Residential Services

DDS Service Standards Survey 2011

SurveyMonkey

1. I am a:

	Response Percent	Response Count
Consumer	5.2%	46
Family Member or Friend of a Consumer	**48.7%**	**429**
Service Provider Employee or Board Member	21.7%	191
Regional Center Employee or Board Member	12.1%	107
Decline to state	4.9%	43
Other (Specify Below)	7.4%	65
	Please Specify if Other	103
	answered question	**881**
	skipped question	**0**

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

	Response Count
	783
answered question	**783**
skipped question	**98**

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3. Suggested service standards about how often a specific service should be provided:	
	Response Count
	596
answered question	**596**
skipped question	**285**

4. Suggested service standards about how to make sure the services provided are useful and effective:	
	Response Count
	626
answered question	**626**
skipped question	**255**

5. Suggested service standards about the qualifications and performance of the person or organization that provides these services:	
	Response Count
	588
answered question	**588**
skipped question	**293**

6. Suggested service standards about the payment for these services:	
	Response Count
	580
answered question	**580**
skipped question	**301**

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7. Suggested service standards about the responsibilities of parents and consumers for these services, e.g., co-payment, time commitment, etc:	
	Response Count
	529
answered question	529
skipped question	352

8. Suggested service standards about self-directed or self-determination options for these services:	
	Response Count
	374
answered question	374
skipped question	507

1. I am a:

	Please Specify if Other	
1	level 4I residential service provider	Jan 28, 2011 1:36 AM
2	Direct caregiver with all responsibilities and no rights!	Jan 28, 2011 3:27 AM
3	rhttp://www.surveymonkey.com/i/t.gifesidential provider	Jan 28, 2011 4:44 AM
4	multiple	Jan 28, 2011 5:13 AM
5	also work for RC	Jan 28, 2011 5:31 PM
6	service provider	Jan 28, 2011 5:59 PM
7	I am also a caregiver.	Jan 28, 2011 6:06 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	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
13	Professor of Communicative Disorders	Jan 28, 2011 8:42 PM
14	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
15	Teacher	Jan 28, 2011 10:53 PM
16	Parent of child with Asperger's, relative of deaf person	Jan 28, 2011 11:00 PM

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1. I am a:

	Please Specify if Other	
17	I am also a provider of residential and day program services	Jan 28, 2011 11:10 PM
18	Also Parent Vendor & Service Provider Employee	Jan 29, 2011 12:02 AM
19	Mother of a beautiful 9 yr. old daughter born with Down Syndrome and autistic characteristics.	Jan 29, 2011 4:17 AM
20	I am a Mother and the client's conservator.	Jan 29, 2011 5:02 AM
21	service provider	Jan 29, 2011 6:20 AM
22	Attorney for the disabled.	Jan 29, 2011 7:36 AM
23	state staff	Jan 29, 2011 2:46 PM
24	Father/conservator of consumer.	Jan 29, 2011 8:51 PM
25	RESPITE CRE PROVIDER MSW LCSW	Jan 29, 2011 11:27 PM
26	Owner/Administrator of ARF	Jan 30, 2011 4:44 AM
27	I am both the parent of a consumer and an advocate with clients who are RC consumers	Jan 30, 2011 4:53 PM
28	I am also a retired regional center employee and working part time as a staff trainer for an SLS provider.	Jan 30, 2011 11:48 PM
29	Retired educator and specialist in austism and SED students	Jan 31, 2011 6:09 AM
30	Consultant	Feb 1, 2011 5:07 PM
31	spouse of a service provider	Feb 1, 2011 5:49 PM
32	I am both a family member and employed by a service provider	Feb 1, 2011 5:57 PM
33	Program Director for a Day Program	Feb 1, 2011 6:11 PM
34	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
35	I am also a family member.	Feb 1, 2011 8:32 PM
36	physician	Feb 1, 2011 10:17 PM
37	Mother of a client and also a community worker.	Feb 2, 2011 1:38 AM
38	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
39	friend of a parent who has an adult with developmental disability	Feb 2, 2011 1:44 PM
40	Friend, Advocate, Cousin, Coach, Program Coordinator	Feb 2, 2011 6:15 PM
41	My daughter received services until she passed away.	Feb 2, 2011 6:40 PM
42	Area Board staff	Feb 2, 2011 8:51 PM
43	father of children with special needs	Feb 2, 2011 9:23 PM
44	Father of a Developmentally Disabled son (Downs Syndrome)	Feb 2, 2011 10:19 PM
45	Behavioral Consultant, contractor	Feb 3, 2011 6:01 AM
46	Parent of 2 children with Autism	Feb 3, 2011 6:27 AM
47	Housing Provider for consumers in Orange County.	Feb 3, 2011 4:51 PM
48	Parent	Feb 3, 2011 6:02 PM
49	Care Provider	Feb 3, 2011 6:51 PM
50	Dad	Feb 3, 2011 7:55 PM
51	Work in a Day Program	Feb 3, 2011 8:24 PM
52	My son needs developmental services that are proposed to be cut.	Feb 3, 2011 8:25 PM
53	sister/conservator of Developmentally disabled adult sister	Feb 3, 2011 8:47 PM
54	Agency SLS	Feb 3, 2011 9:48 PM
55	As well as a family member of a consumer	Feb 4, 2011 1:14 AM

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1. I am a:

	Please Specify if Other	
56	parent of two consumers with autism	Feb 4, 2011 1:47 AM
57	Those individuals 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
58	I am category one, two, and three	Feb 4, 2011 9:15 PM
59	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
60	I am also a researcher working with children and adults with rare genetic disorders	Feb 5, 2011 5:30 AM
61	Those individuals whose individual program plan team has indenitifed a need for these services as described in The Lanterman Act Section 4646 (a-d).	Feb 5, 2011 7:15 PM
62	and Parent Vendor	Feb 8, 2011 12:50 AM
63	Life-long Californian	Feb 8, 2011 3:45 AM
64	Mother of a consumer, service provider of home health agency and former Vendor Advisory Committee Member.	Feb 8, 2011 5:53 AM
65	REgional Center	Feb 8, 2011 9:36 PM
66	I am a sibling of a consumer.	Feb 9, 2011 1:13 AM
67	Disability Rights California, non-profit advocacy organization.	Feb 9, 2011 5:23 PM
68	Social Worker for a private medical group in Southern California	Feb 9, 2011 5:55 PM
69	Also have many friends who use these services	Feb 9, 2011 7:45 PM
70	residential vendor	Feb 9, 2011 9:28 PM
71	Residential Care Provider	Feb 9, 2011 11:22 PM
72	care home owner	Feb 11, 2011 12:40 AM
73	Program Director Adult Day Services	Feb 11, 2011 1:43 AM
74	Parent of two consumers who are disabled and a advocate for regional center consumers	Feb 11, 2011 2:37 AM
75	service provider-group home	Feb 11, 2011 5:03 PM
76	Both a Family member and a Board Member	Feb 11, 2011 7:01 PM
77	administrator at a care home	Feb 11, 2011 8:02 PM
78	Vendor	Feb 11, 2011 11:44 PM
79	Mom of 18 yr old adopted child with Fetal Alcohol Spectrum Disorder	Feb 12, 2011 3:07 PM
80	Special Education teacher and advocate for the disabled.	Feb 12, 2011 4:06 PM
81	And a family member of a boy with autism	Feb 12, 2011 5:27 PM
82	and a special ed teacher	Feb 12, 2011 5:38 PM
83	Parent of a teenager who is on the Autism Spectrum.	Feb 12, 2011 8:10 PM
84	Our disabled son is part of the Regional Center of Orange County	Feb 12, 2011 8:32 PM
85	behaviorist	Feb 12, 2011 9:23 PM
86	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
87	family member, service provider employee and vendor.	Feb 13, 2011 6:05 AM
88	conservator also	Feb 14, 2011 3:35 AM
89	Psychologist for the Developmentally Disabled.	Feb 14, 2011 12:45 PM
90	I worked in this field for 27 years!! Started as a instructor, and then became the Chief Adm., This was a workshop J.O.B. in Apple velley and then we moved to Hesperia. Worked for Goodwell also and Social Vocational Servies until I retired in 2001. You may contact me if you will, at 760-245-9078!!	Feb 14, 2011 5:07 PM

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1. I am a:

	Please Specify if Other	
91	Special edcuation teacher	Feb 14, 2011 5:36 PM
92	Service Provider	Feb 14, 2011 6:15 PM
93	Adult Residential Facility Administrator/Licensee	Feb 14, 2011 8:19 PM
94	I am a family member and have worked as a service provider.	Feb 14, 2011 10:04 PM
95	care provider	Feb 14, 2011 10:34 PM
96	Father of 2 consumers	Feb 15, 2011 5:35 AM
97	My son has Autism	Feb 15, 2011 5:54 AM
98	Instructor working with developmentally disabled.	Feb 15, 2011 6:00 PM
99	Parent	Feb 15, 2011 6:09 PM
100	My daughter is on the spectrum but we do not qualify for services--she is too high-functioning to receive any help. We get absolutely nothing from the State. I just help run a support group for families that seldom get services and I have to deal with the fallout of those of us who already get nothing.	Feb 15, 2011 6:44 PM
101	I am a RN Pediatric Nurse Specialist with a degree in Social Work. For the past 7 years, I have been a caregiver, casemanager, and IP Team Member for my brother. He is a 54 year old man with Autism, who was profoundly emotionally ill. Now with the Integrative Plan which includes his Day Program, Residential Care Home amongst skilled and compassionate people who encourage his independence, and Preventive Medical Care, he is a happy, calm, mentally stable and healthy. He creates amazing art, which he sells through Creativity Explored, he now has a housemate and he is living his dream of independence. For 6 years, he received supportive services from independent living instructors. He no longer rides the van service, but rather uses muni to get to and from his Day Program. Without his impeccable instructors, I know he would be in an institution.	Feb 15, 2011 11:00 PM
102	Special Education Teacher Visually Impaired/Blind Birth to three years.	Feb 16, 2011 12:33 AM
103	general public	Feb 16, 2011 7:24 AM

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

	Response Text	
1	Anyone who is severe and cannot remain under their families care	Jan 28, 2011 12:46 AM
2	consumers	Jan 28, 2011 1:26 AM
3	INDIVIDUAL CHOICE BUDGET	Jan 28, 2011 1:29 AM
4	ICB	Jan 28, 2011 1:54 AM
5	Consumers or families who request this service.	Jan 28, 2011 2:03 AM
6	18 years old and up adults with developmental disabilities	Jan 28, 2011 2:10 AM
7	see WAPADH (PREVIOUS QTN).	Jan 28, 2011 2:13 AM
8	adults who cannot live at home	Jan 28, 2011 2:15 AM
9	CCI	Jan 28, 2011 2:38 AM
10	Residential services should be made available to the disabled. The reality is that family members will not always be available to care for the client. Possibly a realistic/fair co-payment could be established to help with the costs.	Jan 28, 2011 2:39 AM

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

	Response Text	
11	My friend is in a skilled nursing facility... Not enough is being done to get her up and into a wheelchair or at least into activities. she just watches tv all day, and she is a Graduate of UC Berkeley. I've been trying to help her, but after so many years she has just shut down.	Jan 28, 2011 2:48 AM
12	Only those who cannot live in supported living settings.	Jan 28, 2011 3:11 AM
13	their should be no limit to qualifying individuals	Jan 28, 2011 3:17 AM
14	Those who cannot live independently without a great deal of support, those that are medically fragile, and those who need closer supervision for safety reasons.	Jan 28, 2011 3:18 AM
15	Developmentally disables	Jan 28, 2011 3:19 AM
16	anyone needing constant support and supervision and extra support out in the community	Jan 28, 2011 3:22 AM
17	Clients who need more supervision, but those who can still function well and adapt to group living.	Jan 28, 2011 3:23 AM
18	All persons with developmental disabilities.	Jan 28, 2011 3:34 AM
19	Adults with disabilities	Jan 28, 2011 3:35 AM
20	Any one who fits the entrance criteria for the group home.	Jan 28, 2011 3:36 AM
21	Lanterman Act. Needs of the consumer as written in the IPP	Jan 28, 2011 3:45 AM
22	this is a no brainer. People need homes and care. Not everyone fits one mold. Licensed home and hospitals have their place.	Jan 28, 2011 4:12 AM
23	I believe aging seniors with no unique needs should also be allowed in level one homes bringing their Soc. Sec. and medicare money hopefully supplementing where funds are a shortfall. Many would rather this than institutional living.	Jan 28, 2011 4:13 AM
24	Consumers who need some or a lot of help in their everyday lives or those who are not independent enough to live on their own.	Jan 28, 2011 4:19 AM
25	Anyone who shows a deficit in self-help, hygiene, toileting, safety, behavior, social skills.	Jan 28, 2011 4:34 AM
26	Disabled people who have no one to care for them.	Jan 28, 2011 4:38 AM
27	No one should receive these services! residentail care facilities are small developmental centers without all the beuracracy! they are not effective and i dont see a normal person wanting to live with 4 or 5 complete strangers.	Jan 28, 2011 4:39 AM
28	Those who desire	Jan 28, 2011 4:49 AM
29	Under the Lanterman Act, any developmentally disabled adult who would like to receive these services	Jan 28, 2011 4:55 AM
30	elderly , developmental disabled,mentally ill	Jan 28, 2011 4:58 AM
31	Providers of care who have passed tests and or continuing education classes required by licensing to obtain their license and or recertification should be eligible to open and successfully run a facility. A facility needs to be Vendorized by the Regional Center in order to obtain full compensation that is available per consumer, and to be eligible to receive consumer packets of information on clients that are in need of a facility of their level of care on an ongoing basis.	Jan 28, 2011 5:18 AM
32	any adult who needs	Jan 28, 2011 5:24 AM
33	As needed.	Jan 28, 2011 5:56 AM
34	Current standards are appropriate.	Jan 28, 2011 6:18 AM
35	There is no justification for the cost of licensed facilities. All can be supported in SLS with the propoer support plans and staffing.	Jan 28, 2011 6:26 AM
36	No comment	Jan 28, 2011 6:31 AM
37	Do not adopt them.	Jan 28, 2011 6:47 AM

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

	Response Text	
38	those who are not able to live on their own	Jan 28, 2011 6:49 AM
39	All persons who meet the state definition of developmental disabilities.	Jan 28, 2011 7:37 AM
40	The consumers who have these services should be those not yet ready for or unable to do supported living programs and DC clients just transitioning into the communihty.	Jan 28, 2011 8:12 AM
41	RC should not fund undocumented consumers	Jan 28, 2011 8:23 AM
42	Persons who are already in the system. Persons who engage in behaviors that prevent them from maintaining in the family home or whose ambulatory needs require additional support.	Jan 28, 2011 1:32 PM
43	Whomever needs services in order to live should be able to get enough help. I wish that I never heard a regional center person call the group home opportunities for my son hell homes. Luckily we have a foster home arrangement where my son feels (I think since he cannot communicate) like he is a member of a family. There is so much potential in that program, but no one knows about it.	Jan 28, 2011 3:23 PM
44	Any one who qualities	Jan 28, 2011 4:40 PM
45	These are services that pay off. If one cannot survive in the community this service needs to be the first line of service.	Jan 28, 2011 4:53 PM
46	The cost of RCH is much less expensive and more "typical" than institutions who previously served people with disabilities. The financial restraints are making it more difficult to staff and provide quality service.	Jan 28, 2011 4:58 PM
47	We should eliminate group homes just as we have started to eliminate institutions. Who else grows up to live in a group home????? Is that the dream you have for your child??? Services/supports can be provided to a person in his/her own home...where they have their own items, where they can choose their own meals, where they do not have to live with other people getting into their things, space, etc. If people with developmental disabilities want to live with a group of other people, they can do what the rest of us do and get roommates. Let's make people with developmental disabilities more like us as they become adults....not less like the rest of us. If you believe in group homes....go live in one!! And then let me know how it compares to living in your own home.	Jan 28, 2011 5:01 PM
48	All individuals who have a need.	Jan 28, 2011 5:02 PM
49	Service standards, This should be very clear. To keep client out of a institution. This service enables clients to live at home saving the State thousands of dollars monthly. The standard should be the same as the care facility. All of the clients needs need to be meet. Safe, secure interviroment & all medical conditions cared for. Standard of needs to be set by doctor and physiologist.	Jan 28, 2011 5:04 PM
50	Based on need of the family.	Jan 28, 2011 5:12 PM
51	Anyone with developmental disabilities who, through the IPP process, identifies these types of living arrangements as the least restrictive and most appropriate	Jan 28, 2011 5:20 PM
52	Should be open to all in the least restrictive way.	Jan 28, 2011 5:20 PM
53	The elderly and the mentaly challenged	Jan 28, 2011 5:22 PM
54	These Homes are expensive and should only be available to United State Citizans.	Jan 28, 2011 5:23 PM
55	Adult Residential homes not more than 4 per home,	Jan 28, 2011 5:35 PM
56	Individuals who due to supervisory, physical care, or behavioral excess needs are unable to remain in the parental home or are unable to provide for their own care.	Jan 28, 2011 5:46 PM
57	People who would otherwise be homeless or institutionalized.	Jan 28, 2011 5:51 PM

