with Asperger's	Feb 14, 2011 4:57 PM
124	Special edcuation teacher	Feb 14, 2011 5:36 PM
125	Special Education Teacher	Feb 14, 2011 7:29 PM
126	RSP,ARF3	Feb 14, 2011 8:20 PM
127	Sister, Caregiver, Casemanger for over 7 years	Feb 14, 2011 8:39 PM
128	disablitity advocate	Feb 14, 2011 11:01 PM
129	friend advocate	Feb 14, 2011 11:24 PM
130	Researcher/ Occupational Therapist	Feb 14, 2011 11:30 PM
131	Family Doctor	Feb 14, 2011 11:44 PM
132	i am a foster parent of medically fragile and special needs infants.	Feb 15, 2011 12:41 AM
133	Father of 2 consumers	Feb 15, 2011 5:35 AM
134	My son has Autism	Feb 15, 2011 5:54 AM
135	Self-employed contractor/consultant	Feb 15, 2011 4:41 PM
136	Instructor working with developmentally disabled.	Feb 15, 2011 6:00 PM
137	Parent	Feb 15, 2011 6:09 PM
138	service provider - pediatric physical therapist	Feb 15, 2011 6:22 PM
139	My son has Autism and benefits greatly from Regional Center benefits.	Feb 15, 2011 6:36 PM
140	I am a single parent of Autistic boy	Feb 15, 2011 7:21 PM
141	Special Education Community Liaison for the Hacienda La Puente Unified School District. I provide resources for professions and parents of students from birth to age 22. Our district collaborates with Regional Center to provide services for our parents. E.g., a Regional Center representative attends our Parent Events, such as Information Fairs, Evening Topical Presentations, etc. I attend their LICA meetings and presentations they offer, e.g., upcoming Fair on Autism on Feb. 24th.	Feb 15, 2011 8:07 PM
142	Service provider	Feb 15, 2011 10:56 PM
143	health care professional	Feb 15, 2011 11:54 PM
144	Parent and Conservator of client	Feb 16, 2011 12:24 AM
145	Special Education Teacher Visually Impaired/Blind Birth to three years.	Feb 16, 2011 12:33 AM
146	Parent of child in need of regional center services	Feb 16, 2011 4:03 AM
147	my son get help from behvior frontiers	Feb 16, 2011 5:20 AM
148	general public	Feb 16, 2011 7:24 AM

Health Care and Therapeutic Services

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

	Response Text	
1	Regional centers should offer these services to the individuals who need them the most and from families who have a lower income status.	Jan 28, 2011 12:41 AM
2	Those with physical disabilites should never be denied any of these services. For families with a severely disable person the diapers and nutrition supplements are extremely important. Without respiratory, physical and occupation therapy those with disabilites will not have a chance to have appropriate quaility of life tha typical people take for granted. Also I would like to add that children with IEP's truly need an educational advocate, parents can not possibly do all this themselves. Regional centers have cut this service which tradgically impacting my son's education.Medical equipment and supplies are so incredibly important I can't say enough on that!	Jan 28, 2011 1:07 AM
3	if someone is a CCS recipient as well as Regional center- perhaps some sort of coordination of services?	Jan 28, 2011 1:10 AM
4	continue as serviced.	Jan 28, 2011 1:13 AM
5	those with no health insurance, including those in the country illegally. families who have at least one child with a developmental disability should be able to get genetic counseling if their medical insurance does not cover it; but their medical insurance must be accessed first. children and adults with psychiatric disorders should be able to see a professional, even if it has to be a psychiatrist employed by a regional center.	Jan 28, 2011 1:16 AM
6	INDIVIDUAL CHOICE BUDGET	Jan 28, 2011 1:24 AM
7	Children with developmental disabilities should be able to receive OT and PT as it relates to improving their adaptive skills.	Jan 28, 2011 1:31 AM
8	It says a lot that I didn't know any of these services above were even at the regional center with the exception of speech and occupational and physical therapy. All consumers probably need these services!	Jan 28, 2011 1:39 AM
9	Childern prior to school age	Jan 28, 2011 1:44 AM
10	All consumers should receive these services when generic services are not able to meet the needs of the consumer.	Jan 28, 2011 1:46 AM
11	ICB	Jan 28, 2011 1:49 AM
12	Family (parents), children and adults with developmental disabilities. Especially non-English speaking parents	Jan 28, 2011 1:59 AM
13	It should be needs based according to financials submitted at intake.	Jan 28, 2011 2:01 AM
14	Each person who is truly in need of these services and whose family can not afford them.	Jan 28, 2011 2:02 AM
15	children who have documented proof of medically necessary issues.	Jan 28, 2011 2:10 AM
16	Services should be received by clients who have no other options e.g. if they have insurance that will cover their medicinal needs OR if there is an unfair financial burden created by the lack of services or items.	Jan 28, 2011 2:34 AM
17	Any consumer whose condition requires the service, determined by an evaluation of the respective therapists, doctors, or others with expertise in the service the consumer requires.	Jan 28, 2011 2:44 AM
18	all the above mentioned services would be recommended by a physician and so should be allowed.. as the parent of an adult consumer it is unthinkable that I can no longer obtain dental services for my son..I have to wait and let his teeth become urgent to be removed before he is allowed dental service and then it will only be an emergency extraction... this would not be considered if it were anyone else	Jan 28, 2011 3:03 AM

Health Care and Therapeutic Services

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

	Response Text	
19	Clients with needs for these services must be served. Medical and Dental and Vision services are critical to everyday function. Physical and occupational therapy is critical for young children. It can mean the difference between a life in a wheelchair or walking. Diapers are critical however anyone requesting non-medical therapies or supplies needs to looked at on an individual bases. One rule cannot apply	Jan 28, 2011 3:06 AM
20	Services should be provided to those with need. If basic health needs are not met, more severe health problems will occur that will require greater interventions and higher costs. (i. e. unattended dental issues will become health problems at a later time)	Jan 28, 2011 3:12 AM
21	Any disabled individual at any age who is deemed to have need of it either by their own doctor OR by the regional center evaluation process.	Jan 28, 2011 3:14 AM
22	Developmentally disabled	Jan 28, 2011 3:16 AM
23	All clients under Regional Center coverage.	Jan 28, 2011 3:18 AM
24	Every child and adult with a disability.	Jan 28, 2011 3:32 AM
25	DD population even those needing dental care.	Jan 28, 2011 3:34 AM
26	Accused of repeating myself (!), health services and non-medical therapies are a process. Everyone needs good health and some people need non-medical therapies. There are two good outcome standards in this area: (1) I have health services that are responsive and meet my needs; and (2) I maintain good health. There are about 15 indicators that the surveyors look at to determine whether the outcomes have been met for a sample of individuals.	Jan 28, 2011 3:35 AM
27	This is a fragile population with many needs which need to be met. I cannot "play god" about who should receive what. Healthcare is critical to living!	Jan 28, 2011 3:39 AM
28	Lanterman Act. Needs of the consumer as written in the IPP	Jan 28, 2011 3:44 AM
29	Anybody who clearly needs them!	Jan 28, 2011 3:55 AM
30	All consumers who are found to need such services.	Jan 28, 2011 4:00 AM
31	All disabled individuals and people who need these services to live, grow, and function.	Jan 28, 2011 4:03 AM
32	Any one with an unmet medical need for the services based on the recommendation of the MD/dentist, etc. To deny a professional service would be cruel, dangerous or prevent people from reaching their potential. In Home nursing services are highest priority. These families have the fewest opportunities to get away for a break and have the greatest strain, often staying awake at night for days on end to care for their fragile children.	Jan 28, 2011 4:08 AM
33	all disable persons	Jan 28, 2011 4:19 AM
34	Children with Cerebral Palsey and other disabilities.	Jan 28, 2011 4:22 AM
35	Everyone needing them.	Jan 28, 2011 4:27 AM
36	Developmentally delayed children 0-3 years of age or child with suspebded delays because of their diagnosis.	Jan 28, 2011 4:28 AM
37	Anyone that needs them.	Jan 28, 2011 4:32 AM
38	Under the Lanterman Act, any developmentally disabled person in need of these services should receive them.	Jan 28, 2011 4:49 AM
39	This should be determined based on the IPP	Jan 28, 2011 5:00 AM

Health Care and Therapeutic Services

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

	Response Text	
40	Lanterman Act has a clearer obligation to provide medical services. I am more concerned with adults (over 18), who are dependent on SSI/Medi-Cal/Medicare/IHSS. Recent cuts have devastated my son's life, and without the help of Regional Center, he would not have dental services (he requires anesthesia, in a hospital). There are perhaps only three dentists in San Diego County who will treat our "kids", and have hospital privileges. He has had heart surgery, and it is important to have deep cleanings to minimize periodontal disease. One time tooth cleaning, if not paid for by Regional Center, will cost over $4,000 if I paid for it. This is over five months of SSI, leaving no monies for food, shelter, etc. When prisoners in the state corrections can get more and better health care than our disabled population, something is seriously out of balance.	Jan 28, 2011 5:02 AM
41	With the cuts to MediCal that are being proposed, it is important to maintain funding to medical and dental services that would otherwise be inaccessible to people living on limited incomes. With the potential changes to health insurance, I am unclear what may or may not be needed in the future.	Jan 28, 2011 5:09 AM
42	Any consumer who cannot reliably provide for his or her own required medical care should receive services.	Jan 28, 2011 5:28 AM
43	All individuals receiving services from DDS and/or Regional Centers should have access to these services. Though I do agree that CCS/MediCal should fund and/or support most of the medically based services - however, depending upon the area in which one lives (i.e., rural/dependent counties) these are not readily accessible by consumers of any agency. But the need is there.	Jan 28, 2011 5:54 AM
44	Any legal resident that needs services under current policy.	Jan 28, 2011 5:58 AM
45	Any child 33 % delayed	Jan 28, 2011 5:59 AM
46	These services are available to persons who live in DC`s, and in ICF`s, and in SNF`s, and who are on the DD-waiver. These are critical services that must be available equally to people with developmental disabilities who live in their home communities but are not residing in institutional settings or on the DD-waiver. The Department should do everything in its power to ensure that in CA: 1) Families can insure their family member with DD; and 2) Insurance companies pay for full-scope Health Care and Therapeutic Services.	Jan 28, 2011 6:06 AM
47	These services may effect the ability of a person to benefit from any other services. Very important on an individual basis to make sure theat they are present if required.	Jan 28, 2011 6:19 AM
48	I have no direct experience with this area however I believe that these services are something that my daughter may need in the future when I am no longer able to contribute to her uncovered health services. I do now provide her dental services and pay for psychiatric care. If people have no resource for these important services, what happens to the client if DDS decides not to provide them? .	Jan 28, 2011 6:35 AM
49	Children and families who need these services should receive them! All of them!	Jan 28, 2011 6:50 AM
50	This is a duplication of services that can routinely be obtained through medical services outside of Regional Centers. Eliminate this program	Jan 28, 2011 7:01 AM
51	Have a questionaire for persons who need treatment to fill out to see if they qualify. Those who do, get!	Jan 28, 2011 7:17 AM
52	Should be based on levels of need determined by objective assessments	Jan 28, 2011 7:18 AM

Health Care and Therapeutic Services

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

	Response Text	
53	Consumers who need medical equipment repaired or replaced and MediCal can't pay for it, regional centers may need to cover the cost as a last resort. Legislation like AB171 is necessary and needed to make private insurance companies and health plans cover consumers durable medical equipment, prescriptions, doctor visits, and theraputic services. Insurance companies could cover consumers in their plans or a special trust fund could be created that health insurance companies would pay into.	Jan 28, 2011 7:35 AM
54	Most of these should be provided by generic resources. Famillies find it easier to access RC funding than having to request from generic resources.	Jan 28, 2011 8:20 AM
55	Any client who has been directed by their health care provider to receive services must be addressed.	Jan 28, 2011 1:53 PM
56	ONly clients who do not have these generic resources available to them and they must provide documentation of that.	Jan 28, 2011 2:58 PM
57	All in need of the services should receive it!	Jan 28, 2011 3:16 PM
58	IF the family does not have health insurance then there should be a way to get the kids covered.	Jan 28, 2011 3:17 PM
59	anyone that needs then	Jan 28, 2011 4:29 PM
60	Due to the delicate and fragile condition of the clients, the standards and services should be very high.	Jan 28, 2011 4:44 PM
61	any one at any age with a disability	Jan 28, 2011 4:44 PM
62	If we're discussing CNA, LVN, or RN care or ICF, then those medically in need due to their developmental disability for whom health insurance provides inadequate coverage or reimbursement based on financial need. If we're talking dental care, mental health, or medical care, Regional Centers should not pay for such services.	Jan 28, 2011 4:50 PM
63	I certainly believe our DD population deserves help and support but there is abuse in these areas. I provide IL and SL services. Clients often abuse the system even with best supports in place by going to emergency. Doctors are usually really good about medical visits which maybe could be accountable to a service standard which really Cal Optima and Medi-Medi cover. The no dental coverage has truly caused problems for our population. They can afford cleaning but the major dental care for root canals and now fillings makes it almost financially impossible for individuals to afford. The reason they have so severe dental problems is due to their disability. Most have poor motor skills for brushing and flossing their teeth or lack of support to do so.	Jan 28, 2011 4:53 PM
64	Services need to be related to the eligible condition.	Jan 28, 2011 5:00 PM
65	As identified in the IPP	Jan 28, 2011 5:07 PM
66	Those who cannot meet self-care needs. It should NOT be given out due to diagnosis. There are many of us out there whose children do not have a diagnosis but are not able to care for themselves. My son cannot meet any of his needs, has seizures, is 75% developmentally delayed and cannot walk, but yet, we don't "meet the criteria" for help in this department. However, a child with mild autism who can meet their own needs does get help in this department because they have a diagnosis. Symptoms should be the standard, not the diagnosis.	Jan 28, 2011 5:08 PM
67	It says a lot that I didn't know any of these services above were even at the regional center with the exception of speech and occupational and physical therapy. All consumers probably need these services!	Jan 28, 2011 5:09 PM

Health Care and Therapeutic Services

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

	Response Text	
68	All deserve to have good health regardless. Unfortunately not all can afford to be helped but let me as the government this, p[ut yourslef in those shoes and see if you could walk a day in to lives of a lowincomed family we are all human beingings, some are just mor fortunate in the income level doesnt make them any better then the bum on the street when it comes to this matter.	Jan 28, 2011 5:15 PM
69	We are paying alot of money for services to Client's that are undocumented. They come to California from other countries to get our services.	Jan 28, 2011 5:19 PM
70	HEalth care and therapeutic services should be provided if a doctor recommends them!!!	Jan 28, 2011 5:27 PM
71	Current standards, if the need for service is related to their disability, Therapies, which are experimental or not validated, should not be purchased.	Jan 28, 2011 5:29 PM
72	Any consumer of the regional center who has a prescription from a doctor for therapeutic services of any kind should be able to RECEIVE these services, but how we go about administering them is going to be different for each family based on many factors.	Jan 28, 2011 5:46 PM
73	clients of regional centers	Jan 28, 2011 5:46 PM
74	state and national licensure regulations	Jan 28, 2011 5:50 PM
75	Purchase of diapers after age 5.	Jan 28, 2011 5:54 PM
76	Any consumer who does not have other insurance that can provide any of these services/items.	Jan 28, 2011 6:07 PM
77	Based upon individual needs. Right now a child for example that is in the school district is not able to receive speech therapy servcies even though the school speech services are clearly inadequate for the child. The burden falls upon the parents, but if the parents can prove the their child needs private speech and it is not covered by insurance and there is a clear inability to pay, that service should be picked up by the regional center.	Jan 28, 2011 6:08 PM
78	i think it is bad not to have the same care for adults that you have for everyone else.dental is important to everyone.so is vision.	Jan 28, 2011 6:15 PM
79	Keep at the current rates and amounts. They actually, should increase theses amounts.....	Jan 28, 2011 6:19 PM
80	Not sure if this is the right catagory to put this in, but health care providers such as Kaiser, MediCal, Blue Shield, etc need to told (apparently) to step up and provide basic medical services in area like like OT, PT, Speech, Substande Abuse, etc. Too many RC consumers are told that their needs are not covered by their medical insurance b/c it is not medically needed. Just because someone is not dying from a DD does not mean it is not 'medically needed'.	Jan 28, 2011 6:20 PM
81	Therapeutic services should be available to parents and siblings who are expirencing mental health challenges who have a child with special needs. These services should also be provided for children with developmental delays who are expirencing secondary mental health issues.	Jan 28, 2011 6:30 PM
82	Any who have a need.	Jan 28, 2011 6:32 PM
83	CONSUMER/CLIENT	Jan 28, 2011 6:36 PM
84	see response to Behavioral Svcs	Jan 28, 2011 6:45 PM
85	All consumers	Jan 28, 2011 6:50 PM
86	leave these services alone.. they are critical	Jan 28, 2011 6:54 PM
87	People should receive services based on a need	Jan 28, 2011 6:58 PM

Health Care and Therapeutic Services

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

	Response Text	
88	There is a quirk in the system. The people leaving the DCs seem to get better case managment, better housing, better staffing in those houses, more choices and oversight than consumers with the same needs who may have left the developmental centers years earlier. This is done to make the parents of the consumers in the DCs happy and it's very unfair. There doesn't seem to be a difference between people who live in facilites licensed by health services and those who live in the ARFs with special needs in the bay area. Also there are many consumers living in skilled nursing that should come out of there but they seem stuck because everyone is concentrating on getting people out of DCs so that they can close.	Jan 28, 2011 7:07 PM
89	Anyone with developmental disabilities who has this identified as a need in their IPP	Jan 28, 2011 7:09 PM
90	Current methods for determining eligibility are sufficient. They should not be made more difficult.	Jan 28, 2011 7:14 PM
91	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
92	After an assessment is conducted between parents/guardians and professionals and if they find the client delayed for their age, then the client is qualified to receive services	Jan 28, 2011 7:24 PM
93	Funding should be guided by health plans that will be available to all of us through California's health exchanges as there will be no exclusion for pre-existing condition. All Dental should be covered if not available through insurance. People without speech should recieve assessments and training in an augmentative alternative as communication so often determinative of behavior and frustration levels. Good traing of family/support staff should make this time limited.	Jan 28, 2011 7:24 PM
94	N/A	Jan 28, 2011 7:26 PM
95	Any Regional Center client, disabled or elderly person should be eligible to receive these preventive and rehab services for humane reason.	Jan 28, 2011 7:27 PM
96	All consumers of Inland Regional Center.	Jan 28, 2011 7:28 PM
97	People who have social security numbers and who have proof or residency in the state of CA should get these services. We shouldn't have to support people who aren't paying into the system.	Jan 28, 2011 7:29 PM
98	I have my own doctor I do not want yours	Jan 28, 2011 7:29 PM
99	Limited to those services that are determined to be the direct result of the developmental disability. Regional Centers should totally be out of the diaper business, van conversion business, and nutritional supplement businss. Primary insurance and public resources should be used exclusively for these items.	Jan 28, 2011 7:30 PM
100	determined by educated staff , evaluated at home visites, referals from teachers	Jan 28, 2011 7:34 PM
101	They should continue to require health care and theraputic service providers to have the proper certifications required by their specific field. It ishould be required that service providers show proof of proper certification before becoming a service provider for the regional center.	Jan 28, 2011 7:45 PM
102	Any infant, child, and adult who needs the services to maintain or improve their way of life.	Jan 28, 2011 7:51 PM
103	To provide what is needed and no more then. Currently medical is paying for my child to see the Dr.. Why do we need the Regional Centers to oversee our consumers medical. I feel that is double dipping !	Jan 28, 2011 7:51 PM
104	Since the increase in disabilities due to unspecified environmental and industrial causes, all disabled should receive health care funded by a tax on polluters.	Jan 28, 2011 7:56 PM

Health Care and Therapeutic Services

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

	Response Text	
105	don't do any of the above. consumer's family insurance should take care of this, or Medi-Cal. Get out of this business, which is a duplication of generic services already available.Do NOT pay for any medical visits, nursing services, laboratory and radiological services, genetic counseling, respiratory therapy, physical therapy, occupational therapy, speech pathology, specialized therapeutic services, substance abuse treatment, dental services, psychological and psychiatric services, and medications. THIS IS WHAT MEDICAL INSURANCE INCLUDING MEDI-CAL ALREADY COVERS.	Jan 28, 2011 8:07 PM
106	persons who can not afford them and no other means of funding are available..whenever possible sliding scale copay should be implemented...ie family has 2 children , one is eligible for services, a family budget should be required prior to purchase...non eligible child is in sports and extra costly activities that use up more than 25% of families pocket change..say 40% this family should pay copay equal to that amount.. if the special child was not in need of services, most likely that child would be allowed to spend his share of the pocket change on sports or activities.. the money should be spent on WHAT that child needs. The state should not be buying it solely on the principal that child needs diapers past age 5 yrs what keeps another family from saying my kid needs an ipod and the state should buy it! It really is not the state budgets fault that a child has a disability but it is nice that if sensibly done the state can help a disabled child have quality of life. It is so obvious that Californians have not visited other states or countries and seen exactly what is not out there.	Jan 28, 2011 8:09 PM
107	Dr's should be available as well as phycologists for DD clients as needed.	Jan 28, 2011 8:12 PM
108	For early start, OT, PT, and ST should be free for parent. Once the child reaches 3 yrs, they are in the school program. Medical (labs, radiology, respiratory, substance abuse, dental service, etc) should go through insurance. Then if not covered by insurance then look at generic, etc.	Jan 28, 2011 8:26 PM
109	Health Care and Therapeutic services should be provided to consumers when generic resources aren't available, and the service is related to the developmental disability, and is necessary for health and safety, or to prevent loss of placement or program, or to gain skills which would enable the consumer to achieve a greater level of independence.	Jan 28, 2011 8:32 PM
110	All young children who qualify for the services.	Jan 28, 2011 8:46 PM
111	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 8:47 PM
112	All parents should be given information as to what is included in this area of service provision. A single denial from an insurance company should be enough to allow regional centers to provide this service. Currently regional centers are requiring consumers to be denied and go through appeals of not only their insurance company, but also to apply for government insurance and go through denial and appeals with them as well. This creates a huge time and stress burden on families. Let's cut the costs associated with sending parents on a wild goose chase.	Jan 28, 2011 8:49 PM
113	Anyone with developmental disabilities who has this identified as a need in their IPP	Jan 28, 2011 8:49 PM
114	Anyone who's health insurance, medical, etc won't cover, or in the instance were you can't find a particuar service in your area. For example we use the Tele Med for psychiatric services because our area lacks qualified professionals that understand my sons disability. It has been a blessing.	Jan 28, 2011 8:52 PM

Health Care and Therapeutic Services

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

	Response Text	
115	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 8:56 PM
116	It says a lot that I didn't know any of these services above were even at the regional center with the exception of speech and occupational and physical therapy. All consumers probably need these services!	Jan 28, 2011 9:12 PM
117	All Consumers who either do not have insurance to cover these services, or whose health insurance denies coverage for those health services that are directly a result of or caused by their Regional Center eligibile diagnoses. Regional Centers should not pay for medical services not directly related to the Consumer's diagnosis of a developmental disability and only as payee of last resort.	Jan 28, 2011 9:15 PM
118	There is no other service as important as these for HCR to aid with. Experience and knowledge about what it takes to care for a disabled client and the coordiantion of all these services is LIFE SAVING.	Jan 28, 2011 9:19 PM
119	All who need them. For example, adult dental has been eliminated in CA by the governor/legislature because it was deemed an "optional" MediCal support. There are those, like my young man with severe cerebral palsy (CP), for whom hospital dentistry, under general anesthesia in an operating room, for every dental procedure, even cleaning, is an absolute necessity. Absolute necessity has now become optional just by a stroke of the pen. Regional Center will not support this need we have been told, even as payer of last resort. We have also been told that "institutional deeming" or "waiver" that might provide access to hospital dentistry services is simply a resource to the Regional Center by an uninformed or perhaps-gatekeeping Regional Center case manager. What does one suggest my son do now? This is an example of directing services exactly opposite of need.	Jan 28, 2011 9:26 PM
120	People whose ID team agrees there is a need to explore services.	Jan 28, 2011 9:40 PM
121	Provide services if parent of school requests them with back-up documentation -- ie data indicating need for daily living and community/work skill development. Allow anecdotal data and parents' lists of their observations. Do not require lengthy discrete trial or other observation processes. Take individual need into consideration.	Jan 28, 2011 9:42 PM
122	All in need.	Jan 28, 2011 9:44 PM
123	Health Care and Therapeutic Services are extremely important to the individuals served by the Regional Center. Speech Pathology services are particularly important for those up to age 12. I would like it to be somewhat easier for individuals served to have better access to these Speech services.	Jan 28, 2011 9:52 PM
124	Each region should have a clinic that serves DDS consumers. This clinic could be linked to colleges that offer medical training and non DDS outpatient clinics. That would insure higher medical reimbursment rates and a stream of doctors trained in working with DDS consumers. Other methods are hit and miss.	Jan 28, 2011 9:56 PM
125	All individuals with disabilities would need service due to their medical, physical, neurological, and/or emotional mental disability.	Jan 28, 2011 9:58 PM
126	if there is no other payer source (all other sources must first be exhausted), then regional center should pay for necessary and established health care and therapeutic services	Jan 28, 2011 9:59 PM
127	I think that the handicapped and developmentally disabled should receive as much help as they can get. People on welfare should not receive assistance unless they are working themselves.	Jan 28, 2011 10:06 PM
128	Persons whom are not eligible for Medi-Cal or Medicare or for services not covered by these entities.	Jan 28, 2011 10:06 PM
129	All Lanterman eligible individuals.	Jan 28, 2011 10:16 PM

Health Care and Therapeutic Services

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

	Response Text	
130	Provide services on an as-needed basis.	Jan 28, 2011 10:28 PM
131	Anyone with a ASD, CP or other developmental disability.	Jan 28, 2011 10:34 PM
132	Those who need it and not by what a school district says whose standards are so high no child is ever going to qualify.	Jan 28, 2011 10:39 PM
133	any consumer that would benefit	Jan 28, 2011 10:42 PM
134	These services should only be provided to people who cannot access these services through their medical insurance or another agency. Unfortunetly, other agencies and insurance will often deny services to consumers who qualify for them in the hopes that the regional center will pay for them instead.	Jan 28, 2011 10:44 PM
135	all RC eliligble who apply.	Jan 28, 2011 11:02 PM
136	I am receiving numerous complaints by health care providers that ACRC doesn't pay co-pays, bills, etc. They seem very disorganized and are aloof when it comes to getting "extra" services.	Jan 28, 2011 11:02 PM
137	Anyone who would benefit by the services.	Jan 28, 2011 11:04 PM
138	To the extent that such services are medically necessary, useful and productive they should be available to individuals with disabilities.	Jan 28, 2011 11:12 PM
139	I do not feel that these are services that should be provided.	Jan 28, 2011 11:12 PM
140	RCs should have clinical staff or consultants/contractors with expertise in Occupational Therapy, Psychiatry, and Psychological services. RCs should not be purchasing medication and should have strict standards for purchasing supplies.	Jan 28, 2011 11:15 PM
141	determined byi a medical review board	Jan 28, 2011 11:16 PM
142	Refer to previous section	Jan 28, 2011 11:17 PM
143	All qualifying consumers should be given the option of receiving these services AS NEEDED. Need should be determined by all parties on the consumer's ID team and NOT just the regional center.	Jan 28, 2011 11:56 PM
144	Clients who need these services, should receive these services. Simple as that!!	Jan 29, 2011 12:18 AM
145	Preference should be given to those whose insurance will not cover these services.	Jan 29, 2011 12:20 AM
146	All who qualify.	Jan 29, 2011 12:21 AM
147	Per current statute, regional centers should continue to provide necessary medically-related services that are not available through generic sources. This includes KNOWING what services have been reduced or eliminated in order that the consumer or family do not have to obtain a denial in order to obtain payment for services that are not elsewhere available.	Jan 29, 2011 12:29 AM
148	Families who show a true financial need and can prove that there is no insurance coverage for it or that the family absolutely cannot afford the service.	Jan 29, 2011 12:38 AM
149	Children and adults diagnosed with the above needs and their families (for some services). The families are the main support group, yet are isolated from many of their peers and social network. .....THere is also additional stress associated with being a parent or close family member of the person receiving serves.	Jan 29, 2011 12:50 AM
150	Who ever needs some of these services.	Jan 29, 2011 12:53 AM
151	See early intervention services	Jan 29, 2011 12:55 AM
152	Status 2 regional center clients	Jan 29, 2011 1:04 AM
153	people/patients that meet the eligibility guidelines established in the California Education Code or under the licensed service providers Scope of Service.	Jan 29, 2011 1:20 AM
154	Those who need them most, certainly those who need them and cannot get them elsewhere.	Jan 29, 2011 1:42 AM
155	Anyone who has a developmental disability.	Jan 29, 2011 3:00 AM

Health Care and Therapeutic Services

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

	Response Text	
156	based on need -	Jan 29, 2011 3:08 AM
157	those who unable to care for themselves and are in this country legally	Jan 29, 2011 3:15 AM
158	I have never heard of any of these being offered through the Far Northern Regional Center. I believe the Centers should let their consumers and caretakes know of all available services so they can ask for what they need, instead of the service providers thinking they "know all" and will make the decisions for the consumers.	Jan 29, 2011 3:33 AM
159	All Regional consumer	Jan 29, 2011 3:40 AM
160	any people with the need	Jan 29, 2011 3:50 AM
161	Everyone in the Regional Center system.	Jan 29, 2011 4:35 AM
162	whoever needs them	Jan 29, 2011 4:40 AM
163	Case by case	Jan 29, 2011 4:48 AM
164	Regional center clients	Jan 29, 2011 5:03 AM
165	Everyone Should Never be cut for something like this	Jan 29, 2011 5:08 AM
166	Those who need it for health and safety reasons only. What about insurance that most consumer have through their parents.	Jan 29, 2011 5:57 AM
167	Adults and children with autism.	Jan 29, 2011 6:04 AM
168	In my view, GGRC has followed guidelines, but has restricted a great many early intervention services that I consider crucial to ages 1 to 5. You save so much money by early intervention, and I certainly would suggest you expand the early intervention services to anyone at risk. I've seen kids thrive, who never needed anything else from the Regional Center, after Early Intervention.	Jan 29, 2011 6:15 AM
169	clients who need it as determined by initial interview	Jan 29, 2011 6:27 AM
170	regular physian, as needed	Jan 29, 2011 6:32 AM
171	Those Who Have A Strong Ailment And Or A Special Need Such As Autistic Children And Mentally Challenged People.	Jan 29, 2011 6:35 AM
172	all those who need them and are not covered by insurance	Jan 29, 2011 6:35 AM
173	Autism children	Jan 29, 2011 7:42 AM
174	Any consumer who is diagnosed as such by a specialist.	Jan 29, 2011 8:32 AM
175	Anyone who needs them.	Jan 29, 2011 8:43 AM
176	Children with special needs one standard deviation below the mean in any developmental area.	Jan 29, 2011 8:47 AM
177	consumers that are identified during their ISP	Jan 29, 2011 2:55 PM
178	those who are deamed fit to receive based on a licensed provider. Child should have to go through an eval & receive services based on results.	Jan 29, 2011 4:57 PM
179	I receive Laboratory services	Jan 29, 2011 5:28 PM
180	first of all I am really dissapointed that as a single parent raising 4 children on my own with 1 autistic child , I was unaware of all the services that I could and should have received for my daughter. I struggled financially and I sacrificed her having therapies such a speech and occupational therapies because I didn't know that regional center provided those services. I received respite which was a god send to me. which I am forever grateful for. Please make sure that other families who do not have access or funds for the services mentioned above, that you make them aware and allow them access to them.	Jan 29, 2011 5:44 PM

Health Care and Therapeutic Services

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

	Response Text	
181	These services should be available to any consumer that can show a need for such a service.	Jan 29, 2011 6:01 PM
182	There is usually a clear understanding of who is in need of these types of services. The more "non-traditional" therapies like music, horse riding, listening, etc are rarely appropriate from a therapeutic or rehabilitative perspective and while they might be enjoyable and recreational they should probably not be provided unless there are very specific and scientific justifications.	Jan 29, 2011 6:32 PM
183	whoever needs them, within your guidelines.	Jan 29, 2011 8:08 PM
184	Include services that provide social skill training and therapeutic intervention particularly for individuals diagnosed with an ASD. Social skill deficits go hand in hand with individuals with autism per the diagnosis and its critical that social skill training be made just as important as ABA training particularly with adolescents and teens who have "aged out" of classical ABA therapy and need to learn "what comes next" as autism is a lifelong disorder.	Jan 29, 2011 8:23 PM
185	All in need.	Jan 29, 2011 8:27 PM
186	I think that all of the services are important and that if the local school district or the family do not have the resources to provide these, that all youth with a disability that could be genetically linked should have genetic testing and counseling for them and their family available. Dental services are also important for these youth who are at more risk of poor selfcare.	Jan 29, 2011 9:10 PM
187	Medical, dental and psychological services should be provided to those consumers with demonstrated need for them and inability to obtain them on their own, either because of financial or physical inability to get them.	Jan 29, 2011 9:47 PM
188	ALL NEWLY DIAGNOSED INANTS AND CHLDREN AND THOSE WITH SUSPECTED DISABILITIES AND HIGH RISK FOR DD	Jan 29, 2011 11:46 PM
189	Supported Living Services Our consumers in Supported Living are forced to go into a SNIFF or Residential Facility due to the lack of these services. One of our consumers can function on his own except for Insulin Injections. We've had to work very hard with his physicians to work around this issue so he can remain in his own home. Ideally he should be using insulin. We have not been able to find a generic service. Self Administration of Medication is another issue that causes a consumer to have to leave their home. The only answer a CSC or Supervisor will give us when we ask for a solution is placement. This was also suggested even when it would separate a husband from their wife.	Jan 30, 2011 12:10 AM
190	children and adults with developmental disabilities should continue to receive quality support from physical therapists, occupational therapists, nurses, counselors, psychiatrists. Supplies like diapers, nutriCal, and non medical supplies should be paid for by insurance companies. MediCal should pay for diapers, supplies, canned nutrition for those people who have medical, if they are medically necessary and life threatening if a person didn't have them.	Jan 30, 2011 12:23 AM
191	Services should be provided for all who meet the diagnosis However, a co-payment shuld be established based upon a sliding scale.	Jan 30, 2011 12:34 AM

Health Care and Therapeutic Services

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

	Response Text	
192	Though it would seem that insurance could cover most of this, my experience is that the standard doctor does not understand how a developmental disability can affect other types of treatment. Standard behavioral therapy doesn't always work. Some medications affect those with autism differently that the neurotypical population. Many psychologists are not used to and do not how how to work well with people with developmental services.	Jan 30, 2011 1:02 AM
193	Using insurance for therapy services has not proven to be the pot of gold we thought! Insurance companies approve services under specific conditions, which are rarely for developmental reasons. Since I work with Early Start, I have experienced how confusing insurance can be. The RCs need more in house support for accessing insurance for parents and providers. There needs to be more pressure on the insurance companies to meet our children's needs. They have the advantage because they've always have been able to weasel out of providing services and equipment because RCs and CCS have when they wouldn't. They know they only have to say no and we'll fund it.	Jan 30, 2011 1:08 AM
194	1) Services provided should be those accessed by the community at large, using the same guidelines, with an understanding that many of the clients an RC serves have extreme medical needs. This means wheelchairs are typically more involved. Many clients with brain damage have behavioral and psychiatric problems. No non-medical, researched based supplements/treatments/should be provided. I understand anesthesia for dental work. I do not understand EPSDT for a child with just a g-tube. I believe there is a lot of fraud and over-provision of nursing staff through EPSDT. Families should be required to make "formula", if not delivered through a g-tube. Therapy services are for rehabilitation only...or education, which should be short term. I believe genetics is an area that should be supported by the IRC to prevent disability, should the insurance not cover it.	Jan 30, 2011 3:28 AM
195	ALL CONSUMERS BECAUSE UST LIKE EVERYONE ELSE THEY NEED DOCTORS, NURSES TO TREAT THEM. THESE SERVICES ARE AS NEEDED TYPE SERVICES.	Jan 30, 2011 3:38 AM
196	Children with developmental disabilities who require these interventions should receive them.	Jan 30, 2011 4:14 AM
197	Should cut these services. Because it is services through their insurance.	Jan 30, 2011 4:48 AM
198	Disabled	Jan 30, 2011 6:45 AM
199	PRN as based on a needs assesment. Psychological services should be made available to each client, even if only briefly.	Jan 30, 2011 3:15 PM
200	Everyone needs these screenings and then decide from there how much help,but for most therapies I think the best thing is when the therapist helps the parents know what to do, much more than the therapist working with my son and, worse, when I don't even get to see the therapy. I guess the therapist needs to work with him to get to know him , but I need the help to help him do better. I am with him a lot ore. And his teachers need that help too. So he should get, and we should get, whatever we need to help us work with him, and that way we'll actually use less of their time, probably, and he'll do better too.	Jan 30, 2011 4:47 PM
201	Preserve the IPP process to define needs for services.	Jan 30, 2011 5:19 PM
202	My family has not gotten any of these services from the Regional Center??????	Jan 30, 2011 5:23 PM
203	I believe health care should be universal, and a standard service that the government provides. I also believe we should all have the opportunity to live in Never-Never Land, but that isn't really in the cards at this point. Thus, a progressive share of cost is probably the most equitable way to approach this issue.	Jan 30, 2011 8:57 PM
204	all determined to need the services including autism and aspergers	Jan 30, 2011 9:08 PM
205	Children with speech problems	Jan 30, 2011 9:11 PM

Health Care and Therapeutic Services

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

	Response Text	
206	Anyone who needs them!!!!!!!!!!!!	Jan 30, 2011 10:34 PM
207	Ensure that health care services are verifyable needs with the physician.	Jan 31, 2011 1:15 AM
208	Licensed providers, to be checked with the department of consumer affairs. Students and assistants should not be allowed to provide therapy, especially in-home without supervision.	Jan 31, 2011 1:33 AM
209	Any client who has a needed which has been established by staff, doctors or other qualified personnel should be albe to receive needed services from reputable personnel. If a service provided is not satisfactorily providing services, changes should be allowed without regional center disallowing a change for their own purposes or gain. Often, services providers are retained in some way by the regional center and cpc's require the use of those persons regardless of their manner of care given.	Jan 31, 2011 4:26 AM
210	All children who need therapeutic services should receive these services.	Jan 31, 2011 7:21 AM
211	Children diagnosed with PDD, MR or other related developmental disorders and their families who display maladaptive behaviors and skills deficits (social, communication, self-help, school readiness)	Jan 31, 2011 10:00 AM
212	All individuals should receive these as needed. However, medi-cal, private insurance, or private pay should be pay for services. There are dentist that do sleep dentistry and accept Denti-cal, there is a $175 copay to parents. This option should be used as much as possible.	Jan 31, 2011 2:41 PM
213	Standards should be detremined by the level of the complexity of the job associated with the service.	Jan 31, 2011 3:38 PM
214	these services should not be funded by the regional centers for undocumented people	Jan 31, 2011 4:05 PM
215	consumers who live in the community	Jan 31, 2011 4:17 PM
216	There should be a test to establish needs.	Jan 31, 2011 4:20 PM
217	I am not certain whether all of these services should be provided by DDS. It seems that the medical services should fall under MediCal or private medical insurance. Psychological and psychiatric services, diapers and non-medical services should only be provided when no other source of funding is available.	Jan 31, 2011 4:24 PM
218	These services should only be provided to consumers who don't have another form of payment, and only when the services are recommended by the physician with enough justification (not just with a letter or a prescription that a parent requested). Regional Center Clinical Teams should also follow-up with the doctor's making the recommendations.	Jan 31, 2011 4:45 PM
219	Nursing and therapy visits that relate to a child's development or an individual's skills should be included in regional center services. Medical services including medical visits, laboratory and radiological services, genetic counseling, respiratory therapy, dental services. nutritional supplements and medications should be taken care of through medical pathways rather than developmental pathways. Substance abuse treatment should not be paid for by Regional Centers. Some psychological and psychiatric services affect development and should be addressed, but medications should come through medical avenues. Medical equipment is frequently necessary for good development and functioning - this could be paid for with Regional Center funds to keep the individual functioning at their highest level. It is sad to see people recommending their child go on Medi-cal to get the services they need because it's easier than going through private insurance.	Jan 31, 2011 4:55 PM
220	all who has a medical need but generic resources needs to be explored first including private insurance.	Jan 31, 2011 5:12 PM

Health Care and Therapeutic Services

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

	Response Text	
221	Individuals with a documented need for which there is no other source of funding.	Jan 31, 2011 5:28 PM
222	...same...	Jan 31, 2011 5:32 PM
223	No suggestions regarding this topic at this time.	Jan 31, 2011 5:36 PM

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

	Response Text	
224	fasdfasdfsdb ffasdb fv sdffasdfasdfsdb ffasdb fv	Jan 31, 2011 5:37 PM

Health Care and Therapeutic Services

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

	Response Text	
224	sdffasdfasdfsdb ffasdb fv sdffasdfasdfsdb ffasdb fv	Jan 31, 2011 5:37 PM

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

	Response Text	
224	sdffasdfasdfsdb ffasdb fv sdffasdfasdfsdb ffasdb fv	Jan 31, 2011 5:37 PM

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

	Response Text	
224	sdffasdfasdfsdb ffasdb fv sdf	Jan 31, 2011 5:37 PM
225	Some provision needs to be made for dental care for adults now that DentiCal will no longer pay for anything other than emergency services. Poor oral health can result in other serious medical conditions. Medications taken by many persons with developmental disabilities contribute directly to poor oral health (causing dry mouth, for instance). Inability to perform adequate oral hygiene also contributes. Regular care is essential to all ages, but most programs focus on children.	Jan 31, 2011 5:40 PM
226	Only those for whom the service is medically necessary and who have no other source of funding for these services.	Jan 31, 2011 5:48 PM
227	children/ adults meeting qualifications	Jan 31, 2011 6:05 PM
228	All consumers should receive Health Care and Therapeutic services.	Jan 31, 2011 6:12 PM
229	All consumers	Jan 31, 2011 6:26 PM
230	Services and supplies should not be used as substitutes for the normal purchases of a family. For example, every child needs food and clothing. If the child needs liquid nutrition rather than the regular family food it should be regarded as a normal expense of having a child - the only difference is in what is purchased to feed that particular child. Same with diapers in that these are purchased in lieu of other clothing that children who are typically developing need. Special therapy programs such as equine therapy, art therapy, music therapy etc. should be regarded as the same as parents purchasing ballet, piano, or drawing lessons for children who are typically developing.	Jan 31, 2011 6:27 PM
231	all clients of Regional Centers	Jan 31, 2011 6:28 PM
232	These services are critical to the health of our consumers. The decision as to who receives these services should be decided by an individuals' physician.	Jan 31, 2011 6:33 PM
233	All Regional Center consumers who have health conditions/health care needs.	Jan 31, 2011 6:48 PM
234	Anyone with a physical, developmental, or in some cases psychiatric disability.	Jan 31, 2011 6:58 PM
235	All who need them	Jan 31, 2011 7:04 PM
236	We thankfully have insurance for these services at this time and thank-god that we do. My daughter does receive speech therapy at school and it has been a good service to receive. Each parent will tell you that if their child needs these services, they will want them. They are important services to provide especially if the child is in need.	Jan 31, 2011 7:12 PM
237	Services should be rendered to individuals with a disability who can not financially afford the above care.	Jan 31, 2011 7:19 PM
238	Consumer who requires them but is unable to obtain them from another source, such as school or medical insurance.	Jan 31, 2011 7:32 PM
239	autism, retardation, prematurity, adhd, add, etc - I'm sorry if I leave people out who should have the services and that I am not personally familiar with	Jan 31, 2011 8:33 PM
240	I would probably eliminate substance abuse therapy, genetic counseling, most lab and x-rays, psychiatric services, and medications as CalOptima, Medi-Cal also provide these services. I would insist that the person be a legal citizen of the US.	Jan 31, 2011 8:36 PM

Health Care and Therapeutic Services

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

	Response Text	
241	I was not aware that the above mentioned services were provided by the regional center. Shame on me for not checking into these services years ago.	Jan 31, 2011 8:40 PM
242	developmetaly disabled consumers	Jan 31, 2011 8:59 PM
243	Any one who has the need for these services should be entitled to them.	Jan 31, 2011 9:00 PM
244	I am not familiar with what services currently are provide or to whom.	Jan 31, 2011 9:08 PM
245	All children diagnosed with Autism need these services... They should all receive these services.	Jan 31, 2011 9:12 PM
246	None. Indivuduals should be required to fund theses services using their private insurance.	Jan 31, 2011 9:12 PM
247	Anyone with developmental disabilities who has this identified in as a ned in their IPP	Jan 31, 2011 9:26 PM
248	People with developmental disabilities absolutely need access to health care, and one of the difficulties of serving them in community settings is finding professional dentists, doctors, and other medical personnel who are trained in issues surrounding the delivery of health services to DD people. I am not so sure about services involving purchase of diapers for infant children, as families would have to purchase thos diapers whether or not their child was DD.	Jan 31, 2011 9:36 PM
249	a. Regional Center, like MediCal, is a payor of last resort. If a consumer does not qualify for insurance or MediCal, then Regional Center must ethically pick up the tab for services needed by those consumers who are developmentally delayed or at-risk of a developmental delay.	Jan 31, 2011 9:43 PM
250	All disabled, minor and older.	Jan 31, 2011 9:52 PM
251	same as other programs	Jan 31, 2011 9:55 PM
252	It is my opinion that undocumented aliens should not receive these or any other funded services. Funds could be better utilized helping adult legal citizens with dental care needs, etc.	Jan 31, 2011 10:10 PM
253	Based on individuals needs. Can NOT limit nursing and or medical attention.	Jan 31, 2011 10:23 PM
254	drfer	Jan 31, 2011 10:30 PM
255	anyone with a prescription (need for the service) as defined by the primary care physician	Jan 31, 2011 10:36 PM
256	as it is now, RC is the payer of last resort.	Jan 31, 2011 10:41 PM
257	Anyone who needs these services should receive services	Jan 31, 2011 11:05 PM
258	There are already standards in place.	Jan 31, 2011 11:14 PM
259	Regional Center should remain "payor of last resort" and insurance companies and MediCal should have their "feet held to the fire" on what they are obligated to pay. I think all families should minimally pursue Healthy Families coverage so that Regional Centers are not picking up all the health care expenses on top of developmental expenses.	Jan 31, 2011 11:46 PM
260	Again, legal citizens. People have to be legal citizens to apply for SSI, IHSS, Medi-Cal, TANF, but RC has never implemented this. Now were broke.	Jan 31, 2011 11:55 PM
261	All disabled children.	Feb 1, 2011 12:13 AM
262	These services shold not be provided to individauls who are not citizens of the US. If the will is not thee to do this, then at least have a residency requirement that is verifiable.	Feb 1, 2011 12:17 AM
263	Everyone with disabilities	Feb 1, 2011 1:07 AM
264	Everyone should have the option of quality health care.	Feb 1, 2011 1:16 AM

Health Care and Therapeutic Services

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

	Response Text	
265	Individuals with chronic health conditions for which there is no generic resource and basic nursing services maintain individual in placement or allows individual to participate more fully in community (i.e. individual requiring insulin injections in order to participate in community based program). No OT services unless medically indicated and specific to regaining activities of daily living. Dental services if only directly related to regional center eligible condition. Medication (medication management) and psychiatric services to be reviewed annually.	Feb 1, 2011 1:17 AM
266	Infants from 0-3 who demonstrate a developmental delay.	Feb 1, 2011 1:19 AM
267	Therapies need to porvided based on consumer needs-- not Regional Center discretion. Microboard system to follow up on expert recommendations and programs resulting form recommendations.	Feb 1, 2011 1:29 AM
268	Already in place at the regional center. The providers need to be assessed as to appropriate delivery of services, as the biggest problem is with those clients who cannot speak or are afraid to do so.	Feb 1, 2011 1:44 AM
269	All consumer clients should receive these services as new developments happen over a period of time. Changes bring new concerns and/or issues.	Feb 1, 2011 2:27 AM
270	People with DD and some clients with AUtism. This is a huge subject I know, but our social system MUST develop something that supports families affected by autism. They are left in the dust because they do not fit the RC system. This is not what it was developed for, but now we must wake up and meet the needs of this epidemic. At the family level. come on these people are sturggling to find a place for their kids to fit... We are behind the curve here.	Feb 1, 2011 3:09 AM
271	all regional center clients	Feb 1, 2011 4:45 AM
272	all clients should receive services depending on their area/areas of need	Feb 1, 2011 4:48 AM
273	Individuals who need the service.....	Feb 1, 2011 5:01 AM
274	healthcare should be provided to all that need it	Feb 1, 2011 5:13 AM
275	these should be for every child that is in need of them. The Regional Center is very limited on how they perform some of these services I believe a team is needed and getting around having part time at IRC does not help the families should be through a team that does provide these services	Feb 1, 2011 5:24 AM
276	All children and adults with developmental delays should have routine eye examinations. Children with developmental delays may require additional diagnostic and therapeutic services for visual system deficits that impair function, such as eyeturns, lazy eye (amblyopia).	Feb 1, 2011 5:47 AM
277	Occupational therapy should be provided when there are specific underlying deficits causing the child to have delays in reaching developmental milestones. If the child just needs to play with developmentally appropriate toys then non-professionals can provide the services.	Feb 1, 2011 5:48 AM
278	All disabled and any person who qualifies should recieve the services they need.	Feb 1, 2011 6:06 AM
279	Any individual (American citizen) who needs health care services should have access to them. Payment coverage needs to provided by the individual's insurance policy. Insurance companies need to be held accountable to include payment for health care coverage and services related to developmental disabilities.	Feb 1, 2011 6:38 AM
280	There should not be a statewide standard for this service. Services should be based on the individual's unique needs and that person's individual's medical and health professionals.	Feb 1, 2011 7:11 AM

Health Care and Therapeutic Services

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

	Response Text	
281	Consumers needing session-based therapies (OT, PT, speech, counseling, etc.) must have a prescription or letter from their own physician spelling out the specific objective to be achieved by the therapy, the frequency, and amount of services. No script or letter, no services, and the regional center's physician can not be the prescriber to make it easier. The therapeutic services or health care has to be truly related to the consumer's developmental disability in a causal way, not just sort of related. This would keep regional centers from being allowed or being forced to pay for medical care or therapies that are needed, but that any non-disabled person would have to find a way to pay for e.g. insurance, their own funds,etc. Children receiving SSI who live with their families and who need therapies or health care would be responsible for paying for those services with their SSI up to the point that their SSI is exhausted, then the regional center would pay for the rest. No speech or language therapy for persons under age 22 and/or stilll in school, except for language therapy allowed for children in Early Start not covered by a school program. For adults out of school, regional centers should only purchase speech therapy in situations where speech therapy has not previously been tried (e.g. earlier school program failed to provide therapy oppportunity) and then only for up to a certain cap e.g. six months, after which the famly/caretaker or day program should be adequately trained to keep using the same techniques. Regional centers should not be allowed to purchase sign language therapy if there is an available free or low-cost (SSI can be used to pay for it) sign language class or school. This would apply to both the consumer and to the consumer's family/caretaker.	Feb 1, 2011 9:38 AM
282	All clients with mental retardation	Feb 1, 2011 9:40 AM
283	Low-income families.	Feb 1, 2011 4:16 PM
284	All DD individuals should receive medical, vision and dental services. These services should be as required to meet the individuals medical needs.	Feb 1, 2011 4:54 PM
285	Further cuts in theis ara will endagner the health and safety of adults with disabilities who are living in he community	Feb 1, 2011 5:01 PM
286	All children according to their individual need	Feb 1, 2011 5:55 PM
287	I noticed "dental services" listed above. That would be nice. As to who should receive, this should be based, in part, on what that person's options are if these services are not provided. Most options end up costing even more, such as emergency medical services, institutionalization and major medical problems resulting from lack of "maintenance" care.	Feb 1, 2011 5:55 PM
288	ALL female consumers who are planning to be mothers should first have a complete training about the financial responsibilities of a parent. They are the only child-bearers,and not the fathers-to-be. Any person that is not capable of financially raising their own child can not always expect the State or Government to give entitlements to anybody, NOT WHEN THEIR BENEFACTOR IS ABOUT TO GO BANKCRUPT. Ouch! There will be less care homes. I'll be out of business. Medical- supply suppliers should be monitored to avoid over supplying unneeded supplies. If unchecked, tax dollars are wasted.	Feb 1, 2011 6:11 PM

Health Care and Therapeutic Services

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

	Response Text	
289	A. All consurmers who have Cerebral Palsy should receive on-going guidance from a physical therapist to prevent regression and higher levels of care. This can be done through a monthly consultant visit to the care home to assure excercises are appropraite and staff are trained in supporting consumers in this area B. All consumers should be elegible for 2 dental cleanings per year. Taking away dental care for the people with the worst brushing habits, who take the most damaging medication is cruel and leads to feeding issues when teeth are pulled. The cost of dental care is more immediate but losers the cost of long term care for thsoe with feeding issues..	Feb 1, 2011 6:13 PM
290	If the services are determined to be important for the optimal functioning of the child within the family, the child should receive them. Whenever possible, the parents should have the option of receiving home-based therapeutic services (especially for infants/toddlers). Educational Therapeutic services (i.e. OT, PT, Speech, sensory) should be separated from medical services and have their own standards, thus removing them from the medical model and offering a broader scope of effectiveness. purchase of goods (diapers, etc) should be provided by Medi-Cal, or PHD, WIC, or other already estaablished sources for such goods.	Feb 1, 2011 6:21 PM
291	whomever needs these services.	Feb 1, 2011 6:28 PM
292	everyone who is a rc client	Feb 1, 2011 6:30 PM
293	Any client in need of any of these services should have access to them.	Feb 1, 2011 6:32 PM
294	If there is a true need the consumer should receive the service.	Feb 1, 2011 6:41 PM
295	Have clear standards regarding when the RC will fund for dental treatment. Dental treatment is expensive for everyone, whether disabled or not. Treatment should be provided for people who physically cannot care for their teeth, for example due to cerebral palsy or people who take anti seizure medication which is know to be hard on the gums. Frankly, if someone is residing in a CCF, funded by the RC, then the staff should be responsible for helping or doing oral hygiene for the person, the staff committed to 24/7 care and support to meet the person's needs, including dental care.	Feb 1, 2011 6:45 PM
296	Services should be considered once all generic and community resources have been exhausted, including private insurance companies, CCS, Medi-Cal, etc. Like Early Intervention, older children and adults should also have to exhaust private insurance before accessing Regional Center funds. Case managers should receive a formal letter/document proving coverage or non-coverage and Case Managers should assist families with appealing their insurance's decision, if they disagree. Regional Center needs to be firm and consistent in all aspects. There are too many exceptions.	Feb 1, 2011 7:48 PM
297	Any Regional Center person served that may require them.	Feb 1, 2011 7:51 PM
298	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 7:56 PM

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

	Response Text	
299	To contract special pharmacxy /drug store for medcations They 'll accept medical, medicare and DDS payment. Allphysicians, dentitists RN, Psy tech. must have interest, equipments and experinces in treating DD cilents.	Feb 1, 2011 8:04 PM
300	The individuals who do not have access to these services or supplies through other services but need them should be able to make a case for needing them. For example, MediCal may be available to them, and may cover most of those services. However for example, MediCal does not cover speech therapy if you are over 18 yrs unless you are in a hospital setting or hospital related outpatient. MediCare may also cover some of these for those who are eligible. Also, those who are enrolled in school based programs should not receive ABA services unless it is for behavioral issues - or for teaching repetitive things like for potty training. It is ridiculous for ABA companies to be teaching academics when the child is in school. In other cases it is for babysitting	Feb 1, 2011 8:14 PM
301	All consumers.	Feb 1, 2011 8:40 PM
302	those in need	Feb 1, 2011 8:41 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) 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 9:15 PM
304	ANYONE WHO TRULY NEEDS THESE SERVICES SHOULD SURELY NOT BE DENIED, THAT WOULD BE INSANE!!	Feb 1, 2011 9:24 PM
305	clients who need support.	Feb 1, 2011 9:37 PM
306	The individual who is identified in the IPP or IFSP as needing these services. Lanterman Act section 4646 (a-d)	Feb 1, 2011 9:38 PM
307	Any consumer who is not able to access needed health related services through generic resources, should have access to those services through their IPP.	Feb 1, 2011 9:58 PM
308	There is currently not enough pediatric psychiatric providers available from the state. In fact, I personally learned about this last year when attempting to secure services for my child. The waiting list had about 50 children on it at the time and I was informed that there was only one doctor that saw one child each week. How can anyone consider this adequate care? This is terrible and we need to do something to fix this! Specialized programs (like WIC) need to also accommodate children with medically restricted diets. My son must eat a gluten free, milk protein free diet...yet when we received WIC we received less than other children because their system didn't know how to handle his diet. Apparently a person receives much less soy milk than regular cow's milk...even if they don't have a choice. (I'm not sure if this is a relevant program for this survey, but thought I'd pass the thought along. In many cases it's like this if a child does not fit the established, cookie-cutter profile.)	Feb 1, 2011 10:02 PM
309	We have illegal immigrants who do not qualify for Medi-Cal so they become full cost KRC clients. We should absolutely not be providing ANY service to illegal immigrants. Also we are paying for an attorney to work on immigration matters.	Feb 1, 2011 10:49 PM
310	those who present with a moderate to severe delay	Feb 1, 2011 11:10 PM

Health Care and Therapeutic Services

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

	Response Text	
311	Give me more service back to me. For my government insurance-adult. Get back my dental plan and full service plan can be provided for the plan in Medi-Cal.	Feb 1, 2011 11:12 PM
312	All applicants who qualify should continue to receive services under the current standards.	Feb 1, 2011 11:14 PM
313	Those that need the services should receive them; too many times the Regional Center will hold up requests for those that need assistance or cause a delay in the process because of the process at the Regional Center, it could sometimes take at least a week to hear back and another week for authorization for signatures, even for emergencies.	Feb 1, 2011 11:29 PM
314	PLEASE invest time to sort out the responsibility matrix between insurers and Regional Centers in a fashion that can clearly be understood by consumers, parents, doctors and health administrators. Regional Center consumers and families should be able to get guidance on how to respond to rejections of coverage from their insurance providers, not just have the costs fall to regional centers and families. The cuts in MediCal for critical health matters should be covered by Regional Center, such as vision services, dental services, psychological and psychiatric services, and the cost of medications. Regional Center should NOT pay for non-evidence based treatments such as hyperbaric oxygen, DAN protocol treatment, even when using covered antibiotics /antivirals, and the cost of lab studies for such protocols. There can be a review panel to address individual exceptions.	Feb 1, 2011 11:30 PM
315	All disabled individuals should have their needs for medical care/services as well as thereapeutic service needs met on an ongoing basis. There is no more basic human need then to be cared for as humans by their own society. We are an advanced country and we should provide for the needs of our citizens.	Feb 1, 2011 11:38 PM
316	For anyone demonstrating financial need and have thoroughly exhausted all other options. Financial need guidelines need to be more strict, for example, setting an income requirement. Any medically necessary equipment would be covered by medical insurance. If no medical insurance, they need to demonstrate financial need.	Feb 2, 2011 12:16 AM
317	The services will be available to all customers of RCEB	Feb 2, 2011 12:37 AM
318	I believe that kids with the health and physical needs should receive these services for as long as possible, our kids need the therapy all the way through their adult age. There should not be an age limit.	Feb 2, 2011 12:41 AM
319	Each regional center should have a physician consultant available to triage unique cases involving our clients. Case Workers should not be left to make health based recommendations without the ability to consult with someone with a specialized background. This will eliminate many costly and harmful incidents of health mismanagement.	Feb 2, 2011 12:52 AM
320	All who are qualified as a SARC client.	Feb 2, 2011 1:09 AM
321	Should be given by hospitals and doctors, not the regional centers. Regional Center should be able to purchase diapers and medical equipment under certain circumstances such as not being able to qualify for MediCal (not because they are illegal aliens).	Feb 2, 2011 1:45 AM
322	I would think a doctor would recommend these services. I have no idea what Regional center pays for & what they don't. I always paid for all of these as a parent & when she was an adult she qualified for Med-i-cal & they paid some of these services. My daughter was in special school & the state covers schooling. This should be what works for most people. If the parents income is too low they have Welfare & med-i-cal.	Feb 2, 2011 2:15 AM
323	Any human who has a developmental disability and NEEDS these services should receive them.	Feb 2, 2011 2:28 AM

Health Care and Therapeutic Services

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

	Response Text	
324	Only when a formal denial of services from the agency who is required to provide such services.	Feb 2, 2011 2:46 AM
325	Services should be determined by who might need them.	Feb 2, 2011 3:24 AM
326	well shouldnt everyone? this should be a givien. of course if we had a single payer system this would be a moot point.	Feb 2, 2011 4:14 AM
327	Clearly disabled persons.	Feb 2, 2011 4:41 AM
328	Regional center clients who qualify under the Lanterman act.	Feb 2, 2011 5:51 AM
329	EVERYONE. I interned at WIC in the nutrition/dietetics rotation, and so many of those kids could have benefited with more food. In one day, I identified kids who seemed to be at risk for autism, plagiocephaly, and developmental delays; easier access to free referrals would help those kids. Nutrition should be a given, and more families should get food, the income levels are just too low, and lots of these kids are ending up malnourished. Therapy should also be available on a regular basis to everyone who desires it, as should regular medical and dental visits.	Feb 2, 2011 5:56 AM
330	Those in need. We have benefited from many services in this category.	Feb 2, 2011 8:48 AM
331	Those who can benefit	Feb 2, 2011 1:53 PM
332	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 3:33 PM
333	All health care and therapeutic services should be provided by family/consumer insurance, medicare or medi-cal.	Feb 2, 2011 3:36 PM
334	Individuals with Autism and Aspergers.	Feb 2, 2011 4:39 PM
335	Regional centers are to fund for disabilities 'directly related to their developmental disability' Substance abuse counseling, dental services, psychological and psychiatric services and psychiatric medications are NOT directly related to a clients developmental disability. Substance abuse, psychological and psychiatric services are related to their MENTAL HEALTH, not DEVELOPMENTAL disability. These should always be covered by medi cal, medical ins, or generic, county mental health agency.	Feb 2, 2011 4:52 PM
336	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 4:53 PM
337	All diagnosed developmentally disabled persons should have access.	Feb 2, 2011 5:03 PM
338	If there isn't another generic resource to cover then DDS should cover.	Feb 2, 2011 5:16 PM
339	Individuals and thdeir families who experience emotional and psychological difficulties. Most psychologists are NOT familiar with individuals with developmental disability. Psychologists and MFTs and social workers who have worked with this population are best positioned to help these individuals and their families.	Feb 2, 2011 5:29 PM
340	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 5:50 PM
341	Individuals who can benefit from ongoing therapy who can return to a higher level of function within the community. ADHC services save money from the Medi-Cal budget. With out the ADHC services many of the people in those programs would require SNF because they cannot be unsupervised during the day. ADHCs allow them to remain in their home or B&C aa a much less expensive residential care provider.	Feb 2, 2011 6:05 PM
342	Anyone who is needing these services should be able to obtain the necessary help they need and supplies they need.	Feb 2, 2011 6:06 PM

Health Care and Therapeutic Services

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

	Response Text	
343	Persons with developmental disabilities should receive serices that are comparable to that of the public. Service MUST include regularly scheduled dental care in order to prevent more serious and costly health issues later.	Feb 2, 2011 6:22 PM
344	When a family has limited or no resources for their child to receive services.	Feb 2, 2011 6:32 PM
345	a	Feb 2, 2011 6:50 PM
346	This depends on the geographical location of the service provided. In rural areas some health and therapeutic services are almost non existent. There should be limits for diaper care and incontient supplies- which would depend on degree of incontinence. Pyschiatric services should be combined with Mental health- which has not been a process that has worked well so far in my experience. Other services have been covered by Medi-cal (not PT/OP, speech, dental) but finding medical professionals who take Medi-cal is very difficult. Regional Center provides funding as payor of last resort for other issues- there should be a cap depending on need and disability.	Feb 2, 2011 6:56 PM
347	Any disabled health care needs need to be met. A lot of preventive care saves trips to ER and serious long term consequencies.	Feb 2, 2011 6:58 PM
348	Anyone needing this support should receive it. If assistance is available through another source (family insurance coverage) it should be exhausted.	Feb 2, 2011 7:11 PM
349	Other options should be considered first such as MediCal and private insurance. RC should only provide these services if all other options have been denied.	Feb 2, 2011 7:12 PM
350	Children who are medically fragile, children with significant delays and families that are unable to pay for any services.	Feb 2, 2011 7:20 PM
351	All RC clients, based on assessed need	Feb 2, 2011 7:25 PM
352	I feel that the RC should be able to assist famiiles who cannot afford the cost of genetic testing and counseling services in cases where our medical director recommends genetic testing and counseling.	Feb 2, 2011 7:41 PM
353	Individuals with Prader-Willi Syndrome require these services.	Feb 2, 2011 7:47 PM
354	Eliminate the non medical therapies, diapers and supplements from the standards.	Feb 2, 2011 8:30 PM
355	I don't believe the RC should be expected to fund therapeutic services that are experimental. If an exception is made it needs to be done by a standard established by the state and that it would not be done in the Fair Hearing process where judges have their own oppinion. We get different decisions by judges which empowering families to fight. I think we should not be funding individuals that are in our country illegally. RC sould be expected to fund only services that are related to the disablity. We shouldn't be involved with Dental stuff unless it's due to the disablity ie they need sedation because they won't allow anyone to look in their mouth. The services were to assure consumers had the services everyone else had not to give them services that everyone else has to provide for themselves or do with out.	Feb 2, 2011 8:42 PM
356	IF demonstrated need is part of an IEP or IPP then the consumer should receive the services. My daughter did not benefit from services that were off-site even though they were provided but had they not been a part of the school program I would have elected to continue to receive them.	Feb 2, 2011 8:46 PM
357	Health care and therapeutic services should only be provided by regional center when services are NOT provided by MediCal, Health Insurance or CCS. Nursing services should only be provided when the services needed exceed the services that a parent would provide to a typically developing child. Medical nutrition therapy should be provided to children with feeding issues, obesity or documented poor growth or weight gain	Feb 2, 2011 8:59 PM

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

	Response Text	
358	I think trying to standardize a population that is considered non-typical by all standards would gravely impact any possibility of each client to explore options that would improve their lives. My daughter has Angelman's Syndrome, about 1,000 in the world. She, 27, is unique even within that group. Her functional development improves with new techniques, and I search for challenging experiences that can be adjusted to her needs. I work with many groups in an attempt to allow her to realize her fullest potential. The thought of Service Standards being applied to my daughter would be cruel and injurious to any potential improvement she might enjoy. I work hard to be my daughter's advocate and share those benefits with those that she encounters. We all overlap on some level. My life is not standard and I constantly look for ways to improve the way I work and live. I believe improving life is something we all deserve.	Feb 2, 2011 9:23 PM
359	keep doing	Feb 2, 2011 9:25 PM
360	Only for Consumers who do not qualify under the parents insurance or Medicare.	Feb 2, 2011 9:32 PM
361	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
362	My only comment is that is it is not rational to provide emergency services to non residents that eat up Medi-Cal dollars when resident children/adults must do with out. I realize it is very costly to care for a person with special needs but with a federal health plan that would mandate private insurance companies to provide services to adult permanently disabled chilldren/relatives in a household s care, it would help the state immensely or let the state help cover the premiums for those who need the help...Or in my case..allow me to add my daughter to my Medicare plan and I could pay a small copay on a premium. Or offer a stipend or tax credit to those who could afford a bit more...	Feb 2, 2011 9:33 PM
363	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 9:34 PM
364	If a consumer needs it they should receive health care or therapeutic services	Feb 2, 2011 9:38 PM
365	critical	Feb 2, 2011 9:39 PM
366	Health care services that are deemed necessary for functionality I see as a standard. The purchase of diaper or nutritional supplements were not available to my disabled adult daughter and we were a young family with few resources. I feel that it is the parents responsibilty to provide.	Feb 2, 2011 9:46 PM
367	Persons with mental health, health/safety needs.	Feb 2, 2011 10:02 PM
368	Any child under age 18 with any developmental delay.	Feb 2, 2011 10:02 PM
369	Quality of life should be decided by technology available not ability to pay. This is suppose to be the United States of America! the most compassionate and wealthy country in the world. Take care of our own first!	Feb 2, 2011 10:03 PM
370	*Individuals who may be at risk *Individuals who need it according to their health necesities	Feb 2, 2011 10:04 PM
371	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

Health Care and Therapeutic Services

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

	Response Text	
372	all those that required it as per an individual's IEP, specific diagnosis, or other documentation that specifies the needs of the individual.	Feb 2, 2011 10:13 PM
373	I think that all medical services should be paid for and provided by other sources (insurance, etc.) first. If a client does not have alternate sources of assistance, then regional centers should step in to provide those necessary services.	Feb 2, 2011 10:17 PM
374	my son as a non medical user, we do NOT qualify for any medical serives provided by doctors, nurses, or other helpers. The school district is the only who offers speech therapy and occupational therapy because these are the needs that my sons has according to the school district. the new research shows that biomedical treatments for patients of autism can benefit but these treatments are not cover by insureance and also way out of our budget to cover w/ out of pocket. It is unfortunate, that patients can not receive treatments due to lack of money.	Feb 2, 2011 10:28 PM
375	any person with a disability that needs a specific service in order to learn, grow and become better. A person who is non-verbal should be provided a communication device - upgraded as technology improves to life. A person who cannot walk, should be provided a wheelchair and or scooter to become mobile - for life.	Feb 2, 2011 10:32 PM
376	A citizen of the United States, who is diagnosed with a Developmental Disability.	Feb 2, 2011 11:07 PM
377	Those in need of physical therapy, occupational therapy, speech pathology, specialized therapeutic services and medications.	Feb 2, 2011 11:09 PM
378	all individuals who have no other source for these services.	Feb 2, 2011 11:11 PM
379	Any persons who are diagnosed within the Autism Spectrum, or with developmental disabilities who are 30% or more delayed.	Feb 2, 2011 11:14 PM
380	Regional center professionals should determine the need for services- a team of professionals working within a budget to determine the most effective strategy for the disabled individual.	Feb 2, 2011 11:21 PM
381	I do not support POS service standards. Services must be individualized.	Feb 2, 2011 11:31 PM
382	Disability children and adult who has speech, sensory integration sensitivity and fine and gross motor/mobility issues.	Feb 3, 2011 12:04 AM
383	These services should be provided on a sliding scale based on income.	Feb 3, 2011 12:27 AM
384	Any person with diability as no insurance company will accept them.	Feb 3, 2011 12:36 AM
385	Same answers as previous page	Feb 3, 2011 12:44 AM
386	Regional Centers should not pay for most Health Care and Therapeutic Services. Regional Centers should not pay for medical visits, nursing services, laboratory and radiological services, respiratory therapy, physical therapy, occupational therapy, speech pathology, specialized therapeutic services, substance abuse treatment, dental services, psychological and psychiatric services, and medications. The only services provided by a licensed medical practitioner that should be funded should be those used to determine eligibilty for Regional Center services. The Regional Centers are not health insurance companies. Regional Centers should not pay for the purchase of diapers, nutritional supplements, medical equipment or supplies, and non-medical therapies. Genetic counseling may be funded.	Feb 3, 2011 12:45 AM
387	Regional centers should assist ALL adult clients in having annual examinations and making sure that they get the health care services they need. For those under age 18, regional centers should work with families.	Feb 3, 2011 12:45 AM
388	All children at risk and their families wither through Regional Center or provider agencies with or without insurance coverage. If there is insurance, payment should be required. If there is no insurance, co-payment of some type should be required as negotiated through the provider agency or Regional Center.	Feb 3, 2011 12:52 AM

Health Care and Therapeutic Services

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

	Response Text	
389	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 12:58 AM
390	anyone in need of these services should get them. anyone with a disability should be eligible for these services	Feb 3, 2011 1:30 AM
391	All developmental disabled that have been qualified.	Feb 3, 2011 1:35 AM
392	N/A	Feb 3, 2011 1:55 AM
393	those who have a diagnosis and can be helped by the services	Feb 3, 2011 1:55 AM
394	Base it on need of course	Feb 3, 2011 2:19 AM
395	all children needing any type of special needs services should be able to receive them	Feb 3, 2011 2:59 AM
396	Anyone who cannot get healthcare through insurance or who cannot get work or private health insurance. I personally applied for medical insurance for for my son. I do not receive it through a job, so applying for personal coverage was my only option. Although my son is perfectly healthy in all ways other than his autism diagnosis, he was turned down by every insurance company I applied for.	Feb 3, 2011 3:12 AM
397	As soon as developmental milestones have not been reached. Early intervention.	Feb 3, 2011 3:29 AM
398	people of need elderly, disabled, people with serios injuries,babies	Feb 3, 2011 4:58 AM
399	all who qualify	Feb 3, 2011 5:08 AM
400	Any disabled person	Feb 3, 2011 5:48 AM
401	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 6:05 AM
402	All qualified.	Feb 3, 2011 6:46 AM
403	All people in need.	Feb 3, 2011 6:48 AM
404	The consumer's doctor need to determine if Health Care and Therapeutic Services are necessary. Or if the consumer doesn't have a regular doctor, the Regional Center needs to refer the consumer to a doctor for evaluation.	Feb 3, 2011 7:13 AM
405	Any client of the RCs who need them and these services are not provided through their health plans.	Feb 3, 2011 7:16 AM
406	all CVRV clients ...and they are the last payor	Feb 3, 2011 7:41 AM
407	Any child who is suspected of having a disability (either by parents or doctors).	Feb 3, 2011 8:09 AM
408	Consumers on SSI should receive assistance with the purchase of diapers. They are already on a limited budget and to pay for incontinence supplies severly restricts their budget. Dental care should be universal.	Feb 3, 2011 3:35 PM
409	Clinics such as the "STAND" clinic at Sutter Hospital should be supported and expanded for a major whole in healthcare services for the disabled 18-adulthood. There are many doctors in CA who do not want to treat the developmentally disabled.	Feb 3, 2011 4:15 PM
410	The Regional Centers should maintain a list of providers and consultants for each of these areas who accept Medi-Cal reimbursement and who are able to provide services to people who have developmental disabilities. As much as possible, these services should be provided by outside agencies and generic resources.	Feb 3, 2011 4:24 PM
411	Autism, all.	Feb 3, 2011 4:41 PM
412	Alll who need the services as the budget will allow, reduced to those with specific health and safety needs as resources diminish	Feb 3, 2011 5:12 PM
413	Everyone should receive healthcare. Substance abuse, psychiatric and psychological services are currently deficient and non existant.	Feb 3, 2011 5:16 PM

Health Care and Therapeutic Services

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

	Response Text	
414	for diaper purchase, only for those who are over the age of when children usually need/use diapers. Service should only be provided when related to disability that qualifies them for RC services.	Feb 3, 2011 5:18 PM
415	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 3, 2011 5:21 PM
416	All children who demonstrate a need.	Feb 3, 2011 5:37 PM
417	for children there shouldbe a certain amount that parents are responsible for. They should always be required to get an insurance denial before services are provided by the regional center. Genetic counselingis not a necessary service. If aclient needs 24 hour nursing then living in home should not be allowed. Parents should not be allowed to be vendored to provide these services all should go through an agency to avoid fraud	Feb 3, 2011 5:38 PM
418	Disabled children and adults from low to middle income range.	Feb 3, 2011 5:42 PM
419	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 5:43 PM
420	Regional center consumers with medical diagnoses directly related to their developmental disability. Nursing for LVN or RN level of care needs if EPSDT services are not applicable or available. Speech, physical and occupational therapy for those age 0-3 years without insurance coverage for prescribed need. School age children with CCS services shall receive medical therapy from regional center only if it is prescribed and subsequently denied by CCS or MediCal. Clinical psychiatric services or neurological care for consumers shall be provided if there is a documented clinical unmet need for such care covered by their medical insurance or CCS after review by regional center medical consultant. Diapers shall be funded for children over the age of 4 years unless age 5 or over has MediCal coverage. Medical equipment must be related to the developmental disability and all generic resources for funding must be exhausted. Occupational therapy assessment of DME or daily living needs in the home of the consumer shall be evaluated for those who do not have CCS coverage. Nutrition supplement shall be prescribed and denied by medical insurance and CCS prior to consideration of funding.	Feb 3, 2011 5:47 PM
421	Eliminate Reg Ctr eligibility fior 5th catagory	Feb 3, 2011 5:49 PM
422	those who need these serveices	Feb 3, 2011 6:00 PM
423	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 3, 2011 6:29 PM
424	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 6:30 PM
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 6:37 PM
426	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 6:49 PM
427	developmentally challenged individuals should be receiving these services.	Feb 3, 2011 6:50 PM
428	We need HOME VISITS for children with severe autism who are very diffuclt to get into a doctor's office	Feb 3, 2011 6:57 PM
429	Medi-Cal should cover these expenses for the DDS person.	Feb 3, 2011 7:01 PM
430	Individuals with devleopmental disabilities who are unable to support themselves.	Feb 3, 2011 7:09 PM

Health Care and Therapeutic Services

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

	Response Text	
431	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). **Please note as a result of AB9 we are seeing an increase of obesity in the developmental disabled group - by taking away exercise programs that were meeting the individuals needs the State and the DDS has created a mechanism for dibeties and heart disease that will cost the State and Federal Gov far more monies in the next 5 years in medical care and medications. Where as the provided prevention services would have saved monies and lives.	Feb 3, 2011 7:15 PM
432	Those who are disabled in any way in need these services to function and thrive.	Feb 3, 2011 7:21 PM
433	those clients identified with or at risk for disability	Feb 3, 2011 7:32 PM
434	people with development/mental illness. They cannot work and provide for themselves the way you and I can. They have an excuse. They need these services with in reason. I know a care provider that had a closet full of diapers and no rinse soap she had collected from her pharmacy which was paid for by our tax $. Their needs to be proof of incontency and then only a certain number amount given for free.	Feb 3, 2011 7:41 PM
435	Disabled adults and children that are deemed such by a doctor or therapist.	Feb 3, 2011 7:44 PM
436	Anyone who has been assessed with the needs through an IPP	Feb 3, 2011 7:45 PM
437	Every child has different disabilities. I feel every child in need should have the ability to receive Regional Center's services. Our child was lucky enough to have a mild case. But, within the past year we have been able to observe other children who have not been as lucky. Every child in need of their services should have the option to succeed.	Feb 3, 2011 7:47 PM
438	Everyone should recieve these services if they need them.	Feb 3, 2011 7:51 PM
439	Dental services. Consumers who are mentally and physically disabled and must be sedated for ANY dental work. Who can get no other insurance.	Feb 3, 2011 7:51 PM
440	These sevices are already checked by licensing personel. Why do you needthe regional center to check what has already been checked?	Feb 3, 2011 7:53 PM
441	Those who could be a ward of the state if their families did not care for them.	Feb 3, 2011 8:00 PM
442	Health care services should be available to everyone.	Feb 3, 2011 8:13 PM
443	Only those who can actually benefit from the service, who have a prognosis indicating that improvement is likely.	Feb 3, 2011 8:14 PM
444	I was unaware of the fact that my child could receive medical visits, nursing services, laboratory and radiological services, genetic counseling, respiratory therapy, speech pathology, specialized therapeutic services, dental services, psychological and psychiatric services, and medications. These services also include the purchase of diapers, nutritional supplements, medical equipment or supplies, and non-medical therapies. My son only gets physical therapy, occupational therapy and I was never informed or was denied anything else I would inquire about.	Feb 3, 2011 8:15 PM
445	Children that need early intervention to treat delays in development	Feb 3, 2011 8:17 PM
446	Services for those with a written diagnosis in addition for those without a label who have the potential for learning/health/mental/speech differences issues.	Feb 3, 2011 8:33 PM
447	Therapeutic services have been a huge factor in keeping everyone sane. It is paramount for most of these people who have difficulty in this area.	Feb 3, 2011 8:45 PM
448	Any client who would benefit in bettering behavior, more cognitive development and promoting good self-worth.	Feb 3, 2011 8:46 PM

Health Care and Therapeutic Services

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

	Response Text	
449	A service standard would be to not cut the service to the consumer. Cutting people low on the food chain is Darwinistic and wrong. People reply on services to help them. Take from the Capitalist. This Government is not working for the people but only for Capitalism. Anyone who is in need of the service should and must receive them, all of them.	Feb 3, 2011 8:49 PM
450	Those developmentally involved individual with pain, deformity, or other medical conditions requiring care.	Feb 3, 2011 9:14 PM
451	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 9:17 PM
452	Standards about who should receive them are necessary. I don't have any suggestions.	Feb 3, 2011 9:31 PM
453	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 9:41 PM
454	A developmental disability with qualifying criteria should determine who receives these services.	Feb 3, 2011 9:44 PM
455	n/a	Feb 3, 2011 9:53 PM
456	Any client that can not receive these services from any other generic resource. Needed services such as substance and Alcohol Abuse counseling and Anger Management Counseling, are often not provided to Regional Center clients because they say they can not work with them.	Feb 3, 2011 10:07 PM
457	If someone has a reasonable opportunity to make gains in their speech, for example, it makes sense to purchase 6 months of speech therapy. If they attend their appointments, and they are making gains, then the service should be continued. If they do not attend their appointments (like 80% of appointments), then the services should be discontinued, and they should not be able to reapply for 2 years or some similar length of time.	Feb 3, 2011 10:10 PM
458	If the pathology continues to exist, and benefit is shown, should continue	Feb 3, 2011 10:34 PM
459	Those clients with Down Syndrome who need it should receive speech therapy from a licensed speech therapist inorder to increase their ability to be employed.	Feb 3, 2011 10:50 PM
460	All of our clients have a right to heallth care.	Feb 3, 2011 11:07 PM
461	Current consumers and all who need in the future.	Feb 3, 2011 11:10 PM
462	All families with a specific need and not able to afford it on their own should receive these services.	Feb 3, 2011 11:11 PM
463	Level of approval for authorizations should be at a licensed professional's level (i.e. physicians should give approval for medical service authorizations).	Feb 3, 2011 11:11 PM
464	Children or adults that have a disability to receive therapeutic , PT OT therapy that has problems with walking, (stroke victims) physically and mentally challenged that Therapy would help them to move and make the pain or teach the body to be more able to move and not hurt.	Feb 3, 2011 11:31 PM
465	All disabled individuals need access to health services to ensure their proper health. It is especially critical for those who develop long term disease such as diabetes, lung disease or heart disease. They need assistance to make sure that they take their medications, use of oxygen, etc.	Feb 3, 2011 11:32 PM
466	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 11:43 PM
467	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 12:45 AM
468	Proper evaluation should be administered to evaluate how this will impact and help daily living and especially important in our children for allowing them to get early intervention and care	Feb 4, 2011 12:48 AM

Health Care and Therapeutic Services

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

	Response Text	
469	All clients should have access to health care needs.	Feb 4, 2011 12:54 AM
470	Those who require any of the above services, who have exhausted other avenues to obtain said service, should receive them.	Feb 4, 2011 12:56 AM
471	The Health care services are ESSENTIAL for the survival of the families and the consumer. A large proportion of persons with disabilities like my son would not be alive without health care and therapeutic services. Handicapped persons who are not able to function on their own.	Feb 4, 2011 1:14 AM
472	These services should be eliminated from the Regioanl Center systems.	Feb 4, 2011 1:26 AM
473	These services and supports are imperative to maintain a good quality of life for many adults with disabilites. I do not believe that purcase of diapers should be included in this area.	Feb 4, 2011 1:33 AM
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 4, 2011 1:50 AM
475	Consumers with lifelong disabilities	Feb 4, 2011 1:51 AM
476	I don't think there should be service standards for any of the following topics whether it is transportation, early start, or residential. Everyone is different and everone's disability is manifested differently therefore, it is not fair for the individual with the disability to have to follow standards based on their disability. You are not treating the individual if you follow standards. They will thrive and grow more if you treat everyone individually based on how they present and how they learn rather than lump them under one category and treat everyone the same.	Feb 4, 2011 1:55 AM
477	Only US citizens!	Feb 4, 2011 2:05 AM
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 4, 2011 2:06 AM
479	these items are very important to a client with disabilities. taking away these services can result in poor health, if need be take from the day car and work programs. how can you take diapers and therapy away...	Feb 4, 2011 2:07 AM
480	See earlier section related to Early Start with specifics about PT, OT, speech, and specialized therapy services for that population. Most of the services specified above are medical, but there are limits to what MediCal will provide. Similarly, it is very difficult to find providers who have experience with our population in all of these specialty areas. Most of these services should be covered by the medical insurance and should only be funded by the Regional Center if insurance will not pay. This is also true for medical equipment and incontinence supplies. The insurance should be considered first, including perhaps exhausting appeal process. However, this would necessitate knowledgeable staff to help families or consumers navigate their insurance plans. Consumers should not be bounced back among, for example, CCS, school, insurance and regional center for a piece of equipment needed for the consumer's daily functioning and development.	Feb 4, 2011 2:14 AM
481	Proper dental, medical, and therapeutic services are necessary to keep individuals as healthy and stable as possible.	Feb 4, 2011 2:19 AM
482	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
483	autisc consumers in out of home placement should be offered ABA from CVRC children ages 3-10years	Feb 4, 2011 2:54 AM
484	I think these services are much needed if the consumer shows a realneed for it.	Feb 4, 2011 2:56 AM
485	Based on the need of the chilled all of the should get it.	Feb 4, 2011 3:05 AM

Health Care and Therapeutic Services

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

	Response Text	
486	This is determined by the persons IPP.	Feb 4, 2011 3:34 AM
487	Any child diagnosed with ASD should be evaluated for sensory integration occupational therpay. This a very specialized form of OT that is designed to help inegrate a child's 5 senses. Kids who don't have treatment can become disruptive and disfunctional in otherwise normal situations due to their overwhelming inabililty to process the information that they are reciveing from their senses. Speech must also be evaluated as many of these kids can't communicate appropriately.	Feb 4, 2011 3:35 AM
488	ANY ADULT of CHILD with a dx of ASD	Feb 4, 2011 3:40 AM
489	Medically fragile clients who are able to live at home with their families verses living in a nursing facility. The home environment is important for proper development emotional well being.	Feb 4, 2011 4:05 AM
490	THIS is essential.... each individual must receive what is needed for their mental and physical well-being!!	Feb 4, 2011 4:49 AM
491	Consumers who have a clear well documented history of needing specialized medical care should continue getting services. I have experienced consumers with mental illness waste resources by claiming to have medical illness. The doctors are quick to perform expensive test without exploring cheaper options. Specialized medical services should be available only to those who qualify. I've had several nursing services visit my facility. I think this is a waste of money, because my consumers were not chronically ill. They were up to date with their medical check ups. Psychiatric, psychological, speech therapy etc. should remain in place and available for consumers who truly need it. I've had a nutritionist visit me home numerous times and conduct a host of seminars each year at the regional center. Special diets can be provided by a doctor. The state can save money by having providers go online and complete a seminar on nutrition.	Feb 4, 2011 5:00 AM
492	same as my previous notes. Legal citizens should have the first opportunity over illegals. If a parent is illegal and the child was born here, then the parent should be a tax payer and be able to prove this to be.	Feb 4, 2011 5:11 AM
493	see previous statements	Feb 4, 2011 5:28 AM
494	Those who are most severely disabled and/or demonstrates the most dire need and have no other means to aquire these services	Feb 4, 2011 5:50 AM
495	Anyone with disabled Dx.	Feb 4, 2011 5:56 AM
496	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 6:39 AM
497	All person with diagnosis of autism spectrum, ADHD, Asperger, mental disorder.	Feb 4, 2011 7:29 AM
498	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 7:33 AM
499	Individuals who have shown benefit from such services	Feb 4, 2011 2:27 PM
500	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 3:16 PM
501	I was not even aware that some of these services were available through IRC.	Feb 4, 2011 3:54 PM
502	Only those that actually need the service. Many times a consumer will be receiving services only because that is the way its always been.	Feb 4, 2011 4:15 PM
503	I think therapies offered in Early Intervention should be continued. My son, with cerebral palsy, no longer gets PT or OT or speech therapy since Alta says the school is supposed to do that but the school says that since he is in a class where all the kids have disabioities that the teacher does therapy with all the kids. I think ALta should help him get 1:1 therapy still, eiother during school or after school. I feel like we fell off a cliff when he turned 3	Feb 4, 2011 4:45 PM
504	Person should be concidered if they are financial unable to provide.	Feb 4, 2011 4:46 PM

Health Care and Therapeutic Services

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

	Response Text	
505	Same as previous section	Feb 4, 2011 4:54 PM
506	Kids with special needs.	Feb 4, 2011 4:59 PM
507	Services should be giving to all the children that qualifies. A doctor or other health professional should make the determination.	Feb 4, 2011 5:05 PM
508	Individuals whose IPP team has identified as having a need for services as decribed in the Lanterman Act	Feb 4, 2011 5:11 PM
509	Consumers who have a disability certified by a medical professional. Consumers should be legal residents of the US.	Feb 4, 2011 5:12 PM
510	Children who have developmental and physical needs.	Feb 4, 2011 5:41 PM
511	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 5:43 PM
512	Medicaid/Medicare should be the first payer for these services. Any service, medication, tests or therapy beyond what Medicaid/Medicare will pay should be justified by a medical professional and deemed medically necessary for that person to prevent a decline in physical/mental health, or death. The medical professionals providing this justification should be part of a pool of people approved by DDS. Specialized therapeutic services should be proven therapeutic services that has been tested and shown to provide results for the condition for which it's being sought. Experimental therapies, vitamins, nutritional supplements, etc., not shown to provide a benefit, should not be funded.	Feb 4, 2011 5:55 PM
513	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 6:10 PM
514	Individuals who have difficulties in	Feb 4, 2011 6:10 PM
515	People identified as eligible and with substantial disabilities in corresponding areas.	Feb 4, 2011 6:31 PM
516	Developmentally disabled adults 18 and over.	Feb 4, 2011 6:35 PM
517	Infants and children who require the health care and therapeutic services above should be entitled to them during the early formative years. They are helpless victims of nature and every effort should be made to assist them in growing into the healthiest and most highly developed children that they can be.	Feb 4, 2011 7:01 PM
518	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 7:06 PM
519	The same as previous #1.	Feb 4, 2011 7:17 PM
520	Anyone who needs it	Feb 4, 2011 7:30 PM
521	Developmentally disabled adults and children	Feb 4, 2011 7:37 PM
522	As needed	Feb 4, 2011 7:40 PM
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 7:49 PM
524	Occupational therapy, speech therapy and physical therapy clinics should be held on a regular basis so that parents can bring in children to be evaluated and therapists can make recommendations to parents and early intervention specialist. For children who meet criteria for therapy, therapy needs to be implemented without waiting for months to see if insurance will cover it.	Feb 4, 2011 8:01 PM
525	persons with learning disabilities and health disabilities	Feb 4, 2011 8:07 PM
526	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 8:13 PM
527	Those whose IPP team has indentifed has a need for these services.	Feb 4, 2011 8:36 PM