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

	Response Text	
58	vulnerable populations of all ages	Jan 28, 2011 5:51 PM
59	*Everyone is entitled to grow up and move out of the family home. So hmm . . . I think everyone who wants to grow up and move out should be entitled to them?	Jan 28, 2011 5:57 PM
60	Consumers who would be unsafe by reason of intellectual ability, behavioral needs, or physical ability should receive residential services.	Jan 28, 2011 5:59 PM
61	Consumers who are unable to stay in their family home.	Jan 28, 2011 6:12 PM
62	Care providers must be able to speak and write in the native language of their consumers.	Jan 28, 2011 6:14 PM
63	Keep at the current rates and amounts. Adults /(over 18) should receive camp monies from regional centers. They are not currently. The rates and services should be increased, not increased. The benefits are astronomical, for the chlidren/adults!	Jan 28, 2011 6:24 PM
64	Anyone who needs these services. Better alternative and more cost effective than developmental centers which cost in excess of $300,000.00 per year per client.	Jan 28, 2011 6:25 PM
65	All individuals who carry a diagnosis of Autism and/or Mental Retardation who require care and supervision.	Jan 28, 2011 6:38 PM
66	Residential budgets are VERY tight and there is no room for cuts. Seriously you will put people on the streets UNLESS you reduce the service hour requirement along with any reduction in ARM rates.	Jan 28, 2011 6:41 PM
67	CONSUMER/CLIENT WITH DISABILITY	Jan 28, 2011 6:45 PM
68	When there is a compelling need the individual or parent/family should be given the choice of placement. Over the last few years options have been limited or refused by regional centers.	Jan 28, 2011 6:48 PM
69	Individuals not capable of independent living and have no other means of support ie. family member to take care of them.	Jan 28, 2011 6:58 PM
70	Anyone with developmental disabilities who has this identified as a need in their IPP	Jan 28, 2011 7:11 PM
71	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 7:22 PM
72	Any person receiving services from the Regional Center	Jan 28, 2011 7:26 PM
73	This open for discussion as it appears that some clients who should receive services do not	Jan 28, 2011 7:27 PM
74	Residential services should be based on need, how ever I believe that we should get away from keeping indviduals in State wide health care, Care Homes, and Group Homes, and move more persons in to apartment living.	Jan 28, 2011 7:30 PM
75	I like where I live leave it alone	Jan 28, 2011 7:34 PM
76	Consumer in need of placement.	Jan 28, 2011 7:35 PM
77	Aquire more homes for younger people with disabilites to live in small groups in NOT shared rooms with the highest standart of independency but with the level supervision they need	Jan 28, 2011 7:45 PM
78	Require legal residency	Jan 28, 2011 7:52 PM
79	Residential services should be available to anyone who is Developmentally delayed and can not live by themselfs - due to low M.R., unable to have 100% use of their hands, or feet.	Jan 28, 2011 7:54 PM
80	Some one from the DDS or higher agency needs to monitor the RC is doing their jobs. Often the kids with disability is neglected.	Jan 28, 2011 8:10 PM
81	adults over the age of 22	Jan 28, 2011 8:12 PM

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

	Response Text	
82	Only those that either want to be in group living, or who are too disabled to function in any other environment.	Jan 28, 2011 8:29 PM
83	Adults who are not capable of living alone because of physical or mental disabilities	Jan 28, 2011 8:33 PM
84	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.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 8:48 PM
85	Individuals who qualify.	Jan 28, 2011 8:49 PM
86	persons who cannot remain with bio family for whatever reason	Jan 28, 2011 8:55 PM
87	Consumers/caregivers/families who request this living arrangement.	Jan 28, 2011 8:56 PM
88	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 8:57 PM
89	adults who cannot or do not want to live at home with family, or cannot live independent or in a supported living situation	Jan 28, 2011 8:58 PM
90	Anyone who can not live independently with support or at home with support. YOU HAVE TO PROVIDE A PLACE FOR THE DISABLIED TO LIVE.	Jan 28, 2011 8:59 PM
91	Anyone with developmental disabilities who has this identified as a need in their IPP	Jan 28, 2011 9:02 PM
92	Last resort	Jan 28, 2011 9:30 PM
93	All in need.	Jan 28, 2011 9:46 PM
94	Anyone with a disability - not restricted.	Jan 28, 2011 9:55 PM
95	The needs of the individual client should determine elligibiity.	Jan 28, 2011 9:57 PM
96	Individuals who choose this option should have the chance for this service. People who choose other support services should be allowed those options and not forced into a residential setting due to cost. Residential settings can be beneficial for some but due to intense and outdated licensing and state regulations - homes are often forced to limit choice and freedom from people who reside in them.	Jan 28, 2011 10:09 PM
97	These homes are vital to families who have relatives that are developmentally disabled. In order for them to be able to work and support the family they need alternatives to care for their handicapped family member. I do think that better supervision of services is needed to ensure that quality care is given.	Jan 28, 2011 10:10 PM
98	Children and adults who cannot live in the family home as determined by the IPP process.	Jan 28, 2011 10:16 PM
99	People that may need extra help in this area, not nessecarily those with Autism, AS or CP only. Some with Down Syndrome may benefit from this.	Jan 28, 2011 10:36 PM
100	Anyone who can perform basic hygiene and household duties.	Jan 28, 2011 10:46 PM
101	Continue same criteria.	Jan 28, 2011 10:50 PM
102	consumers that cannot be taking care of by their families because of the intensive behaviors or parents had pass away	Jan 28, 2011 10:52 PM
103	These services should be available for anyone who needs them.	Jan 28, 2011 10:53 PM

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

	Response Text	
104	Anyone who would benefit from the service.	Jan 28, 2011 11:06 PM
105	RC decision no appeal rights	Jan 28, 2011 11:09 PM
106	Anyone that requests the need for this type of housing.	Jan 28, 2011 11:25 PM
107	ARF & RCFE's need a less adversarial relationship with ACRC employees. Not sure what has changed in the last 10 years. 10 years ago, they would help the providers deliver quality of life to there consumers. Today they are concerned with slamming providers and berating them if things don't go perfectly. Caring for human beings is dynamic and changing. Code enforcement is important and regulations must be followed for our consumers protection but more often than not the Service Coordinators are more interested in looking for violations than helping our consumers. I have consistently tried to foster good relationships with ACRC but overall I want nothing to do with them. Historically, i would look to them as a Partner in bettering our consumers however they offer no assistance and only occasional meetings that are awkward and downright uncomfortable.	Jan 28, 2011 11:28 PM
108	These should be available for individuals (adult and children) who need care and supervision, and where there is no natural family or when family can no longer maintain in their home.	Jan 28, 2011 11:29 PM
109	Traditional group homes where adults share rooms and live with at least 5 other adults in a small house should no longer be developed. Very few people can adapt to these situations.	Jan 28, 2011 11:29 PM
110	Qualifying standards are already in place. These standards are appropriate but do present problems when the individual make progress and reduces behaviors and learns skills and then he/she has to move. They are HOME and don't want to move. So, what does one do? Punish them and the provider for doing a good job?	Jan 28, 2011 11:53 PM
111	That's too wide a range of placement facilities. I think anyone who is in a nursing home should be able to get some rehab services. But, should you be providing that? Why can't their doctor and medical insurance provide access to therapy or other services they might need.	Jan 29, 2011 12:04 AM
112	Same	Jan 29, 2011 12:07 AM
113	All whom qualify.	Jan 29, 2011 12:36 AM
114	Anyone who wishes to live in a particular model. Group homes, however, are a dwindling model as are nursing home-type facilities that should not be considered an option under any circumstances.	Jan 29, 2011 12:54 AM
115	See remarks under SLS/ILS. There is no place for this service	Jan 29, 2011 1:04 AM

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

	Response Text	
116	Article 1: Definitions Section 54001 - Substantial Handicap Disability (a) “Substantial handicap disability” means: (1) a A condition which results in major impairment of cognitive and/or social functioning, . Moreover, a substantial handicap represents a condition of representing sufficient impairment to require interdisciplinary planning and coordination of special or generic services to assist the individual in achieving maximum potential; and (2) The existence of significant functional limitations, as determined by the regional center, in three or more of the following areas of major life activity, as appropriate to the person’s age: (A) Communication skills; (B) Learning; (C) Self-care; (D) Mobility; (E) Self-direction; (F) Capacity for independent living; (G) Economic self-sufficiency. AND requires 24/7 supervision and/or care	Jan 29, 2011 1:39 AM
117	For the disabled that cannot care for themselves and have no families or families that don't want the responsibility.	Jan 29, 2011 2:18 AM
118	1. Need to tighten rules on who should receive 113 rates. Too easy to get around ARM rates.	Jan 29, 2011 2:59 AM
119	Any person with developmental disabilities	Jan 29, 2011 3:08 AM
120	consumers who can't or don't want to live independently	Jan 29, 2011 3:11 AM
121	All regional center consumer	Jan 29, 2011 3:45 AM
122	anyone who needs	Jan 29, 2011 3:52 AM
123	as needed	Jan 29, 2011 4:43 AM
124	Everyone.	Jan 29, 2011 4:55 AM
125	regional center clients.	Jan 29, 2011 5:09 AM
126	No one should be cut	Jan 29, 2011 5:10 AM
127	Should be limited to those adults who are developmentally incapable of fully caring for themselves (bathing, preparing their meals, being financially independent, maintaining their own household, etc.). Should be limited to those children (minors) who are of such behavioral disfunction as to not be under the control of their parents (causing the parents undo stress, anxiety, and requiring excessive supervision and attention). Any adult or child not fitting into either of the above categories should NOT be receivng home services from DDS.	Jan 29, 2011 5:39 AM
128	Those people with autism who can benefit from living in the community.	Jan 29, 2011 6:20 AM
129	most of our clients, specialy the individuals that struggle with severe behavioral issues	Jan 29, 2011 6:36 AM
130	OK- I've thought about this for my own kid, but the shortcomings are so prevalent, and the quality of care in some so uneven, and in others, very poor, that I wouldn't trust my kid in a facility like this. Too many horror stories. There are alternatives all over the US- we've researched them. The need for group homes would decrease if innovative programs were funded.	Jan 29, 2011 6:41 AM
131	Consumers who choose this option or who require this level of care.	Jan 29, 2011 6:44 AM
132	Disability or older people,	Jan 29, 2011 7:48 AM

Residential Services

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

	Response Text	
133	dependent consumers with 90% disabilities	Jan 29, 2011 2:59 PM
134	Those children who have needs that their parents cannot meet at home and those adults who are unable to live independently.	Jan 29, 2011 4:35 PM
135	For those individuals with more intensive medical and behavioral needs, group homes may be an apporpriate option.	Jan 29, 2011 6:39 PM
136	There should be a demonstrated need for these services, based inability to function in other settings because of the disability. Where the consumer is a juvenile and would otherwise live in the family residence, there should be a demonstrated inability for the family to cope with the presence of the consumer. Mere desire not to have the consumer present should not be enough.	Jan 29, 2011 10:30 PM
137	FOR THOSE CLIENTS WHO ARE SEVERELY PROFOUNDLY INVOLVED AND WHO CANOT LIVE ELSEWHERE OR HAVE NOT FMAILY COMMUNITY SUPPORTS	Jan 29, 2011 11:53 PM
138	Anyone who cannot provide for their daily life skills.	Jan 30, 2011 12:34 AM
139	SELECTED CONSUMERS. THOSE CONSUMERS WHO HAVE NO OTHER OPTION BUT TO GO LIVE IN A CARE HOME OR OTHER LICENSED FACILITIES. CONSUMERS WHO ARE NOT CAPABLE OR ABLE TO CARE FOR THEMSELVES THAT THEY NEED ASSISTANCE.	Jan 30, 2011 4:18 AM
140	There are clients that live in care home and rate should stay the same. There are care home that are special rate that should be eliminated. Also 1:1 should not be given to care home.	Jan 30, 2011 4:53 AM
141	Anyone not able to adequately and effectively provide for self care should be eligible.	Jan 30, 2011 3:17 PM
142	Those who can't be helped at home, who put families and themselves in danger, and those who are adults and should be out of the home (based partly on the family wishes). I like to think that most of the time if the RC is responsive and does the other things I recommended to get people in and problem solve and enough to settle things down then residential won't be needed so much.	Jan 30, 2011 5:10 PM
143	Preserve the IPP process for the choices realted to residential services.	Jan 30, 2011 5:22 PM
144	Parents need to know that the days of RCs picking up the residential tab for $100K+ out-of-state placements when LEAs fail to provide FAPE are long past and will never be seen again. If the requirement that RCs have either a staff member or outside contractor familiar with special ed will in fact be implemented this June, parent trainings in special ed should begin asap thereafter and be ongoing. Reducing unrealistic expectations will allow residential services to be offered to those consumers who truly need them, not to those who can make the most noise.	Jan 30, 2011 6:17 PM
145	Only qualified providers - certainlhy not based on who they know, or their relatioship with an RC Executive Director. Providers should be ranked == who bvest provides certian services, and the best ones are theproviders who should be given grants and offered more clients to open homwes. You have all seen the friends of certain higher ups get the best clients, and get the best rates, and are not subject to a lot of things that other providers --- other non=preferred rpoviders-- are subjected to. Who are qualified? Those with experience, those who take good care of their clients)you caneasily find out by asking their counselors), and those who go out fo their way to met clients needs. For example: if a client has so much behaviros --- there is a set fee. If hte client reqauires x number of visits to the doctor, or if he/she requires extensive care, the fee should be x. Fees should never be based on friendships with RC management.	Jan 30, 2011 8:58 PM

Residential Services

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

	Response Text	
146	all developmentally delayed including autism and aspergers	Jan 30, 2011 9:15 PM
147	These are silly questions! This survey is not designed for the people receiving services, providers, or families. It should be asking questions that we can answer.	Jan 30, 2011 10:10 PM
148	People who are unable to stay with family, who grew up in foster care and are now 19 and unable to live on their own, disabled adults or children that for reason beyond their control need a home!!!! Etc. Etc. Disabled people I don't want to see on the streets homeless.....	Jan 30, 2011 10:49 PM
149	I recommend that the levels of service be clarified. And individuals who are going into residential services should be assessed for initial supports, and then reassessed at periodic intervals, to determine if they are being served in the least restrictive setting.	Jan 31, 2011 12:21 AM
150	All individuals who require these services should receive them.	Jan 31, 2011 4:15 AM
151	No one who is mentally impaired but not on drugs should be subject to residential housing, whether group homes, teaching homes, nursing homes, etc., . My experience with residential services is that adult services are never properly funded to provide adequate services or monitoring. Many, many mentally impaired adults living in the community are exposed to street drugs and violence. Group homes throughout urban areas are rife with drug access, abuse, and neglect. If California really wants to (and I doubt it) provide satisfactory housing for adults with mental impairments, it needs to overhaul its oversight - i.e., fund more , and pay for housing for one to two adults rather than six.	Jan 31, 2011 6:40 AM
152	person living in a DC or a group home with poor standard	Jan 31, 2011 4:19 PM
153	The quality of residential care (CCF, ICF) often is very poor. We've seen clients with serious injury that receive inadequate medical attention. Staff frequently don't understand or respect personal freedoms and individual choice.	Jan 31, 2011 5:33 PM
154	This service should be available to any dd adult or child who would benefit in a home structure living condition.	Jan 31, 2011 6:11 PM
155	Any consumer who has a need identified or if a consumer wants to live in this type of home.	Jan 31, 2011 6:13 PM
156	anyone who qualifies for regional center services and is identified as someone who can benefit from these services through the planning team process	Jan 31, 2011 6:21 PM
157	We operate Adult Residential Facilities, funded by the regional center (DDS) and licensed by Community Care Licensing, for developmentally disabled persons. People who have autism, cerebral palsy, mental retardation, a seizure disorder or a like-condition are eligible for regional center services, and likewise, residential services - it's wide open. The criteria the regional center uses to refer consumers to a specific level of care and supervision seems to be working for the most part. Consumers between the ages of 18 and 22 continue to receive schooling from the Department of Education, and should continue to live in a special type of group home for older adolescents, or live at their family home, until they are out of school. Young adults are currently being referred for placement in ARFs before they are ready for an adult facility. The criteria for placing these young adults should be more stringent. In addition, more and more people with serious mental illness and a developmental disability are being referred for residential services. It seems that the developmental disabilities system is taking up the housing slack for the mental health system. More careful screening for appropriateness of care as far as mental illness is concerned should be considered.	Jan 31, 2011 6:52 PM
158	All consumers	Jan 31, 2011 6:54 PM
159	All who need them	Jan 31, 2011 7:05 PM

Residential Services

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

	Response Text	
160	Individuals with a developmental/physical disability who requires additional assistance with their daily living skills and (or) behaviors.	Jan 31, 2011 7:22 PM
161	Anyone who is unable to like at home or live on their own.	Jan 31, 2011 7:24 PM
162	Those who have a need.	Jan 31, 2011 8:55 PM
163	The current standards seem to be appropriate.	Jan 31, 2011 9:04 PM
164	developmetaly or physically disabled	Jan 31, 2011 9:08 PM
165	Anyone with developmental disabilities who has this identified in as a ned in their IPP	Jan 31, 2011 9:31 PM
166	Updated credential requirements for Care Providers	Jan 31, 2011 9:34 PM
167	Any DD person who does not have the cognitive function necessary to live an independent, or semi-independent lifestyle.	Jan 31, 2011 9:45 PM
168	I'm not a big fan of group settings. Individual is better. Please, do not exclude people who need 24 hr. care. They may not want to live in a group.	Jan 31, 2011 9:55 PM
169	High standards! Get rid of the ineffective home agencies.	Jan 31, 2011 9:55 PM
170	This model has not been effective with the consumers we have worked with.	Jan 31, 2011 10:13 PM
171	wewe	Jan 31, 2011 10:30 PM
172	As entitled in Lanterman Legislation	Jan 31, 2011 10:31 PM
173	People who absolutely cannot live independently.	Jan 31, 2011 10:33 PM
174	Any child or adult who is not able to live at home, does not want to live independently, or whose family is seeking placement.	Jan 31, 2011 11:13 PM
175	only for people for whom living with proper supports in the community is not an option.	Jan 31, 2011 11:18 PM
176	Standards are in place and should continue to be an option to consumers.	Jan 31, 2011 11:24 PM
177	Anyone who is developmentally disabled who does not have a family member who can contribute to their living arrangements.	Feb 1, 2011 12:01 AM
178	All of these questions can be answered the same as previous ones. See above.	Feb 1, 2011 12:09 AM
179	anyone eligible	Feb 1, 2011 12:34 AM
180	More focus on individuals with disabilities. They are often last in line for everything and I for one would like my tax money earmarked for these individuals.	Feb 1, 2011 12:55 AM
181	Individuals who have the ability to speak up for themselves in the event that something undesirable was occuring.	Feb 1, 2011 1:24 AM
182	Disabled persons who are able to function in a communal setting, i.e. who benefit from finding a place in the group purpose of a larger community, who have strengths to offer into the communal setting, and who are able to interact and bring their unique contributions to the community or group home.	Feb 1, 2011 1:26 AM
183	N/A Defund the Regional Centers who do not care anyway!	Feb 1, 2011 1:45 AM
184	These have already been set up at the Regional Center.	Feb 1, 2011 1:47 AM
185	any regional center consumer who is unable to be maintained at home, due to their needs, behaviors, family situation, finances, etc.	Feb 1, 2011 5:01 AM
186	those who need them	Feb 1, 2011 5:21 AM
187	all clients who want and need residential care should be given it.	Feb 1, 2011 5:22 AM
188	See comments in previous section, item #1.	Feb 1, 2011 6:51 AM

Residential Services

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

	Response Text	
189	There should not be a statewide standard for this service. Services should be based on the individual's unique needs and desires. Because of the diversity of services that different individuals need, decisions need to be based on standards available in the local community and what the *consumer* wants and needs. If statewide "standards", which in effect are statewide "limitations," are imposed, there should be exceptions available upon the individual's showing that the specific consumer needs a more individualized program.	Feb 1, 2011 7:19 AM
190	All DD persons who meet the minimum qualification.	Feb 1, 2011 7:20 AM
191	Consumers who need 24 hour care. Clients who want to live indepemdently, but need assistance with staff,	Feb 1, 2011 9:51 AM
192	No one who has the desire to live on their own or with a roommate in an apt or house should live in a licensed facility of any kind. If a consumer identifies such a preference or need, the regional center must immediately commence SLS planning and notify the licensed facility of this planning (unless immediate notification would in anyway jeopardize the consumer's continuing placement until SLS can be started). No consumer shall live in a SNF if their needs can be addressed adequately in another level of care --- this must be an objective determination, not subjective based on what is readily available. If a consumer in a SNF could otherwise be served in a care home or SLS or family home, then the regional center must begin planning for such a transition immediately, with the IPP documenting the process and timeline to be achieved e.g. identify a care home and give notice to the SNF, or identify the support services that are needed and begin the search and development of those services. Same thing for a consumer living in an ICF, which is a restrictive place to live and where most often consumers could be equally served in a care home or SLS at less cost and/or less restriction of their personal lives.	Feb 1, 2011 11:33 AM
193	Should be provided to prevent institutionalization.	Feb 1, 2011 4:57 PM
194	Further cuts in this ara will endaner the health and safety of adults with disavilites who are living in the communtiy	Feb 1, 2011 5:02 PM
195	People with DD who are born to citizens of the US.	Feb 1, 2011 5:40 PM
196	Individuals that cannot successfully function in their current living situation with additional supports and services being brought into their home or community, or individuals that cannot be functioning member of their community independent of full time living arrangements should receive these services based on their level of need.	Feb 1, 2011 6:01 PM
197	The every 3 year QA should have been kept and the facility liaison reviews that occur 2 times per year should be dropped. OR Move to a self-QA system for those who meet certain standards. QA would be done on RC approve format that is individual to that organization and turned into to the RC. New York has this system and it is very beneficial.	Feb 1, 2011 6:16 PM
198	abondon these and provide better options.	Feb 1, 2011 6:24 PM
199	There should be no politics involved in the placement of consumers in community care facilities. Some facilities designated to provide higher level of care are actually getting the same type of consumers placed in lower level of care who are compensated for about half the amount that the high-care facilities are receiving. Several regional centers have only one rate for all levels of care, except ICF's.	Feb 1, 2011 6:45 PM

Residential Services

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

	Response Text	
200	anyone in need of residential services - out of home	Feb 1, 2011 6:50 PM
201	All DD Adults shaould be elidgeable for this service when iot is deemed necessary to improve the life of the consumer.	Feb 1, 2011 6:51 PM
202	Anyone who is interested in placement should have the option.	Feb 1, 2011 6:52 PM
203	All in need of care and supervision	Feb 1, 2011 6:57 PM
204	Developmentally disabled	Feb 1, 2011 7:46 PM
205	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 7:57 PM
206	Keep developmental centers open , save more money spent by regional centers.	Feb 1, 2011 8:05 PM
207	developmentally disabled	Feb 1, 2011 8:42 PM
208	As per standards set in place now.	Feb 1, 2011 8:45 PM
209	All consumers should have the opportunity to live in a group home.	Feb 1, 2011 8:58 PM
210	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
211	Current standards are appropriate.	Feb 1, 2011 9:28 PM
212	persons who need to receive care for more than 8 hours per day	Feb 1, 2011 9:59 PM
213	See Lanterman Act.	Feb 1, 2011 10:30 PM
214	No services should be provided to illegal immigrants.	Feb 1, 2011 10:49 PM
215	All applicants who qualify should continue to receive services under the current standards.	Feb 1, 2011 11:23 PM
216	The State needs to cultivate more of these resources. Too many families are told that there are not enough sites so they are out of luck.	Feb 1, 2011 11:32 PM
217	Those consumers who request this service should have access to these services.	Feb 1, 2011 11:47 PM
218	These services are vital for some disabled citizens as they could not otherwise survive. This is a basic human need for food, clothing and shelter and should not be denied to any individual, ever!	Feb 1, 2011 11:51 PM
219	Persons with developmental disabilities who are unable to live independently and who have no relatives whom they want to take care of them or who are willing to take care of them.	Feb 2, 2011 2:08 AM
220	Clients that have no other alternative but to live in these facilities	Feb 2, 2011 2:50 AM
221	Provide homes as needed for those who cannot live independently.	Feb 2, 2011 3:37 AM
222	Those persons with developmental disabilities who are unable to make good decisions on their own behalf.	Feb 2, 2011 3:58 AM

Residential Services

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

	Response Text	
223	A person who cannot live on their own.	Feb 2, 2011 4:08 AM
224	My daughter requires 24 hour care and the residential services provided have been so helpful to her and our family. we could not make it without this service.	Feb 2, 2011 4:34 AM
225	This should only be available to people who have no family to live with. Again, this is not a right, but rather a safety net for the most vulnerable people who have no one to look out for them.	Feb 2, 2011 5:19 AM
226	Anyone who CAN'T live on their own by choice or in less restrictive place.	Feb 2, 2011 5:53 AM
227	Clients who want to move out of their family homes that qualify for Alta services.	Feb 2, 2011 6:04 AM
228	Let the affected adults and their care providers and families determine if this is the best option for them, either on a short-term or long-term basis.	Feb 2, 2011 6:06 AM
229	People who need 24/7 supervision, sex offenders highly restricted environements, physically or intellectualy challenged that require assistance	Feb 2, 2011 2:03 PM
230	You need to re write the entire Title 17 regulations and be more specific. Any idiot can become an administrator.	Feb 2, 2011 2:06 PM
231	Those individuals 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 3:38 PM
232	DD individuals who can no longer reside in their family home and there is no other resources in the community.	Feb 2, 2011 3:42 PM
233	Individuals with Autism and Aspergers.	Feb 2, 2011 4:41 PM
234	Those individuals 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 4:57 PM
235	Those individuals 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 5:52 PM
236	Evaluation on level of care to be determined individually. Those who do not have other living options may be considered for CCF.	Feb 2, 2011 6:34 PM
237	a	Feb 2, 2011 6:52 PM
238	Any individual who would benefit from this type of placement over a DC placement or need to reside alone.	Feb 2, 2011 7:21 PM
239	Children and adults who cannot live safely in their own homes, even with supports.	Feb 2, 2011 7:35 PM
240	Residential services should be avaliable to all consumers	Feb 2, 2011 7:43 PM
241	Individuals with Prader-Willi Syndrome require these services.	Feb 2, 2011 7:48 PM
242	Anyone who is developmentally disabled and unable to live with their own family	Feb 2, 2011 8:01 PM
243	Adults only over the age of 22. Children should live in the family home, not in group homes.	Feb 2, 2011 8:43 PM
244	These should be available to assist both consumers and families who do not have the resources to care for their child at home. This can be evaluated by the Regional Center.	Feb 2, 2011 8:53 PM
245	Those individuals 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 9:19 PM
246	children special needs	Feb 2, 2011 9:25 PM

Residential Services

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

	Response Text	
247	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 9:27 PM
248	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 9:34 PM
249	Adults who need behavioral support or assistance with daily living should qualify for Residential Services. Children should also qualify after exhausting efforts to maintain them in their family home.	Feb 2, 2011 9:36 PM
250	Qualified Regional Center Clients over 21 yrs. of age	Feb 2, 2011 9:37 PM
251	CRITICAL to house our disabled. This is a needed function for those who cannot live in their own residence	Feb 2, 2011 9:42 PM
252	persons with health or mental handicaps that can not live on their own or who are not able to work and support themselfs because of their handicap	Feb 2, 2011 9:46 PM
253	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 10:01 PM
254	Yes all the same as living and supported services!	Feb 2, 2011 10:06 PM
255	Any family who is in a need of a home	Feb 2, 2011 10:09 PM
256	See response to supportive services (Section 5).	Feb 2, 2011 10:12 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 10:12 PM
258	Please previous topic response....	Feb 2, 2011 10:20 PM
259	group homes should be licensed with staff that have experience, qualifications, certifications, fingerprinted, no history of arrest, abuse etc. Any person who cannot live at home should be given the opportunity to live with a safe environment and provided a comfortable bed, clean home, nutritious food and safe vehicle for transportation.	Feb 2, 2011 10:39 PM
260	US citizens and California residents qualified under the definition of pervasive developmental delay	Feb 2, 2011 10:46 PM
261	Developmentally Disabled individuals.	Feb 2, 2011 10:59 PM
262	I do not support POS service standards.	Feb 2, 2011 11:33 PM
263	Anyone older than 18 should be eleigible to live or transition froma group home to independent living.	Feb 3, 2011 12:29 AM

Residential Services

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

	Response Text	
264	Same answer as previous pages	Feb 3, 2011 12:46 AM
265	All adults who are disabled.	Feb 3, 2011 12:47 AM
266	Placement of a minor should only occur when the parent is unable to safely care for the consumer in his or her own home. Residential placement should be available for any adult consumer of the Regional Center System.	Feb 3, 2011 12:59 AM
267	Clients who cannot live independently or are under age 18.	Feb 3, 2011 1:00 AM
268	Those individuals 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 1:01 AM
269	clients that are not capable of caring for themselves	Feb 3, 2011 1:21 AM
270	anyone who has a disability and needs these services	Feb 3, 2011 1:32 AM
271	It would be nice if all homes would follow up on calls placed to them to assure proper attire and medical attention of Individuals we serve. I am aware that Staffing can be a challenge however, Let consumers stay home when they are contagious (IE fever, runny nose, congested.) instead of infecting a whole program full of other individuals. Program should not be a day care. Individuals who depend upon us to provide quality care and safety should not have to have a miserable day when they are ill and requesting to stay home and sleep. This also risks illness to other individuals and increases the possibility that Individual will get worse. And please provide clothing changes and don't leave Individuals to be in soiled/ wet clothing all day. Today placed a call and administrator said someone would be sent. No one ever responded. Different home same Administrator came for another individual but never brought the change of clothing. Programs keep some spares on hand but should not have to go purchase clothing every time a consumer is soiled and a home does not respond with clothing.	Feb 3, 2011 1:56 AM
272	Whoever has a demonstrated need should be able to receive these services.	Feb 3, 2011 1:56 AM
273	Any consumer who qualified on the basis of disability and/or need.	Feb 3, 2011 1:56 AM
274	those who ask for this service	Feb 3, 2011 2:00 AM
275	Those who cannot live on their own. Those who have safety issues.	Feb 3, 2011 2:02 AM
276	Anyone that cannot take care of themselves that is developmentally disabled.	Feb 3, 2011 2:09 AM
277	Safe homes, safe caregivers should be provided for any and all people with special needs.	Feb 3, 2011 2:15 AM
278	There should be a parent (not on Regional Center's payroll) to serve for a limited time on this Committee so as to give voice to families. (Just like Human Rights Committees) Have them ask different family members from Regional Center clients. this will allow someone from the outside to actually see that Regional Center committees are doing what they're paid to do. (basing on needs and not due to budget cuts!)	Feb 3, 2011 2:34 AM
279	For people who cannot successfully live in a lesser restrictive environment of their choice.	Feb 3, 2011 2:58 AM
280	Most of the mentally challenged should live in group homes or state hospitals. Sonoma State Hospital is a perfect example of a nice facility for the moderately and severely mentally challenged. The grounds are beautiful; the surrounding community of Glen Ellen respects the residents there. Only the most high-functioning individuals should be allowed to live independently.	Feb 3, 2011 2:58 AM
281	people in need	Feb 3, 2011 5:08 AM
282	all of those that qualify with developmental disabilities	Feb 3, 2011 5:16 AM
283	make these the basis of services for all and anyone elses benefit is measured against the eligibility to live in a licensed home. Basis for level of service should have an automatic caluculator based on the CDER element.	Feb 3, 2011 5:16 AM