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

	Response Text	
528	These are basic needs for our clients and should be provided or supplemented when MediCal is not sufficient.	Feb 4, 2011 8:44 PM
529	hose individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 4, 2011 8:54 PM
530	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 9:17 PM
531	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 9:26 PM
532	IPP should define	Feb 4, 2011 9:33 PM
533	All eligible to be clients should be also be eligible for an annual evaluation with an interdisciplinary staff. That way RC can evaluate the actual need on an individual basis. This should include the parents training as to what is available in the cmmunity, via their health insurance, medical, etc... That way RC can cover only what is still needed. RC should not be responsible for anything that an ordinary child would need (i.e. Diapers through 3 years old), but WOULD cover / assist in getting coverage for non-ordinary expenses.	Feb 4, 2011 9:38 PM
534	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 9:54 PM
535	It should be up to the family or regional center representative	Feb 4, 2011 9:57 PM
536	EVERY CHILD, without partiality, in need of such services should receive these services...how could any human who belongs to the True and Living God do/think otherwise? How can this even be an issue?	Feb 4, 2011 9:59 PM
537	You want to set limits on who can receive medical care?! We already have people who lost their dental and are now living with horrible pain in their mouths. Eliminating things like preventative dental just means that when there is an emergency, you (the person, tax payers, the stat) end up paying more for the issue because it's way more serious and needs to be treated in an emergency room.	Feb 4, 2011 10:04 PM
538	Those individuals whose Individual Program Plan team has identified a need dor these services, as described in the Lanternman Act Section 4646(a) - (d)	Feb 4, 2011 10:04 PM
539	ALL families and children with developmental disabilities should receive these services	Feb 4, 2011 10:07 PM
540	Alta consumers.	Feb 4, 2011 10:15 PM
541	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act.	Feb 4, 2011 10:20 PM
542	The state must invest time to sort out the responsibility matrix between insurers and Regional Centers in a fashion that can clearly be understood by consumers, parents, doctors and health administrators. Regional Center consumers and families should be able to get guidance on how to respond to rejections of coverage from their insurance providers, not just have the costs fall to regional centers and families. The cuts in MediCal for critical health matters should be covered by Regional Center, such as vision services, dental services, psychological and psychiatric services, and the cost of medications. Regional Center should NOT pay for non-evidence based treatments such as hyperbaric oxygen, DAN protocol treatment, even when using covered antibiotics /antivirals, and the cost of lab studies for such protocols. There can be a review panel to address individual exceptions.	Feb 4, 2011 10:35 PM
543	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 10:36 PM
544	These services need to be indicated and instituted on order or direction of licensed personnel for specific indications and in compliance with medical necessity and indications.	Feb 4, 2011 10:42 PM

Health Care and Therapeutic Services

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

	Response Text	
545	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 10:43 PM
546	Health care needs to be shouldered by the states/federal health programs. I do not think the regional center should pay for any health care services. OT, PT and Speech can be given until 3 years only.	Feb 4, 2011 10:45 PM
547	Of course, someone should be seen when they are sick but requiring all clients in ICF/DD-N & H facilities to be seen at least every 60 days (sick or not) is ridiculous----huge waste of money!!! Also clients are taken to the emergency room on a regular basis for minor things just so the facility will not be cited/fined by Licensing in case it turns out to be more serious. Some clients in these facilities go to ER everytime the cough. As far as the other disciplines----use some common sense---if you ask them for a needs evaluation the recommendation will always be that "the service is needed" because that is how they make their money. Use the primary care physician for referrals just like an HMO works.	Feb 4, 2011 11:00 PM
548	Services should remain the same.	Feb 4, 2011 11:02 PM
549	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 11:13 PM
550	Those who qualify for Regional Center Services. Those who need extraordinary services for which their insurance does not pay should be helped when they meet income standards.	Feb 4, 2011 11:20 PM
551	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 11:20 PM
552	All regional center client should be eligible to receive these services	Feb 4, 2011 11:22 PM
553	This should be in the medical system (insurance or medicare/medical). DDS shouldn't add this to their list of financial burdens. Specific legislation has been passed so that insurance companies can't refuse to pay for ancillary services (speech therapy, OT) for developmentally disabled children.	Feb 4, 2011 11:36 PM
554	Health and therapeutic services paid for by regional centers should be related to the primary deficits associated with the consumer's eligible condition only. Coverage of secondary issues might be considered if those issues adversely impact a primary problem and there is no generic resource to address it. Ex: Seizure disorders require medication for control (primary problem), and if the medication has side effects like, gum disease (a secondary problem), the health plan should be pursued first for dental services, but if dental services are not covered and the consumer is still on a medication for control that has such consequences, some assistance in dental care should be considered because gum disease has severe consequences on health. Non-medical/developmental therapies, like the DIR/Floortime model for young consumers with autism, should be considered an option as I see it, particularly when consumers lack basic foundations of communication and engagement (milestones 1 - 4 in the DIR hierarchy) that are not reached through their educational services. It is a model/approach that can be incorporated into the practices of a licensed OT, ST, PT, MFT, LCSW, or Psychologist. However, these service providers need to go through the training to understand the model, which is now available.	Feb 4, 2011 11:43 PM
555	Payment for health care services	Feb 5, 2011 12:01 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 5, 2011 12:09 AM
557	Person whose need has been established by the IPP team. Lanterman ACt 4646	Feb 5, 2011 12:10 AM
558	Any clients that are unable to receive these services through their school district or unable to receive benefits through health insurance.	Feb 5, 2011 12:13 AM

Health Care and Therapeutic Services

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

	Response Text	
559	Any individual on the autistic spectrum who needs support above and beyond what their insurance is able to provide.	Feb 5, 2011 12:26 AM
560	AUTISM	Feb 5, 2011 1:11 AM
561	again reason, compassion, being positive, avoiding insitutionalization, creativity and consistency and do not give up.	Feb 5, 2011 1:23 AM
562	Individuals whose medical or psychiatric treatment needs are not reasonably met by private resources or other available generic resources. Therapy services should be time-limited based on best practice standards or by availble empirical studies.	Feb 5, 2011 1:42 AM
563	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 5, 2011 2:16 AM
564	My son [redacted] who is 5 years old and diagnosed with Autism Spectrum Disorder	Feb 5, 2011 3:40 AM
565	Should be based on assessed need and reviewed at least yearly.	Feb 5, 2011 3:44 AM
566	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 3:55 AM
567	Those under poverty limits; sliding scale for those above . . .	Feb 5, 2011 3:59 AM
568	Only those with second opinion stating special service is needed	Feb 5, 2011 4:06 AM
569	disabled people and old people who can't afford to pay for these services	Feb 5, 2011 4:06 AM
570	adults and children who have cerebral palsy and autism. (PT,OT and speech if appropriate)give coupons for baby diapers and mail order catalogs for adult maxi pad like protection	Feb 5, 2011 4:11 AM
571	All the above areas should be included.	Feb 5, 2011 4:16 AM
572	Any child with a delay should have the option of receiving therapeutic services. If a child is delayed 25% in any one area, they should be allowed therapy in that area. It should not be a requirement for a child to be delayed 50% or more in three or more areas as this is very restrictive for the child.	Feb 5, 2011 5:39 AM
573	Every disabled person should receive the medical and health care they need for primary, secondary and tertiary prevention.	Feb 5, 2011 5:48 AM
574	Individuals whose IPP team has identified a need for these services	Feb 5, 2011 6:40 AM
575	People whose IP Team has identified a need for these services. See Lanterman Act.	Feb 5, 2011 2:46 PM
576	We take care of any medical service necessary for our daughter,	Feb 5, 2011 4:05 PM
577	Infants under the age of 3 should not receive the diaper, nutritional supplement services because it is the parent's resposibility. Persons who will not be rehabilitated by the services should not receive them. Substance abuse treatment should only be provided once and then parents should pay for services or the consumer him/herself should pay.	Feb 5, 2011 4:25 PM
578	WE have experience with OT and speech therapy only! I think al of these services are vital for people with special needs.	Feb 5, 2011 5:00 PM
579	Every Special Needs child that needs help from a speech therapist, a physical therapist, and any other treatment that the child needs for their disability.	Feb 5, 2011 5:15 PM
580	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 5:23 PM
581	Everyone who needs them as determined by a medical professional. Medi-cal only covers the bare necessities and is cutting funding all the time.	Feb 5, 2011 6:22 PM
582	All applicants who qualify shoudl continue to receive services under the current standards.	Feb 5, 2011 6:27 PM
583	Those with low income.	Feb 5, 2011 6:27 PM

Health Care and Therapeutic Services

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

	Response Text	
584	same as first set	Feb 5, 2011 6:39 PM
585	Should be available to all regional center consumers	Feb 5, 2011 8:02 PM
586	All those in the system should have access to these services	Feb 5, 2011 8:13 PM
587	please refer to all of my comments under the area of Early Intervention as I am not sure which topic area is more relevant to my concerns and suggestions.	Feb 5, 2011 9:02 PM
588	Assessment to determine needs	Feb 5, 2011 10:10 PM
589	Those person who are not able to afford such services as; physical and occupational therapy.	Feb 5, 2011 10:40 PM
590	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 10:53 PM
591	Any one who recieves services from the Regional Centers should recieve these services	Feb 6, 2011 3:55 AM
592	"Purchase of Service Limits" is a more appropriate name than "standards."	Feb 6, 2011 5:12 AM
593	Regardless of any suggested standards, the consumer, the consumer's parents and/or caregivers and consumer's teachers and other school service providers where applicable the consumer's parents and/or caregivers must still have input regarding health care and therapeutic 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 5:39 AM
594	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 6, 2011 5:54 AM
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 6, 2011 4:33 PM
596	Those with disabilities.	Feb 6, 2011 5:01 PM
597	individual with disability and confine in wheel chair who can't use their body to function.	Feb 6, 2011 5:57 PM
598	Any clients of the Regional center with medical, psychological, or psychiatric needs.	Feb 6, 2011 7:59 PM
599	These service should be made available to all regional center consumers regardless of their parents financial status. I adopted a disabled child but she was never in foster care. I was divorced and received some child support on occasion from my estranged ex-husband. She was denied payment for extensive medical bills because the child support I was supposed to be receiving was considered her income, whether I was paid or not. This is clearly discriminatory against children in divorced families	Feb 6, 2011 8:37 PM
600	Any client of regional center who has an unmet need in these areas that is not met by another source.	Feb 6, 2011 10:50 PM
601	Services should be provided on a case-by-case basis.	Feb 7, 2011 2:00 AM
602	Dental care has become very dangerous for the clients. Most have to be sedated. Here is one example; Client 'X', had a front tooth and a molar loose. Here is the new solution that in my opinion is very dangerous for the client. We had to take client "X' to a dentist for a consultation. The dentist upon looking at the client said; this person needs to be sedated. Nothing was done. His recommendation was to go to another dentist that can sedate client 'X' jut to say that the tooth and teeth have to be removed. After this dental appointment we have to take the client to another dentist for the extraction. The client has to be sedated once again! DOES ANYONE CARE ABOUT THESE PEOPLE??	Feb 7, 2011 2:11 AM
603	Individuals who, because of their disabilities, cannot otherwise qualify for these services. For example, if a disabled individual is not able to find employment, he/she will not be able to receive health insurance benefits through his or her employer.	Feb 7, 2011 4:21 AM

Health Care and Therapeutic Services

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

	Response Text	
604	preemies, children and adults with developomental challenges	Feb 7, 2011 5:10 AM
605	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 7, 2011 5:11 AM
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 7, 2011 6:37 AM
607	Clients that do not qualify for funding from any other source and require the services to live as close to a normal life as possible.	Feb 7, 2011 3:45 PM
608	People whose Individual Planning (IP) Team has identified a need for these services. See Lanterman Act.	Feb 7, 2011 5:44 PM
609	Every person whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 7, 2011 6:39 PM
610	People who really need them. I think sometimes the Regional Center throws money at problems that is not justified. For example speech pathology for a school age child. The school should provide the service and the parents should be trained to inplement the strategies.	Feb 7, 2011 6:49 PM
611	As mentioned in the first section of questions.	Feb 7, 2011 8:26 PM
612	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 10:04 PM
613	I think that what ever it takes to keep the child in their home in a safe enviroment is critical. Not every home is the same, so no level of service should be the same. I think that money often overshadows the level of care these children are recieving. Diapers, nutritional supplements , DME all should not be questioned if the child is healthy and thriving with the level of service. Our children should not have to suffer a decline in health in order to prove necessity.	Feb 7, 2011 10:06 PM
614	service should be related to the developmental disablity, all generic resources exhausted including insurance, trusts etc.	Feb 7, 2011 10:28 PM
615	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 10:35 PM
616	Allow RC's to set the standards in their own communities.	Feb 7, 2011 10:44 PM
617	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 11:06 PM
618	This should be an IPP team decision and determined according to individual need. Any consumer and his/her caregivers should receive appropriate services when health and therapeutic needs have been documented in the IPP as described in the Lanterman Act Section 4646 (a)-(d).	Feb 7, 2011 11:12 PM
619	Let the Regional Centers make the decisions regarding program services	Feb 7, 2011 11:13 PM
620	Medical professionals working with the Regional Centers should determine who receives services. If you're looking to save money for the state, the Regional Center is the only state agency I have encountered which is actually careful about spending money. And the state could save tons of money if they partnered with an organization like Kaiser which doesn't waste money and doesn't attempt to defraud like so many hit-and-miss "medical providers". Oversight, oversight, oversight, if you want to save money.	Feb 7, 2011 11:38 PM
621	Infants from birth to three.	Feb 7, 2011 11:57 PM

Health Care and Therapeutic Services

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

	Response Text	
622	All families of developmentally-delayed persons should be eligible for discounted or free genetic testing/counseling. It would provide much more data for the many research facilities so that we can hopefully prevent or even cure future cases. Discounted or free physical, occupational, speech, and especially psychological and/or psychiatric services should be available to any regional center client whose licensed, primary physician gives written proof of need for. Purchase of diapers, nutritinal suppl, etc should be provided only on a need-basis according to the existing standard of the State.	Feb 8, 2011 12:50 AM
623	Those in need of updated durable medical equipment are currently seen on an as needed basis for the therapist (PT/OT) to look at the current equipment, determine its efficacy and what replacements or updates need to be made. This is done in a clinic setting, approximately once every 3-5 years, depending on age, medical condition, deterioration of current equipmet, and with the input of the consumer, care givers, teachers, and therapists. any equipment recommendations are then written into a report, and are passed on to MediCare through the vendor, and greatly aid in getting that consumer the appropriate replacement or updated durable medical equipment.	Feb 8, 2011 12:54 AM
624	All consumers	Feb 8, 2011 12:55 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 8, 2011 1:08 AM
626	Disabled individuals themselves or parents of those under 21.	Feb 8, 2011 1:19 AM
627	Determined by the unique needs of the individual.	Feb 8, 2011 1:37 AM
628	nutritional suppliments, diapers and medical equipment should be purchased for a family if there is a diagnosable need for the service. These services although payent is requested through insurance, when denied should be covered without having to file an appeal or asking the doctor to repeatedly file additional paperwork as this causes undue financial hardship and stress on the parent who is in essence providing their own services without regional center support.	Feb 8, 2011 2:19 AM
629	Any child with a developmental disability.	Feb 8, 2011 3:32 AM
630	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 3:56 AM
631	Access to health insurance should be available to all, regardless of medical condition. Everyone should be required to buy into the system, and everyone should given the opportunity to buy into the system at a reasonable cost.	Feb 8, 2011 4:27 AM
632	Therpeutic services and the need should be determined by a child's physician, not CCS therapists. They frequently underserve children and do not respect physician's recommendations or opinions.	Feb 8, 2011 4:36 AM
633	When the expected form of medical support falls-down for a client, Regional Center needs to be the leader for directing the correct agency of financial responsible regarding any health care/therapeutic service. With one agency at the helm, the business of finance would become easier to comprehend & implement.	Feb 8, 2011 4:58 AM
634	These services should not be payed for by the RC. Medi-Cal, MediCare, or private insurance should be responsible. Only If client does not have, and does not qualify, for any insurance options, the RC may pay for *critical life saving and neccessary services, but client has a co-payment of a certain percentage (i.e. 20%). *To be defined in the standards.	Feb 8, 2011 5:12 AM
635	Services provided should be only what is truly needed for medical and dental. The balance of treatment should be what is truly necessary, NOT elective. Those who are receiving benefits should be truly needy. They should not have money provided to them so that they can spend it on cigarettes or tattoos.	Feb 8, 2011 5:31 AM

Health Care and Therapeutic Services

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

	Response Text	
636	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 5:31 AM
637	All developmentally disabled persons, especially those with physical impairments.	Feb 8, 2011 5:33 AM
638	Again as previously stated.	Feb 8, 2011 6:08 AM
639	Anyone who shows a clear need.	Feb 8, 2011 6:13 AM
640	Any consumer in need of these services. Consumers should not be given a hard time to receive the services that they need.	Feb 8, 2011 6:57 AM
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 8, 2011 3:39 PM
642	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 4:24 PM
643	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 4:24 PM
644	anyone who needs it	Feb 8, 2011 4:46 PM
645	it's obvious when a child is screened, whether they are non verbal, have behavior issues, social issues, etc	Feb 8, 2011 5:48 PM
646	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 6:01 PM
647	These services should be available to Children and Adults with physical and developmental disabilities.	Feb 8, 2011 7:12 PM
648	Anyone without insurance who is in dire need. Insured persons with non-coverage.	Feb 8, 2011 7:40 PM
649	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 7:53 PM
650	Establish levels of functionality / disability for each client and provide the needed service accordingly.	Feb 8, 2011 8:47 PM
651	Assess all mother's raising special needs children for depression and/or anxiety, as well as substance abuse and gambling disorders. Special needs kids should be referred to behavior modification treatment programs - and not just those which provide Floortime and ABA. Speech, OT, and PT which isn't being provided by private insurance and/or the school districts should be provided by DDS through contracted or vendored agencies with these specialized skills. Parent should be give a range of options in the community regarding who is contracted to provide this service and then be able to choose their provider. Currently, Inland Regional Center is FORCING the issue of "inclusion" and isn't developing or offering social skills groups. My child is attending a social skills group in Riverside which she LOVES, but it is under utilized and under-funded because IRC case managers are not making direct referrals nor paying for the service. Parents are payng for the service so only parents with some level of income can afford tgive their child this necessary service.	Feb 8, 2011 8:51 PM
652	anyone who qualifies for DDD OR Regional Center	Feb 8, 2011 9:20 PM
653	see previous page	Feb 8, 2011 9:43 PM
654	People with disabilities should have modalities available to help enhance their quality of life.	Feb 8, 2011 9:51 PM
655	All children who need the services.	Feb 8, 2011 10:07 PM
656	diapers: children over 7 years of age	Feb 8, 2011 10:10 PM

Health Care and Therapeutic Services

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

	Response Text	
657	OT & PT & Psychologist that see consumers in ICF's should see them more than every six months and work directly with consumers more. It seems they come 2 x per year, write objectives. When the consumer doesnt meet the objective, they simply lower the criteria or raise the criteria. They dont work on why or how.	Feb 8, 2011 10:11 PM
658	Those who need	Feb 8, 2011 11:18 PM
659	individually evaluated	Feb 8, 2011 11:35 PM
660	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 11:52 PM
661	Who should get them is anyone whose IPP team thinks they should.	Feb 9, 2011 12:16 AM
662	if needed	Feb 9, 2011 12:50 AM
663	Cut out the formula and diapers delivered to their door. I know of families that have health insurance that have to pay for Pediasure out of pocket, costing them hundred of dollars. Families on MediCal get the Pediasure delivered to their door by the pharmacy with just a doctor's prescription. Nonesense. If a provider can clearly make the case for the family that it is a hardship, then yes, provide, but otherwise, forget it.	Feb 9, 2011 12:52 AM
664	In general, such services should be available through public and private health care systems rather than funded through the regional centers. There are individual exceptional situations, related to the individual's developmental disability.	Feb 9, 2011 12:55 AM
665	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 9, 2011 1:21 AM
	.	
666	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 9, 2011 1:27 AM
667	services should focus more on preventative therapy, but also maintaining the care that is given to those who have existing conditions. ABA programs such as EIBT should be free and stay free for all children who have disabilitys!	Feb 9, 2011 1:35 AM
668	These services should be provided to consumers who need them if they aren't covered under any kind of health insurance or Medi-Cal.	Feb 9, 2011 1:48 AM
669	same	Feb 9, 2011 2:27 AM
670	I think that any person with mental illness should have access to the medical and psychiatric medications that they need to function in life. I think that people with an IQ of lower that 71 should receive assistance from San Andreas Regional Center to fund and access therapists, psychiatrists, medical doctors, dentists, optometrist. I think that San Andreas should pay for medication that Medical doesn't cover.	Feb 9, 2011 2:55 AM
671	All children and adults with special needs.	Feb 9, 2011 3:17 AM
672	Clients who have needs for these therapies should receive them.	Feb 9, 2011 4:16 AM

Health Care and Therapeutic Services

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

	Response Text	
673	This is an area that needs improvement. Caseworkers often write a POS without awareness of what might be covered by medi-cal or medicare, and there is duplication of service, and the vendors encourage a POS because it is easier than billing medi-cal or medicare. It seems that most people, including caseworkers, think of RC as payor of first resort! There is an expectation among parents that purchasing yet another service will help their child, no matter the age of the parent or the "child." All these services sprung up when local providers wouldn't take medi-cal and/or clients weren't yet eligible for medicare on their parents' records. Somehow it became a corporate culture that a POS meant the client would receive superior service than using medic-cal or medicare. Also, there is duplication of service---especially using nurses to duplicate the nurses' report from the hospital or nursing home. Almost every service mentioned in the description is a medi-cal/ medicare service.	Feb 9, 2011 4:20 AM
674	Any individual with a physical or mental handicap. Any individual dealing with an illness that keeps them from performing normal everyday activities.	Feb 9, 2011 4:37 AM
675	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 5:41 AM
676	Those with a need should qualify. Those who will use the services responsibly should not be limited on their use of health care and therapeutic services.	Feb 9, 2011 5:56 AM
677	Children that are at-risk or having delay should be enrolled if multiple problems are identified.	Feb 9, 2011 6:37 AM
678	All regional center clients that have a need for a specific therapy, service, etc.	Feb 9, 2011 7:07 AM
679	Child with limited function at home & in community	Feb 9, 2011 2:02 PM
680	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. Additionally, as set forth in the Lanterman Act, and as specified in detail in the DD Waiver, "specialized therapeutic services," --which includes numerous services such as physical therapy, occupational therapy and speech therapy,--that could be called "health care," are available to meet the unique needs of individuals with developmental disabilities. Such services are already limited based on specific criteria in the DD Waiver, and often consist of critically important services. We recommend that standards remain consistent with the standards and criteria set forth in the DD Waiver and in the Lanterman Act.	Feb 9, 2011 5:32 PM
681	those individuals who do not have other medical insurance to cover these services as defined by a needs assessment	Feb 9, 2011 6:13 PM
682	Individuals who have more severe medical and physical issues should be provided these services.	Feb 9, 2011 6:18 PM
683	There must be a demonstrated and documented need for this service. I have found this POS implement without supporting reasons why too often.	Feb 9, 2011 6:29 PM
684	if no other generic resource is available ie health insurance, local clinics then NBRC assist in referring and funding	Feb 9, 2011 6:49 PM
685	These services are suppose to be provided by medi-cal if they have it but the area we live in does not have enough providers so these families, that are often not employed, have to travel one to two hours for basic appointments.	Feb 9, 2011 7:28 PM
686	All kids with mild to severe developmental delays whose parents do not have the financial resources to cover for services. Parents with financial resources should pay out-of-pockect for these services as insurance companies DO NOT COVER DEVELOPMENTAL DELAYS. Parents have a financial responsibility towards thri kids well being and rather than going on a 15 days cruis to Hawaii, they can put that money towards the funding of these services. Some parents do have the resources but they get accustomed to others footing the bill.	Feb 9, 2011 7:30 PM

Health Care and Therapeutic Services

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

	Response Text	
687	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 9, 2011 7:56 PM
688	There are so many other ways to obtain these services. Having nurses and dental advisors being paid by Regional Center is absolutely rediculous. These staff only advise and it is not worth having them on staff at Regional Center or contracted through Regional Center. Most of this can be done with their care provider advocating and using the medical system.	Feb 9, 2011 8:05 PM
689	All CVRC consumers that require the service should be able to get the service...	Feb 9, 2011 8:12 PM
690	People with developmental disabilities are at higher risk of experiences multiple health issues. Unless cornice health conditions are effectively maintained, the individual's health will deteriorate and require more costly services. With Medi-cal services being cut, the responsibility falls on RC to fund these services.	Feb 9, 2011 8:58 PM
691	This service should provided as determined by the IPP team as necessary.	Feb 9, 2011 9:04 PM
692	Those individuals whose Individual Program Plan (IPP) team has identified a need for these service, as described by the Lanterman Act Section 4646 (a) - (d).	Feb 9, 2011 9:47 PM
693	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in the Lanterman Act Section 4646 (a) – (d).	Feb 9, 2011 10:02 PM
694	A person that should receive these services is anyone who is not financially able to pay for these services and are in need of immediate attention. Generic resources are great in most cases but sometimes a consumer needs immediate attention due to health complications of other kinds for example a pace maker, medication regimen, medical equipment such as VNS, insulin depedent to name a few situations which are serious. The referral to a generic resource can cause complications and it can be a liability for an agency to let it go unnoticed. Requesting medical records to comfirm a restricted health condition takes time and time is of essence when having a consumer with health complications.	Feb 9, 2011 10:22 PM
695	All people who are in need of these services.	Feb 9, 2011 10:36 PM
696	Therapy and MD services should still be funded for as it is part of public health.	Feb 9, 2011 10:51 PM
697	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 9, 2011 10:51 PM
698	None	Feb 9, 2011 11:28 PM
699	Consumers who need and benefit from these services	Feb 9, 2011 11:36 PM
700	Consumers with disabilitites shoud receive these services.	Feb 9, 2011 11:40 PM
701	regular health check-ups followed by any necessary medical attention	Feb 9, 2011 11:45 PM
702	Anyone with developmental disabilities who has this identified in as a need in their IPP	Feb 9, 2011 11:46 PM
703	All regional center clients.	Feb 9, 2011 11:52 PM
704	Individuals with developmental issues are more likely to have vision issues. Thus this population should be provided with a yearly vision examination and if appropriate, glases.	Feb 10, 2011 12:00 AM
705	Anyone who has a disability needing these services.	Feb 10, 2011 12:29 AM
706	Everyone who has a clear clinical and or medical needs to help over the severity of the neurological damage. HBOT hyperbaric Oxygen treatments would benefit the millions of children and adults if it was part of their insurance coverage regardless if they had a clinical or medical need for it. it should not matter if a clinical diagnosis is included on a UB92. Lobby for Change and fight for us please TCRC. Over 30,000 studies, and still on allowed for Medical diagnosis.. We need change please. Clinical or medical diagnosis doesnt matter. the Treatments are permenent.. there is no regression just Progression and major ones at that.	Feb 10, 2011 3:04 AM

Health Care and Therapeutic Services

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

	Response Text	
707	obviously people who need help.....eliminate illegals , people who are chieseling the system and can afford diapers . somebody has to have good judgement . belt tightening must prevail in all these situations. these people can not be put out on the street	Feb 10, 2011 7:46 PM
708	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 7:59 PM
709	All in need of these services.	Feb 10, 2011 8:15 PM
710	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 9:30 PM
711	This is covered by IPP in The Lanterman Act---all those who are eligible should receive the services	Feb 10, 2011 9:49 PM
712	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 9:57 PM
713	Any child or adult with disabilities should get a complete eye exam minimum once a year. Complete eye exam needs to cover the evaluation of visual acuity, overall eye health and MOST IMPORTANTLY, visual function. It is well documented that the population that the regional center serves have a high percentage of refractive error, stabismus, eye movement issues, and focusing difficulties. Since it is challenging for many of these patients to explain their discomfort, a yearly comprehensive exam is imperative to ensure their well being.	Feb 10, 2011 10:12 PM
714	All should receive health care services, but this should not be better or higher than the community norm.	Feb 10, 2011 10:12 PM
715	At least routine eye examinations for all clients. Ideally vision therapy as needed.	Feb 10, 2011 11:07 PM
716	Anyone who needs any of the above services. We can not prevent individuals to better their health.	Feb 10, 2011 11:59 PM
717	Consumers and family members.	Feb 11, 2011 12:03 AM
718	Services should be provided to only those that can prove their child will benefit from these services via a letter from their doctor or school personnel.	Feb 11, 2011 12:10 AM
719	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 12:16 AM
720	Service standards should be up to parr and consumers should be treated like any other person	Feb 11, 2011 1:04 AM
721	Simply comply with CA Civil Rights Laws. First and foremost the Lanterman Act. To paraphrase what it says; If my child would be institutionalized if it wasn't for our support, then anything they would qualify for if institutionalized, they qualify for living in the family home. If they are disabled under any disability law, they qualify for services. Yes the family income is important. But only if they are well enough above the poverty level to afford as effective insurance allowing the same level of services.	Feb 11, 2011 1:25 AM
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 11, 2011 1:44 AM
723	Supports should remain the same or increase.	Feb 11, 2011 1:49 AM
724	Do not fund medical or rehab services have them covered through universal health care. Do not fund diapers for children befor 5 and child has atttended or recieved toliet training program and has been ceritifed by a physician that the are incontinent. RCS should hold trainings.	Feb 11, 2011 2:26 AM
725	All services should be made and determined by IPP team	Feb 11, 2011 2:46 AM
726	individuals with disability	Feb 11, 2011 2:50 AM

Health Care and Therapeutic Services

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

	Response Text	
727	Consumers who have no medical insurance or coverage for therapies should receive these services.	Feb 11, 2011 3:05 AM
728	Those individuals whose Individual Program Pln team has identified a need for these services as described in the Lanterman Act Section 4646 (a)-(d), therefore, if the IPP had identified these services as one of the services to be given to that particular individal, he or she should get it.	Feb 11, 2011 3:17 AM
729	All people with developmental disabilities need some sort of this broad category or they wouldn't have special needs!!!	Feb 11, 2011 3:25 AM
730	All clients who do not have other qualified insurance and medical plans to pay for services.	Feb 11, 2011 3:29 AM
731	Services should be available to persons with developmental disability if medically necessary.	Feb 11, 2011 4:39 AM
732	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 4:47 AM
733	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 5:07 AM
734	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 5:22 AM
735	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in the Lanterman Act Section 4646 (a) – (d).	Feb 11, 2011 6:12 AM
736	approved regional center consumers	Feb 11, 2011 6:13 AM
737	Only those individuals who do not have family health care. If the family has medical insurance, that should cover these services first. Regional Center should act as a supplement in this instance.	Feb 11, 2011 6:14 AM
738	consumers	Feb 11, 2011 6:16 AM
739	In IPP, as agreed upon by each IPP team.	Feb 11, 2011 6:40 AM
740	Individuals who have been evaluated medically and require these services for their development and well-being.	Feb 11, 2011 7:45 AM
741	Any individual for whom a generic resource is not available.	Feb 11, 2011 2:23 PM
742	All consumers should be provided health care and therapeutic services as needed.	Feb 11, 2011 4:16 PM
743	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646	Feb 11, 2011 4:54 PM
744	People found to have need for these services, according to the Lanterman Act.	Feb 11, 2011 5:27 PM
745	Implement statewide standards....for goods such as diapers.	Feb 11, 2011 5:39 PM
746	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act	Feb 11, 2011 6:08 PM
747	Optometric evaluations	Feb 11, 2011 6:19 PM
748	I think RC should assist with diapers and/or pull-ups if the consumer does not have a generic resource for a limited amout of time if the family is experiencing financial hardship. Family must seek a generic resource. This is typically a parental responsibility.	Feb 11, 2011 6:27 PM
749	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 6:43 PM

Health Care and Therapeutic Services

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

	Response Text	
750	Again, completely necessary. If the State can't afford to provide these services, then force the health insurance companies to provide them. If the family doesn't have health insurance, require them to offset the costs in the form of a co-pay. Go visit some companies who provide Autism therapy programs such as applied behavior analysis, speech therapy, occupational therapy. Go out in the field with them, and observe them working with autistic children, review the data they collect which shows these services are making a measurable difference in the children's and family's lives. The data is there to prove that the therapies are effective.	Feb 11, 2011 6:44 PM
751	IF THERE ARE MANY MORE CUTS, SOME OF THE PROGRAMS SUCH AS HEALTH CARE AND THERAPEUTICE SERVICES MAY DISOLVE! MY SON IS A CLIENTS OF ALTA REGIONAL AND UTILIZES MANY OF THESE SERVICES, ALONG WITH FRIENDS AND FAMILY OF DISABLED. ALOT OF THEIR PROGRAMS THAT HELP THEIR IN HIS DAILY LIVING NEEDS. IHSS IS AT RISK TOO. I WISH THESE GOVERNMENT OFFICIALS WOULD CONSIDER HOW OUR FOLKS REQUIRE THESE SUPPORTS IN THEIR LIVES TO LIVE SAFELY AND HEALTHY IN OUR COMMUNITY.	Feb 11, 2011 6:44 PM
752	Lets face the music, most disabled clients need glasses, dental check ups at least twice a year for the simple fact that they have to take many medications that ruin their teeth!!!! If they need diapers get them for the clients.	Feb 11, 2011 6:47 PM
753	All who are eligible	Feb 11, 2011 6:56 PM
754	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
755	children and adults who have a specified need for any of these services	Feb 11, 2011 7:14 PM
756	Autism spectrum individuals should get the medical or occupational therapy support. Diapers etc should be done with food stamps or a different program and not here.	Feb 11, 2011 7:19 PM
757	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 7:21 PM
758	People who are abled bodied. They can walk, tallk, feed themselve, read, write People who have the willingness to want to work This does not exclude people in wheel chairs	Feb 11, 2011 7:22 PM
759	The Regional Center should not be providing funding for these services. Therapy services can be met at the school, and with more parent intervention at home. Medical services are already provided by insurance, Medical or private. Why is it the Regional Center's responsibility to pay for these things? I know that services are difficult to obtain and may require alot of advocating from the parent and service coordinatior, but it is possible.	Feb 11, 2011 7:36 PM
760	Io	Feb 11, 2011 7:58 PM
761	Consumers who have medical issues that require special items such as diapers, pull ups, and all medical issues that require in home nursing care should be able to have access to these needs.	Feb 11, 2011 8:05 PM
762	See comment under Behavioral Services	Feb 11, 2011 8:49 PM
763	Speech therapy and occupational therapy for young children with autism. Social skills therapy for older individuals with autism is critical if they are to be able to function in the community as adults.	Feb 11, 2011 9:22 PM

Health Care and Therapeutic Services

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

	Response Text	
764	Of the areas noted above I believe the only health care and therapeutic services that regional centers should be responsible for is LVN level respite. For an individual over the age of 3, medical visits, lab, radiological, genetic counseling, RT, PT, OT, S/L, specialized therapeutic services, substance abuse treatment, psychological and psychiatric services, medications, diapers, nutritional supplements, medical equipment or supplies, and non-medical therapies should all be covered through private insurance, Medi-Cal, Medi-Caid, or other generic resources whose responsibility it is to provide medical needs. I believe there is too much overlap which creates an environment where everyone is pointing to everyone else to take responsibility for the client. This puts both the family and the client in a very emotionally, physically, and mentally challening position of being bounced around. If there are programs available who are well staffed with MDs, RNs, and other qualified medical personnel, they need to take care of these services. In the case of a school aged child, speech, OT, PT, etc. should be solely the responsibility of the school as it should be now. There are too many times because it is easier to go to hearing with regional center to get a services than to fight due process with the school district, the families expect regional center to fund for additional speech services, OT, or PT services above and beyond that being provided by the school district. There needs to be a clearer demarkation between service providers so that families know without question where they need to go to pursue services.	Feb 11, 2011 9:33 PM
765	Those developmentally disabled either through genetics, accident or illness	Feb 11, 2011 9:35 PM
766	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 9:40 PM
767	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 11, 2011 9:44 PM
768	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 11, 2011 9:45 PM

Health Care and Therapeutic Services

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

	Response Text	
769	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 11, 2011 9:48 PM
770	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 11, 2011 9:49 PM
771	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in the Lanterman Act Section 4646 (a) – (d).	Feb 11, 2011 9:49 PM
772	These services should be purchased by regional centers only after all other available resources have been exhausted. There should be legislation that would mandate that if regional center puchases a service while waiting for the insurance /HMO to authorize, once authorized, the RC will be reimbursed. This policy could also apply to Medi-Cal or CCS, as long as Medi-Cal providers are used.	Feb 11, 2011 9:51 PM
773	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 11, 2011 9:51 PM
774	Individuals and families who are NOT wealthy (earning under $200,000) a year should receive help! Two income professional families driving Range Rovers and attending private schools should pay their own way!!	Feb 11, 2011 9:53 PM

Health Care and Therapeutic Services

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

	Response Text	
775	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 11, 2011 9:53 PM
776	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 11, 2011 9:58 PM
777	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 11, 2011 10:01 PM
778	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 11, 2011 10:02 PM
779	Please DO NOT cut these services! It's a life line for so many families!!	Feb 11, 2011 10:04 PM

Health Care and Therapeutic Services

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

	Response Text	
780	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 11, 2011 10:13 PM
781	Proper screening is a must	Feb 11, 2011 10:14 PM
782	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.	Feb 11, 2011 10:25 PM
783	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 11, 2011 10:29 PM
784	I think occupational/ physical/ and speech therapy are necessary if the client does not have insurance that will provide the necessary amount of therapy they need.	Feb 11, 2011 10:32 PM
785	People with Developmental disabilities	Feb 11, 2011 10:33 PM
786	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 10:33 PM
787	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 11, 2011 10:35 PM

Health Care and Therapeutic Services

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

	Response Text	
788	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
789	People whose Individual Planning (IP) Team has identified a need for these services. See Lanterman Act.	Feb 11, 2011 10:41 PM
790	All develop mentally disabled individuals that are medically deemed in need of these services and equipment. Health and dental services are desperately needed to be in full force, eye doctor and other specialties as needed to the conservation or improvement of quality of life. Genetic studies of counseling, is not as important when cuts are required, "knowing why" will not change the present state, for different therapy's, a co payment might help defer the cost. Medical visit should be done at a doctors office and not at the home as the cost is more for a doctor to come to a facility. Care provider should take on the responsibility to take them to these appointments without raising the requirements to vehicle insurances. If not possible them allow for outside transportation to and from medical appointments.	Feb 11, 2011 10:43 PM
791	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 11, 2011 10:54 PM
792	Any client who needs them.	Feb 11, 2011 10:57 PM
793	everyone that needs it between the ages of 0-3 years, early intervention is the key!!!!	Feb 11, 2011 10:59 PM
794	Developmentally delayed population and the physically handicapped population	Feb 11, 2011 11:05 PM
795	Children in the Autism Spectrum who has shown in-appropriate behaviors in school or at home.	Feb 11, 2011 11:20 PM
796	All eligible	Feb 11, 2011 11:22 PM
797	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 11, 2011 11:25 PM

Health Care and Therapeutic Services

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

	Response Text	
798	Therapies are crucial for most children with developmental delays. From eating/drinking /swallowing. walking/ running. Swimming/life saving skills. Speech/tongue placement/Sign language communication is key and will help in the behavioral area. When a child can be heard and understood you will have a much more mentally balanced child. If not ,acting out in many ways excelling to dangerous rebellion on to other individuals is common. Biting, hitting, pushing and so much worse. as a child gets older and bigger it is very dangerous. Yes, therapies are crucial.....!!!!!!!	Feb 11, 2011 11:26 PM
799	These services should be provided to all who need them.	Feb 11, 2011 11:35 PM
800	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 11:47 PM
801	Children and Adult with disabilities.	Feb 11, 2011 11:51 PM
802	Any consumer or related person who demonstrates psychosocial pathology having an adverse impact on the consumer per criteria described in DSM-IV should be eligible for counseling services.	Feb 11, 2011 11:55 PM
803	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 12:07 AM
804	All medically authorized DD consumers.	Feb 12, 2011 12:09 AM
805	Any consumer should have the right to request and receive these services.	Feb 12, 2011 12:37 AM
806	i was never told about any of these programs in the 4 years ive ben at regional	Feb 12, 2011 12:48 AM
807	I believe that most of the programs try to make sure that their client's get all of these sevices and I think that most of the diabled and elderly get these sevices.	Feb 12, 2011 2:31 AM
808	We really need case carriers for our Asperger's/HFA/autism spectrum families. Doctors in our area (Inland Regional Center) don't know the range of services our kids need, the difficulties to look for (anxiety, depression, OCD, etc), or where to refer. Our parents need help figuring out where to go to get therapies for our kids.	Feb 12, 2011 3:15 AM
809	Any one with a disability in need of these services.	Feb 12, 2011 3:41 AM
810	Any consumer who would benefit from such services	Feb 12, 2011 4:08 AM
811	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 12, 2011 5:14 AM
812	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 5:18 AM
813	Any person with a developmental disability should be offered these services.	Feb 12, 2011 5:33 AM
814	eveveryone who qualifies.	Feb 12, 2011 5:50 AM
815	Everyone w/ a medical issue.	Feb 12, 2011 6:09 AM

Health Care and Therapeutic Services

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

	Response Text	
816	1.Implementation of the Individualized Budget - while this will in fact represent a reduction in actual dollars spent - it will give us a CHOICE and will return suspended social-recreational services including camp 2.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 12, 2011 6:12 AM
817	As appropriate for IPP	Feb 12, 2011 6:16 AM
818	See previous answers.	Feb 12, 2011 6:27 AM
819	I have no experience in this area.	Feb 12, 2011 6:42 AM
820	All clients of RC should be and must be able to cared for medically for physical or mental wellness.	Feb 12, 2011 6:57 AM
821	all clients of the regional center. most are on medicar and medical	Feb 12, 2011 7:08 AM
822	Provide for all medical needs	Feb 12, 2011 7:16 AM
823	All autistic persons who need ongoing meds. and Dr. visits	Feb 12, 2011 7:35 AM
824	parents and children	Feb 12, 2011 7:35 AM
825	I have never received most of the services implied above from our Regional Center with the exception of PT and OT and Early start services when our daughter was under the age of 3. Otherwise we did not receive any other services as stated above. We started receiving transportation vouchers approx. 2 years ago in order for our daughter to be taken out into the community via a bus.	Feb 12, 2011 7:48 AM
826	I believe these services are paid for by medical	Feb 12, 2011 12:34 PM
827	Those will limited or no mobility and limited or no speech. Those with private insurance should still qualify if these services are not covered through private insurance. Also, American citizens only!	Feb 12, 2011 3:27 PM
828	People who are deemed by a doctor or licensed professional to receive services	Feb 12, 2011 3:44 PM
829	Patient as recommended by health-care /physician/psychiatrist.	Feb 12, 2011 4:17 PM
830	People who don't have physical/mental capacities to care for themselves.	Feb 12, 2011 4:34 PM
831	For sure, those clients/consumers that are under the Regional Center umbrella, should be entitled to these services if a doctor or other specialist has deemed something necessary.	Feb 12, 2011 4:38 PM
832	Case to case basis.	Feb 12, 2011 4:42 PM
833	children identified with disabilities	Feb 12, 2011 4:58 PM

Health Care and Therapeutic Services

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

	Response Text	
834	I am just going to make a statement in this box that encompases all. Most kids with severe physical disabilities get cut off from CCS as early as they can cut them unless the parent is pro active. Many games from CCS are played. Sending a family 100 plus miles for a Dr. to decide if he or she need more physical theraphy. Since this is not a win win with very minumim therapys. I believe hippo therapy has so many benefits socially and physically. 'For these children how do not fit the criteria. Dental is essential even most dental plans don't provide sedation which is essential. Diapers are also essential and supplements. I have not had quality nursing services provided by R.C. or day care. Provider turnover is high and it's hard to continue to have a stranger take care of a child that does not speak and weights 70 plus pounds and must be lifted. If I were in charge I would scale down Regional center. This would include the hours of their group consults with staff and well as scale the consult time of doctors. To many bosses without hands on. I do not even communicate with R.C. as I find them of no use to be honest. I my eyes they may help early start but beyond that they do as little as possible and the turnover rate do to pay and other issues is high so you get in experienced employees and it give much stress and work to the consumer. I have also seen the consumers that are high profile be retaliated against. I have seen R.C do unethical and unlawful practices. Self Determination and scale down R.C. that's what I would do if I were in charge.	Feb 12, 2011 5:00 PM
835	Those who are in need to improve themselves and need help in the area that would be productive as well successful for them	Feb 12, 2011 5:23 PM
836	nursing services should be offered to those individuals who qualify for nursing, particularly individuals who are trach-dependant.	Feb 12, 2011 5:31 PM
837	Those in need regardless of their diagnosis should recieve services. I am fortunate to recieve pull-ups for my son. That said, I had to fight for years to get diapers when he was younger. The current supervisor at NLACRC told me and my then husband, that I was a failure as a mother because I did not properly potty train my child. She had in fact potty trained 3-4 of her own children and therefore since I did not potty train my one 3 year old I was a failure and ineffectice mother. Those were her words! Stinging! Imagine - you are told the state will help you and this is the response you get. Is it not enough to struggle with a serverly disabled child every waking minute to then be told you are failure as a mother? In the end her supervisor thought better of the situation and we were granted diapers. But what an ordeal to go thru just to recieve something that many others recieve. To this day my 10 year is not potty trained. Tell me, am I a failure, or is this who my child is? He has poor gross motor skills and cannot wipe himself. What does that mean? His doctors say he may not have that capability. Therefore he is a prime candiate to receive services.	Feb 12, 2011 5:33 PM
838	elderly, disabled and single mothers	Feb 12, 2011 5:40 PM
839	These should be standard for those who don"t have their own health care insurance	Feb 12, 2011 5:46 PM
840	Those who are determined to be needing of them by physical/occupational therapists.	Feb 12, 2011 6:05 PM
841	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 6:10 PM
842	Only clients who have no other health plan.	Feb 12, 2011 6:12 PM

Health Care and Therapeutic Services

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

	Response Text	
843	All people that require "extra" services should be included. Many insurance plans do not cover these extra services. For example my daugher could not walk. We started physical therapy through CCS at the age of 3, and had early start from the age of 1 1/2 to 3. It is because of the physical therapy that she is now able to walk. She learned how to walk on December 22, 2009 She was 4 years old. Learning to walk has been instrumental in preventing scoliosis, pressure sores, pneumonia, and many other medical conditons that are the consequence of immobility. My daugher is unble to use her hands. She has no control of her bowel or bladder. She is 8 years old and requires pull up diapers. It is very difficult to find her size diapers and very expensive. We are blessed to have Medi-cal because they pay for her pull ups.	Feb 12, 2011 6:25 PM
844	Consumers should receive care in the case of emergencies, preventive care (flu shots) and a regular annual exam.	Feb 12, 2011 6:41 PM
845	Only if paid by medical insurance.	Feb 12, 2011 7:17 PM
846	If a client needs a service they should be provided. The service should not be withheld.	Feb 12, 2011 7:59 PM
847	Everyone who needs them. This is lacking.	Feb 12, 2011 8:13 PM
848	All clients should receive as needed health care and terapeutic services.	Feb 12, 2011 8:16 PM
849	As the parent of a child considered to be on the Autism Spectrum, we are unable to receive services through the Inland Regional Center. This needs to be changed! We have no support services as our mental health providers are limited in their scope also. Many individuals on the Spectrum benefit greatly from occupational therapy and other specialized services.	Feb 12, 2011 8:21 PM
850	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 12, 2011 8:24 PM
851	Individuals who require a needed service based on appropriate qualifications	Feb 12, 2011 8:30 PM
852	The majority of developmental, cognitive and social skills are deeply rooted in the visual system; not just the abilit to see 20/20, but also the ability to move the eyes when and where one wants to and needs to, eye-alignment, focusing and visual perceptual skills. If one is visually prepared, all other services will be much more readily assimilated. Therefore, all individuals in the programs should have their vision evaluated; a visual assessment that goes far beyond the ability to see "20/20."	Feb 12, 2011 8:47 PM
853	consumers, family members, aide supports	Feb 12, 2011 8:50 PM
854	qualified individuals who do not receive social security or disability	Feb 12, 2011 8:56 PM
855	If Regional Center identified consumers are eligible, by law, then this standard is redundant	Feb 12, 2011 9:11 PM
856	All qualified disabled individuals.	Feb 12, 2011 9:16 PM
857	Qualified recipients of regional center.	Feb 12, 2011 9:21 PM
858	Bi-monthly coordination with family by providing complete list above of what is covered above under the Lanterman Act. Therapists and "helpers" are most needed because insurance only covers medical need and speech and language.. No reinterpreting the law by telling families that "such and such" Regional Center does not offer, or is not required to offer a specific kind of service needed by the consumer. Not relying on the due process system to either discourage families or cause eventual retrogression and harm.	Feb 12, 2011 9:54 PM

Health Care and Therapeutic Services

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

	Response Text	
859	Consumers with no insurance or no other payment source, consumers that meet a developmental requirement (insuring the nonmedical therapy, etc are appropriate for the consumer's needs)	Feb 12, 2011 10:13 PM
860	All persons with a disabiltiy who are in need of assistance should be reached and considered for medical services. Guidelines should be set by professional doctors, nurses, therapists and counsellers who have provided services to the disabled.	Feb 12, 2011 11:04 PM
861	All disabled, mentally & physically, capable of receiving any type of nursing services, therapy (physical and occupational), speech therapy if needed, psychological services, and medical equipment and supplies if required.	Feb 12, 2011 11:10 PM
862	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services as decribed in The Lanterman Act Section 4646 (a)-(d).	Feb 12, 2011 11:59 PM
863	All necessary services that would benefit the special needs individual and his or her family should be provided at no cost or a reasonable cost based on the family's income level. In many cases, it is not the ability to pay for the service, but just access to the service or needing to know what is available and how to utilize it. The case carriers are invaluable in this regard.	Feb 13, 2011 12:08 AM
864	any one that needs it badly cause these things can add up on costs.	Feb 13, 2011 12:34 AM
865	maintain current standards.	Feb 13, 2011 12:37 AM
866	If services are available from other agencies at prorated /&/or reasonable charges Regional CTRs should coordinate use of these services	Feb 13, 2011 1:08 AM
867	It is needed	Feb 13, 2011 1:20 AM
868	Any child diagnosed on the Spectrum.	Feb 13, 2011 1:47 AM
869	read the previous answer	Feb 13, 2011 2:40 AM
870	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 3:41 AM
871	As currently in place. For those that receive these kinds of services, what is medically necessary should not be lumped into services that are not medically necessary.	Feb 13, 2011 3:45 AM
872	Whoever has a health problem.	Feb 13, 2011 4:14 AM
873	All consumers	Feb 13, 2011 4:55 AM
874	All people with disability who are very sick mentally or physically, unable to care for themselves!	Feb 13, 2011 5:07 AM
875	Those who really needs hose services like children who will benefit from this services if the child is still capable of improvement.	Feb 13, 2011 5:17 AM
876	This section speaks for itself. If you are to provide services for Qualified Individual Recipients (QIR)s you must treat the whole person. There are so many resulting QIRs just because the whole person is not being treated and has not been treated from childhood. But whatever the case may be in each category QIR standards remain the same whether we are starting at childhood or beginning with an adult that is just discovered. There are as many physical as there are mental, emotional and medical sides to each person and that is where we must start. Once our countries medical and political priorities are straight and everyone realizes that there is a connection with each one of us it will become a global healing process.	Feb 13, 2011 5:23 AM
877	Any one who needws them	Feb 13, 2011 5:49 AM

Health Care and Therapeutic Services

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

	Response Text	
878	I can only speak to the following services physical therapy, occupational therapy, speech pathology, specialized therapeutic services. I believe all other services are appropriately covered by insurance. I think people who need help buying diapers need to be put on birth control and are not allowed to be given any social support services if they cannot prove (through random blood tests) that they regularly take their birth control. Extreme but....COME ON!!	Feb 13, 2011 6:06 AM
879	Many are in need of these services. However, I really have a problem with some of the out side vendors. They should be monitored at a closer level. Audit them, double check their records and ask the parents to keep trake of their time spent with them. Then double check the billing to make sure the dates match.	Feb 13, 2011 6:51 AM
880	out of all the services listed above I think that speech pathology is mandatory. If there is no communication of any sort, there is no growth of any kind possible. Our society accepts people into the whole based upon looks and behaivors that are acceptabel to the society. Someone with no teeth will not be accepted into the community so I think that dental care is highly important. However, there should be dental schools in the community that would give their services freely. substance abuse should not be mixed in with developmental disabilities - it is a completelly different issue.	Feb 13, 2011 7:22 AM
881	All children diagnosed anywhere on the Spectrum, children with Neurological issues, sensory processing disorder, children with physical difficiencies, motor difficiencies, speech impairments	Feb 13, 2011 7:46 AM
882	Any DD person who needs these services	Feb 13, 2011 1:44 PM
883	Regional Center Clients	Feb 13, 2011 3:53 PM
884	Those who need them.	Feb 13, 2011 4:08 PM
885	Any Regional Center consumer who is not already receiving these services through DCFS, the school system, Medi-Cal, private insurance, should be able to get these services with the assistance of Regional Center. The service provider should work with the consumer's family to ensure that these needs are being met. This liaison work should begin as soon as the consumer becomes a client of Regional Center.	Feb 13, 2011 4:57 PM
886	My comments are the same as for the few sections. People should have timely access to high-quality care no matter what.	Feb 13, 2011 5:18 PM
887	Documented legal residents and citizens Children who have been identified by a licensed professional (MD, Nurses,Psychologist, OT,PT, SLP) as "at risk" or with an identified need (educational or medical) should receive services. Children should not be eligible for services unless parents have completed a 10 week interdisciplinary training course.	Feb 13, 2011 5:21 PM
888	All persons with a disability	Feb 13, 2011 6:39 PM
889	Premies 25-25 weeks. Babies are being saved earlier It is acknowledged that premature babies have a greater chance of success when services are started at 3-6 months, though at that time, they are not showing "delays' on a developmental scale. Children who are demonstrating a 30% delay under 2 years of age as this is a critical period of development in all areas, and the brain is very plastic and there is a greater chance of change.	Feb 13, 2011 6:40 PM
890	Any family, couple or individual affected by someone who has a developmental disability.	Feb 13, 2011 6:45 PM

Health Care and Therapeutic Services

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

	Response Text	
891	In our family case a person who cannot take care of themselves at all. No purposeful movement, tube fed, cannot talk or walk or communicate. Needs total care.	Feb 13, 2011 6:55 PM
892	disabled individuals	Feb 13, 2011 6:55 PM
893	Whoever needs them.	Feb 13, 2011 7:03 PM
894	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 7:12 PM
895	A careful screening should take place to identify the individual who really needs these services, and who could most benefit from them.	Feb 13, 2011 7:59 PM
896	Without Physical Therapy my child would not have developed as far as she has!	Feb 13, 2011 8:19 PM
897	dependent on the child's delay.	Feb 13, 2011 8:41 PM
898	Those for which the service needs have been identified	Feb 13, 2011 8:47 PM
899	Anyone who needs these services should have access to services. There seems to be a lack of specialists who are able to treat people with special needs. Add to that, people who have special needs who do not speak English. There is a real health disparity!	Feb 13, 2011 9:14 PM
900	as clients get older they require more attention to their physical, therapeutic and health care.	Feb 13, 2011 9:44 PM
901	all clients who need them and do not have income to pay themselves i though medical paid for this ,those things necessary for quality of life. psychiatric services important. genetic counseling- seems a little much- how about social skills classes non medical therapies seem a little much.	Feb 13, 2011 10:11 PM
902	Provided on a as needed basis	Feb 13, 2011 10:20 PM
903	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in the Lanterman Act Section 4646 (a) – (d).	Feb 13, 2011 10:50 PM
904	PEOPLE IN NEED SHOULD RECEIVE THESE SERVICES UNTIL THE SERVICE CANNOT BE OF BENIFIT TO THE CLIENT	Feb 13, 2011 10:54 PM
905	I have no idea about these services. I have had care homes for over 25 years. I've had one referral for psychiatric services several years ago when I couldn't find a doctor in my area. I sit among careproviders when I take classes. I've never met anyone who has clients receiving any thing but behavior mod. training.	Feb 13, 2011 10:57 PM
906	People of all disabilities of all levels and ages.	Feb 13, 2011 11:46 PM
907	All clients (infants/toddlers, children, adolescents, adults) who exhibit the need for health care and therapeutic services should be given access to them.	Feb 14, 2011 12:55 AM
908	All children that fall under the category of having a disbility should have the right to these services whether it's state, federal or insurance company provided. I believe priority should come to those families that low-income, but a child not be excluded (or included) for services based on income alone.	Feb 14, 2011 1:35 AM
909	Any client eligible for these services should receive them. Most RCOC clients fall into this group. Many of these services are covered by an HMO (like Kaiser) if the client is elgigible for Medicare.	Feb 14, 2011 1:37 AM
910	Those individuals whose Individual Program Plan (IPP) team has identified a need for those services, as described in the Lanterman Act Section 4646 (a) - (d).	Feb 14, 2011 1:41 AM
911	Utilize the same standards in place today	Feb 14, 2011 2:17 AM
912	Essentially the same responses for this topic series of question as previously provided in the last topic.	Feb 14, 2011 2:30 AM
913	We have a nurse come to our house 4 times a month. Friday from 3-9 pm. Thank you so much for this . It is so I don;t go out of my mind. We, my husband and I go out and eat and a movie or just looking at the stuff at Goodwill She is a well qualified nurse who looks after my grandson, [redacted]..	Feb 14, 2011 2:44 AM

Health Care and Therapeutic Services

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

	Response Text	
914	Those whose IPP team identifies a need for these services	Feb 14, 2011 3:19 AM
915	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 14, 2011 3:23 AM
916	These services should be received by any citizen of the United States who qualifies. They should not be given to illegal aliens and paid for with taxpayer dollars. People who need the services should meet eligibility requirements related to their need for the service.	Feb 14, 2011 4:23 AM
917	Childrent with disabilities such as autism and handicapped. These services are so important for these children to improve themselves.	Feb 14, 2011 4:44 AM
918	Only to US citizens. Physcial therapy, occupational therapy and speech therapy should not be provided to consumers who attend public school or who have an IEP. Diapers should not be funded for children under 5 years of age.	Feb 14, 2011 4:58 AM
919	1 - 2 hours per week of OT or sppech etc.	Feb 14, 2011 5:21 AM
920	those needed and not covered by medical insurance	Feb 14, 2011 5:26 AM
921	See suggestions for Behavioral Service Standards. In addition, the "specialized services" listed above can be essential based on a case by case assessment. Dental services, which have been cut by Medi Cal, need to be reinstated for all RC clients. Dental care is medical care.	Feb 14, 2011 5:28 AM
922	Clients with health needs.	Feb 14, 2011 5:33 AM
923	ALL THE CONSUMERS EXCEPT THOSE ABLE TO WORK IN OUTSIDE JOBS FOR ENOUGH HOURS/WEEK TO QUALIFY FOR HEALTH BENEFITS. BUT THEY SHOULD BE ABLE TO EASILY RE-START THE STATESUPPORTED SYSTEM IF THEY LOSE THEIR OUTSIDE JOBS.	Feb 14, 2011 7:03 AM
924	These types of services are important and should be received by and individual who needs them or desires to have them.	Feb 14, 2011 7:05 AM
925	All of these services should be based on needs. If parents or staff detect a problem, they should at least receive an evaluation by the appropriate service provider.	Feb 14, 2011 1:48 PM
926	all children that have disabilities	Feb 14, 2011 2:43 PM
927	These services are citical for many and VERY critical for my son. They need to remain.	Feb 14, 2011 3:06 PM
928	Any adult or child that can benefit from any of theses services	Feb 14, 2011 3:10 PM
929	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 14, 2011 3:57 PM
930	Individuals that could lead more normal lives if provided additional help in these areas.	Feb 14, 2011 4:00 PM
931	Everyone	Feb 14, 2011 4:24 PM

Health Care and Therapeutic Services

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

	Response Text	
932	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 14, 2011 4:25 PM
933	Anyone who qualifies for these services based on a doctor's approval of services needed.	Feb 14, 2011 4:46 PM
934	People under the age of 18 years of age.	Feb 14, 2011 4:48 PM
935	I don't believe RC's do much here - we are pointed to Medicare or Cal Optima for such services. I do appreciate RC's guidance to get these benefits established.	Feb 14, 2011 4:58 PM
936	We need some kind of organization in the SenBernardino area to help parents and children with Aspergers issues.	Feb 14, 2011 5:03 PM
937	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 14, 2011 5:04 PM
938	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 14, 2011 5:16 PM
939	ADHC provides all therapy for clients as well as socialization.	Feb 14, 2011 5:21 PM
940	All persons that show difficulties in the area in order to prevent the need for more restrictive services like hospitalization or criminalization of a person.	Feb 14, 2011 5:22 PM
941	Consumers should receive these services based on identified need. The need for therapy should be related to the developmental disability. For adults no longer eligible for a school program, funding for therapy services should be considered.	Feb 14, 2011 5:29 PM
942	i think all persons needing services should receive it	Feb 14, 2011 5:33 PM
943	Follow the IPP	Feb 14, 2011 6:04 PM
944	Anyone that is physically or mentally handicapped.	Feb 14, 2011 6:05 PM

Health Care and Therapeutic Services

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

	Response Text	
945	The majority of these services would normally be provided through either Medi-Cal or the family's personal insurance, which I think is appropriate. Behavioral services are the one service that also somewhat falls under this category and I do feel this is one service that although not perfect, has been set up in as close to an ideal arrangement because the process cannot even begin by the case manager until the parent initiates the process by showing their first commitment to the service by attending an orientation. I am very supportive of this process because having worked here for almost 15 years now, I can see how the waste of time and resources has decreased significantly due that almost all parents now who get the service rarely "flake out" or decide, after all the work has been done, that they no longer want the services. Usually they are fairly committed once it has begun.	Feb 14, 2011 6:12 PM
946	The need for therapy should be related to the developmental disability or if the presenting condition is the result of recent deterioration or injury.	Feb 14, 2011 6:18 PM
947	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 14, 2011 6:18 PM
948	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 14, 2011 6:19 PM
949	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 14, 2011 6:25 PM

Health Care and Therapeutic Services

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

	Response Text	
950	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 14, 2011 6:27 PM
951	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
952	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 14, 2011 6:29 PM
953	Anyone who needs them, and payment is based on ability to pay, or donation, or free.	Feb 14, 2011 6:43 PM
954	DD consumers who fall through Medical Medicare cracks and desperately need a treatment. I understand the current budget crisis and the need to contain ourselves.	Feb 14, 2011 6:46 PM
955	Clients who cannot afford them or are unable to get to them	Feb 14, 2011 6:54 PM
956	only legal citizens	Feb 14, 2011 6:54 PM
957	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 14, 2011 7:07 PM
958	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 14, 2011 7:22 PM
959	US citizens only and must be a citizen for 5 years.	Feb 14, 2011 7:28 PM
960	Any child or adult who could benefit from the service	Feb 14, 2011 7:32 PM
961	Those receiving these services should be those not covered by private insurance. Consumers who display a need for these services should receive them.	Feb 14, 2011 7:38 PM

Health Care and Therapeutic Services

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

	Response Text	
962	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 14, 2011 7:45 PM
963	children with physical disability as well as children with Autism spectrum disorder who are poorly coordinated and have sensory integration problems.	Feb 14, 2011 7:55 PM
964	ACCORDING TO REGIONAL CENTERS,ORANGE COUNTY SERVICES,PEOPLE WITH FAMILIES WHO HAVE CHILDRENS TO TAKE CARE. SHOULD BE A FIRST PRIORATY CHILDREN SHOULD BENEFIT WITH ALL REQUIRE SERVICES,NOT OPPOSING SERVICES, BECAUSE YOU DONT QUALIFY WITH THE INCOME.THE NEED IS THERE EVEN WITH A INCOME.I NEVER HEARD OF SUCH SERVICE EXPECT, RESPITE,AND DAYCARE SERVICES.	Feb 14, 2011 8:00 PM
965	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 14, 2011 8:03 PM
966	All disabled people They all need their teeth check on and cleaned etc...	Feb 14, 2011 8:22 PM
967	Each consumer should have a spending limit.	Feb 14, 2011 8:23 PM
968	All children and adults with DD that do not have a parent or employer health insurance coverage.	Feb 14, 2011 8:31 PM
969	Any person with a developmental disability.	Feb 14, 2011 8:40 PM
970	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 14, 2011 8:56 PM
971	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in the Lanterman Act Section 4646 (a) – (d).	Feb 14, 2011 8:59 PM

Health Care and Therapeutic Services

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

	Response Text	
972	Anyone who has a direct need. My son was born premature, he has a speech delay, and needs all the support he can get. My husband and I work, and we get no public assistance, we are broke & in debt, and can't afford Speech Therapy, so if it isn't provided to us, or covered by our insurance, my son will suffer his whole life. I am not a speech therapist, so I may not help him correctly.	Feb 14, 2011 9:09 PM
973	All disabled consumers.	Feb 14, 2011 9:14 PM
974	Regional Centers should not fund therapy services, other than those provided in-house.	Feb 14, 2011 9:38 PM
975	Same as previous sections of Behavior and Day Programs. The IP Team as per Lanterman Act.	Feb 14, 2011 9:40 PM
976	All individuals who need any of these services.	Feb 14, 2011 9:44 PM
977	Anyone as determined by IPP team.	Feb 14, 2011 9:51 PM
978	Consumers should be provided services on an as needed basis determined by the licensed professional who has specialized training in their field to know when therapy would be beneficial for their skill development.	Feb 14, 2011 10:08 PM
979	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. Exceptions should be considered on a case-by-case basis.	Feb 14, 2011 10:13 PM
980	Follow current standards.	Feb 14, 2011 10:18 PM
981	Appropriately licensed individuals	Feb 14, 2011 10:50 PM
982	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) – (d).	Feb 14, 2011 11:00 PM
983	all consumer's residing in ARF or an RCFE	Feb 14, 2011 11:04 PM
984	Each consumer should have a medically identified and documented medical condition which prevents them from being able to pay for services on their own. There should be a documented information about behaviors, incidents, that are seen as having a significant impact on the consumers quality of life, health,and safety for themselves and others.	Feb 14, 2011 11:27 PM
985	As identified in the IPP	Feb 14, 2011 11:35 PM
986	children on autism spectrum as well as children with other disabilities	Feb 14, 2011 11:45 PM
987	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 14, 2011 11:48 PM
988	All patients should have a comprehensive health assessment at the time of enrollment and on an annual basis with their primary care physician	Feb 14, 2011 11:55 PM
989	Individual who has been deemed by the ID team that could benefit from should determine who qualifies for these services	Feb 15, 2011 12:00 AM
990	Whomever jace delays that effect their ability to complete daily activities	Feb 15, 2011 12:02 AM

Health Care and Therapeutic Services

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

	Response Text	
991	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 15, 2011 12:13 AM
992	Therapeutic services are critical for improving the outcomes of people with special needs and have been severely underserved due to financial contraints which will ultimately be to the detriment of society in the long run.	Feb 15, 2011 12:14 AM
993	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in the Lanterman Act Section 4646 (a) – (d).	Feb 15, 2011 12:18 AM
994	All consumers should have access to healthcare and therapeutic services. Specialized medical services should be granted to consumers who have a documented history of chronic disease of illness(i.e. vision problems or disgestive disorders). Therapeutic services can prevent costly psychiatric episodes and expensive state hospitalizations. Precentative health care can also save costly hospitalizations and medical procedures.	Feb 15, 2011 12:32 AM
995	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 15, 2011 12:39 AM
996	all childrens with a disability	Feb 15, 2011 12:45 AM
997	Individuals should demonstrate need for the service by having is prescribed by a qualified doctor, and there should be no other available funding source (such as insurance, Medi-Cal, CCS, free/low cost clinics, low cost generic prescription services, school district, Department of Mental Health, etc.)	Feb 15, 2011 12:55 AM
998	Those individuals whose IPP team has indentified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 15, 2011 1:20 AM
999	All of my foster children are covered by Medical and often CCS. they rely on Regional Center to provide PT, OT and often Speech therapy.	Feb 15, 2011 1:22 AM
1000	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 1:36 AM
1001	Any consumer who has medical/therapeutic needs related to his/her developmental disability that cannot be met through other resources should receive these services.	Feb 15, 2011 1:37 AM
1002	All those who are determined through an Interdisciplinary Team (IT) decision need and/or may benefit from such service(s). A historical perspective appears to placate otherwise inappropriate service selection based upon strong demand from certain advocates.	Feb 15, 2011 1:42 AM

Health Care and Therapeutic Services

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

	Response Text	
1003	all of the current indiduals now qualified under reg. center policies	Feb 15, 2011 1:47 AM
1004	Any qualified disabled person should receive these services. The financial & emotional stress on families is huge, so these services help alleviate those stresses.	Feb 15, 2011 1:47 AM
1005	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 1:52 AM
1006	Autistic	Feb 15, 2011 1:52 AM
1007	consumers who are eligible for other services should be able to access these services as well.	Feb 15, 2011 2:03 AM
1008	low income families and caregivers	Feb 15, 2011 2:04 AM
1009	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 2:27 AM
1010	Do not cut these services.	Feb 15, 2011 2:27 AM
1011	People that have daily pain should receive physical therapy. It helps the pain even if it doesn't cure you. Having pain all day every day is alot to expect someone to go thrugh when they could have therapy. Dental services should be provided for anyone with CP because their hands do not allow them to do it on their own.	Feb 15, 2011 2:29 AM
1012	Those who are unable to get private medical insurance because of their disability.	Feb 15, 2011 2:38 AM
1013	Early intervention to a child is the key to the child's success. My son who had and still received most of these services:physical therapy, occupational therapy, floortime therapy and speech pathology significantly help him be successful at school and the community.	Feb 15, 2011 2:40 AM
1014	I have cerebral palsy and sometimes have balance issues. I am planning on seeing a physical therapist about getting a lift for my shoe, which might help with my balance.	Feb 15, 2011 2:43 AM
1015	CLIENTS WHO NEED THEM	Feb 15, 2011 2:51 AM
1016	consumers who don't have other insurances or ways to get those services.	Feb 15, 2011 3:09 AM
1017	Not applicable for our adult son.	Feb 15, 2011 3:18 AM
1018	based on medical necessity; Sp/Lang; OT; PT as needed base on diagnosis	Feb 15, 2011 3:18 AM
1019	Consumers	Feb 15, 2011 3:23 AM
1020	Children who are diagnosed with a disability who need additional health and therapeutic care. My son with autism has a feeding disability and we are currently paying for this therapy.	Feb 15, 2011 3:30 AM
1021	People who apply and there is a determination by the specialists in this field	Feb 15, 2011 3:30 AM
1022	Whoever has medical issue. My son had so much issue. He fixed 4 crowns and 5 cavities with anestesia. He did EEG test and MRI(with anestesia). He need to see GI specialist soon. We can't afford these service without medi-cal.	Feb 15, 2011 3:31 AM
1023	The services should be provided at home to the clients who have difficulties to be served elsewhere.	Feb 15, 2011 3:32 AM
1024	See Lanterman Act!!	Feb 15, 2011 4:02 AM
1025	Persons who are found to qualify for these services based on need.	Feb 15, 2011 4:04 AM
1026	Every child with disability	Feb 15, 2011 4:08 AM
1027	I think that these services are very important and many people should qualify for these services, they do make a very big difference in people's lives.	Feb 15, 2011 4:20 AM
1028	whoever needs them.	Feb 15, 2011 4:30 AM

Health Care and Therapeutic Services

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

	Response Text	
1029	Autistic children should have these services available to them. It seems no one wants to offer them, the schools try to opt out, or offer inferior services, health insurances find ways out of providing them, and many parents can't afford to private pay. Even if they can, our experience has been that we are charged double, triple, or more the amount of negotiated insurance rates with the same services, same providers. There needs to be more done to make health insurance companies cover the necessary medical interventions.	Feb 15, 2011 4:42 AM
1030	The children	Feb 15, 2011 4:51 AM
1031	Each one these should also be on a case by case basis.	Feb 15, 2011 5:05 AM
1032	ALL REGIONAL CENTER CLIENTS SHOULD BE OFFERED EVALUTIONS FOR ANY OF THESE SERVICES THE PARENTS MAY DEEM NECESSARY. SERVICES SHOULD BE PROVIDED IF THE ASSESSMENT DETERMINE THEY ARE NEEDED. IF ASSESSMENTS ARE DENIED THEN PARENTS HAVE THE RIGHT TO APPEAL, GET A 2ND OPINION, OR PAY FOR SERVICES THEMSELVES AND IF THE THERE IS IMPROVEMENT/CHANGES THEN THE REGIONAL CENTER SHOULD IMMEDIATELY PROVIDED SERVICES AT NO COST TO THE PARENTS.	Feb 15, 2011 5:08 AM
1033	All regional center clients that are disabled. All disabled children that receive SSA.	Feb 15, 2011 5:11 AM
1034	All regional consumers should get the following services. Nurses who goes out to assess the needs of those with medical issues not accessibel in the community. Doctors to do assessment and for consultation to the needs of the disabled. Dental services is really important for overall health. Psychological services for assessment and suggestions of approaches. Need autism specialist to help with the growing exploding population of autistic consumers. Need for diapers, medical equipments not funded by any one and speech pathologies with getting communication devices or wheelchair equipment, other medical equipments.	Feb 15, 2011 5:18 AM
1035	Physically and developmentally delayed children and adults who do not have private insurance.	Feb 15, 2011 5:20 AM
1036	any qualified individuals in need	Feb 15, 2011 5:20 AM
1037	see comments on Behavior services	Feb 15, 2011 5:41 AM
1038	everyone that has a disability	Feb 15, 2011 5:56 AM
1039	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 6:04 AM
1040	All who need it.	Feb 15, 2011 6:06 AM
1041	Anyone who is professionally diagnosed with having a disability.	Feb 15, 2011 6:24 AM
1042	Children w/developmental disabilities that are unable to be potty trained by age 3 1/2 should be eligible for diapers to be provided for them, when they have been denied by other agency, private or public. Advocacy and parent/guardian training should also be provided to the consumer when trying to acquire services from possible primary and secondary healthcare insurance/service provider. Needs of health, safety and well-being of consumer must always be a priority regardless of severity of disability.	Feb 15, 2011 6:24 AM
1043	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 6:31 AM
1044	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 6:33 AM
1045	Please refer to the early start recommendations the same input applies to all the below.	Feb 15, 2011 6:37 AM

Health Care and Therapeutic Services

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

	Response Text	
1046	Consumers under the regional should definitely receive these services when needed. There should be no exceptions. They are human beings and we need to help them.	Feb 15, 2011 6:56 AM
1047	The cleint that qualifies due to his disability. Again, this was a constant fight for me when my son was young. I had good medical insurance so provided him with private OT, PT and Speech. Also psychologist when needed throughout his life. I asked for assistance with some group therapies that would provide the social environment and had to fight for that even though I was paying privately for all the others listed above. It shouldn't be a fight! It should be determined by the need of the individual to function at their obtainable level.	Feb 15, 2011 7:16 AM
1048	payer of last resort. makes sense.	Feb 15, 2011 7:30 AM
1049	Health Care and Therapeutic Services shoud be available to all consumers especially now, when a lot of insurances do not cove the services and medication that really in needed	Feb 15, 2011 7:58 AM
1050	any consumer who does not covered by insurance, rc should remain payee of last resort.	Feb 15, 2011 8:14 AM
1051	Regional center should not be paying for these services at all. The burden should fall on health insurance. Unless the consumer is un-insured.	Feb 15, 2011 8:33 AM
1052	In this country we have only a few highly skilled and committed nurses who make the consumer and parents the most educated, trained, competent and healthiest they can be	Feb 15, 2011 9:10 AM
1053	People whose Individual Planning Team has identified as needing these services. See Lanterman Act.	Feb 15, 2011 10:36 AM
1054	Well, speech has been cut from services. The rest should be included as needed. Severe cases treated first and then subsequent ones after.	Feb 15, 2011 1:49 PM
1055	Children and adults with disabilities	Feb 15, 2011 3:09 PM
1056	everybody who is in need of them	Feb 15, 2011 3:33 PM
1057	This again should be available on an indidual basis per the lanterman act of need and choice	Feb 15, 2011 3:39 PM
1058	Early start consumers, such as for speech, occupational, and physical therapy, after parents pursue health insurance. Other mental health/therapeutic services may be considered for purchase for adult clients, if all resources, such as Medi-Cal and CCS, have been pursued and denied. Parents would otherwise be responsible for accessing such services for their children through private health insurance, school, or other community resources, as would be necessary for children/teens of non-disabled children.	Feb 15, 2011 4:01 PM
1059	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 4:04 PM
1060	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 4:20 PM
1061	Children with Autism, blind, speech delay, PDD, and other disorders that needed the services	Feb 15, 2011 4:31 PM
1062	prevention as much as possible	Feb 15, 2011 4:59 PM
1063	Any one who needs them to be determined by the child's PCP or specialists.	Feb 15, 2011 5:37 PM
1064	Every child should receive a neuro-feedback brain map to help determine if and where deficits exits.	Feb 15, 2011 5:54 PM
1065	Very important to all "special need" clients.	Feb 15, 2011 5:56 PM
1066	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 6:00 PM

Health Care and Therapeutic Services

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

	Response Text	
1067	Persons of any age, not merely birth to 3, who have difficulty communicating and who have potential for corrected speech as well as use of nonoral means, ie signing and picture-based systems; also, those with swallowing issues who are at risk for aspiration	Feb 15, 2011 6:01 PM
1068	customer and parents	Feb 15, 2011 6:12 PM
1069	Occupational Therapy screening, with treatment provided for all clients with issues related to: Dysphagia Contracture Management Sensory Integration Orthotics Wheelchair Positioning Functional Mobility	Feb 15, 2011 6:19 PM
1070	Any disabled person who needs them	Feb 15, 2011 6:22 PM
1071	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 6:25 PM
1072	People whose Individual Planning (IP) Team has identified a need for these services. See Lanterman Act.	Feb 15, 2011 6:30 PM
1073	Child(ren) with Diagnosis of ASD, ADHD, OCD	Feb 15, 2011 6:35 PM
1074	Drug Testing Required. Low income individuals with health needs insurance will not cover.	Feb 15, 2011 6:51 PM
1075	DDS needs to develop a evaluatin form to determine who need to have dental services. How ofter they need the services.For those may need once a year or once every other year.	Feb 15, 2011 6:51 PM
1076	All who need them.	Feb 15, 2011 6:53 PM
1077	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 15, 2011 6:57 PM
1078	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 15, 2011 6:58 PM
1079	Any cllient who is determined to need these services should receive them.	Feb 15, 2011 7:02 PM

Health Care and Therapeutic Services

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

	Response Text	
1080	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 15, 2011 7:09 PM
1081	Physical therapy is indicated for infants and children who have mobility and grosss motor challenges that stem from weakness, tightness coordination problems, poor postural control or decreased motor control.	Feb 15, 2011 7:11 PM
1082	As many kids as possible - in our case, with a son diagnosed with PDD-NOS (Autism Spectrum), it would be wonderful if there were greater support/funding for therapeutic services, to minimize the (heavy) out of pocket expenses we incur to provide for our son.	Feb 15, 2011 7:20 PM
1083	Everyone who is referred by a health or education professional, especially those with long term disabilities.	Feb 15, 2011 7:27 PM
1084	Anyone who needs these services should be able to get them . Money should be allocated for healthcare and therapeutic services or it may greatly impact later on if not treated in our society.	Feb 15, 2011 7:43 PM
1085	Regional Center should be payer of last resort.	Feb 15, 2011 8:09 PM
1086	any child who meets the criteria of diagnosis for Autism, Autistic-like behaviors or Aspergers by qualified persons like those included in local SELPAs definition of "qualified" personell for determining needs for service.	Feb 15, 2011 8:12 PM
1087	all special needs	Feb 15, 2011 8:14 PM
1088	Make private insurance cover these services NOT RC!!!!!	Feb 15, 2011 8:22 PM
1089	A person who has been diagnosed with disabilities that need special services to compensate/ to acquire certain life skills should be provided for. I refer mainly to the OT,PT, Speech and Psychological needs not someone demanding a swimming pool for therapies in their homes.	Feb 15, 2011 8:36 PM
1090	whoever needs these services should receive them	Feb 15, 2011 8:36 PM
1091	Every kids should get therapy needed as much as they can without being denied or getting difficulties in finding provider or approval.	Feb 15, 2011 8:41 PM
1092	All children with an ASD diagnosis.	Feb 15, 2011 8:51 PM
1093	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in the Lanterman Act	Feb 15, 2011 8:58 PM
1094	Anyone who it's deemed is in need of such services	Feb 15, 2011 9:07 PM
1095	As determined by the IPP	Feb 15, 2011 9:18 PM
1096	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
1097	Get good an qualified persons to evaluate..stop bringing in psychologists from LA to do assessments and get someone who actually has a stake in gettin it right.	Feb 15, 2011 9:27 PM

Health Care and Therapeutic Services

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

	Response Text	
1098	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 9:46 PM
1099	Those who truly are disabled. They should be evaluated in person to make sure of their needs. On the other hand, some who truly need the services have not received them (e.g., veterans and their families), also "undocumented persons" who are afraid to ask for services, even when there is not a requirement for citizenship. When I worked for a nonprofit agency, I arranged for WIC to come to the local Food Bank to enroll new people, and for Head Start to have a display table at a WIC "fair." Soon the 2 agencies started collaborating, and all those from Head Start who had not signed up previously for WIC did so when WIC came to their child's classroom. After I donated clothing to WIC, a WIC parent decided to do likewise, and soon donated clothes were a regular feature, most donated by the clients. The same happened after I donated children's books and a small bookcase to hold them. Parents began reading to their children while waiting for their appointments. Then more books were added to the "library." Terrific!	Feb 15, 2011 9:48 PM
1100	Any legal child with special needs that need those services	Feb 15, 2011 10:12 PM
1101	People whose Individual Planning (IP) Team has identified a need for these services. See Lanterman Act	Feb 15, 2011 10:29 PM
1102	Consumers who do not have access to medical care or do not have income to fund medical care should be eligible for some services.	Feb 15, 2011 10:45 PM
1103	eligible consumers who need the services according to a physician	Feb 15, 2011 11:07 PM
1104	Anyone with medical need for therapeutic services listed above	Feb 15, 2011 11:07 PM
1105	Any client who does not have other coverage.	Feb 15, 2011 11:12 PM
1106	People that need the assistance	Feb 15, 2011 11:14 PM
1107	Only consumers above the age of 18 who do not qualify for these servces thru any other means. Not being a US citizen (and therefore not eligible for MediCal, etc) should not constitute a reason for regional centers to pay for these services.	Feb 15, 2011 11:18 PM
1108	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 15, 2011 11:31 PM
1109	any individual who does not have access to appropriate care because of income and/or other health coverage.	Feb 15, 2011 11:39 PM
1110	Everyone should have the right to health-related services.	Feb 15, 2011 11:48 PM
1111	any child/adult demonstrating a delay or need within this scope of praactice	Feb 15, 2011 11:59 PM
1112	Disabled	Feb 16, 2011 12:07 AM
1113	Any person who has the disablity that needs assistance shoud be able to receive services as long as they qualify for the need.	Feb 16, 2011 12:14 AM
1114	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 12:17 AM
1115	Anybody not falling in the norm or have been diagnosed with a condition that could impact their future development.	Feb 16, 2011 12:18 AM
1116	All children who do not qualify for educationally related services (especially under age 3, but also especially for those who have had no early intervention services) If a child's comfort in just living is impacted, then they should receive help (especially children with sensory integration difficulties who do not qualify for special education in their school districts)	Feb 16, 2011 12:21 AM
1117	Clients that require the service.	Feb 16, 2011 12:23 AM

Health Care and Therapeutic Services

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

	Response Text	
1118	Any child who needs this type of care should receive it.	Feb 16, 2011 12:34 AM
1119	I believe these services should be made available to consumers who do not have access to private and/or employer health plans	Feb 16, 2011 12:37 AM
1120	Everyone who has a need for these services as identified through the IPP process per the Lanterman Act. Personal health insurance and/or medi-cal should be exhausted first, but it is unreasonable to ask consumers and/or their families to appeal every denial by health insurance companies and/or medi-cal before the regional center will provide services as required after the cuts in 2009. It causes unnecessary delays and a hardship to the consumer.	Feb 16, 2011 12:51 AM
1121	Doctors, nurses, therapists, other helpers (?) MUST HAVE APPROPRIATE EXPERIENCE IN WORKING WITH ADULT AND/OR CHILD DEVELOPMENTALLY DISABLED.	Feb 16, 2011 12:58 AM
1122	So many of these things have been cut from our regional center. All are so important for quality of life. My insurance provides me with a max amount $1500 to cover OT, PT and speech. Can something like this be set for each family and they choose how they want or need to use the funds that best meet the current needs of their family member?	Feb 16, 2011 1:05 AM
1123	people in need for these services	Feb 16, 2011 1:13 AM
1124	Educate doctors, nurses etc that even a child with a disability deserves the best care.	Feb 16, 2011 1:19 AM
1125	The need for these services should be dtermined by the parents (etc) the case worker and the provider. It has to be done on a case-by-case, not a one size fits all basis.	Feb 16, 2011 1:23 AM
1126	Individuals who have disabilities and/or are diagnosed with developmental delays/disorders	Feb 16, 2011 1:24 AM
1127	These are all different and still the SAME. SEE ANSWERS TO SECTION I.	Feb 16, 2011 1:38 AM
1128	It needs to be based on the consumers needs! Setting service standards could eliminate those who really need services and cannot get them from insurance, schools, or other sources. As long as the family has exhausted all other forms for funding and the Regional Center is the actual payer of last resort. It really needs to be centered on what the individual needs to be healthy, safe and help to improve their quality of life. PT for our son is a must, as his GI system and pulmonary system are very fragile and he suffers from chronic problems, they are both connected to his amount of activity and mobility. The PT he receives has so helped with his overall health and strength.	Feb 16, 2011 1:42 AM
1129	A child on the Autism Spectrum Disorder should receive help from these services.	Feb 16, 2011 1:53 AM
1130	ALL consumers' families should be OFFERED these services. My Alta service coord. fought me on diapers for four years. She never told me I could have gotten a washable mattress pad. She refused to put in a PO for a bedwetting alarm. My son did not stop wetting the bed until age 14 and the yeast infections and jock itch and sores and bloody rash didnt stop for another 6 mos after that. He still has scars from YEARS of wet, infected skin. Her reason: He is ambulatory. Only consumers who are wheel-chair bound or bed ridden need these services. Dental services need to start earlier. General anesthesia should not be the only option for our kids. Genetic counseling is a joke. We (medical community) don't know which genes cause it yet and those families who are clearly at risk (already have one or more affected children) refuse to stop breeding anyway. As far as speech, OT, PT, Respiratory, etc. goes, again, medical insurance companies have long evaded responsibility for these and should be REQUIRED to provide them. Alta and the schools are not medical providers.	Feb 16, 2011 2:14 AM
1131	ALL IN NEED	Feb 16, 2011 2:17 AM

Health Care and Therapeutic Services

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

	Response Text	
1132	Disabled children and adults should be allowed the services if they could improve their quality of life.	Feb 16, 2011 2:20 AM
1133	I think a child that has a need should be able to get the services requested by a Dr. If a family's personal insurance will not cover the care of the child, I think the child should be eligible for necessary treatment.	Feb 16, 2011 3:07 AM
1134	All individuals with developmental disabilities who have chronic medical conditions should have all of the services provided that address that chronic condition. Non ambulatory individuals should all receive physical therapy. Non verbal individuals should receive speech therapy or instruction in the use of communication devices. All individuals with G tubes should have their enteral feeding formulas provided as part of their medical needs.	Feb 16, 2011 3:08 AM
1135	Only those with no other funding when medically necssary. Children under 5 shouldnt get diapers- many typical 3 and 4 year olds have diapers. Therapies for some adults as needed . Medical equipment to improve function	Feb 16, 2011 3:46 AM
1136	Anyone who has a need	Feb 16, 2011 3:50 AM
1137	Especially in light of budget cuts that have been made, have been proposed and may happen in the future this category is very important. An individuals quality of life in many cases is directly affected by their ability to access these services. If these services are denied by other payees (insurance, school, ccs) then Regional Center should fund them.	Feb 16, 2011 4:05 AM
1138	Any person who qualifies for regional center services and needs any of the above-listed services	Feb 16, 2011 4:09 AM
1139	Children and individuals diagnosed with a disability that requires therapy and/or those whose health care provider believe that the child/individual would greatly benefit from healthcare and therapeutic services.	Feb 16, 2011 4:25 AM
1140	Most therapies are being pushed to insurance now (or at least insurance needs to be exhausted). If DDS is funding a lot of this, looks like insurance/MediCal/Healthy Families is not being well utilized by case managers. Non-medical therapies should be proven in their effectiveness for the client or by peer review articles.	Feb 16, 2011 4:25 AM
1141	All who need it	Feb 16, 2011 4:36 AM
1142	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 4:46 AM
1143	I don't think that anyone that is receiving Medi-Cal or any other billable insurance should recieve these services. That being said, the lag time between getting denials and exhausting other resources is often the difference between life and death, or a better overall outcome.	Feb 16, 2011 5:00 AM
1144	I would hope that all clients would be able to get dental insurance...it is very expensive to maintain good dental health, and without insurance it is impossible for someone on disability to get good dental care.	Feb 16, 2011 5:02 AM
1145	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 16, 2011 5:03 AM
1146	anyone who needs	Feb 16, 2011 5:15 AM
1147	Diapers were excluded from services should be restored. Rather than provide specific services the provision of case management for services and claims coordination would be useful to families at very little cost.	Feb 16, 2011 5:27 AM
1148	any kids if they need and apply for it .	Feb 16, 2011 5:33 AM
1149	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 5:37 AM
1150	consumers with a medical need	Feb 16, 2011 6:05 AM