Residential Services

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

	Response Text	
284	Those individuals 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 6:08 AM
285	Those who need to be adults and begin learning responsibility.	Feb 3, 2011 6:32 AM
286	same standard as today.	Feb 3, 2011 6:50 AM
287	Same standards as Valley Mountain Regional Center.	Feb 3, 2011 6:51 AM
288	If it is necessary for the disabled consumer to live in a residential facility , the Regional Center Social Worker needs to facilitate finding the best living arrangement. The family or guardian should also have some input.	Feb 3, 2011 7:24 AM
289	Any RC client who cannot or doesn't want to live on their own.	Feb 3, 2011 7:27 AM
290	only the medically fragile, others with severe behavioral or developmental issues, and children as necessary for respite	Feb 3, 2011 7:33 AM
291	Any consumer who needs out of home placement, regardless of age.	Feb 3, 2011 3:40 PM
292	Autism.	Feb 3, 2011 4:48 PM
293	People who are unwilling or unable to live with family members for any reason.	Feb 3, 2011 5:00 PM
294	On a need basis when there are no family care resources available	Feb 3, 2011 5:20 PM
295	Those individuals 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 5:24 PM
296	Should be available to all RC consumers	Feb 3, 2011 5:40 PM
297	Those individuals 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 5:48 PM
298	All disabled people that have no where else to live based on their disability and are American Citizens.	Feb 3, 2011 5:49 PM
299	Eliminate Reg Ctr eligibility for 5th catagory	Feb 3, 2011 5:50 PM
300	Those individuals 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
301	I think any adult with developmental disability should be eligible.	Feb 3, 2011 6:32 PM
302	Those individuals 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 6:42 PM
303	Clients that want to live on there own with support.	Feb 3, 2011 6:51 PM
304	Residental facilities are required for equality of a person who is DDS.	Feb 3, 2011 7:07 PM
305	These settings are critical. they should be available to all who desire it. There needs to be more variety. Rooms must be private and we need to re-visit the day of larger facilities where we can maximize staff coverage and staffing pools I dont mean huge but the 10 to 20 residents is much more normalized as it can be like an apartment setting. For family homes I do agree with 4 or less but rates must support that. Also must be more incentives in place to encourage vendors to open homes for specialized diagnosis such as Prader-Willi or sexual predators.	Feb 3, 2011 7:15 PM
306	I feel the same for all of Regional Center's services as I do in the first few survey's I have taken.	Feb 3, 2011 7:48 PM
307	People with developmental/mental illness and Mental Illness.	Feb 3, 2011 7:50 PM
308	Any one who is in need or their families are in need of these services for whatever reason, health, financial, etc. Very important also for the person with disabilities because they become more independent and able to be in the community as an adult.	Feb 3, 2011 7:52 PM
309	Any disabled person who can not live in the family home should qualify for these services.	Feb 3, 2011 7:59 PM
310	To be determined by RCRC staff, and the consumers family	Feb 3, 2011 8:05 PM

Residential Services

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

	Response Text	
311	All licensed facilities should be utilized. Not just who you might know. Some facilities have much more experience than others and should be somehow graded and utilized to their full potential. If a facility has been around for 5 years or more with no major problems and the clients show major progress where there have been no progress before maybe these facilities have been doing some thing right and maybe someone needsto find out how and why because any successful business in the country uses there best workers as templates and brainstorms within the field to find better ways to make the business better. The regional centers are usually thought of as people looking to make problems for the facilities not as teammates trying to do what is right for the clients they seem to have lost sight of the team prospective and onlt worry about "covering their own tails". Licensing does the exact same funtions why do we need them.	Feb 3, 2011 8:10 PM
312	Current standards are good but must be enforced, Have Department of Health over all as Licensing as is done for ICF model. STAFF MUST SPEAK ENGLISH AND WRITE FLUENTLY and not talk other language around the consumer if they do not understand it as can make for hard feelings - this is done at Kaiser - ICF is a good model for MANY - Have own bedroom is very good.	Feb 3, 2011 8:15 PM
313	These services shoud be offered to those parents that are no longer able to take care of their son or daughter.	Feb 3, 2011 8:21 PM
314	Individuals with developmental and/or physical disabilities.	Feb 3, 2011 8:23 PM
315	This is another form of independence that is available for our special population. This is an excellent way for our special population to spead their wings within the confines of a caring environment. When there is communication with the group home and the day program, we have seen amazing results and independence with our special popluation.	Feb 3, 2011 8:45 PM
316	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 8:53 PM
317	all who need it	Feb 3, 2011 8:56 PM
318	who ever needs them.	Feb 3, 2011 8:58 PM
319	Anyone with a developmental disability that needs it	Feb 3, 2011 8:59 PM
320	Residential placement should not given to anybody who ask for it. It should have specific guideline to warrant family request (should not be becuase they are too tired to cope with client at home). Eligibility should be (1) adult clients with elderly parents that are not able to care for client at home. (2) clients with severe behavior and medical issues that families are not able to cope at home setting. (3)Client should wait for certain period time (let's say about one year) for placement upon completion of Intake. RC should discourage family that came to RC for intake only sake of residential placement.	Feb 3, 2011 9:03 PM
321	Those individuals 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 9:24 PM
322	Those individuals 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 9:46 PM
323	na/	Feb 3, 2011 9:54 PM
324	people that have no means to live by themselfs	Feb 3, 2011 9:56 PM

Residential Services

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

	Response Text	
325	Disabled individuals who cannot live in a less-restrictive setting with a reasonable level of support. (This reasonable level would need to be determined and applied to all consumers within a particular disability. In general, one would err on the offering the least-restrictive option even if it cost at the higher-level of what would be supported--possibly the family could supplement if this were preferred.)	Feb 3, 2011 9:58 PM
326	Any client who can not remain in their family home or live independently.	Feb 3, 2011 10:24 PM
327	Adults with Down Syndrone.	Feb 3, 2011 10:57 PM
328	all current consumers and all who may need in the future.	Feb 3, 2011 11:13 PM
329	Those individuals whose IPP teamhas identified a need for these services, as described in the Lanterman Act Section 4646 (a) - (d).	Feb 3, 2011 11:14 PM
330	Clients who choose this service along with the IPP team.	Feb 3, 2011 11:29 PM
331	Those individuals 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 11:46 PM
332	All clients should be able to choose their placement of residence.	Feb 4, 2011 12:56 AM
333	Anyone who requires care or supervision for their safety and for an acceptable quality of life should be afforded these services. The correct type of home/facility should be determined by the IDT based on the person's desires, needs, and goals.	Feb 4, 2011 1:16 AM
334	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
335	Those individuals 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 1:56 AM
336	Only US citizens!	Feb 4, 2011 2:07 AM
337	only if the client is able to live on their own and if the family agrees	Feb 4, 2011 2:10 AM
338	Voluntary on the part of adults and their families, but children should have exhausted less restrictive means of helping them stay in the family home.	Feb 4, 2011 2:16 AM
339	Those individuals 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 2:50 AM
340	I believe the in-house environment is beneficial for the patient .	Feb 4, 2011 3:17 AM
341	My son, age 20, currently lives at home. He will need to live in a group home or supported living arrangement starting sometime in the next 5-10 years. We have discussed this with his regional center case manager. Everyone on his team believes he will need a structured living arrangement. Everyone is different. Each IPP team needs to determine the needs of the individual.	Feb 4, 2011 3:50 AM
342	Developmentally delayed individuals	Feb 4, 2011 4:03 AM

Residential Services

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

	Response Text	
343	These services a key to MANY people. Think about how important YOUR independence is to YOUR identity and self-worth. It is crucial! Independence for a developmental disabled individual is probably even MORE important to them than you can imagine. They deeply desire to be able to make their own decisions. It is normalizing and brings great dignity. PLEASE do not be stingy in deciding who is able to be in these programs and in devoting resources to this effort.	Feb 4, 2011 4:49 AM
344	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 4, 2011 4:58 AM
345	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services	Feb 4, 2011 5:09 AM
346	As determined by the Individual Program Plan team who knows and works with the consumer. Lanterman Act Secion 4646 a - d	Feb 4, 2011 5:17 AM
347	All consumers within the regional center should have access to residential services.	Feb 4, 2011 5:55 AM
348	Those individuals 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 6:45 AM
349	Those individuals 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 7:40 AM
350	anyone who meets the criteria	Feb 4, 2011 3:12 PM
351	Those individuals 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 3:19 PM
352	More information to parents in order to assist them to make an informed choice for their child.	Feb 4, 2011 3:56 PM
353	Same as previous section	Feb 4, 2011 4:55 PM
354	Individuals whose IPP team has identified as having a need for services as decribed in the Lanterman Act	Feb 4, 2011 5:14 PM
355	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 4, 2011 5:19 PM
356	All developmentally disabled adults.	Feb 4, 2011 5:37 PM
357	Those individuals 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 5:45 PM
358	Any consumer who needs them because they can not live on their own and the family is not equipped to have the consumer live with them. Many of the consumers are adults whose parents are either dead or ill, or elderly. Family may either be ill-equipped or financially unable to have the consumer live with them.	Feb 4, 2011 5:54 PM
359	People should have a choice between licensed facilities and IL/SLS.	Feb 4, 2011 6:18 PM
360	Any adult whose parent/parents are no longer able to take care of their son/daughter in their home because of health reasons should be given the option. Any parent/parents who can no longer care for a son/daughter who has a physical disability like being wheel-chair bound should be given this option. Any parent/parents who can no longer care for their son/daughter who has severe behavioral problems should be given the option.	Feb 4, 2011 6:46 PM
361	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 7:11 PM
362	The same as previous #1.	Feb 4, 2011 7:20 PM

Residential Services

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

	Response Text	
363	anyone who needs it	Feb 4, 2011 7:44 PM
364	Developmentally disabled adults and children	Feb 4, 2011 7:45 PM
365	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in the Lanterman Act Section 4646 (a) – (d).	Feb 4, 2011 7:55 PM
366	Persons with disabilities who are not taken cared of at their own homes or family.	Feb 4, 2011 8:28 PM
367	Those individuals 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 8:41 PM
368	Based on the individuals needs and wishes and as stated in their IPP.	Feb 4, 2011 8:53 PM
369	Those individuals 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 8:58 PM
370	Those individuals 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 9:20 PM
371	Those individuals 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 9:55 PM
372	Only a facility who is licensed by the state or CCL. Homes that are under a large group like Mentor and have 2-3 clients should have to comply to the same requirements.	Feb 4, 2011 9:56 PM
373	Any person who requires these services.	Feb 4, 2011 10:02 PM
374	Those individuals 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 10:10 PM
375	1. Individuals with high acuity nursing needs must always be assessed for the least costly service such as an ICF/DD-N or ICF/DD-CN prior to approaching the high cost service of a 962 home 2. Individuals residing in skilled nursing facilities must be assessed on a quarterly basis, via a standard and documented assessment regarding continued stay or discharge into a less restrictive level of care.	Feb 4, 2011 10:20 PM
376	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act.	Feb 4, 2011 10:24 PM
377	ALL who are in need of these services, WITHOUT PARTIALITY, as the True and Living God would do.	Feb 4, 2011 10:28 PM
378	Those individuals 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 10:39 PM
379	Those individuals 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 10:47 PM
380	Those individuals 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 10:58 PM
381	Any adult over 18 who has a DD.	Feb 4, 2011 11:05 PM
382	The same as they are today.	Feb 4, 2011 11:05 PM
383	Those individuals 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 11:18 PM
384	Those individuals 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 11:23 PM
385	Clients who desire to live in the community but are unable to live with their family should have the option of living in a residential setting with their peers. The placement should fully meet each client's individual needs/goals as determined by the IDT.	Feb 4, 2011 11:25 PM
386	Any Regional Center consumer adult who is not able to live on his own independently or in a supported fashion.	Feb 4, 2011 11:39 PM
387	Anyone who wants them	Feb 4, 2011 11:42 PM

Residential Services

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

	Response Text	
388	All clients of the regional center who request it.	Feb 4, 2011 11:43 PM
389	All adults receiving regional center services based on ID team reccomendation as noted in IPP.	Feb 5, 2011 12:03 AM
390	support people to find their own homes; maximum of 3 people in a house	Feb 5, 2011 12:16 AM
391	IPP team determines who should receive this services. Lanterman Act 4646	Feb 5, 2011 12:28 AM
392	Those individuals 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 12:35 AM
393	AUTISM	Feb 5, 2011 1:12 AM
394	same as for the other programs Independence, communications, interaction with birth family, and old friends . Variety of things to do , safe, clean, healthy food and practices, fresh air, exercise, amusement, getting out into the community at large, being listened to, being cared for, feeling important. Good sense of humor, positive attitudes and creativity and persistence in care from care givers is essential.Good humar wirth them and not at their expense.	Feb 5, 2011 1:32 AM
395	Those individuals 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 3:59 AM
396	People who cannot function independently	Feb 5, 2011 4:08 AM
397	Continue services as they are now. These services not only help the individual but the entire community.	Feb 5, 2011 4:17 AM
398	Consumers/Special needs teens and adults who need to have a life of their own away from their parents.	Feb 5, 2011 4:55 AM
399	All children and adults who are not able to provide safe self-care.	Feb 5, 2011 5:51 AM
400	Regional Center clients as determined by the Lanterman Act	Feb 5, 2011 6:53 AM
401	People whose IP Team has identified a need for these services. See Lanterman Act.	Feb 5, 2011 2:49 PM
402	Our daughter is not able to live on her own.	Feb 5, 2011 4:06 PM
403	Only persons who are not able to stay in their home because of extreme medical or behavioral issues.	Feb 5, 2011 4:26 PM
404	Those individuals 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 5:29 PM
405	Those who need help functioning independently in society.	Feb 5, 2011 6:28 PM
406	People who aren't violent or abusive; people who want to live independently from their family or origin but aren't yet able to care for themselves.	Feb 5, 2011 6:34 PM
407	All applicants who qualify should continue to receive services under the current standards.	Feb 5, 2011 6:37 PM
408	same as first set	Feb 5, 2011 6:40 PM
409	consumers who cannot live independently in teh community	Feb 5, 2011 8:14 PM
410	Sometimes services need to be very intense	Feb 5, 2011 8:14 PM
411	I oppose POS standards. Please refer to the Lanterman Act section 4646 (a) - (d).	Feb 5, 2011 9:01 PM
412	Assessment to determine this	Feb 5, 2011 10:15 PM
413	Those individuals 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 10:57 PM
414	The IPP determines who should receive these services.	Feb 5, 2011 11:33 PM
415	any one that can not care for them self	Feb 5, 2011 11:51 PM
416	"Purchase of Service Limits" is a more appropriate name than "standards."	Feb 6, 2011 5:13 AM

Residential Services

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

	Response Text	
417	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 residential 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 5:52 AM
418	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 6, 2011 6:06 AM
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 6, 2011 4:37 PM
420	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 6, 2011 6:49 PM
421	Anyone who has a medical need to be unable to live in their community in an apartment, or is not capable of any kind of self care should be eligible to live in group homes, but it should be an absolute last resort.	Feb 6, 2011 8:50 PM
422	Any consumer with the desire to live in the community but needs help with daily life.	Feb 7, 2011 12:42 AM
423	the best setting is to have 2 or 3 clients in a home. they should each have their own room which is what most :"normal people" want. also the care providers should have training & monitoring & speak fluent english since alot of the clients have a hard enough time understanding language & directions.	Feb 7, 2011 4:00 AM
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 7, 2011 5:14 AM
425	This survey is difficult to fill out. As a parent of an autistic child who has severe behavior issues, we could not longer physically care for him and needed help. We did not have the financial means to have a person full time to help us with our child. We both needed to work. There were other children in the home who were at risk of being injured by our son during an outburst. We could not function as a family. We tried getting support in so many areas for many many years.	Feb 7, 2011 5:25 AM
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 7, 2011 6:43 AM
427	People whose Individual Planning (IP) Team has identified a need for these services. See Lanterman Act.	Feb 7, 2011 2:47 PM
428	Any developmental disabled person whose IPP team deems a need for these services, per The Lanterman Act.	Feb 7, 2011 3:31 PM
429	Whoever needs them.	Feb 7, 2011 5:20 PM
430	People whose Individual Planning (IP) Team has identified a need for these services. See Lanterman Act.	Feb 7, 2011 5:46 PM
431	Children and adults who require 24 hours supervision, care, treatment and life coaching.	Feb 7, 2011 7:20 PM
432	As mentioned in the first section of questions.	Feb 7, 2011 8:28 PM
433	Anyone identified through their IPP as needing Residential services	Feb 7, 2011 9:31 PM

Residential Services

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

	Response Text	
434	Those individuals 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 10:08 PM
435	Allow RC's to set the standards in their own communities.	Feb 7, 2011 10:45 PM
436	Let the Regional Centers make the decisions regarding program services	Feb 7, 2011 11:14 PM
437	This should be an IPP team decision and determined according to individual need. Any consumer and his/her caregivers should receive appropriate services according to their abilities and needs as documented in the IPP, as described in the Lanterman Act Section 4646 (a)-(d).	Feb 7, 2011 11:20 PM
438	Any RC consumer eligible and appropriate for such a setting.	Feb 8, 2011 12:43 AM
439	Those individuals 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 1:12 AM
440	All individuals who cannot live independently.	Feb 8, 2011 2:01 AM
441	Those individuals 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 4:08 AM
442	Only adults who specifically ask to live in a group home. I believe non-verbal people are often put in group homes because they can't voice their displeasure. Whoever decided group homes were good for people with autism must have been nuts. They feed off each other's anxieties and are often self-abusive or aggressive toward others when they feel caged in. An adult living in a family home with two non-disabled adults could work (the presence of children is not good. They are too unpredictable.)	Feb 8, 2011 4:37 AM
443	There are broad spectrum of people who require resedential services. They provide a good service for students and their families as well.	Feb 8, 2011 4:51 AM
444	Those individuals 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 5:34 AM
445	Those who are not capable of taking care of themselves.	Feb 8, 2011 5:36 AM
446	Again as previously stated.	Feb 8, 2011 6:09 AM
447	Those individuals 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 3:41 PM
448	People who really need it some families are not able to provide care of a home , rather than have that individual living on the street especially with a disability its safer for them to be in a home that can provide with some type of care.	Feb 8, 2011 4:49 PM
449	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 8, 2011 5:51 PM
450	Those individuals 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 6:04 PM
451	ACRC and other county or state agencies are good at evaluating which facilities are best. Please do NOT cut their funding.	Feb 8, 2011 7:54 PM
452	Those individuals 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 7:56 PM
453	Establish baseline standards based on functionality and ability to co-exist with clients with similar conditions.	Feb 8, 2011 8:57 PM
454	People that have a disability.	Feb 8, 2011 8:57 PM
455	anyone who is a client of DDD or Regional Services	Feb 8, 2011 9:27 PM
456	see previous page on all these answers	Feb 8, 2011 9:44 PM
457	Since my brother lives at home, it saves the state loads of money. I know IHSS is not connected to DDS, but I am upset that there will be cuts to this program.	Feb 8, 2011 9:55 PM
458	Consumers who meet medical criteria for long term care.	Feb 8, 2011 10:17 PM