Health Care and Therapeutic Services

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

	Response Text	
1151	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 6:08 AM
1152	I would like more input in the medical/therapy services area when questions come up.	Feb 16, 2011 6:51 AM
1153	Kids with developmental disabilities	Feb 16, 2011 6:52 AM
1154	Any age Consumer should receive these services.	Feb 16, 2011 6:55 AM
1155	Everyone who thinks they have a need. Especially those with a medical/therapeutic referral from a licensed practitioner.	Feb 16, 2011 7:44 AM

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

	Response Text	
1	For those in need, they should receive the service at least once a week depending on the severity.	Jan 28, 2011 12:41 AM
2	Well that would be different for each service, and on the consumers needs. I would say that would be Doctor prescribed.	Jan 28, 2011 1:07 AM
3	as needed, not one sized fits all	Jan 28, 2011 1:10 AM
4	continue as serviced	Jan 28, 2011 1:13 AM
5	INDIVIDUAL CHOICE BUDGET	Jan 28, 2011 1:24 AM
6	Evaluations should be provided annually with a home program included. Specific 1-1 therapy should be available on a limited quarterly basis to ensure follow-up by the parents and to measure progress on goals.	Jan 28, 2011 1:31 AM
7	As much is needed according to one's IPP.	Jan 28, 2011 1:39 AM
8	bassed upon assessments	Jan 28, 2011 1:44 AM
9	As often as medically needed.	Jan 28, 2011 1:46 AM
10	ICB	Jan 28, 2011 1:49 AM
11	It depends on each case. varied From urgent psychological intervention(everyday) to once a month	Jan 28, 2011 1:59 AM
12	Dental is very important especially if people can't floss and brush very well. 2 x a year is important so people don't get their teeth pulled, which stigmatizes people even more!	Jan 28, 2011 2:02 AM
13	not re-evaluated by regional center doctors. medical records should remain confidential, not given to regional center. private doctors should be able to provide substantial information without releasing all medical records.	Jan 28, 2011 2:10 AM
14	As determined by the team of therapists working with the consumer.	Jan 28, 2011 2:44 AM
15	as often as deemed necessary by a medical professional... that is why they have the degree.	Jan 28, 2011 3:03 AM
16	The service needs to based on the need of the client. At least once a week but more likley twice	Jan 28, 2011 3:06 AM
17	Several hours a week, how many exactly should be determined by the doctor and the regional center.	Jan 28, 2011 3:14 AM
18	as needed	Jan 28, 2011 3:16 AM
19	As needed	Jan 28, 2011 3:18 AM
20	As long as it is needed.	Jan 28, 2011 3:32 AM
21	This should depend on NEED!	Jan 28, 2011 3:34 AM

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

	Response Text	
22	as needed	Jan 28, 2011 3:39 AM
23	Lanterman Act. Needs of the consumer as written in the IPP	Jan 28, 2011 3:44 AM
24	This should be the purview of doctors, psychologists,psychiatrists, occupational therapists, speech therapists, etc. who are experienced in the field.	Jan 28, 2011 3:55 AM
25	As often as suggested by the professionals looking after the health and welfare of the consumers.	Jan 28, 2011 4:00 AM
26	Using common sense, AS NEEDED.	Jan 28, 2011 4:03 AM
27	minimum of 24 hours a month up to 24 hours a day in emergency situations to avoid institutionalization. Adults with medical fragility and no day care should get more hours.	Jan 28, 2011 4:08 AM
28	as need. as well as monthly for some	Jan 28, 2011 4:19 AM
29	?	Jan 28, 2011 4:22 AM
30	ALL services should be time limited unless the individual has a severe defecit.	Jan 28, 2011 4:27 AM
31	Depending on the evaluation results performed by the therapist.	Jan 28, 2011 4:28 AM
32	As often as necessary.	Jan 28, 2011 4:32 AM
33	As often as needed, according to the consumer's IPP.	Jan 28, 2011 4:49 AM
34	This should be determined based on the IPP	Jan 28, 2011 5:00 AM
35	Putting all disabled persons into managed care is not the solution. There is no expertise in the medical needs of the different disabilities. Dental services: cleaning ought to be provided 1 or 2 times per year, as needed and recommended by a professional dentist. Podiatry needs to be provided as recommended by a professional podiatrist. Hearing and speech assessments need to be allowed.	Jan 28, 2011 5:02 AM
36	Minimal dental benefits -- access to cleanings 4 x per year for overall health	Jan 28, 2011 5:09 AM
37	Depends on individual needs.	Jan 28, 2011 5:54 AM
38	As needed under current check and balance policy.	Jan 28, 2011 5:58 AM
39	Frequency: As needed Duration: As needed, perhaps indefinately.	Jan 28, 2011 6:06 AM
40	as required to be effective.	Jan 28, 2011 6:19 AM
41	As required and needed.	Jan 28, 2011 6:35 AM
42	Medical services should be provided as often as needed! No family or child should not receive medical care or proper counseling about their child's disability. One comment about therapies - medical model therapy means the child gets therapy (ie PT,OT) for a period of rehabilitation, as in an older person who sustains an injury. When the child does not make rapid progress, the services are reduced. To parents, this means "my child is not improving quickly enough - she needs more help, therefore they are reducing her therapy." This does not make sense!	Jan 28, 2011 6:50 AM
43	This is a duplication of services that can routinely be obtained through medical services outside of Regional Centers. Eliminate this program	Jan 28, 2011 7:01 AM
44	Whatever the Doctor prescribed. Patient who meet the requirements should have he services available to them in-home or not!	Jan 28, 2011 7:17 AM
45	When needed to treat or improve a condition	Jan 28, 2011 7:18 AM

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

	Response Text	
46	This should be as needed on an individual basis. Consumers differ on kinds and severities of health problems and so there is no one size fits all approach that will work.	Jan 28, 2011 7:35 AM
47	Meds should only be provided in a crisis situation, i.e., one month. Give them time to access generic resources.	Jan 28, 2011 8:20 AM
48	This should be determined by the provider who after assessment will suggest weekly, bi-weekly, bi-monthly or monthly services.	Jan 28, 2011 1:53 PM
49	Medical service should not be funded/ provided by regional centers.	Jan 28, 2011 2:58 PM
50	Based on the individual participant and what their specific needs are!	Jan 28, 2011 3:16 PM
51	Whenever needed or when a parent or client complains. Another qqquestion presuming a one-size-fits-all formula.	Jan 28, 2011 4:29 PM
52	Applied Behavior Analysis should be included as a service provided.	Jan 28, 2011 4:33 PM
53	Services standards should be outstanding and specific services should be provided based on the needs of the clients. These are people and by the Grace of God, we are Blessed not to need the care.	Jan 28, 2011 4:44 PM
54	as medically needed	Jan 28, 2011 4:44 PM
55	As much as required to insure the safety and health of an individual.	Jan 28, 2011 4:50 PM
56	Yes that would be wonderful to follow if provided.	Jan 28, 2011 4:53 PM
57	As per the IPP	Jan 28, 2011 5:07 PM
58	Well currently they are neither since I assume not many at my regional center know anything about them. So perhaps let others know these are available first.	Jan 28, 2011 5:09 PM
59	The provider and patient should decided this.	Jan 28, 2011 5:15 PM
60	the regional center payment of services no longer covered my medi-cal (such as dental, eyeglasses, etc) should not exceed the authorized number of visits per year that medi-denti-cal used to cover such services.	Jan 28, 2011 5:24 PM
61	No more than 2 times per week.	Jan 28, 2011 5:27 PM
62	In a time limited and outcome based manner.	Jan 28, 2011 5:47 PM
63	follow state and national guidelines within each discipline for industry standards. listen to the disciplines about case loads etc.	Jan 28, 2011 5:50 PM
64	Whenever needed.	Jan 28, 2011 6:07 PM
65	Again based upon individual needs as determined in the IPP	Jan 28, 2011 6:08 PM
66	Keep at the current rates and amounts.	Jan 28, 2011 6:19 PM
67	According to the need of the individual and the family.	Jan 28, 2011 6:30 PM
68	As needed	Jan 28, 2011 6:32 PM
69	BASED ON NEED	Jan 28, 2011 6:36 PM
70	once a month	Jan 28, 2011 6:50 PM
71	leave these services alone.. they are critical	Jan 28, 2011 6:54 PM
72	What is suggested in their IPP	Jan 28, 2011 7:09 PM
73	It should be provided as needed as determined by eligibility.	Jan 28, 2011 7:14 PM
74	After communication between parents/guardians and professionals, it should be determined how often a client needs treatment and assistance with services.	Jan 28, 2011 7:24 PM
75	N/A	Jan 28, 2011 7:26 PM
76	These services should be provided in the home if possible or in accessible community settings.	Jan 28, 2011 7:27 PM
77	It needs to be provided as frequently and as often as professionals see fit.	Jan 28, 2011 7:29 PM
78	never	Jan 28, 2011 7:29 PM

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

	Response Text	
79	Medically necessary to sustain life.	Jan 28, 2011 7:30 PM
80	until there is significant improvement	Jan 28, 2011 7:34 PM
81	Services should be given on a "one -to-one" basis. Each case should be reviewed to determine what services are needed.	Jan 28, 2011 7:51 PM
82	As often as needed, once the tax is set up.	Jan 28, 2011 7:56 PM
83	see above	Jan 28, 2011 8:07 PM
84	as often as it is working but still with the intent that the big bucks are spent up front and training provided so that the family can then provide and the funding can cease. teach a man how to fish	Jan 28, 2011 8:09 PM
85	Each person is individualized and have different needs. Everyone will need different services amounts.	Jan 28, 2011 8:26 PM
86	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 8:47 PM
87	To be determined by the professionals outside regional center, and parents/caregivers involved with the consumers care.	Jan 28, 2011 8:49 PM
88	As per the IPP	Jan 28, 2011 8:49 PM
89	Depends on service. We do ours quarterly.	Jan 28, 2011 8:52 PM
90	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 8:56 PM
91	Frequency of health care services would vary widely, depending on the health issue at hand. Each situation would need to be reviewed individually, first by the IPP team, and then reviewed by the appropriate Regional Center committee designated for that service.	Jan 28, 2011 9:15 PM
92	What is needed is how often it is needed.	Jan 28, 2011 9:19 PM
93	Individualized. Provide transparency to families and individuals about Regional Center POS. This should not be a secret. It feels as though "mum's the word" until a family gains enough networking though other families to ask for something they heard through the grapevine was provided. For example, we did not learn that incontinent supplies (diapers) were part of regional center POS until right before our son had aged out of access to this service. 18 years of regional center IFSPs and no one ever bothered to tell us this was a resource.	Jan 28, 2011 9:26 PM
94	Services should be provided based on assessment by a knowledgable party and recommendations should be based on observations and evidence. Concrete goal is established at time of assessment.	Jan 28, 2011 9:40 PM
95	This depends on nature of intervention and consumer needs and should be on an as-needed basis.	Jan 28, 2011 9:42 PM
96	AS needed.	Jan 28, 2011 9:44 PM
97	Three times/month	Jan 28, 2011 9:52 PM

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

	Response Text	
98	If a individual has speech and language problems, than levels of service and what service they receive should be based on that need. If an individual has physical impairment, than levels of service and what service they receive should be based on that individuals need. Etc, etc, etc. Not effective to give a orthopedically impaired individual speech therapy if they do not have a speech problems, but rather a walking or other physical mobility problem.	Jan 28, 2011 9:58 PM
99	according to the consumer's documented need	Jan 28, 2011 9:59 PM
100	As needed, reviewed annually.	Jan 28, 2011 10:06 PM
101	there should not be limits on services for which the consumer continues to demonstrate need.	Jan 28, 2011 10:07 PM
102	Duration and frequency of services should be considered as part of the clinical team review, as well as consideration regarding the availability of generic resources. The goal would be for short-term situations.	Jan 28, 2011 10:16 PM
103	As-needed.	Jan 28, 2011 10:28 PM
104	See my answer for Behavioral services.	Jan 28, 2011 10:39 PM
105	as needed to help consumer become independant in any area	Jan 28, 2011 10:42 PM
106	Services should be provided based on the individual needs of the consumer.	Jan 28, 2011 10:44 PM
107	Some of these should be one time services.	Jan 28, 2011 10:57 PM
108	With Rx from PCP	Jan 28, 2011 11:02 PM
109	As needed.	Jan 28, 2011 11:04 PM
110	As medically prescribed.	Jan 28, 2011 11:12 PM
111	As determined by the RC	Jan 28, 2011 11:15 PM
112	depends on out come of above review	Jan 28, 2011 11:16 PM
113	Refer to previous section	Jan 28, 2011 11:17 PM
114	Only when there is a legitimate need - medi-cal covers much of it so a fund should be set up to be used solely for emergency situations	Jan 28, 2011 11:48 PM
115	Provided services should be from the same or similar agencies that provide services to the school systems and insurance companies.	Jan 29, 2011 12:18 AM
116	Consistent weekly hour-long therapy in PT, OT, and speech has been the frequency and duration which has helped us most.	Jan 29, 2011 12:20 AM
117	As many as needed.	Jan 29, 2011 12:21 AM
118	As needed. When MediCal cuts MD visits or makes service reductions, persons with DD cannot be pressed into those standards because their very life may depend upon access to services.	Jan 29, 2011 12:29 AM
119	As long as the family can prove the need	Jan 29, 2011 12:38 AM
120	Medical equipment and supplies should be provided in a large enough quantity that the clients needs are met. I buy extra diapers for my daughter because her needs are not being met. There should be a way to inform the patient (client) of what is allowed and not allowed.	Jan 29, 2011 12:48 AM
121	Again, this will vary from individual to individual, and needs will change over time. Would suggest a group meeting to target this and revisit periodically (like every 3-4 months).	Jan 29, 2011 12:50 AM
122	Meetings and quarterly reports should have the information of the clients needs and be acted upon.	Jan 29, 2011 12:53 AM

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

	Response Text	
123	Our aba is 20 hours a week. That's not enough. We also don't get enough speech and ot. Our respite was already cut last year due to budget cuts. We needed the full 40 hours	Jan 29, 2011 1:04 AM
124	As indicated by the licensed service provider	Jan 29, 2011 1:20 AM
125	with regard to dental services - because many consumers need to be anesthetized even for cleaning, this can be expensive for families and medi-cal does not pay for this care (that I am aware of). share of cost or coverage or access to dental insurance at affordable rates would help.	Jan 29, 2011 1:31 AM
126	As needed.	Jan 29, 2011 3:00 AM
127	as needed	Jan 29, 2011 3:08 AM
128	As needed by Dr. requiement	Jan 29, 2011 3:40 AM
129	as needed	Jan 29, 2011 3:50 AM
130	Current standards which are in place, and which govern health professionals should be sufficient. As measured in the CDER, everyone should have their health care needs met. However, with funding limitations in the Medi-Cal program, certain services are no longer available as they once were (dental services for adults, podiatry services, payment for glasses, etc.)	Jan 29, 2011 4:35 AM
131	up to the parent to decide	Jan 29, 2011 4:40 AM
132	Case by case	Jan 29, 2011 4:48 AM
133	As needed based on qualified medical personnel	Jan 29, 2011 5:03 AM
134	everytime a person asks for a service	Jan 29, 2011 5:08 AM
135	Twice a year	Jan 29, 2011 5:57 AM
136	Services must be provided as needed, as specified in the consumer's IPP.	Jan 29, 2011 6:04 AM
137	Again- as often as needed	Jan 29, 2011 6:15 AM
138	supplies=monthly, services= as recommended by doctor	Jan 29, 2011 6:27 AM
139	As Needed	Jan 29, 2011 6:35 AM
140	as often as determined by appropriate medical professional	Jan 29, 2011 6:35 AM
141	25 hours per week	Jan 29, 2011 7:42 AM
142	to the levels recommended by specialists, geared toward each individual. No one size fits all mentality by Regional Centers.	Jan 29, 2011 8:32 AM
143	Based on need	Jan 29, 2011 8:43 AM
144	one to 2 hour a week depending on severity and the observation and evaluation conclusion.	Jan 29, 2011 8:47 AM
145	it all depends on their disabilities	Jan 29, 2011 2:55 PM
146	Again based on therapist suggestion due to the sevatity of child. Not what Regional states what is available.	Jan 29, 2011 4:57 PM
147	These are revalant services that need to be taken for all consumers on medication to provide the physicians the information needed to update the amount of medication for the consumer.	Jan 29, 2011 5:28 PM
148	Each case is individual. Services should be based on this.	Jan 29, 2011 6:01 PM
149	the family and the doctors should be able to take care of this.	Jan 29, 2011 8:08 PM
150	Have the professionals determine how often it is needed.	Jan 29, 2011 8:27 PM
151	Genetic counseling should be provided when testing has been completed, and when genetic and age related milestones approach. For example, for down syndrome, there is a link to alzheimer's and it is important that caretakers plan for possible early onset of alszheimers and the associated complications.	Jan 29, 2011 9:10 PM

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

	Response Text	
152	They should be provided as often as demonstrably needed. These services should not include those merely done for "beautification," such as teeth whitening, plastic surgery other than reconstructive, etc.	Jan 29, 2011 9:47 PM
153	COORDINATED THROUGH REGIONAL CENTER AND LOCAL RESOURCES	Jan 29, 2011 11:46 PM
154	Professional services should be provided based on the recommendation of the appropriate professional. A case manager with no background in understanding the complex issues of these clients is often not the best person to make decisions.	Jan 30, 2011 12:01 AM
155	The service should be provided when lack of provision would force a consumer into placement and the cost of the service is the same as placement.	Jan 30, 2011 12:10 AM
156	Nursing should be provided as needed, due to medical condition. If people have a life threatening condition that requires nursing to stay alive, they should receive adequate LVN or RN level care.	Jan 30, 2011 12:23 AM
157	As deemed necessary by professionals evaluation the consumer. If family wants additional services they can contract directly with the service provider	Jan 30, 2011 12:34 AM
158	I think current policy is adequate, but it requires a lot of work on the part of the Service Coordinator to justify POS, at a time when caseloads are high.	Jan 30, 2011 1:08 AM
159	1) Per medical standards.	Jan 30, 2011 3:28 AM
160	AS NEEDED.	Jan 30, 2011 3:38 AM
161	Families should be able to opt for one of two choices: a consultancy-based intervention with therapists that means a monthly meeting in which the therapist suggests interventions that the family can execute at home OR weekly or twice weekly visits with appropriate therapists.	Jan 30, 2011 4:14 AM
162	Daily	Jan 30, 2011 6:45 AM
163	As above - as much as needed and a lot at first, and moving to less time and mostly consult time with us. So, for example, if I can get him in to an OT three times a week at first, maybe after 6 months it's a lot less but still going, and when he has to do new things like on the playground, then we can do more during that time.	Jan 30, 2011 4:47 PM
164	As needed.	Jan 30, 2011 8:57 PM
165	keep intensive needs in mind as often as necessary	Jan 30, 2011 9:08 PM
166	3 days out of the week	Jan 30, 2011 9:11 PM
167	As often as needed!!!!!!!!!!!!	Jan 30, 2011 10:34 PM
168	Dependent on the individual need.	Jan 31, 2011 1:33 AM
169	As often as needed to provide adequate care.	Jan 31, 2011 4:26 AM
170	As many times as the children show progress.	Jan 31, 2011 7:21 AM
171	As often as prescribed by the behavior specialist.	Jan 31, 2011 10:00 AM
172	Depending on what insurance covers or parents are willing to pay.	Jan 31, 2011 2:41 PM
173	That is too general of a question....you can't lump the need for diapers on the same level as the need for medical folow through.	Jan 31, 2011 3:38 PM
174	as needed. primary care physician should be available to make house calls. every 60 days for PCP or PRN. each person is unique, having available services based on their needs is ideal.	Jan 31, 2011 4:17 PM
175	The frequency of the visits should be in proportion to the severity of the case. My daughter had serious speech impediments. With the help of two private visits and two visits during school for three years she has overcome most of them.	Jan 31, 2011 4:20 PM
176	As recommended by physician and agreed upon by the clinical team.	Jan 31, 2011 4:45 PM

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

	Response Text	
177	Nursing and therapy services should be provided as recommended by therapist and as long the individual is showing gains. Other recommended services should be provided at least 1x but on an as needed basis.	Jan 31, 2011 4:55 PM
178	as needed	Jan 31, 2011 5:12 PM
179	Based on need with parameters that dictate minimum and maximum length/ammount of service.	Jan 31, 2011 5:28 PM
180	...same...	Jan 31, 2011 5:32 PM
181	No suggestions regarding this topic at this time.	Jan 31, 2011 5:36 PM
182	O.T., P.T., and S.T. should be provided in group with parent as active participant. Parent should be taught how to work with child. Service should be time limited. Service should be terminated if significant progress is not made.	Jan 31, 2011 5:48 PM
183	as needed, case manager as advocate.	Jan 31, 2011 6:05 PM
184	As often as necessary, including annual visits to a primary care physician and denatists.	Jan 31, 2011 6:12 PM
185	Prior to funding any service, parents to look into their insurance plans, or medical, medicare, if they have no insurance, county facilities (medical visits, laboratory, radiology, nursing, genetic counseloling, various therapies, medical equipment) and Dept. of Mental Health (psyciatric/pyschological, substance abuse). CSC to assist families/consumers with identifying inexpensive dental/vision plans that may fit their budget. Individuals that are undocumented or no insurance for diapers Regional Center to fund. Services such as nutrtional supplements and non-medical therapies may be funded by Regional Center for a time spefic period only if consumer has no insurance.	Jan 31, 2011 6:26 PM
186	help families find peer-to-peer support with respect to the disability (from known (e.g. Down syndrome support groups) to rare (e.g. Costello syndrome), to unknown (e.g. Syndromes Without a Name (SWaN)). Also, especially for children who may benefit from a genetic test, help the family navigate the options. Example: a child clinically diagnosed with Costello or cardi-facio-cutaneous syndrome should be molecularly tested, because, though they may have similar issues in early childhood that makes it hard to differentiate, as they grow older, some of the major issues and concerns diverge. For example, Costello syndrome has a greater risk of cancer, with a frequent screening protocol for the childhood years (which appear to help the survival rate), while children with CFC syndrome can develop seizures. Two years ago, adult siblings clinically diagnosed with Costello syndrome who helped early researchers conclude that Costello syndrome were tested. They found out that actually, one had the Costello gene mutation (HRAS) which confirmed the clinical diagnosis, but the other tested positive for KRAS. KRAS is too rare and all-over-the-place in terms of mutational manifestations that researchers and doctors are debating where to put these children. The ones with milder issues are being put in the Noonan syndrome category, while the ones with more severe issues are being placed in the CFC syndrome category. More testing of children who fall in the grouping of similar-looking syndromes (the RASopathies) will help researchers design treatments that will improve their quality of life. This new grouping of genetic syndromes, which includes Neurofibromatosis type 1, is now one of the largest groupings of genetic syndromes. Any help in supporting families to get their clinically diagnosed child with Noonan, Costello or CFC syndrome would be of great import not only to families, but also to the research and clinical community that serve them.	Jan 31, 2011 6:28 PM

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

	Response Text	
187	The services should be monitored for effectiveness. IF the service is not improving the quality of life, the service should be stopped. Each individual health professional should be consulted to find the optimal treatment schedule.	Jan 31, 2011 6:33 PM
188	This should be determined on a case by case basis.	Jan 31, 2011 6:48 PM
189	I think here, there should be greater attention to state vs. local vs. school district vs. individual's insurance. There exists many legal mandates but the state/local/fed agencies try to put services into specific bins. I think a lot of services should be handeled by indivudals priviate insurance but finding out what a private insurer will cover, what the state will cover (under DDS) and what the school district will cover is a nightmare. I'd rather see the state and fed agencies require insurers to cover things that they already provide coverage for. Case in point Speech Therapy. Most insurers will cover speech therapy if an individual suffers a stroke, heart attack, or trauma that impeads their speech. But most insurers will flat our reject ANY speech therapy claim for a child with Autism, even though it's been found in countless studies to improve any individual with ASD who has speech development issues. To make matters worse, the DDS will cover early-intervention until age 3, then the school district takes over until 21, then DDS takes it over again after 21 while an individual, who may be covered under a health plan is denied. This is just plain wrong and unduly costs the state while private insures continue to make record profits.	Jan 31, 2011 6:58 PM
190	As often as needed	Jan 31, 2011 7:04 PM
191	Of course this depends on the severity of the need. Speech services should be provided at least 2/3 times a week. Physical therapy at least 3 times a week and the same with the other services. With regards to Dental Services, most dentists don't want to deal with special needs children and we up going to places like Loma Linda and the care is sub-standard and difficult to receive. We have dental insurance and still my daughter has not received dental care in the last 3 years. Dentists also are now refusing Medical and it is difficult to even find a dentist that will even see your child without putting several hundred dollars in advance of care. Most parents including myself and we don't just have the outlay of cash. This recession has hit all of hard, very hard and especially our special needs kids have been hit the hardest. As far as psychiatric services - well you don't provide services for that and most patients who do need it and the doctor sees Medical Patients, the care as usual and substandard. It's the "Treat and Street 'Em" mentality that exists. We have the insurance for psychiatric services and utilize them. God help the patients who have to use medical - little or no care and it's substandard and difficult to receive. My daughter requires Depends daily and the cost is high, but we purchase them because we have no choice. Help is needed especially for low income families that don't have the resources to purchase diapers/depends for their children. I'm not sure if it is in your scope to provide medical services, nursing services etc..	Jan 31, 2011 7:12 PM
192	Services should be rendered as needed.	Jan 31, 2011 7:19 PM
193	There should be special clinincs set up for the DD population.	Jan 31, 2011 7:21 PM
194	As needed based upon assessed baseline needs and goals written	Jan 31, 2011 7:32 PM
195	as needed	Jan 31, 2011 8:33 PM
196	That's strictly dependent on the patient's need.	Jan 31, 2011 8:36 PM
197	I believe if a client is in need of services they should be provided if possible. I know the budgets are constantly getting cut, hopefully not here.	Jan 31, 2011 8:40 PM
198	5 days a week	Jan 31, 2011 8:59 PM
199	They should be provided as often as prescribed by either a therapist or doctor.	Jan 31, 2011 9:00 PM
200	It depends up,on the intensity of their disability, those who are more non-funtional need more care. It has to be on a case by case basis.	Jan 31, 2011 9:12 PM

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

	Response Text	
201	None. No therapeutic services/funding should be offered	Jan 31, 2011 9:12 PM
202	As per the IPP	Jan 31, 2011 9:26 PM
203	As often as people without DD typically access dental and medical checkups and other health services.	Jan 31, 2011 9:36 PM
204	a. The frrequency and duration of services must be written into the IFSP. b. Suggested standards for therapeutic intervention (PT,OT,Speech) is generally two times per week up until the age of 5 years. Evidence Based Practice tells us that bombardment and shorter periods for home follow-through provide a quicker resolution of developmentally-based delays.	Jan 31, 2011 9:43 PM
205	Annual health checks and other services as needed .	Jan 31, 2011 9:52 PM
206	Based on individuals needs. you can not limit how many times a person sees a doctor. How can you do this?	Jan 31, 2011 10:23 PM
207	wewe	Jan 31, 2011 10:30 PM
208	according to the recommendation of the specific specialist	Jan 31, 2011 10:36 PM
209	Again, depends on an individual personal need.	Jan 31, 2011 11:05 PM
210	That is NOT for Regional Center to determine. These are HEALTH CARE SERVICES and last time I checked, this was not your model of doing business.	Jan 31, 2011 11:46 PM
211	As necessary.	Feb 1, 2011 12:13 AM
212	Diapers should not be funded.	Feb 1, 2011 12:17 AM
213	As often as needed	Feb 1, 2011 1:07 AM
214	Children with disabilities need frequent and early treatment. Train parents how to carry out things like physical therapy, OT, etc...incorporate volunteers and extended family in this training, but have frequent evaluation and progression in treatment.	Feb 1, 2011 1:16 AM
215	Substance abuse treatment not to exceed 18 months specialized for individuals with intellectual disabilities.	Feb 1, 2011 1:17 AM
216	As directed by a service coordinator or pediatrician. 1-3x/week.	Feb 1, 2011 1:19 AM
217	If a consumer is found to need a service it needs to be provided according to expert recommendation-- end the time wasting Hearing process that wastes energy/resources of families and state. Pays Regional Centers to sit on their butts!	Feb 1, 2011 1:29 AM
218	Again, need s to be individualized	Feb 1, 2011 1:44 AM
219	That would have to be determined on a consumers needs.	Feb 1, 2011 2:27 AM
220	annually, or more often if a specific need is determined	Feb 1, 2011 4:45 AM
221	whatever is an effective amount of time to allow progression for their deficiency	Feb 1, 2011 4:48 AM
222	when they need help	Feb 1, 2011 5:13 AM
223	Eye examinations should be provided yearly for children under 18 years of age, and semi-annually for adults. A larger percentage of children with developmental disabilities and neurological impairments have been demonstrated to have a higher incidence of vision deficits such as high refractive error (requiring strong glasses to see), eyeturns, and eye coordination deficits, as compared to children without. Leaving these deficits untreated leads to decreased function, as visual acuity, three dimensional vision, and visual-motor abilities are impacted. Many of the therapies applied such as occupational or physical therapy are much more effective if the child has stable, clear, 3D vision with which to guide motor movements and as input for understanding the world around them. Put another way, without clear stable vision, other therapies in the visual and visual-motor realm are likely to meet with limited success.	Feb 1, 2011 5:47 AM
224	Anytime the consumer needs it, it should be available to them.	Feb 1, 2011 6:06 AM

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

	Response Text	
225	Frequency depends on the appropriate assessment of the individual in need of service(s).	Feb 1, 2011 6:38 AM
226	Standards should be determined by the consumer's individual medical and health professionals.	Feb 1, 2011 7:11 AM
227	When needed weekly to monthly for psychiatry and behaviorist	Feb 1, 2011 9:40 AM
228	Weekly	Feb 1, 2011 4:16 PM
229	for Infants and young children, service should be provided in the home. Speech therapy services should be in the form of consultation and parent training. Therapy services should be short term with the goal of training and coaching parents rather than direct services.	Feb 1, 2011 5:55 PM
230	Often enough to keep costs down. If we never get a physical, how do we know about things before they become larger problems? If we have tooth problems, there is no cost savings if we have to wait for them to become medical emergencies. It costs the State more, and the person gets months of pain to boot.	Feb 1, 2011 5:55 PM
231	Nursing assessments are done too frequently on clients without medical issues only so there is a bilable service for Medicaid Waiver.	Feb 1, 2011 6:00 PM
232	ONCE FOR PRE-NATAL AND ONCE FOR TYING THEIR TUBE. NO ABORTIONS,PLEASE!!!	Feb 1, 2011 6:11 PM
233	a. monthly B. 2 times per year	Feb 1, 2011 6:13 PM
234	Based on recommendation by therapist after discussion with family, based on their ability to participate.	Feb 1, 2011 6:21 PM
235	each person is different.	Feb 1, 2011 6:28 PM
236	set standards for allowed number of visits - like insurance companies do - for example, one physical each year, dental - 2x per year	Feb 1, 2011 6:30 PM
237	Per a professionals' recommendation.	Feb 1, 2011 6:32 PM
238	Long enough to make a difference, but if progress isn't showing up, change providers.	Feb 1, 2011 6:41 PM
239	No more than what is customary in the non disabled population.	Feb 1, 2011 6:45 PM
240	Services should include the following: Early Intervention: Speech/OT/PT - Medical Equipment/supplies including specialized formula (provided that CM receive documentation), transportation, nursing support, family counseling Children/Adults -Diapers, medical equipment/nutritional supplements, nursing respite, psychological and psychiatric support, medication, dental and substance abuse treatment, transportation.	Feb 1, 2011 7:48 PM
241	As suggested earlier, person served should be alloted a maximum of $15,000 per fiscal year. That amount can be used for any services that may be deemed appropriate for that child. Once the money is gone, they will have to wait for the next fiscal year to start services again.	Feb 1, 2011 7:51 PM
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) "Up to but not to exceed the cost to house one individual in a Developmental Center."	Feb 1, 2011 7:56 PM
243	varies	Feb 1, 2011 8:14 PM

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

	Response Text	
244	Standards in place now.	Feb 1, 2011 8:40 PM
245	as needed	Feb 1, 2011 8:41 PM
246	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 9:15 PM
247	TAKE IT OUT OF THE TAX MONEY YOU TAKE FROM US ALL OF THE TIME!	Feb 1, 2011 9:24 PM
248	should depend on the level of need.	Feb 1, 2011 9:37 PM
249	As often as determined via the IPP or IFSP as stated in the Lanterman Act 4646 (a-d)	Feb 1, 2011 9:38 PM
250	As needed- reviewed quarterly.	Feb 1, 2011 9:58 PM
251	As often as deemed necessary by the team of professionals working with a child.	Feb 1, 2011 10:02 PM
252	this should be determined by the treating clinician	Feb 1, 2011 11:10 PM
253	Specific services standards should continue as they are currently. Each consumer should get treatment as often as needed for success.	Feb 1, 2011 11:14 PM
254	If there is a need, there should be a service. When consumers are assssed annually, there should be a list of services available to them based on their specific needs and diagnosis. The annual visit should be a place where these services are discussed and made available on a needed basis. A consumer shouldn't have to wait to go to dentist or see a therapist etc.	Feb 1, 2011 11:29 PM

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

	Response Text	
255	See AAP Bright futures for general health and refer to AAP alterations for health maintenance appropriate to specific developmental conditions. See California Best practices (Filipek, et al) but update. The state system needs genetics consultant group to keep up with appropriate genetic / metabolic evaluation and treatment standards, i.e. the value of DNA microarrays for helping with diagnosis and family planning and identification of family medical risks (PTEN and macrocephaly) > Autism Res. 2010 Jun;3(3):137-41. > > Confirmation study of PTEN mutations among individuals with autism or > developmental delays/mental retardation and macrocephaly. > McBride KL, et al > > Abstract > There is a strong genetic component to autism spectrum disorders > (ASD), but due to significant genetic heterogeneity, individual > genetic abnormalities contribute a small percentage to the overall > total. Previous studies have demonstrated PTEN mutations in a sizable > proportion of individuals with ASD or mental retardation/developmental > delays (MR/DD) and macrocephaly that do not have features of Cowden or > Bannayan-Riley-Ruvalcaba syndrome. This study was performed to confirm > our previous results. We reviewed the charts of individuals who had > PTEN clinical sequencing performed at our institution from January > 2008 to July 2009. There were 93 subjects tested from our institution > during that period. PTEN mutations were found in 2/39 (5.1%) ASD > patients and 2/51 > (3.9%) MR/DD patients. Three additional patients without mutations had > no diagnostic information. Multiple relatives of individuals with a > PTEN mutation had macrocephaly, MR, or early onset cancer (breast, > renal, and prostate). Of those relatives tested, all had the familial PTEN mutation. > None of the affected relatives had previously been diagnosed with > Cowden or Bannayan-Riley-Ruvalcaba syndrome. We noted in our previous > study several adult relatives without any findings who carried a mutation. > Combined with data from our previous cohort, we have found PTEN > mutations in 7/99 (7.1%) of individuals with ASD and 8/100 (8.0%) of > individuals with MR/DD, all of whom had macrocephaly. We recommend > testing for mutations in PTEN for individuals with ASD or MR/DD and > macrocephaly. If mutations are found, other family members should be > offered testing and the adults offered cancer screening if they have a PTEN mutation.	Feb 1, 2011 11:30 PM
256	As often as needed.	Feb 1, 2011 11:38 PM
257	The services should be provided depending on the needs of each individual customer and based on progress.	Feb 2, 2011 12:37 AM
258	Physical Therapy should be provided to adult age.	Feb 2, 2011 12:41 AM
259	Each center should be allocated a set amount annually to procure a medical consultant.	Feb 2, 2011 12:52 AM
260	As suggested by the service providers.	Feb 2, 2011 1:09 AM
261	As often as the specialist recommends	Feb 2, 2011 2:15 AM
262	Because each consumer differs in their need/frequency of need, the standard of services should be based on what is needed to help the individual consumer retain dignity.	Feb 2, 2011 2:28 AM
263	Make sure families are accessing services from the agency who is mandated to provide services	Feb 2, 2011 2:46 AM

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

	Response Text	
264	Any service, including dental work, that is needed should be provided.	Feb 2, 2011 3:24 AM
265	Once a week.	Feb 2, 2011 4:41 AM
266	As often as needed as determined by a professional such as a doctor.	Feb 2, 2011 5:51 AM
267	As often as the clinician or practitioner feels is necessary; in terms of food and supplies, no child should be hungry or dirty due to lack of food, diapers, water, soap, etc.	Feb 2, 2011 5:56 AM
268	Currently physical and occupational therapies are completed by excellent therapists. My complaint is my daughter was scaled down from twice a week therapies to once a week and finally to once a quarter - consultative basis only. As the year passed she became more tight in the muscles. If she was evaluated again, they would notice a considerable drop in her physical abilities - she can no longer climb stairs lifting her legs unaided, she can no longer hold onto a hoop and walk, she can no longer step up, she can no longer stand on her knees, do quads, even sit up on the floor. This is because she was deemed as not progressing and that she had plateaued. Well, she has regressed physically but we can no longer get services and only on a consultative basis. Kit used to walk (fully aided) for 3 hours a day and now we're lucky if she can walk 15 minutes. This means more severe pulmonary episodes and chronic constipation. People with severe disabilities must have standards for maintenance of ability rather than progression of abilities. They need to continue to receive PT and OT services for life to maintain and not lose whatever mobility or capability they had. Maintenance is prevention.	Feb 2, 2011 8:48 AM
269	STop all recreation therapy, sensory stuff and non-essential to basic life functioning	Feb 2, 2011 1:53 PM
270	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 2, 2011 3:33 PM
271	Weekly	Feb 2, 2011 4:39 PM
272	The above stated services should not be provided with Regional center dollars-no exceptions.	Feb 2, 2011 4:52 PM
273	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 2, 2011 4:53 PM
274	Same as Medi-Cal	Feb 2, 2011 5:03 PM
275	As necessary. Consumers all have different needs.	Feb 2, 2011 5:16 PM
276	Once a to twice a week for up to 3 hours per week.	Feb 2, 2011 5:29 PM
277	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 2, 2011 5:50 PM
278	ADHCs provide services to people who need daily treatment to decrease the deterioration of their disability.	Feb 2, 2011 6:05 PM
279	As needed for each individual case.	Feb 2, 2011 6:06 PM
280	Dental service at least twice per year for most, more often for thos who are unable to complete adequate dental hygiene on their own.	Feb 2, 2011 6:22 PM
281	a	Feb 2, 2011 6:50 PM
282	This would depend on need as assessed by a medical professional.	Feb 2, 2011 6:56 PM
283	Madical standards are the minimum	Feb 2, 2011 6:58 PM
284	It should be the same level of service anyone of us would expect when seeking it for ourselves.	Feb 2, 2011 7:11 PM
285	Nursing in only rare cases where family members are unable to manage the medical needs - such as uncontrolled seizures. Therapeutic services for families 1 to 2 hours a week. Occupational and speech therapies 1 to 2 hours a week.	Feb 2, 2011 7:20 PM

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

	Response Text	
286	To be provided by RC after all generic resources are explored and while generic resources are being explored. Assistance with co-payments for services provided through other sources if family can show financial need.	Feb 2, 2011 7:25 PM
287	I think the current standards are appropriate.	Feb 2, 2011 7:41 PM
288	This should again, be written into the IPP or IEP.	Feb 2, 2011 8:46 PM
289	Service should be provided at a level that is medically necessary. Services should not be arbitrarily set at weekly, monthly etc. Not set by the calendar but by actual need.	Feb 2, 2011 8:59 PM
290	Teeth should be cleaned twice a year and x-rays as needed. Immunizations should be timely. Again, standardizing therapy is unrealistic.	Feb 2, 2011 9:23 PM
291	Deaf adults need hearing aids.. they should ALWAYS have them...The cost of not providing dental care will cost more in the long run in contributing to other disease processes. I would imagine that Medi-Cal fraud is as rampant as for Medicare. What about a task force with real teeth to uncover that fraud and frree up those dollars to care for disabled kids/adults, who really need the help??	Feb 2, 2011 9:33 PM
292	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 2, 2011 9:34 PM
293	as needed	Feb 2, 2011 9:38 PM
294	as needed basis.	Feb 2, 2011 10:02 PM
295	SAME AS PRIOR	Feb 2, 2011 10:03 PM
296	*As directed by the doctors, therapist, nurses and other helpers	Feb 2, 2011 10:04 PM
297	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
298	as much as recommended by the certified therapist for each area of service. There should be a balance of consultative, individual 1:1 (if recommended) and group therapy. Consultative therapy should be the most utilized because by helping the families, teachers and other care providers learn how to implement strategies used by licensed therapists, less 1:1 and group therapy would be required and all those who work with the individual would be providing consistent therapeutic services.	Feb 2, 2011 10:13 PM
299	When deemed necessary by a medical professional.	Feb 2, 2011 10:17 PM
300	service should be provided on a weekly basis consitently upon the needs of the patient.	Feb 2, 2011 10:28 PM
301	There is no one-size fits all. Dependent on needs of client as determined by medical personnel and Regional Center.	Feb 2, 2011 10:29 PM
302	services should be provided 100% of the time necessary for the individual to function safely	Feb 2, 2011 10:32 PM
303	As determined by a medical professional.	Feb 2, 2011 11:07 PM
304	As needed.	Feb 2, 2011 11:09 PM
305	Services must always be provided for the child or family in need and needs to be funded by supplemental sources if family is unable to pay!	Feb 2, 2011 11:14 PM
306	Regional center professionals and practitioners should determine the need for frequency of services- a team of professionals working within a budget to determine the most effective strategy for the disabled individual	Feb 2, 2011 11:21 PM
307	I do not support POS service standards.	Feb 2, 2011 11:31 PM
308	Speech Therapy Occupational Therapy Adapted Physical Education	Feb 3, 2011 12:04 AM

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

	Response Text	
309	Services should be provided as needed.	Feb 3, 2011 12:27 AM
310	As needed by each case.	Feb 3, 2011 12:36 AM
311	Same answers as previous page	Feb 3, 2011 12:44 AM
312	Therapeutic care should have some proven basis of being beneficial. Therapeutic services should not end at age 18 as they could benefit a client that is adult.	Feb 3, 2011 12:45 AM
313	As necessary, depending on the severity of the conditio;n and type of services required. Inpt from the service provider should be given priority as that person is supposed to be the most knowledgeable professional about what is necessary given the needs of the child and the family.	Feb 3, 2011 12:52 AM
314	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 3, 2011 12:58 AM
315	what ever is needed	Feb 3, 2011 1:30 AM
316	Depends on the service. Standard set by a panel of Doctors, parents, medical consultants, and outside the box thinkers with room for exceptions and extreme cases.	Feb 3, 2011 1:35 AM
317	N/A	Feb 3, 2011 1:55 AM
318	as necessary. some may need service 1x mo. and some less. depends on the need of the consumer	Feb 3, 2011 1:55 AM
319	Base it on professional recommendations from both Regional Center and from independent profesional reports submitted on behalf of the client.	Feb 3, 2011 2:19 AM
320	dental checkups twice a year, as recommended in the community Medical visits as needed	Feb 3, 2011 2:34 AM
321	As needed.	Feb 3, 2011 3:12 AM
322	Case by case situation depending on severity.	Feb 3, 2011 3:29 AM
323	as needed as determined by the team	Feb 3, 2011 5:08 AM
324	Always	Feb 3, 2011 5:48 AM
325	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 3, 2011 6:05 AM
326	Services should be provided only by a professional who can articulate a reasonable treatment plan including goals and timetables.	Feb 3, 2011 6:11 AM
327	as often as needed.	Feb 3, 2011 6:46 AM
328	Same standards as Valley Mountain Regional Center.	Feb 3, 2011 6:48 AM
329	The regional center needs to lighten the caseload of their social workers. The social worker and the doctor need to determine what services are necessary. If a consumer needs diapers or etc. that can be purchase at store, the consumer should give the receipt(s) to their regional center social worker for reinbursement. There needs to be some prior authorization before purchasing anything.	Feb 3, 2011 7:13 AM
330	As determined by MDs or psychologists. depends on client and disability	Feb 3, 2011 7:16 AM
331	As needed.	Feb 3, 2011 8:09 AM
332	As suggested by primary care pediatrician. Also, make sure to let parents advocate for their children and switch primary care pediatricians if they feel that their voice isn't being heard.	Feb 3, 2011 4:41 PM
333	On a need basis.	Feb 3, 2011 5:12 PM
334	Psychiatric and psychological services should be given on a consistant basis.	Feb 3, 2011 5:16 PM
335	Generic resources should be explored first. ie. MediCal and medical insurances.	Feb 3, 2011 5:18 PM
336	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 3, 2011 5:21 PM

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

	Response Text	
337	As needed.	Feb 3, 2011 5:37 PM
338	All the services should be provided by licensed professionals in their field	Feb 3, 2011 5:38 PM
339	A pre determined amount of hours per week based on medical necessity.	Feb 3, 2011 5:42 PM
340	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 3, 2011 5:43 PM
341	Nursing and clincial services to be provided by agencies that meet MediCal standards for care.	Feb 3, 2011 5:47 PM
342	as needed	Feb 3, 2011 6:00 PM
343	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4	Feb 3, 2011 6:29 PM
344	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 3, 2011 6:30 PM
345	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 3, 2011 6:37 PM
346	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 3, 2011 6:49 PM
347	on a as needed basis	Feb 3, 2011 6:50 PM
348	At least monthly.	Feb 3, 2011 7:01 PM
349	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4).	Feb 3, 2011 7:15 PM
350	As necessary and stated by the individual's doctors. Typical frequency is 1 to 2 times per week.	Feb 3, 2011 7:21 PM
351	as often as needed	Feb 3, 2011 7:32 PM
352	1 time per year with proof of effective treatment of most of these services.	Feb 3, 2011 7:41 PM
353	depends on the need.	Feb 3, 2011 7:44 PM
354	As often as stated in the IPP, very important to have intervention as soon as possible	Feb 3, 2011 7:45 PM
355	Since every disability is different, I believe that every child should be able to have the opportunity to receive services on how ever often they need help. Our child only needs services once a week. However there are plenty of children within Regional Center that need their services more frequently. I do not feel those children should be restricted from a necessity that will enable them to succeed.	Feb 3, 2011 7:47 PM
356	Determined by service provider and team of qualified individuals. eg: healthcare provider	Feb 3, 2011 7:51 PM
357	Once a Year.	Feb 3, 2011 7:51 PM
358	Go by what the doctors recommendations. The regional center personell does not have te expertise to even comment on these subjects. Retirednurse are still not doctors.	Feb 3, 2011 7:53 PM
359	As necessary.	Feb 3, 2011 8:00 PM
360	As necessary.	Feb 3, 2011 8:13 PM
361	through therapies provided by qualified therapist and health care professionals	Feb 3, 2011 8:17 PM
362	Certified Nurses at all schools, period! Everyday, without exception!!! Daily Conductived Ed services certified by the National Conductive Ed organization, ACENA.	Feb 3, 2011 8:33 PM
363	Daily, weekly and monthly look at what it brings to the basic quality of life	Feb 3, 2011 8:45 PM

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

	Response Text	
364	This various as to how it affects each client. Some services are needed more often to promote good self-worth, to ameliorate behaviors or promote independency. Parents are the best judges of how often these services are needed for their child.	Feb 3, 2011 8:46 PM
365	Anyone needing the services.	Feb 3, 2011 8:49 PM
366	Twice a year for those under 18, once a year for those over, unless the care provider believes it unnecessary. Not the State.	Feb 3, 2011 9:14 PM
367	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 3, 2011 9:17 PM
368	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 3, 2011 9:41 PM
369	The service provider, consumer and case manager or designee should determine frequency.	Feb 3, 2011 9:44 PM
370	n/a	Feb 3, 2011 9:53 PM
371	As often as needed as deemed by a medical professional.	Feb 3, 2011 10:07 PM
372	If someone has a reasonable opportunity to make gains in their speech, for example, it makes sense to purchase 6 months of speech therapy. If they attend their appointments, and they are making gains, then the service should be continued. If they do not attend their appointments (like 80% of appointments), then the services should be discontinued, and they should not be able to reapply for 2 years or some similar length of time.	Feb 3, 2011 10:10 PM
373	2X/week at least, w/homework	Feb 3, 2011 10:34 PM
374	services should be provided as often as deemed necessary by the individual's physician	Feb 3, 2011 10:40 PM
375	AT least weekly.	Feb 3, 2011 10:50 PM
376	This should be provided as the general pop would use services, i.e. dental visits/cleaning 2x yearly, doctor visits depending on the health care needs but at least every 3 years.	Feb 3, 2011 11:07 PM
377	As currently set.	Feb 3, 2011 11:10 PM
378	It should be provided as often as needed, as can be afforded and allowed.	Feb 3, 2011 11:11 PM
379	All reviews should be done on a quarterly basis.	Feb 3, 2011 11:11 PM
380	all depends on the severity of the pain or problem. Those that are disabled by strokes or born with a major disablity need this type of services to function on a daily basis	Feb 3, 2011 11:31 PM
381	Services should be made available as the individual needs it.	Feb 3, 2011 11:32 PM
382	: As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 3, 2011 11:43 PM
383	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 4, 2011 12:45 AM
384	See above. Early intervention is CRITICAL to allow for the fullest life possible	Feb 4, 2011 12:48 AM
385	None.	Feb 4, 2011 12:54 AM
386	Perhaps a scaled system of funding dollars allocated for the above services could be set, based on the level of the consumer's needs (ie: those with greater health needs receive higher funding ceiling). With systems, such as Medi-Cal, cutting back so severely on funding, and taking so long to approve various health services/supplies/equipment that are essential to the quality of life for our consumers, this is an area where many consumers lose out or fall through the cracks and at times the impact is even life-threatening.	Feb 4, 2011 12:56 AM

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

	Response Text	
387	The way the service has been set up is working, so why bother when something is working for me.	Feb 4, 2011 1:14 AM
388	Eliminate	Feb 4, 2011 1:26 AM
389	Qualified doctors, nurses and therapists only.	Feb 4, 2011 1:33 AM
390	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 4, 2011 1:50 AM
391	As needed	Feb 4, 2011 1:51 AM
392	On a need basis as evaluated by doctors, treropist, ect.	Feb 4, 2011 2:05 AM
393	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 4, 2011 2:06 AM
394	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
395	3 hours per week	Feb 4, 2011 2:54 AM
396	In ISP meetings if health issues etc are brought up there should be options available to these consumers.	Feb 4, 2011 2:56 AM
397	As needed and ditermined by the ethical profsinal.	Feb 4, 2011 3:05 AM
398	As with all people, my son's medical needs are directed by his doctors. He needs regular dental appointments, and since it usually takes about 4 people to hold him down (he's 6' tall and 220 pounds), for a cleaning, he needs to be sedated to have any more dental work done (XRAYs, fillings, etc.) He needs psychiatric services to prescribe the medicines (zoloft and abilify) that make him managable. I am sure everyones needs are different which is why it is important to respect the individual needs of each person.	Feb 4, 2011 3:34 AM
399	Weekly for OT and 1-2 times weekly for speech, dependent on severity of speech delay. Therpay should continue until the professional deems child can be discharged from services.	Feb 4, 2011 3:35 AM
400	as often as a client needs	Feb 4, 2011 3:40 AM
401	Services should be provided when needed.	Feb 4, 2011 4:05 AM
402	As often as needed as decided by qualified care givers, medical staff, IPP team, organization staff.	Feb 4, 2011 4:49 AM
403	Consumers with chronic or serious illness should have a annual check up. The state should evaluate the doctor's report and have a outside medical professional determine if further services are needed.	Feb 4, 2011 5:00 AM
404	see previous statements	Feb 4, 2011 5:28 AM
405	As required by perscription by the persons doctor	Feb 4, 2011 5:50 AM
406	Varies with disability.	Feb 4, 2011 5:56 AM
407	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 4, 2011 6:39 AM
408	depend on severity of the individual.	Feb 4, 2011 7:29 AM
409	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 4, 2011 7:33 AM
410	SLP, PT, OT should include a yearly assessment/update on benefit of services and status; Services frequency should be based upon need, actual benefit of services, and should include payment for "Train the trainer" modality so that staff are competent to carry out specific ROM, activities, use of visual systems, etc. Massage Therapy or other alternative therapies should be eliminated unless benefit/improvement of functioning can be shows.	Feb 4, 2011 2:27 PM

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

	Response Text	
411	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 4, 2011 3:16 PM
412	The service should be reviewed semi-annually. If a consumer is receiving to many diapers then they should be cut back, if a consumer is not making any progress with a specific therapy then they should be cut back or stopped.	Feb 4, 2011 4:15 PM
413	once per year	Feb 4, 2011 4:46 PM
414	Same as previous section	Feb 4, 2011 4:54 PM
415	twice a week - depending on the child and theraphy needed	Feb 4, 2011 4:59 PM
416	This decision should be make by a doctor or a health services professional.	Feb 4, 2011 5:05 PM
417	As often as the IPP team determines is necessary for improvement as described in the Lanterman Act	Feb 4, 2011 5:11 PM
418	As needed by the consumers as indicated by the medical and therapeutic teams. This will vary widely according to the disability.	Feb 4, 2011 5:12 PM
419	2-4 time per week	Feb 4, 2011 5:41 PM
420	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 4, 2011 5:43 PM
421	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 4, 2011 6:10 PM
422	Based on need and prevention based versus curative when possible	Feb 4, 2011 6:31 PM
423	Standards of Service should continue to be based on choice, an individuals needs, and Individualized Program Plan (IPP).	Feb 4, 2011 6:35 PM
424	These services would obviously depend on the physical problems of the child that need to be addressed. Some services would be on an as needed basis while others such as physical therapy and speech pathology might be on a weekly basis.	Feb 4, 2011 7:01 PM
425	As often as the IPP team determines necessary as described in The Lanterman Act section 4646.5 (a) (4)	Feb 4, 2011 7:06 PM
426	The same as previous #2.	Feb 4, 2011 7:17 PM
427	as needed	Feb 4, 2011 7:30 PM
428	Regular doctor visits should only be done twice a year. Right now, CDPH requires all ICFs to have doctors see clients every 60 days. This is too much and the MD gets to bill MediCal each time. The rate of the MD should be increased because MediCal has such a low rate for them that MDs. They end up liking to see the clients frequently without doing a really good job of examining the client. Specialty consults should be done only when the primary MD orders so. Labs should be done only when the MD orders it, not the RN. This way, the MD will be responsible all the time in examining lab results and other procedure results as well.	Feb 4, 2011 7:37 PM
429	As needed	Feb 4, 2011 7:40 PM
430	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 4, 2011 7:49 PM
431	in home therapies or as outpatient service depending on the needs on the individual	Feb 4, 2011 8:07 PM
432	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 4, 2011 8:13 PM
433	As often as the IPP team determines is necessary.	Feb 4, 2011 8:36 PM
434	Based on the needs of the individual and according to best practices.	Feb 4, 2011 8:44 PM

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

	Response Text	
435	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 4, 2011 8:54 PM
436	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 4, 2011 9:17 PM
437	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 4, 2011 9:26 PM
438	IPP should define	Feb 4, 2011 9:33 PM
439	As often as the IPP team determines necessary as described in The Lanterman Act section 4646.5 (a) (4)	Feb 4, 2011 9:54 PM
440	Same as above	Feb 4, 2011 9:57 PM
441	As often as it is needed and WITHOUT PARTIALITY, in order to bring this child to a standard of a decent and humane living. How can this even be an issue?	Feb 4, 2011 9:59 PM
442	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5(a) (4)	Feb 4, 2011 10:04 PM
443	RC case managers should review the clients' needs and issue authorization for services. How often depends on the extent of the service needed. Case managers should determine what is needed on a case by case basis.	Feb 4, 2011 10:07 PM
444	The serivce should be provided 2 times per week.	Feb 4, 2011 10:15 PM
445	As often as the IPP team determines is necessary, as described in The Lanterman Act.	Feb 4, 2011 10:20 PM
446	See AAP Bright futures for general health and refer to AAP alterations for health maintenance appropriate to specific developmental conditions. See California Best practices (Filipek, et al) but update. The state system needs genetics consultant group to keep up with appropriate genetic / metabolic evaluation and treatment standards.	Feb 4, 2011 10:35 PM
447	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 4, 2011 10:36 PM
448	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 4, 2011 10:43 PM
449	There is no reason for anyone to go to the doctor every 30 or 60 days when they are showing no signs symptoms of illness----what a waste of the doctor's time and taxpayer money. Change the regulations that require it. An annual physical should be sufficient with visits as needed for illness and/or medication refills.	Feb 4, 2011 11:00 PM
450	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 4, 2011 11:13 PM
451	This should be determined by the individual medical or therapy provider according to the consumer's need.	Feb 4, 2011 11:20 PM
452	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 4, 2011 11:20 PM
453	A medical professional should provide the evaluation and suggestion of time lines.	Feb 4, 2011 11:22 PM
454	The consumer's particular need identified and the desired outcome impacts the frequency of the service.	Feb 4, 2011 11:43 PM
455	As often as the Individual Program Plan (IPP) team determines is necessary, as described in The Lanterman Act Section 4646.5(a)(4).	Feb 5, 2011 12:09 AM
456	As often as IPP team determines the need. Lanterman Act 4646	Feb 5, 2011 12:10 AM
457	Clients should receive services if progress is being made or if there is the possibility of regression without services.	Feb 5, 2011 12:13 AM
458	As often as recommended by the health care professional or service provider who evaluates the individual.	Feb 5, 2011 12:26 AM

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

	Response Text	
459	AUTISM	Feb 5, 2011 1:11 AM
460	same as the otkher program answers	Feb 5, 2011 1:23 AM
461	Whenever possible, by best practices guidelines or per interdisciplinary recommendations.	Feb 5, 2011 1:42 AM
462	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 5, 2011 2:16 AM
463	Occupational Therapy or some sort of speech pathology	Feb 5, 2011 3:40 AM
464	CAse by case basis. Should be determined on objective measures such as income and alternative payment options (ie insurance).	Feb 5, 2011 3:44 AM
465	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 5, 2011 3:55 AM
466	Serious medical situations, immediately; preventive care as medical community suggests;	Feb 5, 2011 3:59 AM
467	That would really depend on the patients condition	Feb 5, 2011 4:06 AM
468	I think the frequency of therapy should be driven by the therapist. They are the expert in this area, not the service coordinator. The therapist should be allowed to do an evaluation/assessment and determine the need for frequency of services.	Feb 5, 2011 5:39 AM
469	These should be collaboratively set by the community, patients and providers.	Feb 5, 2011 5:48 AM
470	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 5, 2011 6:40 AM
471	As often as the IPP team determines is necessary, as described in The Lanterman Act.	Feb 5, 2011 2:46 PM
472	Therapy services should only be provided on a consultation basis for persons who are not going to be rehabilitated. For infants 0-3, therapy services should not be paid in conjunction with an infant program. They should only be paid for a limited number of sessions per year. Therapy should not be provided more than once per week for infants as it is supposed to be parent education.	Feb 5, 2011 4:25 PM
473	Those numbers should be determined by the doctors and therapists based on the needs of the patient and not limited by the regional center because of limited funding!	Feb 5, 2011 5:00 PM
474	Depends on the child and how they are progressing.	Feb 5, 2011 5:15 PM
475	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 5, 2011 5:23 PM
476	As often as legitimately needed	Feb 5, 2011 6:22 PM
477	Specific services standards should continue as they are currently. Each consumer should get treatment as often as needed for success.	Feb 5, 2011 6:27 PM
478	same as first set	Feb 5, 2011 6:39 PM
479	as recommeded by professional	Feb 5, 2011 8:02 PM
480	Assessment should give that information	Feb 5, 2011 10:10 PM
481	dental every 6 months others every 3 months	Feb 5, 2011 10:53 PM
482	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 5, 2011 10:53 PM
483	There should be enough diaper and pads to last the entire month, this is not the case. All Medical,and mental health services should be used as needed, also preventive medicine. I would like to see Dental added back to the services rendered. Consumers develope abscessed teeth and make trips to the Emergency Room and only get antibiotics and the tooth dosent get removed. Later the tooth absceses again and the consumer goes to The ER again.	Feb 6, 2011 3:55 AM
484	We oppose statewide purchase of service "standards."	Feb 6, 2011 5:12 AM

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

	Response Text	
485	Regardless of any suggested standards, the consumer, the consumer's parents and/or caregivers and consumer's teachers and other school service providers where applicable must still have input regarding health care and therapeutic 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 5:39 AM
486	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 6, 2011 5:54 AM
487	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 6:10 AM
488	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 6, 2011 4:33 PM
489	Depending on the severity, about once a week.	Feb 6, 2011 5:01 PM
490	Whatever needed to help these invidual	Feb 6, 2011 5:57 PM
491	This depends on the specific needs of the client, A plan should be negotiated with the clients support team and the Medical professionals.	Feb 6, 2011 7:59 PM
492	Preventative medical care and regular check ups should be required quarterly for consumers with medical issues and annually for those with no medical problems. Screening for abuse should be part of the exam. Consumers should be told about the availability of physical therapy and mental health services. Regional center service coordinators should not make the information about services a fishing expedition for parents.	Feb 6, 2011 8:37 PM
493	As needed for client to function at their potential.	Feb 6, 2011 10:50 PM
494	since the state has cut dental services for DD adults there should be a service to get them annual dental checkups & cleaning. along with any necessary dental work. otherwise they can have serious medial issues. it's hard for many of them to brush properly so the 6 month cleanings are very necessary for them.	Feb 7, 2011 3:49 AM
495	it should be individualized	Feb 7, 2011 5:10 AM
496	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 7, 2011 5:11 AM
497	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 7, 2011 6:37 AM
498	The service should be provided as deemed necessary to enable the client to maintain or make progress in his or her life.	Feb 7, 2011 3:45 PM
499	As often as the IP team determines is necessary, as described in the Lanterman Act.	Feb 7, 2011 5:44 PM
500	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 7, 2011 6:39 PM
501	As mentioned in the first section of questions.	Feb 7, 2011 8:26 PM
502	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 7, 2011 10:04 PM
503	That is an impossible question, no two cases are the same, and should be given the respect of their individuality.	Feb 7, 2011 10:06 PM
504	it would vary depending on the type of service	Feb 7, 2011 10:28 PM
505	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 7, 2011 10:35 PM
506	Allow RC's to set the standards in their own communities.	Feb 7, 2011 10:44 PM
507	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 7, 2011 11:06 PM

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

	Response Text	
508	As often as the IPP team determines necessary, as described in the Lanterman Act Section 4646.5 (a)(4).	Feb 7, 2011 11:12 PM
509	Let the Regional Centers make the decisions regarding program services	Feb 7, 2011 11:13 PM
510	As determined by medical professionals and the Regional Centers.	Feb 7, 2011 11:38 PM
511	Individual OT should be provided for infants and children from birth to three years of age. OT services should be provided ,if found necessary based from the initial evaluation, weekly or biweekly	Feb 7, 2011 11:57 PM
512	Twice to 4 itmes monthly based on the level of need established by the consumer's primary physician.	Feb 8, 2011 12:50 AM
513	The above service is done collaboratively, with a report generated, for which the Regional Center reimburses the therapist providing this service. since this is an as needed service, its frequency is truly generated by the service coordinator indicating that their consumer needs updated durable medical equipment, and is driven strictly by consumer need on a more incidental basis. clinics run by the occupational therapists are run on a monthly basis, although most consumers are seen about every 3-5 years, some at longer intervals.	Feb 8, 2011 12:54 AM
514	It must be made on an individual basis, as some consumers have more complex issues. I have heard parents complain that they can get certain supplies for less than what the regional center provided at a higher cost.. It may mean you have blocks of time set up for services such as physical therapy, occupational therapy, etc. with vendors willing to discount in exchange for so much guarantee funds	Feb 8, 2011 12:55 AM
515	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 8, 2011 1:08 AM
516	Deemed by necessity parents state. Also specialists can make recommendations.	Feb 8, 2011 1:19 AM
517	I'll leave that to the experts depending on the type of service.	Feb 8, 2011 1:37 AM
518	Monthly services should be provided for nutritional suppliments and diapers. equipment or supplies should be as needed when a doctor who regularly sees the person feels it is medically necessary. Nonmedical therapies should be provided if diagnosibly appropriate and with a physician referral.	Feb 8, 2011 2:19 AM
519	as needed	Feb 8, 2011 3:32 AM
520	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 8, 2011 3:56 AM
521	Services should be available on an as-needed basis, subject to co-pay.	Feb 8, 2011 4:27 AM
522	According to physician's recommendations	Feb 8, 2011 4:36 AM
523	When a particular service is being offered, it would be of great benefit for consumers & families to understand what is meant by those services. Examples of implementation for, at least, the high profile subjects would better support decisions being made regarding those services. There is MUCH that a consumer & family either doesn't or can't understand about the industry.	Feb 8, 2011 4:58 AM
524	Only if critical and life saving. No specific time limit, but a maximum amount per year may be specified.	Feb 8, 2011 5:12 AM
525	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 8, 2011 5:31 AM
526	CCS and GGRC should continue providing service.	Feb 8, 2011 5:33 AM
527	Again as previously stated.	Feb 8, 2011 6:08 AM
528	As often as necessary to remediate the disability.	Feb 8, 2011 6:13 AM
529	The services should be provides as often as needed. It is a needs base and not when the Reginal Centers what to provide the service or only based on budget.	Feb 8, 2011 6:57 AM

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

	Response Text	
530	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 8, 2011 3:39 PM
531	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 8, 2011 4:24 PM
532	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 8, 2011 4:24 PM
533	depends on the individual	Feb 8, 2011 5:48 PM
534	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 8, 2011 6:01 PM
535	These services should be provided to children and adults as often as they need such services governed by their individualized plan.	Feb 8, 2011 7:12 PM
536	County agencies to assess needs.	Feb 8, 2011 7:40 PM
537	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 8, 2011 7:53 PM
538	Establish a specific time frame and succeeding progressive programs based on achievement of objectives.	Feb 8, 2011 8:47 PM
539	Social skills groups should be provided in every major city for kids of varying ages and the group should be "on-going" rather than a closed-ended group.	Feb 8, 2011 8:51 PM
540	2-3x wkly	Feb 8, 2011 9:20 PM
541	Based on need.	Feb 8, 2011 9:51 PM
542	by the recommendation of an evaluator certified in that area .	Feb 8, 2011 10:07 PM
543	Diapers should be provided when a 6 month toileting program has been implemented, private insurance has denied, and Medi-Cal has denied...a requirement already implemented by Medi-Cal.	Feb 8, 2011 10:10 PM
544	Monthly for Long Term care consumers.	Feb 8, 2011 10:11 PM
545	As needed	Feb 8, 2011 11:18 PM
546	It depends on the service and the individual.	Feb 8, 2011 11:35 PM
547	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 8, 2011 11:52 PM
548	As often as the IPP team thinks is necessary.	Feb 9, 2011 12:16 AM
549	when needed	Feb 9, 2011 12:50 AM
550	This should be determined by the therapist and family within given parameters.	Feb 9, 2011 12:52 AM
551	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 9, 2011 1:21 AM
552	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 9, 2011 1:27 AM
553	same	Feb 9, 2011 2:27 AM
554	I expect therapists, psychiatrists, and medical doctors to provide the best services and medication and to treat all patients with respect and dignity. I think that doctors and therapists should be available as needed. I should have access to medical care for emergencies and be able to see MD once/6 months. I would like to see my therapist 1time/week and psychiatrist 1 time/month.	Feb 9, 2011 2:55 AM
555	As frequent as the the doctors or therapist feel is needed	Feb 9, 2011 3:17 AM

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

	Response Text	
556	Psychological services have been proven over and over to save dollars because effective psychological counseling reduces medical costs due to decreased stress, increased self-sufficiency, increased problem-solving skills, etc. Occupational therapy and speech pathology are particularly needed for people with developmental disabilities and should not be relegated to the school district just because a client is over age 3. Someone's adaptation to home and community is dependent on speech and occupational therapy and sometimes physical therapy as well. Those services are not only for addressing school-related or academic problems and are often delivered sub-standard in the school!!!!	Feb 9, 2011 4:16 AM
557	Services should be provided according to the individual's needs to help them funtion at their best.	Feb 9, 2011 4:37 AM
558	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 9, 2011 5:41 AM
559	It should be provided monthly and evaluated. It is sad when such a vital service is abused. There needs to be regulations in place to discourage those from abusing these services.	Feb 9, 2011 5:56 AM
560	Children with severe delays in one or more areas should receive twice a week for each service	Feb 9, 2011 6:37 AM
561	As to be determined by the parent/s, Dr.'s, therapists,	Feb 9, 2011 7:07 AM
562	Based on child' s individual needs	Feb 9, 2011 2:02 PM
563	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 IPP 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 5:32 PM
564	as often as is medically necessary to ensure health and safety. should be individualized based upon a needs assessment	Feb 9, 2011 6:13 PM
565	People should be evaluated after dramatic changes in their behavior or a decline in their typical participation in daily routines, etc., so determine whether these services should be provided. They should also be evaluated after hospitalizations, major illnesses, or at least once a year.	Feb 9, 2011 6:18 PM
566	referrals made by NBRC as appropiate	Feb 9, 2011 6:49 PM
567	If parents can contribute $100 per month and child is in severe need, one time a week for therapy will be of great help. Parents MUST do therapist prescribed home exercises on a daily basis to duplicate the therapy and speed up the benefits of it. While one hour therapy is not enough, the extra hours parents work on home exercises would definitely alliviate the luck of extra therapy hours at a therapist site.	Feb 9, 2011 7:30 PM
568	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 9, 2011 7:56 PM
569	As often as they need it...	Feb 9, 2011 8:12 PM
570	Services could be provided through an HMO.	Feb 9, 2011 8:58 PM

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

	Response Text	
571	These services should also be provided as often as the IPP team recommends.	Feb 9, 2011 9:04 PM
572	These services are to be paid for from public funds and are not to be purchased by the regional center as per the lanterman act.	Feb 9, 2011 9:32 PM
573	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4).	Feb 9, 2011 9:47 PM
574	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 9, 2011 10:02 PM
575	Services should be provided on as needed basis taking into account the history of the client, and the family feedback.	Feb 9, 2011 10:22 PM
576	It should alway be available to the consumer.	Feb 9, 2011 10:36 PM
577	Depends on needs.	Feb 9, 2011 10:51 PM
578	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 9, 2011 10:51 PM
579	None	Feb 9, 2011 11:28 PM
580	As needed and determined by case workers for consumers. Doctors should be in the loop as to what services are required for the consumer.	Feb 9, 2011 11:36 PM
581	It should be provided as needed.	Feb 9, 2011 11:40 PM
582	annual check-up	Feb 9, 2011 11:45 PM
583	As per the IPP	Feb 9, 2011 11:46 PM
584	Comprehensive eye examination on an annual basis. Visual rehabilitation services or visual therapy services as prescribed by a doctor. Prescriptive spectacle lenses as prescribed by a doctor on an annual basis. Rehabilitative or assistive devices as prescribed by a doctor every 2 years.	Feb 9, 2011 11:52 PM
585	Individuals should be provided with a vision examination on a yearly basis.	Feb 10, 2011 12:00 AM
586	As often as needed to generate improvement.	Feb 10, 2011 12:29 AM
587	40 treatments or longer pertaining to the clinics assessment of the needs.	Feb 10, 2011 3:04 AM
588	goofy question	Feb 10, 2011 7:46 PM
589	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 10, 2011 7:59 PM
590	As often the individual needs services.	Feb 10, 2011 8:15 PM
591	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 10, 2011 9:30 PM
592	As often as the IPP states, in accordance with The Lanterman Act.	Feb 10, 2011 9:49 PM
593	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4). Parents and family should be an i ntegral part of the decision making process. parents are not always heard. They are listened to ,but not taken seriously.	Feb 10, 2011 9:57 PM

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

	Response Text	
594	once a year by an optometrist with an understanding of visual development. A comprehensive medical eye exam will NOT be able to address many of the issues this population is facing. Suggested ways to find these qualified doctors to serve: www.covd.org www.oepf.org Vision therapy and visual rehab on a weekly basis need to be included as part of the services provided specifically to address the issues faced by this population. It has been well documented that out of the 5 senses human beings possess, visual input is the most dominante and affects all aspects of a person's behavior, motor skills, speech, coordination, and propensity to process new information. Consistent and fluid visual function is paramount to facilitate the array of services that the center provides	Feb 10, 2011 10:12 PM
595	See above.	Feb 10, 2011 10:12 PM
596	Services should be provided as often as needed.	Feb 10, 2011 11:59 PM
597	As often as needed and on a case by case basis.	Feb 11, 2011 12:03 AM
598	: As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 11, 2011 12:16 AM
599	As needed, when needed. Some children won't need monthly doctor visits, some will. The need should be based on the individual child. But not determined by people and employees that don't have sufficient knowledge of the subject.	Feb 11, 2011 1:25 AM
600	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 11, 2011 1:44 AM
601	Supports should remain the same or increase.	Feb 11, 2011 1:49 AM
602	Continue IHSS services to keep people in the community.	Feb 11, 2011 2:26 AM
603	2 hours week intensive one-on-one	Feb 11, 2011 2:50 AM
604	When deemed medically necessary and there is no other means for payment	Feb 11, 2011 3:05 AM
605	The specific service should be provided to the specific individual as often as the IPP team had determined to be necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 11, 2011 3:17 AM
606	As much as possible!!	Feb 11, 2011 3:25 AM
607	Services for medical, dental care, including laboratory, radiological respiratory therapy, substance abuse and medications shall be provided as needed. Physical therapy, occupational therapy, and speech pathology shall be by monthly consult or visits as deemed necessary in the IPP. Medical supplies such as diapers, and other consumable can be ordered and delivered quarterly as long as there is no expiration date that would conflict with said supplies. Nutritional supplies should be ordered and delivered monthly. Psychological and psychiatric services shall be provided as needed just as medical and dental. These are non negotiable health related services!	Feb 11, 2011 3:29 AM
608	One needs to determine what specific service is being determined. Service must be medically necessary. There should be a goal and outcome desired. There should be review of this goal and outcome and service provision should be changed, altered, or ended depending on the progress and completion of the goal. The should be an assessment by a trained professional to determine need and frequency. The provision of services should be similar to that found in Medicare and Medicaid and should not be provided above that standard.	Feb 11, 2011 4:39 AM
609	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 11, 2011 4:47 AM
610	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 11, 2011 5:07 AM

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

	Response Text	
611	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 11, 2011 5:22 AM
612	It seems like one consumer gets a gym membership paid for as specialized therapeutic services? How is this justified?	Feb 11, 2011 5:39 AM
613	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 11, 2011 6:12 AM
614	as deemed neccessary by proffessional, medical/ psychological personnel.	Feb 11, 2011 6:13 AM
615	As noted/suggested by licensed professionals only after a thorough assessment has been done.	Feb 11, 2011 6:14 AM
616	weekly	Feb 11, 2011 6:16 AM
617	As often as deemed medically necessary by doctors and the ISP team.	Feb 11, 2011 7:45 AM
618	As determined in the person's IPP. By providing proof of denial of services through all other generic resources.	Feb 11, 2011 2:23 PM
619	Failure to provide Health Care and Therapeutic Services is likely to lead to greater needs and greater costs in the future. Cutbacks in such care result in greater use of hospital emergency rooms, which is far more expensive than if the services were provided earlier in a clinic.	Feb 11, 2011 4:16 PM
620	As often as deemed necessary by the individuals IPP team. According to the Lanterman Act.	Feb 11, 2011 5:27 PM
621	As often as the IPP team determines is necessary, as described in The Lanterman Act	Feb 11, 2011 6:08 PM
622	Eye health testing (to include External and Internal Eye health, color vision, visual field, pupil reflexes), visual acuity at far and near, objective and subjective refraction, eye movement testing including fixation, pusuits and saccadics, near point of convergence, stereopsis, visual motor development, eye hand coordination, vision development	Feb 11, 2011 6:19 PM
623	Limit the amount of time service is provided may for one quarter.	Feb 11, 2011 6:27 PM
624	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 eyeglasses, home therapy exercise 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 6:43 PM
625	SAME AS PREVIOUS #2	Feb 11, 2011 6:44 PM
626	If we want to make our Western Society a better place for disabled and normal people the services should never be stopped.	Feb 11, 2011 6:47 PM
627	as needed depending on services and need of individual	Feb 11, 2011 7:14 PM
628	2-3 times per week	Feb 11, 2011 7:15 PM
629	As needed to get to normalcy	Feb 11, 2011 7:19 PM
630	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 11, 2011 7:21 PM
631	everyday	Feb 11, 2011 7:22 PM
632	They should be able to have full access to these as needed, for as long as needed.	Feb 11, 2011 8:05 PM
633	See comment under Behavioral Services	Feb 11, 2011 8:49 PM
634	Social skills therapy should be once a week. Speech and occupational therapy at least twice a week for children with autism.	Feb 11, 2011 9:22 PM

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

	Response Text	
635	If a client needs LVN level of respite due to medical needs then the standards for this should be different from a client whose family just needs respite so they can have a social life, time to go out alone, etc. That level of respite should be further reduced to 24 hours a month maximum. That allows the parents/caregivers 6 hours a week to get away from the responsibilities of caring for a disabled child. This is more time a week than most parents with non-disabled children have to get away. LVN level of respite should have a higher threshold and perhaps broken down into a couple of sub categories so families whose children are completely medically dependent 24/7 can have additional time, perhaps so that the amount of LVN level respite along with the shift nursing provided through generics can give families up to 12-14 hours a day support. But they should have to meet a specific level of need such as people to to obtain the different levels of IHO care. The children who live at home with a family who takes really good care of them do live longer and have a better quality of life than someone who is in a nursing facility.	Feb 11, 2011 9:33 PM
636	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 11, 2011 9:40 PM
637	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.	Feb 11, 2011 9:44 PM
638	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.	Feb 11, 2011 9:45 PM
639	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.	Feb 11, 2011 9:48 PM
640	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.	Feb 11, 2011 9:49 PM

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

	Response Text	
641	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 11, 2011 9:49 PM
642	The frequency of the service should be individualized and based on the needs of the child	Feb 11, 2011 9:51 PM
643	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.	Feb 11, 2011 9:51 PM
644	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.	Feb 11, 2011 9:53 PM
645	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.	Feb 11, 2011 9:58 PM
646	In situations of family crisis.	Feb 11, 2011 9:59 PM
647	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.	Feb 11, 2011 10:01 PM
648	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.	Feb 11, 2011 10:02 PM

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

	Response Text	
649	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.	Feb 11, 2011 10:13 PM
650	as long as is necessary	Feb 11, 2011 10:14 PM
651	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 11, 2011 10:25 PM
652	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.	Feb 11, 2011 10:29 PM
653	By skilled occcupational/physical and speech therapist.	Feb 11, 2011 10:32 PM
654	As needed and determined by consumer and Case Coordinator	Feb 11, 2011 10:33 PM
655	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.	Feb 11, 2011 10:35 PM
656	As often as the IP team determines is necessary, as described in the Lanterman Act.	Feb 11, 2011 10:41 PM
657	As needed providing that improvement is made as a consequence fop these services. If no improvement is made then services should go to others that can benefit from thees services.	Feb 11, 2011 10:43 PM
658	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.	Feb 11, 2011 10:54 PM
659	When needed.	Feb 11, 2011 10:57 PM
660	everyone that needs it between the ages of 0-3 years, early intervention is the key!!!!	Feb 11, 2011 10:59 PM
661	Once a week for one hour.	Feb 11, 2011 11:20 PM

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

	Response Text	
662	Take the average and set it by that and not allow more or require a sliding fee.	Feb 11, 2011 11:22 PM
663	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.	Feb 11, 2011 11:25 PM
664	At least 2x per week and implemented into daily routine by care giver/parents etc.	Feb 11, 2011 11:26 PM
665	These service should be provided monthly.	Feb 11, 2011 11:35 PM
666	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 11, 2011 11:47 PM
667	as needed.	Feb 11, 2011 11:51 PM
668	Counseling should be provided by licensed psychotherapists, and should be tailored to the complexity and acuity of the issues in conjunction with the speed at which the consumer and/or family is able to benefit from treatment. The standard weekly 50-minute counseling session does not take these factors into consideration. More realistically, frequent sessions should be expected in the early phases of treatment, fading to fewer sessions as treatment progresses.	Feb 11, 2011 11:55 PM
669	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.	Feb 12, 2011 12:07 AM
670	Service limitation should be implemented.	Feb 12, 2011 12:09 AM
671	A service should be provided according to each individual's need.	Feb 12, 2011 12:37 AM
672	I beleve that they should be provided to them whenever they are needed that everyone should be taken care of.	Feb 12, 2011 2:31 AM
673	As often as needed or as requested by a therapist or physician.	Feb 12, 2011 3:41 AM
674	Speech - once per week occupational therapy - once per week dental services 2 times a year check up and other treatment as necessary psychological / psychiatric - once per week or more often if situation warrants	Feb 12, 2011 4:08 AM
675	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 12, 2011 5:14 AM
676	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 12, 2011 5:18 AM
677	Based on each individuals needs	Feb 12, 2011 5:33 AM
678	as oten as needed	Feb 12, 2011 5:50 AM
679	As needed when health issues arise.	Feb 12, 2011 6:09 AM
680	As necessary in IPP	Feb 12, 2011 6:16 AM

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

	Response Text	
681	See previous answers.	Feb 12, 2011 6:27 AM
682	I have no experience in this area.	Feb 12, 2011 6:42 AM
683	Preventative medicine should be on the top of priority; such as healthy diet, excersize programs, games that requires cognitive and verbal expression.	Feb 12, 2011 6:57 AM
684	As needed	Feb 12, 2011 7:16 AM
685	to know more children development and behavior	Feb 12, 2011 7:35 AM
686	Depending on the service weekly for things like therapy and monthly for all else	Feb 12, 2011 3:27 PM
687	In a clinical setting	Feb 12, 2011 3:44 PM
688	THese could be decreased in the due to the severity of the budget crisis.	Feb 12, 2011 4:25 PM
689	As often as it is deemed necessary.	Feb 12, 2011 4:34 PM
690	As needed, a consumer/client should not be denied medical, dental or vision services, communication devices, etc. because they have a disability. If anything they should have better access to these things. If a client/consumer requires a communication device or a newer device years later, it can be really hard to get funding for a it. Some insurance companies cover it some do not. The way it is currently set up you need a letter of denial from your insurance company and then it is sent to Regional Center, and since funding is really "tight" will probably be deniied that way also. That's like telling someone well, sorry you can't tell us thing you want or need, but boy oh boy you better just accept it, don't you dare tantrum because we are not letting you tell us appropriately.	Feb 12, 2011 4:38 PM
691	As determined by people involved in these kind of services.	Feb 12, 2011 4:42 PM
692	regular as deemed necessary	Feb 12, 2011 4:58 PM
693	I think that the OT services need to be pushed at this early age. There is a problem with not having enough professionals with expertise in the area of feeding disorders.	Feb 12, 2011 5:09 PM
694	This should be available as long one needs it and are able to do themselves or find other ways to support themselves without hurting their daily living standards	Feb 12, 2011 5:23 PM
695	there would be a need to establish trach - dependancy and how nursing services administered would prevent frequent hospitalizations at the cost to insurance and the state.	Feb 12, 2011 5:31 PM
696	As often as possible	Feb 12, 2011 5:33 PM
697	as needed	Feb 12, 2011 5:40 PM
698	In the home, or at a specified location with the licensed practitioner.	Feb 12, 2011 6:05 PM
699	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 12, 2011 6:10 PM
700	Need based.	Feb 12, 2011 6:12 PM
701	There should be max number of visits per month per each discipline. For example physical therapy 6 visits per month, Occupational therapy 6 visits per month. Speech therapy 4 visits per month. Nursing services 8 visits per month. I believe that a max number would help decrease costs and that any visits over the max should be provided at a discounted cost to the consumer.	Feb 12, 2011 6:25 PM
702	Annual exams with doctors should be provided. Emergency services should be provided.	Feb 12, 2011 6:41 PM
703	As needed. That would be up to the professional to decide.	Feb 12, 2011 8:13 PM
704	Depends on individual needs. Health care standards should be considered, but disabled clients may have special needs that should override normal standards.	Feb 12, 2011 8:16 PM

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

	Response Text	
705	Due to the variety of issues experienced by families of and individuals on the Autism Spectrum, I cannot answer this question.	Feb 12, 2011 8:21 PM
706	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 12, 2011 8:24 PM
707	Dependent of the severity of the area in need	Feb 12, 2011 8:30 PM
708	Once per year, or as indicated by the last examining doctor.	Feb 12, 2011 8:47 PM
709	weekly	Feb 12, 2011 8:50 PM
710	as needed depending on their particular situation	Feb 12, 2011 8:56 PM
711	Holistic staffings held annually.	Feb 12, 2011 9:11 PM
712	All services should be of the top standards. All individuals have equal importance and value in the world, including the disabled.	Feb 12, 2011 9:16 PM
713	as needed	Feb 12, 2011 9:21 PM
714	PT/OT-- 3 times weekly until see measurable improvement on OT tests given at a private clinic. Integrate into P.E. classes same exercises (can do as warmup in regular classes). Speech and Language--2-3 times per week or until family and school sees measurable improvement Private practitioners work closely to integrate language programs with classroom teacher. Do not rely on existing school programs--ineffective because lacks intensity needed to be effective. Many times specific services cannot be offered at the intensity needed because of wasted time going to offices and transporting children. Provide on-site or nearby clinics close to schools. Provide incentives for universities and private practices to move closer to schools.	Feb 12, 2011 9:54 PM
715	To be determined by a professional in field	Feb 12, 2011 10:13 PM
716	A list of services depending on the disabilty should be listed by professionals who have provided services in the past for people with disabilties. Service standards should include continued support for the individual based on an annual review of progress.	Feb 12, 2011 11:04 PM
717	Depending upon individual needs, could be daily or weekly.	Feb 12, 2011 11:10 PM
718	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 12, 2011 11:59 PM
719	As often as needed.	Feb 13, 2011 12:08 AM
720	health is important so often if needed	Feb 13, 2011 12:34 AM
721	In-home services as determined by the family and IPP team. An individual's health concerns should be major determining factor	Feb 13, 2011 12:37 AM
722	Once a healthcare provider determines that a specific service should be provided, it should be provided as often as recommended with no hesitation on the funding aspect.	Feb 13, 2011 1:02 AM
723	As needed	Feb 13, 2011 1:08 AM
724	as needed	Feb 13, 2011 1:20 AM
725	Based onindividual childs needs as determined by family and ALTA.	Feb 13, 2011 1:47 AM
726	read the previous answer	Feb 13, 2011 2:40 AM
727	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 13, 2011 3:41 AM
728	As noted above	Feb 13, 2011 3:45 AM
729	All service should be provided in such a way that the patient benefits.	Feb 13, 2011 4:14 AM

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

	Response Text	
730	As needed	Feb 13, 2011 4:55 AM
731	Depend on their acuities.	Feb 13, 2011 5:07 AM
732	The doctor should probably determined it	Feb 13, 2011 5:17 AM
733	Need I reiterate?	Feb 13, 2011 5:23 AM
734	untill needed	Feb 13, 2011 5:49 AM
735	OT PT and speech are a necessary component to intervention for children with special needs. I beleive that if the child has ABA services they only need to have these services once a week at best. If not receiveing ABA services two-three times per week.	Feb 13, 2011 6:06 AM
736	For services normally rendered twice a year, twice a year is sufficient, such as Dental check ups. Of course ongoing work as often as needed to finish the work. OT, Speech, RT, STS, mental health, counseling - all the rest need to be often and regular such as twice a week minimum	Feb 13, 2011 7:46 AM
737	Daily availability	Feb 13, 2011 3:53 PM
738	As often as needed to make progress or manage the problem/condition. The therapist should be deciding this.	Feb 13, 2011 4:57 PM
739	Services should be provided on an individual basis corresponding to identified need ranging from 1 hour to 5 hours per week (each service), not to exceed 20 hours of publicly funded services per week.	Feb 13, 2011 5:21 PM
740	I think they should provide dental as often as needed	Feb 13, 2011 6:39 PM
741	Depends on the functional level of the baby. Initiating services at a monthly or weekly basis to determine needs with the flexibility to increase or decrease services as appropriate.	Feb 13, 2011 6:40 PM
742	Assessment first with clinical recommendations -	Feb 13, 2011 6:45 PM
743	Enough service hours for the family to work 40 hour weeks, and a few extra hours for shopping, etc.	Feb 13, 2011 6:55 PM
744	the frequency should be same as general public if not more frequent, because developmentally disabled individuals are not able to take care of themselves as well as average consumers.	Feb 13, 2011 6:55 PM
745	As often as needed.	Feb 13, 2011 7:03 PM
746	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 13, 2011 7:12 PM
747	Once a person is indentified, as often as is possible to be effective.	Feb 13, 2011 7:59 PM
748	dependent on the child's needs and the recommendations of the service provider.	Feb 13, 2011 8:41 PM
749	as needed, as determined by the service provider, consumer, care taker(s) and/or social worker	Feb 13, 2011 8:47 PM
750	As needed.	Feb 13, 2011 9:14 PM
751	all clients need basic care: such as dental care every 6 months, eye & physical exams every year. some have special needs such as psychiatric care.	Feb 13, 2011 9:44 PM
752	dental cleaning twice a year eyeglasses, dental care social skills training	Feb 13, 2011 10:11 PM
753	As needed	Feb 13, 2011 10:20 PM
754	As often as the client needs.	Feb 13, 2011 10:24 PM
755	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 13, 2011 10:50 PM
756	GOALS SHOULD BE SET FOR THE COMPLISION TIME AND IF THE BENIFIT IS WARENTED.	Feb 13, 2011 10:54 PM
757	This is only appropriately determined by the IPP team.	Feb 14, 2011 12:55 AM