Residential Services

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

	Response Text	
459	My autistic daughter takes advantage of these services. THey are necessary to our daily living.	Feb 8, 2011 10:21 PM
460	Individuals who are diagnosed as being Developmentally Disabled and receives services through their local Regional Center and who a) court ordered adults; b) higher level of care, not court ordered; c) forensic behavioral challenges; d) children who may need a higher level of care than family members are able to provide due to lack of skills for caring for higher level of medical care and/or behavioral needs should be eligible to have residential care.	Feb 8, 2011 10:50 PM
461	Do not cut	Feb 8, 2011 11:21 PM
462	Individuals who are diagnosed as being Developmentally Disabled and receives services through their local Regional Center and who a) court ordered adults; b) higher level of care, not court ordered; c) forensic behavioral challenges; d) children who may need a higher level of care than family members are able to provide due to lack of skills for caring for higher level of medical care and/or behavioral needs should be eligible to have residential care.	Feb 8, 2011 11:22 PM
463	Those individuals 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 11:55 PM
464	Those individuals 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
465	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 1:28 AM
466	Not drug using indivuduals that have self inflected their disabilities Real disabled person with physical and mental and learning disabilities.	Feb 9, 2011 1:31 AM
467	same	Feb 9, 2011 2:28 AM
468	All people with developmental delays	Feb 9, 2011 3:23 AM
469	Based on determined need.	Feb 9, 2011 3:39 AM
470	I think that adults over age 18 that can not care for themselves and need a structured environment for daily living should be in residential care.	Feb 9, 2011 3:47 AM
471	people with disabilities that need extra care	Feb 9, 2011 4:01 AM
472	DDS has missed the boat by not using RCFEs as a generic service. There are a few people who have lived in society all their lives, become frail, go into the RSP system when they could have gone into the generic RCFE system,. RC spends more money on a level 4 home than we would have spend by vendoring a room (bed) for the person in a regular RCFE. I think of two individuals now: one who worked as a motel housekeeper all her life, is now frail, and now lives in a level 4 home with housemates who are DD and who have lived in placement all their lives, all because RC won't pay for a RCFE home in the community, true normalization. Another example is similar but distinctive in that the person who worked all her left in society is now in a level 4 home at modest co-pay (the B&C rate) while she has a large retirement income and IRA---the RC funded RSP is cheaper for her than living in an RCFE. She doesn't realise this, but her sister/beneficiary does! This bring up another point --- people with special needs trusts living at the RSP level funded by RC.	Feb 9, 2011 4:32 AM
473	Any individual not able to independantly live on their own.	Feb 9, 2011 4:44 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 9, 2011 5:43 AM
475	Only as an absolute last resort. Family first, independent living, then residential facility	Feb 9, 2011 8:50 AM

Residential Services

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

	Response Text	
476	Providers should get paid for providing residential services for people with disbilitites. Kern Regional Center should not be paying huge start up costs for particular vendors to purchase homes for residential purposes, while putting the home in the vendor's name, which has happened.	Feb 9, 2011 5:22 PM
477	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.	Feb 9, 2011 5:36 PM
478	Again, Kern RC should not have been responsible for funding for the cost of residential homes, and giving the homes to a particular vendor. Kern RC paid for the homes for the vendor, and the homes are in the vendor's name. This is a misuse of funds, and is not an option for most of the residential vendors. Most vendors are financially responsible get their home ready for the clients, and then Kern RC pays the cost to house the clients. This should be reflected in the standards. Under no circumstances should Kern RC be funding for homes for any residential provider, and then give them the home	Feb 9, 2011 5:40 PM
479	as determined by the Regional Center and Regional Center to increase standard of intake qualifiers	Feb 9, 2011 6:31 PM
480	anyone who wnats to live in a group setting and needs care and supervision.	Feb 9, 2011 7:04 PM
481	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 9, 2011 7:58 PM
482	Clients that cannot live semi independently or independently	Feb 9, 2011 8:20 PM
483	This service should provided as determined by Physician or family members caring for person.	Feb 9, 2011 9:12 PM
484	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646(a) (d).	Feb 9, 2011 9:16 PM
485	Those individuals 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 10:07 PM
486	Those individuals 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 10:20 PM
487	Those individuals 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 10:36 PM
488	Consumer with Developmental disabilities and other consumer who need the service.I	Feb 9, 2011 10:53 PM
489	Those individuals 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 10:53 PM
490	A consumer who is disabled should be entitled to these services.	Feb 9, 2011 10:55 PM
491	All people who would benefit from this structure and are not able to live independently or with supported living.	Feb 9, 2011 11:38 PM
492	Consumers who are assessed at various levels of homes in the community. An assessment is presently done to determine what level of care is required for the living environment of the consumer and this should continue.	Feb 9, 2011 11:41 PM
493	Anyone with developmental disabilities who has this identified in as a need in their IPP	Feb 10, 2011 12:01 AM
494	people whose IPP has identified a need for services per Lanterman Act section 4646 (a)-(d)	Feb 10, 2011 12:02 AM
495	Level 4 A to Level 4 I - Adults with Developmental Disabilities and also those diagnosed with mental illneses.	Feb 10, 2011 12:44 AM
496	Current standards.	Feb 10, 2011 12:57 AM

Residential Services

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

	Response Text	
497	Respite should include family trips to locations with provided grants for resorts to ensure family together ness. If other organiations are receiving money for these options then it should be provided as well for families who otherwise cant financially support that for their family. Every parent deserves to feel success for their adversity. Failure is a Terrible and horrorfying thing to wake up to every morning when you have 3 hungry mouths looking to you for guidance on a daily basis.	Feb 10, 2011 3:27 AM
498	these are life saving homes where people can live with dignity and good care . As essential as the previous survey	Feb 10, 2011 7:59 PM
499	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 10, 2011 8:09 PM
500	Anyone in need of these services.	Feb 10, 2011 8:16 PM
501	I need help meeting girls. I want to have a friend, get married, and learn about sex.	Feb 10, 2011 8:32 PM
502	Those individuals 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 9:33 PM
503	Yes,	Feb 10, 2011 9:45 PM
504	Those individuals 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 10:02 PM
505	All that (due to safety reasons) are unable to effectively live in the community on their own.	Feb 10, 2011 10:28 PM
506	People who WANT to but these people should be explained in detail all other options.	Feb 11, 2011 12:03 AM
507	Those that would benefit from this type of living setting.	Feb 11, 2011 12:12 AM
508	Those individuals 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 12:26 AM
509	any consumer that needs them	Feb 11, 2011 1:08 AM
510	Anyone that qualifies by disability and is in need.	Feb 11, 2011 1:41 AM
511	Supports should remain the same or increase.	Feb 11, 2011 1:49 AM
512	Those individuals 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 1:52 AM
513	IPP determination	Feb 11, 2011 2:48 AM
514	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. Sometimes an individual cannot live independntly which necessitate to have this services.	Feb 11, 2011 3:23 AM
515	All consumers	Feb 11, 2011 3:26 AM
516	Same as stated before.	Feb 11, 2011 3:33 AM
517	Anyone not able to do SLS. As decided by their doctor and parents.	Feb 11, 2011 4:49 AM
518	Those individuals 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 5:10 AM
519	ANY AND ALL CLIENTS WHO NEED THIS TYPE OF SUPPORTED LIVING ARRANGEMENTS.	Feb 11, 2011 5:23 AM
520	Those individuals 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 5:45 AM
521	Those unable to live independently and take care of their basic needs.	Feb 11, 2011 6:13 AM
522	Those individuals 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 6:17 AM

Residential Services

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

	Response Text	
523	Adults with disabilities who cannot or chose not to live independently.	Feb 11, 2011 8:24 AM
524	As determined in the person's IPP, a residential living situation, which is in the least restrictive setting and meets the desires and the health and safety needs of the individual.	Feb 11, 2011 2:33 PM
525	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 4:35 PM
526	statewide QA tool	Feb 11, 2011 6:20 PM
527	Family must try a least restrictive measure first such as having behavior inervention services for they access residential placement for minior children.	Feb 11, 2011 6:29 PM
528	All people with disabilities which don't have family members for support and care. According to the Lanterman Act.	Feb 11, 2011 6:50 PM
529	IF THERE ARE MANY MORE CUTS, SOME OF THE PROGRAMS SUCH AS RESIDENTIAL SERVICES MAY DISOLVE! RESIDENTAIL SERVICES ARE MUCH NEEDED SERVICE FOR THOSE DISABLED FOLKS WHO'S PARENTS CAN'T TAKE CARE OF THEM OR WANT TO ME PARTIALLY SELF DEPENDED, BUT JUST NEED HELP DAILY LIVING NEEDS. I WISH THESE GOVERNMENT OFFICIALS WOULD CONSIDER HOW OUR FOLKS REQUIRE THESE SUPPORTS IN THEIR LIVES TO LIVE SAFELY AND HEALTHY IN OUR COMMUNITY. IHSS IS AT RISK TOO, THIS IS A VERY WORTH WHILE PROGRAM AND UTILIZED BY MANY CLIENTS.	Feb 11, 2011 6:51 PM
530	Only american citizens who have been qualified under the regional center qualifying guidelines for services.	Feb 11, 2011 6:52 PM
531	Must live in Marin county for at least a year. Should be US citizens.	Feb 11, 2011 6:53 PM
532	All who are eligible, not based on financial of family	Feb 11, 2011 6:58 PM
533	Those individuals 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 7:04 PM
534	Those in the autism spectrum or similar disability that can be successful in this environment	Feb 11, 2011 7:26 PM
535	Those who do not have family to care for them or are not able to care for themselves.	Feb 11, 2011 7:29 PM
536	those that should receive these services are ones living on their own	Feb 11, 2011 7:46 PM
537	I believe services should be offered for all disabilities and for those whom plans leads to that direction some stay in their own home environment with the assistance from a vendor that comes to the home of residence to help the consumer.	Feb 11, 2011 7:59 PM
538	Consumers should be able to have to choice to live in a home where they will be safe and to have staff help to meet the needs that they may have issues with. Some consumers can not live on thier own due to circumstances beyound thier control.	Feb 11, 2011 8:08 PM
539	Anyone who needs them	Feb 11, 2011 8:42 PM
540	See comment under Behavioral Services	Feb 11, 2011 8:49 PM
541	Anyone may find himself or herself eligible for such care, and a civilized society will provide decent living conditions for those rendered vulnerable by illness, accident, genetics or other causes.	Feb 11, 2011 9:38 PM
542	Those individuals 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 9:46 PM

Residential Services

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

	Response Text	
543	Residential services should be provided in the least restrictive environment when a home setting is no longer available to meet the developmental, physical or emotional needs of the consumer, or the adult consumer chooses to live in a setting other than his/her family's home.	Feb 11, 2011 9:47 PM
544	Residential services should be provided in the least restrictive environment when a home setting is no longer available to meet the developmental, physical or emotional needs of the consumer, or the adult consumer chooses to live in a setting other than his/her family's home.	Feb 11, 2011 9:48 PM
545	Individuals that current living environment is creating a threat to the mental or physical well being of the consumer or caretaker.	Feb 11, 2011 9:49 PM
546	Residential services should be provided in the least restrictive environment when a home setting is no longer available to meet the developmental, physical or emotional needs of the consumer, or the adult consumer chooses to live in a setting other than his/her family's home.	Feb 11, 2011 9:50 PM
547	Everyone that needs it.	Feb 11, 2011 9:51 PM
548	adult consumers	Feb 11, 2011 9:52 PM
549	Residential services should be provided in the least restrictive environment when a home setting is no longer available to meet the developmental, physical or emotional needs of the consumer, or the adult consumer chooses to live in a setting other than his/her family's home.	Feb 11, 2011 9:53 PM
550	Those individuals 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 9:53 PM
551	Residential services should be provided in the least restrictive environment when a home setting is no longer available to meet the developmental, physical or emotional needs of the consumer, or the adult consumer chooses to live in a setting other than his/her family's home.	Feb 11, 2011 9:55 PM
552	Residential services should be provided in the least restrictive environment when a home setting is no longer available to meet the developmental, physical or emotional needs of the consumer, or the adult consumer chooses to live in a setting other than his/her family's home.	Feb 11, 2011 10:03 PM
553	Residential services should be provided in the least restrictive environment when a home setting is no longer available to meet the developmental, physical or emotional needs of the consumer, or the adult consumer chooses to live in a setting other than his/her family's home.	Feb 11, 2011 10:04 PM
554	For community care facilities, I think there should be something that if, for examples, there are 3 bedrooms available for clients, that at least one of those be single occupancy so that clients have the opportunity for their own private space. Anyone who cannot live independently or can no longer be maintained at home should be eligible for this service.	Feb 11, 2011 10:05 PM
555	Residential services should be provided in the least restrictive environment when a home setting is no longer available to meet the developmental, physical or emotional needs of the consumer, or the adult consumer chooses to live in a setting other than his/her family's home.	Feb 11, 2011 10:09 PM
556	Residential services should be provided in the least restrictive environment when a home setting is no longer available to meet the developmental, physical or emotional needs of the consumer, or the adult consumer chooses to live in a setting other than his/her family's home.	Feb 11, 2011 10:16 PM
557	Screening is necessary. Only people qualified should receive this service.	Feb 11, 2011 10:18 PM

Residential Services

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

	Response Text	
558	Residential services should be provided in the least restrictive environment when a home setting is no longer available to meet the developmental, physical or emotional needs of the consumer, or the adult consumer chooses to live in a setting other than his/her family's home.	Feb 11, 2011 10:19 PM
559	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
560	Residential services should be provided in the least restrictive environment when a home setting is no longer available to meet the developmental, physical or emotional needs of the consumer, or the adult consumer chooses to live in a setting other than his/her family's home.	Feb 11, 2011 10:35 PM
561	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
562	If the bed capacity was increased, the currently operating facilities with 4 consumers could create more beds for consumers coming out of the developmental centers, thus ultimately decreasing the cost to the state for hospitilzation. Individuals who have committed crimes (felony) and are undocumented, should be treated just as anyone else who commits crimes in the state. They should be deported back to their home country. It is one thing to care for the low functioning consumer who is undocumented, but not those individuals who continue to bleed the system by continuing to receive forensic services. They are bounced around from facility to facility. From Porterville to facility and back.	Feb 11, 2011 10:41 PM
563	People with developmental disabilities.	Feb 11, 2011 10:42 PM
564	Residential services should be provided in the least restrictive environment when a home setting is no longer available to meet the developmental, physical or emotional needs of the consumer, or the adult consumer chooses to live in a setting other than his/her family's home.	Feb 11, 2011 10:42 PM
565	People whose Individual Planning (IP) Team has identified a need for these services. See Lanterman Act.	Feb 11, 2011 10:44 PM
566	Residential services should be provided in the least restrictive environment when a home setting is no longer available to meet the developmental, physical or emotional needs of the consumer, or the adult consumer chooses to live in a setting other than his/her family's home.	Feb 11, 2011 10:58 PM
567	all developmentally disable individual that has mental retardation, down syndrome, seizure disorder with mental delay, and other individuals otherewise mentally delayed or undable to survuve without assistance.	Feb 11, 2011 10:59 PM
568	Any client who needs to live in a housing situation and cannot live alone/has no family.	Feb 11, 2011 10:59 PM
569	Developmentally Delayed population. i do not feel Drug addicts or homeless people due to drugs should be given these services since they usally abuse the system	Feb 11, 2011 11:12 PM

Residential Services

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

	Response Text	
570	Residential services should be provided in the least restrictive environment when a home setting is no longer available to meet the developmental, physical or emotional needs of the consumer, or the adult consumer chooses to live in a setting other than his/her family's home.	Feb 11, 2011 11:29 PM
571	Those individuals 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 11:50 PM
572	Residential services should be provided in the least restrictive environment when a home setting is no longer available to meet the developmental, physical or emotional needs of the consumer, or the adult consumer chooses to live in a setting other than his/her family's home.	Feb 11, 2011 11:59 PM
573	Residential services should be provided in the least restrictive environment when a home setting is no longer available to meet the developmental, physical or emotional needs of the consumer, or the adult consumer chooses to live in a setting other than his/her family's home.	Feb 12, 2011 12:13 AM
574	All DD consumers who no longer live in the parental home. The exception is the small percentage of DD consumers who with proper training can live in an independent dwelling.	Feb 12, 2011 12:49 AM
575	Those individuals 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 1:17 AM
576	people who is hard to live by themselfs and need help to move on in there lives	Feb 12, 2011 1:25 AM
577	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 12, 2011 3:40 AM
578	Any disabled adult who needs these services.	Feb 12, 2011 3:57 AM
579	Those individuals 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 5:21 AM
580	Any person with a developmental disability should be offered these services.	Feb 12, 2011 5:33 AM
581	those individuals 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 5:37 AM
582	mental retardation, autism	Feb 12, 2011 5:59 AM
583	Clients whose parents no longer could take care of them.	Feb 12, 2011 6:14 AM
584	Any regional center client	Feb 12, 2011 6:18 AM
585	See previous answers.	Feb 12, 2011 6:29 AM
586	I have no experience in this area.	Feb 12, 2011 6:42 AM
587	All clients of RC.	Feb 12, 2011 7:00 AM
588	For those with severe disabities that have no family support.	Feb 12, 2011 3:18 PM
589	Those who are willing to stay at home.	Feb 12, 2011 3:42 PM
590	Tell ssi that they make there program different like only take 15 or 20 percent of there income for the housing department.	Feb 12, 2011 4:18 PM
591	I think these should be available to all that feel the need to be in a home atmosphere. My son has already expressed his desire to live in a home when the time comes that I can no longer care for him. He has stated that he does not want to livwe in a group home. I think if the client is capable of expressing what they want and the care provider agrees then it should be available for them.	Feb 12, 2011 4:29 PM
592	Individuals who need minimal assistance with living, and who cannot earn enough to be self-supporting (while hiring others to provide needed services).	Feb 12, 2011 4:31 PM
593	Same	Feb 12, 2011 4:36 PM
594	Individuals who require assistance in providing for themselves.	Feb 12, 2011 4:59 PM
595	Consumers that do not have family that can take care of the consumers.	Feb 12, 2011 5:07 PM

Residential Services

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

	Response Text	
596	single mothers, disabled, and elderly	Feb 12, 2011 5:41 PM
597	From a family member's perspective, these services are necessary when young adults grow up with developmental disabilities and need help and/or a structured living environment. Many can be contributing members of society with this support. Aging parents cannot take care of these adults and need to know that they will have a place to live and have the support they need. What will happen to this population without this support?? Please don't cut this funding.	Feb 12, 2011 5:49 PM
598	All those who are capable of visual,verbally ,and physically able to obtain the choice of living in the community as all citizens and understand their responsibilty	Feb 12, 2011 5:55 PM
599	clients who are age appropriate and need a place to develop living skills	Feb 12, 2011 5:55 PM
600	Those individuals 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 6:12 PM
601	Consumers who cannot live in the home because they do not have family, cannot live on their own due to safety (seizures, behavioral issues- self-injurious behavior, aggression, etc.), cannot care for themselves (have a medical or self care need).	Feb 12, 2011 6:50 PM
602	Clients with no other place to live.	Feb 12, 2011 7:18 PM
603	Any consumer unable or unwilling to live with family, but who needs 24 hour care and supervision or who does not choose to live in their own apartment.	Feb 12, 2011 7:27 PM
604	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 serviceo.	Feb 12, 2011 8:25 PM
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 12, 2011 8:29 PM
606	Disabled adults should receive residential servics who cannot live independently and require special careo or management due to their disabilities.	Feb 12, 2011 8:54 PM
607	consumers	Feb 12, 2011 9:01 PM
608	Any disabled individual who needs 24-hour care.	Feb 12, 2011 9:25 PM
609	Anyone who qualifies in a level 4 CCF; same process of Beh Assessment and Intervention Plan - the current hour sch congruent with A-I should remain in tact	Feb 12, 2011 9:43 PM
610	Anyone who can not live independently	Feb 12, 2011 10:14 PM
611	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 13, 2011 12:02 AM
612	maintain current standards	Feb 13, 2011 12:38 AM
613	nobody	Feb 13, 2011 12:38 AM
614	Any person with a disability who demonstrates a need and desire.	Feb 13, 2011 12:39 AM
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 13, 2011 3:45 AM
616	Anyone who can benefit who have no other means of care, such as with family providing that it is safe. If they have family that they can provide safe care, then no. The state should not be burdened. CA cannot afford this luxury. Families need to participate but with support if needed. Keeping them at home is best if at all possible.	Feb 13, 2011 3:51 AM
617	Whoever need.	Feb 13, 2011 4:28 AM
618	anyone who needs them	Feb 13, 2011 6:04 AM
619	Any individual that could benefit from this	Feb 13, 2011 6:52 AM

Residential Services

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

	Response Text	
620	no one as far as I am concerned. I have run an adult family home and the open doors to abuse are wide open. Abuse on all levels and there truly is not montering, no levels of standards that measure to anything, they are not generally acceptable for this group of people. the staff do not cook food that the kids are use to eating, they have staff that do not speak the language of the consumers, they do not have good healthy activityies, because of the cost of housing in california they almost always have to shair rooms with people that they do not have a choice about. This all needs a different floormat. This sections is wrong for over 80%. Look at your own fact book and see just how many consumers are actually living in these homes? I think that you will find that 80% of the adult consumers under 40 years of age are living in their family homes and this should be where the supports are focased, it is the most natural setting.	Feb 13, 2011 7:50 AM
621	The QR standard is the proactive requirement for individuals to receive any type of RC service.	Feb 13, 2011 8:16 AM
622	It inessential to provide these services to all individuals who need supported living . Living in our communities is a basic right of individuals	Feb 13, 2011 1:50 PM
623	Regional Center Clients	Feb 13, 2011 3:56 PM
624	Those who need it	Feb 13, 2011 4:13 PM
625	The Orange County delivery system seems to be driven by the desire to keep consumers in their family homes. That is a short-sighted approach because parents are likely to develop health problems as they age, run up against financial limits, etc. At some point the then--aging consumer is pushed out into an unfamiliar setting. I believe that consumers should be given a wide range of housing choices. Many will be more comfortable in a one-bedroom apartment. Think about it: we don't force seniors to live with a roommate. We should be creating a system that allows consumers to move through a spectrum of housing, just as we do with seniors whose needs generally increase as the seniors age.	Feb 13, 2011 6:09 PM
626	Clients who would not benefit from or do not want an Independent Living environment.	Feb 13, 2011 7:13 PM
627	Those individuals 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 7:17 PM
628	any client who needs this level of support	Feb 13, 2011 10:20 PM
629	Those individuals 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 10:54 PM
630	GROUP HOME SETTINGS SHOULD BE AVALABLE TO CLIENTS WHO CAN NO LONGER LIVE AT HOME OR HAVE THE DESIRE TO BE AWAY FROM FAMILY	Feb 13, 2011 11:10 PM
631	Please require a reasonable command of the English language. People are alone with clients who can't read warnings on med sheets. They can't communicate with doctors or EMS. Our CEU's classes are in English. They get little out of training. A foreign born person can't have their fingerprints checked earlier than their arrival in America. This is allowing so many undesirables to be alone with dependent adults. It isn't just criminal records. Their education can't be verified.	Feb 13, 2011 11:22 PM
632	People who need more assistance especially people who do not have families to care for them and cannot take care of themselves.	Feb 13, 2011 11:56 PM
633	DD persons unable or unwilling to live elsewhere independently.	Feb 14, 2011 12:08 AM
634	The IPP team should make this determination, with the desires of the client having top priority.	Feb 14, 2011 1:11 AM
635	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in the Lanterman Act Section 4646 (a) - (d).	Feb 14, 2011 1:54 AM
636	Essentially the same responses for this topic series of question as previously provided in the last topic.	Feb 14, 2011 2:31 AM

Residential Services

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

	Response Text	
637	Keep existing criteria in place and exhaust other possibilities first	Feb 14, 2011 2:42 AM
638	Those individuals 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 3:26 AM
639	Handicapped adults whom require aid (and usually medical needs) in their daily living.	Feb 14, 2011 4:46 AM
640	US citizens only who have resided in the state of California for 2 years or more.	Feb 14, 2011 5:05 AM
641	RC clients and their family members should be encouaged to consider such services when they are unable to provide the necessary care at home and or their family member is an age when other siblings leave their home. "Group homes"are the prefered type or model for community living whatever they are called.	Feb 14, 2011 6:06 AM
642	See previous comment	Feb 14, 2011 7:07 AM
643	Individuals who are not able to live on their own and need special treatment or help from other professionals and people who are willing to provide for them.	Feb 14, 2011 7:08 AM
644	ALL QUALIFIED CONSUMERS. MOST OF THESE INDIVIDUALS ARE IN REAL NEED OF A GOOD OUTSIDE HOME, AWAY FROM THEIR IMMEDIATE FAMILY	Feb 14, 2011 7:22 AM
645	Anyone who is in need of them.	Feb 14, 2011 1:57 PM
646	My 17 year old son will be needing services of this nature very soon. These services need to remain.	Feb 14, 2011 3:07 PM
647	Residential services should be provided in the least restrictive environment when a home setting is no longer available to meet the developmental, physical or emotional needs of the consumer, or the adult consumer chooses to live in a setting other than his/her family's home.	Feb 14, 2011 4:05 PM
648	If it is not possible for a disable person to live with family, this option should be made available. Also, if this type of environment would be beneficial to them moving toward self-sufficiency.	Feb 14, 2011 4:07 PM
649	Residential services should be provided in the least restrictive environment when a home setting is no longer available to meet the developmental, physical or emotional needs of the consumer, or the adult consumer chooses to live in a setting other than his/her family's home.	Feb 14, 2011 4:29 PM
650	Disabled adults, per health and safety evaluation.	Feb 14, 2011 4:58 PM
651	Residential services should be provided in the least restrictive environment when a home setting is no longer available to meet the developmental, physical or emotional needs of the consumer, or the adult consumer chooses to live in a setting other than his/her family's home.	Feb 14, 2011 5:07 PM
652	Keep funding available for the existing services. With over 600,000 special needs children coming into the pipeline, housing is essential.	Feb 14, 2011 5:24 PM
653	make sure the clients are getting the service the homes are being paid for!! I saw lunches which I would not feed to my dogs!! Also saw care provider's drive very nice cars, and the clients clothes looked like they got them from somewhere I would never shop at!! Clients not always clean. I know they have their rights, however come on! These care providers were payied good money!! I had a client one time come to me in tears, because of Easter, he said he did not get one piece of candy. IRC councelor came in later and we had the client come and talk with both of us. I asked if he had Ham for Easter, he said no, that they only had rice and verg., the care provider was from the Philippines, to me it did not matter . The diet is what was important. I know they had some training in this!! This was one of my sore spots with care providers, and it seemed that IRC it was OH WELL. Not in my book!!	Feb 14, 2011 5:29 PM

Residential Services

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

	Response Text	
654	Residential services should be provided in the least restrictive environment when a home setting is no longer available to meet the developmental, physical or emotional needs of the consumer, or the adult consumer chooses to live in a setting other than his/her family's home.	Feb 14, 2011 5:34 PM
655	Residential services should be provided in the least restrictive environment when a home setting is no longer available to meet the developmental, physical or emotional needs of the consumer, or the adult consumer chooses to live in a setting other than his/her family's home.	Feb 14, 2011 6:05 PM
656	Residential services should be provided in the least restrictive environment when a home setting is no longer available to meet the developmental, physical or emotional needs of the consumer, or the adult consumer chooses to live in a setting other than his/her family's home.	Feb 14, 2011 6:06 PM
657	Follow IPP to meet the individual needs of consumers	Feb 14, 2011 6:10 PM
658	Clients who qualify under the regional centers requirements.	Feb 14, 2011 6:11 PM
659	I think any who need them. As a civilized and decent society, we cannot have individuals who are already incapacitated mentally and/or physically, and then have them homeless. That is just completely unacceptable.	Feb 14, 2011 6:13 PM
660	Residential services should be provided in the least restrictive environment when a home setting is no longer available to meet the developmental, physical or emotional needs of the consumer, or the adult consumer chooses to live in a setting other than his/her family's home.	Feb 14, 2011 6:20 PM
661	Those individuals whose IPP team has idemntified a need for these services as described in The Lanternman Act	Feb 14, 2011 6:21 PM
662	Residential services should be provided in the least restrictive environment when a home setting is no longer available to meet the developmental, physical or emotional needs of the consumer, or the adult consumer chooses to live in a setting other than his/her family's home.	Feb 14, 2011 6:27 PM
663	Residential services should be provided in the least restrictive environment when a home setting is no longer available to meet the developmental, physical or emotional needs of the consumer, or the adult consumer chooses to live in a setting other than his/her family's home.	Feb 14, 2011 6:28 PM
664	Those individuals 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 6:30 PM
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 14, 2011 6:31 PM
666	Residential services should be provided in the least restrictive environment when a home setting is no longer available to meet the developmental, physical or emotional needs of the consumer, or the adult consumer chooses to live in a setting other than his/her family's home.	Feb 14, 2011 6:32 PM
667	Residential services should be provided in the least restrictive environment when a home setting is no longer available to meet the developmental, physical or emotional needs of the consumer, or the adult consumer chooses to live in a setting other than his/her family's home.	Feb 14, 2011 6:41 PM
668	All who need it.	Feb 14, 2011 6:48 PM
669	Developmental dissabled	Feb 14, 2011 6:59 PM
670	Residential services should be provided in the least restrictive environment when a home setting is no longer available to meet the developmental, physical or emotional needs of the consumer, or the adult consumer chooses to live in a setting other than his/her family's home.	Feb 14, 2011 7:10 PM
671	No group homes. No shared bedrooms,	Feb 14, 2011 7:34 PM
672	Based on the needs of the consumer as determined by the IDT team.	Feb 14, 2011 7:34 PM

Residential Services

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

	Response Text	
673	Residential services should be provided in the least restrictive environment when a home setting is no longer available to meet the developmental, physical or emotional needs of the consumer, or the adult consumer chooses to live in a setting other than his/her family's home.	Feb 14, 2011 7:49 PM
674	Consumers who cannot live in independent or supported living environments should receive these services.	Feb 14, 2011 8:03 PM
675	Residential services should be provided in the least restrictive environment when a home setting is no longer available to meet the developmental, physical or emotional needs of the consumer, or the adult consumer chooses to live in a setting other than his/her family's home.	Feb 14, 2011 8:06 PM
676	I believe that the ARM standards are effective or would be if they were being fully enforced. Facilities need to meet and maintain these standards. Consumers should decide where they live and with whom. A share home of two to six people is a life style choice for some while others prefer to live alone. Services should be viewed by this standard. If a consumer requirers a high level of care 4I they need to understand why and what they need to do to move into a less restrictive setting and then be moved when they are ready. Again, facilities need to stay full to stay in operation and there is no incentive for moving people out. Reward good facilities and shut down the bad that do not remain in compliance.	Feb 14, 2011 8:31 PM
677	Consumers applying for it.	Feb 14, 2011 8:55 PM
678	Those individuals 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 9:02 PM
679	n/a	Feb 14, 2011 9:10 PM
680	All special needs adult consumers.	Feb 14, 2011 9:26 PM
681	Anyone as determined by IPP team	Feb 14, 2011 9:59 PM
682	Families, vendors, and Regional Centers should have a meeting at the beginning of the placement to set up clear expectations of all of the parties involved. This will assist to determine duration of placement, needs of the child, and expectations.	Feb 14, 2011 10:14 PM
683	Residential services should be provided in the least restrictive environment when a home setting is no longer available to meet the developmental, physical or emotional needs of the consumer, or the adult consumer chooses to live in a setting other than his/her family's home.	Feb 14, 2011 10:22 PM
684	Anyone who requires supervision and cannot be managed by parent.	Feb 14, 2011 10:43 PM
685	This should be determined by the Individual Program Plan team, as described in the Lanterman Act Section 4646(a)-(d).	Feb 14, 2011 10:44 PM
686	there are many individuals who have their life stuck at a brick wall, no where to go. They have reached a high potential yet are often considered the easiest to care for therefore are left in their curent living arrangements and not given the opportunity to grow.	Feb 14, 2011 11:06 PM
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 14, 2011 11:09 PM
688	At the beginning of the placement, families, Regional Centers and vendors should all meet and outline clear expectations of everyone involved. Looking at this will help determine the duration of the placement, everyone's expectations and most importantly the needs of the child.	Feb 14, 2011 11:19 PM
689	my experience has been in ARF and RCFE with	Feb 14, 2011 11:29 PM
690	People with developmental disabilities	Feb 14, 2011 11:36 PM
691	As determined by the IPP	Feb 14, 2011 11:37 PM
692	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 14, 2011 11:45 PM