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

	Response Text	
758	This varies with each different service that is provided. One child could benefit from 5 hours of OT, but only need 1 hours of speech therapy. The standard should be based on the child's individual need, not a some standard or category that the child is placed in based on a diagnosis.	Feb 14, 2011 1:35 AM
759	As needed. Healthcare needs are driven by the individual health needs of the client. Give them what they need to live.	Feb 14, 2011 1:37 AM
760	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4).	Feb 14, 2011 1:41 AM
761	NEED, NEED & NEED	Feb 14, 2011 2:17 AM
762	As often as the IPP team determines is necessary	Feb 14, 2011 3:19 AM
763	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 14, 2011 3:23 AM
764	This should be determined by the treating physicians, therapists, etc. and should be based on how effective the service is in improving the qualty of life of the person.	Feb 14, 2011 4:23 AM
765	as in insurance like an HMO or a PPO	Feb 14, 2011 5:21 AM
766	to best benefit the client	Feb 14, 2011 5:26 AM
767	All of these specialties have standards of care. I see no reason why Developmentally Disabled persons should have a standard of less that is less than the average provided the rest of the population. Unfortunately the average may be too low!	Feb 14, 2011 5:28 AM
768	Through the clients regular health providers so they dont have to go to many different places.	Feb 14, 2011 5:33 AM
769	AS NEEDED	Feb 14, 2011 7:03 AM
770	As often as one needs the services to help enrich their quality life and well being.	Feb 14, 2011 7:05 AM
771	As often as needed.	Feb 14, 2011 1:48 PM
772	It all depends on the individual. It could be 3 times a week to twice a month	Feb 14, 2011 3:10 PM
773	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.	Feb 14, 2011 3:57 PM
774	Based on individual assessment of the person disability.	Feb 14, 2011 4:00 PM
775	Per license standards, per individual treatment plan.	Feb 14, 2011 4:24 PM
776	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.	Feb 14, 2011 4:25 PM
777	Only if needed or twice per week.	Feb 14, 2011 4:48 PM

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

	Response Text	
778	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.	Feb 14, 2011 5:04 PM
779	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.	Feb 14, 2011 5:16 PM
780	Weekly or as suggested by a qualified personel	Feb 14, 2011 5:22 PM
781	The frequency and amount of service funded should depend on individual needs of the consumer.	Feb 14, 2011 5:29 PM
782	As often as needed and as long as needed	Feb 14, 2011 5:33 PM
783	Meet the needs of the consumer.	Feb 14, 2011 6:04 PM
784	As often as a medical professional thinks they need these services.	Feb 14, 2011 6:05 PM
785	The frequency and amount of service funded by regional center depends on the following: Developmental needs of the individual. Age of the individual. Medical fragility and/or medical clearance/ Do the services help ensure the individual's health and safety. Standards of the community/best practice. Need to maintain individual in the least restrictive environment.	Feb 14, 2011 6:18 PM
786	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.	Feb 14, 2011 6:18 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.	Feb 14, 2011 6:19 PM

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

	Response Text	
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.	Feb 14, 2011 6:25 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.	Feb 14, 2011 6:27 PM
790	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
791	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 14, 2011 6:29 PM
792	As often as needed, but with review by a third party quarterly, to check for progress, and or continued need.	Feb 14, 2011 6:43 PM
793	this so depends on the individual circumstance	Feb 14, 2011 6:46 PM
794	When needed	Feb 14, 2011 6:54 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.	Feb 14, 2011 7:07 PM
796	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.	Feb 14, 2011 7:22 PM
797	Monthly. We have to learn to cut down.	Feb 14, 2011 7:28 PM
798	Depending on how severe the patient's issues are	Feb 14, 2011 7:32 PM
799	These should be provided as often as needed by the consumer.	Feb 14, 2011 7:38 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.	Feb 14, 2011 7:45 PM

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

	Response Text	
801	Occupational therapy: 1 or 2 times per week, one hour per visit. Physical therapy: 1 time per week. One hour per visit. Speech pathology: at least one time per week. One hour per visit Psychiatric services : provide initial assessment as well as annual evaluation	Feb 14, 2011 7:55 PM
802	ACCORDING TO THE NEED OF THE CHILDREN, IF THE CHILD NEEDS SERVICES EVERYDAY THE SHOULD PROVIDE,AND HELP THE CHILD BECOME USEFUL IN WORKING,OR DOING COMMUNITY SERVICES,IF THE CARE OFTEN NEED IT ONLY WHEN PARENTS NOT IN THE HOME,BY GOING TO WORK,IT SHOULD STILL PROVIDE THE SERVICE.	Feb 14, 2011 8:00 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.	Feb 14, 2011 8:03 PM
804	On a PRN	Feb 14, 2011 8:22 PM
805	As medically determined by a primary care physician. Preventive health practices like yearly physicals and seasonal immunizations should be enforced.	Feb 14, 2011 8:31 PM
806	As often as needed.	Feb 14, 2011 8:40 PM
807	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.	Feb 14, 2011 8:56 PM
808	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 14, 2011 8:59 PM
809	related to speech thereapy & occupational therapy, as much as needed, but at least 1 x per month. And education/training to family members on how to help.	Feb 14, 2011 9:09 PM
810	Annual check-ups for medical and dental as a preventative measure.	Feb 14, 2011 9:14 PM
811	N/A	Feb 14, 2011 9:38 PM
812	As often as the IP determines is necessary, per Lanterman Act.	Feb 14, 2011 9:40 PM
813	A service should be provided as often as needed in each individuals case.	Feb 14, 2011 9:44 PM
814	As often as determined by IPP team.	Feb 14, 2011 9:51 PM
815	Service standards should be maintained as they currently are.	Feb 14, 2011 10:08 PM
816	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 10:13 PM
817	Follow current standards.	Feb 14, 2011 10:18 PM
818	As needed	Feb 14, 2011 10:50 PM

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

	Response Text	
819	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 14, 2011 11:00 PM
820	Quarterly drs visit to review maintenance medications, an anuual physical and lab work	Feb 14, 2011 11:04 PM
821	As identified in the IPP	Feb 14, 2011 11:35 PM
822	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.	Feb 14, 2011 11:48 PM
823	at enrollment, annually and as needed	Feb 14, 2011 11:55 PM
824	To be determined by the team.	Feb 15, 2011 12:00 AM
825	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.	Feb 15, 2011 12:13 AM
826	In as natural a setting as possible, but with maximum effectiveness in terms of necessary equipment, which may make clinic setting more appropriate.	Feb 15, 2011 12:14 AM
827	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 15, 2011 12:18 AM
828	Denying consumers the right to see a doctor is a violation of HIPAA. It is unethical to deny consumers medical services. Consumers should be able to seek medical or mental health professionals, whenever symptoms occur.	Feb 15, 2011 12:32 AM
829	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.	Feb 15, 2011 12:39 AM
830	as many hours as needed - suggested by a proper assessment by a therapist in that area	Feb 15, 2011 12:45 AM
831	Based on prescription, assessment, and documented benefit from the service.	Feb 15, 2011 12:55 AM
832	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 15, 2011 1:20 AM
833	we rely on the educated discretion of the physician and development evaluation done by the therapist.	Feb 15, 2011 1:22 AM
834	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 15, 2011 1:36 AM

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

	Response Text	
835	Only when there is a documented need--such as a specialty consultation or assessment. Generally this type of service is not on-going but intended to remediate a particular problem.	Feb 15, 2011 1:37 AM
836	Services should reflect "reasonable & customary" standards accepted in the "typical" community. The selection of Physicians, Therapists, Nurses, etc. must consider the benefit of selecting those with experience with this population. Their service delivery does not typically reflect the services provided to the "typical" population.	Feb 15, 2011 1:42 AM
837	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 15, 2011 1:52 AM
838	365 days	Feb 15, 2011 1:52 AM
839	frequency of care should be based on the providers recommendation and subject to review as consumers health needs are not a "one size fits all" requirement.	Feb 15, 2011 2:03 AM
840	as needed	Feb 15, 2011 2:04 AM
841	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 15, 2011 2:27 AM
842	P.T. should be offered twice or more a week for people suffering from constant pain. Dental cleaning should be provided at least every four months to prevent more expenses down the road.	Feb 15, 2011 2:29 AM
843	As often as determined by the doctor on an individual basis.	Feb 15, 2011 2:38 AM
844	It depends on the assessment of the child. It also depends on the severity of the child's diagnosis.	Feb 15, 2011 2:40 AM
845	When I need to go.	Feb 15, 2011 2:43 AM
846	AS NEEDED	Feb 15, 2011 2:51 AM
847	once a week to as needed based on provider's assessment and consumer family's agreement.	Feb 15, 2011 3:09 AM
848	medically necessary based on diagnosis; plans and objectives	Feb 15, 2011 3:18 AM
849	Quarterly and as needed	Feb 15, 2011 3:23 AM
850	As recommended by certified specialist/therapist.	Feb 15, 2011 3:30 AM
851	Everyone is different, as needed.	Feb 15, 2011 3:30 AM
852	whenever they needed.	Feb 15, 2011 3:31 AM
853	They should be provided depending on the need of a client.	Feb 15, 2011 3:32 AM
854	See Lanterman Act!!	Feb 15, 2011 4:02 AM
855	As found to be needed.	Feb 15, 2011 4:04 AM
856	As often as needed	Feb 15, 2011 4:08 AM
857	As needed. However families should use generic services first.	Feb 15, 2011 4:30 AM
858	OT, Spech, PT should be provided as long as medically necessary. Assistive technology should be available to all, as should nutritional supplements. There needs to be more standardization of costs and/or coverage for those with private insurance.	Feb 15, 2011 4:42 AM
859	Most chlidren go to the doctor two or one time a month.	Feb 15, 2011 4:51 AM
860	AS OFTEN AS RECOMMENDED BY THE THERAPIST. AGAIN, PARENTS OPINION ON HOW OFTEN THE SERVICE IS NEEDED SHOULD BE TAKEN INTO GREAT CONSIDERATION.	Feb 15, 2011 5:08 AM
861	2 to 3 times a week. 1 hour each session.	Feb 15, 2011 5:11 AM
862	On an as needed basis. Assessment is really important to determine the eligibility process. Medicare and Medi-Cal medical equipment companies do not exist. The wait to get an equipment is long and waste of time and money.	Feb 15, 2011 5:18 AM

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

	Response Text	
863	Determination of services should be made by the doctor, therapist and parent.	Feb 15, 2011 5:20 AM
864	it depends of the needs of the individual, to maintain their health and hopefully improve it	Feb 15, 2011 5:20 AM
865	see comments on Behavior services	Feb 15, 2011 5:41 AM
866	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 15, 2011 6:04 AM
867	To be determined in a case by case basis.from once To three times a week.	Feb 15, 2011 6:06 AM
868	As often as determined after being diagnosed depending on how intense the need for intervention.	Feb 15, 2011 6:24 AM
869	Monthly purchase of incontinent products based on average amount of products needed per day. Needs of health, safety, and well-being of consumer must always be a priority regardless of severity of disability.	Feb 15, 2011 6:24 AM
870	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 15, 2011 6:31 AM
871	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4).	Feb 15, 2011 6:33 AM
872	When needed. They should be provided.	Feb 15, 2011 6:56 AM
873	The needs of the client/patient should be met, even if that means the service needs to be provided more frequently.	Feb 15, 2011 7:12 AM
874	payer of last resort.	Feb 15, 2011 7:30 AM
875	As soon as needed	Feb 15, 2011 7:58 AM
876	recommended in agreement in committee with SC and nurse services	Feb 15, 2011 9:10 AM
877	As they are now.	Feb 15, 2011 1:49 PM
878	Daily	Feb 15, 2011 3:09 PM
879	as needed	Feb 15, 2011 3:33 PM
880	Providers that are approved is fine to follow with pricing to follow	Feb 15, 2011 3:39 PM
881	By an appropriately licensed clinician, depending upon specific service (if applicable)	Feb 15, 2011 4:01 PM
882	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 15, 2011 4:04 PM
883	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 15, 2011 4:20 PM
884	the earlier detection the better; as soon as the child is evaluated and diagnosed with such disorder; as often as needed; depends on the severity of the case; for children with Autism, they needed constant care and therapies such as Physical, Occupational and Speech language	Feb 15, 2011 4:31 PM
885	early	Feb 15, 2011 4:59 PM
886	Frequency and duration of therapeutic (Speech, OT, PT, etc.) services are based on how often the care giver needs coaching or support to implement new and ongoing learning strategies for the child. May be once a week or once a month, but outcomes are achieved through key partners within a child's natural environments and learning settings rather than one-to-one hands on treatment by specialists as would occur in a clinic setting.	Feb 15, 2011 5:23 PM
887	Determined by the child's need.	Feb 15, 2011 5:37 PM
888	Early on and one time.	Feb 15, 2011 5:54 PM

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

	Response Text	
889	Very important measure for success is the assessment and tracking of progress and the annual evaluation report.	Feb 15, 2011 5:56 PM
890	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 15, 2011 6:00 PM
891	Annual assessment for DD population in residential settings and therapy 2x per monthwith dr prescription to supplement the limited capacity of caregivers in group homes who lack functional English speaking or reading to implement gvoals	Feb 15, 2011 6:01 PM
892	It should be given as needed by the customer and parents	Feb 15, 2011 6:12 PM
893	Seen by Occupational Therapist monthly for screenings.	Feb 15, 2011 6:19 PM
894	When needed	Feb 15, 2011 6:22 PM
895	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 15, 2011 6:25 PM
896	As often as the IP team determines is necessary, as described in the Lanterman Act.	Feb 15, 2011 6:30 PM
897	Both individual and group therapy should be available on a minimum of a monthly basis, ideally of once a week	Feb 15, 2011 6:35 PM
898	As often as needed.	Feb 15, 2011 6:53 PM
899	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.	Feb 15, 2011 6:57 PM
900	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.	Feb 15, 2011 6:58 PM
901	A professional (?) should make that determination based on the clients actual needs, not what the regional center says they should have.	Feb 15, 2011 7:02 PM
902	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.	Feb 15, 2011 7:09 PM
903	The frequency of service is an individual decision based upon inital evaluation with the family.	Feb 15, 2011 7:11 PM
904	As often as possible - bi-weekly, if not weekly, for each therapy (to make them as effective as possible.)	Feb 15, 2011 7:20 PM

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

	Response Text	
905	if there are already recommendations by qualified pofessionals, follow those. If not, use the process currently in place but broaden the definition of who is in need to include those with Asperger's.	Feb 15, 2011 8:12 PM
906	as often as needed	Feb 15, 2011 8:14 PM
907	To be determined by a qualified professional therapist.	Feb 15, 2011 8:36 PM
908	this would depend on the individual and should be determined on an individual case basis	Feb 15, 2011 8:36 PM
909	As often as possible (especially while they are young). Government should make statement CLEARLY to ALL INSURANCE (NO exception) to support government in giving any kind of therapy. I have blue shield coverage that ALWAYS DENYING SERVICE. What is the purpose of having insurance? They do whatever they want, we as a parent cannot do anything - we live with disable children everyday and pulling our hair out (NO ONE understand how to live with autistic children until they have one themselves). Insurance in this country has super power cause Government not managing what insurance company wrongdoings.	Feb 15, 2011 8:41 PM
910	As often as the IPP team determines is necessary, as described in the Lanterman Act	Feb 15, 2011 8:58 PM
911	As often as needed to help provide for the well-being of the consumer.	Feb 15, 2011 9:07 PM
912	See above	Feb 15, 2011 9:18 PM
913	As needed on an individual basis...allow the professionals to make those decisions.	Feb 15, 2011 9:27 PM
914	Services should be provided as often as needed, as determined by the IPP team.	Feb 15, 2011 9:46 PM
915	The law dictates how often a client should be seen. However, I've noticed sometimes more product is provided than needed. E.g., a disabled adult was given 4 jars of skin lotion, one per week. One per month would have sufficed. It seemed insufficient that this client had to pay for a dentist or podiatrist herself when she had fallen several times and injured herself.	Feb 15, 2011 9:48 PM
916	at least once a month	Feb 15, 2011 10:12 PM
917	As often as the IP team determines is necessary, as described in the Lanterman Act.	Feb 15, 2011 10:29 PM
918	as prescribed within a reasonable cost after generic resources are utilized.	Feb 15, 2011 11:07 PM
919	Must be individually determined	Feb 15, 2011 11:07 PM
920	Whatever services are necessary to allow for preventive care/regular care no longer covered by MediCal.	Feb 15, 2011 11:12 PM
921	Well it varies by the person some people need more services then others or they struggle through out life.	Feb 15, 2011 11:14 PM
922	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 15, 2011 11:31 PM
923	as needed, refer to IPP	Feb 15, 2011 11:39 PM
924	As needed to ensure optimal health and to prevent development of conditions that could impede optimal health.	Feb 15, 2011 11:48 PM
925	up to 5 days a week	Feb 15, 2011 11:59 PM
926	as needed	Feb 16, 2011 12:07 AM
927	Depending on the need. Some may require 2-3 a week, some may be require more or less.	Feb 16, 2011 12:14 AM

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

	Response Text	
928	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 16, 2011 12:17 AM
929	It depends on the severity of the condition.	Feb 16, 2011 12:18 AM
930	should be individually determined	Feb 16, 2011 12:21 AM
931	In my case 1.Service should be consistent with IEP. 2. Service should also be provided without interferring with school.	Feb 16, 2011 12:23 AM
932	That should be up to the professional evaluating the child to decide.	Feb 16, 2011 12:34 AM
933	As often as necessary to maintain the health, safety, and function of the consumer as determined by the IPP team.	Feb 16, 2011 12:51 AM
934	I am getting physical therapy for a back injury. My insurance is paying for 12 visits. This is enough to help with the acute pain and then develop a home program. Could a model like this be used? Set amount of visits or amount of funds available and then families determine what's best.	Feb 16, 2011 1:05 AM
935	as prescribed	Feb 16, 2011 1:13 AM
936	This is best determined by the provider as they are educated in the area of need and know the frequency that is needed. The parent and caseworker should work closely with the provider to determine the frequency of service.	Feb 16, 2011 1:23 AM
937	As needed and or prescribed by doctor or therapist	Feb 16, 2011 1:24 AM
938	It should be based on the needs of the individual, evaluated by medical professionals and prescribed by doctors or other professionals who are working with that consumer. I am quickly learning how diverse even the same medical diagnosis can be for two different individuals. So please keep this based on the needs of the consumer. If service standards were to be put in place that say....limited the amount of PT down to once a week or twice a month, our child would be out of school and in the hospital much more often....that is very scary for us.	Feb 16, 2011 1:42 AM
939	Services should be provided based on the needs of the ASD child. A report from a qualified service provider for the specific need should assess the child and make recommendations based on the outcome.	Feb 16, 2011 1:53 AM
940	WHENEVER POSSILE	Feb 16, 2011 2:17 AM
941	The standards would be developed by the therapeutic team and the consumer/client.	Feb 16, 2011 2:20 AM
942	I think it is up to the trained individuals to make the necessary assessments on the children. I do not think that anyone not in the specialty area, can make a determination of how "often". You need the proper training to knowledge to make the recommendations.	Feb 16, 2011 3:07 AM
943	Physical therapy, speech therapy, occupational therapy, music therapy should be provided weekly on an ongoing basis. Sessions should be for 1 hour each week.	Feb 16, 2011 3:08 AM
944	No more than medical standars for services. With caregivers/nurse, families need to care for their children a reaosnable amount of time so no more than 16 hours per day. Encourage group medcial childcare settings. For equipment such as van lifts no more than every ten year otherwise rich families who buy vans frequently can get them when they want a new car. Also one move/equipment assessment for new home evry five years. Can support frequent mives except in dire circumstances	Feb 16, 2011 3:46 AM
945	As often as needed	Feb 16, 2011 3:50 AM
946	A doctor or therapist that specializes in the individuals' disability and/or the service requested should be consulted.	Feb 16, 2011 4:05 AM
947	As often as needed.	Feb 16, 2011 4:25 AM

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

	Response Text	
948	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 16, 2011 4:46 AM
949	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 16, 2011 5:03 AM
950	as often as needed until maximum benefit is received and most continued for maintenance	Feb 16, 2011 5:15 AM
951	same	Feb 16, 2011 5:19 AM
952	as much as they need .	Feb 16, 2011 5:33 AM
953	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 16, 2011 5:37 AM
954	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 16, 2011 6:08 AM
955	As much as needed	Feb 16, 2011 6:52 AM
956	As needed by the Consumer	Feb 16, 2011 6:55 AM
957	at least monthly	Feb 16, 2011 7:44 AM

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

	Response Text	
1	through goals and progress reports	Jan 28, 2011 1:07 AM
2	effectiveness- client satisfaction, health and safety of the consumer	Jan 28, 2011 1:10 AM
3	should monitor this area more carfully.	Jan 28, 2011 1:13 AM
4	determined by the health of the individual...qualitative verification.	Jan 28, 2011 1:16 AM
5	INDIVIDUAL CHOICE BUDGET	Jan 28, 2011 1:24 AM
6	Goals and use of a home program would be the basis of adaptive skill therapy for children. Goals should be written like IEP and IFSP goals: MEASURABLE.	Jan 28, 2011 1:31 AM
7	Well currently they are neither since I assume not many at my regional center know anything about them. So perhaps let others know these are available first.	Jan 28, 2011 1:39 AM
8	Develop sandards for all regional center to follow the most cost effective model per regulation.	Jan 28, 2011 1:44 AM
9	ICB	Jan 28, 2011 1:49 AM
10	Outcome evaluation	Jan 28, 2011 1:59 AM
11	seems like it would be easy to develop personalized goals and see whether people are meeting them.	Jan 28, 2011 2:02 AM
12	they should be what the child's doctor recommmends.	Jan 28, 2011 2:10 AM
13	Evaluations turned into the agency that is overseeing the service.	Jan 28, 2011 2:44 AM
14	a monitoring system such as a parent or caregiver providing a report of progression.	Jan 28, 2011 3:03 AM
15	Evaluations by therapists and caregivers or parents/guardians/conservators	Jan 28, 2011 3:06 AM
16	Current IFSP practice seems to work.	Jan 28, 2011 3:14 AM
17	current standards	Jan 28, 2011 3:16 AM
18	Whoever is responsible for making the decisions about the care needs of an individual should be able to see or know if the person is receiving adequate care.	Jan 28, 2011 3:18 AM

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

	Response Text	
19	This should never have anything to do with cost over need. There needs to be an Objective agency whose bottom line is not affected by the cost of medical care.	Jan 28, 2011 3:34 AM
20	as needed	Jan 28, 2011 3:39 AM
21	Lanterman Act. Needs of the consumer as written in the IPP	Jan 28, 2011 3:44 AM
22	Monitor and adjust them regularly for effectiveness.	Jan 28, 2011 3:55 AM
23	Regular IDT meetings to discuss progress	Jan 28, 2011 4:00 AM
24	Measuring the outcome.	Jan 28, 2011 4:03 AM
25	survey parents on quality of care providers	Jan 28, 2011 4:08 AM
26	doctors stop making unnecessary appointments and over billing	Jan 28, 2011 4:19 AM
27	?	Jan 28, 2011 4:22 AM
28	Audit, parent surveys?	Jan 28, 2011 4:27 AM
29	Progress should be reviewed on a 3-6 month basis	Jan 28, 2011 4:28 AM
30	Questionnaires, direct communication, and exceptional record-keeping by staff.	Jan 28, 2011 4:32 AM
31	Quarterly IPP meetings to assess progress	Jan 28, 2011 4:49 AM
32	Follow-up, monitoring by supervisors as needed, interaction with individuals and their families.	Jan 28, 2011 5:54 AM
33	Reduce the overhead of Regional Centers. They need to run as businesses, not bureaucracies.	Jan 28, 2011 5:58 AM
34	Quarterly goals, reviewed by the Regional Center and therapist providing the services	Jan 28, 2011 5:59 AM
35	Useful: That a person still needs the service; Effective: The service fulfils the IPP and its intended purpose.	Jan 28, 2011 6:06 AM
36	Outcome study	Jan 28, 2011 6:35 AM
37	Assessment of progress, setting and monitoring goals	Jan 28, 2011 6:50 AM
38	This is a duplication of services that can routinely be obtained through medical services outside of Regional Centers. Eliminate this program	Jan 28, 2011 7:01 AM
39	A screening process where the patient is interviewed and their Doctor prescibes it. Have professional and student earning a degree available to work in these fields. If necessary, they come to the patients home.	Jan 28, 2011 7:17 AM
40	Include all family members in understanding therapeutic/medical needs and how to follow thru with home programs	Jan 28, 2011 7:18 AM
41	Measure the consumer's condition to see if it improves, the level of improvement; and how long it improves for.	Jan 28, 2011 7:35 AM
42	NA	Jan 28, 2011 8:20 AM
43	Providers have a set of goals and objectives written plan.	Jan 28, 2011 1:53 PM
44	Make sure RC RNs do not control doctors' and hospitals' responsible caregiving decisions by bullying them with conservatorship authority. Qualified doctors not nurses should be exercising their independent medical judgments concerning their patients' best interests regardless of what RC thinks is in THEIR best interests! Medical decisions should be left to doctors selected for their qualifications by families not by RC officials blinded by too much unchecked power. Families are always the best watchdogs. If a family sees something wrong with a care provider their wishes must be respected rather than having harmful services shoved down their thoats.	Jan 28, 2011 4:29 PM

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

	Response Text	
45	A team of consumers, parents, family members or advocates should be formed to make a determination of how useful and effective service standards are. Again, this should not be a paid position and we should volunteer to do this for our family members.	Jan 28, 2011 4:44 PM
46	individualized according to person's health needs	Jan 28, 2011 4:44 PM
47	Quarterly review of service plans and audits of service provision.	Jan 28, 2011 4:50 PM
48	Monthly or quarterly writtend progress reports including length of time service was provided.	Jan 28, 2011 5:00 PM
49	Standards already exist	Jan 28, 2011 5:07 PM
50	As long as there is progress there should be no reason to stop treatment until the issue is resolved.	Jan 28, 2011 5:15 PM
51	The continuation of DME committees would prove effective in this plan.	Jan 28, 2011 5:46 PM
52	Regular review of actions taken, participation by team members, effectiveness of treatment and attainment of goals.	Jan 28, 2011 5:47 PM
53	program evaluation and outcomes studies	Jan 28, 2011 5:50 PM
54	Assessment and survey.	Jan 28, 2011 6:07 PM
55	Clear goals need to be written in the IPP and the services should support those goals	Jan 28, 2011 6:08 PM
56	Keep at the surrent rates and amounts.	Jan 28, 2011 6:19 PM
57	I am not sure that removing clinical staff from the RC and relying on the service providers to provide reliable and objective information is actually happening. Seems that if a health care provider (i.e. a speech pathologist or psychologist) makes their living off of providing a regular service for a consumer that their reports and suggestions will reflect how great a job they do and how much more service the consumer needs. While having clinical staff on staff at RC does mean more OPS money, seems that there would be better quality control and less money spent on POS.	Jan 28, 2011 6:20 PM
58	IDENTIFY PROBLEM, DEVELOP GOAL AND EVALUATE IF GOALS ARE BEING MET	Jan 28, 2011 6:36 PM
59	quarterly review	Jan 28, 2011 6:50 PM
60	leave these services alone.. they are critical	Jan 28, 2011 6:54 PM
61	the case managers should actually MEET with the consumers, not just the family or the day program staff.	Jan 28, 2011 7:07 PM
62	These standards already exist. We should use them!	Jan 28, 2011 7:09 PM
63	N/A	Jan 28, 2011 7:26 PM
64	Regional Center social workers and county social workers have been assessing needs in MSSP and other community access programs on an annual basis.	Jan 28, 2011 7:27 PM
65	Service Coordinators should be given a comprehensive and detailed list (literally) on what medical services and equipment Medi-cal will cover and what Regional Centers are authoirzed to cover. Families will often come from other Regional Centers where they may have had something funded that we typically do not fund. There does not seem to be a uniform purhase of service policy. Our adult consumers are deseprate for medical, dental and equipment. The resources available to them are limited. Unless you are a Coordinator who takes excessive time search these resources out the consumers may go without.	Jan 28, 2011 7:28 PM
66	Data collection! You can see what's working and what's not. If there aren't results, then the state shouldn't have to pay for services.	Jan 28, 2011 7:29 PM
67	No suggestion	Jan 28, 2011 7:30 PM
68	evaluation through staff	Jan 28, 2011 7:34 PM

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

	Response Text	
69	Again there must be a chart, face to face visits, parents should be made responsible for children's success of services provided.	Jan 28, 2011 7:51 PM
70	Frankly, I think they should be administered by MediCal and Medicare.	Jan 28, 2011 7:56 PM
71	outside independent assessments	Jan 28, 2011 8:07 PM
72	baseline, data collection,analyze data, there are thousands of college students trained in this method of detemining success... utilize this free pool of trained soon to be professionals...again spend the big money up front and then wean it result? success on both sides	Jan 28, 2011 8:09 PM
73	It would help is the Regional Center took more interest in the outcome of the Health visits instead of leaving it to the discretion of the home.	Jan 28, 2011 8:12 PM
74	If the client is improving or maintaining continue with service, if the client is not improving consider the amount or another service that would met the needs.	Jan 28, 2011 8:26 PM
75	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 8:47 PM
76	Parent/caregiver report.	Jan 28, 2011 8:49 PM
77	These Standards already exist	Jan 28, 2011 8:49 PM
78	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 8:56 PM
79	Well currently they are neither since I assume not many at my regional center know anything about them. So perhaps let others know these are available first.	Jan 28, 2011 9:12 PM
80	Medical intervention or services funded by Regional Centers would be reviewed for effectiveness as often as deemed necessary by IPP team, medical staff and /or Regional Center clinical team.	Jan 28, 2011 9:15 PM
81	If it is live altering and life saving and life supporting then it is useful and effective.	Jan 28, 2011 9:19 PM
82	Track outcome; ask the families; network; develop capacity.	Jan 28, 2011 9:26 PM
83	ID team review at regular interveals (quarterlies). Provider submits reports in writing about progress toward concrete goal - recommendations to continue services or to discontinue made at intervals.	Jan 28, 2011 9:40 PM
84	Set specific goals and document progress. (a) if effectiveness is demonstrated, services should be modified, lessened or stopped as needed (b) if effectiveness is not demonstrated, MAKE MODIFICATIONS -- DO NOT WITHDRAW SERVICES!!!!!!	Jan 28, 2011 9:42 PM
85	Quarterly progress reports could be supplied by the Speech vendor.	Jan 28, 2011 9:52 PM
86	Service standards should be based on the need of the individual. Professionals in field of service can determine levels appropriate to the need of the individual....but 30 minute sessions once a week or consult time in the environment (classroom) REALLY won't be acceptable or effective.	Jan 28, 2011 9:58 PM
87	quarterly review of services	Jan 28, 2011 9:59 PM
88	If health-care oriented, measure results of treatments and therapies, then continue or stop based on progress made.	Jan 28, 2011 10:28 PM
89	See my answer for Behavioral services.	Jan 28, 2011 10:39 PM
90	milestones	Jan 28, 2011 10:42 PM
91	Referral requires identification of specific outcomes.	Jan 28, 2011 11:04 PM

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

	Response Text	
92	Outcomes based services that can be evaluated.	Jan 28, 2011 11:12 PM
93	As determined by the RC	Jan 28, 2011 11:15 PM
94	monthly review	Jan 28, 2011 11:16 PM
95	Refer to previous section	Jan 28, 2011 11:17 PM
96	Have client managers survey clients and families/friends to determine the success of the services. The needs of each individual client are probably to widely different, that outcomes should be set for each individual client, not for the services universally.	Jan 29, 2011 12:18 AM
97	Quarterly reports to parents and changes in methodology when progress is not as expected.	Jan 29, 2011 12:20 AM
98	Data collection and qualified service provider.	Jan 29, 2011 12:21 AM
99	Does the service allow the person to live? Does the service allow the person to maintain what they have health-wise? Does the service allow the person to live as independently as they are able?	Jan 29, 2011 12:29 AM
100	Families have to provide tax returns and other records to prove the need. CSC's should have the ability to confirm all sources of any income through any government agency.	Jan 29, 2011 12:38 AM
101	Some standards could include an improvement in quality of every day life, vital life support procedure or medical device, suggestion to share information of test results (some genetic tests, lab services, etc.) with a respected research group, such as UC Davis' MIND Institute. Improvement in gap closure of developmental delays.	Jan 29, 2011 12:50 AM
102	The problem is that they are not always useful or effective and not addressed to try other alternatives. Or the alternatives are not always available for some clients.	Jan 29, 2011 12:53 AM
103	Not to cut anything anymore!	Jan 29, 2011 1:04 AM
104	We have state and federal audit systems already in place.	Jan 29, 2011 1:20 AM
105	No one goes to the doctor or therapy unless it is necessary.	Jan 29, 2011 3:00 AM
106	third party evaluation	Jan 29, 2011 3:50 AM
107	Base on the person's IPP and individual needs.	Jan 29, 2011 4:35 AM
108	documentation	Jan 29, 2011 4:40 AM
109	Parent participation	Jan 29, 2011 4:48 AM
110	service provider should be properly certified and is subject to periodical evaluation.	Jan 29, 2011 5:03 AM
111	No one should be cut	Jan 29, 2011 5:08 AM
112	Provide service only if necessary. Make the consumer and/or families pay for the non-medical therapies, diapers, and nutritional supplement. Get rid of those horseback riding, piano lessons, swimming therapy, anything most people has to pay out of pocket themselves.	Jan 29, 2011 5:57 AM
113	The IPP should continue to be the tool that determines the usefulness and effectiveness of the services.	Jan 29, 2011 6:04 AM
114	Standardized evaluations.	Jan 29, 2011 6:15 AM
115	must reapply quarterly and prove need	Jan 29, 2011 6:27 AM
116	Monitoring	Jan 29, 2011 6:35 AM
117	evaluate annually	Jan 29, 2011 6:35 AM
118	home-base services	Jan 29, 2011 7:42 AM

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

	Response Text	
119	Consumer surveys. Listen to consumers. Give the recommended therapy hours/durations. Get quarterly/annual reports. Have an independent organization make sure agency is following guidelines/protocol etc. If there is not an agency in the Regional Center database to give services to consumer, allow parent to parent vendor or vendor with outside agency that is available and qualified to meet the consumer needs - PERIOD.	Jan 29, 2011 8:32 AM
120	Not sure	Jan 29, 2011 8:43 AM
121	6 month progress reports and parent survey.	Jan 29, 2011 8:47 AM
122	take a baseline	Jan 29, 2011 2:55 PM
123	Data sheets from therapist & parent.	Jan 29, 2011 4:57 PM
124	the physician(s) need this information to either add more medication or decrease the amount of medication	Jan 29, 2011 5:28 PM
125	Providers need to be also held accountable for the quality of their service. Quality assurance visits by the Regional Center would be effective.	Jan 29, 2011 6:01 PM
126	all services provided should have a check list of attendence and need.	Jan 29, 2011 8:08 PM
127	Evaluated each case to make sure the individual is showing inprovement.	Jan 29, 2011 8:27 PM
128	Match the services to the disabilities present in the family being served. Make a schedule that projects the expected service levels when certain things occur. For example, in my household there is a teen with autism and an adult with early onset alzheimer's. Some types of support for the teen with autism in dealing with the stressful changes caused by his father's condition would be very helpful.	Jan 29, 2011 9:10 PM
129	Get evaluations from the parents or care providers.	Jan 29, 2011 9:47 PM
130	CLOSE COLLABORATION , COORDINATION OF ALL	Jan 29, 2011 11:46 PM
131	Provide sufficient social supports so that families and clients can be successful.	Jan 30, 2011 12:01 AM
132	The temporary home health agencies paid through medicare report directly to the consumer's physician and follow their orders.	Jan 30, 2011 12:10 AM
133	All services need to be monitored and evaluated. New approaches need to be considered when a consumer stops making progress	Jan 30, 2011 12:34 AM
134	RCs need more in house support from therapists and specialists to know what to provide. RCs need to have more control over maintanence of equipment, by having service contracts with providers who can provide service for durable medical equipment.	Jan 30, 2011 1:08 AM
135	1) Per regulatory standards	Jan 30, 2011 3:28 AM
136	NO COMMENT.	Jan 30, 2011 3:38 AM
137	Is the child becoming stronger, healthier, more able to chew different kinds of food? These sorts of speciifc questions must be formulated into specific, quantifiable, measurable goals at the beginning of any intervention. These goals must be revisited every six months to determine whether a given intervention is effective.	Jan 30, 2011 4:14 AM
138	We have to met regularly to see how things are going, look at goals and progress, and not just on-paper goals about survey tests but about how he really doing in his life and whether it is all working and what is getting in the way. We need to have some data, of course, about what he can do, and what behaviors are happening, etc., but it all has to connect to how he is doing in his life and what he might be doing in his life if he didn't have these problems, like testy in puberty.	Jan 30, 2011 4:47 PM
139	reviews and surveys	Jan 30, 2011 9:08 PM
140	Parent and service providers input	Jan 30, 2011 9:11 PM
141	Re-evaluation on a regular schedule	Jan 31, 2011 1:33 AM

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

	Response Text	
142	Facility staff are the most experienced as they are with the client day and night. It is difficult to deal with a CPC who believes they know the client better than anyone when they only see the client for 30 - 60 minutes every 3 months.CPC's will try to determine the best needs of the client regardless of data presented.	Jan 31, 2011 4:26 AM
143	bi-monthly or quarterly review on services provided between program coordinator and client.	Jan 31, 2011 7:21 AM
144	Progress review, every 6 months.	Jan 31, 2011 10:00 AM
145	N/A	Jan 31, 2011 2:41 PM
146	Again, these questions are so redundant. All services should be viewed as whether progress is bieng made and if not, what is the barrier to that progress. You need to use specific tools of measurement that mark whether progress is attained.	Jan 31, 2011 3:38 PM
147	audits to ensure that RC is not overbilled a licensed practitioner should follow up on the health part of the consumer. a social worker may be good in case management but lack the skill or knowledge to follow up on health issues.	Jan 31, 2011 4:17 PM
148	No comment.	Jan 31, 2011 4:45 PM
149	The individual should be better off after receiving the services than they were before receiving the services.	Jan 31, 2011 4:55 PM
150	pay for only the amount needed. many times consumers do not need as many diapers/supplies and they go to waste. A specific amount needs to be available to purchase instead of, for example, a case of x numbers if only 60% of the case is actually needed. I have been to visits where families have boxes of diapers or supplies sitting on the the porch as they have too many and the monthly shipments just keeps coming.	Jan 31, 2011 5:12 PM
151	This category is very broad. All services should be monitored closely to ensure quality, usefulness and effectiveness.	Jan 31, 2011 5:28 PM
152	...same...	Jan 31, 2011 5:32 PM
153	No suggestions regarding this topic at this time.	Jan 31, 2011 5:36 PM
154	Non-medical therapies should not be provided. Parent should not be allowed to be vendored for services.	Jan 31, 2011 5:48 PM
155	review, reports submitted	Jan 31, 2011 6:05 PM
156	Each Regional Center should have a liaison to the Department of Mental Health and County Health Facilities in their geographical areas	Jan 31, 2011 6:26 PM
157	Outcome standards need to be developed	Jan 31, 2011 6:27 PM
158	some way to ensure that the child has gotten appropriate referrals to genetic support/information. The genetic support/information should be covered by Medi-Cal. In a number of situations, CCS may be a resource - they will pay for diagnostic services if they believe it will conform eligible medical conditions.	Jan 31, 2011 6:28 PM
159	The parent, RSP, or even the Service Coordinator should follow thru to be sure services performed are what they are intended to be.	Jan 31, 2011 6:33 PM
160	Periodic review by professionals that are familiar with various services provided. Peer review.	Jan 31, 2011 6:48 PM
161	Treatment plans and progress reports should be provided to case workers every 6 months. If not provided within a year of yearly meetings, a notice should be sent that they may loose the benefit.	Jan 31, 2011 6:58 PM
162	Ask the recipient	Jan 31, 2011 7:04 PM

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

	Response Text	
163	Again, services should be high and regular visits to the consumers to make sure the services provided are still being required. There is so much abuse of these systems and if a consumer is not using the services, terminate them. If you don't use them, then they don't get the right to keep the services.	Jan 31, 2011 7:12 PM
164	Services should be monitored by a Regional Center staff/Service Coordinator.	Jan 31, 2011 7:19 PM
165	Continued assessment and progress on goals.	Jan 31, 2011 7:32 PM
166	I was very happy with services rendered at Palmdale Urgent Care - 40th East & Palmdale Blvd - loved the Pediatrician - unfortunately it was impossible to call and make an appt - no one ever answered - going to do anything in person was very difficult due to no staff in entrance/reception area - zillions of signs on walls but none specific to what and where a routine visit person should be doing	Jan 31, 2011 8:33 PM
167	Need good documentation on the part of the service provider and positive improvement (hopefully!)	Jan 31, 2011 8:36 PM
168	I am not sure how to monitor services provided to be sure they meet standards. It would probably require more employee, which would cut into the funds. ?????????? Good question, no answer	Jan 31, 2011 8:40 PM
169	a state licensed over seer who has knowledge in the service given	Jan 31, 2011 8:59 PM
170	Ask a supporting family member or care giver their opinion on that!	Jan 31, 2011 9:00 PM
171	The difference in the before and after clearly shows that these services are tremendously helpful, very useful, and absolutely needed.	Jan 31, 2011 9:12 PM
172	None	Jan 31, 2011 9:12 PM
173	These standards already exist	Jan 31, 2011 9:26 PM
174	Careful evaluation of a consumer's health care needs, assignment of appropriate services, and follow-up to ensure those services are given and are having a beneficial effect on a consumer's health.	Jan 31, 2011 9:36 PM
175	a. Accountability in the form of 3-month progress reports (not lengthy), and spot checks by phone calls to parents would keep the system running honestly and efficiently.	Jan 31, 2011 9:43 PM
176	Fedreal rates	Jan 31, 2011 10:23 PM
177	ewewe	Jan 31, 2011 10:30 PM
178	measure improvement, progress, regression, etc	Jan 31, 2011 10:36 PM
179	NOT FOR YOU TO DETERMINE; THESE BELONG IN THE PERVIEW OF HEALTH INSTITUTIONS NOT DEPARTMENT OF DEVELOPMENTAL SERVICES OR REGIONAL CENTERS.	Jan 31, 2011 11:46 PM
180	NO non medical therpaies shoudl be funded. No medical therapies shoudl be funded with out a denial from an insurance co.	Feb 1, 2011 12:17 AM
181	Evaluations	Feb 1, 2011 1:07 AM
182	All must be sound best practices and provided bu certified vendors.	Feb 1, 2011 1:29 AM
183	You need trained individuals in the appropriate profession to review.	Feb 1, 2011 1:44 AM
184	Not sure how these services are provided as I was never informed that they existed.	Feb 1, 2011 2:27 AM
185	Without these services, clients, especially those who are children, will not develop important functions and skills vitally important for independent living when they become adults. As a teacher I have seen children make progress when working with a SLP, OT and APE.	Feb 1, 2011 2:58 AM
186	Have doctor/nurse/health care practitioner sign off on it	Feb 1, 2011 4:45 AM

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

	Response Text	
187	monitor the client for at least 2 weeks, and also get feedback from both provider and parent	Feb 1, 2011 4:48 AM
188	none	Feb 1, 2011 5:13 AM
189	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 5:47 AM
190	Make sure that all services are performed by trained medical professionals who provide the consumer with the best care possible.	Feb 1, 2011 6:06 AM
191	Ongoing assessment.	Feb 1, 2011 6:38 AM
192	Peer review of medical and health professionals already exist.	Feb 1, 2011 7:11 AM
193	The information from the consumer's physician about objective, frequency, amount would be included in the IPP and the case manager and the IPP team (or at least hte consumer and family/caretaker) would be required to determine whether the therapy or treatment is meeting the objective at least quarterly (or every six months if quarterly IPP reviews aren't required). If consumer isn't or hasn't achieved the physician's stated objective for the therapy, the IPP team must try to determine the reason. If the reason is felt to be an ineffective therapist, the case manager must contact the prescribing physician to discuss, to ask for referral to different therapist.	Feb 1, 2011 9:38 AM
194	Thru monthly reviews from service providers	Feb 1, 2011 9:40 AM
195	Trainings.	Feb 1, 2011 4:16 PM
196	Ongoing monitoring to determine effectiveness and using reflective practice to make sure you are understanding what it is that parents would find beneficial	Feb 1, 2011 5:55 PM
197	Monitor quarterly as IPP objective	Feb 1, 2011 6:13 PM
198	based on meeting goals set by therapist and family together, that are functional in daily life.	Feb 1, 2011 6:21 PM
199	Regional Center workers and vendors.	Feb 1, 2011 6:28 PM
200	satisfaction surveys	Feb 1, 2011 6:30 PM
201	Follow recommendation of professional and protocol.	Feb 1, 2011 6:32 PM
202	same at #2	Feb 1, 2011 6:41 PM
203	The RC dental consultant should periodically and unannounced make follow up visits to people who have had dental care paid for by the RC to ensure that their care was done and to industry standards.	Feb 1, 2011 6:45 PM
204	Ongoing documentation/proof that the service is being provided via progress reports, with measurable goals that indicate the continuation of service and how the consumer is utlitizing the service. Report should address if the service is still needed, why it's needed and what future goals will be.	Feb 1, 2011 7:48 PM
205	Have Resource Dept. and Regional Center Physician review the vendor's program design and give feedback to make sure it meets the needs of persons served. Request and review medical records 1 x per year for person's served that may be getting a medical service funded by the Regional Center.	Feb 1, 2011 7:51 PM

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

	Response Text	
206	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 7:56 PM
207	monitor	Feb 1, 2011 8:41 PM
208	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 9:15 PM
209	FOLLOW UP BY CASEWORKER FOR EACH CLIENT RECEVING THESE SERVICES.	Feb 1, 2011 9:24 PM
210	Cal Optima is unclear of its vision coverage. We asked and were told he does not have it, then found out he does.	Feb 1, 2011 9:25 PM
211	annual review.	Feb 1, 2011 9:37 PM
212	Usefulness and effectiveness of service is to be determined by the IPP or IFSP team. Lanterman Act 4646	Feb 1, 2011 9:38 PM
213	Licensed or otherwise qualified to provide the type of services. Linguistically and culturally appropriate.	Feb 1, 2011 9:58 PM
214	parent involvement should be required	Feb 1, 2011 11:10 PM
215	This is loaded question based on assumption that services get provided to be only measured in terms of what a person without a development disability would expect. Rather, programs should be measured on the ability to add to the quality of life of an individual and if the individual is happy. Not all consumers should be measured by the same standards.	Feb 1, 2011 11:14 PM
216	An agency could determine at the renewal process what if any services would be needed with the help of the caseworker, but it shouldn't be a bureaucratic process just to go to the dentist or therapist.	Feb 1, 2011 11:29 PM
217	Care coordination should be promoted and it is best promoted when it is paid.	Feb 1, 2011 11:30 PM
218	Annual evaluation for goal setting and demonstration that tx is effective. If services are declined, the indivudal should be offered an evalation each year.	Feb 1, 2011 11:38 PM
219	I think the current standards determining whether there is a need is fine.	Feb 2, 2011 12:16 AM
220	The service providers will be accredited and subjected to a thorough screening. Each customer will be provided with an IEP type program and reports will be filed with the RCEB to prove progress is being made.	Feb 2, 2011 12:37 AM
221	The consultant should be available on a weekly basis to meet with staff, clients or providers.	Feb 2, 2011 12:52 AM
222	Set goals and re-evaluate them after a short period of time, say 1 month.	Feb 2, 2011 1:09 AM

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

	Response Text	
223	Follow up always	Feb 2, 2011 2:15 AM
224	See above comment about consumer DIGNITY.	Feb 2, 2011 2:28 AM
225	Follow up and satisfaction surveys on all provided services	Feb 2, 2011 2:46 AM
226	Progress and then ultimately no need of the service should be the standard. If no progress or benefit to the consumer is noted then treatment should be discontinued.	Feb 2, 2011 3:24 AM
227	Clear effective treatment is measured by health standards	Feb 2, 2011 4:41 AM
228	Dentists send me "plans" that consumers or parents don't even want. The have found how to pressure a Service Coordinator to fund the plan. They write: SECOND REQUEST...	Feb 2, 2011 5:32 AM
229	Therapist are well versed in evaluating services. Again, it would mean the maintenance of ability not the decline. A decline may show ineffectiveness.	Feb 2, 2011 8:48 AM
230	Usefulness and effectiveness of 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 3:33 PM
231	They should not be provided by regional center	Feb 2, 2011 4:52 PM
232	Usefulness and effectiveness of 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 4:53 PM
233	Same as Medi-Cal	Feb 2, 2011 5:03 PM
234	Solution focused interventions goals are clearly operationalized, data are gathered, trends in response to treatment is monitored (upntward, downward, etc.) and intervention is accordingly adjusted. An 80% reduction in most symptoms is generally a good criteria for effctivenss of treatment. In cases where symptoms and psychological issues pose safety consideration (such as suicidal or homicidal ideations) psychiatrict and hospitalization may be needed.	Feb 2, 2011 5:29 PM
235	Usefulness and effectiveness of 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 5:50 PM
236	Medi-Cal currently requires quarterly evaluation of the services provided in ADHCs. Therapists show ongoing progress or changes in treatment plans. I think this system is effective.	Feb 2, 2011 6:05 PM
237	Followup and check to see that the services were effective and needed.	Feb 2, 2011 6:06 PM
238	Evaluation of medical/dental records periodically by SC and/or RC or DDS health professionals	Feb 2, 2011 6:22 PM
239	When a client moves from the family home into a care facility, the Range of Motion the client is capable of at that time should not be allowed to regress due to lack of intervention by staff and/or PT/OT services. ROM is important for client movement and comfort, and the lack or regression leads to overall decreased functioning in all areas and Quality of Life. Services should not solely be based on "lack of improvement" but also on maintenance of what level of ROM the client has at intake to care facility.	Feb 2, 2011 6:37 PM
240	a	Feb 2, 2011 6:50 PM
241	medical professional review and assessment, consumer comment	Feb 2, 2011 6:56 PM
242	monitor	Feb 2, 2011 6:58 PM
243	Qualify the providers and audit on a random basis.	Feb 2, 2011 7:11 PM
244	I feel that many of these services are life sustaining. If a child with CP doesn't get physical therapy, you might as well put everyone back in institutations. I'm really worried about duelly diagnosed clients not getting the proper drugs.	Feb 2, 2011 7:12 PM
245	Generalize to the home and school environments and parent accountability.	Feb 2, 2011 7:20 PM

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

	Response Text	
246	Timely assessments and progress reports at least every 6 months; medical records must be on file; family must provide verification from primary care physician that service is needed.	Feb 2, 2011 7:25 PM
247	I think the current standards are appropriate.	Feb 2, 2011 7:41 PM
248	We may want to look at a co-pay with families so they have a greater interest in the quality of the service.	Feb 2, 2011 8:42 PM
249	The service provider or the parents should provide documentation in regular reports as to the usefulness and effectiveness of all these services.	Feb 2, 2011 8:46 PM
250	Nutritional supplements should only be provided when need is documented by nutritional assessment by a registered dietitian with expertise working with children or adults with special needs. Nutritional supplements should not be provided if the individual is overweight or obese without nutrition intervention to address the weight concerns. Nutritional supplement need should be assessed every 6 months and parent existing inventory determined. Nutritional supplements should not provided unless it has been documented that need cannot be met with regular foods and beverages. Parents/consumers should be provided with evaluation forms to assess the performance of their providers.	Feb 2, 2011 8:59 PM
251	The well-being of the person is the standard. There should be an effort to eliminate or reduce pain. Genetic indicators should provide guidelines for therapy or care as a guide.	Feb 2, 2011 9:23 PM
252	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 9:34 PM
253	to be determined by doctor or therapist	Feb 2, 2011 9:38 PM
254	Reassess whether the services are useful more often.	Feb 2, 2011 10:02 PM
255	Keep track of therapies via the coordinator. Are therapist showing up? Are parents bringing their child for therapy?	Feb 2, 2011 10:02 PM
256	SAME AS PRIOR	Feb 2, 2011 10:03 PM
257	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
258	Please previous topic response....	Feb 2, 2011 10:17 PM
259	require weekly, monthly, and annual progress reports and proffesional & confidential documentation.	Feb 2, 2011 10:28 PM
260	Quarterly review.	Feb 2, 2011 10:29 PM
261	reivew goals, meet with case workers, group home administrators, parents, advocates.	Feb 2, 2011 10:32 PM
262	To remove waste and cut down on cost, services provided should not be dependant on other services provided. An example would be - In order for my child to continue to receive medical care, diapers, perscriptions etc. I am required to obtain respit care for him, which I do not need at this time. I am being forced to spend state money in order to continue with the services he actually needs. This is a rediculous line of logic and has become a huge beaucracy. It is disturbing to see first hand the waste in our government.!! Provide the services needed when need and no more.	Feb 2, 2011 11:07 PM
263	have and review updated medical records and close working relationship with individual's physicians.	Feb 2, 2011 11:11 PM

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

	Response Text	
264	The services must be provided and will as long as the State is able to fund therapy at targeted businesses. With the current levels of Regional Center funded clients, it is making it extremely difficult to keep certain companies open and working at their optimal levels.	Feb 2, 2011 11:14 PM
265	Evaluations: Regional center professionals, consumers and clients should work together to determine the efficacy of services and treatments.	Feb 2, 2011 11:21 PM
266	I do not support POS service standards.	Feb 2, 2011 11:31 PM
267	Base on doctors suggestion.	Feb 3, 2011 12:36 AM
268	Same answer as previous page.	Feb 3, 2011 12:44 AM
269	Goals should be written for specific, graduating outcomes.	Feb 3, 2011 12:45 AM
270	Regular reports and supervisory visits two or three times per year, or as needed.	Feb 3, 2011 12:52 AM
271	Usefulness and effectiveness of 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 12:58 AM
272	monitoring these services by consumer and regional center	Feb 3, 2011 1:30 AM
273	Approved list, quarterly performance reviews and patient reviews.	Feb 3, 2011 1:35 AM
274	N/A	Feb 3, 2011 1:55 AM
275	yearly evaluations for improvements	Feb 3, 2011 1:55 AM
276	Take the opinion of the families. They usually have strong opinions if a provider is actually worth continuing with.	Feb 3, 2011 2:19 AM
277	To have therapist or service providers set goals give reports on progress every 3 mos.	Feb 3, 2011 3:29 AM
278	check with family and the individual if the person taking care of them is competant	Feb 3, 2011 4:58 AM
279	no comment	Feb 3, 2011 5:08 AM
280	Usefulness and effectiveness of 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 6:05 AM
281	Outcomes should be measured by objectives stated in advance of treatment.	Feb 3, 2011 6:11 AM
282	Quarterly evaluations.	Feb 3, 2011 6:46 AM
283	Same standards as Valley Mountain Regional Center.	Feb 3, 2011 6:48 AM
284	Social Worker needs to keep in contact with their clients. (At least 4 yimes a year)	Feb 3, 2011 7:13 AM
285	as determined by progress of client	Feb 3, 2011 7:16 AM
286	Proper coordination among each discipline. Persistence in getting diagnosis. Speedy referral to service agencies and reginal centers and therapies.	Feb 3, 2011 8:09 AM
287	Frequent parent questionnaires which would be evaluated by a qualified specialist.	Feb 3, 2011 4:41 PM
288	Consumer report. Regional Center monitoring	Feb 3, 2011 5:12 PM
289	Ethical standards of professionals should be followed.	Feb 3, 2011 5:16 PM
290	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 3, 2011 5:21 PM
291	Clear description of the need at the time it is first noticed/recorded, and a clear description of the ultimate outcome.	Feb 3, 2011 5:37 PM
292	Documentaiton on part of the agency providignthe service.	Feb 3, 2011 5:38 PM
293	The services should be documented and reviewed by supervisors.	Feb 3, 2011 5:42 PM
294	Usefulness and effectiveness of 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 5:43 PM
295	Psychiatric or neurological consultation visits shall be summarized in doctor's narrative to be submitted in writing following each visit by consumer.	Feb 3, 2011 5:47 PM

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

	Response Text	
296	survey of consumer, family member, and/or care giver	Feb 3, 2011 6:00 PM
297	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 3, 2011 6:29 PM
298	Usefulness and effectiveness of 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 6:30 PM
299	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6). Question #6: Suggested service standards about the responsibility of parents and consumers for these services, e.g., co-payment, time commitment, etc. Answer: The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here. Question #7: Suggested service standards about self-directed or self-determination options for these services: This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 3, 2011 6:37 PM
300	Usefulness and effectiveness of 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 6:49 PM
301	caseworker needs to keep an eye on how things are going.	Feb 3, 2011 6:50 PM
302	Usefulness and effectiveness of 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 7:15 PM
303	Annual check in with the family or the individual receiving services.	Feb 3, 2011 7:21 PM
304	unknown	Feb 3, 2011 7:32 PM
305	a yearly evaluation	Feb 3, 2011 7:41 PM
306	depends on the need.	Feb 3, 2011 7:44 PM
307	Reviewed at every IPP meeting	Feb 3, 2011 7:45 PM
308	Each child is assigned to a case manager. That case manager assists and evaluates that child's particular case. That child is then assigned to a therapist. The therapist comes however often is needed for that particular child. When the therapist is there they go over where the child should be at developmentally and what the parent needs to do to help that child reach that goal. They also go over any goals the parent would like to see for their child. I feel communication and the evaluations they do are the most important part of a child succeeding in this program.	Feb 3, 2011 7:47 PM
309	See above	Feb 3, 2011 7:51 PM
310	The consumers who live in Care Homes. Still get Dental Benefits. That is unfair!!	Feb 3, 2011 7:51 PM
311	Use the proffessionals in each field. Not people who have no clue	Feb 3, 2011 7:53 PM
312	I don't know what standards you need to put in place to determine that someone is in physical pain or distress especially when they are non-verbal.	Feb 3, 2011 8:00 PM
313	A "shopping list" or menu of services offered. To the uninformed client or guardian there is limited exposure tot eh type of services provided.	Feb 3, 2011 8:12 PM
314	Consistent follow-ups	Feb 3, 2011 8:13 PM
315	through evalutation and care documentation of the progress	Feb 3, 2011 8:17 PM

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

	Response Text	
316	It is a joke to us parents to only have PT, OT and Speech services available once or twice a week. Everyone knows that that is not enough hours to gain improvement in mobility or speech! Intensive Therapy and Conductive Education needs to be included as an on-going service support for children and adults with cerebral palsy.	Feb 3, 2011 8:33 PM
317	One can judge on the accomplishments of the consumer. If a child is provided services and there is no change in their "make-up" then other means should be found to assist in the areas needed.	Feb 3, 2011 8:46 PM
318	Measure their effectiveness multiple times per year.	Feb 3, 2011 8:49 PM
319	There is no one way with this group. Admit it.	Feb 3, 2011 9:14 PM
320	Usefulness and effectiveness of 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 9:17 PM
321	Usefulness and effectiveness of 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 9:41 PM
322	Services must be determined to be effective by report of objective data from the service provider.	Feb 3, 2011 9:44 PM
323	n/a	Feb 3, 2011 9:53 PM
324	Regular assessments of health status.	Feb 3, 2011 10:07 PM
325	If someone has a reasonable opportunity to make gains in their speech, for example, it makes sense to purchase 6 months of speech therapy. If they attend their appointments, and they are making gains, then the service should be continued. If they do not attend their appointments (like 80% of appointments), then the services should be discontinued, and they should not be able to reapply for 2 years or some similar length of time. The providers themselves will have to indicate whether gains are being made or not. If not, maybe there should be a way for the client and/or family to appeal.	Feb 3, 2011 10:10 PM
326	should only be given if benefit is being shown	Feb 3, 2011 10:34 PM
327	After a certain amount of time, measure the improvement, if any.	Feb 3, 2011 10:50 PM
328	Suggested and reviewed by the client IPP team.	Feb 3, 2011 11:07 PM
329	As currently set.	Feb 3, 2011 11:10 PM
330	A regular check up on services used with the family, such as monthly or quarterly, etc.	Feb 3, 2011 11:11 PM
331	Statewide standards on the level of line of oversight for non-licnesed/certified staff who are providing direct services.	Feb 3, 2011 11:11 PM
332	if they get these services it would help more people keep a job and help those that need care.	Feb 3, 2011 11:31 PM
333	As needed by the indivdiual	Feb 3, 2011 11:32 PM
334	Usefulness and effectiveness of 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 11:43 PM
335	Usefulness and effectiveness of 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 12:45 AM
336	Monitoring by appropriate personell with both providers and consumers	Feb 4, 2011 12:48 AM
337	With budget cutbacks, it is difficult to obtain medical needs for our clients without Medi CAL.	Feb 4, 2011 12:54 AM
338	Services must be rendered in a timely manner to be most useful and effective.	Feb 4, 2011 12:56 AM
339	If the consumer is using the services then it is worth it.	Feb 4, 2011 1:14 AM
340	Eliminate	Feb 4, 2011 1:26 AM

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

	Response Text	
341	Individuals making the initial assessment should create standards for the provision of therapies and medical intervention. Medical equipment should be provided on a sliding fee scale.	Feb 4, 2011 1:33 AM
342	Usefulness and effectiveness of 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 1:50 AM
343	Monitoring and supervision	Feb 4, 2011 1:51 AM
344	by evaluation every 3 months.	Feb 4, 2011 2:05 AM
345	Usefulness and effectiveness of 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 2:06 AM
346	Kids under age 7 who are getting diapers, unless they are severely involved and unable to learn to use the toilet, should have the parents concurrently involved in skills training toward teaching their child toilet learning. It is easier to enroll a child who can use the toilet in a range of daycare programs, community recreation programs, etc than a child who needs to be diapered. Parents need to be supported to put the learning of these skills as a high priority. Yes, it will take longer usually than with a typically developing child. On the other hand, having access to incontinence supplies for the total care child/consumer can be a very real support.	Feb 4, 2011 2:14 AM
347	It is necessary to find providers who have knowledge of developmentally disabled population.	Feb 4, 2011 2:19 AM
348	Usefulness and effectiveness of 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
349	Service coordinaters should follow up on doc appts, therapy sessions, etc and get reports from that souce and the consumers to make sure it is a service they require.	Feb 4, 2011 2:56 AM
350	Frequent survey by the family and the regional service.	Feb 4, 2011 3:05 AM
351	Child needs to meet individual goals.	Feb 4, 2011 3:35 AM
352	Put nurses back on the school campuses.	Feb 4, 2011 3:43 AM
353	Have someone come out to the home and actually see what is being done and maybe offer some other suggestions to try to budget the monies.	Feb 4, 2011 4:05 AM
354	As decided by qualified care givers, medical staff, IPP team, organization staff.	Feb 4, 2011 4:49 AM
355	see previous statements	Feb 4, 2011 5:28 AM
356	Demonstrate need, demonstrate measurable positive progress within a measurable time frame.	Feb 4, 2011 5:50 AM
357	Survey patient/family.	Feb 4, 2011 5:56 AM
358	Usefulness and effectiveness of 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 6:39 AM
359	home and school involved.	Feb 4, 2011 7:29 AM
360	Usefulness and effectiveness of 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 7:33 AM
361	Periodic audit. Lack of required reports or supportive documentation from consultants would result in non-payment. Unified Plan doctor(s) should be reimbursed for 1 visit every 3 mos (not every month)- visit frequency should be based on the actual need. How many of us visit our doctor every month/ It's ridiculous. LVN consultant used for assisting providers w/bowel protocols (a POS) should be discontinued for Unified Plan providers	Feb 4, 2011 2:27 PM

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

	Response Text	
362	compare to the public, clients should be able to receive any medical services as anyone else.	Feb 4, 2011 3:08 PM
363	Usefulness and effectiveness of 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 3:16 PM
364	2 month follow appointment to ensure the service is property working	Feb 4, 2011 4:46 PM
365	Same as previous section	Feb 4, 2011 4:54 PM
366	provided by qualified personnel	Feb 4, 2011 4:59 PM
367	Request a quartly progress report from the provider.	Feb 4, 2011 5:05 PM
368	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 5:11 PM
369	Written input from the medical and therapeutic team as to the consumer's response and progress. Recommendations from that team regarding effectiveness are the best way to guage if the treatments are working and should be continued.	Feb 4, 2011 5:12 PM
370	Usefulness and effectiveness of 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 5:43 PM
371	Usefulness and effectiveness of 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 6:10 PM
372	Frequent reassessments after a baseline at point of eligibility	Feb 4, 2011 6:31 PM
373	Annual review of the IPP and parents consulting with consumer's medical doctor.	Feb 4, 2011 6:35 PM
374	Making information available to parents and clearly indicating what services the child is entitled to as well as following through on a consistent basis.	Feb 4, 2011 7:01 PM
375	Usefulness and effectiveness of 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 7:06 PM
376	The same as previous #3.	Feb 4, 2011 7:17 PM
377	review by the Regional Center	Feb 4, 2011 7:30 PM
378	The individuals living in group homes should have a very involved administrator. The administrator should hire an RN to monitor the clients' health and the number of hours an RN is expected to work in the home should be increased. Right now, they are limited to 1 hour per client per week. Ridiculous. The RN is the MD's eyes when it comes to monitoring the clients' health. If not an RN, an LVN can do the same job.	Feb 4, 2011 7:37 PM
379	IEP	Feb 4, 2011 7:40 PM
380	Usefulness and effectiveness of 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 7:49 PM
381	evaluations and periodic assessments both in home and school	Feb 4, 2011 8:07 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 4, 2011 8:13 PM
383	Usefulness and effectiveness of services should be determined by the IPP Team at every meeting	Feb 4, 2011 8:36 PM
384	This is such a broad question.....it might be useful to have consumers, families and providers surveyed about the services they receive. There are also other possibilities for services (such as a clinic that specializes in working with individuals with special needs). I know there has been concern around this idea and many feel that our community docs, dentists, etc. need to see individuals with special needs, however they often are not equipped and our clients have terrible experiences.	Feb 4, 2011 8:44 PM

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

	Response Text	
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 4, 2011 8:54 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 4, 2011 9:17 PM
387	Usefulness and effectiveness of 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 9:26 PM
388	IPP should define	Feb 4, 2011 9:33 PM
389	Usefulness and effectiveness of 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 9:54 PM
390	Quality Control Management	Feb 4, 2011 9:57 PM
391	Train then hire the BEST QUALIFIED for the job, without partiality!	Feb 4, 2011 9:59 PM
392	Usefulness and effectiveness of services should be determined by the IPP team at every IPP meeting as described in the Lanterman Act 4646.5 (a) (6)	Feb 4, 2011 10:04 PM
393	RC case managers should review the clients' needs and issue authorization for services. Communication between the families and case managers and reports by service providers will demonstrate effectiveness.	Feb 4, 2011 10:07 PM
394	The therapist need to make sure the treatment or tool he uses enhace the consumer development. The therepist need to keep a log on consumer progress and review with the parents every time they meet.	Feb 4, 2011 10:15 PM
395	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 10:20 PM
396	Care coordination should be promoted and it is best promoted when it is paid.	Feb 4, 2011 10:35 PM
397	Usefulness and effectiveness of 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 10:36 PM
398	Usefulness and effectiveness of 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 10:43 PM
399	Regular quarterly reports for specialities that are funded by MediCal or Regional Centers. If continued services are recommended then reason/supporting evidence should be included in the report. Reports should be discussed at least semi-annually at client meetings.	Feb 4, 2011 11:00 PM
400	Usefulness and effectiveness of 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 11:13 PM
401	By periodic survey	Feb 4, 2011 11:20 PM
402	Usefulness and effectiveness of 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 11:20 PM
403	The client is seen to have good health.	Feb 4, 2011 11:22 PM
404	Clearly defined measurable goals!	Feb 4, 2011 11:43 PM
405	Non essential theraputic services should be discontinued, or proived through volunters.	Feb 4, 2011 11:50 PM
406	Usefulness and effectiveness of services should be determined by the Individual Program Plan (IPP) team at every IPP meeting, as described in The Lanterman Act Section 4646.5(a)(6).	Feb 5, 2011 12:09 AM
407	IPP team determines if service is useful and effective. Lanterman Act 4646	Feb 5, 2011 12:10 AM
408	For ongoing services like speech therapy, a 3 month report documenting goals and progress of goals.	Feb 5, 2011 12:13 AM
409	Make sure that they are provided by service providers who have adequate education and training to implement the treatment or therapy.	Feb 5, 2011 12:26 AM
410	AUTISM	Feb 5, 2011 1:11 AM

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

	Response Text	
411	same as for the other programs	Feb 5, 2011 1:23 AM
412	Funding for therapeutic services should be contingent on documented progress and observable evidence of benefit that would not be reasonably expected if no specialized services but, rather, only natural (non-paid) supports were provided.	Feb 5, 2011 1:42 AM
413	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 5, 2011 2:16 AM
414	Need assistance in speech therapy and social development	Feb 5, 2011 3:40 AM
415	evaluations	Feb 5, 2011 3:44 AM
416	Usefulness and effectiveness of 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 3:55 AM
417	Annual physicals . . . graph weight, cholesterol, blood pressure, glucose with quarterly testing.	Feb 5, 2011 3:59 AM
418	Progress reports every 6 months to see how the child is progressing.	Feb 5, 2011 5:39 AM
419	Monitor the way in which providers are monitoring patients and providing a rationale for their care and outcomes. Since preventing worse disability is often the primary outcome, the monitoring has to be cognizant of the chronic diseases and symptoms each patient is suffering.	Feb 5, 2011 5:48 AM
420	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting.	Feb 5, 2011 6:40 AM
421	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 2:46 PM
422	Parents should always be present, if the child is not able to work with the therapist, the parent can work with the child and go back to therapy when the child is ready. Therapy should be short term and then discontinued if there is no progress after two authorization periods (total of 6 months). A child should not have ongoing therapy for years. Parents should participate in training and keep data on the child's progress. An illiterate parent must get help from a family/friend for training and documentation to be sure the child will have follow through at home.	Feb 5, 2011 4:25 PM
423	Data and feedback!	Feb 5, 2011 5:00 PM
424	Have clear communication, use data collection sheets, have the supervisior of the program follow up on the monthly progress.	Feb 5, 2011 5:15 PM
425	Usefulness and effectiveness of 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 5:23 PM
426	Don't overpay doctors or other providers or referral services; the bottom line should be the consumer not Dr. so and so's 2 BMWs or multi-million dollar home. Have more ways to assess, more social workers in the field.	Feb 5, 2011 6:22 PM
427	Programs shoudl be measured on the ability to add to the quality of life of an individual and if the individual is happy. Not all consumers should be measured by the same standards.	Feb 5, 2011 6:27 PM
428	same as first set	Feb 5, 2011 6:39 PM
429	It would depend on the service, but for example: if a child needs speech therapy. Then the expectation would be that the therapist would have goals to be reached and benchmarks for when those goals would be reached	Feb 5, 2011 8:02 PM
430	Assessment will determine that	Feb 5, 2011 10:10 PM
431	Usefulness and effectiveness of 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 10:53 PM

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

	Response Text	
432	Serveces form Doctors' offices, and so on have their own regulators, the home staff of the consumers take consumers to and from appointments, and evaluare the consumers for the need for care.	Feb 6, 2011 3:55 AM
433	These standards already exist. There is no "one size fits all" solution. Purchase of service standards for each individual are defined by the IPP.	Feb 6, 2011 5:12 AM
434	Regardless of any suggested standards, the consumer, the consumer's parents and/or caregivers and consumer's teachers and other school service providers where applicable must still have input regarding health care and therapeutic 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 5:39 AM
435	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 6, 2011 5:54 AM
436	Usefulness and effectiveness of 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 4:33 PM
437	Hospitals or clinics who provide the service seem to be most effective. They have strict standards on how to apply the service.	Feb 6, 2011 5:01 PM
438	Monthly meetings with client, support staff and family members (if available). Quarterly meetings with same individuals plus regional center administrator.	Feb 6, 2011 7:59 PM
439	Services should have meaningful measurable objectives, not ridiculous ones written to satisfy paperwork. If services are showing there is improvement they should be continued; if not, the reason for failure should be investigated. I was told my daughter had social skills training for three years and that was enough. She had improved and needed to continue.	Feb 6, 2011 8:37 PM
440	Follow up with all involved with client to make sure services are working well.	Feb 6, 2011 10:50 PM
441	Regional Center Staff should be the responsible agency.	Feb 7, 2011 5:10 AM
442	Usefulness and effectiveness of 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 5:11 AM
443	Usefulness and effectiveness of 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 6:37 AM
444	6 months progress reports should be provided and if progress is not being made by one year either services should be modified or ended.	Feb 7, 2011 3:45 PM
445	The IP Team at every IP meeting, as described in the Lanterman Act, should determine usefulness and effectiveness of services.	Feb 7, 2011 5:44 PM
446	Usefulness and effectiveness of 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 6:39 PM
447	The regional center should be empowered to fund for dental surgery and associated services such as anesthesia when it is well established that such services are not funded or available for individuals with behavioral or health challenges that prevent standard dental care in an office setting under local anesthesia.	Feb 7, 2011 8:14 PM
448	As mentioned in the first section of questions.	Feb 7, 2011 8:26 PM
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 7, 2011 10:04 PM
450	If a child is healthy and thriving, making progress and living in their home with their families, you have your answer, the services are successful. We spend far too much time trying to figure out how to short change our children, not help them.	Feb 7, 2011 10:06 PM
451	that the need is met.	Feb 7, 2011 10:28 PM
452	Usefulness and effectiveness of 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 10:35 PM
453	Allow RC's to set the standards in their own communities.	Feb 7, 2011 10:44 PM

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

	Response Text	
454	Usefulness and effectiveness of 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 11:06 PM
455	The IPP team should determine usefulness and effectiveness at every IPP meeting, as described in the Lanterman Act Section 4646.5 (a)(6).	Feb 7, 2011 11:12 PM
456	Let the Regional Centers make the decisions regarding program services	Feb 7, 2011 11:13 PM
457	Rigid state standards that are enforced rigorously. Show people you're serious about waste and fraud and you'll save money.	Feb 7, 2011 11:38 PM
458	Individual OT services should be provided in the home with the primary caretaker or parent present. Parents and caretakers should be given a home activity program to provide follow through at home.	Feb 7, 2011 11:57 PM
459	The regional center is the 'gate keeper' with copies of the reports/recommendations, and keeps in touch with the vendor and consumers as to when the equipment will be provided. Fitting is done at a final clinic about 6 months later when MediCal deems payment is going to happen.	Feb 8, 2011 12:54 AM
460	Have bench marks, set up by the ipp team. Review often and cut out services that are not effective	Feb 8, 2011 12:55 AM
461	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in the Lanterman Act Section 4646.5 (a) (6).	Feb 8, 2011 1:08 AM
462	parent surveys.	Feb 8, 2011 1:19 AM
463	If they would improve the life of an individual with developmental disabilities then the service is useful. If it is successful in it's application then it is effective.	Feb 8, 2011 1:37 AM
464	yearly health checks on toileting and nutritional value (not just weight gain because medication causes weight gain when nutrition is not necessarily healthy). Goals and treatment progress for nonmedical therapy	Feb 8, 2011 2:19 AM
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 8, 2011 3:56 AM
466	Service providers, particularly with Medi-Cal should be required to provide consumers with the itemized invoice of what is being billed to Medi-Cal. This would help ensure that consumers are getting what they should be getting. This would also help monitor overbilling by providers.	Feb 8, 2011 4:27 AM
467	This should include a team meeting including the physician and other people on the child's treatment team. All opinions should be valued. If a CCS therapist does not feel they can treat the child in their setting, they should be referred out.	Feb 8, 2011 4:36 AM
468	Get feedback. Provide forms & the person to complete them WITH the client and/or family.	Feb 8, 2011 4:58 AM
469	Request a report from the treating professional and have the report interpreted and evaluated by a nurse or other health care professional at fhe RC to make sure the services are useful and effective. Periodic (i.e. 6 month) progress reports are required for funding to continue.	Feb 8, 2011 5:12 AM
470	I have used these services in the past, and the support provides wonderful peace-of-mind. Please don't cut funding.	Feb 8, 2011 5:20 AM
471	Usefulness and effectiveness of 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 5:31 AM
472	By parent feedback.	Feb 8, 2011 5:33 AM
473	Again as previously stated.	Feb 8, 2011 6:08 AM
474	Goal setting and review.	Feb 8, 2011 6:13 AM
475	Once the service is known that it is effective, it should be provided. Service Coordinators know when a service is needs, but instead, they make it hard for the consumer to get that service.	Feb 8, 2011 6:57 AM

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

	Response Text	
476	Usefulness and effectiveness of 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 3:39 PM
477	Usefulness and effectiveness of 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 4:24 PM
478	Usefulness and effectiveness of 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 4:24 PM
479	again, the right person and the right appoach..	Feb 8, 2011 5:48 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 8, 2011 6:01 PM
481	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 7:12 PM
482	Follow up with short paper interviews when clients are waiting for appointments.	Feb 8, 2011 7:40 PM
483	Usefulness and effectiveness of 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 7:53 PM
484	Pre-assessment and periodic assessment based on agreed standards and objectives for each client.	Feb 8, 2011 8:47 PM
485	Social skills groups should not be led by "child care providers" or "teachers". They should be led by people with a master's degree or better and specialized training in behavior modification or treatment of other mental health disorders. ABA isn't NECESSARY for this population. Good, but not necessary and sometimes, not the best. A lot of these kids have anxiety and this isn't ABA's area of expertise - this is the area of a mental health clinician.	Feb 8, 2011 8:51 PM
486	evaluations by a public health nurse	Feb 8, 2011 9:20 PM
487	Progression.	Feb 8, 2011 9:51 PM
488	with 6 months to annual goals to show the improvement of the child's skills to determine the effectiveness.	Feb 8, 2011 10:07 PM
489	diapers: n/a	Feb 8, 2011 10:10 PM
490	Measure the effectiveness on the consumers successes. If the consumer isnt progressing, either the suggestions are effective or the consumer just doesnt benefit from that service and should not be a continueing expense.	Feb 8, 2011 10:11 PM
491	Reports	Feb 8, 2011 11:18 PM
492	Check in after 6 mos.	Feb 8, 2011 11:35 PM
493	Usefulness and effectiveness of 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 11:52 PM
494	The team can review them at each team meeting.	Feb 9, 2011 12:16 AM
495	survey results	Feb 9, 2011 12:50 AM
496	documentation	Feb 9, 2011 12:52 AM
497	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 9, 2011 1:21 AM
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 9, 2011 1:27 AM
499	same	Feb 9, 2011 2:27 AM

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

	Response Text	
500	I receive a survey from Momentum for Mental Health once/year to evaluate the effectiveness of services and I think that I should receive a survey from Momentum for Mental Health once/6 months. Momentum for Mental Health completes yearly audit which is sufficient. I receive a survey from my primary care doctor every time I have a medical appointment which is sufficient because it evaluated my PCP, pharmacy, radiology, ect. I think psychiatrists should be held accountable for over-medication on some patients and should be cautious of medicating children under 18 years.	Feb 9, 2011 2:55 AM
501	Keep on top of the progress throught doctor reports.	Feb 9, 2011 3:17 AM
502	Provide services as well as education to patients, loved ones and caregivers.	Feb 9, 2011 4:37 AM
503	Usefulness and effectiveness of 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 5:41 AM
504	Evaluations outside of the company that is providing the service and also parent/ consumer evaluations would be beneficial.	Feb 9, 2011 5:56 AM
505	Staffing for progress should help to determine if a new approach may be indicated or a change in providers. More closely monitored student performance should be required when children are not progressing. Sometimes it is the pressure of already being in a large daycare or nursery school environment which interferes with student performance..	Feb 9, 2011 6:37 AM
506	Email or mail monthly forms for the parents or caregivers to fill out and respond.	Feb 9, 2011 7:07 AM
507	Review goals, parent report on child's function at home & in community	Feb 9, 2011 2:02 PM
508	Services should be monitored by all the IPP team members. It should be ensured that services are delivered in the manner to which it was agreed by the IPP team. Area Boards should continue to monitor consumer quality of life.	Feb 9, 2011 5:32 PM
509	oversight by an interdisciplinary team as evidenced through the individual plan process	Feb 9, 2011 6:13 PM
510	ongoing review of progress. Wellness team meeitngs at NBRC that include doctor, nurse and psychologist in addition to the client's CPC.	Feb 9, 2011 6:49 PM
511	Parents, even with low financial resources, should contribute towards a portion of the expense on a monthly basis, as a kind of membership, let's say $100. The regional center will obtain $1,200 a year per parent and the state can cover the rest. Those $1,200 annualy parent contribution must go directly towards therapy sessions rather than administrative burocratic costs.	Feb 9, 2011 7:30 PM
512	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 9, 2011 7:56 PM
513	Ask the care provider of the consumer if the psychiatrist works...	Feb 9, 2011 8:12 PM
514	This should be left open to discretion of the healthcare provider.	Feb 9, 2011 8:58 PM
515	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 9:04 PM
516	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting. as described by in the Lanterman Act Section 4646 (a) (6).	Feb 9, 2011 9:47 PM
517	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 9, 2011 10:02 PM
518	Someone to contact the consumer to find out how the services are going, do you need more services it there still a need for the consumer.	Feb 9, 2011 10:36 PM
519	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 9, 2011 10:51 PM
520	None	Feb 9, 2011 11:28 PM

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

	Response Text	
521	Regulated by doctors and medical professionals who service the consumer	Feb 9, 2011 11:36 PM
522	There should be a periodical evaluation of the existing progress from the services rendered.	Feb 9, 2011 11:40 PM
523	These standards already exist	Feb 9, 2011 11:46 PM
524	Use ICD-9 codes to match diagnosis and services, have recommendations reviewed by an eye care provider, random audit of records to ensure comprehensive services are provided.	Feb 9, 2011 11:52 PM
525	A vision examination should include an ocular health assessment, initial acuity findings for each eye and combined, check for statis of binocularity, refractive status, near visual acuity if possible and ocular motility assessment. Findings should be related to the functional status and needs of the individual and lenses prescribed appropriately to meet these needs. It would be helpful to have input from other health care or educational providers on observations that indicate areas of difficulty with vision. (such as postural changes made during particular activities, tendency to hold material close to eyes, eye turn, headaches, etc.)	Feb 10, 2011 12:00 AM
526	On going assessments and data collection.	Feb 10, 2011 12:29 AM
527	Services Rendered through the aproval of clinical and medically necessary by TCRC	Feb 10, 2011 3:04 AM
528	goofy question	Feb 10, 2011 7:46 PM
529	Usefulness and effectiveness of 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 7:59 PM
530	Getting the patient in on time and not take 5- ten minutes past the appointment time. Time is crucial and many of these providers do not make up for the lost time.	Feb 10, 2011 8:15 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 10, 2011 9:30 PM
532	Every time the IPP team meets, this should be determined (it's in The Lanterman Act).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 9:49 PM
533	Usefulness and effectiveness of 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 9:57 PM
534	diagnosis, plan & prognosis should be required of the doctor after the exam. Objective evaluation should be conducted after every 12 sessions of therapy to ensure progress and its effectiveness.	Feb 10, 2011 10:12 PM
535	Performance evaluations should be done by an outside agency based on community norms.	Feb 10, 2011 10:12 PM
536	A health service is always going to be useful and effective.	Feb 10, 2011 11:59 PM
537	The consumer is successful in accomplishing his/her goals.	Feb 11, 2011 12:03 AM
538	Usefulness and effectiveness of 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 12:16 AM
539	Determined by the effects of the child's daily life. Determination cannot be a cookie cutter process.	Feb 11, 2011 1:25 AM
540	Usefulness and effectiveness of 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 1:44 AM
541	Supports should remain the same or increase.	Feb 11, 2011 1:49 AM
542	Develop a list of evidence based services and only fund proven methodologies for any age group.	Feb 11, 2011 2:26 AM
543	data collection and quarterly report to show progress	Feb 11, 2011 2:50 AM

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

	Response Text	
544	The usefulness and effectiveness of services should be determined by the IPP team for each individual at every IPP meeting, as described in the Lanterman Act Section 4646.5 (a) (6)	Feb 11, 2011 3:17 AM
545	Efficacy of these services and standards of usefulness shall be reviewed quarterly through the IPP process.	Feb 11, 2011 3:29 AM
546	As noted above need assessment and plan and review.	Feb 11, 2011 4:39 AM
547	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 11, 2011 4:47 AM
548	Usefulness and effectiveness of 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 5:07 AM
549	Usefulness and effectiveness of 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 5:22 AM
550	Should only be purchased when medically necessary.	Feb 11, 2011 5:39 AM
551	Usefulness and effectiveness of 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 6:12 AM
552	constant standard of improvement	Feb 11, 2011 6:13 AM
553	Follow-up and checks and measures.	Feb 11, 2011 6:14 AM
554	case manager review	Feb 11, 2011 6:16 AM
555	Documentation within laws of confidentiality for all individuals living in United States..	Feb 11, 2011 7:45 AM
556	Through the gathering of data and input by the person needing the services and their circle of support according to the Lanterman Act.	Feb 11, 2011 5:27 PM
557	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting	Feb 11, 2011 6:08 PM
558	Vendor shoud submit quarterly reports.	Feb 11, 2011 6:27 PM
559	More coordination, understaning about how to work with health insurance companies/providers to ensure kids who need hospice/24 hour care receive services at home. Reduce time it take to implement services. Clear understanding about who is responsible for providing and paying for services	Feb 11, 2011 6:27 PM
560	The services would be monitored by the office that 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 6:43 PM
561	SAME AS PREVIOUS #3	Feb 11, 2011 6:44 PM
562	Quality control, keep checking up on these clients every week, day, month what ever it take. Tough if they don't like it, espically the people that work in group homes.	Feb 11, 2011 6:47 PM
563	available services that meet the individual needs of each person available near to their residence linguistically appropriate services	Feb 11, 2011 7:14 PM
564	Should see continuous improvement over time until normalcy	Feb 11, 2011 7:19 PM
565	Usefulness and effectiveness of 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 7:21 PM
566	happy faces grown up activities more different things to do different activities	Feb 11, 2011 7:22 PM
567	See comment under Behavioral Services	Feb 11, 2011 8:49 PM

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

	Response Text	
568	Regular reports from the agencies to parents and regional center staff.	Feb 11, 2011 9:22 PM
569	Usefulness and effectiveness of 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 9:40 PM
570	Therapy services are defined as those services, e.g., physical therapy, occupational therapy, speech therapy, and feeding therapy, which are provided to the consumer to address significant deficits in the areas of fine motor skills, gross motor skills and language development. In addition, therapy services may also include evaluations, which are needed to assess the consumer's current level of functioning and the need for services. Therapeutic 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 consumer's progress toward identified therapeutic goals and objectives.	Feb 11, 2011 9:44 PM
571	Therapy services are defined as those services, e.g., physical therapy, occupational therapy, speech therapy, and feeding therapy, which are provided to the consumer to address significant deficits in the areas of fine motor skills, gross motor skills and language development. In addition, therapy services may also include evaluations, which are needed to assess the consumer's current level of functioning and the need for services. Therapeutic 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 consumer's progress toward identified therapeutic goals and objectives.	Feb 11, 2011 9:45 PM
572	Therapy services are defined as those services, e.g., physical therapy, occupational therapy, speech therapy, and feeding therapy, which are provided to the consumer to address significant deficits in the areas of fine motor skills, gross motor skills and language development. In addition, therapy services may also include evaluations, which are needed to assess the consumer's current level of functioning and the need for services. Therapeutic 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 consumer's progress toward identified therapeutic goals and objectives.	Feb 11, 2011 9:48 PM

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

	Response Text	
573	Therapy services are defined as those services, e.g., physical therapy, occupational therapy, speech therapy, and feeding therapy, which are provided to the consumer to address significant deficits in the areas of fine motor skills, gross motor skills and language development. In addition, therapy services may also include evaluations, which are needed to assess the consumer's current level of functioning and the need for services. Therapeutic 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 consumer's progress toward identified therapeutic goals and objectives.	Feb 11, 2011 9:49 PM
574	Usefulness and effectiveness of 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 9:49 PM
575	Professionals within the RC system should monitor the delivery of services to determine the medical necessity, and efficacy of the services	Feb 11, 2011 9:51 PM
576	Therapy services are defined as those services, e.g., physical therapy, occupational therapy, speech therapy, and feeding therapy, which are provided to the consumer to address significant deficits in the areas of fine motor skills, gross motor skills and language development. In addition, therapy services may also include evaluations, which are needed to assess the consumer's current level of functioning and the need for services. Therapeutic 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 consumer's progress toward identified therapeutic goals and objectives.	Feb 11, 2011 9:51 PM
577	Therapy services are defined as those services, e.g., physical therapy, occupational therapy, speech therapy, and feeding therapy, which are provided to the consumer to address significant deficits in the areas of fine motor skills, gross motor skills and language development. In addition, therapy services may also include evaluations, which are needed to assess the consumer's current level of functioning and the need for services. Therapeutic 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 consumer's progress toward identified therapeutic goals and objectives.	Feb 11, 2011 9:53 PM

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

	Response Text	
578	Therapy services are defined as those services, e.g., physical therapy, occupational therapy, speech therapy, and feeding therapy, which are provided to the consumer to address significant deficits in the areas of fine motor skills, gross motor skills and language development. In addition, therapy services may also include evaluations, which are needed to assess the consumer's current level of functioning and the need for services. Therapeutic 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 consumer's progress toward identified therapeutic goals and objectives.	Feb 11, 2011 9:58 PM
579	Therapy services are defined as those services, e.g., physical therapy, occupational therapy, speech therapy, and feeding therapy, which are provided to the consumer to address significant deficits in the areas of fine motor skills, gross motor skills and language development. In addition, therapy services may also include evaluations, which are needed to assess the consumer's current level of functioning and the need for services. Therapeutic 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 consumer's progress toward identified therapeutic goals and objectives.	Feb 11, 2011 10:01 PM
580	Therapy services are defined as those services, e.g., physical therapy, occupational therapy, speech therapy, and feeding therapy, which are provided to the consumer to address significant deficits in the areas of fine motor skills, gross motor skills and language development. In addition, therapy services may also include evaluations, which are needed to assess the consumer's current level of functioning and the need for services. Therapeutic 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 consumer's progress toward identified therapeutic goals and objectives.	Feb 11, 2011 10:02 PM