Residential Services

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

	Response Text	
693	Residential services should be provided in the least restrictive environment when a home setting is no longer available to meet the developmental, physical or emotional needs of the consumer, or the adult consumer chooses to live in a setting other than his/her family's home.	Feb 14, 2011 11:53 PM
694	Induviduals who are not able to live in the community independently or those who can pose a danger to him/herself or others.	Feb 15, 2011 12:04 AM
695	Families, vendors, and Regional Centers should have a meeting at the beginning of the placement to set up clear expectations of all of the parties involved. This will assist to determine duration of placement, needs of the child, and expectations.	Feb 15, 2011 12:19 AM
696	Residential services should be provided in the least restrictive environment when a home setting is no longer available to meet the developmental, physical or emotional needs of the consumer, or the adult consumer chooses to live in a setting other than his/her family's home.	Feb 15, 2011 12:25 AM
697	my services are for developmental center consumers deemed appropriate for for community integration	Feb 15, 2011 12:27 AM
698	All consumers with developmental disabilities should have residentaial services.	Feb 15, 2011 12:38 AM
699	Adults and children who no longer live at home.	Feb 15, 2011 1:05 AM
700	All those that need them as part of the states obligation to protect and provide services for the dd population. The IPP is the document that insures and spells out such services. IPP's can be amended based on discussion and changed circumstance. There must be flexibility to meet changing needs. That is the spirit of the law.	Feb 15, 2011 1:20 AM
701	All consumers who choose it.	Feb 15, 2011 1:32 AM
702	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d). 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). Usefulness and effectiveness of 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 1:46 AM
703	These services help families & the disabled to live with a little less stress around the circumstances their special problems create.	Feb 15, 2011 1:52 AM
704	Autistic	Feb 15, 2011 1:54 AM

Residential Services

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

	Response Text	
705	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) – (d). The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws. The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to 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. This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 15, 2011 1:56 AM
706	Those individuals 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 2:30 AM
707	All those who are determined through an Interdisciplinary Team (IT) decision may benefit from such service(s). Consideration as to the availability and appropriateness of other opportunities must also be explored, including the family/relative home.	Feb 15, 2011 2:34 AM
708	Right now I live in a group home. I've enjoyed it a lot and learned a lot, but sometimes I get tired of living with so many people. I have 5 room mates and think it would be nice to only have one. It's been better since I got my own room though. I also enjoy the outings we on on the week-ends.	Feb 15, 2011 2:47 AM
709	people who cannot function well in less restrictive setting due to behavioral health issues, medical problems, and other reasons.	Feb 15, 2011 3:12 AM
710	all those with pariety diagnoses in need of assisted living due to difficulties with 'activities of daily living'	Feb 15, 2011 3:28 AM
711	consumers	Feb 15, 2011 3:31 AM
712	See IP and see the Lanterman Act!!	Feb 15, 2011 4:09 AM
713	Adults over 22 years of age or over with developmental disabilities who are no longer able to live at home with their parents, or who are not able to live independently with a care provider. Also people who do not have family to help care for them. People who can be semi independent will be able to make use of public transportation, gyms, and other community opportunities to provide some independence.	Feb 15, 2011 4:16 AM
714	All disabled humans whatsoever.	Feb 15, 2011 5:12 AM
715	All consumers are eligible.	Feb 15, 2011 5:32 AM
716	see comments on Behavior services	Feb 15, 2011 5:42 AM
717	everyone that has a disability	Feb 15, 2011 5:56 AM

Residential Services

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

	Response Text	
718	Any consumer who is in need of a stronger level of supervision and does not want independent living. I believe that any consumer who asks for independent living, regardless of their level of disability, deserves that opportunity. Residential services can also provide a community of others with shared interests.	Feb 15, 2011 6:32 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 15, 2011 6:34 AM
720	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in the Lanterman Act Section 4646 (a) – (d).	Feb 15, 2011 6:39 AM
721	Elderly and disabled individuals definitely should receive these services. People who have qualified for regional center's care should receive these services.	Feb 15, 2011 7:01 AM
722	adults who have trouble taking care of themselves	Feb 15, 2011 7:10 AM
723	These people living in these situations actually empowers them to live independently even though there's someone to help them in their daily living. it's the feeling of being a productive member of the community that brings so much confidence in how they look at their lives and that what helps them in their lives.	Feb 15, 2011 7:27 AM
724	consumers who cannot remain in the family home for whatever reason	Feb 15, 2011 7:30 AM
725	we want our kids home with us!!!! its cheeper. its humane and its the right thing to do. the option does need to be here but with lots and lots of checks and balances. Parents should be offered to see them to know what it is. There should be the most QControl for this area!!!	Feb 15, 2011 7:33 AM
726	Available to consumers/fa,ilies who request it but have a share of cost, similar to FCPP based on income and family size.	Feb 15, 2011 8:38 AM
727	People whose Individual Planning Team has identified as needing these services. See Lanterman Act.	Feb 15, 2011 10:37 AM
728	Continue existing procedures.	Feb 15, 2011 4:05 PM
729	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 15, 2011 4:07 PM
730	Those individuals 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 4:26 PM
731	we dont use residential services so i dont want to comment.	Feb 15, 2011 5:00 PM
732	Continuation of current standards	Feb 15, 2011 5:58 PM
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 15, 2011 6:03 PM
734	Not limited to "Independent Living & Supported Living Services"	Feb 15, 2011 6:08 PM
735	Current eligibility is appropriate	Feb 15, 2011 6:08 PM
736	Group homes should be available to all consumers, with priority should be given to consumers who cannot live with family members (i.e., because of behaviors, the absence of family members). Adult family homes and family teaching homes should be available only if they can be operated as cost-effectively as group homes. Emphasis should be placed on improving the quality of the group home system.	Feb 15, 2011 6:20 PM
737	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) – (d).	Feb 15, 2011 6:30 PM
738	People whose Individual Planning (IP) Team has identified a need for these services. See Lanterman Act.	Feb 15, 2011 6:38 PM
739	Decision to stay at facility should be made by consumer or their advocate.	Feb 15, 2011 6:53 PM
740	Residential services should be provided in the least restrictive environment when a home setting is no longer available to meet the developmental, physical or emotional needs of the consumer, or the adult consumer chooses to live in a setting other than his/her family's home.	Feb 15, 2011 6:59 PM

Residential Services

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

	Response Text	
741	Residential services should be provided in the least restrictive environment when a home setting is no longer available to meet the developmental, physical or emotional needs of the consumer, or the adult consumer chooses to live in a setting other than his/her family's home.	Feb 15, 2011 7:00 PM
742	EVERYONE on the spectrum, no matter how high-functioning, should have some services available. Even if it is merely a yearly evaluation of their situation. You have no idea what the exclusion of services does to families and the strain it is putting on us emotionaly and financially. You think the budget is bad in Sacramtnto? Try looking at the budgets of our families! Our childrens' needs change as they grow and they actually need a lot of support from the teen-to-adult transition, and most of the families I work with are left out in the cold. You could do a study on how many people on the spectrum spend time in shelters or in county lock-up and what is spent that way as opposed to what would be spent with OCRC. You might find it would cost-effective to give services!	Feb 15, 2011 7:06 PM

Residential Services

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

	Response Text	
743	Respite care should be provided as intermittent temporary care to consumers with developmental disabilities in order to relieve families of the constant responsibility of caring for a family member with a developmental disability. One or more of the following should be considered when authorizing respite care to ensure that the consumer and family need rises above the typical level of support needed for children without developmental disabilities. Criteria to be considered are as follows: 1. The consumer's needs cannot be met by a babysitter. 2. The consumer requires care and supervision due to documented challenging behaviors. 3. The consumer requires special care and supervision due to recently documented medical problems. 4. The consumer requires care and assistance due to significant self-care deficits for his/her age, e.g., not toilet trained, inability to self-feed. 5. The consumer is at risk of being abused. 6. Parents are also consumers of Regional Center services. 7. Care is required due to a temporary family crisis. 8. Care is required due to family stress, e.g., family is participating in counseling. 9. The consumer or family is not eligible for, or does not have other generic, family or private resources, and/or their insurance does not cover the service. Early Start Regulations are to be followed when considering the use of family resources for children under the age of three. Verification of denials has been submitted. 10. IHSS hours received and used by the consumer and family should be reviewed. 11. Respite hours may be used as day care; however, the number of hours authorized would not exceed those authorized for regular respite. 12. Respite hours may be used to attend conferences, seminars, or support groups specific to the consumer's developmental disability. If additional hours are being requested for which the family would not normally qualify, each request shall be reviewed on a case-by-case basis and taken into consideration, the topic of the support group/conference, the number of hours being requested, and any previous hours authorized for attendance at a support group session or conference. Normally, 3 hours would be authorized per group session or 8 hours for an all day conference, plus travel time. 13. To allow families greater flexibility in determining who will provide respite services and when the service will be provided, it is expected that families will utilize the parent voucher system. In some circumstances, due to the medical needs, challenging behaviors of a consumer, and/or lack of availability of voucher 8. A private agency may be funded in the following situations: a. There is written documentation in the chart that the family has been unable to utilize the parent voucher system due to the unavailability of extended family, neighbors or others who can provide the respite care. b. The consumer has some behaviors, which require the services of a person who has experience working with persons with developmental disabilities. c. The consumer is non-ambulatory and has extensive personal care needs (total care) and there is no one available to provide respite care through the parent voucher program.9. LVN/RN care for respite may be provided if the consumer has a medical condition that requires this level of intervention and there is no available generic resource, private insurance or other resources. Whether an LVN or RN is funded depends on state licensing regulations. A licensed nurse may be provided in the following situations; exceptions may be made on a case-by-case basis. a. Uncontrolled seizure disorder, in which • Seizures result in respiratory compromise requiring oxygen or suctioning. • Seizures of long duration (greater than ten minutes and occurring frequently). • When there is a recent history of needing to call paramedics to provide resuscitation because of the seizure activity. • When there is a history of frequent injury (lacerations, bruises) requiring medical care due to falls associated with seizures.	Feb 15, 2011 7:25 PM

Residential Services

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

	Response Text	
744	Anyone eligible under the law.	Feb 15, 2011 7:33 PM
745	Consumers who require 24-hour support, supervision, and care.	Feb 15, 2011 7:53 PM
746	Individuals who are not able because of a mental or physical disability to live independently.	Feb 15, 2011 7:54 PM
747	Adults with developmental disabilities	Feb 15, 2011 7:55 PM
748	dorm or group living settings on college campuses with support staff in residence or checking in frequently	Feb 15, 2011 8:20 PM
749	People who require 24/7 care and supervision.	Feb 15, 2011 8:30 PM
750	HIGH FUNCTIONING AUTISM NEEDS TO BE ADDRESSED!!!! Aspergers too!	Feb 15, 2011 8:53 PM
751	All who are in need! Sometimes the dynamics in the family home are not in the best interest of the special needs individual. However, knowing a specific situation that I considered to be substandard the regional centers should have certain options that are required to be provided. Items such as: Cable TV since most time is spent inside the home with limited activities and for the normal down time we all need. I walked into a group home that had a tv without visible reception (total blurred screen) by residents of the home. Staff said there was no money for cable connection. Holidays being honored for all to enjoy. This same home had no display for the holidays and said there was no money available. I provided an artificial tree for the residents to decorate and enjoy together. They are people with thoughts, feelings and interests. They should be cared for as such. The language of the residents should be acknowledged and spoken by all staff. Again, this was not the case in this particular home. The family that I knew did not want to make waves and have their child be evicted so they lived with these deficits. This is wrong and a blame on the regional center monitoring.	Feb 15, 2011 9:12 PM
752	Autistic kids who need this service should be able to get it in the city they live.	Feb 15, 2011 9:26 PM
753	Those individuals 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 9:39 PM
754	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 9:48 PM
755	See my recommendations for Independent Living and Supported living.. Same standards.	Feb 15, 2011 10:07 PM
756	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 15, 2011 10:31 PM
757	People whose Individual Planning (IP) Team has identified a need for these services. See Lanterman Act.	Feb 15, 2011 10:32 PM
758	Anyone who needs it. Sorry that I am not being more specific.	Feb 15, 2011 10:41 PM
759	Not all consumers need to receive the same rate that the home level provides. The level of the home should be the maximum rate, with the ability to fund at a lower level if a consumer does not require all the staff hours and consultation hours necessary.	Feb 15, 2011 10:53 PM
760	working parents should contribute towards these services	Feb 15, 2011 11:00 PM
761	The IP Team should. See Lanterman Act.	Feb 15, 2011 11:28 PM
762	I think that people that can't afford to watch themselves or have no one will take responsibilities need to stay in these facilities.	Feb 15, 2011 11:28 PM
763	Any consumer not able to live in the family home, with a family member, or be successful living in the community either independently or with ILS/SLS support.	Feb 15, 2011 11:32 PM

Residential Services

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

	Response Text	
764	Those individuals 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 11:35 PM
765	Those who require assistance and support to lead a fulfilling life.	Feb 16, 2011 12:06 AM
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 16, 2011 12:21 AM
767	A dertimination of need and fincial recourse may assit in who should recive these services. This could assit many finding housing with some supports without having to go into ARF's. Many consumers have no other choice but to live in a facility because they can't afford to live on their own. An assisment for the Probation/DCFS that are now having court advocates write letters to regional center intake to make amancipated 18, 19 & 20 yrs. olds in their system be evaluated for Catgory 5. Rational: Our residential system is has very few providers that work with this population of people. It also puts those with lower cognitive abilities at risk. This option also does a dis-service to a population of people that have different oversite needs and counseling types of services.	Feb 16, 2011 12:38 AM
768	same as previous	Feb 16, 2011 1:15 AM
769	If a consumer desires to live in a home they should have that optin. The caseworker, consumer and family member(s) should be involved in the process.	Feb 16, 2011 1:36 AM
770	Not my area of expertise.	Feb 16, 2011 1:39 AM
771	Again, we now have two generations worth of kids who will soon be adults with no family to guide and care for them who are unable to care for themselves. These homes are a crucial necessity and we are going to need more of them very soon. Why aren't we building more of these homes / facilities? Clearly there's a lot of people who need the job. Why aren't we using Clinton's Ameri-Corp model to get college students to work in these homes as part of their tuition assistance (regardless of their major)?	Feb 16, 2011 2:21 AM
772	those unabled to living alone with minimum support should living in these facilities	Feb 16, 2011 2:33 AM
773	Criteria for ICF facilities should be medical and cognitive needs. Community Care facilities should accept the individuals with no medical issues but with behavioral issues.	Feb 16, 2011 3:25 AM
774	Families, vendors, and Regional Centers should have a meeting at the beginning of the placement to set up clear expectations of all of the parties involved. This will assist to determine duration of placement, needs of the child, and expectations.	Feb 16, 2011 3:33 AM
775	Again, without these services where would these impoverished disabled adults live? Does the state really want to see large numbers of disabled people homeless?	Feb 16, 2011 4:32 AM
776	Those individuals 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 4:48 AM
777	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 16, 2011 5:05 AM
778	Individuals with ASD who are not capable of Assisted Living Environments	Feb 16, 2011 5:31 AM
779	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 5:47 AM
780	Services shown above are very helpful.	Feb 16, 2011 6:03 AM
781	Those individuals 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 6:16 AM

Residential Services

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

	Response Text	
782	individuals who are safer living in an environment with around the clock care and/or supervision	Feb 16, 2011 6:19 AM
783	I think there should be an invidual assessment and depending on the needs of that individual services should be given.	Feb 16, 2011 7:27 AM