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

	Response Text	
581	Therapy services are defined as those services, e.g., physical therapy, occupational therapy, speech therapy, and feeding therapy, which are provided to the consumer to address significant deficits in the areas of fine motor skills, gross motor skills and language development. In addition, therapy services may also include evaluations, which are needed to assess the consumer's current level of functioning and the need for services. Therapeutic 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 consumer's progress toward identified therapeutic goals and objectives.	Feb 11, 2011 10:13 PM
582	Therapeutic 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 consumer's progress toward identified therapeutic goals and objectives.	Feb 11, 2011 10:25 PM
583	Therapy services are defined as those services, e.g., physical therapy, occupational therapy, speech therapy, and feeding therapy, which are provided to the consumer to address significant deficits in the areas of fine motor skills, gross motor skills and language development. In addition, therapy services may also include evaluations, which are needed to assess the consumer's current level of functioning and the need for services. Therapeutic 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 consumer's progress toward identified therapeutic goals and objectives.	Feb 11, 2011 10:29 PM
584	Quarterly reviews	Feb 11, 2011 10:33 PM

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

	Response Text	
585	Therapy services are defined as those services, e.g., physical therapy, occupational therapy, speech therapy, and feeding therapy, which are provided to the consumer to address significant deficits in the areas of fine motor skills, gross motor skills and language development. In addition, therapy services may also include evaluations, which are needed to assess the consumer's current level of functioning and the need for services. Therapeutic 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 consumer's progress toward identified therapeutic goals and objectives.	Feb 11, 2011 10:35 PM
586	The IP Team at every IP meeting, as described in the Lanterman Act, should determine usefulness and effectiveness of services.	Feb 11, 2011 10:41 PM
587	Evaluation by social worker or other that the services are making an impact on the individuals life.	Feb 11, 2011 10:43 PM
588	Therapy services are defined as those services, e.g., physical therapy, occupational therapy, speech therapy, and feeding therapy, which are provided to the consumer to address significant deficits in the areas of fine motor skills, gross motor skills and language development. In addition, therapy services may also include evaluations, which are needed to assess the consumer's current level of functioning and the need for services. Therapeutic 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 consumer's progress toward identified therapeutic goals and objectives.	Feb 11, 2011 10:54 PM
589	everyone that needs it between the ages of 0-3 years, early intervention is the key!!!!	Feb 11, 2011 10:59 PM
590	Documentation of behaviors and progress report every quarter.	Feb 11, 2011 11:20 PM
591	None	Feb 11, 2011 11:22 PM

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

	Response Text	
592	Therapy services are defined as those services, e.g., physical therapy, occupational therapy, speech therapy, and feeding therapy, which are provided to the consumer to address significant deficits in the areas of fine motor skills, gross motor skills and language development. In addition, therapy services may also include evaluations, which are needed to assess the consumer's current level of functioning and the need for services. Therapeutic 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 consumer's progress toward identified therapeutic goals and objectives.	Feb 11, 2011 11:25 PM
593	Documentation from therapist. Signed off by parent if in agreement.	Feb 11, 2011 11:26 PM
594	A monthly call to the family receiving the services to make sure the services are useful.	Feb 11, 2011 11:35 PM
595	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646 (a) (6).	Feb 11, 2011 11:47 PM
596	The usefullness and effectiveness of the services should be measured by symptom data and consumer satisfaction ratings and not by subjective provider ratings of consumer progress.	Feb 11, 2011 11:55 PM
597	Therapy services are defined as those services, e.g., physical therapy, occupational therapy, speech therapy, and feeding therapy, which are provided to the consumer to address significant deficits in the areas of fine motor skills, gross motor skills and language development. In addition, therapy services may also include evaluations, which are needed to assess the consumer's current level of functioning and the need for services. Therapeutic 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 consumer's progress toward identified therapeutic goals and objectives.	Feb 12, 2011 12:07 AM
598	Cost containment measures should be adopted.	Feb 12, 2011 12:09 AM
599	Progress reports should be requested of to confirm any improvements or barriers for the consumer.	Feb 12, 2011 12:37 AM
600	That every client should be given these sevices through every organization that deals with these people and that this is what we do as part of or jobs.	Feb 12, 2011 2:31 AM
601	Evaluations from both caregivers and service providers.	Feb 12, 2011 3:41 AM
602	not sure	Feb 12, 2011 4:08 AM
603	Usefulness and effectiveness of services shoud be determined by the IPP team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 12, 2011 5:14 AM

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

	Response Text	
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 12, 2011 5:18 AM
605	assessments from qualified personnel.	Feb 12, 2011 5:50 AM
606	Reviews	Feb 12, 2011 6:16 AM
607	See previous answers.	Feb 12, 2011 6:27 AM
608	I have no experience in this area.	Feb 12, 2011 6:42 AM
609	Measure against properly set criteria	Feb 12, 2011 6:57 AM
610	Health physical	Feb 12, 2011 7:16 AM
611	parents know how to take care of their children if they provide the services.	Feb 12, 2011 7:35 AM
612	Same as always reports and audits	Feb 12, 2011 3:27 PM
613	Monthly tests determine progress. With no progress, redesign care.	Feb 12, 2011 4:17 PM
614	We have been receiving speech pathology services for our 2 year old son for 6 months before we discovered that he had been receiving speech therapy from an assistant (SLPA-Speech and Language Pathologist Assistant). The SLP (Speech and Language Pathologist) had never talked to me or met my son, yet she was supposedly "supervising" the SLPA in my son's treatment. The regional center allows for SPLA to practice therapy as long as they are supervised by a SLP. As parents, the regional center never mentioned or even alluded to this fact and the SLP and SLPA themselves never let on that we were not working with an actual SLP, but an assistant. I feel that my son's progress could have been much better if he was properly supervised. This process needs to be very transparent for the parents.	Feb 12, 2011 4:19 PM
615	The primary caretaker/supervisor should be responsible for determining this service.	Feb 12, 2011 4:34 PM
616	Periodic evaluation and reports will be required.	Feb 12, 2011 4:42 PM
617	donduct regular assessment & evaluation	Feb 12, 2011 4:58 PM
618	When one is ready to go into their transition of living alone these different services should be made available to them or an easy access for them to able to obtain. Some service s should be made before hand if medical needs are to be met to make their life easier on them as well as parents	Feb 12, 2011 5:23 PM
619	required supervisiory visits	Feb 12, 2011 5:31 PM
620	set qualifications	Feb 12, 2011 5:40 PM
621	Evaluations taking place at regular intervals.	Feb 12, 2011 6:05 PM
622	Usefulness and effectiveness of 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 6:10 PM
623	If the results show effectiveness.	Feb 12, 2011 6:12 PM
624	quarterly reports stating the progress, plan of care, and plan for future.	Feb 12, 2011 6:25 PM
625	Same as for anyone else getting services.	Feb 12, 2011 7:59 PM
626	Offered in the neighborhoods so they do not have to travel. Many of my students do not have transportation.	Feb 12, 2011 8:13 PM
627	Document goals and monitor client acievement.	Feb 12, 2011 8:16 PM
628	Regular polling of participants and their families using a proven instrument.	Feb 12, 2011 8:21 PM
629	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 12, 2011 8:24 PM
630	Having an appropriate plan of care	Feb 12, 2011 8:30 PM

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

	Response Text	
631	I believe that programs should be aimed at the earliest possible level of development -- i.e. do not build a "house of cards". IN order for a kid to benefit from OT, for example, they may need first to receive foundational therapy in primitive reflex integration, HANDLE, or other early neurodevelopmental treatments. Then they can truly benefit and SOAR!!!! I also think that higher-functioning kids can really benefit from family therapy yet this is usually not provided as an option.	Feb 12, 2011 8:31 PM
632	A report describing the functional result of the visual findings is essential, so as to let other service providers know of the individuals visual skill level.	Feb 12, 2011 8:47 PM
633	consumer and family feedback, rating, and evaluation	Feb 12, 2011 8:50 PM
634	case coordinator should be on top of all services	Feb 12, 2011 8:56 PM
635	Holistic determination.	Feb 12, 2011 9:11 PM
636	Training and education are paramount to working with any individual on a caregiving / care providing basis.	Feb 12, 2011 9:16 PM
637	management team	Feb 12, 2011 9:21 PM
638	Proper licensing and certification Regional Center coordinators choose providers with proven track records in working with individuals with developmental disabilities and high degree of professional staff--not those with HS diplomas or without college degrees. Provide different service providers for Mental Impairment (MR) from those servicing High functioning Autism and PDD. Require family feedback on measurable physical skills as the services are provided. Allow flexibility and switching providers at family discretion any time during a month.	Feb 12, 2011 9:54 PM
639	goals and objectives	Feb 12, 2011 10:13 PM
640	Survey/feedback should be required by all parties involved.	Feb 12, 2011 11:04 PM
641	Hire only qualified care providers.	Feb 12, 2011 11:10 PM
642	Usefulness and effectiveness of 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 11:59 PM
643	Are the services that are available being utilized? If not, why not. Since consumers generally are not able to communicate or determine the efficacy of a service, feedback has to come from parents/caregivers/school personnel, etc.	Feb 13, 2011 12:08 AM
644	professional doctors outside of all this to examine a person every so often	Feb 13, 2011 12:34 AM
645	Periodic reports	Feb 13, 2011 1:08 AM
646	as needed	Feb 13, 2011 1:20 AM
647	Evaluations of services quarterly.	Feb 13, 2011 1:47 AM
648	read the previous answer	Feb 13, 2011 2:40 AM
649	Usefulness and effectiveness of 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 3:41 AM
650	Comparing what is medically necessary v. what is not.	Feb 13, 2011 3:45 AM
651	Evaluated by the service provider, care giver, and therapists.	Feb 13, 2011 4:14 AM
652	The consumers's condition have been improved such as reducing recurrent hospitalization, etc.	Feb 13, 2011 5:07 AM

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

	Response Text	
653	Well how can we be sure the sevice provided are useful and effective is by parental observation and the parents keeping a journal and see to it the child is really doing what is being ask to do.	Feb 13, 2011 5:17 AM
654	Isn't it crazy it all fits together...	Feb 13, 2011 5:23 AM
655	Keep an eye on the providers. And dont say its impossibe remember you maybe in that situation yourself one day.	Feb 13, 2011 5:49 AM
656	providers must have masters degree and receive continuing education credits or license/certificate/degree is revoked.	Feb 13, 2011 6:06 AM
657	Files should be carefully looked over	Feb 13, 2011 6:51 AM
658	Parental/Guardian quarterly reporting	Feb 13, 2011 7:46 AM
659	Prescription coverage	Feb 13, 2011 3:53 PM
660	If the condition is improving or being managed. (I think there are already standards in place.)	Feb 13, 2011 4:57 PM
661	Services would meet California Desired Results standards.	Feb 13, 2011 5:21 PM
662	speech services should be provided in an IN-HOME setting for children who has aggressive behaviors, or has trouble adjusting in new settings such as clinic or doctors office. once the child's behaviors decreases and adjust wells to the speech therapist, then services moves to clinic setting to generalize.	Feb 13, 2011 6:15 PM
663	Ongoing assessment by the APPROPRIATE provider in each area	Feb 13, 2011 6:40 PM
664	Surveys and evaluations for the consumers to fill out about the service received.	Feb 13, 2011 6:45 PM
665	In this case the nursing company has set standards.	Feb 13, 2011 6:55 PM
666	Dental, vision and podiatry services should be made available again on a normal frequency	Feb 13, 2011 6:55 PM
667	Monitor outcomes, ie. health maintenance, improved functional skills, etc.	Feb 13, 2011 7:03 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 13, 2011 7:12 PM
669	This would come from documentation of progress and increased quality of life.	Feb 13, 2011 7:59 PM
670	Are the children meeting their goals?	Feb 13, 2011 8:41 PM
671	Use of 'best practice' data	Feb 13, 2011 8:47 PM
672	I can't suggest what the standards are but if there are cuts to these services, that will be detrimental to the people receiving them. If my son hadn't received assistance I know that he wouldn't have progressed as far as he has now. Before I looked at things being hopeless but now because he's received services I can see something positive coming about.	Feb 13, 2011 8:58 PM
673	they would need to have doctors to assess them but if their services are cut or stopped no one would be able to tell them if the services are useful.	Feb 13, 2011 9:44 PM
674	before and after checklist quarterly evaluations by team of efficacy of treatments/services	Feb 13, 2011 10:11 PM
675	Reviewed on a regular basis	Feb 13, 2011 10:20 PM
676	Appropriate training as defined impirical data.	Feb 13, 2011 10:24 PM
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 13, 2011 10:50 PM
678	SET GOALS FOR CLIENTS TO BE FOLLOWED UP BY SOCIAL WORKERS	Feb 13, 2011 10:54 PM
679	Professional standards and best practices already exist for these services. Anything added or deleted by DDS would unnecessarily complicate or deteriorate the delivery of services.	Feb 14, 2011 12:55 AM

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

	Response Text	
680	Data, all service providers should keep data regardless of what service they providing. Parents and services providers alike should be able to see how and where the child is making progress.	Feb 14, 2011 1:35 AM
681	services are useful if the client would not be able to function (short term or long term) without them.	Feb 14, 2011 1:37 AM
682	Usefulness and effectiveness of 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 1:41 AM
683	Measure and reevaluation!	Feb 14, 2011 2:17 AM
684	This should be determined at every IPP meeting, by the IPP team	Feb 14, 2011 3:19 AM
685	Usefulness and effectiveness of 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 3:23 AM
686	Regional Center staff should follow up with clients on a regular basis. Reports should be generated. Family members and the client himself should be consulted.	Feb 14, 2011 4:23 AM
687	medical review	Feb 14, 2011 5:26 AM
688	See my previous answer to this question.	Feb 14, 2011 5:28 AM
689	The health providers must provide periodic reports the the regional centers about progress or condition.	Feb 14, 2011 5:33 AM
690	PER INDUSTRY STANDARDS	Feb 14, 2011 7:03 AM
691	By providing these services and any other type of service or program that may help the individual.	Feb 14, 2011 7:05 AM
692	Outcomes are the only accurate measure of how effective and useful a service is.	Feb 14, 2011 1:48 PM
693	Bi monthly visits by RCOC	Feb 14, 2011 2:43 PM
694	Follow up with train individuals	Feb 14, 2011 3:10 PM
695	Therapy services are defined as those services, e.g., physical therapy, occupational therapy, speech therapy, and feeding therapy, which are provided to the consumer to address significant deficits in the areas of fine motor skills, gross motor skills and language development. In addition, therapy services may also include evaluations, which are needed to assess the consumer's current level of functioning and the need for services. Therapeutic 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 consumer's progress toward identified therapeutic goals and objectives.	Feb 14, 2011 3:57 PM
696	Medical standards and experience.	Feb 14, 2011 4:00 PM
697	Measure and report per ISP	Feb 14, 2011 4:24 PM

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

	Response Text	
698	Therapy services are defined as those services, e.g., physical therapy, occupational therapy, speech therapy, and feeding therapy, which are provided to the consumer to address significant deficits in the areas of fine motor skills, gross motor skills and language development. In addition, therapy services may also include evaluations, which are needed to assess the consumer's current level of functioning and the need for services. Therapeutic 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 consumer's progress toward identified therapeutic goals and objectives.	Feb 14, 2011 4:25 PM
699	Speech Therapy for 2 1/2 yr old; provide and communicate treatment progress to parents at specific intervals during the course of the treatment plan (i.e. every 2 wks, every month, etc.)	Feb 14, 2011 4:27 PM
700	Interviews with parents and caregivers and providers to see if improvement has been made due to the services provided	Feb 14, 2011 4:46 PM
701	Every year.	Feb 14, 2011 4:48 PM
702	Therapy services are defined as those services, e.g., physical therapy, occupational therapy, speech therapy, and feeding therapy, which are provided to the consumer to address significant deficits in the areas of fine motor skills, gross motor skills and language development. In addition, therapy services may also include evaluations, which are needed to assess the consumer's current level of functioning and the need for services. Therapeutic 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 consumer's progress toward identified therapeutic goals and objectives.	Feb 14, 2011 5:04 PM
703	Therapy services are defined as those services, e.g., physical therapy, occupational therapy, speech therapy, and feeding therapy, which are provided to the consumer to address significant deficits in the areas of fine motor skills, gross motor skills and language development. In addition, therapy services may also include evaluations, which are needed to assess the consumer's current level of functioning and the need for services. Therapeutic services should be provided based on current research and effective practices. The 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 consumer's progress toward identified therapeutic goals and objectives.	Feb 14, 2011 5:16 PM
704	if there are more than 2 no show without justification the service must be stop due to no commitment	Feb 14, 2011 5:22 PM

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

	Response Text	
705	Services should address significant deficits in the areas of fine motor skills, gross motor skills and language development including periodic evaluations, comprehensive assessments, therapeutic goals and objectives.	Feb 14, 2011 5:29 PM
706	please see my previous answers as I believe my answers apply to these questions as well.	Feb 14, 2011 5:33 PM
707	Qualified Case Managers	Feb 14, 2011 6:04 PM
708	Do periodic progress reports to see if the services are helping.	Feb 14, 2011 6:05 PM
709	Therapy services are defined as those services, e.g., physical therapy, occupational therapy, speech therapy, and feeding therapy, which are provided to the consumer to address significant deficits in the areas of fine motor skills, gross motor skills and language development. In addition, therapy services may also include evaluations, which are needed to assess the consumer's current level of functioning and the need for services. Therapeutic 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 consumer's progress toward identified therapeutic goals and objectives.	Feb 14, 2011 6:18 PM
710	Therapy services are defined as those services, e.g., physical therapy, occupational therapy, speech therapy, and feeding therapy, which are provided to the consumer to address significant deficits in the areas of fine motor skills, gross motor skills and language development. In addition, therapy services may also include evaluations, which are needed to assess the consumer's current level of functioning and the need for services. Therapeutic 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 consumer's progress toward identified therapeutic goals and objectives.	Feb 14, 2011 6:19 PM

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

	Response Text	
711	Therapy services are defined as those services, e.g., physical therapy, occupational therapy, speech therapy, and feeding therapy, which are provided to the consumer to address significant deficits in the areas of fine motor skills, gross motor skills and language development. In addition, therapy services may also include evaluations, which are needed to assess the consumer's current level of functioning and the need for services. Therapeutic 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 consumer's progress toward identified therapeutic goals and objectives.	Feb 14, 2011 6:25 PM
712	Therapy services are defined as those services, e.g., physical therapy, occupational therapy, speech therapy, and feeding therapy, which are provided to the consumer to address significant deficits in the areas of fine motor skills, gross motor skills and language development. In addition, therapy services may also include evaluations, which are needed to assess the consumer's current level of functioning and the need for services. Therapeutic 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 consumer's progress toward identified therapeutic goals and objectives.	Feb 14, 2011 6:27 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 14, 2011 6:28 PM
714	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 14, 2011 6:29 PM
715	By having the consumer fill out a life wellness questionaire, that encompasses all parts of life.	Feb 14, 2011 6:43 PM
716	There is so much room for abuse here it is pathetic. I would really look at physical and occupational therapies. Separating the good from the useless is tricky. I think they have gotten by with murder for years. Finding a good and reliable physical therapy company is gold.	Feb 14, 2011 6:46 PM
717	Follow ups with a call or an email or letter	Feb 14, 2011 6:54 PM
718	in many cases, some items provided take way too long to get. Especially like the need for wheelchairs and or repairs.	Feb 14, 2011 6:54 PM

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

	Response Text	
719	Therapy services are defined as those services, e.g., physical therapy, occupational therapy, speech therapy, and feeding therapy, which are provided to the consumer to address significant deficits in the areas of fine motor skills, gross motor skills and language development. In addition, therapy services may also include evaluations, which are needed to assess the consumer's current level of functioning and the need for services. Therapeutic 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 consumer's progress toward identified therapeutic goals and objectives.	Feb 14, 2011 7:07 PM
720	Therapy services are defined as those services, e.g., physical therapy, occupational therapy, speech therapy, and feeding therapy, which are provided to the consumer to address significant deficits in the areas of fine motor skills, gross motor skills and language development. In addition, therapy services may also include evaluations, which are needed to assess the consumer's current level of functioning and the need for services. Therapeutic 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 consumer's progress toward identified therapeutic goals and objectives.	Feb 14, 2011 7:22 PM
721	3 months surprise visits.	Feb 14, 2011 7:28 PM
722	These services should be monitored by RC, parents or guardians, residential staff and state health services.	Feb 14, 2011 7:38 PM
723	Therapy services are defined as those services, e.g., physical therapy, occupational therapy, speech therapy, and feeding therapy, which are provided to the consumer to address significant deficits in the areas of fine motor skills, gross motor skills and language development. In addition, therapy services may also include evaluations, which are needed to assess the consumer's current level of functioning and the need for services. Therapeutic 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 consumer's progress toward identified therapeutic goals and objectives.	Feb 14, 2011 7:45 PM
724	provide the families with a list of vendorized service providers in order to find services.	Feb 14, 2011 7:55 PM

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

	Response Text	
725	IF THE CHILDREN OR ADULTS,IS ACTUALLY ABLE TO MAKE PROGRESS,AND IT HAS BEING USING THE KNOWLEDGE OF SERVICES.TO GO AND BETTER HIS LIFE AND HIS FAMILY LIFES,THAT MEANS SERVICE, ARE EFFECTIVE.	Feb 14, 2011 8:00 PM
726	Therapy services are defined as those services, e.g., physical therapy, occupational therapy, speech therapy, and feeding therapy, which are provided to the consumer to address significant deficits in the areas of fine motor skills, gross motor skills and language development. In addition, therapy services may also include evaluations, which are needed to assess the consumer's current level of functioning and the need for services. Therapeutic 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 consumer's progress toward identified therapeutic goals and objectives.	Feb 14, 2011 8:03 PM
727	Check on repetitions of the same service within a year. Service provider must be in good standing with accredited boards.	Feb 14, 2011 8:31 PM
728	Create of an outcome measurement system.	Feb 14, 2011 8:40 PM
729	Therapy services are defined as those services, e.g., physical therapy, occupational therapy, speech therapy, and feeding therapy, which are provided to the consumer to address significant deficits in the areas of fine motor skills, gross motor skills and language development. In addition, therapy services may also include evaluations, which are needed to assess the consumer's current level of functioning and the need for services. Therapeutic 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 consumer's progress toward identified therapeutic goals and objectives.	Feb 14, 2011 8:56 PM
730	Usefulness and effectiveness of 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 8:59 PM
731	Don't wait till someone has a delay - teach the parents how to know the signs, and work to prevent it.	Feb 14, 2011 9:09 PM
732	Services provided should be quality services.	Feb 14, 2011 9:14 PM
733	N/A	Feb 14, 2011 9:38 PM
734	The IP Team at every meeting should determine usefulness and effectiveness, as per Lanterman Act.	Feb 14, 2011 9:40 PM
735	To be determined by IPP team on regular intervals.	Feb 14, 2011 9:51 PM
736	Service standards should be maintained as they currently are.	Feb 14, 2011 10:08 PM

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

	Response Text	
737	Therapy services are defined as those services, e.g., physical therapy, occupational therapy, speech therapy, and feeding therapy, which are provided to the consumer to address significant deficits in the areas of fine motor skills, gross motor skills and language development. In addition, therapy services may also include evaluations, which are needed to assess the consumer's current level of functioning and the need for services. Periodic assessments should be conducted every 3 to 6 months in order to evaluate whether the services are resulting in the consumer's progress toward identified therapeutic goals and objectives.	Feb 14, 2011 10:13 PM
738	Follow current standards.	Feb 14, 2011 10:18 PM
739	Assessment results and parent report	Feb 14, 2011 10:50 PM
740	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 14, 2011 11:00 PM
741	Discussed at quarterly visits and what took place at each drs visit....	Feb 14, 2011 11:04 PM
742	There should not be a service standard that has restrictive time limits on how long a consumer can use services and produce results. Each consumers disability or special health care need is different. Some consumers may show progress within a few weeks and others may take a few months before results are noticeable. Service standards may need to be developed to include different stages of time it may take to produce results from that specific service for a consumer to be eligible to continue these services.	Feb 14, 2011 11:27 PM
743	Program evaluations which include interviews with recipients and families about their perceptions of the quality of the care.	Feb 14, 2011 11:45 PM
744	Therapy services are defined as those services, e.g., physical therapy, occupational therapy, speech therapy, and feeding therapy, which are provided to the consumer to address significant deficits in the areas of fine motor skills, gross motor skills and language development. In addition, therapy services may also include evaluations, which are needed to assess the consumer's current level of functioning and the need for services. Therapeutic 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 consumer's progress toward identified therapeutic goals and objectives.	Feb 14, 2011 11:48 PM
745	continuity of care with the patient's primary care physician is essential	Feb 14, 2011 11:55 PM
746	Continue with quarterly and annual reviews to determine if such individual are denefiting for such services.	Feb 15, 2011 12:00 AM

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

	Response Text	
747	Therapy services are defined as those services, e.g., physical therapy, occupational therapy, speech therapy, and feeding therapy, which are provided to the consumer to address significant deficits in the areas of fine motor skills, gross motor skills and language development. In addition, therapy services may also include evaluations, which are needed to assess the consumer's current level of functioning and the need for services. Therapeutic 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 consumer's progress toward identified therapeutic goals and objectives.	Feb 15, 2011 12:13 AM
748	Regular input from clients and feedback from regional centers. Demonstration of positive outcomes related to therapeutic intervention.	Feb 15, 2011 12:14 AM
749	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in the Lanterman Act Section 4646.5 (a) (6).	Feb 15, 2011 12:18 AM
750	Medical and mental health proctitioners should assist the state with reducing moral hazard. Many developmentally disabled adults suffer from major mental disorders. Some consumers complain of physical symptoms that are psychological in nature. Dorctor should track and identify consumers who are taking advantage of unnnecessary services. Mental health professionals should also identify consumers exhibiting symptoms of hypochondria. Doctors should provide documentation justifying a consumer's need for specialized services. Medical and mental health services can benefit more from ethical refinement and less from unrealistic budget cuts.	Feb 15, 2011 12:32 AM
751	Therapy services are defined as those services, e.g., physical therapy, occupational therapy, speech therapy, and feeding therapy, which are provided to the consumer to address significant deficits in the areas of fine motor skills, gross motor skills and language development. In addition, therapy services may also include evaluations, which are needed to assess the consumer's current level of functioning and the need for services. Therapeutic 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 consumer's progress toward identified therapeutic goals and objectives.	Feb 15, 2011 12:39 AM
752	Not sure.	Feb 15, 2011 12:55 AM
753	Usefulness and effectiveness of 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 1:20 AM
754	the parent should be present during he therapy sessions so that he/she can see how to do and what to do for the child receiving services so that they can be implemented during the week.	Feb 15, 2011 1:22 AM

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

	Response Text	
755	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 15, 2011 1:36 AM
756	Service provider reports, review by RC clinical specialists, feedback from parents,caregivers.	Feb 15, 2011 1:37 AM
757	Basic questionnaire developed to manage expected benefit progress, monthly. Reviewed by IT. Consistent communication and interaction with these providers and incorporation of their reports will assist in managing the appropriateness of services.	Feb 15, 2011 1:42 AM
758	Usefulness and effectiveness of 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 1:52 AM
759	Ask the parents or primary caregiver how the consumer is benefiting from said service.	Feb 15, 2011 2:03 AM
760	benefit to consumer	Feb 15, 2011 2:04 AM
761	Usefulness and effectiveness of 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 2:27 AM
762	Make sure the Service Coordiators know their consumers well enough to know if the services are necessary for that consumer or not.	Feb 15, 2011 2:29 AM
763	as determined by the doctor on an individual basis	Feb 15, 2011 2:38 AM
764	Meeting with the parents and the qualified professional is important. Feedback and open communication between the parents, the child, and the professional are valuable. Discussing the goals and reaching those goals on a monthly basis is very helpful so everyone is on the same page towards progress.	Feb 15, 2011 2:40 AM
765	ASSESS QUARTERLY	Feb 15, 2011 2:51 AM
766	on-going assessment	Feb 15, 2011 3:09 AM
767	plans and objectives	Feb 15, 2011 3:18 AM
768	Through the team evaluation.	Feb 15, 2011 3:23 AM
769	Interview parents and therapist/specialist to provide periodic updates on child's progress.	Feb 15, 2011 3:30 AM
770	The specialists can determine that.	Feb 15, 2011 3:30 AM
771	Ask parent by e-mail or phone.	Feb 15, 2011 3:31 AM
772	The services should be monitored by a parent and parents' suggestions should be considered.	Feb 15, 2011 3:32 AM
773	See Lanterman Act!!	Feb 15, 2011 4:02 AM
774	Follow up visits and progress reports.	Feb 15, 2011 4:04 AM
775	We need to be educated about what treatment is appropriate to what child	Feb 15, 2011 4:08 AM
776	Services should be performed by qualified people.	Feb 15, 2011 4:30 AM
777	Any time of help to the parents is helpfull. Just by having someone taking the child to the doctor is a big help..	Feb 15, 2011 4:51 AM
778	YEARLY PROGRESS SHOULD BE NOTED BY THE THERAPISTS AND THE PARENTS! AGAIN, SOME CHILDREN/ADULTS TAKE A LONGER TIME TO RESPOND TO A THERAPY; THEREFORE A "ONE-YEAR ASSESSMENT SHOULDN'T DETERMINE WHETHER THE THERAPY IS USEFULL AND EFFECTIVE. THE ONE-YEAR ASSESSMENT SHOULD AT A MINIUMUM INDICATE IF THERE IS AT LEAST A GROWTH IN RECEPTIVENESS OF THIS THERAPY.	Feb 15, 2011 5:08 AM
779	mandatory surveys	Feb 15, 2011 5:11 AM
780	Medi-Cal and Medicare limits.	Feb 15, 2011 5:18 AM

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

	Response Text	
781	Screening of the number of visits for repeat treatments. Have a nurse with insurance back ground investigate claims to see if the visits appear necessary.	Feb 15, 2011 5:20 AM
782	regular evaluations of the effectiveness of the services	Feb 15, 2011 5:20 AM
783	see comments on Behavior services	Feb 15, 2011 5:41 AM
784	Usefulness and effectiveness of 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 6:04 AM
785	Yearly evaluation.with quarterly updates.	Feb 15, 2011 6:06 AM
786	Advocacy, parent/guardian training and follow-up with various agencies/service providers. Needs of health, safety, and well-being of consumer must always be a priority regardless of severity of disability.	Feb 15, 2011 6:24 AM
787	Usefulness and effectiveness of 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 6:31 AM
788	Usefulness and effectiveness of 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 6:33 AM
789	Care providers are the best people who know their consumers. When they decide to take somone to a doctor or to a specialist, services should be provided.	Feb 15, 2011 6:56 AM
790	Assessment of the client/patients' needs should be conducted regularly, so that the hours of services provided can be adjusted accordingly.	Feb 15, 2011 7:12 AM
791	It is hard to check the result because even if the regional center allows to provide some services foe a period of time that is not enough for the visible results. I have a bad experience with speech pathology. The amount of visits given to my daughter was not enough to reach improvements	Feb 15, 2011 7:58 AM
792	Supervision	Feb 15, 2011 3:09 PM
793	panel of specialist and the patients should determine that	Feb 15, 2011 3:33 PM
794	Using the generic resources and linking all medical so that no duplications would be "best practice"	Feb 15, 2011 3:39 PM
795	Usefulness and effectiveness of 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 4:04 PM
796	Offer evidenced based therapies only.	Feb 15, 2011 4:14 PM
797	Usefulness and effectiveness of 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 4:20 PM
798	6 month progress reports	Feb 15, 2011 4:31 PM
799	follow up at 6 months 1 year and 3 years. surveys like this.	Feb 15, 2011 4:59 PM
800	Involve key partners (parents, care givers, family members) in identification of learning opportunities and tailor intervention to implementation that is part of ERRAPP (everyday routines, relationships, people, places and partnerships). For example, if a parent wants to be able to take a child to buy shoes without a melt-down, the personnel at the shoe store would be key partners in supporting the child's success.	Feb 15, 2011 5:23 PM
801	Medical review.	Feb 15, 2011 5:37 PM
802	Follow the Drake Institute protocol.	Feb 15, 2011 5:54 PM
803	Body, mind, and spirit are important components in the overall success of caring for special need clients. Follow-ups and communication are essential with the professionals and the family/caregivers.	Feb 15, 2011 5:56 PM
804	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 15, 2011 6:00 PM

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

	Response Text	
805	Regional center case manager to provide input and referrals would be one way	Feb 15, 2011 6:01 PM
806	have monthly meetings with provider to decide if needs are still met	Feb 15, 2011 6:12 PM
807	Annual review of screenings for IPP. Weekly and monthly reviews for treatment with active participation in PM&R clinic.	Feb 15, 2011 6:19 PM
808	Usefulness and effectiveness of 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 6:25 PM
809	The IP Team at every IP meeting, as described in the Lanterman Act, should determine usefulness and effectiveness of services.	Feb 15, 2011 6:30 PM
810	Goals with benchmarks for each case, performance reports	Feb 15, 2011 6:35 PM
811	reports and assessments should be done and parents should be involved in order for the services to be the most useful and effective.	Feb 15, 2011 6:53 PM
812	Therapy services are defined as those services, e.g., physical therapy, occupational therapy, speech therapy, and feeding therapy, which are provided to the consumer to address significant deficits in the areas of fine motor skills, gross motor skills and language development. In addition, therapy services may also include evaluations, which are needed to assess the consumer's current level of functioning and the need for services. Therapeutic 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 consumer's progress toward identified therapeutic goals and objectives.	Feb 15, 2011 6:57 PM
813	Therapy services are defined as those services, e.g., physical therapy, occupational therapy, speech therapy, and feeding therapy, which are provided to the consumer to address significant deficits in the areas of fine motor skills, gross motor skills and language development. In addition, therapy services may also include evaluations, which are needed to assess the consumer's current level of functioning and the need for services. Therapeutic 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 consumer's progress toward identified therapeutic goals and objectives.	Feb 15, 2011 6:58 PM
814	Ask the parents!	Feb 15, 2011 7:02 PM

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

	Response Text	
815	Therapy services are defined as those services, e.g., physical therapy, occupational therapy, speech therapy, and feeding therapy, which are provided to the consumer to address significant deficits in the areas of fine motor skills, gross motor skills and language development. In addition, therapy services may also include evaluations, which are needed to assess the consumer's current level of functioning and the need for services. Therapeutic 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 consumer's progress toward identified therapeutic goals and objectives.	Feb 15, 2011 7:09 PM
816	Re-evaluation and progress are needed for continued services.	Feb 15, 2011 7:11 PM
817	Oversight from an organization such as ALTA, possibly have parents submit some type of accountability paperwork each month? And/or the therapist(s) doing the same?	Feb 15, 2011 7:20 PM
818	Conside the social, emotional, behavioral, and academic needs that are present in all life settings (right now Asperger's is only considered for school/academic services through schools)... people diagnosed with this form of Autism have fewer academic needs but left without support services (as it is now) for the other settings in life, people with Autism are more likely to become dependant adults rather than utilizing their high skill levels... learning how to "fit into" our social system benefits tax payers who will be supporting people who could be supporting themselves given the right tools.	Feb 15, 2011 8:12 PM
819	weekly review	Feb 15, 2011 8:14 PM
820	Monitored on a monthly/quarterly basis or more frequently if requested by family / caregivers.	Feb 15, 2011 8:36 PM
821	Initial evaluation with clear short and long term goals, treatment program and time frames clearly defined and periodic progress reports to report on progress on meeting goals and factors that make meeting goals difficult	Feb 15, 2011 8:36 PM
822	Parents training	Feb 15, 2011 8:41 PM
823	All children with ASD benefit from social skills, Occupational Therapy and speech therapy. Since the cut back, children are regressing.	Feb 15, 2011 8:51 PM
824	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in the Lanterman Act	Feb 15, 2011 8:58 PM
825	The services should be monitored & evaluated as to their effectiveness by the appropriate professional in the field, & rated on an "A" to "F" basis.	Feb 15, 2011 9:07 PM
826	Repeat above	Feb 15, 2011 9:27 PM
827	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 9:46 PM
828	Follow up is needed. An employee should be designated to talk to the patient and fill out the form with questions to determine how useful services are for that person.	Feb 15, 2011 9:48 PM
829	get the parents involve in the teraphy sesion. So the can do it at home.	Feb 15, 2011 10:12 PM
830	The IP Team at every IP meeting, as described in the Lanterman Act, should determine usefulness and effectiveness of services.	Feb 15, 2011 10:29 PM

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

	Response Text	
831	A doctor or medical professional must prescribe the service and provide an evaluation demonstrating why the service would be medically necessary. A simple hand written prescription is not sufficient documentation.	Feb 15, 2011 10:45 PM
832	reporting progress , oversight by consultant who would not benefit whether or not the service continues asking the consumer's circle of support, documented benefit to individuals w/ eligible conditions, services directly related to eligible conditions	Feb 15, 2011 11:07 PM
833	6 month progress reports with goals, baseline, and data about service provision	Feb 15, 2011 11:07 PM
834	medical report provided after service is delivered.	Feb 15, 2011 11:12 PM
835	This service is important many people that need the service don't have the means to pay for these services they may work but cant work long hours since they need to help that person with many things. Personally I wish I had a job with better pay but I need a job that is flexible with me in regard to taking my daughter to appointments.	Feb 15, 2011 11:14 PM
836	Usefulness/effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 15, 2011 11:31 PM
837	report submitted by licensed medical professional confirming status of treatment plan after appointment.	Feb 15, 2011 11:39 PM
838	Audits/surveys to service recipients	Feb 15, 2011 11:48 PM
839	progress reports and annual review	Feb 15, 2011 11:59 PM
840	should be referral from accredited facility	Feb 16, 2011 12:07 AM
841	Have the parent or guardian sign off after the services are provided.	Feb 16, 2011 12:14 AM
842	Usefulness and effectiveness of 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 12:17 AM
843	Making goals and trying to achieve them.	Feb 16, 2011 12:18 AM
844	In my case 1. IEP progress report 2. Quarterly report card	Feb 16, 2011 12:23 AM
845	Setting goals and reporting if the goals are being met.	Feb 16, 2011 12:34 AM
846	This should be determined by the IPP Team on an individual basis. Those directly involved in providing a service should attend the IPP meeting to explain progress and/or effectiveness, if possible. At the very least, a report should continue to be required and should be reviewed by the rest of the team during the meeting. But what appears to be little progress for one consumer may be a huge improvement for another, so I don't see how this can be standardized. Under the purchase of service standards, a person could be making progress and benefitting from a service, but if they don't "meet the standard" they could be detrimentally denied.	Feb 16, 2011 12:51 AM
847	LET THE CLIENTS KNOW THAT ALL OF THIS IS AVAILABLE!	Feb 16, 2011 12:58 AM
848	Licensed by the state healthcare professionals such as doctors, dentists, nurses and therapists have proven research for effectiveness. For reimbursement would need to show state license.	Feb 16, 2011 1:05 AM
849	measurable goals	Feb 16, 2011 1:13 AM
850	A review of the service and if it is effective should be conducted as needed. Some medical or therapy services may need ot be reviewed on a fairly regular maybe monthly basis. The parent is the best judge of whether a treatment or therapy is working or is frequent enough as they are the one who sees the consumer the most.	Feb 16, 2011 1:23 AM
851	Consumer and Parental feedback and Quality assurance inspections/surveys	Feb 16, 2011 1:24 AM

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

	Response Text	
852	Getting input from the companies providing the services as to the involvement from the consumers and the progress would be very helpful, like regular progress reports for those services that could measure progress, such as therapy, speech, substance abuse, genetic counseling, etc. Information is Key!	Feb 16, 2011 1:42 AM
853	There should be progress reports, benchmarks that should be attained to monitor progress and lack thereof. These should happen frequently, perhaps every 3 months. Strategies should be formed or re-determined if progress is not being met.	Feb 16, 2011 1:53 AM
854	ASK CLIENTS	Feb 16, 2011 2:17 AM
855	Service providers would be required to provide periodic updates as to how the consumer/client is benefiting from the services and how it is improving their quality of life.	Feb 16, 2011 2:20 AM
856	I think a bi-annual review of services and progress is appropriate.	Feb 16, 2011 3:07 AM
857	Therapists could establish objectives and data could be collected to measure progress on the various objectives.	Feb 16, 2011 3:08 AM
858	Only recognized treatments and no experiemntal interventions equipment. Clear list fro DDS. No buying Ipads etc	Feb 16, 2011 3:46 AM
859	Have professionals who do NOT dismiss complaints or issues because the recipient is disabled	Feb 16, 2011 3:50 AM
860	Quality assurance is of the utmost importance, providers should submit periodic reports documenting what is being done and how it is helping the client. The client or a family member should have the ability to evaluate the provider. Evaluations should be available to other families/clients for review.	Feb 16, 2011 4:05 AM
861	Make certain that individual does in fact need the services.	Feb 16, 2011 4:25 AM
862	Usefulness and effectiveness of 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 4:46 AM
863	Usefulness and effectiveness of 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 5:03 AM
864	follow up by service coord.	Feb 16, 2011 5:15 AM
865	same	Feb 16, 2011 5:19 AM
866	when family and kids happy and saticfy	Feb 16, 2011 5:33 AM
867	Usefulness and effectiveness of 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 5:37 AM
868	written reports prepared by the medical professionals	Feb 16, 2011 6:05 AM
869	Usefulness and effectiveness of 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 6:08 AM
870	Evaluations are necessary atleast on annual basis.	Feb 16, 2011 6:51 AM
871	Making sure the company providing the service has good behaviorists	Feb 16, 2011 6:52 AM
872	Eval every 3 mos.	Feb 16, 2011 6:55 AM

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

	Response Text	
1	same as now	Jan 28, 2011 1:07 AM

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

	Response Text	
2	make sure that there are guidelines for qualifications, background checks required, oversight, communication, and pay the vendors enough to keep qualified staff.	Jan 28, 2011 1:10 AM
3	workers should checked monthly.	Jan 28, 2011 1:13 AM
4	one with the same skills and education that would be required in the general community.	Jan 28, 2011 1:16 AM
5	QUALITY ASSURANCE PERFORMED INPUT FROM CONSUMER/FAMILIES AND SERVICE COORDINATORS. DATA AVAILABLE FOR CONSUMER AND FAMILIES TO COMPARE VENDORS.	Jan 28, 2011 1:24 AM
6	Licensed OTs and PTs and their certified assistants.	Jan 28, 2011 1:31 AM
7	family to recieve training	Jan 28, 2011 1:44 AM
8	Current licenses.	Jan 28, 2011 1:46 AM
9	QUALITY ASSURANCE FOR ALL VENDORS INPUT TAKEN FROM CONSUMERS/FAMILIES AND SERVICE COORDINATORS AND DATA COLLECTED TO BE AVAILABLE TO CONSUMERS/FAMILES FOR COMPARISON AND REVIEW.	Jan 28, 2011 1:49 AM
10	Should be specialist in the area.	Jan 28, 2011 1:59 AM
11	are they licensed in their field, whether they are RN, PT, OT, Feldenkrais, acupuncture, chiropractor, ect.	Jan 28, 2011 2:02 AM
12	private doctors should be involved in the care.	Jan 28, 2011 2:10 AM
13	The certifications and licenses with the expertise in the disability the state requires for the profession.	Jan 28, 2011 2:44 AM
14	a certified , registered physician	Jan 28, 2011 3:03 AM
15	Masters degree for all supervisors and 5 years hands on experience and the therapist must be working on masters degree	Jan 28, 2011 3:06 AM
16	Doctors etc, should be board certified, and other professionals should have at least a BA in their field.	Jan 28, 2011 3:14 AM
17	current standards	Jan 28, 2011 3:16 AM
18	Professional, licensed, certified	Jan 28, 2011 3:18 AM
19	Degree	Jan 28, 2011 3:32 AM
20	HMO oversight or some Medicare qualifying criteria of oversight.	Jan 28, 2011 3:34 AM
21	Lanterman Act. Needs of the consumer as written in the IPP	Jan 28, 2011 3:44 AM
22	Only persons or organizations that have the expertise and other required qualifications, and the track record to show their effectiveness should be authorized. The exception would be new graduates with the required training, but these should be employed on a more limited basis unless they are associated with an experienced mentor.	Jan 28, 2011 3:55 AM
23	SARC must screen the persons or organization that provides the services. There must be a regularly updated list of these available persons/organizations.	Jan 28, 2011 4:00 AM
24	Licensed professionals.	Jan 28, 2011 4:03 AM
25	Nurses providing in home care should have to meet minimum experience standards. (many individual RNs referred by SARC are new grads with no practical experience) All nurses should at least meet the minimum experience required by MediCal for individual nurse providers. Home health agencies require at least a year of professional experience, too. These agencies are not permitted to hire new grads because they lack adequate experience.	Jan 28, 2011 4:08 AM
26	some time interns are better	Jan 28, 2011 4:19 AM
27	?	Jan 28, 2011 4:22 AM

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

	Response Text	
28	Make sure they are in compliance.	Jan 28, 2011 4:27 AM
29	Licensed Physical Therapist in the State of Calif should provide PT servcies	Jan 28, 2011 4:28 AM
30	The qualifications and performance of the person or organization that provides these services should be no different than the Governor or any or our Senators or Representatives would expect for themselves or their families. In other words, exceptional.	Jan 28, 2011 4:32 AM
31	He/She/It/They should hold appropriate professional credentials/degrees	Jan 28, 2011 4:49 AM
32	This should be determined based on the IPP	Jan 28, 2011 5:00 AM
33	Access to services or therapies that are provided by alternative medicine should be included in what is available, based on potential to improve quality of life.	Jan 28, 2011 5:09 AM
34	As applicable.	Jan 28, 2011 5:54 AM
35	Again, Regional Centers need to perform as businesses, not bureaucracies. They need to abandon their 3% retirement and $300,000.00 to $600,000.00 salaries for their CEO's. They need to also abandon their 30% overhead for the services they provide.	Jan 28, 2011 5:58 AM
36	The state board decides for my profession	Jan 28, 2011 5:59 AM
37	The same as today.	Jan 28, 2011 6:06 AM
38	therapist should be licensed professionals so the child is not at risk of injury. If trained and experienced PT assistants are ever used, they should be closely supervised by a licensed PT.	Jan 28, 2011 6:50 AM
39	This is a duplication of services that can routinely be obtained through medical services outside of Regional Centers. Eliminate this program	Jan 28, 2011 7:01 AM
40	To know their job, and perform the tasks needed.	Jan 28, 2011 7:17 AM
41	Based on education and professional credentials	Jan 28, 2011 7:18 AM
42	This depend on the service being provided, but people providing these services should have a Masters, RN, or MD degree and be licensed.	Jan 28, 2011 7:35 AM
43	NA	Jan 28, 2011 8:20 AM
44	A copy of credentials should be kept by agency and updated yearly.	Jan 28, 2011 1:53 PM
45	It is essential that the doctors do not take on too many of the same RCs patients making them beholden to the RC not the patient. In other words, clients should have a right to their own individual doctors of their choosing that works for them not the RC or the RC nurse. That is otherwise giving too much authority to the RC and taking it away from the client and family. This will save lives!	Jan 28, 2011 4:29 PM
46	Again, due to the specific needs of the clients, the qualifications and performance of the person or organization that provide these services should outstanding.	Jan 28, 2011 4:44 PM
47	Licensed and bonded agencies and individuals able to provide documentation of the certification of each individual providing direct service.	Jan 28, 2011 4:50 PM
48	The State already has numerous standards for health care professional qualifications	Jan 28, 2011 5:07 PM
49	Depends on the type of job the person is performing. Obviously a doctor needs to have a degree but the person driving the car to take a client to an appoint ment needs the H.D. and a drivers license with insurance.	Jan 28, 2011 5:15 PM
50	Licensed professionals.	Jan 28, 2011 5:27 PM
51	All services should be provided by professionals who have completed all required credentials and education necessary for them to have their specific license or specialization.	Jan 28, 2011 5:46 PM
52	Investigation and survey of consumer and family.	Jan 28, 2011 6:07 PM

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

	Response Text	
53	Trained therapists or medical personnal are needed to carry out the services. Aides and nurses can be utilized but under the direction of a trained therapist or medical personnal	Jan 28, 2011 6:08 PM
54	Keep at the current rates and amounts.	Jan 28, 2011 6:19 PM
55	Should be licensed in the state of CA	Jan 28, 2011 6:32 PM
56	PROFESSIONAL EDUCATION, LICENSE AND EXPERIENCE	Jan 28, 2011 6:36 PM
57	quarterly review	Jan 28, 2011 6:50 PM
58	leave these services alone.. they are critical	Jan 28, 2011 6:54 PM
59	These standards already exist. We should use them!	Jan 28, 2011 7:09 PM
60	Current methods are sufficient.	Jan 28, 2011 7:14 PM
61	N/A	Jan 28, 2011 7:26 PM
62	The services need to be provided by licensed therapists and master's level social workers and RNs. Non- profits that contract with the Regional Center such as Casa Allegra Community Services hire and train non-professional caregivers who can do personal care with supervision.	Jan 28, 2011 7:27 PM
63	Training and appropriate certifications.	Jan 28, 2011 7:29 PM
64	No suggestion	Jan 28, 2011 7:30 PM
65	evaluated by Regional Centers	Jan 28, 2011 7:34 PM
66	Persons should be certainly qualified with field credentials. Personnel should be respectful, kind,	Jan 28, 2011 7:51 PM
67	Usual standards of therapeutic care.	Jan 28, 2011 7:56 PM
68	see above	Jan 28, 2011 8:07 PM
69	Get the best in the field..set up timeline and expected outcome..dont't reinvent the wheel use interns or college students writing their thesis or eager to perform hands on.. they have no affliations with agencies, no conflict of interest, no political favors to return and often do the work for credits not $$ of course they must he held accountable and must work under the agency hired	Jan 28, 2011 8:09 PM
70	Some Dr's are not interested in DD patients and should be "quickly" eliminated from the roster. A Dr. who collects a fee and never shows any interest in the welfare of the patient is of no value.	Jan 28, 2011 8:12 PM
71	Health Care and Therapeutic services should be provided only by practitioners holding valid licenses or certifications for private practice in that field.	Jan 28, 2011 8:32 PM
72	Providers should have the appropriate credentials and licenses.	Jan 28, 2011 8:46 PM
73	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 8:47 PM
74	Parents/caregivers are capable of determining who is qualified to work with their loved one.	Jan 28, 2011 8:49 PM
75	These Standards already exist	Jan 28, 2011 8:49 PM
76	Should be a MD or have a degree in their field.	Jan 28, 2011 8:52 PM
77	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 8:56 PM
78	Regional Center qualifications for medical providers should be identical to state law and standards for licensed health -care professionals.	Jan 28, 2011 9:15 PM

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

	Response Text	
79	HCR has this knowledge and the clients providers can determine if the person or organization is qualified. We are not shy about our opinions.	Jan 28, 2011 9:19 PM
80	Again, a wealth of data on effective and qualified service providers lives - simply pay attention. If one is developing capacity, be sure that newbies are carefully and continually mentored. There is nothing worse than a person who doesn't know what s/he doesn't know. And if the capacity is not there, provide access and partnerships to those individuals and medical institutions (many renown) who are experts.	Jan 28, 2011 9:26 PM
81	Providers should be educated/have experience/hold appropriate licenses as applicable.	Jan 28, 2011 9:40 PM
82	They should have training and a positive track record in serving the specific consumer under consideration. NO services should be a "one size fits all."	Jan 28, 2011 9:42 PM
83	Either a SLP, or someone supervised by a SLP (this might open up access some).	Jan 28, 2011 9:52 PM
84	Anyone that would provide therapy and service to any individual with a disability MUST be highly qualified through proper certification, licensing, and ongoing annual training mandates to stay current in their field. Allowing loop holes for certain agencies, ie school districts, to not provide this level or create lower levels of qualified personnel is unacceptable and damaging. Know one parent whose child has been medically damaged by school physical therapist not providing appropriate treatment. Know another parent whose child has been medically damaged and will need long term care due to unqualified school personnel performing inappropriate assessments. Know another parent whose child has been emotionally and mentally damaged and is in need of ongoing psychiatric counseling due to unqualified, and unlicensed, school personnel using extremely negative and harmful behavioral interventions. I could go on and on and on. That is why ANY standard should mandate.....across ALL domains, highly qualified professional being properly certified and licensed with mandated annual ongoing in field training.	Jan 28, 2011 9:58 PM
85	each regional center should evaluate each provider	Jan 28, 2011 9:59 PM
86	Licensed by the state.	Jan 28, 2011 10:06 PM
87	Must be physician-recommended with a prescription. In the case of therapies, an assessment must be provided before consideration will be given. The assessment must be completed by a licensed practitioner (e.g., OT or PT)	Jan 28, 2011 10:16 PM
88	Meet State guidelines for health-care training/certification.	Jan 28, 2011 10:28 PM
89	Again, the people that work in these areas need to know about the challenges of the people they serve	Jan 28, 2011 10:34 PM
90	See my answer for Behavioral services.	Jan 28, 2011 10:39 PM
91	Licence or certification for the profession identified.	Jan 28, 2011 11:04 PM
92	Per licensing/certification requirements.	Jan 28, 2011 11:12 PM
93	As determined by the RC	Jan 28, 2011 11:15 PM
94	qualified medical practionier	Jan 28, 2011 11:16 PM
95	Refer to previous section	Jan 28, 2011 11:17 PM
96	No interns! Full completion of education and training.	Jan 29, 2011 12:18 AM
97	Board-certified and experienced with children.	Jan 29, 2011 12:20 AM

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

	Response Text	
98	certs., credentials, and experience with specific disability.	Jan 29, 2011 12:21 AM
99	Per current medical standards.	Jan 29, 2011 12:29 AM
100	IRC and medical supply companies. Providers who are willing to work with the regional centers at a specific contract price.	Jan 29, 2011 12:38 AM
101	Strongly suggest that providers have some first-hand experience, or orientation training in providing care to those with special needs.	Jan 29, 2011 12:50 AM
102	All should have the state qualifications for their positions.	Jan 29, 2011 12:53 AM
103	Refer to state and federal license guidelines	Jan 29, 2011 1:20 AM
104	I feel consumers should be able to use a providers with whom they are familiar even if that provider is not on RC list.	Jan 29, 2011 1:31 AM
105	Licensed professionals	Jan 29, 2011 3:00 AM
106	most of these providers do a wonderful job	Jan 29, 2011 3:15 AM
107	Existing standards are sufficient, and the standards which govern health professional. No need to reinvent the wheel.	Jan 29, 2011 4:35 AM
108	trained trustworthy experienced consistant friendly, caring, honest, accepting, patient, kind	Jan 29, 2011 4:40 AM
109	Liceanced and or trained	Jan 29, 2011 4:48 AM
110	service provider should be certificed	Jan 29, 2011 5:03 AM
111	No one should be cut	Jan 29, 2011 5:08 AM
112	Monitor and review	Jan 29, 2011 5:57 AM
113	Standards about the qualifications and performance of the persons and organizations that provide these services are already in place. These should be followed.	Jan 29, 2011 6:04 AM
114	Licensed	Jan 29, 2011 6:15 AM
115	appropriate medical degrees and licenses	Jan 29, 2011 6:35 AM
116	should be certified or license	Jan 29, 2011 7:42 AM
117	State guidelines for such organization. Parent surveys Independent reviews for protocol and policy	Jan 29, 2011 8:32 AM
118	Licensed medical professionals	Jan 29, 2011 8:43 AM
119	1 year of expereince would be minimum but preferably 2 because these providers operated independently in other word without direct occasional visual supervision of lead or supervising therapist of specialist.	Jan 29, 2011 8:47 AM
120	must have a year of experience dealing with DD	Jan 29, 2011 2:55 PM
121	the laboratory needs to be reliable in the physicians eyes.	Jan 29, 2011 5:28 PM
122	Existing licensing requirements in this field should be sufficient.	Jan 29, 2011 6:32 PM
123	ask the family or caretaker or the client	Jan 29, 2011 8:08 PM
124	They should be highly trained individuals.	Jan 29, 2011 8:27 PM
125	They should be from licensed professionals.	Jan 29, 2011 9:47 PM
126	LICENSED PROFESSIONAL PERSONNEL IN THEIR RESPECTIVE AREAS OF EXERTEES	Jan 29, 2011 11:46 PM
127	All professionals should have an appropriate degree and be licensed to practice in the state. Early education providers should have degrees in early education.	Jan 30, 2011 12:01 AM

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

	Response Text	
128	Vendors need to prove the can provied qualified staff to deliver the contracted services. Vendors need to be much more closely monitored Family members need to be contacted for their insight	Jan 30, 2011 12:34 AM
129	I wish it didn't take so long to get the needed equipment, but this is a perrenial problem no matter who is funding the durable medical equipment.	Jan 30, 2011 1:08 AM
130	1) Per regulatory standards	Jan 30, 2011 3:28 AM
131	NO COMMENT.	Jan 30, 2011 3:38 AM
132	It's practically impossible to find a doctor who understands my son. The pediatrician's are hard to trust when most ignore the early signs of problems. Other doctors say they know all about my son's problems but don't listen or don't seem to have time to listen. We found some good people but it took a long time. Same with OT, Speech, teachers, everyone. Hard to find people who really get it - and the ones who get it are the ones who actually listen to us, not just have us fill out forms and pretend that the forms are good enough to say what to do. You need to hear parent input about who is helpful, and give parents the options so they can figure out who they work well with.	Jan 30, 2011 4:47 PM
133	Parent input	Jan 30, 2011 9:11 PM
134	Ensure that Medi-Cal rate is paid and not allow for usual and customary.	Jan 31, 2011 1:15 AM
135	State licenses, and not students and interns providing service.	Jan 31, 2011 1:33 AM
136	quarterly or semi annually meeting on reviewing service provider/individual should be held by coordinator and client.	Jan 31, 2011 7:21 AM
137	The program should be overseen by a Licensed Psychologist (PhD, PsyD) who is ALSO BCBA and has an experitse in the treatment of PDD and at least 2 years of post-BCBA certification experience with this population. Parent consultation should be provided by a BCBA or the psychologist.	Jan 31, 2011 10:00 AM
138	N/A	Jan 31, 2011 2:41 PM
139	$$$$$	Jan 31, 2011 3:38 PM
140	org. has to have experience in the health field specific to dev. disabled pop	Jan 31, 2011 4:17 PM
141	Certified.	Jan 31, 2011 4:45 PM
142	Services should be provided by individuals trained in those specific areas.	Jan 31, 2011 4:55 PM
143	Please see #3	Jan 31, 2011 5:28 PM
144	...same...	Jan 31, 2011 5:32 PM
145	I believe that Regional Center should open up service provision to medical professionals specifically counselors and social workers who could provide services to families using their medical insurance.	Jan 31, 2011 5:36 PM
146	Routine exams/cleanings could be provided by providers at the RDHAP level, possibly in group homes, individuals' homes, or even at "clinics" held at RCs, county medical facilities, etc.	Jan 31, 2011 5:40 PM
147	Services should only be provided by professionals who are licensed to provide specific services.	Jan 31, 2011 5:48 PM
148	licensed	Jan 31, 2011 6:05 PM
149	The State of California has requirements (educational, certifications, ongoing training) that has been established in the Health Care field	Jan 31, 2011 6:26 PM
150	Utilize professionals rather than the "cheaper" less qualified service providers AND make sure these professionals truly involve the parents in a partnership model with the goal for the parent to be primary service provider.	Jan 31, 2011 6:27 PM

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

	Response Text	
151	I know there's a Medicaid Waiver specialist at each site; something similar for genetic services?	Jan 31, 2011 6:28 PM
152	Each health professional should have the appropriate Degree and/or license to practice in the state of California.	Jan 31, 2011 6:33 PM
153	Professional (college preparation) and licensure as required by law.	Jan 31, 2011 6:48 PM
154	Service should only be provided by licensed and certified personnel.	Jan 31, 2011 6:58 PM
155	Again, the qualifications of the person providing the services much have the requisite educational standards set are important. Organizations must be reviewed annually and be accredited to provide the services for which they are providing. Places like "Quality Care" should have never existed and somehow they did exist and made money at the expense of the children they cared for and many were abused there and they still received referrals from Regional Center. How did that happen and why did it continue to happen even after numerous complaints? It's problems like this that can't happen again. Standards must be set and followed through.	Jan 31, 2011 7:12 PM
156	Most of these services are provided by licensed professionals	Jan 31, 2011 7:32 PM
157	I was unable to find an acceptable dentist for my child in Antelope Valley - thus I take him to Santa Clarita	Jan 31, 2011 8:33 PM
158	California licensure where required; experience and training with special needs kids.	Jan 31, 2011 8:36 PM
159	Same as #3 answer	Jan 31, 2011 8:40 PM
160	person giving service should be a state licensed in what ever service that they are giving. porvider should be state licensed	Jan 31, 2011 8:59 PM
161	They should be fully qualified to perform these services.	Jan 31, 2011 9:00 PM
162	N/A	Jan 31, 2011 9:12 PM
163	These standards already exist	Jan 31, 2011 9:26 PM
164	Professionals performing dentistry, medical services, and all therapies (e.g., speech, PT, and OT) should be fully licensed in conformance to the requirements of their professional agencies.	Jan 31, 2011 9:36 PM
165	a. As before, providers should be prepared to show their license and/or credentials on an annual basis. b. Fingerprinting should also be part of hte credentialing of anyone who goes into the home to work.	Jan 31, 2011 9:43 PM
166	ewewe	Jan 31, 2011 10:30 PM
167	Licensed or certified providers according to the standards of the particular speciality	Jan 31, 2011 10:36 PM
168	AGAIN, NOT YOUR RESPONSIBILITY.	Jan 31, 2011 11:46 PM
169	Persons should be licensed or certified, expert in their fields.	Feb 1, 2011 1:07 AM
170	Certainly there must be some certification, but not in such a wieldy manner that it gets in the way of giving services.	Feb 1, 2011 1:16 AM
171	All must be sound best practices and provided bu certified vendors.	Feb 1, 2011 1:29 AM
172	AS Above. Licensed professional providers.	Feb 1, 2011 1:44 AM
173	By professionals in their perspective fields.	Feb 1, 2011 2:27 AM
174	Training... lots of it. Accountability. Quality people. NO minimum wagers... These people with DD deserve quality support and quality people delivering it.	Feb 1, 2011 3:09 AM
175	Appropriately licensed/certificated health care providers	Feb 1, 2011 4:45 AM
176	background check on their credentials/experience	Feb 1, 2011 4:48 AM
177	none	Feb 1, 2011 5:13 AM

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

	Response Text	
178	Make sure that time lines do not get in the way of the performing service and that the closing of a case cannot be done without really verifying the family is unreachable by certified mail. Audits do not control a staffs ability to perform their job or lack of.	Feb 1, 2011 5:24 AM
179	An eye doctor (optometrist or ophthalmologist) should perform the adult vision examinations. Children's eye examinations should be performed by an eye doctor who has special training or expertise in pediatric vision and or low vision rehabilitation, dependent on the known needs of the child.	Feb 1, 2011 5:47 AM
180	All persons should be certified and trained in their fields.	Feb 1, 2011 6:06 AM
181	Board certified, credentialed, ongoing continuing education, membership in professional organizations.	Feb 1, 2011 6:38 AM
182	The State currently licenses medical and health professionals. Non-licensed providers could be required to show minimal qualifications, but local regional centers should be able to make exceptions based on unique circumstances.	Feb 1, 2011 7:11 AM
183	All therapists must be licensed and/or registered by a State of California board or state department to do the therapy they claim to do. This would limit things like equestrian therapy, aromatherapy, massage therapy, etc. Regional centers may not purchase non-traditional therapies not recognized by the medical community. This would prohibit purchase of equestrian therapy, aromatherapy, massage therapy, and other fads that pop up that don't have a clinical, empirical basis for effectiveness.	Feb 1, 2011 9:38 AM
184	Must have some type of degree from u.s	Feb 1, 2011 9:40 AM
185	Minimum bachelors level, supervision regardless.	Feb 1, 2011 4:16 PM
186	SInce the goal is parent training the training standards of staff have to be much higher due to the increased expectations and more flexible consultive format. Many therapists are trained in medical model which does not meet the needs of many families. Family centered and home based therapy are far more effective. at the younger ages. Efficacy needs to be evaluated and look at the benefit of consultants in the classroom vs. individual therapies.	Feb 1, 2011 5:55 PM
187	already established	Feb 1, 2011 6:21 PM
188	Any worker should have some form of background with working with this population.	Feb 1, 2011 6:28 PM
189	must have certifications or licensures	Feb 1, 2011 6:30 PM
190	should be board certified and have a necessary qualifications.	Feb 1, 2011 6:32 PM
191	Qualified!!	Feb 1, 2011 6:41 PM
192	Services should be provided by liscensed clinicians. Only exception would be for nursing - if there is a family member who could provide the service. If this is the case, a libaility form should be signed by the family that prevents the family from sueing RCEB if something were to happen. Again - quarterly reports.	Feb 1, 2011 7:48 PM
193	MD status for physicians, LVN and RN degrees for medical respite services.	Feb 1, 2011 7:51 PM

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

	Response Text	
194	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 7:56 PM
195	this is probably the most important question. look to licensure norms	Feb 1, 2011 8:14 PM
196	monitor	Feb 1, 2011 8:41 PM
197	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 9:15 PM
198	BACKGROUND CHECK THE ORGANIZATIONS. THE CASEWORKER SHOULD ALWAYS CHECK WITH THE FAMILIES TO MAKE SURE THEY ARE RECEIVING THE SERVICES BEING BILLED TO THE REGIONAL CENTERS OR STATE.	Feb 1, 2011 9:24 PM
199	annual review by team, parents, consumers, agency.	Feb 1, 2011 9:37 PM
200	Services are to be provided only by persons or organizations properly vendorized as described in the Lanterman Act 4648 (a) (3) (A)	Feb 1, 2011 9:38 PM
201	please read previous page	Feb 1, 2011 11:10 PM
202	The qualifications for organizations and individuals that are employed by the organizations are often over bearing given the amount the state is willing to pay for services. If qualifications are to go up then the state needs to pay additional rates for these qualifications.	Feb 1, 2011 11:14 PM
203	Service Standards are easily measured if you speak to the providers that deal with the organization. They should be measured by consumer friendly set of standards and not who's cheapest and who is friends with the Regional Center. In the past, the organizations that provide care have been subpar and inconsistent with dealing with those with disabilities. Many times they are upset because they havn't received payment and will not book appointments because of this.	Feb 1, 2011 11:29 PM
204	Medical homes for children with eligible conditions should be led by a physician, and ACO should be tracked for their management of individuals with DD and covered conditions in all phases of life. ACOs who do not attact a staff and professionals to give this care should be charged to uphold their appropriate portion of costs for this socially necessary care. i.e. if they avoid recruiting docs and other professionals to do less compensated care, they should lose incentive pay that others should receive instead.	Feb 1, 2011 11:30 PM
205	Qualified/degreed personnel who are knowledgable about disabled individuals and their specific needs.	Feb 1, 2011 11:38 PM

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

	Response Text	
206	Vendors should be required to show parents the most cost effective piece of equipment. If families are interested in more expensive types of equipment that meet the same need, they should be responsible for the difference in cost.	Feb 2, 2011 12:16 AM
207	The service providers will be accredited and subjected to a thorough screening.	Feb 2, 2011 12:37 AM
208	The consultant should be a board certified physician.	Feb 2, 2011 12:52 AM
209	Must be certified by the State to provide the appropriate services.	Feb 2, 2011 1:09 AM
210	These people are usually licensed.	Feb 2, 2011 2:15 AM
211	Use CARF standards to meet the qualifications, which also judges the performance of the organization and its individual providers.	Feb 2, 2011 2:28 AM
212	Follow up satisfaction surveys	Feb 2, 2011 2:46 AM
213	Qualified professionals only.	Feb 2, 2011 4:41 AM
214	Ongoing and frequent evaluations.	Feb 2, 2011 5:51 AM
215	These therapist have all been pretty wonderful - continue with these qualifications.	Feb 2, 2011 8:48 AM
216	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 3:33 PM
217	No qualifications	Feb 2, 2011 4:52 PM
218	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 4:53 PM
219	Same as Medi-Cal	Feb 2, 2011 5:03 PM
220	Licesned psychologist, psychiatrist, MFT, social workers who have extensive experience working with this population.	Feb 2, 2011 5:29 PM
221	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 5:50 PM
222	Standards are already high utilizing licensed professionals within the program.	Feb 2, 2011 6:05 PM
223	We had an experience with dental care with our daughter's MediCal benefits and went to two different dentists who said she had 4 cavities. The first dentist filled two with silver and MediCal paid, then they called and said she need two with white fillings and I had to pay. We then went to another MediCal dentist 6 months later and were told she had 4 caviites again and needed a root canal. She had never had cavities before these two visits so we took her to our dentist who took xrays and said she had no cavities. The dentists were going to bill MediCal for cavities she didn't have and give her a root canal. I tried to contact MediCal to report it and never got thru to a human person and finally gave up trying. It was about three years ago and I was so frustrated and angry that we take her to our dentist and pay full price since she doesn't have dental insurance. The agencies need to follow up on MediCal dentist and doctors and make sure they are not cheating the system.	Feb 2, 2011 6:06 PM
224	Per state and federal license requirements	Feb 2, 2011 6:22 PM
225	a	Feb 2, 2011 6:50 PM
226	Medical professionals	Feb 2, 2011 6:56 PM
227	qualified monitors	Feb 2, 2011 6:58 PM
228	All vendors and providers who come in direct contact with persons served should have background checks and mandatory drug testing.	Feb 2, 2011 7:11 PM
229	Continued support until a plateau is reached.	Feb 2, 2011 7:20 PM
230	certification within scope of practice	Feb 2, 2011 7:25 PM
231	I think the current standards are appropriate.	Feb 2, 2011 7:41 PM

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

	Response Text	
232	If the service provider is part of the Regional Center, then the Regional Center should review their qualifications and performance. If the family hires a provider "outside" the regional center system, but is asking the regional center to pay, then the family will "vet" the provider.	Feb 2, 2011 8:46 PM
233	Providers need to have appropriate training within their discipline with the traditional licensing or registration. When it is a professional (as comparison to a para-professional such as a nursing aide), they are expected to have at minimum a bachelor's degree and licensing or registration in their field. They should have at least 3 years experience working with children or adults with IDD or special needs. Parents/consumers should be provided with evaluation forms to assess the performance of their providers.	Feb 2, 2011 8:59 PM
234	The government regulations of those that work with my daughter are effective and satisfactory. Review and improvements should be ongoing, with substantial guidance and input from those that participate in those venues.	Feb 2, 2011 9:23 PM
235	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 9:34 PM
236	to be monitored by independent agency or families	Feb 2, 2011 9:38 PM
237	SAME AS PRIOR	Feb 2, 2011 10:03 PM
238	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
239	Please previous topic response....	Feb 2, 2011 10:17 PM
240	Regional Center	Feb 2, 2011 10:29 PM
241	legal citizens, licensed, fingerprinted, professional qualifications, longevity of business	Feb 2, 2011 10:32 PM
242	A variety of providers who are caring and well trained should be available.	Feb 2, 2011 11:21 PM
243	I do not support services standards.	Feb 2, 2011 11:31 PM
244	Have to be very professional as this predict the future outcome and well being of the total society.	Feb 3, 2011 12:36 AM
245	Same answer as previous page.	Feb 3, 2011 12:44 AM
246	Providers should be approved by regional centers and be able to prove they have had training in their specific field. Therapy should have some history of success within the general medical community. Some services could be provided by Day Program or other service provider staff after receiving training by a professional i.e. speech, behavior, etc. Train-the-trainer method. Therapist could be a member of Day Program staff and serve many clients in a single location.	Feb 3, 2011 12:45 AM
247	Must be certified, credentialed, or other acceptable professional recognition.	Feb 3, 2011 12:52 AM
248	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 12:58 AM
249	monitored by regional center	Feb 3, 2011 1:30 AM
250	Same as above	Feb 3, 2011 1:35 AM
251	N/A	Feb 3, 2011 1:55 AM
252	highly qualified personnel	Feb 3, 2011 1:55 AM

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

	Response Text	
253	Must be licensed in the appropriate therapy in all medical therapies. No non medical therapies.	Feb 3, 2011 2:14 AM
254	Again this is back to monitoring by the Regional Center.	Feb 3, 2011 2:19 AM
255	I don't think it is necessary for medical providers to waste an office visit just to tell the provider the results of tests. Besides the untimely delay in getting the info (often these visits are scheduled weeks after the client has had a test/xray/etc.), the info many times can be provided over the phone quicker, as it is in the private sector - thereby avoiding the expense of another office visit and stretching out the treatment for whatever the client saw the provider for in the first place. It appears to me that Medical is a tangled web of excessive paperwork and no cost containment.	Feb 3, 2011 2:34 AM
256	Parents should be able to check on credentials of those providers offering service and make sure they are up to the correct standard for the service they are offering.	Feb 3, 2011 3:12 AM
257	See above	Feb 3, 2011 3:29 AM
258	show qualifactuon	Feb 3, 2011 4:58 AM
259	HIGHLY qualified people and organizations	Feb 3, 2011 5:08 AM
260	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 6:05 AM
261	Licensed, certified profesionals who have completed academic and license requirements by their governing boards.	Feb 3, 2011 6:11 AM
262	same standard as today.	Feb 3, 2011 6:46 AM
263	Same standards as Valley Mountain Regional Center.	Feb 3, 2011 6:48 AM
264	Everyone needs to be licensed who gives the services/therapy.	Feb 3, 2011 7:13 AM
265	college graduates trained in needs of client	Feb 3, 2011 7:16 AM
266	Hire the most qualified and best.	Feb 3, 2011 8:09 AM
267	Credentials needed.	Feb 3, 2011 4:41 PM
268	Licensed by the proper agencies at the appropriate level of service.	Feb 3, 2011 5:12 PM
269	Already established.	Feb 3, 2011 5:16 PM
270	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 3, 2011 5:21 PM
271	All must be well-qualified according to the specialty of each.	Feb 3, 2011 5:37 PM
272	provided by licensed professional in their field	Feb 3, 2011 5:38 PM
273	Should be performed by an accredited agency that's reputable and well qualified such as Accredited Home Health in California.	Feb 3, 2011 5:42 PM
274	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 5:43 PM
275	Services should be provided only by persons or organizations that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 3, 2011 6:29 PM
276	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 6:30 PM
277	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 6:37 PM
278	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 6:49 PM
279	none	Feb 3, 2011 6:50 PM
280	The Regional Center system has the evaluation skills required.	Feb 3, 2011 7:01 PM

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

	Response Text	
281	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 7:15 PM
282	Appropriate certification and professional experience needed.	Feb 3, 2011 7:21 PM
283	must be licensed health care providers	Feb 3, 2011 7:32 PM
284	Drs. and professional most likely	Feb 3, 2011 7:41 PM
285	depends.	Feb 3, 2011 7:44 PM
286	Persons who are porperly vendorized	Feb 3, 2011 7:45 PM
287	We have been a part of Regional Center's services for over a year now and we are very pleased to say we are more than happy with the education and compassion the employees have shown.	Feb 3, 2011 7:47 PM
288	See above	Feb 3, 2011 7:51 PM
289	Specialized Dentist who care for mentally and physically disabled people that must be sedated for care.	Feb 3, 2011 7:51 PM
290	use what data bases you have to check and cross check along with the educational data bases I'm sure they can come up with substantial data.	Feb 3, 2011 7:53 PM
291	Only qualified providers.	Feb 3, 2011 8:00 PM
292	Any health care clinic or hospital	Feb 3, 2011 8:13 PM
293	need based on evaluation	Feb 3, 2011 8:17 PM
294	Ask the person how is this working for your benefit.	Feb 3, 2011 8:45 PM
295	Services should be provided by qualified, trained personnel who have knowledge and experience in dealing with the disabled population.	Feb 3, 2011 8:46 PM
296	All service providers should be licensed, educated, permitted, etc.	Feb 3, 2011 8:49 PM
297	Recognied team or group care in which a single appointment is shared with manyprofessions is ideal, but must be properly funded or they simply degenerate into Medi-cal mills. The poor payment reimbursements has meant in the past that the most compelling cases go to the hungriest and least able providers. A recipe for over spending and potential harm.	Feb 3, 2011 9:14 PM
298	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 9:17 PM
299	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 9:41 PM
300	Qualifications and performance should be determined by regional standards, interview, and review.	Feb 3, 2011 9:44 PM
301	n/a	Feb 3, 2011 9:53 PM
302	It would it would be great to have all providers at PhD level but it is unrealistic due to funding issues. It would be great to Regional Centers provide more interning opportunities which would provide increased services to clients and training to up and coming professionals.	Feb 3, 2011 10:07 PM
303	Healthcare providers should have to take a wait and see attitude, use less drugs and surgery, and take a conservative and measured approach. This should save money, and a lot of heartache.	Feb 3, 2011 10:10 PM
304	must be qualified, whatever the specialty	Feb 3, 2011 10:34 PM
305	Obviously, speech theraists should be well-educated and licensed, if that is a requirement of the State.	Feb 3, 2011 10:50 PM
306	As currently set.	Feb 3, 2011 11:10 PM
307	Anyone specialized, educated and trained in the above areas.	Feb 3, 2011 11:11 PM

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

	Response Text	
308	They must be qualified to do these services yes of course but they need to get to the problem of each indivdual person problem spots and keep them going to therapy as long as they need it for progress or just to function weekly to keep up the progress. The organization has to be a provider that has rules	Feb 3, 2011 11:31 PM
309	Licensed practitioners	Feb 3, 2011 11:32 PM
310	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 11:43 PM
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 4, 2011 12:45 AM
312	Not sure	Feb 4, 2011 12:48 AM
313	None.	Feb 4, 2011 12:54 AM
314	Organization providing this service need to check with the consumer whether need additional assisatnce.	Feb 4, 2011 1:14 AM
315	Eliminate	Feb 4, 2011 1:26 AM
316	We already have standards in this area.	Feb 4, 2011 1:33 AM
317	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 1:50 AM
318	Licensed or certified practitioners	Feb 4, 2011 1:51 AM
319	Services should be provided only by persons or organizations that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 4, 2011 2:06 AM
320	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
321	Licensed providers only.	Feb 4, 2011 2:56 AM
322	Therapy must be preformed by an OT who specializes in sensory integration. This is a highly specialized area of study. Speech can be provided by a speech pathologist or someone who works as an aid with a speech pathologist once the child's evaluation has been completed and the aid has been sufficiently trained.	Feb 4, 2011 3:35 AM
323	Should be trained in the field of ASD	Feb 4, 2011 3:40 AM
324	That person needs to be evaluated monthly	Feb 4, 2011 4:05 AM
325	This is established by Lanterman Act Section 4648 a,3, A. Qualification is also based on a person, provider or medical staff knowledge of the individual.	Feb 4, 2011 4:49 AM
326	see previous statements	Feb 4, 2011 5:28 AM
327	State guidelines.	Feb 4, 2011 5:50 AM
328	trained pros.	Feb 4, 2011 5:56 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 4, 2011 6:39 AM
330	proper credentials for all health workers.	Feb 4, 2011 7:29 AM
331	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 7:33 AM
332	Use of PT/OT assistants as well as para-SLP could cut costs.	Feb 4, 2011 2:27 PM
333	should be a licensed professional	Feb 4, 2011 3:08 PM
334	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 3:16 PM
335	none	Feb 4, 2011 4:46 PM
336	Same as previous section	Feb 4, 2011 4:54 PM
337	provided by qualified personnel	Feb 4, 2011 4:59 PM
338	All providers should be certify or have some type of state licenses.	Feb 4, 2011 5:05 PM

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

	Response Text	
339	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 5:11 PM
340	Medical accreditations and periodic evaluations of these organizations are standard processes. Consumer and family input into these evaluations should be solicited and considered in evaluations and accreditations.	Feb 4, 2011 5:12 PM
341	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 5:43 PM
342	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 6:10 PM
343	Based on state/federal Licensing requirements	Feb 4, 2011 6:31 PM
344	The service providers should hold licenses, degrees, specialized training, clean criminal record, etc., related to the service provided and to the same standard as set forth by medical boards, etc., in their respective fields.	Feb 4, 2011 6:35 PM
345	All service providers and organizations should obviously be well qualified to perform these services.	Feb 4, 2011 7:01 PM
346	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 7:06 PM
347	The same as previous #4.	Feb 4, 2011 7:17 PM
348	Regional Center overview	Feb 4, 2011 7:30 PM
349	Only licensed professionals	Feb 4, 2011 7:37 PM
350	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 7:49 PM
351	minimum of 2 years experience and licensure	Feb 4, 2011 8:07 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 4, 2011 8:13 PM
353	Servicrs should be provided only by persons or organizations properly vendorized.	Feb 4, 2011 8:36 PM
354	Degree necessary for position.	Feb 4, 2011 8:44 PM
355	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 8:54 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 4, 2011 9:17 PM
357	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 9:26 PM
358	If the services requires a license, certification or degree then that should be followed	Feb 4, 2011 9:33 PM
359	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 9:54 PM
360	The state has the responsibility to monitor and set standards to the service providers	Feb 4, 2011 9:57 PM
361	Those who have met the criteria and qualifications (that hopefully is fair and equal) to provide such services. Again, this should not even be an issue.	Feb 4, 2011 9:59 PM
362	Services should be provided only by persons or organizations that are properly vendorized as described in the Lanterman Act Section 4648 (a) (3)	Feb 4, 2011 10:04 PM
363	Service providers should be screened through the regional centers.	Feb 4, 2011 10:07 PM
364	Any one who has license in this area of profession and has two years work of experience.	Feb 4, 2011 10:15 PM

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

	Response Text	
365	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act.	Feb 4, 2011 10:20 PM
366	Medical homes for children with eligible conditions should be led by a physician, and accountable care organizations (ACO) should be tracked for their management of individuals with DD and covered conditions in all phases of life. ACOs who do not attact a staff and professionals to give this care should be charged to uphold their appropriate portion of costs for this socially necessary care. i.e. if they avoid recruiting docs and other professionals to do less compensated care, they should lose incentive pay that others should receive instead.	Feb 4, 2011 10:35 PM
367	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 10:36 PM
368	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 10:43 PM
369	N/A	Feb 4, 2011 11:00 PM
370	People who are employed at Cedar's should have the present qualifications as detailed in your job description. They should have ethical conduct.	Feb 4, 2011 11:02 PM
371	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 11:13 PM
372	According to parents choice if the entity is qualified to do business in that area in the state.	Feb 4, 2011 11:20 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 4, 2011 11:20 PM
374	All professional providers should be evaluated by the regional center to ensure that they are appropriate.	Feb 4, 2011 11:22 PM
375	Most professional disciplines have minimum qualifications and requirements related to licensure. However, if a service provider receives specialized endorsements or certifications, they should be able to show proof of these endorsements.	Feb 4, 2011 11:43 PM
376	Services should be provided only by persons or organizations that are properly vendorized, as described in The Lanterman Act Section 4648(a)(3)(A).	Feb 5, 2011 12:09 AM
377	Lanterman Act 4648 describes that services are only provided by persons and organizations who are properly vendorized.	Feb 5, 2011 12:10 AM
378	They should have the appropriate education formal training necessary to effectively provide useful services to the individual in question.	Feb 5, 2011 12:26 AM
379	AUTISM	Feb 5, 2011 1:11 AM
380	same as for the other programs	Feb 5, 2011 1:23 AM
381	All therapeutic services providers should be properly licensed or certified. They should utilize methodologies that are empirially supported.	Feb 5, 2011 1:42 AM
382	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 5, 2011 2:16 AM
383	He is in special education kindegarten class	Feb 5, 2011 3:40 AM
384	Highly qualified and must meet professional standards	Feb 5, 2011 3:44 AM
385	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 3:55 AM
386	Walk in clinic staffs; nurses, physicians' assistants . . .	Feb 5, 2011 3:59 AM
387	Professional organizations and state licensure bodies should determine this.	Feb 5, 2011 5:48 AM
388	Services should be provided only by organizations vetted by standards described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 5, 2011 6:40 AM

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

	Response Text	
389	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act.	Feb 5, 2011 2:46 PM
390	therapy assistants should be able to implement the plan, but a licensed therapist should be the person assessing and setting up the plans	Feb 5, 2011 4:25 PM
391	They should be trained by the supervisors in the problem. They should know the program and have had worked with the special needs/autism children. Background/Criminal and Sexual Abuse checks are very important!	Feb 5, 2011 5:15 PM
392	Answer: 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. 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 5:23 PM
393	Make sure the doctors and others are qualified to practice in the US.	Feb 5, 2011 6:22 PM
394	The qualifications for organizations and individuals who are employed by the organizations are often overbearing given the amount the state is willing to pay for services. If qualifications are to go up, then the state needs to pay additional rates for these qualifications.	Feb 5, 2011 6:27 PM
395	same as first set	Feb 5, 2011 6:39 PM
396	They need to be trained in their area of service (ie CCP for speech therapist)	Feb 5, 2011 8:02 PM
397	Assessment will determine that	Feb 5, 2011 10:10 PM
398	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 10:53 PM
399	All treatment and supplies are evaluated and delivered through the Regional Center, this seams to work pretty well	Feb 6, 2011 3:55 AM
400	These standards already exist.	Feb 6, 2011 5:12 AM
401	Regardless of any suggested standards, the consumer, the consumer's parents and/or caregivers and consumer's teachers and other school service providers where applicable must still have input regarding health care and therapeutic 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 5:39 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 6, 2011 5:54 AM
403	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 4:33 PM
404	Occupational therapists, physical therapists, and speech therapist that are trained and have minimum of a BA degree.	Feb 6, 2011 5:01 PM
405	Medical and mental health professional should have the appropriate level of training and a caring attitude for the clients and their situation.	Feb 6, 2011 7:59 PM
406	Practitioners should be licensed in their respective fields. Practitioners who have had more than two valid complaints against them should not be allowed to be contracted providers. Practitioners should not be allowed to delegate to uneducated staff to provide services	Feb 6, 2011 8:37 PM
407	Qualified professionals in the field in needed.	Feb 6, 2011 10:50 PM
408	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 7, 2011 5:11 AM

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

	Response Text	
409	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 6:37 AM
410	The organization or person providing medical care needs to have the proper professional credentials and insurance. Non medical therapy providers should also have credentials and insurance.	Feb 7, 2011 3:45 PM
411	Only persons or organization that are properly vendorized as described in the Lanterman Act should provide services.	Feb 7, 2011 5:44 PM
412	Services should be provided by persons or organization properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 7, 2011 6:39 PM
413	As mentioned in the first section of questions.	Feb 7, 2011 8:26 PM
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 7, 2011 10:04 PM
415	I see way too much paper work trying to prove accountability and qualification. I think that if the IPP states it is needed , the paperwork can be done quickly in the home, requests approved and filed for the next year.	Feb 7, 2011 10:06 PM
416	as appropriate for the various diciplines.	Feb 7, 2011 10:28 PM
417	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 10:35 PM
418	Allow RC's to set the standards in their own communities.	Feb 7, 2011 10:44 PM
419	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 7, 2011 11:06 PM
420	Services should only be provided by persons or organizations which are properly trained, licensed, and vendorized as described in the Lanterman Act Section 4648 (a)(3)(A).	Feb 7, 2011 11:12 PM
421	Let the Regional Centers make the decisions regarding program services	Feb 7, 2011 11:13 PM
422	Medical and psychological professionals. Create a preferred provider network of service providers who have an extensive history of consistently conforming to or exceeding state standards. Who have no history of fraud. Who are consistently careful with the expenditure of funds. Create an application process that includes extensive screening. Make it a big deal.	Feb 7, 2011 11:38 PM
423	Occupational Therapist should be licensed and registered within the state they are performing services. The OT providing services should have experience in the specialty of practice.	Feb 7, 2011 11:57 PM
424	Providers should be licensed, background checked and qualified by government standards.	Feb 8, 2011 12:50 AM
425	Regional Centers should still be able to provide professional evaluations by therapists, certified in assessing for durable medical equipment, or with documented 3-4 years of experience doing the same, as it saves MediCal $$ in the long run by providing the consumer with equipment that will fit her/him over an extended period of time, barring medical changes in their conditions.	Feb 8, 2011 12:54 AM
426	I believe in this area most the people delivering the services are already professionals	Feb 8, 2011 12:55 AM
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 8, 2011 1:08 AM
428	Rating code compared to other organizations. Past history of provider, how efficient, effective, etc.	Feb 8, 2011 1:19 AM
429	That would be governed by the service needed.	Feb 8, 2011 1:37 AM
430	licensed individuals in the field they are working.	Feb 8, 2011 2:19 AM
431	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 3:56 AM

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

	Response Text	
432	Current qualification and performance standards generallly work fine.	Feb 8, 2011 4:27 AM
433	Licensed staff with good quality control standards and accountability.	Feb 8, 2011 4:36 AM
434	How are we EVER supposed to know who someone is based on a list that has been handed to us? You need some sort of a "star" or "point" system, some way of separating & organizing the information.	Feb 8, 2011 4:58 AM
435	Qualifications should be as required by licensing law.	Feb 8, 2011 5:12 AM
436	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 5:31 AM
437	None.	Feb 8, 2011 5:33 AM
438	Again as previously stated.	Feb 8, 2011 6:08 AM
439	Board certified providers and organizations. Reviewed by consumers and peers.	Feb 8, 2011 6:13 AM
440	Again, quality assurance is needed to be done through the Regional Center. There is no accountability for the Regional Centers right now.	Feb 8, 2011 6:57 AM
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 8, 2011 3:39 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 8, 2011 4:24 PM
443	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 4:24 PM
444	maybe take volunteers who have worked with the particular disability and further train them	Feb 8, 2011 5:48 PM
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 8, 2011 6:01 PM
446	The people providing such services should be certified and have the appropriate degree/education necessary for delivering such services.	Feb 8, 2011 7:12 PM
447	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 7:53 PM
448	Qualified staff and support group; organizations with an excellent track record of providing needed services for these type of clients.	Feb 8, 2011 8:47 PM
449	Provision of behavioral management techniques in the treatment of behavioral problems for kids on the autism spectrum or with other developmental disorders should NOT be exclusively done by people with an ABA certificate. Licensed therapists can perform a lot of these same techniques and if they can show continuing education in behavioral modification programs for special needs children, they should be able to be vendored to provide this service.	Feb 8, 2011 8:51 PM
450	licensed personnel who have fingerprinting & background checks etc for sexual & child & elder abuse will not be tolerated	Feb 8, 2011 9:20 PM
451	To supply each representative with only the amount of children they can handle,not too overload each worker. The representative is to contact the family back within 24hrs when they have questions.	Feb 8, 2011 10:07 PM
452	Board certified in field	Feb 8, 2011 11:18 PM
453	Having a license in the area of expertise	Feb 8, 2011 11:35 PM
454	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 11:52 PM
455	I trust my Regional Center to vet the various vendors.	Feb 9, 2011 12:16 AM
456	approved services	Feb 9, 2011 12:50 AM
457	state licensing standards for the profession.	Feb 9, 2011 12:52 AM

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

	Response Text	
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 9, 2011 1:21 AM
459	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 9, 2011 1:27 AM
460	Should be qualified staff professionals.	Feb 9, 2011 1:35 AM
461	same	Feb 9, 2011 2:27 AM
462	I think a medical doctor should have a medical degree, psychiatrist should have a PHD in psychology, and therapists should have a mental health related degree. I think medical doctors, psychiatrists, psychologists should receive yearly trainings on new medications, medical procedures, mental health literature.	Feb 9, 2011 2:55 AM
463	All providors should be qualified and should receive training.	Feb 9, 2011 3:17 AM
464	Providers licensed by the state in their professions or those supervised by licensed professionals.	Feb 9, 2011 4:16 AM
465	Persons providing services need a back ground check and need to be specialists and trained in their field.	Feb 9, 2011 4:37 AM
466	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 5:41 AM
467	The organizations should be certified and trained within the service that they are provided. Providers should be knowledgeable and equip to hand the struggles of the consumers.	Feb 9, 2011 5:56 AM
468	Two way assessment may also be beneficial to determine if adequate support is being provided in all settings to all providers or if parents need additional feedback from supervisors.	Feb 9, 2011 6:37 AM
469	Lots of experience with indiv. with special needs. No need for A, MA, unless it is for a Dr. type position.	Feb 9, 2011 7:07 AM
470	Licenced professional, preferably with specialty certification in pediatrics and/ or other specialties relavant to pediatric population or ability to consult with professional with specialty	Feb 9, 2011 2:02 PM
471	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. We recommend that provider qualifications be reasonably related to achieving the desired outcome of the consumer and his/her family and are not arbitrary or more arduous than necessary, which often increases cost but not efficacy of the service provided.	Feb 9, 2011 5:32 PM
472	qualified professionals who would be utilized by the general public in the same circumstance	Feb 9, 2011 6:13 PM
473	medical degrees	Feb 9, 2011 6:49 PM
474	California licensed therapists. Experience in pediatrics. Use of SLPAs, PTAs and COTAs under supervision as stated by ASHA, APTA and NBCOT. Letting therapists do therapy (no diagnosis, no attempts to diagnose, no behavior correction....). RC to grant providers with a letter (A, B, C, D) for their overall quality of service (reports on time, constant communication with coordinators and parents, accurate and timely billing submission, least amount of parents complaints...) as restaurants do for theri overall quality.	Feb 9, 2011 7:30 PM
475	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 9, 2011 7:56 PM
476	Services should be provided by a licensed or certified health care provider.	Feb 9, 2011 8:58 PM

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

	Response Text	
477	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 9:04 PM
478	Services should be provided only by persons or organizations that are properly vendorized as described in the Lanterman Act Section 4648 (a) (3) (A).	Feb 9, 2011 9:47 PM
479	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 9, 2011 10:02 PM
480	The organization that are in place have provide good qualifications.	Feb 9, 2011 10:36 PM
481	Licensed professionals	Feb 9, 2011 10:51 PM
482	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 9, 2011 10:51 PM
483	None	Feb 9, 2011 11:28 PM
484	Fair costs from persons and organizations who offer these services. Monitored by MediCal and various agencies who work with consumers.	Feb 9, 2011 11:36 PM
485	It should only be limited to well-qualified providers. Background checking should be implemented for the Providers.	Feb 9, 2011 11:40 PM
486	licensed medical practitioners	Feb 9, 2011 11:45 PM
487	These standards already exist	Feb 9, 2011 11:46 PM
488	Licensed doctor of optometry.	Feb 9, 2011 11:52 PM
489	Licensed optometrists and ophthalmologists should provide these services.	Feb 10, 2011 12:00 AM
490	Individuals should qualify if their disability negatively effect their ability to function as a contributing member of society.	Feb 10, 2011 12:29 AM
491	TCRC Administration support for these services... to ensure they receive what was authorized.	Feb 10, 2011 3:04 AM
492	depends on the illness or situation. dont need a nuero surgeon to but diapers	Feb 10, 2011 7:46 PM
493	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 7:59 PM
494	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 9:30 PM
495	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 9:49 PM
496	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 9:57 PM
497	Persons that provide such services should have a proven understanding of the effects of vision on development. Doctors of Optometry with Fellowship in Vision Development will be the best choice. The websites are www.covd.org	Feb 10, 2011 10:12 PM
498	Should be based on community norms.	Feb 10, 2011 10:12 PM
499	Documentation	Feb 10, 2011 11:59 PM
500	The qualifications should be supportive and practice self-advocacy.	Feb 11, 2011 12:03 AM
501	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 11, 2011 12:16 AM
502	Determined on an individual basis involving the parents of the children. Performance standards created by paid consultants will not be acceptable. Any standards not substantially decided on by parents of these children should not be used.	Feb 11, 2011 1:25 AM

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

	Response Text	
503	Usefulness and effectiveness of 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 1:44 AM
504	Supports should remain the same or increase.	Feb 11, 2011 1:49 AM
505	professionals holding credentials	Feb 11, 2011 2:50 AM
506	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 3:17 AM
507	As license standards are applicable, state and local.	Feb 11, 2011 3:29 AM
508	Qualifications, training, licensing as required by MediCal should be expected.	Feb 11, 2011 4:39 AM
509	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 4:47 AM
510	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 5:07 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 11, 2011 5:22 AM
512	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 6:12 AM
513	professional designations required	Feb 11, 2011 6:13 AM
514	Only licensed personnel.	Feb 11, 2011 6:14 AM
515	experience and education required of providers	Feb 11, 2011 6:16 AM
516	These services should be provided by licensed professionals approved by Regional Center.	Feb 11, 2011 7:45 AM
517	Sercives to be provided by qualified vendors according to the Lanterman Act.	Feb 11, 2011 5:27 PM
518	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act	Feb 11, 2011 6:08 PM
519	Doctor should be an associate or board certified member of COVD which certifies competency in the area of devlopmental vision, and optometric vision therapy	Feb 11, 2011 6:19 PM
520	No comment.	Feb 11, 2011 6:27 PM
521	Both the office that is referring as well as the office that 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 in technology, research and protocols available concerning a child's developing visual system.	Feb 11, 2011 6:43 PM
522	SAME AS PREVIOUS #4	Feb 11, 2011 6:44 PM
523	Training, training, training throughout the year. Never stop. Checking up on them without notice, and make sure they are doing their job right.	Feb 11, 2011 6:47 PM
524	should be qualified	Feb 11, 2011 7:19 PM
525	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 7:21 PM
526	drug testing criminal background patience communication skills parenting class calm but firm voice	Feb 11, 2011 7:22 PM
527	See comment under Behavioral Services	Feb 11, 2011 8:49 PM
528	Master's and Phd. in a related field.	Feb 11, 2011 9:22 PM

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

	Response Text	
529	LVN, RN - The one heading it should be a RN with a Masters degree minimum	Feb 11, 2011 9:33 PM
530	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 9:40 PM
531	Qualifications of those providing Therapeutic Services are dependent on the services being rendered. In almost all cases, services should be provided by licensed or certified therapists.	Feb 11, 2011 9:44 PM
532	Qualifications of those providing Therapeutic Services are dependent on the services being rendered. In almost all cases, services should be provided by licensed or certified therapists.	Feb 11, 2011 9:45 PM
533	Qualifications of those providing Therapeutic Services are dependent on the services being rendered. In almost all cases, services should be provided by licensed or certified therapists.	Feb 11, 2011 9:48 PM
534	Qualifications of those providing Therapeutic Services are dependent on the services being rendered. In almost all cases, services should be provided by licensed or certified therapists.	Feb 11, 2011 9:49 PM
535	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 9:49 PM
536	All providers should be qualified/certified to treat infants and children.	Feb 11, 2011 9:51 PM
537	Qualifications of those providing Therapeutic Services are dependent on the services being rendered. In almost all cases, services should be provided by licensed or certified therapists.	Feb 11, 2011 9:51 PM
538	Qualifications of those providing Therapeutic Services are dependent on the services being rendered. In almost all cases, services should be provided by licensed or certified therapists.	Feb 11, 2011 9:53 PM
539	Qualifications of those providing Therapeutic Services are dependent on the services being rendered. In almost all cases, services should be provided by licensed or certified therapists.	Feb 11, 2011 9:58 PM
540	Marriage and family therapist interns... budget friendly!	Feb 11, 2011 9:59 PM
541	Qualifications of those providing Therapeutic Services are dependent on the services being rendered. In almost all cases, services should be provided by licensed or certified therapists.	Feb 11, 2011 10:01 PM
542	Qualifications of those providing Therapeutic Services are dependent on the services being rendered. In almost all cases, services should be provided by licensed or certified therapists.	Feb 11, 2011 10:02 PM
543	Qualifications of those providing Therapeutic Services are dependent on the services being rendered. In almost all cases, services should be provided by licensed or certified therapists.	Feb 11, 2011 10:13 PM
544	Qualifications of those providing Therapeutic Services are dependent on the services being rendered. In almost all cases, services should be provided by licensed or certified therapists.	Feb 11, 2011 10:25 PM
545	Qualifications of those providing Therapeutic Services are dependent on the services being rendered. In almost all cases, services should be provided by licensed or certified therapists.	Feb 11, 2011 10:29 PM
546	Perform quarterly reviews	Feb 11, 2011 10:33 PM
547	Qualifications of those providing Therapeutic Services are dependent on the services being rendered. In almost all cases, services should be provided by licensed or certified therapists.	Feb 11, 2011 10:35 PM
548	Only persons or organization that are properly vendorized as described in the Lanterman Act should provide services.	Feb 11, 2011 10:41 PM

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

	Response Text	
549	As good as any USA citizen would require.	Feb 11, 2011 10:43 PM
550	Qualifications of those providing Therapeutic Services are dependent on the services being rendered. In almost all cases, services should be provided by licensed or certified therapists	Feb 11, 2011 10:54 PM
551	everyone that needs it between the ages of 0-3 years, early intervention is the key!!!!	Feb 11, 2011 10:59 PM
552	years of experience or certified	Feb 11, 2011 11:05 PM
553	Must hold training and certification to provide such service.	Feb 11, 2011 11:20 PM
554	Services must be authorized by a physician and the person performing the service must have the approprite license, etc...	Feb 11, 2011 11:22 PM
555	Qualifications of those providing Therapeutic Services are dependent on the services being rendered. In almost all cases, services should be provided by licensed or certified therapists.	Feb 11, 2011 11:25 PM
556	When it comes to special education. I as a parent believe that it is whomever can reach your child and no sometimes they may not have a license...	Feb 11, 2011 11:26 PM
557	Families working with service providers should be the number one responsibility of providers to layout the qualifications needed for their families.	Feb 11, 2011 11:35 PM
558	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 11:47 PM
559	Psychotherapy should only be provided by licensed therapists or their supervised interns.	Feb 11, 2011 11:55 PM
560	Qualifications of those providing Therapeutic Services are dependent on the services being rendered. In almost all cases, services should be provided by licensed or certified therapists.	Feb 12, 2011 12:07 AM
561	A facility or service should be licensed and proven to be effective.	Feb 12, 2011 12:37 AM
562	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 12, 2011 2:14 AM
563	That we are trainned to give these sevices to these people.	Feb 12, 2011 2:31 AM
564	Trained therapists or Physicians.	Feb 12, 2011 3:41 AM
565	all should be qualified and licensed in their specific area of therapy.	Feb 12, 2011 4:08 AM
566	Services should be provided only by persons or organization that are properly vendorized as described in the Lanterman Act Section 4646 (a) (3) (A).	Feb 12, 2011 5:14 AM
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 12, 2011 5:18 AM
568	They s/b licensed.	Feb 12, 2011 6:09 AM
569	Licensed	Feb 12, 2011 6:16 AM
570	See previous answers.	Feb 12, 2011 6:27 AM
571	I have no experience in this area.	Feb 12, 2011 6:42 AM
572	intern practitioners.	Feb 12, 2011 6:57 AM
573	FNP, MD or equivalent	Feb 12, 2011 7:16 AM
574	If professional are being used, why not para-professional with oversight.	Feb 12, 2011 7:43 AM
575	American citizens only	Feb 12, 2011 3:27 PM
576	state license should be a requirement	Feb 12, 2011 3:44 PM
577	Standards should be based on the established success rate of the service provider.	Feb 12, 2011 4:17 PM

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

	Response Text	
578	We have been receiving speech pathology services for our 2 year old son for 6 months before we discovered that he had been receiving speech therapy from an assistant (SLPA-Speech and Language Pathologist Assistant). The SLP (Speech and Language Pathologist) had never talked to me or met my son, yet she was supposedly "supervising" the SLPA in my son's treatment. The regional center allows for SPLA to practice therapy as long as they are supervised by a SLP. As parents, the regional center never mentioned or even alluded to this fact and the SLP and SLPA themselves never let on that we were not working with an actual SLP, but an assistant. I feel that my son's progress could have been much better if he was properly supervised. This process needs to be very transparent for the parents.	Feb 12, 2011 4:19 PM
579	The primary caretaker should be licensed/educated to provide care for people with limited physical or mental capacities.	Feb 12, 2011 4:34 PM
580	Providers should at least have basic training on services being provided.	Feb 12, 2011 4:42 PM
581	trained, experienced	Feb 12, 2011 4:58 PM
582	If a prescritption is provided by doctor it should be honored or if needs are made available to special situations through school and therapist I think someone should look into to make their live successful. Insurance companies need to be more involved as well they are to selective and what one thinks is cosmetic to live is needed to make their life easier but when vendors do overloading then they are one abusing the financial burdens	Feb 12, 2011 5:23 PM
583	Conditions pertaining to the patency of an individual's airway should be assessed and maintained by a licensed individual with nursing skills	Feb 12, 2011 5:31 PM
584	check service providers knowledge with survey questionare	Feb 12, 2011 5:40 PM
585	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 6:10 PM
586	HMO like Kaiser that RC could contract with and help pay for or contract with on behalf of the client/family.	Feb 12, 2011 6:12 PM
587	Only licensed health care professionals and organizations.	Feb 12, 2011 8:16 PM
588	Providers should be experienced with individuals on the Autism Spectrum.	Feb 12, 2011 8:21 PM
589	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 12, 2011 8:24 PM
590	Licensed individuals that also keep up the continuing education standards	Feb 12, 2011 8:30 PM
591	Must understand child development at a deep level.	Feb 12, 2011 8:31 PM
592	An eye-care practicioner who will evaluate: Visual Acuity Eye-health Refractive status Ocular motility skill Binocular skill Accommodative skill Perceptual development Developmental optometrists are trained in these assessments.	Feb 12, 2011 8:47 PM
593	licensed, doctorate, or working under licensed supervisor	Feb 12, 2011 8:50 PM
594	Training in the Behavior Sciences.	Feb 12, 2011 9:11 PM
595	All individuals who are hired to provide services to the disabled should be doing this because they feel it is their life mission rather than "they can't find any other job."	Feb 12, 2011 9:16 PM
596	trained personel	Feb 12, 2011 9:21 PM
597	PhD, professional degree--result oriented and family driven.	Feb 12, 2011 9:54 PM

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

	Response Text	
598	Licensed/trained provider	Feb 12, 2011 10:13 PM
599	All professional standards should be set by parents and/or guardians of the individual needing services. Required feedback of services rendered should be policy or future services will be discontinued.	Feb 12, 2011 11:04 PM
600	Medical and health standards of state should be criteria used.	Feb 12, 2011 11:10 PM
601	Services should be provided only by persons or organization that are properly vendorized as decribed in The Lanterman Act Section 4648 (a) (3) (A).	Feb 12, 2011 11:59 PM
602	Common sense should dictate here. Dental work is done by a licensed dentist (or hygienist), speech therpay by a licensed speech pathologist, etc.	Feb 13, 2011 12:08 AM
603	dealind with health it needs to be a very qualified person	Feb 13, 2011 12:34 AM
604	Medically qualified personelonly	Feb 13, 2011 1:08 AM
605	as needed	Feb 13, 2011 1:20 AM
606	Educational requirements and professional certifications.	Feb 13, 2011 1:47 AM
607	this is getting redundant!!!	Feb 13, 2011 2:40 AM
608	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 3:41 AM
609	For medical, all licensed as appropriate by state laws.	Feb 13, 2011 3:45 AM
610	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 patient who has a difficulty.	Feb 13, 2011 4:14 AM
611	competency	Feb 13, 2011 5:07 AM
612	The organization should set the standard and give a definite time table to make sure this service is working for this certain child	Feb 13, 2011 5:17 AM
613	Each part is simple in itself and the answer to our problem is to educate everyone on Universal Paradigms. It is not qualifications it IS PERFORMANCE!	Feb 13, 2011 5:23 AM
614	Make sure they are qualified and love what they are doing not because it pays well.	Feb 13, 2011 5:49 AM
615	providers must have masters degree and receive continuing education credits or license/certificate/degree is revoked.	Feb 13, 2011 6:06 AM
616	For any kind of ongoing treatment, e.g. psychiatric, counseling, there should be some assurance of continuity, i.e. a requirement that the consumer get to see the same counselor for at least two years. The consumers seem to get a revolving door of trainees/interns, which is fine for treatments that only require one appointment, but not for treatments that require establishment of a relationship.	Feb 13, 2011 4:57 PM
617	Qualifications of the person would included professional licensure and advanced training in related areas of practice. Organizations would meet state standards in safety, etc.	Feb 13, 2011 5:21 PM
618	allow speech services to be done at home,	Feb 13, 2011 6:15 PM
619	With regards to the areas of delay, a licensed professional in the appropriate area should determine appropriate need for services	Feb 13, 2011 6:40 PM
620	Same as behavioral services - professionals must be licensed with the state or a registered intern supervised by licensed professional.	Feb 13, 2011 6:45 PM
621	The State and the providing company have strict standards in place.	Feb 13, 2011 6:55 PM
622	professional qualifications as well as ability to work with disabled services.	Feb 13, 2011 6:55 PM
623	Professionals licensed in their fields.	Feb 13, 2011 7:03 PM

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

	Response Text	
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 13, 2011 7:12 PM
625	The qualifications of the individual or organization should be reviewed: credibility, success and word of mouth satisfaction.	Feb 13, 2011 7:59 PM
626	Should be maintaining their state license.	Feb 13, 2011 8:41 PM
627	must be licensed by state and certified by and in good standing with respective professional societies.	Feb 13, 2011 8:47 PM
628	There are very few bilingual and bicultural specialists who are familiar in treating children with special needs. It has been so difficult to refer families who do not speak English, specifically Chinese-speaking familiese, to specialists who can address specific types of disabilities. More needs to be done in this area.	Feb 13, 2011 9:14 PM
629	trained	Feb 13, 2011 10:11 PM
630	Clean criminal background, experience, and trianing	Feb 13, 2011 10:20 PM
631	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 10:50 PM
632	Health Care and Therapeutic Service personnel already must meet the professional qualifications and certification standards for their professions. Nothing more need be added.	Feb 14, 2011 12:55 AM
633	Board certifications, credentialed or degrees in specialized services should be required. Regular training and/or education should be recommended as well.	Feb 14, 2011 1:35 AM
634	The HMO should cover this standard. The RCOC is not equipped to evaluate medical care.	Feb 14, 2011 1:37 AM
635	Services should be provided only by persons or organization that are properly vendorized as described in the Lanterman Action Section 4648 (a) (3) (A).	Feb 14, 2011 1:41 AM
636	All local public and private resources must be exhausted first. Many food banks, churches and non-profits provide diapers and formula for example and are only being duplicated from resources far to precious to loose.	Feb 14, 2011 2:17 AM
637	Only those that are properly vendorized, as described in the Lanterman Act.	Feb 14, 2011 3:19 AM
638	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 14, 2011 3:23 AM
639	Qualified licensed professionals should provide the services. Non-traditional or experimental procedures should not be provided at taxpayer expense.	Feb 14, 2011 4:23 AM
640	This should be a no brainer. Each of these specialties has their licensing, certification qualification standards. Follow those standards!	Feb 14, 2011 5:28 AM
641	They should be certified in the their specialty areas and should have to provide outcomes assessment data.	Feb 14, 2011 5:33 AM
642	QUALIFIED PHYSICIANS, DENTISTS AND THEIR TRAINED PERSONEL	Feb 14, 2011 7:03 AM
643	As I mentioned earlier, although I don't mind competing with BCBAs to provide behavioral services, I do think that requiring a BCBA above a Behavior Management Consultant is not only unfair, it also does not make sense. Behavioral issues are symptoms of deeper underlying dissatisfaction with some issue in their life. I DO NOT believe that BCBAs are qualified to assess, diagnose and treat many of these problems. ALL psychologists are trained in behavior intervention as one small part of many other counseling skills. For DDS and regional centers to make this requirement and exclude those of us who actually build this industry is simply ridiculous.	Feb 14, 2011 1:48 PM
644	Train individuals	Feb 14, 2011 3:10 PM
645	Qualifications of those providing Therapeutic Services are dependent on the services being rendered. In almost all cases, services should be provided by licensed or certified therapists.	Feb 14, 2011 3:57 PM

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

	Response Text	
646	Understanding and experience of individuals with participants disability.	Feb 14, 2011 4:00 PM
647	see above	Feb 14, 2011 4:24 PM
648	Qualifications of those providing Therapeutic Services are dependent on the services being rendered. In almost all cases, services should be provided by licensed or certified therapists.	Feb 14, 2011 4:25 PM
649	Qualifications of those providing Therapeutic Services are dependent on the services being rendered. In almost all cases, services should be provided by licensed or certified therapists.	Feb 14, 2011 5:04 PM
650	Qualifications of those providing Therapeutic Services are dependent on the services being rendered. In almost all cases, services should be provided by licensed or certified therapists.	Feb 14, 2011 5:16 PM
651	Must be done by qualified personnel not by students	Feb 14, 2011 5:22 PM
652	Qualifications of those providing services should be licensed or certified therapists and medical providers.	Feb 14, 2011 5:29 PM
653	please see my previous answers as I believe my answers apply to these questions as well.	Feb 14, 2011 5:33 PM
654	Proper QA	Feb 14, 2011 6:04 PM
655	They should have specific guidelines they should be following as a service provider.	Feb 14, 2011 6:05 PM
656	Qualifications of those providing Therapeutic Services are dependent on the services being rendered. In almost all cases, services should be provided by licensed or certified therapists.	Feb 14, 2011 6:18 PM
657	Qualifications of those providing Therapeutic Services are dependent on the services being rendered. In almost all cases, services should be provided by licensed or certified therapists.	Feb 14, 2011 6:19 PM
658	Qualifications of those providing Therapeutic Services are dependent on the services being rendered. In almost all cases, services should be provided by licensed or certified therapists.	Feb 14, 2011 6:25 PM
659	Qualifications of those providing Therapeutic Services are dependent on the services being rendered. In almost all cases, services should be provided by licensed or certified therapists.	Feb 14, 2011 6:27 PM
660	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
661	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 6:29 PM
662	As long as there is progress, anyone who could help, should be able to help.	Feb 14, 2011 6:43 PM
663	You need a qualified person to not associated with the companies providing the service to evaluate. they need to look at the treatments being done and say if they are truly needed and effective or just fluff and moneymakers. Someone needs to look at a patient now and then and see if there is true progress being accomplished.	Feb 14, 2011 6:46 PM
664	Opinion of the clients	Feb 14, 2011 6:54 PM
665	Qualifications of those providing Therapeutic Services are dependent on the services being rendered. In almost all cases, services should be provided by licensed or certified thera	Feb 14, 2011 7:07 PM
666	yearly evaluations of personal & organtions done by a professional	Feb 14, 2011 7:28 PM
667	Close monitoring by RC, parents or guardians, residential staff, care providers, medical personnel, consumer, and medical staff, if applicable.	Feb 14, 2011 7:38 PM

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

	Response Text	
668	Qualifications of those providing Therapeutic Services are dependent on the services being rendered. In almost all cases, services should be provided by licensed or certified therapists.	Feb 14, 2011 7:45 PM
669	THE RESPITE PROGRAMS SOMETIMES ARE NOT THE BEST TO PROVIDE SERCIVES FOR CHILDREN,THE NEED MORE HIGHLY QUALIFIED PERSONNELS,AND I FEEL THAT COULD BE DONE BY HAVING MORE ORGANIZATIONS, AVAILABLE BY ASKING CUSTOMERS ABOUT THE QUALITY OF SERVICES,AND SURVEY ALL AGENCIES, BY CONSUMERS. NOT BY REGIONAL CENTERS.	Feb 14, 2011 8:00 PM
670	Qualifications of those providing Therapeutic Services are dependent on the services being rendered. In almost all cases, services should be provided by licensed or certified therapists.	Feb 14, 2011 8:03 PM
671	Medically board certified. Should not have publicly known issues.	Feb 14, 2011 8:31 PM
672	Nationally recognized accreditation or certification or licensure.	Feb 14, 2011 8:40 PM
673	Qualifications of those providing Therapeutic Services are dependent on the services being rendered. In almost all cases, services should be provided by licensed or certified therapists.	Feb 14, 2011 8:56 PM
674	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 8:59 PM
675	n/a	Feb 14, 2011 9:09 PM
676	Partner with a teaching school/hospital like UCLA to obtain quality services and give students an opportunity to see different types of patients.	Feb 14, 2011 9:14 PM
677	N/A	Feb 14, 2011 9:38 PM
678	Only persons/organizations that are properly vendorized should provide services, as per Lanterman Act.	Feb 14, 2011 9:40 PM
679	Licensed and reviewed vendors; qualified vendorized parents.	Feb 14, 2011 9:51 PM
680	Service standards should be maintained as they currently are.	Feb 14, 2011 10:08 PM
681	Qualifications of those providing Therapeutic Services are dependent on the services being rendered. In almost all cases, services should be provided by licensed or certified therapists.	Feb 14, 2011 10:13 PM
682	The state already has requirements about the qualifications of licensed personnel.	Feb 14, 2011 10:50 PM
683	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 14, 2011 11:00 PM
684	The individuals should receive the same services as anyone else in the community....	Feb 14, 2011 11:04 PM
685	Individual health care providers should be licensed and certified in the areas they practice.	Feb 14, 2011 11:35 PM
686	Pediatrician, Family Physician or Internist	Feb 14, 2011 11:55 PM
687	Qualifications of those providing Therapeutic Services are dependent on the services being rendered. In almost all cases, services should be provided by licensed or certified therapists.	Feb 15, 2011 12:13 AM
688	Trained, knowledgeable experienced professionals with supervision from those with higher degrees in related fields.	Feb 15, 2011 12:14 AM
689	Services should be provided only by persons or organization that are properly vendorized as described in the Lanterman Act Section 4648 (a) (3) (A).	Feb 15, 2011 12:18 AM
690	Physicians and mental health clinicians should have appropriate licensure. Consumers also benefit from doctors who are familiar with development disabled individuals. For consumers with severe mental disorders, the state should contactt licensed clinical psychologists, rather than social workers with limited clinical training.	Feb 15, 2011 12:32 AM

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

	Response Text	
691	Qualifications of those providing Therapeutic Services are dependent on the services being rendered. In almost all cases, services should be provided by licensed or certified therapists	Feb 15, 2011 12:39 AM
692	all therapists should be certified	Feb 15, 2011 12:45 AM
693	Licensed providers.	Feb 15, 2011 12:55 AM
694	Services should be provided only by persons or organizations that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 15, 2011 1:20 AM
695	Person performing the services should have the experience and be licensed to perform those services and be working for an organization that is also equally licensed to perform such services.	Feb 15, 2011 1:22 AM
696	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 15, 2011 1:36 AM
697	Must meet the state requirements for their specialty or profession.	Feb 15, 2011 1:37 AM
698	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. The selection of Physicians, Therapists, Nurses, etc. therefore must consider the benefit of selecting those with experience with this population.	Feb 15, 2011 1:42 AM
699	medical professionals not left to the whim of a reg. center coordinator	Feb 15, 2011 1:47 AM
700	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 1:52 AM
701	licensed professionals should be the ones providing services - students likely lack the specialized training needed to interact with some consumers.	Feb 15, 2011 2:03 AM
702	is there a clerk that oversees this? have them complete a score form/survey....sign affidavit?	Feb 15, 2011 2:04 AM
703	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 2:27 AM
704	A doctor should decide what level of service provider is needed for each service for each individual.	Feb 15, 2011 2:38 AM
705	The persons or organization should be highly qualified with education and experience.	Feb 15, 2011 2:40 AM
706	AS SET BY THE STATE	Feb 15, 2011 2:51 AM
707	licensed or board certified professional; SLP; OT; PT; BC ABA	Feb 15, 2011 3:18 AM
708	Experience, credentials	Feb 15, 2011 3:23 AM
709	People liscenced to make these decisions.	Feb 15, 2011 3:30 AM
710	See Lanterman Act!!	Feb 15, 2011 4:02 AM
711	My personal experiance is only family or very trusted individuals that can take my child to the doctor.	Feb 15, 2011 4:51 AM
712	SHOULD BE LICENSED BY THE STATE OF CALIFORNIA IF APPLICABLE TO THAT SPECIFIC THERAPY. AGENCIES THAT PROVIDE "EXPERIMENTAL", OR "ALTERINATIVE TREATMENTS", ETC. SHOULD NOT BE DENIED! APPROVE THE SERVICE/TREATMENT ETC. FOR THE CLIENT THAT IS REQUESTING IT; THEN REQUIRE BRIEF REPORTS ON ANY CHANGES/IMPROVEMENTS IN THE CLIENT. OBVIOUSLY THIS IS SOMETHING OF INTEREST TO THE CLIENT/PARENTS IN WHICH THEY BELIEVE MAY HELP THEIR SON/DAUGHTER. IF THE REGIONAL CENTER IS CONCERNED ABOUT THE WELFARE OF THE CLIENT, HAVE THE PARENTS SIGN AN AGREEMENT/UNDERSTANDING OF THE REGIONAL CENTER'S CONCERN.	Feb 15, 2011 5:08 AM
713	licensed therapist with no child molestation cases.	Feb 15, 2011 5:11 AM

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

	Response Text	
714	Any durable equipment company, qualify licensed dispensers or professionals.	Feb 15, 2011 5:18 AM
715	State, County or City approval to work in the field.	Feb 15, 2011 5:20 AM
716	Appropriate certifications, degrees or licenses of persons providing services	Feb 15, 2011 5:20 AM
717	see comments on Behavior services	Feb 15, 2011 5:41 AM
718	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 6:04 AM
719	Home care/nursing- reputable agencies who run regular and random checks on their staff for miscellaneous complaints as well as protective services. Survey families frequently on quality of services received including respect, safety, compassion, conscientiousness...	Feb 15, 2011 6:24 AM
720	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 15, 2011 6:31 AM
721	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 6:33 AM
722	Ongoing training should be required of service providers. They are professionals in their field. Reinforcement is always important.	Feb 15, 2011 6:56 AM
723	A person or organization that provides these dervices should be well educated and have some knowledge of the services that peope needed	Feb 15, 2011 7:58 AM
724	Supervision	Feb 15, 2011 3:09 PM
725	evaluation every 5-6 smc	Feb 15, 2011 3:33 PM
726	The problem comes when individuals go on their own after their providers are "taking care of medical problems" causing duplications. As a provider we take very good care of our clients medical needs but often they go again on their own. Better case management of hospitals and medical providers could eliminate unnecessary doctors visits or hospitalizations that individuals seek on their own due to mental problems or seeking medications or attention!	Feb 15, 2011 3:39 PM
727	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 4:04 PM
728	Must have credentials to offer the services they are providing.	Feb 15, 2011 4:14 PM
729	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 4:20 PM
730	SLPs, OT, cognitive therapists, neurologist, behaviorists, psychologists, psychiatrists, Physical therapists, developmental physicians	Feb 15, 2011 4:31 PM
731	those that know about all the resources and other agenies that touch the lives of those served	Feb 15, 2011 4:59 PM
732	Personnel must have training and experience in early intervention and have state authorized credentials, licenses or certificates as such.	Feb 15, 2011 5:23 PM
733	A child needs to see a pediatric specialist and not the generic provide that a medical plan offers.	Feb 15, 2011 5:37 PM
734	See above	Feb 15, 2011 5:54 PM
735	Very important to have the professionals care and involvement of the client history totality and follow-ups.	Feb 15, 2011 5:56 PM
736	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 15, 2011 6:00 PM
737	Licensed therapists or credentialed assistantships SLPA under strict guidance standards but not aides	Feb 15, 2011 6:01 PM
738	Registered Occupational Therapist, Licensed in the state of California.	Feb 15, 2011 6:19 PM

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

	Response Text	
739	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 15, 2011 6:25 PM
740	Only persons or organization that are properly vendorized as described in the Lanterman Act should provide services.	Feb 15, 2011 6:30 PM
741	Certified credentialing, references, performance reports, etc.	Feb 15, 2011 6:35 PM
742	Qualifications of those providing Therapeutic Services are dependent on the services being rendered. In almost all cases, services should be provided by licensed or certified therapists.	Feb 15, 2011 6:57 PM
743	Qualifications of those providing Therapeutic Services are dependent on the services being rendered. In almost all cases, services should be provided by licensed or certified therapists.	Feb 15, 2011 6:58 PM
744	Qualifications of those providing Therapeutic Services are dependent on the services being rendered. In almost all cases, services should be provided by licensed or certified therapists.	Feb 15, 2011 7:09 PM
745	Pediatric therapists should hold current license and have experience in the specialized areas of pediatrics and early intervention.	Feb 15, 2011 7:11 PM
746	Vet and provide an approved vendors/therapists list for parents to reference.	Feb 15, 2011 7:20 PM
747	Speech and Language Pathologists, Sensory Integration Occupational Therapists, para-professionals that "shadow" and coach in a variety of settings,psychologists, psychiatrists etc.	Feb 15, 2011 8:12 PM
748	licensed and referrals	Feb 15, 2011 8:14 PM
749	Each program must be considered individually. Standards should be set high and monitored appropriately.	Feb 15, 2011 8:36 PM
750	should relate to professional scope of practice related to license to practice in California	Feb 15, 2011 8:36 PM
751	Qualified therapist (ie. someone who experience with Autistm with their behavior should give speech therapy to autistic kids so the therapy can be effective) as autistic kids are varies in their behavior.	Feb 15, 2011 8:41 PM
752	Services should be provided only by persons or organization that are properly vendorized as described in the Lanterman Act	Feb 15, 2011 8:58 PM
753	Again, credentialled and certified staff	Feb 15, 2011 9:27 PM
754	Service providers should be qualified and monitored according to the existing vendorization process, and overseen by the regional centers and DDS.	Feb 15, 2011 9:46 PM
755	Service standards and performance should be consistent, regardless of which employee provides the service. I've seen workers in a convalescent hospital asleep during their night shift. (Some worked an additional shift at another hospital--I knew because my mother was a patient there and I saw him there regularly.) Effective training is essential. Also, employees need to take ESL courses. Some have such a heavy accent and know little English, that family members cannot understand them when they ask questions (as happened to my dad and others I know).	Feb 15, 2011 9:48 PM
756	All the terapist are college graduates.	Feb 15, 2011 10:12 PM
757	Only persons or organization that are properly vendorized as described in the Lanterman Act should provide services.	Feb 15, 2011 10:29 PM
758	A doctor or licensed professional in the related field.	Feb 15, 2011 10:45 PM
759	program design that meets expectation to show the benefit of service for elgible people, background checks, education or experience with the area of expertise.	Feb 15, 2011 11:07 PM
760	Training and licensure as per state law	Feb 15, 2011 11:07 PM
761	licensed medical providers!	Feb 15, 2011 11:12 PM

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

	Response Text	
762	I think the services that are being provided are great they help a great deal.	Feb 15, 2011 11:14 PM
763	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 15, 2011 11:31 PM
764	licensed!	Feb 15, 2011 11:39 PM
765	Conduct regular audits.	Feb 15, 2011 11:48 PM
766	all should be licensed and registered within their field of practice	Feb 15, 2011 11:59 PM
767	Qualified non profit agency	Feb 16, 2011 12:07 AM
768	A person with a degree can show a parent of a child or guardian how some of the techniques are done and can slowly back off on services so the person continues with the service it's just not paid for by anyone.	Feb 16, 2011 12:14 AM
769	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 12:17 AM
770	Should be reviewed on a regular basis. Surprise visits and develop a rating system.	Feb 16, 2011 12:18 AM
771	SIPT certified occupational therapists	Feb 16, 2011 12:21 AM
772	A list of service providers and a summary of the services provided which include cost.	Feb 16, 2011 12:23 AM
773	Services should be provided by those with proper credentials.	Feb 16, 2011 12:51 AM
774	APPROPRIATE EXPERIENCED IN WORKING DEVELOPMENTALLY DISABLED Doctors are M.D.s or O.D.s. Dentists appropriately licensed/experienced and administering (and in an appropriate, safe location) anesthesia with these higher risk individuals - from doing permanent harm to functioning level --- and, in joint consultation, making sensible decisions re: cost/benefit in choosing meaningful outcomes for health & safety or client while sensitive to quality of life.	Feb 16, 2011 12:58 AM
775	trained personnel	Feb 16, 2011 1:13 AM
776	Backgroaund checks should be conducted and training on how to work with the consumer need to be included. Review of performance should be every six months or at least annually. If an issue arises the social worker should set up a meeting to discuss the issue and help find a solution.	Feb 16, 2011 1:23 AM
777	Licensed professionals	Feb 16, 2011 1:24 AM
778	?	Feb 16, 2011 1:42 AM
779	Anyone providing these above mentioned services should have degrees specific to their field of expertise. It should never be any different!	Feb 16, 2011 1:53 AM
780	NONE	Feb 16, 2011 2:17 AM
781	Depending on the services the qualifications and performance would be set by regulatory and licensing agencies.	Feb 16, 2011 2:20 AM
782	I think the individuals should be trained for the specialty, and have the necessary support and training in the specific field.	Feb 16, 2011 3:07 AM
783	Therapists should be licensed and have a specialization in working with individuals who are developmentally disabled.	Feb 16, 2011 3:08 AM
784	Licensed	Feb 16, 2011 3:46 AM
785	As mentioned above those receiving the service should evaluate the service and that information should be available to others. Criteria for approved services needs to be updated, there are several therapies that have been around for quite some time but are considered "experimental" and are therefore harder if not impossible for families to receive	Feb 16, 2011 4:05 AM
786	Healthcare and therapeutic services should be provided by those who are licensed to provide these services.	Feb 16, 2011 4:25 AM

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

	Response Text	
787	Services should be provided only by persons or organization that are properly vendorized as described in the Lanterman Act Section 4648 (a) (3) (A).	Feb 16, 2011 4:46 AM
788	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 5:03 AM
789	medically lic. professionals	Feb 16, 2011 5:15 AM
790	same	Feb 16, 2011 5:19 AM
791	keep of the help and good job	Feb 16, 2011 5:33 AM
792	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 5:37 AM
793	valid medical licenses	Feb 16, 2011 6:05 AM
794	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 6:08 AM
795	Min 2 yrs DD exp.	Feb 16, 2011 6:55 AM

5. Suggested service standards about the payment for these services:

	Response Text	
1	They need to be within the standard of care range for that service to allow qualified providers to be found	Jan 28, 2011 1:07 AM
2	paying market rate or better to ensure quality of providers is sufficient	Jan 28, 2011 1:10 AM
3	payment for services should continue	Jan 28, 2011 1:13 AM
4	INDIVIDUAL CHOICE BUDGET	Jan 28, 2011 1:24 AM
5	Similar to usual and customary rates. NO SMA RATES!!!	Jan 28, 2011 1:31 AM
6	For speech and occupational therapy our regional center says they only have vendors on the list that take the medi cal rate. When you ask those vendors apparently they don't take the medi cal rate. So I assume this isn't true. Quality of care is important and I doubt many folks take $20 an hour for speech therapy. So match rates with medical insurance. And if a parent takes the trouble to get medical insurance to pay and asks for some help with a co pay it would be of great cost savings to regional centers. They should help with the co pays!	Jan 28, 2011 1:39 AM
7	share of cost based upon income	Jan 28, 2011 1:44 AM
8	Usual and customary- insurance rate.	Jan 28, 2011 1:46 AM
9	ICB	Jan 28, 2011 1:49 AM
10	Vendorization	Jan 28, 2011 1:59 AM
11	the private doctors should be paid for these services by regional center.	Jan 28, 2011 2:10 AM
12	If the consumers health insurance will pay, that should be the primary source of payment. The co-payment should be paid by parents if they can afford it. If the school district will provide the service as determined by the IEP, they should pay. Whatever cannot be paid by outside sources should be paid by the agency overseeing the consumer's program with funds provided by the state.	Jan 28, 2011 2:44 AM
13	again competitive rates.. the disabled should not have to settle for a lesser value of care just because they happen to be disabled	Jan 28, 2011 3:03 AM
14	More than ninal wage I'd think about $20 per hour	Jan 28, 2011 3:06 AM
15	Standard market rate.	Jan 28, 2011 3:14 AM

5. Suggested service standards about the payment for these services:

	Response Text	
16	as currently done	Jan 28, 2011 3:16 AM
17	State general funds, part of DDS budget	Jan 28, 2011 3:18 AM
18	100%	Jan 28, 2011 3:32 AM
19	At present corresponding with legislators.	Jan 28, 2011 3:34 AM
20	affordable health plans could be offered to families with children with disabilities	Jan 28, 2011 3:39 AM
21	Lanterman Act. Needs of the consumer as written in the IPP	Jan 28, 2011 3:44 AM
22	Keep it equal.	Jan 28, 2011 3:55 AM
23	If Medi-Cal does not pay for these services, SARC must fund them.	Jan 28, 2011 4:00 AM
24	These services should be paid for by the health care plan.	Jan 28, 2011 4:03 AM
25	staffing of families with medically involved children and adults are woefully understaffed because wages in hospitals are double what nurses are paid now by regional center.	Jan 28, 2011 4:08 AM
26	medical for disable or low cost	Jan 28, 2011 4:19 AM
27	?	Jan 28, 2011 4:22 AM
28	Medical or private insurance should be utilized first before the RC is considered.	Jan 28, 2011 4:27 AM
29	Regional Centers should provide initial evaluations. Then if the client has insurance-the insurance should pay for services. If the client has no insurance-then a sliding scale should be used depending on family income and size of the family.	Jan 28, 2011 4:28 AM
30	See comments in "Day Program" questions	Jan 28, 2011 4:32 AM
31	Regional Centers should pay for the services	Jan 28, 2011 4:49 AM
32	This should be determined based on the IPP	Jan 28, 2011 5:00 AM
33	Efficiency and access to more resources may be increased by streamlining the vendorization process, to allow swift vendorization of any health care or equipment provider who has already met the licensing requirements for that type of service. Rates would be the established Medicaid rate, or the median public rate for that type of service when no Medicaid rate exists.	Jan 28, 2011 5:20 AM
34	Again, depends on the individual and their situation. But, pursuant to the Lanterman Act, as well as it just being the right thing to do, the State agencies should be able to arrange something.	Jan 28, 2011 5:54 AM
35	Vendors should be paid!!!	Jan 28, 2011 5:58 AM
36	I have not comment on this item.	Jan 28, 2011 6:06 AM
37	There are many families that can continue health care coverage through the insurance that their employers provide as I do and share with others to do so. Medi-Cal pays the co-pay. We have to date not asked for this type of support from RC systems. If families are provided the information about how they might be able to access private health care coverage, then there is less need. Medi-Cal may even pay the premium in some cases and/or Cobra payments should that come up. Additionally, OBRA extends the Cobra coverage period. Parents need to know about these available services so that it eases the burden of the systems and make available resources to those without this kind of available coverage	Jan 28, 2011 6:35 AM
38	Parents of children 0-3 should not have to pay for these services. Parents with excessive financial hardship should not have to pay for these services. A small copay charged by a medical facility is ok for some families, but some families pay copays of $50. Medically fragile children are seeing doctors multiple times a month - many times a week when they are young. Financial stress needs to be looked at as well as income.	Jan 28, 2011 6:50 AM

5. Suggested service standards about the payment for these services:

	Response Text	
39	This is a duplication of services that can routinely be obtained through medical services outside of Regional Centers. Eliminate this program	Jan 28, 2011 7:01 AM
40	Accept all forms of insurance, from Medi-Cal, Medicare and such, even if there is a co-pay!	Jan 28, 2011 7:17 AM
41	Needs to be worth the providers time --if payments drop too low, health care and therapeutic providers will stop working with DD population	Jan 28, 2011 7:18 AM
42	Private insurance companies and health plans must fully cover these services.	Jan 28, 2011 7:35 AM
43	Should be related to the RC developmental disability dx.	Jan 28, 2011 8:20 AM
44	Payments to provider must be done in a timely fashion within a months (30 day) window of service.	Jan 28, 2011 1:53 PM
45	Somehow the RC always seems to have money and legal muscle to take clients into the system but no money to care for them once they take control of them.	Jan 28, 2011 4:29 PM
46	Medical services should be paid for by regional center after insurance options have been declined.	Jan 28, 2011 4:33 PM
47	Payments should remain the same, not cut, due to life threating situations the clients live with.	Jan 28, 2011 4:44 PM
48	anything that is above usual expense should be provided to person with disability. Diapers after age 5. people should provide own medical and dental if they are financially able to. For example, working parents should provide insurance for child but adult living on SSI only cannot afford own insurance.	Jan 28, 2011 4:44 PM
49	FCPP should apply. Health insurance reimbursement should be aggressively pursued by the state.	Jan 28, 2011 4:50 PM
50	Pay what they actually cost, not some arbtrarily discounted rate	Jan 28, 2011 5:07 PM
51	For speech and occupational therapy our regional center says they only have vendors on the list that take the medi cal rate. When you ask those vendors apparently they don't take the medi cal rate. So I assume this isn't true. Quality of care is important and I doubt many folks take $20 an hour for speech therapy. So match rates with medical insurance. And if a parent takes the trouble to get medical insurance to pay and asks for some help with a co pay it would be of great cost savings to regional centers. They should help with the co pays!	Jan 28, 2011 5:09 PM
52	Government and insurance with copayments that are on a sliding scale for low income families.	Jan 28, 2011 5:15 PM
53	time needs to be spent negotiating with quality medical providers who will agree to accept payment at the previous rate that medi and denti cal used to pay.	Jan 28, 2011 5:24 PM
54	With a prescription, consumers should have the opportunity to pursue any service that pertains to that specific medical issue. Currently, there exists a divide between medi-cal and the regional center. As a result, one agency picks up the entire bill for certain services. When medi-cal denies a service, the regional center then considers it and may pick up the entire bill. Why is the system set up to force one agency or the other to take the entire bill? With a tiered share of cost plan, then maybe medi-cal can pick up a small portion before denying it completely. This way, the regional center is not paying the full amount on services that are appropriate for the consumer and thus should be able to be covered by their insurance.	Jan 28, 2011 5:46 PM
55	Based upon successful outcomes.	Jan 28, 2011 5:47 PM
56	Should be paid for by Regional Center/State funded if consumer does not have insurance to cover program and/or items.	Jan 28, 2011 6:07 PM
57	Ability to pay. No one should be turned away	Jan 28, 2011 6:08 PM
58	Keep at the current rates and amounts.	Jan 28, 2011 6:19 PM

5. Suggested service standards about the payment for these services:

	Response Text	
59	Therpeutic serives should be comparable to the going rates in the field.	Jan 28, 2011 6:30 PM
60	Medical should start paying for adult dental, eye exams and other services they stopped last year. The need doesn't stop just because they are adults.	Jan 28, 2011 6:32 PM
61	USE INDUSTRY STANDARDS	Jan 28, 2011 6:36 PM
62	co-payment from families as well as government funded	Jan 28, 2011 6:50 PM
63	leave these services alone.. they are critical	Jan 28, 2011 6:54 PM
64	Speech and Language Services $90/hour for ongoing therapy. $350/per assessment.	Jan 28, 2011 6:57 PM
65	Pay what they actually cost; provide for cost of living adjustments and benefits	Jan 28, 2011 7:09 PM
66	Direct to provider, and reimbursement of materials.	Jan 28, 2011 7:14 PM
67	N/A	Jan 28, 2011 7:26 PM
68	These services have been provided through taxes and they should continue to be provided by taxes to the State.	Jan 28, 2011 7:27 PM
69	Insist on SMA rates statewide	Jan 28, 2011 7:30 PM
70	Regional Centers and Health Insurance	Jan 28, 2011 7:34 PM
71	Health Insurance should be made accountable to pay for any therapy that is necessary for infant, child, or adult.	Jan 28, 2011 7:51 PM
72	If services are provided for all disabled, then a group-negotiated payment schedule should be standard. These kinds of programs should be instituted nationally, to avoid polluting industries leaving one state for another that doesn't offer services, in order to avoid their social responsibilities.	Jan 28, 2011 7:56 PM
73	if you have to provide it, adhere to SMA rate of Medi-Cal, no exceptions.	Jan 28, 2011 8:07 PM
74	check them out ask those of us who have been around for years..we know the best and the honest ones.Do not purchase from just any company just because they say they can provide..so many of these do what we call cookie cutter plans and reports it disgusts me that the state wasted millions on them	Jan 28, 2011 8:09 PM
75	II believe in you should pay for what you get. Setting a standard for "calls" leaves no room for accomplishment.	Jan 28, 2011 8:12 PM
76	AMA rates may be used for services where rates exist, and where none exist, the median cost for such services within a region should be used.	Jan 28, 2011 8:32 PM
77	Regional Centers should pay if the parents/caretakers do not have insurance.	Jan 28, 2011 8:46 PM
78	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 8:47 PM
79	Vouchers.	Jan 28, 2011 8:49 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 8:49 PM
81	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 8:56 PM

5. Suggested service standards about the payment for these services:

	Response Text	
82	For speech and occupational therapy our regional center says they only have vendors on the list that take the medi cal rate. When you ask those vendors apparently they don't take the medi cal rate. So I assume this isn't true. Quality of care is important and I doubt many folks take $20 an hour for speech therapy. So match rates with medical insurance. And if a parent takes the trouble to get medical insurance to pay and asks for some help with a co pay it would be of great cost savings to regional centers. Regional Center should help with all co pays!	Jan 28, 2011 9:12 PM
83	Regional Center should only pay for health care services as payee of last resort and only for those health issues directly resulting from the Consumer's eligibility diagnosis with the Regional Center.	Jan 28, 2011 9:15 PM
84	Should be paid as soon as billed.	Jan 28, 2011 9:19 PM
85	Pay high enough for quality services to not waste time/money with ineffective low-quality services.	Jan 28, 2011 9:40 PM
86	Given the financial there should be an upper limit to the amount paid to the vendor for services. Develop a very clear, simple list of the sorts of things MediCal funds, and clear easy instructions for how to ask/get MediCal to pay. As a parent, I have wasted weeks of my life in phone calls, emails, visits to social service agencies`to try to clarify what's covered by Regional Center, CCS, MediCal. The process of getting authorizations and denials is far too complicated as it now stands!	Jan 28, 2011 9:42 PM
87	There should be no cuts for these people.	Jan 28, 2011 9:44 PM
88	Medi-cal reimbursement rate	Jan 28, 2011 9:52 PM
89	all regional centers should pay the same rate	Jan 28, 2011 9:59 PM
90	Regional Centers to pay for non-covered services at the SMA rates (Medi-Cal rates).	Jan 28, 2011 10:06 PM
91	All health care and therapeutic services must be considered under insurance, medi-cal, CCS, and the educational system before a RC would consider covering the cost. The service must be related to the individual's eligible condition with the RC, or be of an urgent nature pending the receipt of coverage by one of the aforementioned entities and therefore time-limited coverage. Payment should not exceed the SMA rate.	Jan 28, 2011 10:16 PM
92	Depending on how "Obama Care" finally settles down, coverage may be provided by the government. If payment is not available from Medi-Cal/Medicare, the consumer/family/private insurance should be used to cover expenses.	Jan 28, 2011 10:28 PM
93	Same as before	Jan 28, 2011 10:34 PM
94	See my answer for Behavioral services.	Jan 28, 2011 10:39 PM
95	co-pay 1% of RC funded portion on funding.	Jan 28, 2011 11:02 PM
96	What it costs.	Jan 28, 2011 11:04 PM
97	These should be part of the medical care program that parents have-- evenif funded thorugh Medi-cal.	Jan 28, 2011 11:11 PM
98	Coverage for un or under-insured individuals only.	Jan 28, 2011 11:12 PM
99	Through negotiation. The SMEs are too low in some cases to attract qualified experts.	Jan 28, 2011 11:15 PM
100	medicare/medicaid	Jan 28, 2011 11:16 PM
101	Refer to previous section	Jan 28, 2011 11:17 PM

5. Suggested service standards about the payment for these services:

	Response Text	
102	Shift Developmental Centers to be under the Regional Centers nearby and require a competitive RFP process to make the costs of all services including health and therapies to DC consumers more affordable	Jan 29, 2011 12:00 AM
103	Since Regional Center consumers can become Medi-Cal eligible through the DD Waiver, I do not understand why Regional Center would pay for any medical or therapy services as these could all be paid for my Medi-Cal. I know so many kids who are Regional Center consumers whose parents were never told the child could have Medi-Cal and I don't understand why this is. It would reduce the Regional Centers cost. Regional Centers need to do a much better job getting all of it's consumers onto Medi-Cal and then billing Medi-Cal for as many services as possible.	Jan 29, 2011 12:06 AM
104	These services should be fully paid for all clients.	Jan 29, 2011 12:18 AM
105	co-pay with income scale--there should be an income below which no co-pay is required	Jan 29, 2011 12:20 AM
106	depending on service provided.	Jan 29, 2011 12:21 AM
107	Generic services have their own rates which, when insufficient, should be elevated in order to procure a needed services.	Jan 29, 2011 12:29 AM
108	regional centers to fund within a contratual amount agreed upon by both parties	Jan 29, 2011 12:38 AM
109	Regional Centers.	Jan 29, 2011 12:50 AM
110	Payment has to be made by someone and the state can't pay for all of it. I would say the state money should go to help the clients and less money spent on having the facilities have 25 visits a year. The regional Center could really cut corners by counselors take care of everyone in the facility and have 4 visits a year and one inspection a year. The money that is freed up could be put to use for the clients health and welfare.	Jan 29, 2011 12:53 AM
111	All status 2 clients should not receive even less hours of help. Its getting ridiculous	Jan 29, 2011 1:04 AM
112	Payment based on evidence based practice.	Jan 29, 2011 1:20 AM
113	pls see #2 abpve	Jan 29, 2011 1:31 AM
114	Health insurance should pay if it is available, and the regional center should assist clients in obtaining these services.	Jan 29, 2011 1:42 AM
115	1. Need to look at family cost participation options for this area.	Jan 29, 2011 2:54 AM
116	Medical	Jan 29, 2011 3:00 AM
117	Regional Centers should continue to have the ability to pay for such services when they are not otherwise available through Medi-Cal, Medicare, private insurance, and for persons who do not qualify for benefits if they are non legal persons. The Regional Centers should have flexibility to do so, within the confines of their budget from DDS and other sources. For all services, not just these services, DDS should institute a statewide means test so that persons and/or their families who have the means to pay, should be required to pay for services based on their ability to pay. Especially when a person inherits funds and which causes them to lose Medi-Cal and thus Medicaid Waiver funding eligibility, DDS should institute statewide standards and a means test which would require the person or their family to pay for services when they can clearly afford to do so. This is not penal or wrong, but incorporates a person/family's ability to pay for services, and allows Regional Centers to bill or incorporate family contributions to pay for services when they can clearly afford to do so.	Jan 29, 2011 4:35 AM
118	adequately	Jan 29, 2011 4:40 AM
119	Don't know	Jan 29, 2011 4:48 AM
120	fully supported by regional center	Jan 29, 2011 5:03 AM

5. Suggested service standards about the payment for these services:

	Response Text	
121	No one should be cut	Jan 29, 2011 5:08 AM
122	The State needs to continue to pay for these services.	Jan 29, 2011 6:04 AM
123	insurance or state funded program if eligible	Jan 29, 2011 6:27 AM
124	No Outradges Wages, We Don't Need 3 Chiefs For Every 1 Indian!	Jan 29, 2011 6:35 AM
125	pay at prevailing rate	Jan 29, 2011 6:35 AM
126	provide by state fund program	Jan 29, 2011 7:42 AM
127	Independent accounting firm	Jan 29, 2011 8:32 AM
128	Insurance	Jan 29, 2011 8:43 AM
129	5 $ co-pay per hour of services.	Jan 29, 2011 8:47 AM
130	co-payment	Jan 29, 2011 2:55 PM
131	Regional center should allow a certain amout of billable hours. Then if child requires more than Regional can provide, parrents should be able to have medical or personal insurance cover.	Jan 29, 2011 4:57 PM
132	75% at the minimum	Jan 29, 2011 5:28 PM
133	Billing and payment should be monthly with payment received within 1 week of billing.	Jan 29, 2011 6:01 PM
134	Whenever possible, an individuals medical/dental insurance should be accessed to pay for these types of services and therapies. If there is a way to "share the responsibilities" among insurers.DDS, possibly school systems and families it would be preferable.	Jan 29, 2011 6:32 PM
135	There is a medi-cal standard that should be a good starting place.	Jan 29, 2011 8:08 PM
136	Evaluated each income.	Jan 29, 2011 8:27 PM
137	Sliding scale based on ability to pay. Application for payment from insurance where applicable.	Jan 29, 2011 9:10 PM
138	Same as in previous sections.	Jan 29, 2011 9:47 PM
139	AS MANY RESOURCES AND /OR COMBINATION OF THOSE AVAILABLE	Jan 29, 2011 11:46 PM
140	combination of regional center funds and a sliding scale co-payment by family or consumer	Jan 30, 2011 12:34 AM
141	More auditors to make sure that services, products are delivered and of the quality expected.	Jan 30, 2011 1:08 AM
142	1) Customary and reasonable	Jan 30, 2011 3:28 AM
143	IF AFFORDABLE, REQUIRE CO-PAY FROM PARENTS AND CONSUMERS.	Jan 30, 2011 3:38 AM
144	Need to pay enough to keep good people!	Jan 30, 2011 4:47 PM
145	Fees for service should be similar across the state.	Jan 31, 2011 1:33 AM
146	Regional Center should pay for any services needed by the client rather than picking which client gets what. Regional centers should also provide services within their organization rather than telling providers to get the service but no information about where. Regional centers also do not pay consistently for clients needing services which are not medical covered.	Jan 31, 2011 4:26 AM
147	- a co-payment, subsidies or low interest loan for non low income families. - low income families could get services for free or special low price.	Jan 31, 2011 7:21 AM
148	See above.	Jan 31, 2011 2:41 PM

5. Suggested service standards about the payment for these services:

	Response Text	
149	$$$$$; question 4 & 5 are attatched. You can not pay peice meal to those that have had to spend so much money on education. And, even more, you can't expect the uneducated to perform the tasks that should be done by the professional.That's what we are doing now and all we do is waste money in a system that is not working!!! Buger King Manager's make more money that our Social Workers---have less stress, and, are not required to have a degree. But, you know, in this society, people would rather eat meat than extend a caing hand to those less fortunate. Let them eat cake....or, a good burger!	Jan 31, 2011 3:38 PM
150	all of these services should be funded by Medi-Cal or private insurance, not the regional center	Jan 31, 2011 4:05 PM
151	case by case basis, per client by RC	Jan 31, 2011 4:17 PM
152	I pay for insurance. Kaiser diagnosed my son as autistic. Then they said they will not treat him. Insurance should pay for his treatments. He has a disability!!!!	Jan 31, 2011 4:40 PM
153	No comment.	Jan 31, 2011 4:45 PM
154	Regional center should only pay for these services if there is no other source of funding.	Jan 31, 2011 5:28 PM
155	...same...	Jan 31, 2011 5:32 PM
156	No suggestions regarding this topic at this time.	Jan 31, 2011 5:36 PM
157	What about development of a group policy of dental insurance for RCs?	Jan 31, 2011 5:40 PM
158	Co-payments should be required based on parent's ability to pay.	Jan 31, 2011 5:48 PM
159	use pvt insurance first	Jan 31, 2011 6:05 PM
160	Private insurance should fund health services, medi-cal, medicare. If there is no insurance, County Facilities (State). DDS should not fund health care services unless it is a health issue that places the consumer in jeapordy and must be time specific.	Jan 31, 2011 6:26 PM
161	Free services are often abused - payment can be minimal or "in lieu of" (parents providing services to the agency/facilty in exchange for treatment).	Jan 31, 2011 6:27 PM
162	a training module for Service Coordinators, with a more educated resource for complex issues - like the Medicaid waivers.	Jan 31, 2011 6:28 PM
163	Vendors and other health professionals should be paid the month after service is rendered.	Jan 31, 2011 6:33 PM
164	Continued use of generic resources as first source of payment; payment by Regional Centers for needed services if generic resources unavailable.	Jan 31, 2011 6:48 PM
165	I think a closer relationship between regional center, private insurers, and school districts is required. As for families recieiving DDS services, I think it's great the way it is now except the vendorizing process should be online and much faster (as long as vendor or vendorizing buiness is a tax paying resident of California - including non-profit or not-for-profit coroporations).	Jan 31, 2011 6:58 PM
166	Health Insurance: Medi-Cal	Jan 31, 2011 7:09 PM
167	I can't answer this when I get these services and they are a godsend for us. We couldn't afford to this on our own. My daughter would be places in a home without these services, bottom line.	Jan 31, 2011 7:12 PM
168	RC pays when services are not available from another source	Jan 31, 2011 7:32 PM
169	Whatever private industry is paying.	Jan 31, 2011 8:36 PM
170	Same as #3 Wish I had the answers. Money is always the issue.	Jan 31, 2011 8:40 PM
171	medicare, medical, but no one should be excluded because of payment	Jan 31, 2011 8:59 PM
172	If insurance is available that should pay first!	Jan 31, 2011 9:00 PM

5. Suggested service standards about the payment for these services:

	Response Text	
173	The school districts need to keep paying for these services, the regional services can keep paying for the children under 3. They should also pay for older children, if the schools cannot afford it. These services are mandatory...	Jan 31, 2011 9:12 PM
174	Private insurance should fund for medically necessary therapeutic services	Jan 31, 2011 9:12 PM
175	Insurance companies should pay for these services. If a family is able to provide insurance, they should have to apply and go through their insurance company. Regional Center can help with these services if the family has no insurance, a denial after appeal from insurance, and a financial need.	Jan 31, 2011 9:13 PM
176	Pay what they actually cost; provide for cost of living adjustments and benefits even a frraction of what State employees get	Jan 31, 2011 9:26 PM
177	Again, SLPs charge about $75.00 per hour for their services. Other than that, I have no idea what other professionals charge.	Jan 31, 2011 9:36 PM
178	Minors = parents non-minor = State of California	Jan 31, 2011 9:52 PM
179	Payment should continue to be at the MediCal rate.	Jan 31, 2011 10:10 PM
180	wewew	Jan 31, 2011 10:30 PM
181	medi-cal, medicare, private insurance, regional center purchase,	Jan 31, 2011 10:36 PM
182	NOT YOURS TO DETERMINE. RATES ARE SET BY MEDI-CAL AND INSURANCE COMPANIES.	Jan 31, 2011 11:46 PM
183	Market value (low end)	Feb 1, 2011 1:07 AM
184	All must be sound best practices and provided bu certified vendors. Must provide frequent progress reports of their therapy's effectiveness with consumers. Defund the slackers!	Feb 1, 2011 1:29 AM
185	N/A	Feb 1, 2011 2:27 AM
186	Cost affectiveness is important, but not at the expense of the consumer.	Feb 1, 2011 3:09 AM
187	Medi-Cal should pay. If a client has needs that Medi-Cal does not cover (i.e. certain prescription drugs) that are needed for the client to function appropriately, regional center should fund/make up the difference.	Feb 1, 2011 4:45 AM
188	services should be free	Feb 1, 2011 4:48 AM
189	none	Feb 1, 2011 5:13 AM
190	cap each individual service in relation to need and ability to gain.	Feb 1, 2011 5:24 AM
191	Examining special needs clients requires special training, expertise, staffing and equipment. This should be reflected in the payment, with a minimum examination fee of $90, which is considerably reduced from the examination fee usually charged by these providers.	Feb 1, 2011 5:47 AM
192	Each consumer should be able to have medical coverage provided by medi-cal and medi-care.	Feb 1, 2011 6:06 AM
193	Insurance. Sliding scale. Co-payment. School districts & regional centers.	Feb 1, 2011 6:38 AM
194	Cost should be up to the amount that institutionalization would cost.	Feb 1, 2011 7:11 AM
195	SSI for children/adults living with family should be used to pay for therapeutic services not covered by MediCal, MediCare, or insurance. Regional centers should only pay for any balance not covered by the children's SSI ---- or perhaps some calculation that allows for a portion to be excluded for child's portion of food, rent/mortgage/clothes that DDS should be responsible for determining.	Feb 1, 2011 9:38 AM
196	Insurance, regional centers	Feb 1, 2011 9:40 AM
197	M/C and grants.	Feb 1, 2011 4:16 PM
198	Insurance, co pay, state funded for 0-3	Feb 1, 2011 5:55 PM

5. Suggested service standards about the payment for these services:

	Response Text	
199	A. Think this belongs to medi-cal B. Medi-cal - it whould have never been taken away. The agency I work with was fortunate to be able to arrange dental insurance that residents pay premiums and copays out of P&I.	Feb 1, 2011 6:13 PM
200	make the payment equal for each vendor.	Feb 1, 2011 6:28 PM
201	MediCal, Medicare, insurance, parents	Feb 1, 2011 6:30 PM
202	RCRC or State should be helping to fit the bill for these clients in need.	Feb 1, 2011 6:32 PM
203	I think it would be cost effective for the RC to pay the monthly fee for low cost dental at $10/mo and then the consumer/family pays for whatever is above and beyond what is paid for by the insurance plan.	Feb 1, 2011 6:45 PM
204	Payments should be made monthly.	Feb 1, 2011 7:48 PM
205	Rule out generic funding resources before approving any funding by the Regional Centers.	Feb 1, 2011 7:51 PM
206	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 7:56 PM
207	unknown	Feb 1, 2011 8:14 PM
208	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 9:15 PM
209	PAY WHEN SERVICES ARE RENDERED.	Feb 1, 2011 9:24 PM
210	CHOC asks for a co-pay (I let them know it's not necessary), CHOC sends a bill, and then a second bill with teh co-pay down to zero. It's a lot of wasted paper/postage.	Feb 1, 2011 9:25 PM
211	none	Feb 1, 2011 9:37 PM
212	The Lanterman Act sertion 4648 (a) (5) and 4690 require the Director of Developmental Services to develop and maintain equitable processes for setting rates to assure that high quality services can be secured for persons with developmental disabilities or babies with disabilities. The Director needs to comply with the law.	Feb 1, 2011 9:38 PM
213	At a comparable rate to that which would be paid by individuals w/o disabilities. When purchasing equipment, supplies, etc.- the lowest cost of comparable products.	Feb 1, 2011 9:58 PM
214	please read previous page	Feb 1, 2011 11:10 PM
215	Substance abuse treatment for persons with developmental disabilities is a specialized field and as such should be paid a rate that is more than a substance abuse treatment program for “normal” persons.	Feb 1, 2011 11:14 PM

5. Suggested service standards about the payment for these services:

	Response Text	
216	Payment to any provider of services for the disabled should be timely and made at the beginning of each month for services rendered. Because most providers are billing for services already performed they should never have lapses for payment. It is unethical, unreasonable and not consistent with good, solid business practices.	Feb 1, 2011 11:29 PM
217	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 11:30 PM
218	Services should be provided by the state for all individuals in need. This is a priority and it is critical to individual functioning and success within our society.	Feb 1, 2011 11:38 PM
219	The services will be provided between the RCEB and potentially private health insurance if applicable. Families and/or customers can participate based on income.	Feb 2, 2011 12:37 AM
220	A set allocation should be provided annually by DDS.	Feb 2, 2011 12:52 AM
221	If the family has private insurance, they are required to use that first before SARC would pick up the unpaid portion.	Feb 2, 2011 1:09 AM
222	Parents & med-i-cal covers most of these services.	Feb 2, 2011 2:15 AM
223	Continue to keep payment the way it is (or increase it). Payment goes with the consumer, regardless of the organization providing the service. If the service isn't up to pary with the consumer's needs, then the payment will go to an organization that DOES provide for his/her needs.	Feb 2, 2011 2:28 AM
224	co payments on all services	Feb 2, 2011 2:46 AM
225	Free to consumer by way of insurance or gov help programs.	Feb 2, 2011 3:24 AM
226	Would be nice to find dental care within a reasonable driving distance, by a dentist who accepts MediCal payments. We drove 45 minutes to a dentist in another county to receive dental treatment, only to wait an hour and then be told the dentist didn't have time to perform the service required. After the 45 minute drive back home, contact a local dentist and we pay their fees out-of-pocket.	Feb 2, 2011 3:48 AM
227	N/A	Feb 2, 2011 8:48 AM
228	Only use scale with those who need these services medical necessity	Feb 2, 2011 1:53 PM
229	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 3:33 PM
230	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 4:53 PM
231	Same as Medi-Cal	Feb 2, 2011 5:03 PM
232	$75 per hour	Feb 2, 2011 5:29 PM
233	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 5:50 PM

5. Suggested service standards about the payment for these services:

	Response Text	
234	Licensed professionals currently provide treatment at a lower rate under Medi-Cal. Core services are being required and individual discipline therapies will be charged as provided. This will increase administrative duties with treatment provided.	Feb 2, 2011 6:05 PM
235	A copayment would be ok.	Feb 2, 2011 6:06 PM
236	MediCal, MediCare, Private insurance, co-pays by parents for minors and per asset and income evaluation for those adults whose families are able to help with funding.	Feb 2, 2011 6:22 PM
237	a	Feb 2, 2011 6:50 PM
238	Not sure	Feb 2, 2011 6:56 PM
239	Payment by private insurance should be sought out for medical visits, nursing services, laboratory and radiological services, genetic counseling, respiratory therapy, physical therapy, occupational therapy, speech pathology, specialized therapeutic services, substance abuse treatment, dental services, psychological and psychiatric services, and medications. If private insurance won't pay, then the State of California should pay.	Feb 2, 2011 6:57 PM
240	Medical is the minimum	Feb 2, 2011 6:58 PM
241	No comment	Feb 2, 2011 7:11 PM
242	Other options such as MediCal and private insurance should be used first.	Feb 2, 2011 7:12 PM
243	hourly rate for therapy; flat rate for consultations; variable rates for supplies	Feb 2, 2011 7:25 PM
244	I do not feel that the RC should provide diapers or nutritional supplements (i.e. specialized formula or pediasure) for families. Families should, at the very least, have to pay a percentage of the cost for these services.	Feb 2, 2011 7:41 PM
245	Reimbursement should be similar to other services. Adequate pay for staff and facilities but no incentive for a profit.	Feb 2, 2011 8:46 PM
246	Payment should be comparable to community pricing. Nutritional Supplements should be comparable to pricing available at manufacturers website. Generic versions should be acceptable (i.e. Target, Kroger, Walmart, etc)	Feb 2, 2011 8:59 PM
247	HIring and retaining qualified, competent staff depends on commensurate compensation.	Feb 2, 2011 9:23 PM
248	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 9:34 PM
249	not by family or consumer	Feb 2, 2011 9:38 PM
250	better communication between insurance, Medi-Cal, Medicare to coordinate payments.	Feb 2, 2011 10:02 PM
251	SAME AS PRIOR	Feb 2, 2011 10:03 PM
252	*According to their income *If it is going to cause a financial crisis, families/individuals should receive outside services to help.	Feb 2, 2011 10:04 PM
253	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
254	Please previous topic response....	Feb 2, 2011 10:17 PM
255	ca state pays for services	Feb 2, 2011 10:32 PM
256	State funding is NEEDED! Taxes from the Cigarette Special Tax is appropriate to fund the need to pay for special services for our disabled infants, children, and teens to prevent further exhaustion in the local school district.	Feb 2, 2011 11:14 PM

5. Suggested service standards about the payment for these services:

	Response Text	
257	Demonstrated need for financial support should guide this process. No consumer should be denied service based on inability to pay.	Feb 2, 2011 11:21 PM
258	I do not support service standards.	Feb 2, 2011 11:31 PM
259	Through the care giver/parents or school.	Feb 3, 2011 12:04 AM
260	Payment should be based on a sliding scale based on each individual's income.	Feb 3, 2011 12:27 AM
261	Parents can pay about as much they would pay for a normal child and the rest should be paid by the government. For adult all should be covered as they are not capable of making an earning.	Feb 3, 2011 12:36 AM
262	Same answer as previous page.	Feb 3, 2011 12:44 AM
263	Over age 18 - state should pay for any needed services that are not reimbursed by Medi-Cal or Medicare. Under 18 - co-pays with families, where possible.	Feb 3, 2011 12:45 AM
264	There must be payment for both agency and provider at the going rate for area of service.	Feb 3, 2011 12:52 AM
265	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 12:58 AM
266	monitored by regional center	Feb 3, 2011 1:30 AM
267	Paying scale	Feb 3, 2011 1:35 AM
268	N/A	Feb 3, 2011 1:55 AM
269	regional center pays if consumer has 1-2 services. co-pay if more services	Feb 3, 2011 1:55 AM
270	If services are not covered by insurance then regional center should pay.	Feb 3, 2011 3:29 AM
271	no comment	Feb 3, 2011 5:08 AM
272	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 6:05 AM
273	free except when they go home against medical advice or are abusive and non-compliant with their treatment.	Feb 3, 2011 6:46 AM
274	Free.	Feb 3, 2011 6:48 AM
275	Regional Center makes the payment or reinbursements. The services needed by the consumer needs to be in their IPP.	Feb 3, 2011 7:13 AM
276	RCs working parents $10 co-pay per week	Feb 3, 2011 7:16 AM
277	Government should cover expenditures. Parents already are burdened financially in many other aspects of raising this child.	Feb 3, 2011 8:09 AM
278	Insurance, federal, state.	Feb 3, 2011 4:41 PM
279	The reimbursement is based on Medi-cal. As it is, it is difficult to find quality providers for these rates. To lower the fee schedule is the equivalent of ridding California of the services altogether. Greater utilization for home and community based services, along with preventative services will reduce the larger expense of ER visits and hospitalizations. An investment needs to be made in the future and the current proposals will only make the long-term financial situation worse.	Feb 3, 2011 4:58 PM
280	Use of generic resources, Medi-Cal etc. whenever possible.	Feb 3, 2011 5:12 PM
281	clients should have co-pays or a share of cost for medication and all therapies.	Feb 3, 2011 5:16 PM

5. Suggested service standards about the payment for these services:

	Response Text	
282	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 3, 2011 5:21 PM
283	These services should be paid a reasonable amount, and their should be oversight about payment and waste of services.	Feb 3, 2011 5:37 PM
284	medi-care rates as mosty providers are willing to take that rate not the medi-cal rate.	Feb 3, 2011 5:38 PM
285	The compensation should be fair and competitive.	Feb 3, 2011 5:42 PM
286	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 5:43 PM
287	Prescribed nursing services shall only be funded if ESPDT and medical insurance have been exhausted. G tube care may be provided by a respite care agency after initial training by qualified nurse- this service category to be utilized in lieu of nursing services for cost effectiveness reasons.	Feb 3, 2011 5:47 PM
288	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 3, 2011 6:29 PM
289	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 6:30 PM
290	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 6:37 PM
291	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 6:49 PM
292	medical should continue to pay for these services	Feb 3, 2011 6:50 PM
293	100 %	Feb 3, 2011 7:01 PM
294	Regional centers should contract with these folk to provide services through the POS system that is attached to a consumer. To hire clinical staff and use Operations Budget money is not the best use of the systems resources.	Feb 3, 2011 7:09 PM
295	The Lanterman Act, in Section 4648(a)(5) and 4690 requires the Director of the DDS to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 3, 2011 7:15 PM
296	Directly to provider is easiest.	Feb 3, 2011 7:21 PM
297	paid by state	Feb 3, 2011 7:32 PM

5. Suggested service standards about the payment for these services:

	Response Text	
298	As services rendered with in reason. I know my clients would go into their psy app for manybe 10 min. he than billed for $180. I know they paid alot for their degee but ??	Feb 3, 2011 7:41 PM
299	federal and state taxes! I am tired of the career welfare recipients - while I am out working and supporting my disabled daughter - but yet services for the disabled people are constantly on the chopping block! Get a clue state!!!!!!!!!	Feb 3, 2011 7:44 PM
300	Regional Centers	Feb 3, 2011 7:45 PM
301	Due to our economy, I feel there are a lot of parents who are struggling. My husband and I work full time and we would not have been able to pay for additional services on top of medical bills, daycare and everything else that is a part of our everyday living expenses. Without our system that is in place we would not have had the opportunity to enroll our son in this wonderful program. We are currently paying into our great system. I feel we should have the opportunity to take part in services that are a necessity for our children. It is something that is needed in order for them to succeed.	Feb 3, 2011 7:47 PM
302	Give consumers their own healthcare plan that we can pay on a sliding scale that will cover these costs.	Feb 3, 2011 7:51 PM
303	The consumers who live in Care Homes. Still get Dental Benefits. That is unfair!! If I dump my daughter in a Hospital She can get free dental too and it would cost the government thousand more everyday to take care of her there then me taking care of her at home!	Feb 3, 2011 7:51 PM
304	insure services are being done and pay the going rate developed by the state in the particular field and if the prffessionals do not agree some one else will.	Feb 3, 2011 7:53 PM
305	A small co-pay may postpone individuals on a small budget to seek medical attention. This may escalate health conditions.	Feb 3, 2011 8:00 PM
306	For those that do not have private health insurance, the state should pay for the services.	Feb 3, 2011 8:13 PM
307	aided and self paid	Feb 3, 2011 8:17 PM
308	Vendor other organizations that support intensive therapy and Conductive Education therapy. Reimburse parents as well when a vendor option is not available. Many therapeutic places will not vendor with Regional Center because the pay is too low and the paperwork too cumbersome. At least, reimburse parents!!!!!	Feb 3, 2011 8:33 PM
309	It should be a set rate.	Feb 3, 2011 8:36 PM
310	Again, it is incumbent upon the Regional Center (State) to provide these services.	Feb 3, 2011 8:46 PM
311	Take the rich....the capitalist have been steeling from the worker for years now.. time for role reversal.	Feb 3, 2011 8:49 PM
312	Suggest physiatrists,orthopadic surgeons ,neurologists, and physical therapist compose a base team that would see these patients. Emphasis must be off the manufacturing of voluminous reprtrts as the end point of care. Instead send a team of knowledgeable and respected paractitioneers to evaluate and certify the teams on a biyearly basis and then leave the teams alone. The sheer hassle factor discourages everyone who looks after these patients.	Feb 3, 2011 9:14 PM
313	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 9:17 PM
314	Co-pay on an ability to pay basis.	Feb 3, 2011 9:31 PM

5. Suggested service standards about the payment for these services:

	Response Text	
315	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 9:41 PM
316	Payment should comensurate with regional standards for the specific service.	Feb 3, 2011 9:44 PM
317	n/a	Feb 3, 2011 9:53 PM
318	Sliding Scale.	Feb 3, 2011 10:07 PM
319	Gov't should pay	Feb 3, 2011 10:34 PM
320	costs should not be borne by consumers or their families	Feb 3, 2011 10:40 PM
321	As currently set.	Feb 3, 2011 11:10 PM
322	As many forms of payment should be allowed for family, including sliding scale, grants, donations, etc. for families in financial need.	Feb 3, 2011 11:11 PM
323	Restructure SMA rate schedule or come up with a new payment structure.	Feb 3, 2011 11:11 PM
324	Regional Center should have funds to pay for these handicapped children/adults instead of cutting them but go another path that welfare or non americans dont get american $ so our american handicapped people dont lose out.	Feb 3, 2011 11:31 PM
325	Sliding scale, Medi-Cal, Medicare.	Feb 3, 2011 11:32 PM
326	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 11:43 PM
327	Hold payement until vendor has met all contractual obligations including tx plans and/or progress reports.	Feb 4, 2011 12:43 AM
328	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 12:45 AM
329	Unsure	Feb 4, 2011 12:48 AM
330	Medi CAL is our usual funding source. No other suggestion.	Feb 4, 2011 12:54 AM
331	Regional centers should build relationships with responsive service providers in order to obtain quality services and negotiate for a discounted rate (even if it is not as low as the Medi-Cal rate).	Feb 4, 2011 12:56 AM
332	These standards are working for me. The GGRC is doing a good job	Feb 4, 2011 1:14 AM
333	Elimante	Feb 4, 2011 1:26 AM
334	MediCal, MediCare, insurance companies and DDS should be responsible for the provision of therapies and medical intervention. One cannot expect the individual with the disability to make co-payments to these services when they live on a fixed income.	Feb 4, 2011 1:33 AM
335	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 1:50 AM
336	None	Feb 4, 2011 1:51 AM
337	by audit.	Feb 4, 2011 2:05 AM

5. Suggested service standards about the payment for these services:

	Response Text	
338	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 2:06 AM
339	insurance should cover all of these, and if no insurance then a low co pay.	Feb 4, 2011 2:07 AM
340	Again, we usually go through insurance, MediCAL (including waiver), CCS etc. The biggest difficulty here is the amount of time it takes to get a final determination, especially with equipment such as wheelchairs. Parents often do feel bounced around. There should be a way to get reimbursement from a vendor if insurance pays (e.g., fronting them the money) rather than having consumers' quality of life decreased for sometimes up to a year waiting on equipment.	Feb 4, 2011 2:14 AM
341	Medi-cal or Medicare.	Feb 4, 2011 2:19 AM
342	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
343	Insurance companies should pay for these services, absolutely. They do if an adult or child has a stroke or accident.	Feb 4, 2011 3:35 AM
344	Insurance compaies should be PAYING for this...and then repaying SCHOOLS for ALL services SCHOOLS provide	Feb 4, 2011 3:40 AM
345	Do not change the established methods that are already in place.	Feb 4, 2011 4:49 AM
346	Insurance payment needs to be checked not only for current coverage but also for future coverage- is there a lifetime cap on services? Is it fair to use up all the allowable coverage at this point in time?	Feb 4, 2011 5:28 AM
347	market rate	Feb 4, 2011 5:50 AM
348	RC, insurance, co-pay.	Feb 4, 2011 5:56 AM
349	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 6:39 AM
350	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 7:33 AM
351	Better scrutiny of POS approvals w/regular audit/review by Regional Center to ensure proper use by providers.	Feb 4, 2011 2:27 PM
352	no change	Feb 4, 2011 3:08 PM
353	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 3:16 PM
354	None	Feb 4, 2011 4:46 PM
355	Same as previous section	Feb 4, 2011 4:54 PM
356	paid by DDS	Feb 4, 2011 4:59 PM

5. Suggested service standards about the payment for these services:

	Response Text	
357	The payment should be based on market value. Regional Center cannot paid OT services belong what insurance typically pay.	Feb 4, 2011 5:05 PM
358	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 5:11 PM
359	Medicaid rates are often sub-standard, causing many professionals to stop seeing medicaid patients. Medicaid rates should be supplemented for accredited organizations to the standard rates charged by comparable private service providers.	Feb 4, 2011 5:12 PM
360	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 5:43 PM
361	DDS should used a managed care model - contract with a select pool of medical/dental/mental health professionals specializing in providing services to people with developmental disabilities who are willing to accept reduced payment for volume.	Feb 4, 2011 5:55 PM
362	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 6:10 PM
363	Average fee among providers of the same services	Feb 4, 2011 6:31 PM
364	Prompt and at a level with their peers in more main stream service areas.	Feb 4, 2011 6:35 PM
365	The Lanterman Act and other standards have designated payment for many of these services. The drastic cuts being proposed by Governor Brown would essentially not provide the children of California with the logical assistance they require.	Feb 4, 2011 7:01 PM
366	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 7:06 PM
367	The same as previous #5.	Feb 4, 2011 7:17 PM
368	state or federal government	Feb 4, 2011 7:30 PM
369	Not more than $100/hour for the MDs. Not more than $50/hour for the other licensed professionals.	Feb 4, 2011 7:37 PM
370	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 7:49 PM
371	current standard... directly to the providers	Feb 4, 2011 8:07 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 4, 2011 8:13 PM

5. Suggested service standards about the payment for these services:

	Response Text	
373	The Lantertman Act requires the Director of DDS to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure appropriate services.	Feb 4, 2011 8:36 PM
374	Competative rates.	Feb 4, 2011 8:44 PM
375	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 8:54 PM
376	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 9:17 PM
377	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 9:26 PM
378	State set rates	Feb 4, 2011 9:33 PM
379	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 9:54 PM
380	The same standarts that apply to the general population.	Feb 4, 2011 9:57 PM
381	This also should not be an issue. What happened to equal pay for equal services?	Feb 4, 2011 9:59 PM
382	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 10:04 PM
383	When services are contracted by the regional centers, the service providers / equipment providers should be paid accordingly.	Feb 4, 2011 10:07 PM
384	Payment should be a monthly fee i.e. $440/per month.	Feb 4, 2011 10:15 PM
385	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 10:20 PM
386	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 10:35 PM
387	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 10:36 PM

5. Suggested service standards about the payment for these services:

	Response Text	
388	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 10:43 PM
389	MediCal/Insurance/or a "means" test of financial reponsibility of the family. Regional Center as a last resort payee.	Feb 4, 2011 11:00 PM
390	A minimum co-payment should be implemented.	Feb 4, 2011 11:02 PM
391	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 11:13 PM
392	Should meet minimum standards for the professional group that they are licensed by in the state.	Feb 4, 2011 11:20 PM
393	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 11:20 PM
394	Regional center should pay for the service after all other funding resources have been sought and denied.	Feb 4, 2011 11:22 PM
395	The Lanterman Action, 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 5, 2011 12:09 AM
396	Payment rates are to be developed and maintained by the Director of DDS to assure high quality services. Lanterman Act 4648 and 4690	Feb 5, 2011 12:10 AM
397	Should be paid for by the appropriate state agency when the individual doesn't have a means of payment.	Feb 5, 2011 12:26 AM
398	AUTISM	Feb 5, 2011 1:11 AM
399	same as for the other programs	Feb 5, 2011 1:23 AM
400	No suggestions.	Feb 5, 2011 1:42 AM
401	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 5, 2011 2:16 AM
402	Harbor Regional Center	Feb 5, 2011 3:40 AM
403	If not covered by insurance, RC should help pay for these services	Feb 5, 2011 3:44 AM
404	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 3:55 AM
405	Sliding scale with no copays for poverty levels;	Feb 5, 2011 3:59 AM

5. Suggested service standards about the payment for these services:

	Response Text	
406	These services should be paid for by the state. Paying for and providing these services before the age of three will greatly reduce the amount of money spent long-term on care for the individual. Before the age of three, children are able to make much larger strides in catching up than they are after the age of three. This is a very critical age range.	Feb 5, 2011 5:39 AM
407	They should be free.	Feb 5, 2011 5:48 AM
408	Director of the Department of Developmental Services is required to develop and maintain equitable processes for setting rates so that Regional Centers can provide services for disabled. The Director should do his/her job.	Feb 5, 2011 6:40 AM
409	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 2:46 PM
410	Parents should pay for some services because they will not care about services if there are no consequences for missing sessions.	Feb 5, 2011 4:25 PM
411	I like the idea of copays and means based fees!	Feb 5, 2011 5:00 PM
412	Service provider anmd the regional center should agree to a payment. The parent(s) should pay what they can afford towards the program.	Feb 5, 2011 5:15 PM
413	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 5:23 PM
414	Do not overpay! Doctors are paid too much by IRC. The bottom line should be the consumer. Funding for consumer activities, job skills, day programs, camp, etc are being cut while regional center referral doctors are making an obscene amount of money.	Feb 5, 2011 6:22 PM
415	Substance abuse treatment for persons with developmental disabilities is a specialized field and as such should be paid a rate that is more than a substance abuse treatment program for "normal" persons.	Feb 5, 2011 6:27 PM
416	same as first set	Feb 5, 2011 6:39 PM
417	SDRC should be responsible until the age of 5. If a child need additional support after teh age of 5, and the service is not provided by school district or child's health insurance then the SDRC should be responsible.	Feb 5, 2011 8:02 PM
418	High scale of parents who are wealthy....otherwise state pays	Feb 5, 2011 10:10 PM
419	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 10:53 PM
420	The consumers are on Dissability and medical and have no money to pay for these services themselves. Consumers are not getting eye exams, glasses,and dental work because they have no money to do so. Lack of these services can keep a comsumer from being able to see to work, and to loose days of work due to infections in their mouths	Feb 6, 2011 3:55 AM
421	"Up to but not to exceed the cost to house one individual in a Developmental Center."	Feb 6, 2011 5:12 AM
422	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 5:39 AM

5. Suggested service standards about the payment for these services:

	Response Text	
423	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 5:54 AM
424	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 4:33 PM
425	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 5:01 PM
426	Follow standard business practices.Annual or bi-annual financial audits should be considered to preclude any abuses.	Feb 6, 2011 7:59 PM
427	Same as mentioned previously.	Feb 6, 2011 10:50 PM
428	Through Regional Center and the parents	Feb 7, 2011 5:10 AM
429	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 7, 2011 5:11 AM
430	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 6:37 AM
431	I don't have a suggestion.	Feb 7, 2011 3:45 PM
432	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 5:44 PM
433	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 6:39 PM
434	As mentioned in the first section of questions.	Feb 7, 2011 8:26 PM
435	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 10:04 PM
436	Once again, common sense, you get what you pay for.	Feb 7, 2011 10:06 PM
437	medical rates or usual and customary	Feb 7, 2011 10:28 PM
438	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 10:35 PM
439	Allow RC's to set the standards in their own communities.	Feb 7, 2011 10:44 PM

5. Suggested service standards about the payment for these services:

	Response Text	
440	Sections 4648 (a)(5) and 4690 of the Lanterman Act state that the Director of the Department of Developmental Services must develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should make these decisions with that in mind.	Feb 7, 2011 11:12 PM
441	Let the Regional Centers make the decisions regarding program services	Feb 7, 2011 11:13 PM
442	Regional Centers are the provider of last resort. Therefore, if the consumer has medical insurance, and can afford co-payments, those options should be (and are already) explored first. Secondly, any other agency that has the ability or the responsiblity to pay. Third, Regional Centers. Thus, the "provider of last resort".	Feb 7, 2011 11:38 PM
443	There should be a yearly max established.	Feb 8, 2011 12:50 AM
444	Regional Centers have been paying a decreasing (by percentages) each year, which makes it harder to find qualified therapists willing to put in the time and effort to aid the regional center consumers in getting appropriate durable medical equipment. Most of the actual equipment is purchased via private or MediCal insurance, but the assessment is paid for by the regional center. This service is essential in maintaining the integrity and efficacy of the equipment provided.	Feb 8, 2011 12:54 AM
445	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 8, 2011 1:08 AM
446	Payment to vendors, directly to therapists or to parents, so parents or guardians can pay the providers.	Feb 8, 2011 1:19 AM
447	Private Insurance, MediCal, Regional Centers, Dept. of Education	Feb 8, 2011 1:37 AM
448	insurance reimbursement should be requested but if a denial is given no further action should be parental responsibility. Financial resources should be considered for payment by family members taking into account all monies being paid out already for the perosn not just their gross income.	Feb 8, 2011 2:19 AM
449	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 3:56 AM
450	See Number #3 above.	Feb 8, 2011 4:27 AM
451	Let Regional Centers take CCS dollars. They would be more effective in serving children who need the service. CCS is so vague in their scope and who they serve. I asked for policy on something once and it took me several months to get it and it came froma manual written in 1988! How does a parent appeal a decision? who do you talk to if you are unhappy with your unit? I have been trying to help families with this for 15 years and still can't figure it out! utilizing private insurance is best, but RC should initiate and fill in gaps so services are started quickly and not interupted	Feb 8, 2011 4:36 AM
452	Yes, how are these things paid for? Is there a minimum, a cap?	Feb 8, 2011 4:58 AM
453	See 1. above.	Feb 8, 2011 5:12 AM
454	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 5:31 AM
455	State funding should be reinstated and expanded.	Feb 8, 2011 5:33 AM
456	Again as previously stated.	Feb 8, 2011 6:08 AM

5. Suggested service standards about the payment for these services:

	Response Text	
457	Going rate.	Feb 8, 2011 6:13 AM
458	Money should not be an issue when the need is there.	Feb 8, 2011 6:57 AM
459	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 3:39 PM
460	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 4:24 PM
461	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 4:24 PM
462	health insurance should pay some of these services.....it pays for diabetes, cancer etc. autism is a life long diagnosis that was unexpected and needs daily treatment.....what is the differerence between that and a physical illness that needs attention everyday	Feb 8, 2011 5:48 PM
463	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 6:01 PM
464	The State and Federal governments need to be responsible for the payment of these services	Feb 8, 2011 7:12 PM
465	Please do NOT cut existing programs! It is OK to eliminate waste, but not to cut needed programs!	Feb 8, 2011 7:40 PM
466	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 7:53 PM
467	No idea as to payment terms and policies.	Feb 8, 2011 8:47 PM

5. Suggested service standards about the payment for these services:

	Response Text	
468	If you just asked the question about gambling during your usual assessment, the assessor could refer to CA State Dept of Alcohol and Drugs for treatment through the Problem Gambler program. Adults and family members can receive up to 8 FREE treatment sessions with a licensed therapist certified to treat this addiction. If the DDS case worker asked about Substance Abuse, they could refer to a local program or educate parents on how to access services through MediCal or their own insurance. Problem is that they don't ask. Women with mental health disorders postpartum should be referred back to their OB/GYN, to a licensed therapist in the community trained to provide this service - but this will ONLY work if the client has their own private health ins as currently - in our county - MediCal isn't covering adult mental health treatment services. Floortime and ABA should be paid for by DDS until a ruling has made private insurance and MediCal required to provide this treatment to children on the autism spectrum or other related developmental disorders. I	Feb 8, 2011 8:51 PM
469	DDD or Regional Center until pre - existing conditions are covered by insurance which isn't covered now	Feb 8, 2011 9:20 PM
470	parents should provide financial information indicating they cannot afford to pay for diapers	Feb 8, 2011 10:10 PM
471	Cost state morenif not addressedmearly	Feb 8, 2011 11:18 PM
472	Co pay with a sliding scale	Feb 8, 2011 11:35 PM
473	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 11:52 PM
474	California should pay, same as it pays for public school.	Feb 9, 2011 12:16 AM
475	copaymnet if possible	Feb 9, 2011 12:50 AM
476	Everyone pays something. They need to be vested with their pocket books.	Feb 9, 2011 12:52 AM
477	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 9, 2011 1:21 AM
478	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 9, 2011 1:27 AM
479	These services should be provided to consumers who need them if they aren't covered under any kind of health insurance or Medi-Cal.	Feb 9, 2011 1:48 AM
480	same	Feb 9, 2011 2:27 AM
481	I think Medical should cover the majority of medical costs including dental, optometry services including eye glasses, medications, cost of medical care. I think Medical should pay for necessary medication to live. I think San Andreas Regional Center should pay for medications for certain people who have to be on medications for pain and major health issues.	Feb 9, 2011 2:55 AM
482	Tax payers should pay for these services. It is our duty as a society to help care for the weak and as a society it will benefit us all.	Feb 9, 2011 4:37 AM

5. Suggested service standards about the payment for these services:

	Response Text	
483	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 5:41 AM
484	It is such a burden lifted when the Regional Center helps offset the costs of the services. Without their payment of services we would be struggling with household bills.	Feb 9, 2011 5:56 AM
485	Support services need appropriate pay for each level of performance.	Feb 9, 2011 6:37 AM
486	Not sure.	Feb 9, 2011 7:07 AM
487	Should consider experience and board certifications, credentials of professional	Feb 9, 2011 2:02 PM
488	1. 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. 2. Federal health care reform allows young adults to remain on their parent's insurance through age 26. We suggest that consideration be given to encouraging continued coverage even if regional centers pay premiums as a way of obtaining payment for an array of medical and therapeutic services. 3. For consumers who have not graduated from 12th grade or received a certificate of completion, health care and therapeutic services should be provided by the school district. For most students, this means that health care and therapeutic services will be provided during the day by the K-12 provider until age 22. Health care and therapeutic services needed at home must be provided by the regional center.	Feb 9, 2011 5:32 PM
489	share of cost or individual health care. services should not be denied due to inability to pay	Feb 9, 2011 6:13 PM
490	Verification service was actully received	Feb 9, 2011 6:29 PM
491	health insurance first the NBRC	Feb 9, 2011 6:49 PM
492	Appropriate and fair compensation for the specialized therapists who invest years,financial resources and years of experience to obtain Masters and Doctorates degrees to provide services to this special developmental delayed population (specialized equipment, testing, recommendations, professional reports, Daily Notes, Home exercises Program....). Therapy services now are poorly compensated and a great deal is expected in exchange for services.	Feb 9, 2011 7:30 PM
493	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 9, 2011 7:56 PM
494	Regional Center should not be paying for these services and should not be paying for free diapers etc.	Feb 9, 2011 8:05 PM
495	RC should pay the health care provider through the HMO.	Feb 9, 2011 8:58 PM
496	.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 9:04 PM
497	These services are to be paid for from public funds and are not to be purchased by the regional center as per the lanterman act.	Feb 9, 2011 9:32 PM

5. Suggested service standards about the payment for these services:

	Response Text	
498	The Lanterman Act, in Sections 4648 (a) (5) and 4690 require the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that regional centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 9, 2011 9:47 PM
499	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 10:02 PM
500	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
501	The government should provide these payment.	Feb 9, 2011 10:36 PM
502	Reimbursement should be fair.	Feb 9, 2011 10:51 PM
503	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 9, 2011 10:51 PM
504	None	Feb 9, 2011 11:28 PM
505	Payment thru MediCal	Feb 9, 2011 11:36 PM
506	Payments should be a case to case basis.	Feb 9, 2011 11:40 PM
507	questionable until the new med insurance is made public!	Feb 9, 2011 11:45 PM
508	Pay what they actually cost; provide for cost of living adjustments and benefits even a fraction of what State employees get	Feb 9, 2011 11:46 PM
509	Consider model from CA State Department of Rehabilitation.	Feb 9, 2011 11:52 PM
510	vision examination records should be avialable fro scutiny by those administering the program to see if providers are meeting minimum standards.	Feb 10, 2011 12:00 AM
511	Sliding scale based on household income and / or private health insurance.	Feb 10, 2011 12:29 AM
512	Health Insurance Carriers providing payments to TCRC	Feb 10, 2011 3:04 AM
513	previous observations	Feb 10, 2011 7:46 PM
514	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 10, 2011 7:59 PM
515	Start implementing that insurance companies cover developmental services in their coverage plan. That should reduce the cost for the state significantly.	Feb 10, 2011 8:15 PM
516	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 9:30 PM
517	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 9:49 PM

5. Suggested service standards about the payment for these services:

	Response Text	
518	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 9:57 PM
519	Since this type of therapy is usually one on one, payment should be between $120 to $175 per hour, depending on the area. If the patient is unable to receive an hour of therapy, then the payment should be pro-rated according to the amount of time serviced.	Feb 10, 2011 10:12 PM
520	All generic resources should be used first and service standards should be based on community norms.	Feb 10, 2011 10:12 PM
521	Free programs that provide services to children should be utilized before any vendors are employed.	Feb 10, 2011 10:29 PM
522	State health care	Feb 10, 2011 11:59 PM
523	Payment should come from POS from the regional centers.	Feb 11, 2011 12:03 AM
524	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 12:16 AM
525	Not paid for by the family. The accounts will not involve the child or the parents.	Feb 11, 2011 1:25 AM
526	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 1:44 AM
527	Supports should remain the same or increase.	Feb 11, 2011 1:49 AM
528	d	Feb 11, 2011 2:26 AM
529	covered by the Regional Center	Feb 11, 2011 2:50 AM
530	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 3:17 AM
531	How about cutting all the frivolous government spending for all the government employees. Also, stop fulfilling all the lobbyist in our ridiculous economically strapped state, rather then taking money and benefits away from the people who really need it and have a difficult or impossible ability to care for themselves.	Feb 11, 2011 3:25 AM
532	Payments should be quarterly for all services.	Feb 11, 2011 3:29 AM
533	There should be guidelines as to ages of individuals when services will be provided and guidelines about medical condition and need.	Feb 11, 2011 4:39 AM
534	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 4:47 AM
535	Exhausting other means of coverage first, private ins., Medical, other programs before regional center comes into use.	Feb 11, 2011 4:51 AM

5. Suggested service standards about the payment for these services:

	Response Text	
536	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 5:07 AM
537	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 5:22 AM
538	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 6:12 AM
539	pay within 30 days	Feb 11, 2011 6:13 AM
540	Again, families own insurance should cover first, Reg Center secondary	Feb 11, 2011 6:14 AM
541	They should be paid for by State Taxes. Therefore taxes should be raised.	Feb 11, 2011 7:45 AM
542	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 6:08 PM
543	primary eye care examination including refraction: .....$195 strabismus/amblyopia or vision development evaluation.....$295	Feb 11, 2011 6:19 PM
544	No comment.	Feb 11, 2011 6:27 PM
545	You must pay a provider enough money to allow them to do a good job!!! Quality of pay equals quality of service. 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 6:43 PM
546	SAME AS PREVIOUS #5	Feb 11, 2011 6:44 PM
547	It should be at least $20/hr but we know that won't happen, so how about the same as IHSS workers make.	Feb 11, 2011 6:47 PM
548	No fee to clients/families. Government supported and sponsored	Feb 11, 2011 6:56 PM
549	should be paid for by the regional center or insurance	Feb 11, 2011 7:19 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 11, 2011 7:21 PM
551	what company has to offer If employer and boss are on an agreed upon salary	Feb 11, 2011 7:22 PM
552	See comment under Behavioral Services	Feb 11, 2011 8:49 PM
553	Regional center should be responsible.	Feb 11, 2011 9:22 PM
554	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 9:40 PM
555	Generic and private resources (e.g., insurance, school districts) should be utilized when available.	Feb 11, 2011 9:44 PM

5. Suggested service standards about the payment for these services:

	Response Text	
556	Generic and private resources (e.g., insurance, school districts) should be utilized when available.	Feb 11, 2011 9:45 PM
557	Generic and private resources (e.g., insurance, school districts) should be utilized when available.	Feb 11, 2011 9:48 PM
558	Generic and private resources (e.g., insurance, school districts) should be utilized when available.	Feb 11, 2011 9:49 PM
559	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 9:49 PM
560	Payments should be standardized statewide and be competitive.	Feb 11, 2011 9:51 PM
561	Generic and private resources (e.g., insurance, school districts) should be utilized when available.	Feb 11, 2011 9:51 PM
562	Generic and private resources (e.g., insurance, school districts) should be utilized when available.	Feb 11, 2011 9:53 PM
563	Generic and private resources (e.g., insurance, school districts) should be utilized when available.	Feb 11, 2011 9:58 PM
564	Generic and private resources (e.g., insurance, school districts) should be utilized when available.	Feb 11, 2011 10:01 PM
565	Generic and private resources (e.g., insurance, school districts) should be utilized when available.	Feb 11, 2011 10:02 PM
566	Generic and private resources (e.g., insurance, school districts) should be utilized when available.	Feb 11, 2011 10:13 PM
567	Generic and private resources (e.g., insurance, school districts) should be utilized when available. Regional Center may not supplement therapy services provided by a generic agency.	Feb 11, 2011 10:25 PM
568	Generic and private resources (e.g., insurance, school districts) should be utilized when available.	Feb 11, 2011 10:29 PM
569	As it is now.	Feb 11, 2011 10:33 PM
570	Generic and private resources (e.g., insurance, school districts) should be utilized when available.	Feb 11, 2011 10:35 PM
571	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 10:41 PM
572	share of cost at percentages preset for minor living with family, co payment for individual that are on their own or ove 18 yrs old.	Feb 11, 2011 10:43 PM
573	Generic and private resources (e.g., insurance, school districts) should be utilized when available.	Feb 11, 2011 10:54 PM
574	RC or Medi-CalMed-Care.	Feb 11, 2011 10:57 PM
575	everyone that needs it between the ages of 0-3 years, early intervention is the key!!!!	Feb 11, 2011 10:59 PM
576	Payment may come from respite hours awarded by GGRC.	Feb 11, 2011 11:20 PM
577	Limit either the amount paid per year per person or provide a set number of services one could have.	Feb 11, 2011 11:22 PM

5. Suggested service standards about the payment for these services:

	Response Text	
578	Generic and private resources (e.g., insurance, school districts) should be utilized when available.	Feb 11, 2011 11:25 PM
579	Case by case.	Feb 11, 2011 11:35 PM
580	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 11:47 PM
581	Payment should be commensurate with the education, training, experience, and effectivness of the provider. Thus, psychologists should be paid more that MFTs and LCSWs for therapy services, and experienced therapist should be paid more that interns or novices. Payment rates should equal or exceed those provided for working with "typical" clients due to the slower speed and lower cognitive functioning of this population.	Feb 11, 2011 11:55 PM
582	Generic and private resources (e.g., insurance, school districts) should be utilized when available.	Feb 12, 2011 12:07 AM
583	Consumers should continue to receive funding for these services.	Feb 12, 2011 12:37 AM
584	Most of the clients are help through familes and most are provied through the government and their insurances	Feb 12, 2011 2:31 AM
585	Should be provided by State aid and insurance providers.	Feb 12, 2011 3:41 AM
586	on a sliding scale like Family Cost Participation used for respite	Feb 12, 2011 4:08 AM
587	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 Regiomal Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these kaws.	Feb 12, 2011 5:14 AM
588	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 5:18 AM
589	See previous answers.	Feb 12, 2011 6:27 AM
590	I have no experience in this area.	Feb 12, 2011 6:42 AM
591	Optional	Feb 12, 2011 6:57 AM
592	Paid by state	Feb 12, 2011 7:16 AM
593	Co-payments in partnership with a sliding scale.	Feb 12, 2011 7:43 AM
594	Obviously because of cost savings lowest negotiated rate and/or minimum wage	Feb 12, 2011 3:27 PM
595	Insurance first then state funded	Feb 12, 2011 3:44 PM
596	Have users of the service pay a percentage.	Feb 12, 2011 4:25 PM
597	This should be paid for by our tax dollars.	Feb 12, 2011 4:34 PM
598	No comment.	Feb 12, 2011 4:42 PM
599	state budget,	Feb 12, 2011 4:58 PM
600	Parents making over $200,000 should contribute.	Feb 12, 2011 5:09 PM
601	Insurance coverage and some consumers if discounts are given depending upon what the needs are. Also vouchers could be made available to be implemented into their programs. A rebate program could possibly be a solution and bonus to all.	Feb 12, 2011 5:23 PM
602	state level and Regional Services	Feb 12, 2011 5:31 PM
603	open	Feb 12, 2011 5:40 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 12, 2011 6:10 PM
605	Need based.	Feb 12, 2011 6:12 PM
606	Insurance should be billed. Co-payments based on need.	Feb 12, 2011 8:13 PM
607	See response on previous section.	Feb 12, 2011 8:16 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 12, 2011 8:24 PM
609	Part Regional center, part co-pay,	Feb 12, 2011 8:30 PM
610	The testing required to evaluate the essential visual skills important for human development (listed above), require at least an hour of testing, and then a report. Comensurate compensation for the clincal and administrative time spent is reasonable.	Feb 12, 2011 8:47 PM
611	20% co pay by consumer, rest from regional center	Feb 12, 2011 8:50 PM
612	See Behavior Sciences #5.	Feb 12, 2011 9:11 PM
613	Payment should be as any other job where feedback, work profile and dependability should be important in judging if a raise in pay is appropriate.	Feb 12, 2011 9:16 PM
614	State	Feb 12, 2011 9:21 PM
615	Family insurance augmented by Regional Center --Sensitive to age and developmental growth of consumer.	Feb 12, 2011 9:54 PM
616	Regional Center 9if no other source is possible) or small copay	Feb 12, 2011 10:13 PM
617	Standard direct deposit to the individual needing services- if disabled person is not able to handle their own finances, then the disignee should sign off on what monies are received and how they were spent.	Feb 12, 2011 11:04 PM
618	Dependent upon insurance and MediCal requirements, as well as any IHSS requirements.	Feb 12, 2011 11:10 PM
619	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 11:59 PM
620	As with all services, ability to pay and individual circumstances should drive this issue from the consumer's standpoint. The going community rate for services should determine how much the provider is paid.	Feb 13, 2011 12:08 AM
621	parents need to always step up to the plate too, based on income levels.	Feb 13, 2011 12:34 AM
622	taxes	Feb 13, 2011 1:20 AM
623	ALTA to pay for services.	Feb 13, 2011 1:47 AM
624	read the previous answer	Feb 13, 2011 2:40 AM
625	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 13, 2011 3:41 AM
626	What is currently acceptable and appropriate.	Feb 13, 2011 3:45 AM

5. Suggested service standards about the payment for these services:

	Response Text	
627	hourly	Feb 13, 2011 4:14 AM
628	I don't know. However if the income of the consumers' parents are high, they should copay some.	Feb 13, 2011 5:07 AM
629	Depending on the ability of the family they should contribute on the payment of the services.	Feb 13, 2011 5:17 AM
630	See the same payment standards as set forth in previous sections.	Feb 13, 2011 5:23 AM
631	Self pay and government assistance	Feb 13, 2011 5:49 AM
632	SEE COMMENTS FOR ABA SERVICES.	Feb 13, 2011 6:06 AM
633	One can cut expenses simply by making sure that people get paid the agreed rate promptly and in full, rather than having to pay six months chasing their money.	Feb 13, 2011 4:57 PM
634	You get what you pay for. Professionals such as doctors, nurses, occupational therapists, physical therapists,speech therapists should receive reimbursement rates commensurate with professional standards so that children can receive the services that make a difference in order to save public funds in the future. Investment in these services increases the likelihood that individuals will have a higher level of independence in the least restrictive environment and be a less burden on public funds in adulthood. When reimbursement rates are very low, agencies cannot afford the deficit spending to hire the professionals who have the education and experience to make a difference and produce measurable outcomes. What happens is that para-professionals take over and quality of service and outcomes become "hit and miss" at a critical time in development, often a waste of public funds and ends up costing society (public funds) quadruple in the future.	Feb 13, 2011 5:21 PM
635	should be free or assist in payment from RCOC	Feb 13, 2011 6:39 PM
636	To be determined by the agency, but a standard rate, not services provided by the "cheapest" provider	Feb 13, 2011 6:40 PM
637	co pay is strongly encouraged	Feb 13, 2011 6:45 PM
638	Medical or private insurance with a co-pay from the disabled person.	Feb 13, 2011 6:55 PM
639	Medical and medicare	Feb 13, 2011 6:55 PM
640	Medical insurance and Regional Center budget.	Feb 13, 2011 7:03 PM
641	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 7:12 PM
642	after completion of service of an amount to provide incentive to see and treat. It must AT LEAST cover their overhead expenses. Those with a high percentage of DD persons should receive a higher payment to discourage them from limiting access of DD persons. Otherwise they would limit access to make time available for those that can pay a profitable service charge. (So they,too, can make a living!)	Feb 13, 2011 8:47 PM
643	Services should be free if client has Medi-Cal; Healthy Familie/Healthy Kids insurance.	Feb 13, 2011 9:14 PM
644	you get what your pay for, so if theres no money you can't get the service.	Feb 13, 2011 9:44 PM
645	going rate	Feb 13, 2011 10:11 PM
646	As appropriate	Feb 13, 2011 10:20 PM
647	Government funded via taxes.	Feb 13, 2011 10:24 PM

5. Suggested service standards about the payment for these services:

	Response Text	
648	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 13, 2011 10:50 PM
649	Co-payment if the the consumer or clients that make over $90,000.00 per year.	Feb 13, 2011 11:46 PM
650	Rate of payment should be tied to the actual cost of living for the community in which the services are delivered.	Feb 14, 2011 12:55 AM
651	The burden should not fall on the parents that have health insurance. A standard needs to be set up to have insurance companies authorize some of these services regardless if they receive the service through the school districts. The school districts can only provide so much and some children would benefit from additional support through the private providers.	Feb 14, 2011 1:35 AM
652	Pay as needed.	Feb 14, 2011 1:37 AM
653	The Lanterman Act, in Sections 4648 (a) (5) and 4690 require the Director of the Department of Development Services to develop and maintain equitable processes for setting rates to assure that regional centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 14, 2011 1:41 AM
654	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 1:48 AM
655	Co-payment, family and insurance contributions should be explored and exhausted first!	Feb 14, 2011 2:17 AM
656	The process needs to assure pay rates that guarantee high quality services	Feb 14, 2011 3:19 AM
657	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 3:23 AM
658	Payment should be made by Regional Center for those who qualify.	Feb 14, 2011 4:23 AM
659	Accessing private insurance should be required. Only medi-cal rates should be allowed for reimbursement rates.	Feb 14, 2011 4:58 AM
660	fair and equal to private services	Feb 14, 2011 5:26 AM
661	Payment should be adequate to actually meet the health requirements of the client.	Feb 14, 2011 5:33 AM
662	AS CURRENTLY VIA MEDICARE AND MEDI=CAL	Feb 14, 2011 7:03 AM
663	No comment	Feb 14, 2011 1:48 PM
664	state should pay	Feb 14, 2011 2:43 PM
665	From the American people. Taxes	Feb 14, 2011 3:10 PM
666	Generic and private resources (e.g., insurance, school districts) should be utilized when available.	Feb 14, 2011 3:57 PM
667	Industry standard payment for the type of service provided.	Feb 14, 2011 4:00 PM
668	Private insurance, family, should pay for services.	Feb 14, 2011 4:24 PM
669	Generic and private resources (e.g., insurance, school districts) should be utilized when available.	Feb 14, 2011 4:25 PM
670	Generic and private resources (e.g., insurance, school districts) should be utilized when available.	Feb 14, 2011 5:04 PM

5. Suggested service standards about the payment for these services:

	Response Text	
671	Generic and private resources (e.g., insurance, school districts) should be utilized first.	Feb 14, 2011 5:16 PM
672	same rate for all	Feb 14, 2011 5:22 PM
673	Generic and private resources should be utilized if available to avoid duplication of services.	Feb 14, 2011 5:29 PM
674	please see my previous answers as I believe my answers apply to these questions as well.	Feb 14, 2011 5:33 PM
675	Marketplace prevailing rates	Feb 14, 2011 6:04 PM
676	Again, I think most of these services would normally be taken over by Medi-Cal or by the family's own insurance. In terms of behavioral services, I am aware of how expensive these services are or can be, but on the other hand again, I have seen on my own caseload, children who for example were severely autistic and who, with the services, began to talk, improved self-help skills and in some cases were even able to be in a regular classroom with minimal supports. So, as expensive as the services are, again it is going to be so much more expensive if we do not intervene with these children when they are young. In all honesty I do have-"anxiety" I guess-when I think, just as a private citizen, about the "tsunami" of children on the Autism Spectrum and how we are going to ultimately deal with this as a state and a country. I do not know honestly but I think continuing to try and educate the public because when people understand a need better and it can be personalized as well as the consequences of doing nothing are spelled out, they will sometimes come through, even in very difficult times. Personally I would vote for a specialized tax to help fund these specific programs.	Feb 14, 2011 6:12 PM
677	Generic and private resources (e.g., insurance, school districts) should be utilized when available.	Feb 14, 2011 6:18 PM
678	Generic and private resources (e.g., insurance, school districts) should be utilized when available.	Feb 14, 2011 6:18 PM
679	Generic and private resources (e.g., insurance, school districts) should be utilized when available.	Feb 14, 2011 6:19 PM
680	Generic and private resources (e.g., insurance, school districts) should be utilized when available.	Feb 14, 2011 6:25 PM
681	Generic and private resources (e.g., insurance, school districts) should be utilized when available.	Feb 14, 2011 6:27 PM
682	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
683	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 6:29 PM
684	Pay as you can, we need people healthy. Healthy people make sence economically.	Feb 14, 2011 6:43 PM
685	Not qualified to answer this...	Feb 14, 2011 6:46 PM
686	Sending an explanation of services to client to make sure they got the services	Feb 14, 2011 6:54 PM
687	Generic and private resources (e.g., insurance, school districts) should be utilized when available.	Feb 14, 2011 7:07 PM
688	Generic Resources should be utilized.	Feb 14, 2011 7:22 PM
689	Set limits to salaries of administrators of Health Care/ Therapueitc services.	Feb 14, 2011 7:23 PM

5. Suggested service standards about the payment for these services:

	Response Text	
690	Individual receiving should pay for 1/2 even if they are on welfare etc. PS A lot of individuals on welfare drive better cars, eat and dress a lot better than most individuals working.	Feb 14, 2011 7:28 PM
691	Private insurance, Medicare, MediCal, RC	Feb 14, 2011 7:38 PM
692	Generic and private resources (e.g., insurance, school districts) should be utilized when available.	Feb 14, 2011 7:45 PM
693	Generic and private resources (e.g., insurance, school districts) should be utilized when available.	Feb 14, 2011 8:03 PM
694	Group health insurance contract rates.	Feb 14, 2011 8:31 PM
695	Related to same standard as other state or federal rates.	Feb 14, 2011 8:40 PM
696	Generic and private resources (e.g., insurance, school districts) should be utilized when available.	Feb 14, 2011 8:56 PM
697	: 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 8:59 PM
698	If you can make a donation - great. If you can run it through insurance/granted - great. Don't deny my son service that is greatly needed because I "make too much" even though I am broke, and in debt, while someone else that doesn't work it all may be fully covered.	Feb 14, 2011 9:09 PM
699	Based on the new healthcare policy, payment isn't an issue.	Feb 14, 2011 9:14 PM
700	Regional centers should, as always, be the last funding option.	Feb 14, 2011 9:38 PM
701	The Lanterman Act requires the Director of DDS to develop and maintain equitable procedures for setting rates to assure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 14, 2011 9:40 PM
702	Go through private insurance first; then Medi-Cal and finally DDS.	Feb 14, 2011 9:51 PM
703	Service standards should be maintained as they currently are.	Feb 14, 2011 10:08 PM
704	Generic and private resources (e.g., insurance, school districts) should be utilized when available.	Feb 14, 2011 10:13 PM
705	Payment should be in accord with local community rates	Feb 14, 2011 10:50 PM
706	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 14, 2011 11:00 PM
707	From my experience there medical insurance pays for these payments. If the regional center had a medical clinic, they could bill there medical insurance to covewr expenses.	Feb 14, 2011 11:04 PM
708	equal across regional centers and agencies, with special incentives for agencies in underserved areas	Feb 14, 2011 11:45 PM
709	Generic and private resources (e.g., insurance, school districts) should be utilized when available.	Feb 14, 2011 11:48 PM
710	Medical, Medicare or private insurance	Feb 14, 2011 11:55 PM
711	Current rates makes it very hard for providers to provide quality services. Rate cuts should be reversed.	Feb 15, 2011 12:00 AM
712	Free to consumers	Feb 15, 2011 12:02 AM

5. Suggested service standards about the payment for these services:

	Response Text	
713	Generic and private resources (e.g., insurance, school districts) should be utilized when available.	Feb 15, 2011 12:13 AM
714	Agencies with regional centers as payor of last resort, but which should not prevent initiation of services during prolonged periods of researching payment sources. Services need to be initiated so that early intervention can be maximized when brain development and services will be most effective and useful	Feb 15, 2011 12:14 AM
715	The Lanterman Act, in Sections 4648 (a) (5) and 4690 require the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that regional centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws	Feb 15, 2011 12:18 AM
716	The state should continue to provide medical services for consumers with legitimate health concerns. This sill maintain the quality of life of all consumers.	Feb 15, 2011 12:32 AM
717	Generic and private resources (e.g., insurance, school districts) should be utilized when available.	Feb 15, 2011 12:39 AM
718	state should pay for all	Feb 15, 2011 12:45 AM
719	SMA	Feb 15, 2011 12:55 AM
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 15, 2011 1:20 AM
721	currently i have a child with both Medical and CCS but requires extensive services that must be provided in the home because of his fragile health so Regional center must cover the costs. CCS does not provide in home treatment.	Feb 15, 2011 1:22 AM
722	Insurance companies should pay for insured clients' services.	Feb 15, 2011 1:35 AM
723	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 1:36 AM
724	Continue use of current resources, insurance, MediCal rates, etc.	Feb 15, 2011 1:37 AM
725	Remuneration reflective of similar services received in the "typical" community. Costs consumer would expend in the absence of vendored services. "Reasonable & Customary" are logical measures.	Feb 15, 2011 1:42 AM
726	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 15, 2011 1:52 AM
727	Regional center	Feb 15, 2011 1:52 AM
728	regional center defrays cost by ordering wholesale/bulk	Feb 15, 2011 2:04 AM
729	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 2:27 AM
730	How is someone on SSI supposed to pay for medical care?	Feb 15, 2011 2:38 AM
731	STATE FUNDS	Feb 15, 2011 2:51 AM
732	payment through regional center if pt is eligible for services; together with SELPA related to FAPE and LRE	Feb 15, 2011 3:18 AM

5. Suggested service standards about the payment for these services:

	Response Text	
733	See Lanterman Act!!	Feb 15, 2011 4:02 AM
734	Sliding scale depending on income of family.	Feb 15, 2011 4:04 AM
735	Same across the board.	Feb 15, 2011 4:30 AM
736	EITHER PAY THE AGENCY DIRECTLY AFTER SERVICES HAVE BEEN VENDORED. IF THE AGENCY CAN NOT BE VENDORED THEN OFFER THE PARENTS THE OPTION OF THEY THEMSELVES BECOMING VENDORED FOR THE SERVICE, THEN BE REIMBURSE BY THE REGIONAL CENTER AFTER SERVICES ARE PROVIDED.	Feb 15, 2011 5:08 AM
737	with signed confirmation by consumers or by their families.	Feb 15, 2011 5:18 AM
738	If these were government agencies price should not be an issue.	Feb 15, 2011 5:20 AM
739	see comments on Behavior services	Feb 15, 2011 5:41 AM
740	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 6:04 AM
741	Training for all case workers and/or specialists to be knowledgeable and updated on all possible service providers and all possible payers, be they private insurance or various public agencies. Case workers and/or specialists should provide advocacy in coordinating these primary and secondary payers for services needed. Provide follow up as well.	Feb 15, 2011 6:24 AM
742	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 6:31 AM
743	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 6:33 AM
744	Should be paid by regional. If they qualify for medicare, should be paid by medicare. Elderly, in their old age, should be provided for. Who else will take care of them?	Feb 15, 2011 6:56 AM
745	Salary	Feb 15, 2011 7:58 AM
746	med-caid/cal only	Feb 15, 2011 9:10 AM
747	State and government	Feb 15, 2011 3:09 PM
748	Services should be free to people who needs them	Feb 15, 2011 3:33 PM
749	State-set rate for all providers	Feb 15, 2011 4:01 PM
750	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 4:04 PM
751	Income based co-pay	Feb 15, 2011 4:14 PM
752	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 15, 2011 4:20 PM

5. Suggested service standards about the payment for these services:

	Response Text	
753	none	Feb 15, 2011 4:31 PM
754	i dont know. can services be combined with other programs to make them less broken up??	Feb 15, 2011 4:59 PM
755	Ideally, therapeutic service providers are part of an interdisciplinary team with regular, face-to-face collaboration with other professionals. The interdisciplinary team operates as a regional center vendor program, if through DDS. Individual regional center vendors must be required to collaborate with other s providing child and family early intervention services. Payment must be equitable so that therapists are encouraged to become part of programs rather than operate outside of the team structure. Vendor programs can hire therapists as contractors/consultants if desired.	Feb 15, 2011 5:23 PM
756	In Sacramento County there are many GMCs that restrict access to medical care. Children with special medical needs need to go outside the providers a particular GMC offers, but unless the child has Regular (Straight) Medi-Cal their access to appropriate medical care is limited and often compromises their health. I would like to see the process to get Regular MC made easier or just abolish the GMCs and just offer Regular MC.	Feb 15, 2011 5:37 PM
757	Shared costs.	Feb 15, 2011 5:54 PM
758	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 15, 2011 6:00 PM
759	Bases on cusomary standard for the community	Feb 15, 2011 6:01 PM
760	state	Feb 15, 2011 6:12 PM
761	Therapists employed by the Department of Developmental Services.	Feb 15, 2011 6:19 PM
762	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 6:25 PM
763	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 6:30 PM
764	Can be shared equally by parents and regional centers with a sliding scale in place.	Feb 15, 2011 6:35 PM
765	Generic and private resources (e.g., insurance, school districts) should be utilized when available.	Feb 15, 2011 6:57 PM
766	Generic and private resources (e.g., insurance, school districts) should be utilized when available.	Feb 15, 2011 6:58 PM
767	Generic and private resources (e.g., insurance, school districts) should be utilized when available	Feb 15, 2011 7:09 PM
768	Assistance should be provided to eligible families so they can access insurance and other financial assistance. Those who's insurance does not cover the services should get financial assistance based on needs.	Feb 15, 2011 7:27 PM
769	reduced payment options for those without insurance (sliding scale) and/or public payment of "co-payment" responsibility left for parents after insurance	Feb 15, 2011 8:12 PM
770	government and donation	Feb 15, 2011 8:14 PM
771	should be reasonable and related to costs of similiar services in specific community	Feb 15, 2011 8:36 PM

5. Suggested service standards about the payment for these services:

	Response Text	
772	Government funding, co-pay from governnment	Feb 15, 2011 8:41 PM
773	Regional should pay.	Feb 15, 2011 8:51 PM
774	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 8:58 PM
775	Payment should be required on a percentage basis based on the capability of the consumer making such payment.	Feb 15, 2011 9:07 PM
776	Set a standard and use it.	Feb 15, 2011 9:27 PM
777	The regional centers should continue to pay for all necessary services, as determined by the IPP team.	Feb 15, 2011 9:46 PM
778	Employees should be paid a living wage. Otherwise there is a great deal of turnover of employees. Clients do better when they have consistent care by the same employees.	Feb 15, 2011 9:48 PM
779	If the're more shortages in the budget a $5 donation for each teraphy	Feb 15, 2011 10:12 PM
780	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 10:29 PM
781	Help parents with co-pays.	Feb 15, 2011 10:37 PM
782	Families should access medical insurance first. If a family's income is low enough to qualify for MediCal (but for some reason they can not access it) then funding can be considered. When considering funding for medical expenses, the income of the family can be considered.	Feb 15, 2011 10:45 PM
783	may not charge more for RC consumers than is charged for general populations if the vendor has no specialization for RC conditions	Feb 15, 2011 11:07 PM
784	Payor after health insurance	Feb 15, 2011 11:07 PM
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 15, 2011 11:31 PM
786	Most adults with disabilities are unable to cover the expensive cost of health-related care. They should receive assistance to cover the cost from public assistance programs.	Feb 15, 2011 11:48 PM
787	should be on par with standards of living and cost requirements of the professional providing the care	Feb 15, 2011 11:59 PM
788	free to disabled children	Feb 16, 2011 12:07 AM
789	Regional Center should pay for the services whom gets it from the Government. Yet they have to be monitored as well so that they aren't ripping off the Government for services rendered.	Feb 16, 2011 12:14 AM
790	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 12:17 AM
791	If severe then the state should pay and if not then there should be a copayment plan.	Feb 16, 2011 12:18 AM

5. Suggested service standards about the payment for these services:

	Response Text	
792	Same as #4 with payment options.	Feb 16, 2011 12:23 AM
793	Rates must be competitive in order to assure high quality services, otherwise, the services will not be useful or effective and will be wasted money from the outset.	Feb 16, 2011 12:51 AM
794	State agencies usually under pay for the cost of services. Try to maintain as high as possible. I think most people would want some services rather than none at all. Direct, hands on rather than consultation. I don't know how PT for my back would have worked if it was by someone talking with me and telling me things to do. Some amount of direct intervention has to occur.	Feb 16, 2011 1:05 AM
795	dds and medi-cal	Feb 16, 2011 1:13 AM
796	Computerize the timecard and payment system. Keep the wages at least the same as they currently are in order to maintain the same level of service. No cuts in pay!	Feb 16, 2011 1:23 AM
797	Payment for certain services should be based on consumer and family dedication and involvement. Regular progress reports from the agencies providing the service could help in determining whether a service should continue to be funded. Such as PT being purchased, but the family never takes the child or they are not making progress, then that service should be canceled. I would assume that is what every regional center is doing....that is required for our RC.	Feb 16, 2011 1:42 AM
798	Again, state / government AND insurance companies should be responsible for payment. Insurance companies have not been held responsible for any costs pertaining to Autism Spectrum Disorders. GOVERNMENT NEEDS TO CHANGE THIS!	Feb 16, 2011 1:53 AM
799	NONE	Feb 16, 2011 2:17 AM
800	If the services directly relate to the disability recognized by the regional center then 100% of services would be paid by the regional center. If the service was partially related to the consumer/client's disability the regional center would only provide partial payment/reimbursement.	Feb 16, 2011 2:20 AM
801	Implementation of the Individualized Budget - while this will in fact represent a reduction in actual dollars spent - it will give you CHOICE.	Feb 16, 2011 2:43 AM
802	N/A	Feb 16, 2011 3:07 AM
803	The insurance should cover the cost of these services.	Feb 16, 2011 3:08 AM
804	Families should have responsibility by income. Please address the special needs trust issue. Too many families receive monies in law suits due to medical injury/suspectedbirth injuries. Make a case for cost of care per yea- based on cost of nursing 24hours per day/home remodels etc.r. Then they get astronomical amounts of money and shelter it in a special needs trust. it is used to buy palatial family homes with pools or other extravagences, vehicles which the state modifies, and the state pays for services. While what is left may be recouped but most is not and it is clearly not spent on services this is an egregious misuse of funds and one that is encouraged by attornies. It is fraud	Feb 16, 2011 3:46 AM
805	Payment should be based on economic status of parents. Payment should be minimal to free of charge to parents with low economic status.	Feb 16, 2011 4:25 AM
806	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 4:46 AM
807	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 16, 2011 5:03 AM

5. Suggested service standards about the payment for these services:

	Response Text	
808	same	Feb 16, 2011 5:15 AM
809	same	Feb 16, 2011 5:19 AM
810	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 5:37 AM
811	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 6:08 AM
812	Must be a documented medical need or improves life quality. Use generic resources i.e., Med/Dental Ins., MediCal/MediCare, lyons, kiwanas, masons, shriners, churches, etc...	Feb 16, 2011 6:55 AM
813	Taxation of the wealthy and corporations	Feb 16, 2011 7:44 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1	Parents and consumer should not be forced to pay or time commit. Raising a disabled child is so extraordinarily expense and parents trying to work and caregive do not have the luxury of time. These should be supportive services not additional costs for families to bear.	Jan 28, 2011 1:07 AM
2	goals and objectives	Jan 28, 2011 1:10 AM
3	Families should be responsible for paying for some of the servcies if they can afford it.	Jan 28, 2011 1:13 AM
4	INDIVIDUAL CHOICE BUDGET	Jan 28, 2011 1:24 AM
5	No co-payment on clinical services.	Jan 28, 2011 1:31 AM
6	co payment I addressed above.	Jan 28, 2011 1:39 AM
7	parents are responsible based upon income	Jan 28, 2011 1:44 AM
8	Private insurance- medi-Cal should be used first.	Jan 28, 2011 1:46 AM
9	ICB	Jan 28, 2011 1:49 AM
10	For children --- family copayment Parent time commitment	Jan 28, 2011 1:59 AM
11	parents should have insurance coverage and/or co-payments but the co-payments should be reasonable, not based on income alone, as most of our disposable income is spent on medications/supplements that are medically necessary, as well as tests, therapies, etc not otherwise covered.	Jan 28, 2011 2:10 AM
12	The parents or consumers must show good faith by attendance at appointments and practice at home if necessary. If the consumer or family isn't invested enough to work at improving, the state should not waste the money.	Jan 28, 2011 2:44 AM
13	reasonable co-payments need to be considered	Jan 28, 2011 3:03 AM
14	If client does not show improvement in 6 months then they need to be reevaluated. Co-payments are not always doable due to the financial income for the client or family	Jan 28, 2011 3:06 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
15	Families should not be responsible for co-payment.	Jan 28, 2011 3:14 AM
16	none	Jan 28, 2011 3:16 AM
17	no comment	Jan 28, 2011 3:18 AM
18	none	Jan 28, 2011 3:32 AM
19	Co-payments for health care should be no greater than for those with private insurance.	Jan 28, 2011 3:33 AM
20	Less than 18 required family input depending on ability of family to do so in all aspect under #6.	Jan 28, 2011 3:34 AM
21	Parents could buy health plans and pay copays on sliding scale	Jan 28, 2011 3:39 AM
22	Lanterman Act. Needs of the consumer as written in the IPP	Jan 28, 2011 3:44 AM
23	Parents cannot provide direct services in these areas to their own children. They should, however, always be partners in the process so that they can employ the techniques used by the experts at home and community settings.	Jan 28, 2011 3:55 AM
24	For children whose families can afford to pay the co-pay, they must pay For those who cannot realy afford, SARC must pay.	Jan 28, 2011 4:00 AM
25	As provided in the medical plan currently in effect.	Jan 28, 2011 4:03 AM
26	no copay	Jan 28, 2011 4:19 AM
27	?	Jan 28, 2011 4:22 AM
28	Parents should have some contribution based on income.	Jan 28, 2011 4:27 AM
29	Servcies should be provided within 45 days of referral.	Jan 28, 2011 4:28 AM
30	Same as above	Jan 28, 2011 4:32 AM
31	Parents should help as directed by the consumer's IPP	Jan 28, 2011 4:49 AM
32	See previous answers to this it all applies	Jan 28, 2011 5:00 AM
33	Sliding scale payments, if any, for those over 18 who are on Medi-Cal, SSI, etc. If there is insurance, and the adults or children are covered by the parents' policies, this needs to be utilized.	Jan 28, 2011 5:02 AM
34	All opportunities to have private insurance pay before DDS should be explored, whenever available.	Jan 28, 2011 5:09 AM
35	FCPP co-payments for minors living with families should be expanded to cover all purchased services.	Jan 28, 2011 5:20 AM
36	If the individual or parent has additional insurance, there should be a share of cost, as applicable.	Jan 28, 2011 5:54 AM
37	Disabled children should be given priority over substance abuse or convicts. Families of convicts should pay for their incarceration if families of the disabled have to pay co-pays.	Jan 28, 2011 5:58 AM
38	For parents, sliding pay scale to help out the state for costs	Jan 28, 2011 5:59 AM
39	It is not appropriate to deny services for adults with DD pending parental co-payment; It is not appropriate to deny services for adults pending parental time commitment to delivery of service	Jan 28, 2011 6:06 AM
40	Parents should be present for medical care and therapy so that they are able to work with providers as a team, make decisions about their child's care, follow directions for medications and therapies at home, etc.	Jan 28, 2011 6:50 AM
41	This is a duplication of services that can routinely be obtained through medical services outside of Regional Centers. Eliminate this program	Jan 28, 2011 7:01 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
42	Co-payments if necessary. Have realistic time frame for doing the service required. DO NOT make the patient wait an hour or more for services!	Jan 28, 2011 7:17 AM
	Co-payments if necessary! Give provider ample time to make every appointment! Patients don't have all day to wait for services! DON'T OVERBOOK!	
43	Co-payments are fine for people making at least a middle-class income but not for lower income families --too much of a disincentive	Jan 28, 2011 7:18 AM
44	Pay a copay of maybe $5.00 to $8.00. Also be certain to keep appointments and follow all directions.	Jan 28, 2011 7:35 AM
45	Educate families about generics. No aid pending; this does not save money. When Medi-Cal terminated some services, there was no due process.	Jan 28, 2011 8:20 AM
46	Parents/consumers provided their co-pay at time of service.	Jan 28, 2011 1:53 PM
47	Insurance/medi-cal pays first Require co-pay	Jan 28, 2011 3:09 PM
48	Services should be funded based on a current and resonable rates. All service fees above and beyond this rate shall be covered by the consumer.	Jan 28, 2011 4:33 PM
49	We should at least commitment the time to form teams to assist for free.	Jan 28, 2011 4:44 PM
50	parents should not have to pay for anything that is solely related to their child's disability. OT, PT, speech....these are things that a typical child's parents would not have expenses for. This should be provided at no cost. Parents are already providing the extra time that is required for their child with a disability. Adults with developmental disabilities cannot and should not have to make co-pays for a disability they did not cause.	Jan 28, 2011 4:44 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
51	FCPP should apply. Alternatives (through any and all health insurers) must be sought prior to requesting service.	Jan 28, 2011 4:50 PM
52	These standards already exist and are already higher than many family's can bear	Jan 28, 2011 5:07 PM
53	All involved should be in participation within the treatment.	Jan 28, 2011 5:15 PM
54	We should hold care providers and family responsible to reasonable timelines. Once a purchase has been recommended or approved, we should keep the purchase open for a 3 month period and have it set to expire if not used.	Jan 28, 2011 5:46 PM
55	Full participation. Accountability documented at review.	Jan 28, 2011 5:47 PM
56	A small co-payment could be assessed to consumer who utilizes any of these services, just as private insurance demands.	Jan 28, 2011 6:07 PM
57	KEep at the current rates and amounts.	Jan 28, 2011 6:19 PM
58	see above	Jan 28, 2011 6:50 PM
59	leave these services alone.. they are critical	Jan 28, 2011 6:54 PM
60	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 7:09 PM
61	Current copayments are sufficient and should not be increased.	Jan 28, 2011 7:14 PM
62	N/A	Jan 28, 2011 7:26 PM
63	The Lanterman Act shold be left intact as many parents cannot afford the cost of preserving the life of a developmentally impaired person.	Jan 28, 2011 7:27 PM
64	No suggestion	Jan 28, 2011 7:30 PM
65	Co-pay for families who are financially capable.	Jan 28, 2011 7:45 PM
66	Co-payment, and definetely time commitment to be trained on how to help child with therapies.	Jan 28, 2011 7:51 PM
67	If the family has the financial ability, i.e., they are wealthy, they should contribute.	Jan 28, 2011 7:56 PM
68	parents present at all therapy.	Jan 28, 2011 8:07 PM
69	co pay should not ever be a question yes copay for all who can afford it..if they have to give up some luxury so be it if truly a hardship then no..BUT again spend the money up front.. if a social worker has to actually go to the home and observe then spend the money...if the family says they cannot afford copay and there is a 54 in flat screen tv on the wall then that may not be the truth	Jan 28, 2011 8:09 PM
70	FCPP cost sharing should extend to all services to minors living with their families.	Jan 28, 2011 8:32 PM
71	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 8:47 PM
72	parents should not be required to pay a co-payment and associated costs of travel should be included in office visits (taxi's, parking fees, meals, snacks, rewards for consumer)	Jan 28, 2011 8:49 PM
73	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 8:49 PM
74	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 8:56 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
75	Parents and Consumers shall fund medical services and co pays as dictated by their health care provider. Co-payments provided by Regional Center for all medical services directly related to eligibility diagnosis, based on parent's ability to pay, similar to how FCPP payments are assessed.	Jan 28, 2011 9:15 PM
76	See prior subject for my opinion.	Jan 28, 2011 9:19 PM
77	Repeat of previous comments.	Jan 28, 2011 9:26 PM
78	Consumer and family (as applicable) must show reasonable particapation and interest to maintain the service.	Jan 28, 2011 9:40 PM
79	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.	Jan 28, 2011 9:42 PM
80	Parents are responsible for coordinating sessions, providing transport, as needed, helping to complete any needed paperwork.	Jan 28, 2011 9:52 PM
81	parents/consumersshould be assessed a co-payment on a sliding scale basis	Jan 28, 2011 9:59 PM
82	Must be making less than 300% of the federal poverty level. If not, co-pay due on sliding scale.	Jan 28, 2011 10:06 PM
83	Caregivers (parents, vendors, workers whoever) should try to to pursue insurance and other generic resources and at least provide documentation on these attempts before we pay. My special concern has to do with Mental health services because many times our consumers cannot access these services in the community either because the agencies are unwilling or able to serve them or because it is too difficult for the consumers to jump through their hoops to access those services.	Jan 28, 2011 10:13 PM
84	After exhausting payment options from government agencies, consumers/parents will be responsible to use their own funds/insurance to pay.	Jan 28, 2011 10:28 PM
85	Same as Before, call to cancel and make another appointment	Jan 28, 2011 10:34 PM
86	See my answer for Behavioral services.	Jan 28, 2011 10:39 PM
87	Parents need to prove that they have attempted to access these services outside of the regional center system before they can access these services. If people were to access nursing, doctor, nutritional, or therapeutic services from another agency they would be expected to pay a co-payment. They should need to pay a small co-payment ($10.00) for our services.	Jan 28, 2011 10:44 PM
88	Parental responsibility for payment should be half of the total cost of supplies not covered by private insurance and/or public funds. Parent should pay all insurance co-pays for any and all equipment/supplies.	Jan 28, 2011 10:56 PM
89	Parents of minors pay $2.00min per visit for RC fun ded service	Jan 28, 2011 11:02 PM
90	Substantial co-payment when the consumer is a minor and therefore the responsibility of the parent.	Jan 28, 2011 11:15 PM
91	sliding scale	Jan 28, 2011 11:16 PM
92	Refer to previous section	Jan 28, 2011 11:17 PM
93	These services should be fully paid for all clients.	Jan 29, 2011 12:18 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
94	co-pay with income scale--there should be an income below which no co-pay is required; limit to unscheduled absences	Jan 29, 2011 12:20 AM
95	As per current statute.	Jan 29, 2011 12:29 AM
96	Parents must use items and not stock pile or give them away, if they do then they lose the service. If they miss appointments or forget to request more supplies, it will not be retro active. Parents will pay an amount based on a sliding scale to offset soem of the costs.	Jan 29, 2011 12:38 AM
97	Time commitment from parents and families would be beneficial, because they can continue therapies to a certain extent as a supplement to services being received.	Jan 29, 2011 12:50 AM
98	The parents should take more responsibility financially for their children. They get free health care, free schooling or programs and collect disability that could help pay for the expenses.	Jan 29, 2011 12:53 AM
99	Comply with parent guidelines outlined in therapeutic contract.	Jan 29, 2011 1:20 AM
100	share of cost or co-paymt if insurance was available. I think that is fair, yes	Jan 29, 2011 1:31 AM
101	RC should assist with co-pays for services and bridge the gap.	Jan 29, 2011 1:42 AM
102	If parents can be involved in the visits to physicians, etc. that would be good. Co-payments could be looked at however so many families have great financial burdens having a developmentally disabled child thepayments would have to be low.	Jan 29, 2011 3:00 AM
103	co-pay based on income	Jan 29, 2011 3:50 AM
104	Parents and families who are affluent and have the means to pay for services, should pay their share, and for persons with means, the Regional Centers should expect families to pay for such services. DDS should institute a statewide means test, as it has for services for children 3 - 18 for respite, and other services, that if families can afford it, the Regional Center should be able to apply a standard means test for people with the ability to pay.	Jan 29, 2011 4:35 AM
105	weekly, consistantly until there is some form of progress	Jan 29, 2011 4:40 AM
106	If income allows co-pay	Jan 29, 2011 4:48 AM
107	parents should be involved with medical treatment decision.	Jan 29, 2011 5:03 AM
108	No one should be cut	Jan 29, 2011 5:08 AM
109	We have to pay for our own therapist, why not make the consumer or families pay 50% or more for these services.	Jan 29, 2011 5:57 AM
110	Consumers cannot be responsible.	Jan 29, 2011 6:04 AM
111	must attend all sessions offered or lose benefit	Jan 29, 2011 6:27 AM
112	co-payment based on family income. option of time commitment in lieu of partial payment	Jan 29, 2011 6:35 AM
113	should be no co-payment apply and as long as children needed	Jan 29, 2011 7:42 AM
114	Provide advocacy and assistance in billing mediCAl and private insurance. Continue with therapy in the interim. Consumer has to be available and accessible for serivces. Parents are not the therapists and should not be expected to be....	Jan 29, 2011 8:32 AM
115	Not sure	Jan 29, 2011 8:43 AM
116	payment must be granted once purchase is found functionable and reliable	Jan 29, 2011 2:55 PM
117	provider discression. sign a contract stating fees due at the time of service, or agreable payment terms.	Jan 29, 2011 4:57 PM
118	copayment of $10.00	Jan 29, 2011 5:28 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
119	time commitment is required by the family. the co-pays should be resonable and not out of reach for each person, if the client is an adult and has only an SSI income the payment should be wavied	Jan 29, 2011 8:08 PM
120	One again make sure they are involved in training. Co-payment evaluated all incomes.	Jan 29, 2011 8:27 PM
121	Co-payments do help keep people responsible and setting and keeping time committments.	Jan 29, 2011 9:10 PM
122	Same as 5 above.	Jan 29, 2011 9:47 PM
123	MAJOR COMMITMENT TO ADVOCATE FOR THEIR CHILD, COME CO-PAY	Jan 29, 2011 11:46 PM
124	See above	Jan 30, 2011 12:34 AM
125	Though it would seem that insurance could cover most of this, my experience is that the standard doctor does not understand how a developmental disability can affect other types of treatment. Standard behavioral therapy doesn't always work. Some medications affect those with autism differently that the neurotypical population. Many psychologists are not used to and do not how how to work well with people with developmental services. We spent dollars, effort and hours without success in looking for appropriate medical treatment and therapy prior to getting resources through the regional center. I am not opposed to a co-payment as a client, a co-payment with insurance, based on income.	Jan 30, 2011 1:02 AM
126	People appreciate things and care for them better when they contribute to their cost.	Jan 30, 2011 1:08 AM
127	1) under 18, should be sliding scale, adults, too, except that most RC clients poor.	Jan 30, 2011 3:28 AM
128	AS DISCUSSED IN ITEM 5.	Jan 30, 2011 3:38 AM
129	Parents should pay something - I suggested minimum wage per hour, unless they really can't afford it. That should keep everyone pretty aware of how many hours and whether it is worth it.	Jan 30, 2011 4:47 PM
130	See above.	Jan 30, 2011 8:57 PM
131	no co payment to those in need	Jan 30, 2011 9:08 PM
132	Co pays are needed, when applicable and not paid for by Medi-Cal.	Jan 31, 2011 1:15 AM
133	Sliding scales of payments, dependent on ability to pay.	Jan 31, 2011 1:33 AM
134	Parents and insurance	Jan 31, 2011 2:41 PM
135	It's all depends....again this question is the same in all categories.	Jan 31, 2011 3:38 PM
136	co-payment for ALL services provided by the regional centers	Jan 31, 2011 4:05 PM
137	parent should have some involvement but not too much. should let the experts handle thing.s	Jan 31, 2011 4:17 PM
138	Parents needs be partly financially responsible so they can care about the supplies. If they don't have any sort of responsibility they don't care if supplies or services are going to waste or not, being used or not. FCPP or share of cost needs to be applied and guidelines needs to be reassess to have families take responsibilities of services. FCPP should be regardless of medicaid waiver status as many families will sign up for medicaid waiver to avoid FCPP.	Jan 31, 2011 5:12 PM
139	All generic sources of funding should be explored including parents and consumers.	Jan 31, 2011 5:28 PM
140	...same...	Jan 31, 2011 5:32 PM
141	No suggestions regarding this topic at this time.	Jan 31, 2011 5:36 PM
142	Some families and individuals could (and currently do) contribute to their own care.	Jan 31, 2011 5:40 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
143	Parent must be able to show proof that they have pursued medical insurance, generic resources, or any other available source of funding.	Jan 31, 2011 5:48 PM
144	must participate in services	Jan 31, 2011 6:05 PM
145	Parents can have their child on the health plan up to the age of 26. Consumer may also be eligible for medi-cal. Family/consumer are responsible for health care coverage.	Jan 31, 2011 6:26 PM
146	See above co-payments are helpful as well as requiring time commitment not only for participation with their individual child but with the facility/agency as a whole.	Jan 31, 2011 6:27 PM
147	education materials/trainings? on the benefits (to family and various professional communities (to better serve the family)) of pursuing genetic testing - materials can come from an organization like the Genetic Alliance www.geneticalliance.org	Jan 31, 2011 6:28 PM
148	Must use services as per regulations specified by individual service category standards. Contracts for persons using behavioral services, keeping all appointments, returning equipment (durable) when outgrown by consumer.	Jan 31, 2011 6:48 PM
149	Good the way it is.	Jan 31, 2011 6:58 PM
150	Sliding scale	Jan 31, 2011 7:32 PM
151	Sliding scale payments for parents who need this, families must be legal residents of California.	Jan 31, 2011 8:36 PM
152	I am willing to give time, however, I am retired living on set income and co-payments would be a financial hardship. Consumers are all ready struggling to stretch their dollars.	Jan 31, 2011 8:40 PM
153	consumers that have the money could co-pay to the best of their ability. parents of minors co-pay to the best of their ability	Jan 31, 2011 8:59 PM
154	Should be based upon their ability to pay!	Jan 31, 2011 9:00 PM
155	Depends on income, if the parents make over $80k a year they should have a co-pay, if they make over $100k per year they should pay for them, or help with the costs...	Jan 31, 2011 9:12 PM
156	Parents should have responsibility for minor children, and if Regional Center were to purchase any of these things, there should be a co-pay.	Jan 31, 2011 9:13 PM
157	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 9:26 PM
158	a. Home programs and home follow-ups are a must. If parents do not follow through, their children should not be in therapy programs. That sounds harsh, but the reality is that the state is payong for services for their child, and they are part of the solution.	Jan 31, 2011 9:43 PM
159	There should be a co-payment for parents of children under the age of 18, perhaps on a sliding scale.	Jan 31, 2011 10:10 PM
160	ewewe	Jan 31, 2011 10:30 PM
161	I think Assembly Bill 171 should be passed to make health care help foot the bill. We pay for health care and mental health is part of it. If insured... health insurance should help co fund.	Jan 31, 2011 10:31 PM
162	DON'T USE EMERGENCY ROOMS FOR YOUR PRIMARY CARE. MAKE ALL WELL CHILD VISITS.	Jan 31, 2011 11:46 PM
163	Again, based upon the family unit's income up to 100 % of the cost of ther service. FCPP guidelines are too low.	Feb 1, 2011 12:17 AM
164	Sliding scale or free for low income	Feb 1, 2011 1:07 AM
165	Reasonable co-payments. Time commitment is reasonable, but parents need resources to keep them in a healthy emotional state as well.	Feb 1, 2011 1:16 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
166	Encourage parent involvment/training and fundraising for therapies.	Feb 1, 2011 1:29 AM
167	Commitment should be given consideration when it comes to families.	Feb 1, 2011 2:27 AM
168	Lets talk about partnerships.	Feb 1, 2011 3:09 AM
169	Parents/consumers responsible for making/attending appointments/following through on health care instructions. Hit the insurance companies first for payment; Medi-Cal second, regional center fund any remaining. Don't further burden the families!	Feb 1, 2011 4:45 AM
170	should be free, ask for donation	Feb 1, 2011 4:48 AM
171	none	Feb 1, 2011 5:13 AM
172	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
173	no co pay, parents must be responsible for continued implementation.	Feb 1, 2011 5:24 AM
174	A copayment may reduce the parent inclination to schedule routine examination? Is there data on this?	Feb 1, 2011 5:47 AM
175	Parents should be expected to pay a portion of the services if financially capable.	Feb 1, 2011 5:48 AM
176	Medi-cal and medi-care should be able to cover the cost of the services as long as the parents and consumers follow through with the proper steps needed.	Feb 1, 2011 6:06 AM
177	See above. Parents must be involved in their children's therapies & services.	Feb 1, 2011 6:38 AM
178	Parents of minors should be responsible for the normal costs of child rearing up to the age of 18, and regional centers should pay any excess. I believe this is the current prevailing standard.	Feb 1, 2011 7:11 AM
179	Again, SSI should pay for some portion of therapy and medical services not covered by insurance, MediCal/MediCare before the regional center starts paying. For therapies that are going to be long-term, parents/caretakers should be responsible for working with the therapist to learn techniques to use at home to augment the effectiveness and eventually take over for the therapist at some point.	Feb 1, 2011 9:38 AM
180	Follow pyschiatrist medical review and behavior intervention plan	Feb 1, 2011 9:40 AM
181	Strongly suggested family involvement to address family dynamics relevant to treatment goals.	Feb 1, 2011 4:16 PM
182	support clearly stated expectations for families	Feb 1, 2011 5:55 PM
183	A reasonable co-pay for consumers would be OK	Feb 1, 2011 6:13 PM
184	Parents should be required to participate and be knowledgeable about how to continue the services in the context of daily life. Incumbent upon the therapist to teach the parents these skills.	Feb 1, 2011 6:21 PM
185	No	Feb 1, 2011 6:28 PM
186	parents or consumers need to pay copay	Feb 1, 2011 6:30 PM
187	Burden of financial responsibility should be off parents as much as possible. Raising a child/adult with a disability is hard enough.	Feb 1, 2011 6:32 PM
188	Everyone needs to understand that services are for those in need and that sometimes a difference can not achieved. Time-limited is important, but after you have fairly tried several providers. Providers need to know they can be fired.	Feb 1, 2011 6:41 PM
189	It should be mandated that people pay at least a portion of their care, it helps them to take ownership of the care and appreciate the value of the services. I know that when I have asked some people to pay even a minimal amount, say $10 towards their dental care they will decide that they do not want the treatment after all.	Feb 1, 2011 6:45 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
190	Consumers and families have to show responsibility. They need to provide documents regularly to Regional Center, they need to follow up with their CM if the consumer is hospitalized and the service(s) is not being utilized, if the consumer has passed away, etc. They need to be in frequent contact with their CM. Families should be responsible for any co-payments.	Feb 1, 2011 7:48 PM
191	That person served/parents explore generic resources prior to consideration of Regional Center funding. That there be a financial cap, i.e. $15,000 total, per person served, per year, of funding of any Regioal Center services.	Feb 1, 2011 7:51 PM
192	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 7:56 PM
193	absolutely there needs to be family responsibility on all accounts	Feb 1, 2011 8:14 PM
194	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 9:15 PM
195	PARENTS NEED TO MAKE SURE THEIR KIDS/CLIENTS ARE RECEIVING WHAT IS BEING PAID FOR. MOST OF US CANNOT AFFORD CO-PAYMENTS. WE PAY THOSE IN TAXES ALREADY. HEY, THE VERY RICH, THEY CAN AFFORD TO PAY, GET CO-PAYS FROM THEM. THEY HAVE THE MONEY, NOT ME!!	Feb 1, 2011 9:24 PM
196	none	Feb 1, 2011 9:37 PM
197	The state of California has accepted resonsibility for persons with developmental disabilites and babies with disablities and are obligated to them as stated in the Lanterman Act 4501. The state of California DOES NOT require parents to pay a co-pay for the children to attend public schools nor babies to attend Early Start and the same reasoning applies here.	Feb 1, 2011 9:38 PM
198	please read previous page	Feb 1, 2011 11:10 PM
199	If the consumer is an adult then unless they are financially able to pay for services then they should not be subjected to co-payments. If the consumer is a child then if the parents are able to pay then they should. However, a number of our consumers' parents are unable to pay any amount as they are consumers themselves.	Feb 1, 2011 11:14 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
200	6. Suggested service standards about the responsibilities of parents and consumers for these services, e.g., co-payment, time commitment, etc: 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 1, 2011 11:30 PM
201	Caregivers should be committed to participating in these services to assist the individual in need.	Feb 1, 2011 11:38 PM
202	Family Cost Participation Guidelines should apply for equipment requests.	Feb 2, 2011 12:16 AM
203	Families must be involved in the services and reports, and co-payments if applicable.	Feb 2, 2011 12:37 AM
204	Small co-pay can be administer for families whose annual income are above a certain level, say $60,000.	Feb 2, 2011 1:09 AM
205	Time commitment always - maybe some co-payments if parents can't afford all.	Feb 2, 2011 2:15 AM
206	If YOU had a child with a developmental disability, payment for private services and therapies might be easy. But for the majority of parents, who have dreamed of a "perfect" child completing their "perfect" family, this isn't the case. Imagine having four children and being surprised with a fifth, who happens to be born with a developmental disability. Think about the months in NICU, home therapies, and pediatric visits just to keep your precious child alive. Then imagine having NO support when you need it most, as your child is growing and developing much more slowly than others in his/her age range. As a parent with no extra money (you blew your savings on what your insurance didn't cover for the NICU and therapies your precious baby needed), do you give up? Or do you seek help where ever you can find it, and pray for individuals with the qualifications and compassion your child needs? What if your four-year-old daughter is progressing in her at-home therapies, but not as fast as the state demands? Remember, you have no extra income because all of your money goes to housing, feeding, clothing your family. Your choices are to allow SDRC to help fund the therapies your daughter needs, or giving up altogether. What service standards would YOU want? What responsibilities would you be able to handle aside from what you're doing?	Feb 2, 2011 2:28 AM
207	strict attendace and show up for all appt. and co payment	Feb 2, 2011 2:46 AM
208	I think a co-payment would be appropriate.	Feb 2, 2011 3:24 AM
209	As parents, we don't mind paying some of the charges, but our son is 30 years old and certainly doesn't receive enough money to help with the gas and electric or food bills let alone dental care. We are retired and on a fixed income and that doesn't allow money for extra expenses. It infuriates me when I hear about the medical and dental care offered to prisoners in our state, who are there by their own choice and poor decision. Our son certainly didn't choose to be developmentally disabled and he receives less care than prisoners receive.	Feb 2, 2011 3:48 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
210	Parents need to be present and committed and educated. Co-payment applied if parent can afford it.	Feb 2, 2011 4:41 AM
211	Parents need to buy food for their families, and make sure their children are eating adequate diets. They need to get their children to the providers.	Feb 2, 2011 5:56 AM
212	co-payment and time commitment - just like going to the doctor's office.	Feb 2, 2011 8:48 AM
213	CO-pay	Feb 2, 2011 1:53 PM
214	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 3:33 PM
215	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 4:53 PM
216	Sliding scale process, based on household income.	Feb 2, 2011 5:03 PM
217	insurance denial or co-pay most of us who work in the RC system support expansion of co-pay hard for us to see families who make more than we do receive "free" services paid by our taxes.	Feb 2, 2011 5:08 PM
218	Full participation in the program. Small co-payment for counseling (5 to 10 dollars per hours).	Feb 2, 2011 5:29 PM
219	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 5:50 PM
220	All possibilities are exhausted before the clients are eligible for Medi-Cal services. When there are private pay or insurance options, they are used.	Feb 2, 2011 6:05 PM
221	If they have an appointment then follow thru and go to the appt. on the scheduled day and time.	Feb 2, 2011 6:06 PM
222	Parents and family of each consumer should participate in payment, transportation, follow through	Feb 2, 2011 6:22 PM
223	a	Feb 2, 2011 6:50 PM
224	no co- payment for medical services. Standards for incontenience care items depending on disability and need- sliding scale depending on income	Feb 2, 2011 6:56 PM
225	These adults are at poverty levels !!!	Feb 2, 2011 6:58 PM
226	Where possible parents should contribute	Feb 2, 2011 7:11 PM
227	Parent accountability. Co-payments up to $10 based on family needs.	Feb 2, 2011 7:20 PM
228	Co-payments based on income; parent participation/training required for therapies	Feb 2, 2011 7:25 PM
229	See #5	Feb 2, 2011 7:41 PM
230	Private insurance should be accessed first. Then RC could/should be asked to pay for a necessary service. Could be at the same rate as the insurance coverage, or some other co-pay arrangement.	Feb 2, 2011 8:11 PM
231	Parents should be required to pay a co-pay for all individual services that they receive (i.e. physical, occupational, and speech therapy).	Feb 2, 2011 8:34 PM
232	Parents should always have a co-pay, based on their income.	Feb 2, 2011 8:46 PM
233	Parents/consumers are to request only the amounts that are required and needed of durable goods (diapers, supplements). If use beyond need is documented on a repeated basis, the delivery should be stopped.	Feb 2, 2011 8:59 PM
234	Contributing effort to those that care for those unable to care for themselves, is paramount to realizing expected results.	Feb 2, 2011 9:23 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
235	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 9:34 PM
236	no co-payments for families. time commitment by families to work or what the therapists recommed	Feb 2, 2011 9:38 PM
237	Both the parents and the therapists should share the responsibility	Feb 2, 2011 10:02 PM
238	SAME AS PRIOR	Feb 2, 2011 10:03 PM
239	*Individuals should follow the instructions of the professionals	Feb 2, 2011 10:04 PM
240	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
241	Please previous topic response....	Feb 2, 2011 10:17 PM
242	parents should not be required to pay for what a child/adult needs because of a disability they were born with.	Feb 2, 2011 10:32 PM
243	Again, co-payment needs to be implemented based on ability to pay	Feb 2, 2011 11:11 PM
244	Responsibility should be shared when possible, based on the clients ability to pay. No comsumer should be denied service based on inability to pay.	Feb 2, 2011 11:21 PM
245	I do not support service standards.	Feb 2, 2011 11:31 PM
246	Currently insurance is being utilized before Regional Center funds for therapy. There must be some exceptions allowed for those families who are truly unable to pay their co-pays or high deductibles. We are eliminating some children for receiving services because of the insurance issue.	Feb 3, 2011 12:11 AM
247	I suggest that at the time that a parent first calls the REgional Center to request evaluations for therapeutic services, the intake coordinator inform them of the need to have some written information regarding what their insurance covers. Therefore, the parents are notified from the beginning that they are responsible for providing the service via insurance. This may help decrease the challenge of having parents decline insurance covered therapy services because they are already receiving it in-home in Early Intervention.	Feb 3, 2011 12:16 AM
248	No co pay for adults with disability.	Feb 3, 2011 12:36 AM
249	Same answer as previous page.	Feb 3, 2011 12:44 AM
250	Over age 18 - state should pay for any needed services that are not reimbursed by Medi-Cal or Medicare. Under 18 - co-pays with families, where possible.	Feb 3, 2011 12:45 AM
251	Parents must have responsibility for establishing payment from agency and for providing insurance or co-payments as negotiated between the agency and the family.Families who do not meet their responsibilities must be eligible for dismissal.	Feb 3, 2011 12:52 AM
252	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 12:58 AM
253	should be copayment, depending on individual family and qualification	Feb 3, 2011 1:30 AM
254	Contract with performance standards that are reviewed quarterly	Feb 3, 2011 1:35 AM
255	N/A	Feb 3, 2011 1:55 AM
256	if regional center is currently paying for 1-2 services, then co-pay based on ability to pay	Feb 3, 2011 1:55 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
257	My son already needs way more care and service than is already provided by the regional center. I'm already spending huge amounts of money covering what the regional center does not, so further co-payment would make these services impossible for me to afford.	Feb 3, 2011 3:12 AM
258	Parents should receive hands on training to facilitate therapies on their own.	Feb 3, 2011 3:29 AM
259	no comment	Feb 3, 2011 5:08 AM
260	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 6:05 AM
261	Time commitment and full responsibillity if they go AMA or are abusive and non - compliant.	Feb 3, 2011 6:46 AM
262	Time commitment is important. NO co-payment.	Feb 3, 2011 6:48 AM
263	There should be no responsiblity of payment by the disabled consumer. (Only if the disabled consumer is on SSI.)	Feb 3, 2011 7:13 AM
264	parents follow thru on therapists suggestions etc.	Feb 3, 2011 7:16 AM
265	Time commitment.	Feb 3, 2011 8:09 AM
266	Sliding scale.	Feb 3, 2011 4:41 PM
267	Copayment by families that are fiscally able. The ability to pay derived by standard level of income testing.	Feb 3, 2011 5:12 PM
268	Families and clients must be sharing in the cost. Too much is given away. half of cost should be shared by the client/family.	Feb 3, 2011 5:16 PM
269	Co-payments by parents should be determined on sliding scale for children.	Feb 3, 2011 5:18 PM
270	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 3, 2011 5:21 PM
271	A copayment for every family is many times warranted for medical services; it would help parents, especially, to think about how necessary it is to keep up with well-check appointments and preventive services rather than using emergency services frequently.	Feb 3, 2011 5:37 PM
272	If a parent or consumer can afford it then a co-pay should apply	Feb 3, 2011 5:38 PM
273	Family and parents should be totally committed.	Feb 3, 2011 5:42 PM
274	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 5:43 PM
275	I think parents may be asked for co-payments depending on their financial condition. I do not think co-payments should be same regardless of services provided. If co-payments are to be implemented, I think, co-payments for much needed services should be less than those for less needed services such as genetic counseling.	Feb 3, 2011 6:00 PM
276	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's public schools and the same logic applies here.	Feb 3, 2011 6:29 PM
277	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 6:30 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
278	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 6:37 PM
279	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 6:49 PM
280	no change should take place the caregiver, parent, sibling or guardian are going above and beyond to care for the consumer	Feb 3, 2011 6:50 PM
281	Co-payment is not reasonable for most families with DDS members.	Feb 3, 2011 7:01 PM
282	I believe all consumers should be able to get the treatments that they need BUT based on a simple scale of family income there should be a share of cost to those who can afford it. It is my experience that the families with the most money are the ones who demand and financially stress the system the most. Our low income families are much more appreciate of the basic services and assistance that the regional center provide. Make the vocal demanding families put their money where their mouth is.	Feb 3, 2011 7:09 PM
283	The State of California has accepted a responsibility for persons with developmental disabilities adn the 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 7:15 PM
284	Parents are the administrators of the services and have to spent many hours not only in therapy but in making sure the child or individual is covered for services. Suggested no cost, but co-payment is some cost is necessary.	Feb 3, 2011 7:21 PM
285	no cost for parents	Feb 3, 2011 7:32 PM
286	Parents/consumers don't have the funds to pay for these services either.	Feb 3, 2011 7:41 PM
287	Co-payments are fine, if within reason.	Feb 3, 2011 7:44 PM
288	State of California took on the responsibilities of the developmentally disabled (Lanterman Act) In the hard times maybe those who could pay could pay a co-pay I think most parents already have a very strong time commitment	Feb 3, 2011 7:45 PM
289	I do not feel parents should have to pay for something that is a necessity for their children. Some parents are not able to work because there children have severe disabilities that enable them to not work. Due to the economy and a lack of job opportunities there are a lot of struggling parents out there that would not have had the opportunity to enroll their child in Regional Center's services. And I do not feel parents should have to pay for services that make under a certain monthly income.	Feb 3, 2011 7:47 PM
290	See above	Feb 3, 2011 7:51 PM
291	I'll pay a Co-Pay	Feb 3, 2011 7:51 PM
292	all do not have families and $125. a month is not enough	Feb 3, 2011 7:53 PM
293	Depending on the type of therapy requirements should determine the financial responsibilities of parents.	Feb 3, 2011 8:00 PM
294	Charge the parent a minimun for not followig through.	Feb 3, 2011 8:13 PM
295	Everyone benefiting from service (to the extent they are physically able) should be contributing something, whether it is a copay, a time commitment for working in exchange for the service, anything that CONTRIBUTES rather than simply drains. Individuals need to understand and value the services they receive and not just develop an attitude of entitlement.	Feb 3, 2011 8:14 PM
296	both the state and the family	Feb 3, 2011 8:17 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
297	Co-pay is fine, that's better than nothing!	Feb 3, 2011 8:33 PM
298	income based at a set rate.	Feb 3, 2011 8:36 PM
299	Parents provide as best they can, There comes a point that the response is better for the person to integrate others into these areas.	Feb 3, 2011 8:45 PM
300	Again, parents are best able to determine how often their child needs these services and since they pay out of pocket for more than the Regional Centers do, they should not have to provide compensation.	Feb 3, 2011 8:46 PM
301	If the parent/consumers are not utilizing the service then the service should not be provided.	Feb 3, 2011 8:49 PM
302	If it costs less to pay the parents or relatives to look after them than it would cost in a facility at s=State expense, then pay them to keep them at home. It is cost effective.	Feb 3, 2011 9:14 PM
303	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 9:17 PM
304	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 9:41 PM
305	Parents and consumers should be responsible for attendance and proper follow-up. If co-payment is appropriate, it should be determined by income.	Feb 3, 2011 9:44 PM
306	n/a	Feb 3, 2011 9:53 PM
307	Based upon their ability to pay as set forth by a predetermined calculation of family/household income.	Feb 3, 2011 10:07 PM
308	For parents that have money or clients that have special needs trusts, it seems that some co-payment would be beneficial. I think that this will help to prevent clients from getting unnecessary (or not that necessary) services just because the state is paying.	Feb 3, 2011 10:10 PM
309	Time commitment must be honored	Feb 3, 2011 10:34 PM
310	Speech therapist should work with the parents to educate them as to what the programs consist of and how to work with their child on their own.	Feb 3, 2011 10:50 PM
311	As currently set.	Feb 3, 2011 11:10 PM
312	Consistent and regular visits should be made by family but shouldn't be held back if there are medical issues or other family crises going on. Co-payments should only be made if needed, otherwise if already being paid by other means, they shouldn't need one.	Feb 3, 2011 11:11 PM
313	Sliding scale	Feb 3, 2011 11:32 PM
314	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 11:43 PM
315	Parents must agree to time committement in writing and if parents fail to comply with time committment, reassess services.	Feb 4, 2011 12:43 AM
316	There should be no-co payments, we don't pay for education at school we shouldn't pay for the therapeutic services which is an education and fundamental need.	Feb 4, 2011 12:45 AM
317	Consumers WANT these services and should be entitled to receive them as required and not be missed. similarlly if they are requesting the services then they need to be responsible about participation.	Feb 4, 2011 12:48 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
318	None. Responsibilities are on the client.	Feb 4, 2011 12:54 AM
319	A portion of consumers have P&I funds that build up over time. For those individuals, when all of the their other needs are met and when appropriate, we should allow/expect the consumer to pay for all or a portion of these services.	Feb 4, 2011 12:56 AM
320	Parents and consumers are doing the best they can.	Feb 4, 2011 1:14 AM
321	Eliminate these services	Feb 4, 2011 1:26 AM
322	Consumers should be expected to participate fully and commit to their therapies 100%, parents cannot be expected to make co-payments for adults.	Feb 4, 2011 1:33 AM
323	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 1:50 AM
324	None	Feb 4, 2011 1:51 AM
325	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's public schools and the same logic applies here.	Feb 4, 2011 2:06 AM
326	i still say in order to receive all these services client should be a citizen.	Feb 4, 2011 2:07 AM
327	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
328	parents and consumers should have some responsibilities in form of partial payment and commitment.	Feb 4, 2011 2:56 AM
329	My son gets his medical services and medicines from MediCAL	Feb 4, 2011 3:34 AM
330	Small co-pay per visit or sliding scale co-pay. Visits are $90 per so $360 a month.	Feb 4, 2011 3:35 AM
331	If a parent is paying for health coverage, then treatment MUST be covered and if SCHOOLS are provided the service, then SCHOOLS should be paid by health insurance	Feb 4, 2011 3:40 AM
332	As already established by law. Lanterman Act Section 4501.	Feb 4, 2011 4:49 AM
333	see previous statements.	Feb 4, 2011 5:28 AM
334	dependent upon case, with the most need and best outcome as criteria.	Feb 4, 2011 5:50 AM
335	Must participate to receive.	Feb 4, 2011 5:56 AM
336	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 6:39 AM
337	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 7:33 AM
338	parents cannot afford co-payments	Feb 4, 2011 3:08 PM
339	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 3:16 PM
340	Co-payments or supply fees should part of the standards.	Feb 4, 2011 4:15 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
341	Alta says they will only pay for diapers until age 5. My son turns 5 in a month and I don't know how I will get diapers then. My Alta worker says I can apply for Medi-Cal but I have health insurance so I guess I am not eligible.	Feb 4, 2011 4:45 PM
342	use of equipment as recommended by prescribing physician	Feb 4, 2011 4:46 PM
343	Same as previous section	Feb 4, 2011 4:54 PM
344	Parents should be ask to help. Co-payment should be base on income based. People below Federal Poverty Level should not pay a co-payment, but people above poverty level should be able to pay at least $10 co-payment for visit.	Feb 4, 2011 5:05 PM
345	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 5:11 PM
346	Consumers with resources can provide co-payments, which should not exceed 20% of the discounted service cost. Those without resources should have access to public funds for these necessary services. Family should be involved if not advised of the services necessary.	Feb 4, 2011 5:12 PM
347	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 5:43 PM
348	Should be a means test for these services.	Feb 4, 2011 5:55 PM
349	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 6:10 PM
350	If behavioral treatment or training is required parental participation should be required	Feb 4, 2011 6:31 PM
351	Most parents already willingly take on responsibility for the portion of payment and time commitment that their child requires. Interestingly, the result of that is that the most dedicated parents end up being submerged in debt while California continues to provide free services to the increasingly large influx of illegal immigrants.	Feb 4, 2011 7:01 PM
352	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 7:06 PM
353	The same as previous #6.	Feb 4, 2011 7:17 PM
354	Consumers generally can't afford these since they can hardly work	Feb 4, 2011 7:30 PM
355	Should depend on whether the consumer pays taxes or not and the annual income.	Feb 4, 2011 7:37 PM
356	Parents must be committed to the program.	Feb 4, 2011 7:40 PM
357	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 7:49 PM
358	family member commitment is to be present when therapies are made both in home or outpatient services	Feb 4, 2011 8:07 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
359	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 8:13 PM
360	The sTate of CA has accepted responsibilit for personal with Developmental Disabilites and it has an obligation.	Feb 4, 2011 8:36 PM
361	Parents should pay a co-pay based on their income for children. Adults should be covered by the state.	Feb 4, 2011 8:44 PM
362	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 8:54 PM
363	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 9:17 PM
364	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 9:26 PM
365	State of California set standard rates	Feb 4, 2011 9:33 PM
366	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 9:54 PM
367	The same answer that I gave about co-payments and time commitment in the previous question	Feb 4, 2011 9:57 PM
368	Tell them what is expected, provide training in what you want, if needed, then tell them: Be on time! Be prepared to do what is aked! Do what is asked! This should not even be an issue.	Feb 4, 2011 9:59 PM
369	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 10:04 PM
370	Parents should use the services available.	Feb 4, 2011 10:07 PM
371	A non medical individual should contribute like $160 a month.	Feb 4, 2011 10:15 PM
372	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 10:20 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
373	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). 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. 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.	Feb 4, 2011 10:35 PM
374	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 10:36 PM
375	: 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 10:43 PM
376	Family co-pay as appropriate. Client co-pay as appropriate.	Feb 4, 2011 11:00 PM
377	Voluntary service should be required.	Feb 4, 2011 11:02 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 4, 2011 11:13 PM
379	Depending on the age of the consumer. Parents of minors should be encouraged to donate time depending on their availability away from work and responsibilities of other children or parent dependents. Money should come first from insurance, if available, and then from Regional if consumer is of age. If consumer is a minor, parents should contribute if the household income allows it.	Feb 4, 2011 11:20 PM
380	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 11:20 PM
381	Parents and consumers should commit themselves to the time and expenses that they can afford in order to receive the help that is needed.	Feb 4, 2011 11:22 PM
382	Again, active participation of parents/caregivers in any service for young consumers whose developmental age is below a designated level (e.g., 8 years) should be imposed.	Feb 4, 2011 11:43 PM
383	Family members should help pay if they can,,,, this could be determinded through a means test.	Feb 4, 2011 11:50 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
384	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge (The Lanterman Act Section 4501). The State does not ask parents and students for co-pays in California's public schools and the same logic applies here.	Feb 5, 2011 12:09 AM
385	Lanterman Act 4501 outlines that California accepts responsibility and just as public education DOES NOT require co-pay neither should DDS.	Feb 5, 2011 12:10 AM
386	Sliding scale depending on resources of individual and family	Feb 5, 2011 12:12 AM
387	Co-pays can financially bury families that have a chronically ill member or someone with developmental disabilities who needs ongoing therapy and medical support. Family members should be willing to make the time commitment to help the individual needing support to care for themselves as effectively as possible and to make sure that meds are taken on time and appropriately and that the necessary care is given to support the best health possible.	Feb 5, 2011 12:26 AM
388	AUTISM	Feb 5, 2011 1:11 AM
389	same as for the other programs	Feb 5, 2011 1:23 AM
390	Whenever possible, active participation in the design and implemetation of therapeutic services should be expected of all parents seeking said services.	Feb 5, 2011 1:42 AM
391	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 5, 2011 2:16 AM
392	???	Feb 5, 2011 3:40 AM
393	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).	Feb 5, 2011 3:55 AM
394	As in #5 above	Feb 5, 2011 3:59 AM
395	I think if it is beyond basic health care and not coverage under patients insurance, doozy with parents agreement as to needed service	Feb 5, 2011 4:06 AM
396	Parents need to commit to participating in therapy sessions, continuing homework with the child in between sessions and maintaining open communication with the therapist in terms of the problem areas. Parents need to be committed to working with their child all throughout the week, not just at the therapy session itself.	Feb 5, 2011 5:39 AM
397	Parents are at high risk for disability, early death, addiction, bankruptcy and divorce. Society should support them so they can function as contributing members of their children's lives as long as possible.	Feb 5, 2011 5:48 AM
398	The state does not ask parents and students for co-pays in California's pubic schools, so why require that here?	Feb 5, 2011 6:40 AM
399	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 2:46 PM
400	co-payments for ALL parents. Even parents who are low income should be made to pay something. Some non-working families may be able to assist with community work such as helping set up for parent trainings/orientations.	Feb 5, 2011 4:25 PM
401	see above	Feb 5, 2011 5:00 PM
402	Parent(s) should make themselves available to work with their child and the service provider therapist.	Feb 5, 2011 5:15 PM
403	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 5:23 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
404	If the consumer is an adult and they are not financially able to pay for services, they should not be subjected to co-payments. If the consumer is a child, and the parents indicte an income that shows they are able to pay, then they should. However, a number of our consumers' parents are unable to pay any amount as they are consumers themselves.	Feb 5, 2011 6:27 PM
405	same as first set	Feb 5, 2011 6:39 PM
406	Parents should be responsible for making child available. There should be different tiers for payment. Parents with more resources should have a co-payment	Feb 5, 2011 8:02 PM
407	Assessment shows need for services parent must be responsible to get the needs meet for the child, if not then something should be put in place to help the needs of the child.. worst case lost of child to caregiver that can support the child. clear guidelines must be set for the parents for the services to be paid.	Feb 5, 2011 10:10 PM
408	the parents should have insurance for them	Feb 5, 2011 10:53 PM
409	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 10:53 PM
410	It is the parents, home staffs and parrents to get the comsumer to appointments, and to provide their medical card for payment.	Feb 6, 2011 3:55 AM
411	Regardless of any suggested standards, the consumer, the consumer's parents and/or caregivers and consumer's teachers and other school service providers where applicable must still have input regarding health care and therapeutic 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 5:39 AM
412	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 5:54 AM
413	To the extent that parents or guardians are required to make co payments the services will be scrutinized more closely.	Feb 6, 2011 6:14 AM
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 6, 2011 4:33 PM
415	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 5:01 PM
416	Parents and/or conservators should be present at all review meetings.They should be consulted for any and all major decisions regarding the client's welfare.	Feb 6, 2011 7:59 PM
417	Disabled people should have all of their services paid by the state. Let the state not pay to send children of illegals to college if they don't have funds for this.	Feb 6, 2011 8:37 PM
418	Same as mentioned previously.	Feb 6, 2011 10:50 PM
419	It depends on the physical and mental severity of the consumer, and the financial challenges of the parent. This must be done on a scale.	Feb 7, 2011 5:10 AM
420	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 7, 2011 5:11 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
421	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 6:37 AM
422	If the client is a minor parents should fund for diapers until they are 3 because most children are toilet trained by then. Parents should also have to provide health insurance for their children or pay on a scale, they also need to provide transportation to all appointments and pursue all funding sources prior to requesting assistance from the regional centers.	Feb 7, 2011 3:45 PM
423	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 5:44 PM
424	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 6:39 PM
425	Co payment	Feb 7, 2011 6:49 PM
426	As mentioned in the prior section of questions.	Feb 7, 2011 8:26 PM
427	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 7, 2011 10:04 PM
428	You are trying to create a system that will fail our children. They are all individuals, and this survey is proof that you are wasting valuable time and money on accountablity and qualification instead of allowing our children to be individuals, with individual needs.	Feb 7, 2011 10:06 PM
429	children parents should have co pay. adult consumers could have co pay on sliding scale depending on income.	Feb 7, 2011 10:28 PM
430	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 10:35 PM
431	Allow RC's to set the standards in their own communities.	Feb 7, 2011 10:44 PM
432	According to the Lanterman Act, Section 4501, the State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must fulfill. California does not require co-pays in California's public schools, nor should it require them for DDS services. Rather than assuming that parents are looking for a free ride, the DDS should acknowledge that most if not all families continue to overextend their time, energy and finances in support of their developmentally disabled family members.	Feb 7, 2011 11:12 PM
433	Let the Regional Centers make the decisions regarding program services	Feb 7, 2011 11:13 PM
434	See above. Time commitment doesn't make sense in this context.	Feb 7, 2011 11:38 PM
435	Parents should have to pay a copay on a sliding scale according to income.	Feb 8, 2011 12:50 AM
436	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (Lanterman Act Section 4501). The state does not ask parents and student for co-pays in California’s public schools and the same logic applies here.	Feb 8, 2011 1:08 AM
437	Regional centers become the payor of last resort, but the payor if no one else is around.	Feb 8, 2011 1:37 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
438	Financial resources should be considered. however all monies paid out for services for the individual should be considered when setting a co-payment	Feb 8, 2011 2:19 AM
439	As a consumer who has insurance, medical costs for a child with autism have skyrocketed for our family. Yet, some families receive many of these services at no cost if they do not have insurance. It would help a family with a child with special needs if the government could at least help with co-pays since the don't have to take the brunt of costs for insured families. The co-pays really add up and take months, if not years to pay down.	Feb 8, 2011 3:32 AM
440	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 3:56 AM
441	Everyone has a responsibility to pay something into the system, even if they can only afford only a very small amount. However, there are certain services, such as respite care and counseling services, that should be available free of charge to all so that their use is encouraged. Too often, those who need the services the most are the ones who are the most reluctant to use these services.	Feb 8, 2011 4:27 AM
442	Parents should be involved in 90% of services 0-3 and should be consulted regularly when kids start school.	Feb 8, 2011 4:36 AM
443	I would like to know how a consumer in his/her fifties, sixties, etc. & has no family watching over his/her shoulder, is expected to do this, especially on this topic? How does Regional Center cope with that older consumer who is continual need of mental health counseling, or for those who are very young & alone, & simply assigned to an individual or agency? Do you have universal standards, or do they fluctuate based on who is looking or who is the loudest?	Feb 8, 2011 4:58 AM
444	See 1. above.	Feb 8, 2011 5:12 AM
445	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 5:31 AM
446	Absolutely no financial obligations on part of parents or consumers -- Families are already struggling on one income, especially in California, and they have little opportunity to bring in income. Additional cuts to services or an added financial obligation to families mean we would have to move out of state.	Feb 8, 2011 5:33 AM
447	Again as previously stated.	Feb 8, 2011 6:08 AM
448	As much of a time commitment as is necessary to remediate disability. Co-payment as little as possible, based on family income. No one should be turned away because of financial hardship.	Feb 8, 2011 6:13 AM
449	No co-payments for low income consumers.	Feb 8, 2011 6:57 AM
450	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 3:39 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 8, 2011 4:24 PM
452	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 4:24 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
453	if a reasonable payment was offered, and insurance paid a portion, have parents pay a co pay	Feb 8, 2011 5:48 PM
454	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 6:01 PM
455	Parent and Consumer should only be responsible for ensuring that the delivery and application of such services are taking place and that progress is being made.	Feb 8, 2011 7:12 PM
456	Either could be required. Work programs would be excellent. Put people to work keeping up the park system in county and city.	Feb 8, 2011 7:40 PM
457	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 7:53 PM
458	Involve parents and family - donations, pledges, volunteer work.	Feb 8, 2011 8:47 PM
459	help at home	Feb 8, 2011 9:20 PM
460	at the most 10% out of parent pocket. Maybe a parent participation preschool to cut down on costs for early start programs.	Feb 8, 2011 10:07 PM
461	co pay or time volunteering.	Feb 8, 2011 11:35 PM
462	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 11:52 PM
463	Well, California does not require a co-payment or time commitment for parents whose kids attend public school, so I don't think consumers should have to pay for these services either.	Feb 9, 2011 12:16 AM
464	Parents need to sign a contract, clearly stating the expectations of their role in EI therapy services.	Feb 9, 2011 12:52 AM
465	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here	Feb 9, 2011 1:21 AM
466	: The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 9, 2011 1:27 AM
467	No co payments for the disabled consumer or parent.	Feb 9, 2011 1:35 AM
468	same	Feb 9, 2011 2:27 AM
469	I pay for the remaining cost of medications which Medical doesn't pay for. My dad is my payee and provides me with what money I need for medical costs. I think I should be responsible for paying for medical costs which Medical doesn't cover including tranquilizer medication.	Feb 9, 2011 2:55 AM
470	There is the impression that people and families do not budget for these expenses because there is POS in place, no matter their income or resources.	Feb 9, 2011 4:20 AM
471	Parents should participate and attend services. A co-payment would be appropriate for medical services.	Feb 9, 2011 4:37 AM
472	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 5:41 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
473	The parents/ guardians should be using the information provided from the programs and put them into practice. They should be able to meet weekly with their service provider/ therapist to strive towards life skills and quality of relationships and life.	Feb 9, 2011 5:56 AM
474	Parents should be required to be involved in therapeutic services at least once to twice weekly if possible.	Feb 9, 2011 6:37 AM
475	Co-pay: YES, if it is minimal - TCRC may not hear to many complaints. $5, $10, $15, $20, etc.....Time commitment: Yes, ex: 4 mo., 6 mo., 12 mo.	Feb 9, 2011 7:07 AM
476	Parents/consumers should be responsible for copayment 5% to 10%.	Feb 9, 2011 7:40 AM
477	None	Feb 9, 2011 2:02 PM
478	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 5:32 PM
479	lowering co-pays and any other financial obligations will definitely help the consumers during this hard economic time.	Feb 9, 2011 5:57 PM
480	If person has Medi-Cal, they should not be funded by RC POS for this service	Feb 9, 2011 6:29 PM
481	must follow up with all appts-must get child to appt as thewy would for any other child who does not have a DD	Feb 9, 2011 6:49 PM
482	Insurance companies should establish an insurance coverage just for developmental delayed conditions so that all kids in need can be covered. Parents should pay a yearly membership (eg. $2,000) in monthly installments and pay a monthly co-pay amount every time they use services as they go along. It will be parents responsibility to cover those depending on how much effort they want to put into it. Sessions should be half hour or group sessions.	Feb 9, 2011 7:30 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 9, 2011 7:56 PM
484	Aa parents, I am willing to pay copyment for the service, as long as the copayment amount is reasonable and affortable (10% coinsurance or $10 to $15 copyment per session).	Feb 9, 2011 8:51 PM
485	Consumers are expected to make regularly scheduled appointments, take medicines as prescribed, and contact the healthcare professional in emergencies.	Feb 9, 2011 8:58 PM
486	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 9:04 PM
487	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's public schools and the same logic applies here.	Feb 9, 2011 9:47 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 4501) The state does not ask parents and students for co-pays in California's public schools and the same logic applies here.	Feb 9, 2011 10:02 PM
489	It should not be left to the consumers or caretakers or parents.	Feb 9, 2011 10:36 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
490	A co=payment could be considered for services, MD visits, vaccinations.	Feb 9, 2011 10:51 PM
491	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 9, 2011 10:51 PM
492	None	Feb 9, 2011 11:28 PM
493	Many parents are burdened from monthly costs of supplying various services to their special needs children. Co-payments should not be required to purchase services. Time commitment of parents is a full-time commitment to their children.	Feb 9, 2011 11:36 PM
494	Parents/ Consumers should comply with the requirements for the service/s rendered. Co-payments, time commitments, etc. should be within a certain limit for low income comsumers.	Feb 9, 2011 11:40 PM
495	co-payment is a good idea	Feb 9, 2011 11:45 PM
496	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 11:46 PM
497	Consider implementation of a co-payment using a sliding fee scale for the amount of the co-payment, ranging from 20% of billed services in the co-payment to 0% of services in the co-payment, or total coverage for services.	Feb 9, 2011 11:52 PM
498	A copayment from the parent or consumer is appropriate if they can afford to pay for services.	Feb 10, 2011 12:00 AM
499	A good faith effort to follow through would have to be shown by the consumer or family of the consumer.	Feb 10, 2011 12:29 AM
500	Ensuring that they are consistent with their treatments and receive them all with the plan lined out by TCRC..	Feb 10, 2011 3:04 AM
501	previous obsrvations	Feb 10, 2011 7:46 PM
502	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 7:59 PM
503	Have parent sign a waiver stating that they will commit as much time the therapeutic services. It would be nice to have resources in which parents or individuals could access, like a indoor therapeutic center which is specifically available to those who receive therapeutic services or who need growth developmentally and socially.	Feb 10, 2011 8:15 PM
504	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 9:30 PM
505	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 9:57 PM
506	Weekly or Bi-weekly visits will not make sufficient improvement if activities are not practiced at home. I suggest that parents/patient need to invest at least 30 mins. a day on the activities assigned to ensure progress. As for co-payment, i think it would be reasonable to charge a modest amount, $20, per visit so as to add value in the patient/parent's mind about the therapy	Feb 10, 2011 10:12 PM
507	Consumer's and families should be made responbile as per IPP contract.	Feb 10, 2011 10:12 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
508	Parents are not a reliable source.	Feb 10, 2011 11:59 PM
509	Consumers and parents should provide a co-pay if they can afford it.	Feb 11, 2011 12:03 AM
510	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 12:16 AM
511	Cannot be a financial drain on the family. IHSS should always be explained and encouraged by ALTA and all effected service providers.	Feb 11, 2011 1:25 AM
512	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 1:44 AM
513	Supports should remain the same or increase.	Feb 11, 2011 1:49 AM
514	time commitment	Feb 11, 2011 2:50 AM
515	I think asking for co-payments is reasonable for many of the therapies, lab services etc but not for the daily personal care items.	Feb 11, 2011 3:05 AM
516	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 3:17 AM
517	NONE!!!!!!!	Feb 11, 2011 3:25 AM
518	parents, conservators and service providers shall commit the appropriate amount of time to these services and see the clients needs are met! Payments shall be made monthly.	Feb 11, 2011 3:29 AM
519	Primary responsibility maintained for consumer who live in their own home. Families should be expected to use SSI for basic care items such as diapers. Medical services should be provided by insurance, Medicare or Medicaid. Non-medical services should not be provided	Feb 11, 2011 4:39 AM
520	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 4:47 AM
521	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California’s pubic schools and the same logic applies here.	Feb 11, 2011 5:07 AM
522	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 5:22 AM
523	Co pays should be instituted for those who can afford it. I'm aware of a family that is very wealthy but get many services for free. Yet poorer families get fewer and cheaper services. It's somewhat well known that wealther families get more services, more expensive services and favored treatment by regional center staff. There is definitely a "club" attitude.	Feb 11, 2011 5:39 AM
524	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 6:12 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
525	payments due as received.	Feb 11, 2011 6:13 AM
526	Each has their own responsibilty. This is pretty self explanatory area.	Feb 11, 2011 6:14 AM
527	If services are necessary for development, well-being, and comfort of the individual then they should be provided. Personally I find it abhorrent that dental care and physical therapy are no longer provided for most adults in the Regional Care System. I cannot imagine the pain that will be inflicted on people with disabilities should any further cuts occur.	Feb 11, 2011 7:45 AM
528	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 6:08 PM
529	No comment.	Feb 11, 2011 6:27 PM
530	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" because 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 would be allocated to the client or the client's 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.... (The things that would be excluded would be credit card debit, automatic savings account payments, and incidentals such as entertainment or vacations. The same categories 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. Depending upon the ratio will depend upon what percentage is assigned to the parent. As their "profit narrows" so does the percentage.	Feb 11, 2011 6:43 PM
531	SAME AS PREVIOUS #6	Feb 11, 2011 6:44 PM
532	Yes, to make this work everyone on the about list for no.#6 should be involved 100% or they won't get the benefits.	Feb 11, 2011 6:47 PM
533	could be copayment if insurance funded	Feb 11, 2011 7:19 PM
534	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 7:21 PM
535	Three days a week consumer should not have to pay	Feb 11, 2011 7:22 PM
536	Again, families should be involved in paying for these services. Keep the families much more involved.	Feb 11, 2011 8:48 PM
537	See comment under Behavioral Services	Feb 11, 2011 8:49 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
538	Parents should be expected to care for their children a portion of every day. I think that if RC's need to provide more that a certain number of hours a day, there be a co-pay involved. For example if a child is in school 6 hrs a day, has IHSS for 9 hrs a day, then RC shouldn't provide more than 5 hours a day of support, if it is a weekend or summer, the amount provided would be dependent of whether or not there was any programing available for the child	Feb 11, 2011 9:33 PM
539	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 9:40 PM
540	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 therapy services.	Feb 11, 2011 9:44 PM
541	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 therapy services.	Feb 11, 2011 9:45 PM
542	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 therapy services.	Feb 11, 2011 9:48 PM
543	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 therapy services.	Feb 11, 2011 9:49 PM
544	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 9:49 PM
545	Family responsibility should depend on their income and resources.	Feb 11, 2011 9:51 PM
546	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 therapy services.	Feb 11, 2011 9:51 PM
547	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 therapy services.	Feb 11, 2011 9:53 PM
548	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 therapy services.	Feb 11, 2011 9:58 PM
549	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 therapy services.	Feb 11, 2011 10:01 PM
550	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 therapy services.	Feb 11, 2011 10:02 PM
551	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 therapy services.	Feb 11, 2011 10:13 PM
552	Familys ability to pay	Feb 11, 2011 10:14 PM
553	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 therapy services.	Feb 11, 2011 10:25 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
554	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 therapy services.	Feb 11, 2011 10:29 PM
555	Regional center should pay for these services.	Feb 11, 2011 10:32 PM
556	AS it is now	Feb 11, 2011 10:33 PM
557	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 therapy services.	Feb 11, 2011 10:35 PM
558	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 10:41 PM
559	minors are parents sole responsibility in time commitment and share of cost, over 18 or in board and care, there should be co payment and care provider responsibility without any changes or increase in vehicle insurance requirements.	Feb 11, 2011 10:43 PM
560	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 therapy services.	Feb 11, 2011 10:54 PM
561	everyone that needs it between the ages of 0-3 years, early intervention is the key!!!!	Feb 11, 2011 10:59 PM
562	Parents and consumers must support these services to the fullest to set up the outcome of success, measured by continuous improvement.	Feb 11, 2011 11:20 PM
563	Sliding fee when possible. Parents should be financially responsible for their children to the extent they can possibly help. Adults should work and this might allow them to assist in paying for service or getting on health care other than Medi-Cal.	Feb 11, 2011 11:22 PM
564	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 therapy services.	Feb 11, 2011 11:25 PM
565	CO PAYMENT FROM PARENT.	Feb 11, 2011 11:26 PM
566	Case by case.	Feb 11, 2011 11:35 PM
567	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's public schools and the same logic applies here.	Feb 11, 2011 11:47 PM
568	Parents and consumer need to meaningfully participate in the counseling services. If they fail to show or fail to participate in the therapeutic offerings of the therapists they should be discontinued until they are so motivated as to cooperate in the therapeutic alliance.	Feb 11, 2011 11:55 PM
569	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 therapy services.	Feb 12, 2011 12:07 AM
570	Co-payments can be made for those families that are in the upper class.	Feb 12, 2011 12:37 AM
571	Most of the clients families give as much as they can .	Feb 12, 2011 2:31 AM
572	Caregivers may provide small co-payment based on financial ability. Must provide evaluations on effectiveness of program.	Feb 12, 2011 3:41 AM
573	not sure	Feb 12, 2011 4:08 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
574	The State of California has accepted a responsibility for persons with developmental disabilities ajd an obligation to them which it must discharge. (The Lanteman Act Section 4501). The state does not ask parents and student for co-pays in California's public schools and the same logic applies here.	Feb 12, 2011 5:14 AM
575	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 5:18 AM
576	Parents or caregivers should always be involved.	Feb 12, 2011 6:09 AM
577	See previous answers.	Feb 12, 2011 6:27 AM
578	I have no experience in this area.	Feb 12, 2011 6:42 AM
579	Expect both co-payments and time commitment-3 hours per week.l	Feb 12, 2011 7:43 AM
580	Family must attend all appointments and meet all responsibilities unless unavoidable like hospitalization.	Feb 12, 2011 3:27 PM
581	Co-payment should be required and a good attendance record that is consistant	Feb 12, 2011 3:44 PM
582	Consumers could pay a co-payment, reduce frequency, etc. Non life threatening services could be deterred.	Feb 12, 2011 4:25 PM
583	Parents/family/caretakers looking out for the best interest of the consumer should be providing monitoring or care and feedback constantly. Families that are not financially equipped to properly care for the consumer should be able to turn to their government for help. That is what our tax dollars should be used for.	Feb 12, 2011 4:34 PM
584	For clients/consumers over the age of 18 that are now "adults" with disabilities, their parents should not be required to continue to pay for their funding. Yes, some parents can afford to send their son or daughter to college, but that is their own choice. Not every family can afford to pay for these services in part or whole for the duration of the lifetime of the person with a disability.	Feb 12, 2011 4:38 PM
585	Continued monitoring by parents as to time commitment. No comment on co-payment.	Feb 12, 2011 4:42 PM
586	committed to bring to appointments, therapies, schedules	Feb 12, 2011 4:58 PM
587	They need to think out a plan that is appropriate for the person and the needs to change when needed with approval of written notice.	Feb 12, 2011 5:23 PM
588	supervisory visits would establish success of the services	Feb 12, 2011 5:31 PM
589	reiforce service is provided	Feb 12, 2011 5:40 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 12, 2011 6:10 PM
591	Need based.	Feb 12, 2011 6:12 PM
592	Copayment for services beyond the maximum.	Feb 12, 2011 6:25 PM
593	elective procedures (teeth whitening, etc.) should be paid for my consumers or their families.	Feb 12, 2011 6:41 PM
594	See response on previous section.	Feb 12, 2011 8:16 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 12, 2011 8:24 PM
596	Sliding scale co-pay	Feb 12, 2011 8:30 PM
597	Involve parents as much as possible, teach parents at-home exercises, etc.	Feb 12, 2011 8:31 PM
598	A co-payment is appropriate for parents and consumers to make.	Feb 12, 2011 8:47 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
599	20% co pay with specified length of services (ie substance abuse 6 months, family counseling 12 sessions)	Feb 12, 2011 8:50 PM
600	See Behavioral Sciences #6.	Feb 12, 2011 9:11 PM
601	Parents and consumers often have difficulty meeting the financial needs required of the disabled. Time restrictions with work can impact interaction with disabled family members. Non-disabled family members are coping and suffering enough just having an individual with such high need demands in the family.	Feb 12, 2011 9:16 PM
602	Insurance co-payment -- coordinate with regional centers about transportation	Feb 12, 2011 9:54 PM
603	time commitment, keeping appts, being on time,	Feb 12, 2011 10:13 PM
604	All parents should be required to review and sign off on all services rendored and what progress or shortfalls have taken place in the past year.	Feb 12, 2011 11:04 PM
605	Co-payments can be worked out through individual insurance plans and/or direct payments to centers. Time commitments can be established with rehab centers.	Feb 12, 2011 11:10 PM
606	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	Feb 12, 2011 11:59 PM
607	parents need to always be involved nothing should be given free in life if they are poor they can donate time!	Feb 13, 2011 12:34 AM
608	co-pay	Feb 13, 2011 1:20 AM
609	Parent involvement and training.	Feb 13, 2011 1:47 AM
610	read the previous answer	Feb 13, 2011 2:40 AM
611	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 3:41 AM
612	To determine for those who can participate financially, they should share in the costs.	Feb 13, 2011 3:45 AM
613	with respect to time commitment every consumer or care giver 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 4:14 AM
614	Exactly!	Feb 13, 2011 5:07 AM
615	Parents must be a part in the planning and implementation of the standards commit their time on rotation pay one third or depending on n their income. Commitment is for parents to share thier time to help Golden Gate or if they reallly don't need the service to stop charging Golden Gate	Feb 13, 2011 5:17 AM
616	Exactly!	Feb 13, 2011 5:23 AM
617	sit down and talk about a plan suitable for all.	Feb 13, 2011 5:49 AM
618	Always give homework to parents.	Feb 13, 2011 6:06 AM
619	Co Payments from household annual income exceeding 80,000.00 on a sliding scale.	Feb 13, 2011 7:46 AM
620	No co-payments. No regulation of parents' time commitments. They have enough to do just making sure the consumer gets to/from appointments.	Feb 13, 2011 4:57 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
621	Parents and consumers should be responsible to participate in a 10 week interdisciplinary training course and commit the time to learn the basics that influence the development, health and well being of their children. If parents are not willing to learn and invest the time in the process, services should be denied. Regardless of how educated or uneducated the parent may be there is always something to learn that will significantly augment professional services. Even if it does not require action on the part of the parent, a higher level of understanding of special needs will go a long way in helping children and families cope with the challenges of every day life, promote better futures and expand efficacy of public funds.	Feb 13, 2011 5:21 PM
622	Should be determined by need by financial need of consumer	Feb 13, 2011 6:40 PM
623	The parent has a huge time commitment because the person needs 24 hour care. THE IMPORTANT FACT TO NOTE IS THE DISABLED PERSON COSTS THE STATE MUCH LESS IN A HOME ENVIRONMENT BECAUSE THE FAMILY HAS AN EMOTIONAL INTEREST IN THE WELL BEING OF THE FAMILY MEMBER. ALSO, LESS MEDICATION IS REQUIRED, LESS SICKNESS EACH YEAR, AND A BETTER DIET IS PROVIDED. In a state facility this person would have skin breakdowns from not being repositioned enoiugh, respiratory illnesses from being bed bound, and would be administered more medications then really needed.	Feb 13, 2011 6:55 PM
624	Under 26, copayments as directed through insurance. Over 26, client's insurance and Regional Center budget.	Feb 13, 2011 7:03 PM
625	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 7:12 PM
626	IF it is possible for the parents or consumer to contribute some sort of co-payment, this is reasonable.	Feb 13, 2011 7:59 PM
627	Parents should be present for all services	Feb 13, 2011 8:41 PM
628	A co-pay to the best of their ability.	Feb 13, 2011 8:47 PM
629	Parents should be involved.	Feb 13, 2011 9:14 PM
630	copayment if possible - not required- unless this is a supplemental, treatment, not vital to quality of life - sort of like swimming with dolphins or something- nursing care for those who need it for sure- but can situations be created where there is a shared nurse - and a clinet is not living by themselves with 24 hour care someplace - seems a little much	Feb 13, 2011 10:11 PM
631	No copayment.	Feb 13, 2011 10:20 PM
632	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 askparents and student for co-pays in California’s pubic schools and the same logic applies here.	Feb 13, 2011 10:50 PM
633	Parent participation for Health Care and Therapeutic Services should match that expected by parents of non-disabled children/adults for similar services. Co-payments should not be implemented, since the RC is already the payer of last resort.	Feb 14, 2011 12:55 AM
634	None.	Feb 14, 2011 1:37 AM
635	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 1:41 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
636	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 1:48 AM
637	Families and consumers should not co-pay	Feb 14, 2011 3:19 AM
638	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 3:23 AM
639	Parents should be required to help out as far as time commitment in accordance with their child's age and status. They should be required to use their private insurance first if they have it.	Feb 14, 2011 4:23 AM
640	Parents should have a co-pay. They should be required to participate in any treatment provided.	Feb 14, 2011 4:58 AM
641	small co-payments should be charged	Feb 14, 2011 5:26 AM
642	Co pay should be whatever is usual for health insurance plan.	Feb 14, 2011 5:33 AM
643	MOST FAMILIES ARE NOT ABLE TO CONTRIBUTE. THE CONSUMERS IN WORK PROGRAMS ARE WORKING FOR FAR LESS THAN MINIMUM WAGE SO THEY SHOULD NOT BE EXPECTED TO PAY MORE THAN PERHAPS A MINIMAL CO=PAY, $3-5.00 AT MOST.	Feb 14, 2011 7:03 AM
644	We should listen to parents and at least evaluate whatever problems they detect.	Feb 14, 2011 1:48 PM
645	no co pays	Feb 14, 2011 2:43 PM
646	A team effort with combination of all support with follow ups..	Feb 14, 2011 3:10 PM
647	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 therapy services.	Feb 14, 2011 3:57 PM
648	Effectiveness of others' involvement on their success should be an indicator of the level of participation needed.	Feb 14, 2011 4:00 PM
649	Parents and insurance need to work together with consultation by RC or DDS.	Feb 14, 2011 4:24 PM
650	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 therapy services.	Feb 14, 2011 4:25 PM
651	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 therapy services.	Feb 14, 2011 5:04 PM
652	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 therapy services. Parent co-payment should be considered.	Feb 14, 2011 5:16 PM
653	co payment as needed	Feb 14, 2011 5:22 PM
654	Parents should only be required to participate in and implement the treatment plans their minor child’s therapy services.	Feb 14, 2011 5:29 PM
655	please see my previous answers as I believe my answers apply to these questions as well.	Feb 14, 2011 5:33 PM
656	Use private insurance if available to supplement payment	Feb 14, 2011 6:04 PM
657	If I had to pay a copay for some of the services that my cousin may need I would do it.	Feb 14, 2011 6:05 PM
658	With behavioral services, I think the commitment for parents is or should be, a model.	Feb 14, 2011 6:12 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
659	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 therapy services.	Feb 14, 2011 6:18 PM
660	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 therapy services.	Feb 14, 2011 6:19 PM
661	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 therapy services.	Feb 14, 2011 6:25 PM
662	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 therapy services.	Feb 14, 2011 6:27 PM
663	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
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 inCalifornia's pubic schools and the same logic applies here.	Feb 14, 2011 6:29 PM
665	The student is the primary focus, but if others can contribute they should. Also, they too should have to do some improvement, ie. parenting classes, personal growth, financial management education, and such.	Feb 14, 2011 6:43 PM
666	Always checking that the services have been provided	Feb 14, 2011 6:54 PM
667	parents should provide for some of this care and cost	Feb 14, 2011 6:54 PM
668	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 therapy services.	Feb 14, 2011 7:07 PM
669	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 therapy services.	Feb 14, 2011 7:22 PM
670	Consumers should pay nothing.	Feb 14, 2011 7:28 PM
671	Time commitment and pay what they can afford	Feb 14, 2011 7:32 PM
672	Reimpliment the PCC program.	Feb 14, 2011 7:38 PM
673	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 therapy services.	Feb 14, 2011 7:45 PM
674	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 therapy services.	Feb 14, 2011 8:03 PM
675	Co-pay of $10.	Feb 14, 2011 8:31 PM
676	Based upon income and ability to pay.	Feb 14, 2011 8:40 PM
677	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 therapy services.	Feb 14, 2011 8:56 PM
678	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 8:59 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
679	If the child needs the services, they should be provided to the child, regardless. The child shouldn't suffer. The parents should pay a co-pay - if it is resonable ($15.00 per visit/Kaiser co-pay). And the parent should make and keep all appointments, and have training so that time at home/alone can be spent with the parents helping the child meet/achieve goals.	Feb 14, 2011 9:09 PM
680	N/A based on new healthcare law.	Feb 14, 2011 9:14 PM
681	Parents and/or clients, if receiving SSI, should share in the cost.	Feb 14, 2011 9:38 PM
682	The State of CA has accepted a responsibility for persons with developmental disabilities and an obligation to them, which it must discharge. The state does not ask parents and students for co-pays in CA schools. The same logic applies here.	Feb 14, 2011 9:40 PM
683	It is difficult to generalize but if parents and consumers request services, they must follow through using these services in a timely and correct manner. The State of California has accepted the responsibility for persons with developmental disabilities and must also follow through with their obligation.	Feb 14, 2011 9:51 PM
684	Service standards should be maintained as they currently are.	Feb 14, 2011 10:08 PM
685	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 therapy services.	Feb 14, 2011 10:13 PM
686	Copayment. Parents should be present with young children and informed of therapy goals for older children	Feb 14, 2011 10:50 PM
687	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 14, 2011 11:00 PM
688	Most consumer's I have worked with have very low incomes,,,,As far as parent's I have not seen any parent in my experience pay for services	Feb 14, 2011 11:04 PM
689	I believe that families of dependents should contribute to the costs associated with the health care of their child, on an equitable basis, probably using an income sliding scale.	Feb 14, 2011 11:35 PM
690	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 therapy services.	Feb 14, 2011 11:48 PM
691	co-payment based on patient's ability to pay	Feb 14, 2011 11:55 PM
692	Parent who are in a certain income bracket should be required to help support their children and have co-pay on certain services.	Feb 15, 2011 12:00 AM
693	Time commitment & homework to complete other days	Feb 15, 2011 12:02 AM
694	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 therapy services.	Feb 15, 2011 12:13 AM
695	Time commitments are reasonable as long as service providers can accommodate the range of parent schedules so as not to hamper educational and employment opportunities of parents of special needs children. Co-payments will definitely put too great a burden on families already financial strained from related expenses, such as medical costs and higher child care costs and periods of not being able to work due to their child's special needs.	Feb 15, 2011 12:14 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
696	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. Question #7: Suggested service standards about self-directed or self-	Feb 15, 2011 12:18 AM
697	The state should not imprement costly co-payments. A better alternative involves holding parents and aor service providers responsible for reducing unnecessary medical services.	Feb 15, 2011 12:32 AM
698	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 therapy services	Feb 15, 2011 12:39 AM
699	Co-payment of $5 with a monthly maximum of $50 for families that are more than 250% of the Federal Poverty limit. Parents should provide all transportation to therapy, medical appointments, or pharmacies.	Feb 15, 2011 12:55 AM
700	The State of California has accepted a responsibility for persons with developmental diabilities 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 1:20 AM
701	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 1:36 AM
702	Any applicable co-payment should be made by parents unless there is a documented financial hardship. All therapies require time commitment to the sessions and following the recommendations of the provider.	Feb 15, 2011 1:37 AM
703	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), in the absence of insurance.	Feb 15, 2011 1:42 AM
704	share of cost as family/person able	Feb 15, 2011 1:47 AM
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 15, 2011 1:52 AM
706	co-payment if parents or consumers make over $_____/year. I am unsure what the dollar amount should be as parents of special needs children often have a much high cost of living as a result of the disability, than typical households.	Feb 15, 2011 2:03 AM
707	sign survey / statement of need and benefit to the family....how prevention has become more cost effective than treating full-blown illness/crisis.	Feb 15, 2011 2:04 AM
708	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 2:27 AM
709	The parents should have to be responsible for adding their children to their benefit package with their employer. If not offered, then they should be able to receive Medi-Cal	Feb 15, 2011 2:29 AM
710	Except for rare cases families already have high expenses because of their adult child with special needs and are only able to work outside the home on a limited basis, because of the adult child's need for care. Most families should have to pay but there should be an attendance committment (with an exemption for those whose health prevents them from attending regularly).	Feb 15, 2011 2:38 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
711	Time Commitment is important responsibility of the parents. The parents should learn on how to use the exercises and/or techniques since they will be with the child 24:7.	Feb 15, 2011 2:40 AM
712	EFFECTIVE AND EFFICIENT USAGE OF SUPPLIES AND SERVICES	Feb 15, 2011 2:51 AM
713	co-payments time commitment to collaborate with therapist	Feb 15, 2011 3:09 AM
714	Parents/guardians to actively participate with recommendation provided from the program; the Regional Center and ABA consultant as well as SLP/OT/PT	Feb 15, 2011 3:18 AM
715	Sliding scale based on income	Feb 15, 2011 3:30 AM
716	The state has to care for those who cannot care for themselves!!	Feb 15, 2011 4:02 AM
717	Parents should be responsible for follow thru of therapies.	Feb 15, 2011 4:04 AM
718	Parents time commitment	Feb 15, 2011 4:08 AM
719	If adults, no copay and sliding scale for minors.	Feb 15, 2011 4:30 AM
720	PUT THIS IN WRITING, AND HAVE THE PARENT'S/CLIENT SIGN THAT THEY UNDERSTAND AND AGREE TO CO-PAYMENT, TIME COMMITMENT, ETC. WITH TIME COMMITMENT THERE SHOULD BE FLEXIBILITY, AND THE AGENCY SHOULD ACCOMMODATE THE PARENT'S COMMITMENT TO TIME, ETC.	Feb 15, 2011 5:08 AM
721	time commitment unless ill.	Feb 15, 2011 5:11 AM
722	No co-pay.	Feb 15, 2011 5:18 AM
723	Private insurance should be used if the parent has it. If the parent has no insurance then the County should have a Kaiser-like HMO for the family to join with a fee based upon income, on a sliding scale.	Feb 15, 2011 5:20 AM
724	see comments on Behavior services	Feb 15, 2011 5:41 AM
725	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 6:04 AM
726	Time commitment.co pay if needed.	Feb 15, 2011 6:06 AM
727	First- services must be provided based on family and/or consumer NEED. Second- Need should be based on knowledge and information provided by family/consumer/other persons closely involved (Drs., teachers. etc.). Third- observation/written documentation by case manager and/or others knowledgeable of consumers during daily/nightly activity. Forth- ability to copay for services after all other possible payers are exhausted (insurances, other possible agencies,...). Health, safety, and well-being always kept a priority.	Feb 15, 2011 6:24 AM
728	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 6:31 AM
729	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 6:33 AM
730	Parents and consumers should cooperate with doctors and specialists.	Feb 15, 2011 6:56 AM
731	I think that parents can be ask for co-payments if the services were provided by the Center, but the consumer needs additional visits	Feb 15, 2011 7:58 AM
732	None	Feb 15, 2011 3:09 PM
733	if clients are not attending then the providers a not paid, but there should be 100%free for the family's	Feb 15, 2011 3:33 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
734	Consumers need to be supported to understand the cost involved. Too many get things for free! Most of our population as older adults have little family involvement due to no living parents or distant family.	Feb 15, 2011 3:39 PM
735	Co-payment for services, based upon income, as well as parents must continue to implement strategies with client at home (i.e., speech, occupational, and phsyical therapy exercies)	Feb 15, 2011 4:01 PM
736	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 4:04 PM
737	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 4:20 PM
738	none	Feb 15, 2011 4:31 PM
739	same as section 1	Feb 15, 2011 4:59 PM
740	Parents must be involved and active collaborators in the care of their children, specifically under under Early Start. Modest co-payment by families with financial means is acceptable, and is managed by the regional center.	Feb 15, 2011 5:23 PM
741	Parents need to be at their child's medical appointments and often have 3-4 appts/week.	Feb 15, 2011 5:37 PM
742	Shared costs.	Feb 15, 2011 5:54 PM
743	Very important to have family involvement. Co-pay limits for all wellness visits with no limitation on visits. Time commitment necessary.	Feb 15, 2011 5:56 PM
744	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 6:00 PM
745	Parents with insurance should help pay, with the government as the second tier of help	Feb 15, 2011 6:22 PM
746	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 6:25 PM
747	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them, which it must discharge. The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 15, 2011 6:30 PM
748	Parents need to be participants, such as getting the child(ren) to sessions, observing the sessions and working the input sessions with providers, case workers, etc to review progress. Parents to continue to work with child(ren) out of therapy environment with concepts, if applicable.	Feb 15, 2011 6:35 PM
749	Wealthy people should pay a co-payment only. All others should put in their time as a commitment to the consumer and to not take advantage of Regional Centers.	Feb 15, 2011 6:53 PM
750	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 therapy services.	Feb 15, 2011 6:57 PM
751	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 therapy services.	Feb 15, 2011 6:58 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
752	Sliding fee schedule. insurance should be taken and accepted. costs should not be prohibitive so that the client will not receive the services needed.	Feb 15, 2011 7:02 PM
753	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 therapy services.	Feb 15, 2011 7:09 PM
754	I recommend a co-pay be established for all services, regardless of situation and that the state developes a formula for and consistently applied standard of financial aide based on need.	Feb 15, 2011 7:11 PM
755	parents pay reduce rate or provide insurance to provider. Parents provide transportaion.	Feb 15, 2011 8:12 PM
756	donation	Feb 15, 2011 8:14 PM
757	should be similiar to private health insurance co-payments	Feb 15, 2011 8:36 PM
758	Co-pay based on income level should be fair.	Feb 15, 2011 8:41 PM
759	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 8:58 PM
760	If applicable, the parents should either make a co-payment or offer a time committment that would be appropriate for the services being provided.	Feb 15, 2011 9:07 PM
761	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 9:46 PM
762	letting the terapist know if there will be a cancellation.	Feb 15, 2011 10:12 PM
763	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 10:29 PM
764	Parents who make an income above a certain amount (like above the amount that would qualify them for SSI) should be required to make a co-payment. The co-payment could be a deductable (like $1,000) or a percentage of the total cost of the equipment. I believe many families would reconsider the absolute need of medical equipment if they funded a co-pay or a deductable.	Feb 15, 2011 10:45 PM
765	family income a factor. when parents generally pay for the service for non RC children they would be expected to pay that much: when service is more expensive due to specialization, parents pay the normal rates and additional charges may be covered by the state	Feb 15, 2011 11:07 PM
766	None	Feb 15, 2011 11:07 PM
767	There should be a co-payment or a deductible based on income for all individuals requesting these services.	Feb 15, 2011 11:18 PM
768	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California 's pubic schools and the same logic applies here.	Feb 15, 2011 11:31 PM
769	$5 to $10 co-payment	Feb 15, 2011 11:36 PM
770	DDS should be payer of last resort.	Feb 15, 2011 11:39 PM
771	co-payments indicated on a pro-rated basis	Feb 15, 2011 11:59 PM
772	pay scale	Feb 16, 2011 12:07 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
773	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 12:17 AM
774	I think families could pay a co-pay. The current reimbursement rates for OT services are so low that even non-profit therapy centers cannot break even financially when we accept regional funded kids.	Feb 16, 2011 12:21 AM
775	As a parent of a child who needs 100% care, his needs greatly surpass any services provided by personal health insurance, medi-cal and the entitlements under the Lanterman Act. We are already paying hundreds of dollars to assist in his health and quality of life. We are also a single income family, as are many families who have special needs children. My husband is also a state worker and the mandatory furlough days have already reduced our income. Co pays would be a hardship. I have no idea how you could set an equitable standard.	Feb 16, 2011 12:51 AM
776	Parents should be covering their children through employer's insurance for dental services if available to them --- or some type of health savings account format --- for their co-pays, etc. over time.	Feb 16, 2011 12:58 AM
777	I would support a co-pay	Feb 16, 2011 1:05 AM
778	no more copayments for parents	Feb 16, 2011 1:13 AM
779	?	Feb 16, 2011 1:42 AM
780	Parents should attend ALL therapy visits and get recommendations from these important providers to continue goals at home. Certain goals should be required to be performed by the parent to continue strengthening of that goal.	Feb 16, 2011 1:53 AM
781	NONE	Feb 16, 2011 2:17 AM
782	see above	Feb 16, 2011 2:20 AM
783	Share of cost - while this would impose a parent fee for services it would allow consumers to continue to receive needed services without an arbitrary standard that might eliminate them from receiving a service at all.	Feb 16, 2011 2:43 AM
784	I think current arrangements are appropriate	Feb 16, 2011 3:07 AM
785	Copays based on parent income	Feb 16, 2011 3:46 AM
786	Parents are not responsible due to privacy issues; they are not privy to any information in order to assist the recipient in making decisions	Feb 16, 2011 3:50 AM
787	Determining co-payments should not be based on gross household income alone. Family size, other household expenses, other healthcare expenses, etc. should be taken into consideration.	Feb 16, 2011 4:05 AM
788	Parents and children should follow through with service(s) provided.	Feb 16, 2011 4:25 AM
789	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 4:46 AM
790	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 16, 2011 5:03 AM
791	very small co-pay $1-$3 to show responsibility and value	Feb 16, 2011 5:15 AM
792	same	Feb 16, 2011 5:19 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
793	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 5:37 AM
794	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 6:08 AM
795	Parents and consumers should be considered for co payments if necessary and time commitment would be appropriate.	Feb 16, 2011 6:51 AM
796	Establish a database of equipment that people donate and then redirect the equipment to need based consumers. Loan type program...	Feb 16, 2011 6:55 AM
797	no more than usual.	Feb 16, 2011 7:44 AM

7. Suggested service standards about self-directed or self-determination

	Response Text	
1	I think this is great. Parents should be able chose the priorities of services they need although some services such as diaper should not be counted into that. There should be some ability to roll-over the money to be able to save for a particularly expensive therapy or equipment...Maybe for 2 years or 3.	Jan 28, 2011 1:07 AM
2	goals and objectives	Jan 28, 2011 1:10 AM
3	NA	Jan 28, 2011 1:13 AM
4	ICB WAS PASSED LAST YEAR AND NOTHING IMPLEMENTED.	Jan 28, 2011 1:24 AM
5	No self-directed option for clinical services.	Jan 28, 2011 1:31 AM
6	Again I always support self directed services!	Jan 28, 2011 1:39 AM
7	no self determinated services	Jan 28, 2011 1:44 AM
8	those should be options.	Jan 28, 2011 1:59 AM
9	self directed	Jan 28, 2011 2:10 AM
10	The consumer should be comfortable enough to work with the provider in order to make progress.	Jan 28, 2011 2:44 AM
11	every person has the right the medical care	Jan 28, 2011 3:03 AM
12	all clients need to been seen by a doctor every 6 months. many cannot tell you if something is wrong. Parents and or care providers need to be extremely vigilant when it comes to health matters. Noticing differances in posture or behavior that need to be addressed	Jan 28, 2011 3:06 AM
13	I'm not familiar with this sorry.	Jan 28, 2011 3:14 AM
14	none	Jan 28, 2011 3:16 AM
15	Clients who are able can determine which type of service they wish.	Jan 28, 2011 3:18 AM
16	There should be the ability to go where there is the best care for the need.	Jan 28, 2011 3:34 AM
17	Lanterman Act. Needs of the consumer as written in the IPP	Jan 28, 2011 3:44 AM
18	None	Jan 28, 2011 3:55 AM
19	No comments	Jan 28, 2011 4:03 AM
20	?	Jan 28, 2011 4:22 AM
21	dont think it will work.	Jan 28, 2011 4:27 AM

7. Suggested service standards about self-directed or self-determination

	Response Text	
22	I would love this	Jan 28, 2011 5:00 AM
23	As needed.	Jan 28, 2011 5:54 AM
24	Those with conditions that are NOT self inflicted should have the ability and support to choose their future.	Jan 28, 2011 5:58 AM
25	No comment.	Jan 28, 2011 6:06 AM
26	These service maybor may not be directly requested by consumers - but they nay be vital.	Jan 28, 2011 6:19 AM
27	Parents should be involved in all aspects of medical care and decision making.	Jan 28, 2011 6:50 AM
28	This is a duplication of services that can routinely be obtained through medical services outside of Regional Centers. Eliminate this program	Jan 28, 2011 7:01 AM
29	Make care available to ALL! Have a Doctor's Prescription and patients can be screened to make sure they are eligible for the service provided.	Jan 28, 2011 7:17 AM
30	Giving consumers/families a fixed amount of money/vouchers in this area and letting them spend their allotment as they decide	Jan 28, 2011 7:18 AM
31	Provide clients the money to allow them to choose a health plan to obtain services from. And give consumers the training they need to be able to pick the medical plan that is best for them.	Jan 28, 2011 7:35 AM
32	na	Jan 28, 2011 8:20 AM
33	Insurance/medi-cal pays first Require co-pay	Jan 28, 2011 3:09 PM
34	Not sure	Jan 28, 2011 4:44 PM
35	Assuming the individual has health insurance that can provide some/all of the service and/or links to service providers, in this one area self-directed services are a good idea to defray co-pays or fund services in excess of what the insurance will fund.	Jan 28, 2011 4:50 PM
36	Is there anything more ridiculous than self-directed health care? Maybe people should be asked to perform their own surgeries.	Jan 28, 2011 5:07 PM
37	All persons should have a say in their medical care.	Jan 28, 2011 5:27 PM
38	Based on individual need and goal driven. Money follows the person	Jan 28, 2011 5:47 PM
39	not sure	Jan 28, 2011 6:08 PM
40	Keep at the current rates and amounts. The poeple that need and truly benefit and succeed from the benefits are always the first ones to be stripped of their rights and chnces to be successful. Brown has no clue (and never has) what all these services do for the handicapped. The TErminator was another example of cluesessness. One down, two to go.....	Jan 28, 2011 6:19 PM
41	always should be their choice	Jan 28, 2011 6:50 PM
42	leave these services alone.. they are critical	Jan 28, 2011 6:54 PM
43	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 7:09 PM
44	Current eligibility standards are sufficient.	Jan 28, 2011 7:14 PM
45	N/A	Jan 28, 2011 7:26 PM
46	Any person who needs services should be able as best they can to participate in planning their service requirements.	Jan 28, 2011 7:27 PM
47	All services would be incidental and difficult to determine a self-directed plan for access.	Jan 28, 2011 7:30 PM
48	Having choice of health providers should be a right, even for the disabled.	Jan 28, 2011 7:56 PM

7. Suggested service standards about self-directed or self-determination

	Response Text	
49	don't do it.	Jan 28, 2011 8:07 PM
50	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 8:47 PM
51	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 8:49 PM
52	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 8:56 PM
53	see prior	Jan 28, 2011 9:19 PM
54	Consider the default to be what families say they need and provide flexibility to provide access.	Jan 28, 2011 9:26 PM
55	Services should be centered around consumer/family needs and interests.	Jan 28, 2011 9:40 PM
56	If self-determination refers to a system wherein a certain amount of $$ is provided to the consumer, and the consumer decides how to use it, I love this process because it allows for a sense of (a) being gifted and (b) the independence to purchase services that the consumer really needs, in their opinion. Two recommendations: 1. I would suggest that the consumer needs to provide an assessment/recommendation from a professional to back up their choice; 2. Not all consumers have the same level of need. Thus I recommend a fair process to determine need/allocation of funds. Include consumers/parents in the design of this model, not just regional Center or other professional personnel.	Jan 28, 2011 9:42 PM
57	purchase of diapers and nutritional supplements should be self-directed - with a requirement that parent submit receipt to regional center	Jan 28, 2011 9:59 PM
58	100% funding through self directed budget.	Jan 28, 2011 10:06 PM
59	A flat rate could be agreed upon and if exceeded, the client or family member would be responsible for the remainder.	Jan 28, 2011 10:16 PM
60	--	Jan 28, 2011 10:28 PM
61	See my answer for Behavioral services.	Jan 28, 2011 10:39 PM
62	Same as everybody else	Jan 28, 2011 11:02 PM
63	None.	Jan 28, 2011 11:12 PM
64	Do not provide.	Jan 28, 2011 11:15 PM
65	not qualified	Jan 28, 2011 11:16 PM
66	Refer to previous section	Jan 28, 2011 11:17 PM
67	should be able to switch providers if efforts to adjust fit between provider and client unsuccessful	Jan 29, 2011 12:20 AM
68	Regional centers cannot dictate medical services.	Jan 29, 2011 12:29 AM
69	I so not understand this question.	Jan 29, 2011 12:50 AM
70	none	Jan 29, 2011 12:53 AM
71	Require the person/patient/guardian to participate in therapeutic evaluation, goal development, progress monitoring and therapy determination to the best of their abilities	Jan 29, 2011 1:20 AM

7. Suggested service standards about self-directed or self-determination

	Response Text	
72	optional	Jan 29, 2011 4:40 AM
73	Don't know	Jan 29, 2011 4:48 AM
74	n.a.	Jan 29, 2011 5:03 AM
75	No one should be cut	Jan 29, 2011 5:08 AM
76	unknown	Jan 29, 2011 6:35 AM
77	self directed	Jan 29, 2011 7:42 AM
78	Was not aware this was an option without attorney assistance.	Jan 29, 2011 8:32 AM
79	Um, self-directed therapy? Isn't that sometimes called alcoholism? seriously what kind of question is this for therapy?	Jan 29, 2011 8:43 AM
80	A great category for self-directed funding. A personal account provided to access these services as needed according to disability or medical need.	Jan 29, 2011 5:10 PM
81	It depends on the consumer how often the lab services are needed	Jan 29, 2011 5:28 PM
82	most of the services are now determined by the family and the doctors, what has been the problem with continueing this?	Jan 29, 2011 8:08 PM
83	Have family menbers trained to be able to eventually be able to care for there loved ones.	Jan 29, 2011 8:27 PM
84	Definitely include self direction as much as possible because that leads to more abilities in our family members with disabilities.	Jan 29, 2011 9:10 PM
85	OUTREACH IS VERY CRITICAL AS MANY OPARENTS DO NOT KNWO HOW WHERE TO GET SERVICES!	Jan 29, 2011 11:46 PM
86	No consumer can be forced to accept services. All consumers have the right to change service providers if not satisfied Fmaily members need to be included in evaluation of quality of services	Jan 30, 2011 12:34 AM
87	Holding down costs is difficult. Someone with a medical condition may deteriorate and need more funding than expected. I'm not sure how the cost can be predicted.	Jan 30, 2011 1:08 AM
88	NOT APPLICABLE.	Jan 30, 2011 3:38 AM
89	Families need to be able to try out and then work with teh people who fit well with them, and be able to change when that sometimes changes. The same speech therapist who is great at helping with mommy and me moments might not know anything about getting peer play going.	Jan 30, 2011 4:47 PM
90	No	Jan 31, 2011 2:41 PM
91	No comment.	Jan 31, 2011 4:45 PM
92	None	Jan 31, 2011 5:28 PM
93	...same...	Jan 31, 2011 5:32 PM
94	No suggestions regarding this topic at this time.	Jan 31, 2011 5:36 PM
95	not sure	Jan 31, 2011 6:26 PM
96	Again, most parents are not prepared for self-determination.	Jan 31, 2011 6:27 PM
97	Important to provide information about the child's condition as early as possible. Reminders and modeling at IFSPs that the child is a full partner in his/her own life. Reframe the IFSPs to talk to the child directly when at all possible, even if the child is very young...	Jan 31, 2011 6:28 PM
98	I don't see self-determination or self-directed as a viable option.	Jan 31, 2011 6:33 PM
99	Parents/caregivers often cancel appointments for clinics with little or no notice; it may be helpful if they could be charged a fee for no shows.	Jan 31, 2011 6:48 PM
100	As defined in Lanterman Act	Jan 31, 2011 7:04 PM

7. Suggested service standards about self-directed or self-determination

	Response Text	
101	Again, not sure what kind of comments you want from this.	Jan 31, 2011 7:12 PM
102	Not sure, sorry	Jan 31, 2011 8:40 PM
103	do not understand	Jan 31, 2011 8:59 PM
104	Needs to be reinforced with a professional opinion.	Jan 31, 2011 9:00 PM
105	It should be given as needed.	Jan 31, 2011 9:12 PM
106	No self-directed services should be available to anyone.	Jan 31, 2011 9:12 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 9:26 PM
108	To the extent possible, family members of children under the age of 22 should financially support a portion of these services, based on their ability to pay. After the age of 22, adult people with DD should access services they are entitled to in the State of California on their onw.	Jan 31, 2011 9:36 PM
109	a. Parents must be part of the goal-setting, and must understand and buy inot he goals... all of which should be done at the IFSP.	Jan 31, 2011 9:43 PM
110	wewee	Jan 31, 2011 10:30 PM
111	HARD TO CONTROL.	Jan 31, 2011 11:46 PM
112	Microboard system should replace the Regional Center system to plan person centered relevant therapy delivery. DEFUND the crappy Regional Centers!!!	Feb 1, 2011 1:29 AM
113	N/A	Feb 1, 2011 2:27 AM
114	The consumer should have a say about how services are delivered.	Feb 1, 2011 3:09 AM
115	none	Feb 1, 2011 5:13 AM
116	Routine eye examination for adults should be mandatory every 2 years. The consequences of undetected loss of vision from glaucoma, or accident due to poor vision from medication induced cataracts is a great deal more costly both fiscally and in terms of quality of life, than mandated eye examination.	Feb 1, 2011 5:47 AM
117	Yes, self-directed/self-determination options should be available to individuals to utilize for their required services.	Feb 1, 2011 6:38 AM
118	The *consumer*, not the State, should determine his/her options. That is, in fact, what self-direction means. The costs for the service should be up to the amount that the State would pay if the consumer would be institutionalized.	Feb 1, 2011 7:11 AM
119	Promote healthy situation for consumer to function and for their safety	Feb 1, 2011 9:40 AM
120	Trainings.	Feb 1, 2011 4:16 PM
121	Support self direction and self determination by coming up with State wide system of services that is consistent everywhere regardless of socio economic class. Hard to self determine when the system is so confusing.	Feb 1, 2011 5:55 PM
122	This will not help.	Feb 1, 2011 6:28 PM
123	The team of people supporting the individual needs to be at the table to support the options.	Feb 1, 2011 6:41 PM
124	Have a maximum budget, per year, per person served. Once that money is gone, then person served will need to wait till thext fiscal year for any further funding.	Feb 1, 2011 7:51 PM

7. Suggested service standards about self-directed or self-determination

	Response Text	
125	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 7:56 PM
126	yes	Feb 1, 2011 8:14 PM
127	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 9:15 PM
128	none	Feb 1, 2011 9:37 PM
129	We can't answer this until California has clearly defined mechanism for implementing self directed or self determination options.	Feb 1, 2011 9:38 PM
130	please read previous page	Feb 1, 2011 11:10 PM
131	This once again is a slippery slope as a number of consumers are unable to accurately determine what is in the best interest for themselves without the team approach currently used.	Feb 1, 2011 11:14 PM
132	no comment	Feb 1, 2011 11:30 PM
133	If self directed, there should be one amount, e.g. $5000 to be used for any equipment, medical needs within a certain amount of time.	Feb 2, 2011 12:16 AM
134	Families can be given the options to opt out based on an assessment from the RCEB. The RCEB's decision to either grant or deny services can be appealed by customer and/or families.	Feb 2, 2011 12:37 AM
135	Again, look to the CARF standards, which cover this issue.	Feb 2, 2011 2:28 AM
136	seriously?	Feb 2, 2011 4:14 AM
137	There should be a wider range of options for those with little or no health insurance; county hospitals have longer wait times, and many kids don't end up there because it takes too long. Outpatient services save money in the long run by providing preventive care and catching problems before they become severe, expensive medical emergencies. Subsidize all pcps and other health care providers to take 20% low-income or uninsured patients.	Feb 2, 2011 5:56 AM
138	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 2, 2011 3:33 PM
139	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 2, 2011 4:53 PM
140	Families should select from a list of preferred providers with experience with developmental disabilities and mental Health.	Feb 2, 2011 5:29 PM
141	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 2, 2011 5:50 PM

7. Suggested service standards about self-directed or self-determination

	Response Text	
142	Not all client in ADHCs have the mental capability to make decisions about their care.	Feb 2, 2011 6:05 PM
143	no comment	Feb 2, 2011 6:22 PM
144	a	Feb 2, 2011 6:50 PM
145	I do not think that self directed services would be effective in this area, except for diapers.	Feb 2, 2011 6:56 PM
146	I would want to make sure that money is spent on quality services.	Feb 2, 2011 7:12 PM
147	I think the current standards are appropriate.	Feb 2, 2011 7:41 PM
148	None	Feb 2, 2011 8:46 PM
149	Parents/Consumers should be provided with clear options regarding the availability as well as restrictions.	Feb 2, 2011 8:59 PM
150	I make all decisions for my daughter's needs based on research and investigation of the best care possible.	Feb 2, 2011 9:23 PM
151	This question cannot be answered until California has a clearly defined mechanism for implementing self-directoed or self determination options.	Feb 2, 2011 9:34 PM
152	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
153	Please previous topic response....	Feb 2, 2011 10:17 PM
154	Whenever possible the consumer should determine, alongside RC case managers, practitioners and support persons, service needs.	Feb 2, 2011 11:21 PM
155	I do not support service standards.	Feb 2, 2011 11:31 PM
156	Same answer as previous page.	Feb 3, 2011 12:44 AM
157	No person with developmental disabilities can self-determine or self-direct therapeutic services -- get real.	Feb 3, 2011 12:45 AM
158	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options	Feb 3, 2011 12:58 AM
159	Contract with quarterly review	Feb 3, 2011 1:35 AM
160	N/A	Feb 3, 2011 1:55 AM
161	do not understand this question	Feb 3, 2011 1:55 AM
162	If the person is mentally challenged, the choice of using these services should be at the behest of the care provider or conservator.	Feb 3, 2011 2:34 AM
163	minors' options will be determined by their parents/guardians	Feb 3, 2011 5:08 AM
164	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 3, 2011 6:05 AM
165	same as today.	Feb 3, 2011 6:46 AM
166	Same standards as Valley Mountain Regional Center.	Feb 3, 2011 6:48 AM
167	The Regional Centers should do all the payments. The consumer can put all their needs in their IPP.	Feb 3, 2011 7:13 AM
168	Don't see how this can be self-directed or determined.	Feb 3, 2011 8:09 AM
169	Don't understand question.	Feb 3, 2011 4:41 PM
170	Self-Directed services are beneficial when there is a level of accountability, like an employer of record or fiscal monitor. Handing out vouchers with little accountability is a recipe for fraud. Look at the respite vouchers in the early 1990s and how the fraud was rampant by the early 2000s. When a few abuse the system, legislatures believe there is a more profilic problem. This isn't the case. A few bad apples ruin it for the bunch, but even those few bad apples could be prevented with proper safeguards.	Feb 3, 2011 4:58 PM

7. Suggested service standards about self-directed or self-determination

	Response Text	
171	With guidance by the RC case managers, and wellness teams	Feb 3, 2011 5:12 PM
172	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 3, 2011 5:21 PM
173	There should be more readiliy available advice types of services, so that parents can make wise decisions about their child's health care.	Feb 3, 2011 5:37 PM
174	same	Feb 3, 2011 5:38 PM
175	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 3, 2011 5:43 PM
176	No SDS !!!	Feb 3, 2011 5:49 PM
177	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 3, 2011 6:30 PM
178	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options	Feb 3, 2011 6:37 PM
179	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 3, 2011 6:49 PM
180	none	Feb 3, 2011 6:50 PM
181	NA	Feb 3, 2011 7:01 PM
182	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 3, 2011 7:15 PM
183	parents should be allowed to choose providers	Feb 3, 2011 7:32 PM
184	Not sure what the mechanism is for implementing self directed or self determination services	Feb 3, 2011 7:45 PM
185	Adult consumers have autonomy, children have parents that make decisions for them. In either case if a healthcare plan is offered then the individual has a choice, under this plan we can provide services, even if it is a small co-pay. If they choose not to participate then services cannot be provided.	Feb 3, 2011 7:51 PM
186	hands on is the best route to insure all have access	Feb 3, 2011 7:53 PM
187	I kno that through institutional deeming we have our son's copays covered s o that he can see the appropriate doctors that we may not be able to afford. Please note that this only covers what our insurance does not.	Feb 3, 2011 8:00 PM
188	These services should be available at all times.	Feb 3, 2011 8:13 PM
189	this is to be determined in the IPP process due to variation of responses per individual.	Feb 3, 2011 8:49 PM
190	Be realistic and don't make a federal case of each and every case. This is supposed to be medicine, not contitional law.	Feb 3, 2011 9:14 PM
191	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 3, 2011 9:17 PM
192	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 3, 2011 9:41 PM
193	n/a	Feb 3, 2011 9:53 PM
194	Options must be accepted and desired by the clients. And they must show participation (showing up, participating in PT, OT, speech, etc.) to continue.	Feb 3, 2011 10:10 PM
195	Clients should be given practical reasons that they can understand for the importance of the service in their lives.	Feb 3, 2011 10:50 PM
196	Clients should be given choices on their program/care.	Feb 3, 2011 11:07 PM
197	As currently set.	Feb 3, 2011 11:10 PM
198	As long as the options are benefitting the child and family.	Feb 3, 2011 11:11 PM
199	N/A	Feb 3, 2011 11:32 PM

7. Suggested service standards about self-directed or self-determination

	Response Text	
200	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 3, 2011 11:43 PM
201	Unsure	Feb 4, 2011 12:48 AM
202	None.	Feb 4, 2011 12:54 AM
203	Not a good idea.	Feb 4, 2011 1:14 AM
204	The only way that I could see keeping such services is through the self-directed/sef-determination options. If someone feels that these services are more important then a day progrma or transportation, for example, then they can make that choice.	Feb 4, 2011 1:26 AM
205	Self-direction should be completely offered to all adults with disabilties in this area with the assistance of their medical providers.	Feb 4, 2011 1:33 AM
206	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 1:50 AM
207	None	Feb 4, 2011 1:51 AM
208	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 2:06 AM
209	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
210	no self direct	Feb 4, 2011 3:05 AM
211	According to INDIVIDUAL ability to self direct and for self determination. This is determined with the IPP team and people who work closely with the individual.	Feb 4, 2011 4:49 AM
212	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 6:39 AM
213	self determination option should offer to parents.	Feb 4, 2011 7:29 AM
214	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 7:33 AM
215	The actual needs of the consumer should direct the type/frequency of services.	Feb 4, 2011 2:27 PM
216	none	Feb 4, 2011 3:08 PM
217	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 3:16 PM
218	none	Feb 4, 2011 4:46 PM
219	Same as previous section	Feb 4, 2011 4:54 PM
220	Parents should always be involve in suggesting what kind of services their child might need.	Feb 4, 2011 5:05 PM
221	I am unsure what these options are and how they are implemented	Feb 4, 2011 5:11 PM
222	Consumers should be asked for input about options. Family members should be asked also, especially if the consumer can not speak for him/herself or is a minor or is not high functioning enough to understand the issue.	Feb 4, 2011 5:12 PM
223	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 5:43 PM
224	As long as the service is not more expensive then comparable services, people should have self directed options.	Feb 4, 2011 5:55 PM
225	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 6:10 PM
226	If a representatie will stand-in for parents, co=payment should be required	Feb 4, 2011 6:31 PM
227	Standards of Service should continue to be based on choice, an individuals needs, and Individualized Program Plan (IPP).	Feb 4, 2011 6:35 PM

7. Suggested service standards about self-directed or self-determination

	Response Text	
228	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determined option.	Feb 4, 2011 7:06 PM
229	The same as previous #7.	Feb 4, 2011 7:17 PM
230	??????	Feb 4, 2011 7:30 PM
231	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 7:49 PM
232	Patients or Family members who really seeks out and extends other services not covered by GGRC, will be granted some assistance, at least a portion of a percent of the financial portion would help....in other words some financial assistance would help rather than a "NO it is not a covered benefit!"	Feb 4, 2011 8:07 PM
233	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 8:13 PM
234	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 8:54 PM
235	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 9:17 PM
236	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 9:26 PM
237	Look at the State of Minnesota	Feb 4, 2011 9:33 PM
238	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 9:54 PM
239	If a person has the ability to set his or her standards, society has the responsiblity to help them attain these standards.	Feb 4, 2011 9:57 PM
240	What do you mean?	Feb 4, 2011 9:59 PM
241	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 10:04 PM
242	don;t know	Feb 4, 2011 10:07 PM
243	The consmer can assess any qualifyied thereapists as long as they agree to the above payment.	Feb 4, 2011 10:15 PM
244	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 10:20 PM
245	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 10:36 PM
246	N/A	Feb 4, 2011 11:00 PM
247	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 11:13 PM
248	Consumers who are of age should be entirely self-directed and determined/CHOICE, depending upon clarity of ability to make choices. Consumers who are minors should be subject to the choice of the parents as to what to pursue.	Feb 4, 2011 11:20 PM
249	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 11:20 PM
250	Regional center need to provide appropriate options in the community. Ones that they can refer their clients to and ones that satisfy the health and dental needs of those clients, especially adults.	Feb 4, 2011 11:22 PM
251	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 5, 2011 12:09 AM
252	can't be answerred.	Feb 5, 2011 12:10 AM

7. Suggested service standards about self-directed or self-determination

	Response Text	
253	It would be great if there was a way to be reimbursed for doctors or service providers who are qualified but might not be in the system for payments.	Feb 5, 2011 12:26 AM
254	AUTISM	Feb 5, 2011 1:11 AM
255	same as for the other programs	Feb 5, 2011 1:23 AM
256	No suggestions.	Feb 5, 2011 1:42 AM
257	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 5, 2011 2:16 AM
258	???	Feb 5, 2011 3:40 AM
259	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 5, 2011 3:55 AM
260	Have families and client graph their own data such as weight, blood pressure . . .	Feb 5, 2011 3:59 AM
261	No self determine choice by patient if he is under conservatorship	Feb 5, 2011 4:06 AM
262	I do not know.	Feb 5, 2011 5:48 AM
263	Impossible to answer. California has not defined options available, let alone how disabled persons would self-determine.	Feb 5, 2011 6:40 AM
264	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 5, 2011 2:46 PM
265	n/a	Feb 5, 2011 5:00 PM
266	These services should be available for all children with special needs/autism. The parents should receive helpful resources & support from the service provider by providing tools and counseling.	Feb 5, 2011 5:15 PM
267	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 5, 2011 5:23 PM
268	Many consumers are unable to accurately determine what is in their best interest. The team approach that is currently used is quite successful.	Feb 5, 2011 6:27 PM
269	same as first set	Feb 5, 2011 6:39 PM
270	A lump sum of money for each consumer to decide and determine which service and provider would be the most beneficial	Feb 5, 2011 8:02 PM
271	Assessment will determine this	Feb 5, 2011 10:10 PM
272	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 5, 2011 10:53 PM
273	A consumer can make an informed choice about options in their care.	Feb 6, 2011 3:55 AM
274	Regardless of any suggested standards, the consumer, the consumer's parents and/or caregivers and consumer's teachers and other school service providers where applicable the consumer's parents and/or caregivers must still have input regarding health care and therapeutic services, and the entire IPP team, including the above, must retain the ability to choose the services and supports needed by the consumer, with the input of the consumer and/or the consumer's parents and/or caregivers where appropriate given significant weight.	Feb 6, 2011 5:39 AM
275	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 6, 2011 5:54 AM
276	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 6, 2011 4:33 PM
277	No suggestions because I'm not trained in the field.	Feb 6, 2011 5:01 PM
278	This depends on the client. Many clients would have trouble making good decisions on their own. This is why they need support services in the first place.	Feb 6, 2011 7:59 PM
279	N/A	Feb 6, 2011 10:50 PM

7. Suggested service standards about self-directed or self-determination

	Response Text	
280	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 7, 2011 5:11 AM
281	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 7, 2011 6:37 AM
282	Possibly when clients are employed they can receive training in regards to their health insurance.	Feb 7, 2011 3:45 PM
283	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 7, 2011 5:44 PM
284	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 7, 2011 6:50 PM
285	?	Feb 7, 2011 8:26 PM
286	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 7, 2011 10:04 PM
287	this statement makes no sense.	Feb 7, 2011 10:06 PM
288	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 7, 2011 10:35 PM
289	Allow RC's to set the standards in their own communities.	Feb 7, 2011 10:44 PM
290	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 11:12 PM
291	Let the Regional Centers make the decisions regarding program services	Feb 7, 2011 11:13 PM
292	Depends on the mental and emotional condition of the patient.	Feb 7, 2011 11:38 PM
293	I have seen consumers use self-directed/self-determined methods of getting a scooter, for example, and been provided a scooter they are unable to use, as the vendor did not assess the consumer adequately and provided an off-the-shelf model that the consumer could not drive as they had extremely limited shoulder range of motion, and could not reach the handles of the scooter to drive it safely/at all. consumers that have a service coordinator through the regional centers were much better servced, and provided with the appropriate wheelchair, bed, and/or bath equipment through the process of evaluation through the regional centers clinic.	Feb 8, 2011 12:54 AM
294	Maybe a small co-pay as to weed out how important it is to the consumer	Feb 8, 2011 12:55 AM
295	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 8, 2011 1:08 AM
296	Choice should always be an option for consumer and family.	Feb 8, 2011 1:37 AM
297	CLients should be listened to about what they need not just by looking at a chart	Feb 8, 2011 2:19 AM
298	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 8, 2011 3:56 AM
299	Currenct standards work fine.	Feb 8, 2011 4:27 AM
300	Parents should have some choice in where they recieve services.	Feb 8, 2011 4:36 AM
301	This is a difficult topic for the best of us. Being self-directed here could lead to much neglect. If you're ordering diapers, that's one thing. If you are looking for emotional guidance regarding your recent divorce & you are special needs, that would require some heavy, self-advocacy techniques. Not knowing what to ask is at the crux of many problems. Regional Center must be proactive in these areas.	Feb 8, 2011 4:58 AM
302	No self-directed or self-determination options should be available for these services.	Feb 8, 2011 5:12 AM

7. Suggested service standards about self-directed or self-determination

	Response Text	
303	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 8, 2011 5:31 AM
304	None.	Feb 8, 2011 5:33 AM
305	Again as previously stated.	Feb 8, 2011 6:08 AM
306	Family should be able, with counsel of trained professionals, to determine which services they feel their family member needs.	Feb 8, 2011 6:13 AM
307	There should be self-directed and self-determination options for these services as well.	Feb 8, 2011 6:57 AM
308	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 8, 2011 3:39 PM
309	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 8, 2011 4:24 PM
310	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 8, 2011 4:24 PM
311	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 8, 2011 6:01 PM
312	OK to make instructions available on line or at Senior Centers.	Feb 8, 2011 7:40 PM
313	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 8, 2011 7:53 PM
314	Based on assessment of each individual - may be released from program if given the right support to ensure self-determination.	Feb 8, 2011 8:47 PM
315	to the best of one's ability some are not able because of inherent lack of organizational skill	Feb 8, 2011 9:20 PM
316	Parent on team	Feb 8, 2011 11:18 PM
317	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 8, 2011 11:52 PM
318	choices by consumer/family	Feb 9, 2011 12:50 AM
319	Nonsense. How can parents/caregivers understand what's needed or impt if they don't have the background, knowledge, information, or an understanding of the research literature on the evidence for effectiveness.	Feb 9, 2011 12:52 AM
320	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 9, 2011 1:21 AM
321	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 9, 2011 1:27 AM
322	same	Feb 9, 2011 2:27 AM
323	I have Kaiser and I am able to choose my own doctors. I also have Momentum for Mental Health and I am able to choose my therapists and psychiatrists. I choose to make my own appointments with medical doctors and psychiatrists and I choose how often I go to these appointments. I think every one should have the right to choose how often they want to have medical appointments and to choose which doctor they want to see.	Feb 9, 2011 2:55 AM
324	Self-directed or self-determination options would be a plus to services. However, these on their own would not be sufficient.	Feb 9, 2011 4:37 AM
325	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 9, 2011 5:41 AM
326	Again therapists and other professionals should monitor internet website suggestions and facilitation of appropriate activities for the child.	Feb 9, 2011 6:37 AM
327	Not sure	Feb 9, 2011 7:07 AM

7. Suggested service standards about self-directed or self-determination

	Response Text	
328	NA	Feb 9, 2011 2:02 PM
329	We suggest an expedient implementation of a self-directed or self-determination options so that consumers may have full programmatic access to all services. We suggest that the standards mirror the core standards developed as part of the individual choice budget process. Key elements of those standards are: 1. Eligibility: A voluntary plan for all regional center consumers excluding those in Early Start. 2. Services: Access to regional center case and financial management services. The ability to purchase the full array of services and supports including suspended services and amounts of services outside any caps and some flexibility in service providers. 3. Individual Budget: Developed through a fair, equitable and transparent methodology. Consumers are informed of how their budget was determined. 4. Appeal: Access to the due process procedures available under WIC Sec. 4700 et seq.	Feb 9, 2011 5:32 PM
330	not advisable	Feb 9, 2011 6:49 PM
331	Parents should be totally responsible for what they want toput into their kids lives (effort, time, financial contribution,.....)	Feb 9, 2011 7:30 PM
332	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 9, 2011 7:56 PM
333	These questions can not be answered until California has a clearly defined mechanism for implementing self directed or self determining options.	Feb 9, 2011 9:04 PM
334	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 9, 2011 9:47 PM
335	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 9, 2011 10:02 PM
336	Families should be able to pick an agency to do services for their child/adult. If the child has a restricted health condition such as a g-tube for feeding family should have the option to select an agency regardless of licensing with their permission or instructions on how to care for their child. The LVN agecies for respite would be more costly, and the non-LVN agencies are less costly if that is what the family chooses to do. The less restriction the families are given as where to put their child/adult for day program, day care, respite etc... then they have the option to select a less costly service. Obviously the family has to be in aggreement to providing an emergency plan of their own for an unforeseen event.	Feb 9, 2011 10:22 PM
337	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 9, 2011 10:51 PM
338	None	Feb 9, 2011 11:28 PM
339	Evaluation is imperative for any improvements during the service/s.	Feb 9, 2011 11:40 PM
340	NA	Feb 9, 2011 11:45 PM
341	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 11:46 PM
342	In addition to annual services, individuals experiencing a specific problem should be able to self-refer for care.	Feb 9, 2011 11:52 PM
343	goofy question	Feb 10, 2011 7:46 PM
344	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 10, 2011 7:59 PM
345	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 10, 2011 9:30 PM

7. Suggested service standards about self-directed or self-determination

	Response Text	
346	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 10, 2011 9:49 PM
347	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 10, 2011 9:57 PM
348	Please recommend doctors who are competent in evaluating, diagnosing and treating this population. Again, doctors on the website www.covd.org or www.oep.org are more than capable of doing so.	Feb 10, 2011 10:12 PM
349	Generic services should be used first. All services should not be above the community norm.	Feb 10, 2011 10:12 PM
350	Clients need to be expected to show commitment to the resource they are utilizing.	Feb 10, 2011 11:59 PM
351	Services should meet the consumers and parents' needs.	Feb 11, 2011 12:03 AM
352	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 11, 2011 12:16 AM
353	Authorized by individual assessment of child. Far too many non-effected people employed to tell us how to live with disabled children. Far to little of the budget gets to the providing the needs of the patient/disabled child.	Feb 11, 2011 1:25 AM
354	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 1:44 AM
355	time commitment	Feb 11, 2011 2:50 AM
356	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 3:17 AM
357	Family, consumer should choose health plan and be involved in choosing what service they feel is needed. However it does not mean that the state should pay for what they want even if it is identified in the IPP.	Feb 11, 2011 4:39 AM
358	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 11, 2011 4:47 AM
359	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 11, 2011 5:07 AM
360	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 11, 2011 5:22 AM
361	People should chose cost effective services. It seems like some people pick prefered providers that are expensive.	Feb 11, 2011 5:39 AM
362	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 11, 2011 6:12 AM
363	N/A	Feb 11, 2011 6:14 AM
364	This should be ascertained by the ISP team and doctors, not by arbitrary administrators.	Feb 11, 2011 7:45 AM
365	Parent observations or other health provider observations including occupational therapy, speech therapy, deevlopmental pediatricians, chiropractors, osteopaths, and physical therapists,	Feb 11, 2011 6:19 PM
366	No comment.	Feb 11, 2011 6:27 PM

7. Suggested service standards about self-directed or self-determination

	Response Text	
367	I think that state / city agencies have a tendency to choose offices to do their initial consultations 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 controls costs.	Feb 11, 2011 6:43 PM
368	none	Feb 11, 2011 6:47 PM
369	shoulc have choices	Feb 11, 2011 7:19 PM
370	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 11, 2011 7:21 PM
371	See comment under Behavioral Services	Feb 11, 2011 8:49 PM
372	Again, I have seen too many instances when the individual needs LVN or even CHHA level nursing, and the family hires someone who has no knowlege or background and can only do the minimum amount of assistance, but the families are having them giving meds, and doing other things that they should never be allowed to do.	Feb 11, 2011 9:33 PM
373	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 11, 2011 9:40 PM
374	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination option	Feb 11, 2011 9:49 PM
375	N/A	Feb 11, 2011 9:51 PM
376	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 11, 2011 10:41 PM
377	should be medically approved as something needed for the improvement or maintenance of Independent Living Skills.	Feb 11, 2011 10:43 PM
378	everyone that needs it between the ages of 0-3 years, early intervention is the key!!!!	Feb 11, 2011 10:59 PM
379	No comment.	Feb 11, 2011 11:20 PM
380	Same.	Feb 11, 2011 11:22 PM
381	None	Feb 11, 2011 11:25 PM
382	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 11, 2011 11:47 PM
383	Therapy should be directed at teaching and modeling techniques for remediating psychosocial problems. If the consumer or supporter does not learn or practice the methods, a dependency relationship is at risk of developing, and therapy should be terminated.	Feb 11, 2011 11:55 PM
384	A consumer should have the right to choose what services will be appropriate for them.	Feb 12, 2011 12:37 AM
385	Again most of these clients are limated to what they can do and that they are being taken away by the govenment.	Feb 12, 2011 2:31 AM
386	Ability for caregivers to have resources to assist client as necessary.	Feb 12, 2011 3:41 AM
387	not sure	Feb 12, 2011 4:08 AM
388	this question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 12, 2011 5:14 AM
389	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 12, 2011 5:18 AM
390	See previous answers.	Feb 12, 2011 6:27 AM

7. Suggested service standards about self-directed or self-determination

	Response Text	
391	I have no experience in this area.	Feb 12, 2011 6:42 AM
392	Ask parents to research resources on their own. I did. RCEB hardly needed to be involved.	Feb 12, 2011 7:43 AM
393	Reduce the amount of choice a consumer has.	Feb 12, 2011 4:25 PM
394	I don't know what this means.	Feb 12, 2011 4:34 PM
395	Parents standards can be determined by GGRC social workers.	Feb 12, 2011 4:42 PM
396	As stated above. R.C. has to many employees and the money should be directed to the consumer. I have talked to very few consumers who are happy with O.C. R.C's. LA R.C's have a better model. I am not a consumer of L.A. so I told much better adult programs. Day care etc. Self Determination would allow my daughter to do hippo theraphy which I have had her do for the last 6 years. My consumer is able to sit up on her own do to the horse challenging her muscle groups. Currently this is not offered in leiu of respite. I do not agree I would rather have my consumer happy and making strides. This is not allowed in OCRC but it is in LAOC. Self Directed service / self determination would still be monitered but would need less staffing. If I put you in my shoes for a day you would see the benefit and really analize what does regional center do positive. Help direct early start yes and transition to school but beyond that ask the consumers.	Feb 12, 2011 5:00 PM
397	Some sources should be available to person even if doctors don't approved but should have a written evaluation to show the value of this situation	Feb 12, 2011 5:23 PM
398	as needed	Feb 12, 2011 5:40 PM
399	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 12, 2011 6:10 PM
400	Family could pay the HMO if able.	Feb 12, 2011 6:12 PM
401	See response on previous section.	Feb 12, 2011 8:16 PM
402	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 12, 2011 8:24 PM
403	choice of vendors	Feb 12, 2011 8:30 PM
404	Self referral is appropriate, as is a referral from allied professionals.	Feb 12, 2011 8:47 PM
405	n/a	Feb 12, 2011 8:50 PM
406	?	Feb 12, 2011 9:16 PM
407	Provide comprehensive list and explanation to parents of services provided, timelines for waiting lists, and direction to network with other families..	Feb 12, 2011 9:54 PM
408	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 12, 2011 11:59 PM
409	as needed	Feb 13, 2011 1:20 AM
410	read the previous answer	Feb 13, 2011 2:40 AM
411	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 13, 2011 3:41 AM
412	NA	Feb 13, 2011 3:45 AM
413	Self directed or self determination option for these services comes from the parents	Feb 13, 2011 5:17 AM
414	Again, Exactly as stated in prior sections, but of course each discipline will have to accept a level which is only right since we are talking about individual taxpayer's money - not the RC, DDS or States! TAXPAYERS!!!	Feb 13, 2011 5:23 AM
415	you have to be commited to your job to have dtermination.	Feb 13, 2011 5:49 AM

7. Suggested service standards about self-directed or self-determination

	Response Text	
416	?	Feb 13, 2011 6:06 AM
417	The health care providers must decide what services are/are not needed. If a therapy is not producing results, it should be dropped.	Feb 13, 2011 4:57 PM
418	The building and measuring levels of self-determination in consumers of therapeutic services is a very important factor to consider in obtaining positive outcomes. It speaks to the generalizability of services in every day life leading to a better future and thus the investment of public funds expended. If an agency can foster confidence and self-determination in meeting developmental and behavioral needs among its consumers (parents and caregivers) the likelihood that the services and funds expended will be effective increases. Parents who have confidence in their abilities to understand and help their children can greatly expand the services provided by all of the costly professionals and in turn teach self-determination to their children who will reach higher levels of education and independence. It is high time this was identified as a factor in effective service delivery and outcomes.	Feb 13, 2011 5:21 PM
419	Parents should be able to advocate for appropriate services for their child, but not be allowed to intimidate providers into giving over the top services	Feb 13, 2011 6:40 PM
420	If client is capable of recognizing and expressing need for service, should be taken into consideration.	Feb 13, 2011 7:03 PM
421	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 13, 2011 7:12 PM
422	give client voice in his/her needs of course all medical needs should be treated	Feb 13, 2011 10:11 PM
423	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 13, 2011 10:50 PM
424	All RC services should be available to clients under a self-directed program.	Feb 14, 2011 12:55 AM
425	If the client qualifies for RCOC services they should qualify for some form of healthcare. It just stands to reason.	Feb 14, 2011 1:37 AM
426	This question cannot be answered until California has a clearly defined mechanism for mplementing self-directed or self-determination options.	Feb 14, 2011 1:41 AM
427	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 14, 2011 3:23 AM
428	Disabled people should be able to decide what services they need or want if they are capable.	Feb 14, 2011 4:23 AM
429	Yikes!!	Feb 14, 2011 5:33 AM
430	NONE	Feb 14, 2011 7:03 AM
431	Consumers should have the right to refuse treatment. I know that is the case, but many in the industry do not honor this right when dealing with non verbal consumers. Again, a licensed psychologist with experience CAN determine what the individual is indicating.	Feb 14, 2011 1:48 PM
432	no comment	Feb 14, 2011 4:24 PM
433	Participation in recommended therapies should be based on adult consumer's choice.	Feb 14, 2011 5:29 PM
434	please see my previous answers as I believe my answers apply to these questions as well.	Feb 14, 2011 5:33 PM
435	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
436	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 14, 2011 6:29 PM

7. Suggested service standards about self-directed or self-determination

	Response Text	
437	Students, people, should show improvement. If not, something should be changed.	Feb 14, 2011 6:43 PM
438	I don't understand this.	Feb 14, 2011 7:38 PM
439	Build in process to ensure appropriate services are requested.	Feb 14, 2011 8:40 PM
440	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 14, 2011 8:59 PM
441	If my child needs therapy, he should get it. It is not his fault he was born in uncertain economic times. He has a speech delay that could have been caught before it became a problem months to 1 year ago if funding hadn't already been cut that provided him occupational therapy. Then he was changed to "observe"... every 6 months. TOO LATE. And the parents didn't know what the issue was, so they couldn't do anything to prevent it - because they were not educated on what to look for, and the observiations are too far in length.	Feb 14, 2011 9:09 PM
442	Self-directed supports should never be used to fund healthcare	Feb 14, 2011 9:38 PM
443	California must first clearly define a mechanism for implementing self-directed options.	Feb 14, 2011 9:40 PM
444	As above, since California has not clearly defined a mechanism for implementing self-direction or determination, I cannot answer.	Feb 14, 2011 9:51 PM
445	Service standards should be maintained as they currently are.	Feb 14, 2011 10:08 PM
446	Self directed services so that parents could choose licensed qualified personnel rather than untriained person to provide service	Feb 14, 2011 10:50 PM
447	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options	Feb 14, 2011 11:00 PM
448	Patients should have open access to their primary care physician	Feb 14, 2011 11:55 PM
449	n/a	Feb 15, 2011 12:03 AM
450	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 15, 2011 12:18 AM
451	None.	Feb 15, 2011 12:55 AM
452	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 15, 2011 1:20 AM
453	Parents must make available their child for each of the services provided for the treatments required and be present during each session so that they may work with the child at home between sessions.	Feb 15, 2011 1:22 AM
454	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options	Feb 15, 2011 1:36 AM
455	Services of this nature would still need to be purchased from a qualified person.	Feb 15, 2011 1:37 AM
456	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 1:42 AM
457	a reasonable budget determined by the seveoty of the need for theses services	Feb 15, 2011 1:47 AM
458	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 15, 2011 1:52 AM
459	Perhaps determined by parents.	Feb 15, 2011 2:03 AM
460	must discuss with doctor or regional center representative who know the exact nature of the consumer's needs.	Feb 15, 2011 2:04 AM

7. Suggested service standards about self-directed or self-determination

	Response Text	
461	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options	Feb 15, 2011 2:27 AM
462	If you have self directed services, you should be responsible for budgeting these services into your budget.	Feb 15, 2011 2:29 AM
463	Consumers need guidance either from a family member or a medical professional.	Feb 15, 2011 2:38 AM
464	involve consumers as much as possible and when appropriate.	Feb 15, 2011 3:09 AM
465	parent/family to include 24/7 care for child utilizing ABA techniques taught	Feb 15, 2011 3:18 AM
466	It's too soon to say!	Feb 15, 2011 4:02 AM
467	ALLOW THE PARENTS/CLIENT SELF-DIRECTION AND SELF-DETERMINATION OPTIONS. THEY KNOW THEIR CHILD THE BEST. IF THE AGENCY CAN'T BE VENDORED; THEN VENDOR THE PARENTS THEN REIMBURSE THEM. AGAIN, BRIEF REPORTS FROM THE PARENTS, AND SERVICE PROVIDERS ON HOW THE CHILD/ADULT IS RESPONDING TO THE THERAPY.	Feb 15, 2011 5:08 AM
468	Provided same as everybody else.	Feb 15, 2011 5:18 AM
469	Provide a Triage system in which a nurse can determine the need based upon the circumstance.	Feb 15, 2011 5:20 AM
470	see comments on Behavior services	Feb 15, 2011 5:41 AM
471	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 15, 2011 6:04 AM
472	Multi-disciplinary team including family, consumer, and professionals to cooperate in guidance and decision making regarding consumers best interest in all areas of need.	Feb 15, 2011 6:24 AM
473	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 15, 2011 6:31 AM
474	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 15, 2011 6:33 AM
475	If have the opportunity	Feb 15, 2011 7:58 AM
476	family should have saying how money are distributed and with whom there are working	Feb 15, 2011 3:33 PM
477	There needs to be a clearly defined mechanism for implementing self directed.....	Feb 15, 2011 3:39 PM
478	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 15, 2011 4:04 PM
479	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 15, 2011 4:20 PM
480	same as section 1	Feb 15, 2011 4:59 PM
481	Someone needs to monitor the GMCs to see that they are providing quality medical care rather that limiting it.	Feb 15, 2011 5:37 PM
482	Shared costs.	Feb 15, 2011 5:54 PM
483	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 15, 2011 6:00 PM
484	Those with insurance should be able to at least pay something	Feb 15, 2011 6:22 PM
485	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 15, 2011 6:25 PM
486	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 PM

7. Suggested service standards about self-directed or self-determination

	Response Text	
487	This may be an option but need to make sure that this is a team oriented effort and that parties are not going off on their own and not working with other members of the team.. Should have meeting to talk out with team members.	Feb 15, 2011 6:35 PM
488	giving the client a realistic amount to purchase services according to their needs is a welcomed option. if one client has an innovative program and needs more money to purchase this program, it should be allowed. others may not need as much. vvmrc is notorious for not understanding new programs and they seem to do everything they can in terms of requesting frivilous paperwork to discourage these creative and positive programs.	Feb 15, 2011 7:02 PM
489	None	Feb 15, 2011 7:09 PM
490	choices	Feb 15, 2011 8:14 PM
491	Still waiting for the self-directed program to be implemented!	Feb 15, 2011 8:36 PM
492	don't know	Feb 15, 2011 8:36 PM
493	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 15, 2011 8:58 PM
494	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 9:46 PM
495	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 15, 2011 10:29 PM
496	Make these services and the providers known to all parents.	Feb 15, 2011 10:37 PM
497	if rural, case by case and no more spending than city resources would cost. self directed not available where there are acceptable resources	Feb 15, 2011 11:07 PM
498	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 15, 2011 11:31 PM
499	Parents should have choices of service providers	Feb 15, 2011 11:36 PM
500	referral by diagnosis	Feb 16, 2011 12:07 AM
501	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 16, 2011 12:17 AM
502	Not sure how this would work and cannot comment.	Feb 16, 2011 12:51 AM
503	i havent seen a good proposal about how this is supposed to happen. how are you going to train parents and consumers	Feb 16, 2011 1:13 AM
504	A consumer should be included as much as possible in determining how, when and where services are provided. They shuold be allowed to set goals and input how their care is handled	Feb 16, 2011 1:23 AM
505	?	Feb 16, 2011 1:42 AM
506	Again, I do not know how parents could possibly understand the true function of the therapies and therefore be able to perform them with their child. Once a parent attends several sessions, the parent could help with the goal, but in no way should do these goals on their own. It's just not realistic.	Feb 16, 2011 1:53 AM
507	NONE	Feb 16, 2011 2:17 AM
508	The consumer/client and the therapeutic team would determine the effectiveness of the services and if continuation was needed.	Feb 16, 2011 2:20 AM

7. Suggested service standards about self-directed or self-determination

	Response Text	
509	Share of cost - while this would impose a parent fee for services it would allow consumers to continue to receive needed services without an arbitrary standard that might eliminate them from receiving a service at all.	Feb 16, 2011 2:43 AM
510	N/A	Feb 16, 2011 3:07 AM
511	Recipients need help in making decisions in health matters because they are dissabled	Feb 16, 2011 3:50 AM
512	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 16, 2011 4:46 AM
513	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 16, 2011 5:03 AM
514	checked off my any provider	Feb 16, 2011 5:15 AM
515	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 16, 2011 5:37 AM
516	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 16, 2011 6:08 AM
517	self-directed or self-determination options allows consumers to get cheaper services	Feb 16, 2011 6:55 AM