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

	Response Text	
1	Daily	Jan 28, 2011 12:46 AM
2	quarterly	Jan 28, 2011 1:26 AM
3	INDIVIDUAL CHOICE BUDGET	Jan 28, 2011 1:29 AM
4	ICB	Jan 28, 2011 1:54 AM
5	This is a residential services so should be everyday 24-hour a day	Jan 28, 2011 2:10 AM
6	in a 6 bed facility	Jan 28, 2011 2:15 AM
7	CCL	Jan 28, 2011 2:38 AM
8	hopefully people only go to nursing homes until they can find a better situation.	Jan 28, 2011 2:48 AM
9	As determined by the consumer, case worker, and family.	Jan 28, 2011 3:11 AM
10	no limit	Jan 28, 2011 3:17 AM
11	as currently provided	Jan 28, 2011 3:19 AM
12	Daily for all support and supervision	Jan 28, 2011 3:22 AM
13	Everyone who qualifies for group living under Regional Center guidelines.	Jan 28, 2011 3:23 AM
14	As long as needed	Jan 28, 2011 3:35 AM
15	Lanterman Act. Needs of the consumer as written in the IPP	Jan 28, 2011 3:45 AM
16	As often as needed.	Jan 28, 2011 4:19 AM
17	These are services which are required to be given on a daily basis within a 24 hours/7 days.	Jan 28, 2011 4:34 AM
18	There are too many staff required to be on duty at one time. I have seen many times level 4 staff sitting around visiting with each other for long periods on their shift because there is not enough for three staff in a six bed facility to do.	Jan 28, 2011 4:34 AM
19	Never! SLS should be provided instead	Jan 28, 2011 4:39 AM
20	As needed	Jan 28, 2011 4:49 AM
21	As often as deemed necessary by the IPP team	Jan 28, 2011 4:55 AM
22	24/7 days	Jan 28, 2011 4:58 AM
23	A facility should have a liason assigned to each facility that should monitor and assist the facility. If there are areas that a facility needs help with, then the Facility Monitoring done by the Regional Center should identify the areas to be corrected, and reviewed each year. Each facility is required to undergo a QA and any unmet areas or problem areas are identified and the facility is made aware of what they need to do to pass their QA inspection.	Jan 28, 2011 5:18 AM
24	24/7	Jan 28, 2011 5:24 AM
25	As needed.	Jan 28, 2011 5:56 AM
26	never!	Jan 28, 2011 6:26 AM
27	No comment	Jan 28, 2011 6:31 AM

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

	Response Text	
28	Daily	Jan 28, 2011 6:49 AM
29	Group homes should be maintained for the benefit of the individuals living there. Small personal supports, developed based on the needs of the people being served. Each person should have choice over roommates, staff, food, bedtime and activities. Programming should be individualized and voluntary, not a requirement of higher rates. Institutional behavior toward consumers should be forbidden, allowing people to live lives of their choice.	Jan 28, 2011 7:37 AM
30	Residentail services by their nature need to be provided 24 hours a day, seven days a week including holidays and weekends.	Jan 28, 2011 8:12 AM
31	Residential services would be continuous.	Jan 28, 2011 1:32 PM
32	IPP.	Jan 28, 2011 4:40 PM
33	This service, with it's least restriction, should always be provided.	Jan 28, 2011 4:53 PM
34	Never.	Jan 28, 2011 5:01 PM
35	Service standards should be outstanding and should be provided as often as the clients requires the service. My daughter is in the HCDD group home and this was the fourth home she was placed in. The three previous placements were appropriate for the service standard she required or any of the clients placed there required.	Jan 28, 2011 5:02 PM
36	IHH has a chart for services. Some how this is a magic list & all services have time frame. I would like to see the Gov. Brow complete tasks for support in the time frame allowed. One example routine laundry, this includes multiple soiled sheets, pants, sleep ware etc Now Gov. please do this and all of the other household wash in the allotted time frame of 1Hr per week. If you can do this my hat is off to you sir.	Jan 28, 2011 5:04 PM
37	Regional Centers should have a structure within in which they seek the placment. There should be a standardized form they need to work through, specifiying how often they should call home staff and parents to keep the process moving along. It should be documented clearly so that there is an inentive for them to do this well.	Jan 28, 2011 5:12 PM
38	Gee, how long do people need a place to live? How about 24 hours a day, 7 days a week, 365 days a year.	Jan 28, 2011 5:20 PM
39	when the services have been shown by a doctor or a mental tech that they are needed for the safety of the individual.	Jan 28, 2011 5:22 PM
40	Residential homes should be limited in size (2-3 beds) and each person should have their own room. Make the residential homes more interesting to consumers and families.	Jan 28, 2011 5:33 PM
41	.	Jan 28, 2011 5:37 PM
42	Daily and respite.	Jan 28, 2011 5:46 PM
43	Individually based on need. It would be fantastic if this was a time limited service as people transitioned into their own homes.	Jan 28, 2011 5:51 PM
44	*residential services should be provided all the time. It's a little odd to think that my adult son would only have access to his apartment 3 days per week?	Jan 28, 2011 5:57 PM
45	Daily if they are in need of this service to begin with.	Jan 28, 2011 5:59 PM
46	Continual.	Jan 28, 2011 6:12 PM
47	Keep at the current rates and amounts.	Jan 28, 2011 6:24 PM
48	How often should we provide living arrangements - daily.	Jan 28, 2011 6:25 PM
49	It should be provided depending on the individuals needs, however, our experience is this need equates to 24 hour care and supervision 7 days per week.	Jan 28, 2011 6:38 PM
50	ANNUAL	Jan 28, 2011 6:45 PM

Residential Services

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

	Response Text	
51	24/7	Jan 28, 2011 6:48 PM
52	As stated in the last section, Care Homes needed to have goals and objectives for consumers who need to be trained in lfie skills. Even though a consumer is unable to live independently, there are some skills the individual can learn. In addition, a consumer who is planning on leaving independently should be taught independent living skills through the Care Home (part of the current service and cost paid by the state) for consumers. This should not be a duplication of service and cost.	Jan 28, 2011 7:00 PM
53	Care Homes provide service 24 hours a day, 365 days per week each time there is no way to change how often service can be provided	Jan 28, 2011 7:08 PM
54	What is suggested in their IPP	Jan 28, 2011 7:11 PM
55	Any person who needs residential services would need around the clock home to live in therefore daily and nighly care , in a home that can help individules with what ever thier needs are.	Jan 28, 2011 7:26 PM
56	N/A	Jan 28, 2011 7:27 PM
57	Apartment living or house living where no more than two or three persons live in one dwelling.	Jan 28, 2011 7:30 PM
58	No change	Jan 28, 2011 7:52 PM
59	All year.	Jan 28, 2011 7:54 PM
60	Have family member to fill out a survey each year and send it to DDS.	Jan 28, 2011 8:10 PM
61	For those whose health requires round the clock nursing care only.	Jan 28, 2011 8:29 PM
62	full time, year round	Jan 28, 2011 8:33 PM
63	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 8:48 PM
64	as long as it is in the best interest for the consumer	Jan 28, 2011 8:55 PM
65	Based on the consumers need.	Jan 28, 2011 8:56 PM
66	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 8:57 PM
67	24/7 if a client needs it	Jan 28, 2011 8:58 PM
68	When they need a place to live.	Jan 28, 2011 8:59 PM
69	As per the IPP	Jan 28, 2011 9:02 PM
70	Seven days a week.	Jan 28, 2011 9:16 PM
71	As Needed.	Jan 28, 2011 9:46 PM
72	24 hours per day every day	Jan 28, 2011 9:55 PM
73	These services can be on a respite basis or for an extended period, again based on individual client and family needs	Jan 28, 2011 9:57 PM
74	As needed	Jan 28, 2011 10:09 PM
75	Each month	Jan 28, 2011 10:36 PM
76	As required -- from full-time on-site staff to once/month review of environment.	Jan 28, 2011 10:46 PM
77	any time that is needed	Jan 28, 2011 10:52 PM
78	The specific services should reflect the individual needs of the consumer.	Jan 28, 2011 10:53 PM
79	24/7 care and supervision as needed.	Jan 28, 2011 11:09 PM

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

	Response Text	
80	There needs to be a protocol for how these referrals work. Currently it is a big mystery.	Jan 28, 2011 11:25 PM
81	ACRC should hire college educated employees. Too often the Service Coordinators come into there job extremely inexperienced, unprofessional, incompetent, unmotivated, bored, etc. Not sure who is the hiring manager at ACRC but make no mistake about it the employees are often uninformed. HIstorically, ACRC was a partner there to work WITH the providers and FOR the betterment of the consumers. I think there training manual has changed to simply, throw the book at service providers and only look to pester them and find out if they are doing something wrong. If they are not, don't show any weakness and don't express positive feelings for a job well done because this may affect our leverage over them.	Jan 28, 2011 11:28 PM
82	the 962 homes are very expensive and the services int hese homes can be provided by Intermediate Care Facilities that are very well-versed in providing services to clients with severe challenges in areas having to do with being very physically disabled, cognitively impaired and medically fragile. In addition, medical funds for these services and RNs monitor the services throught DHCP every year. We are duplicating services at the expense of the taxpayer. If we allowed clients from the Develop Centers tio move into ICFs, instaed of 962,s we could save millions of dollars-- because our system does not fund ICFs. Perhaps we should use those monies that will be going to the 962s to downsize large ICFs, so that they can develop smaller 6 bed homes to house clients in need.	Jan 28, 2011 11:29 PM
83	No	Jan 28, 2011 11:29 PM
84	Any time needed.	Jan 29, 2011 12:36 AM
85	As needed and team indicates	Jan 29, 2011 1:39 AM
86	as needed	Jan 29, 2011 2:18 AM
87	Always	Jan 29, 2011 3:08 AM
88	as needed	Jan 29, 2011 3:11 AM
89	24hrs./day 365 days/year	Jan 29, 2011 3:45 AM
90	daily and long-term	Jan 29, 2011 3:52 AM
91	as needed	Jan 29, 2011 4:43 AM
92	Use existing title 17 and 22 standards No need to reinvent anything here. However, look to expanding the concepts of utilizing State DC staff as contracted providers in ways such as have been done with the downsizing and closure initiatives of the state DC's including Lanterman DC and others, and provide different ways where people being served can live in staff's homes or other options, similar to current Family Home Option providers where a person lives with an unrelated family after a careful matching process has been completed - to assure that the family can meet the person's support needs and the person is a good match and compatible with the family (family can be broadly defined here) and of course they want to live together.	Jan 29, 2011 4:55 AM
93	daily basis	Jan 29, 2011 5:09 AM
94	No one should be cut	Jan 29, 2011 5:10 AM
95	For the individuals listed in 1. above, I would think it should be on a continuous basis, except for during the hours they are engaged in their respective day or job program, or are visiting their parents/guardians.	Jan 29, 2011 5:39 AM
96	Residential services must be provided seven days a week.	Jan 29, 2011 6:20 AM
97	24-7 however, giving a client the opportunity to attend a day program	Jan 29, 2011 6:36 AM
98	N/A	Jan 29, 2011 6:41 AM
99	ongoing, per decision of IPP team	Jan 29, 2011 6:44 AM

Residential Services

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

	Response Text	
100	daily	Jan 29, 2011 2:59 PM
101	The service should be provided as long as the need continues at the initial level.	Jan 29, 2011 10:30 PM
102	CARING PROFESSIONAL MANAGED, MULTIDISCIPLINARY STAFF STAFF WITH APPROPRIATE LICENSURE AND CERTIFICATION	Jan 29, 2011 11:53 PM
103	For life.	Jan 30, 2011 12:34 AM
104	PROVIDING A HOME TO CONSUMERS IS A SERVICE. THEY SHOULD BE PROVIDED A HOME WHEN THEY NEED IT.	Jan 30, 2011 4:18 AM
105	Whenever the person needs it.. sometimes weekend care is enough to make things work ok.	Jan 30, 2011 5:10 PM
106	as often as needed up to 24/7 care	Jan 30, 2011 9:15 PM
107	Always.....When ever needed.....As needed.....	Jan 30, 2011 10:49 PM
108	A regional center should be very transparent in offering choices and options of residential services. And the assessed rate should be equally transparent...when an individual is determined as needing a level of service, be it Two, Three, or Four, there is no review of those service levels. Also, the 113 service code does not seem to offer transitional features to a less costly setting.	Jan 31, 2011 12:21 AM
109	permanently	Jan 31, 2011 4:15 AM
110	as needed	Jan 31, 2011 4:19 PM
111	Whenever the client can progress and grow in a family setting	Jan 31, 2011 6:11 PM
112	I believe that it should be available 24/7. As the consumer's needs are identified.	Jan 31, 2011 6:13 PM
113	as needed	Jan 31, 2011 6:21 PM
114	As long as the service is needed.	Jan 31, 2011 6:54 PM
115	As often as needed	Jan 31, 2011 7:05 PM
116	Services should be implemented 24 hours a day, 7 days a week.	Jan 31, 2011 7:22 PM
117	How often: Daily.	Jan 31, 2011 7:24 PM
118	Of course in an ideal world the answer would be as often as needed ,	Jan 31, 2011 8:55 PM
119	Services should be reimbursed based on time spent in the facility. If someone does not want or is not able to attend a day program there should be a rate adjustment to allow the facilities to be reimbursed for the additional time they are providing care. This would include holidays, sick days and would also open up the possibility of people retiring and living in ICF facilities.	Jan 31, 2011 9:04 PM
120	7 days a week	Jan 31, 2011 9:08 PM
121	As per the IPP	Jan 31, 2011 9:31 PM
122	Yearly	Jan 31, 2011 9:34 PM
123	Throughout life.	Jan 31, 2011 9:45 PM
124	wewe	Jan 31, 2011 10:30 PM
125	N/A	Jan 31, 2011 10:33 PM
126	Eliminate quarterly face-to-face requirements for facilities where there are no concerns. Telephone contact quarterly to follow up on consumers. Face-to-face requirement should be reduced to 2x/ year unless an issue is identified that would call for additional monitoring.	Jan 31, 2011 11:13 PM

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

	Response Text	
127	TIME LIMITED service. No one should be warehoused in such a facility for years and years. I personally know people who have been in the same group home for over 10 years. Homes should be carefully monitored to ensure effective service that provides a dignified life for residents. We need to get away from point systems, level systems, behavior mod, etc.	Jan 31, 2011 11:18 PM
128	All Times	Feb 1, 2011 12:01 AM
129	what do you mean?. They live there. So 24/7	Feb 1, 2011 12:34 AM
130	Provide clean efficient group homes that focus on the individuals housed within where the group home isn't in it for just the money. If group homes are managed and funded from the state (as they should be since IT'S MY TAX MONEY), they can and do provde an environment where they also nuture the individuals Camphill Organization has an excellent and positive outlook and it could/should provide a working model for all group home organizations.	Feb 1, 2011 12:55 AM
131	There should be great oversight so that these individuals are given appropriate resources. They are very vulnerable and deserve our commitment.	Feb 1, 2011 1:24 AM
132	A group home provides 24-hour services 7 days a week.	Feb 1, 2011 1:26 AM
133	as needed to maintain the client in a healthy, safe, appropriate environment and meet their needs.	Feb 1, 2011 5:01 AM
134	as needed	Feb 1, 2011 5:21 AM
135	as long as the client fits in the program of facility meaning age and healthcare	Feb 1, 2011 5:22 AM
136	There should not be a statewide standard for how often this service should be provided. Services should be based on the individual's unique needs based on assessments of the individual's medical and professional experts. If statewide "standards", which in effect are statewide "limitations," are imposed, there should be exceptions available upon the individual's showing that the specific consumer needs more services.	Feb 1, 2011 7:19 AM
137	Ongoing.	Feb 1, 2011 7:20 AM
138	Twenty four hour daily care	Feb 1, 2011 9:51 AM
139	probably full time but if they can go home on the weekends, let them go home and then the residential provider gets a lesser rate but still gets something for keeping the bed open. don't pay up to 14 days like the regs say	Feb 1, 2011 6:50 PM
140	As is, but reduce the administrative demands,	Feb 1, 2011 6:57 PM
141	As much assistance as determined through a family/team meeting. The decision can also be made by the Regional Center CSC but should not be dictated by upper RC management. Upper Regional Center management FREQUENTLY DICTATE the amount of support a consumer needs without ever meeting them.	Feb 1, 2011 7:41 PM
142	As often as needed	Feb 1, 2011 7:46 PM
143	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 7:57 PM

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

	Response Text	
144	I think DDS could supply the services needed to monitor homes. A social worker could be hired by each careprovider to determine eligibility, place in day programs, etc. This need could be met internally and the QA and surveys kept in place.	Feb 1, 2011 8:45 PM
145	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
146	Current standards are appropriate.	Feb 1, 2011 9:28 PM
147	Based on individual needs and IPP.	Feb 1, 2011 10:30 PM
148	Specific services standards should continue as they are currently. Each consumer should decide how often they need services and to what extent. Who would know better as to how often a service should be provided than the consumer and those who are intricately involved with the consumer.	Feb 1, 2011 11:23 PM
149	Need to be more short term emergency placement options.	Feb 1, 2011 11:32 PM
150	Annually, with the constant budget cuts to the state and Regional Center, the challenge for the provider has heightned despite being cut well over 10% in a two year time frame. How is it that the state and RCEB can manage these cuts and eliminate workload and pass it on to the agency absorbing the cut.	Feb 1, 2011 11:47 PM
151	The home should have no more than six residents. The caretakers should have experience with taking care of persons with disabilities and should attend ongoing training given by the regional center. They should also be frequently monitored by the regional center or DDS.	Feb 2, 2011 2:08 AM
152	Standards would be provided on an as needed basis	Feb 2, 2011 2:50 AM
153	Depends on what they need	Feb 2, 2011 4:08 AM
154	I think the way this service is now provided and monitored is adequate	Feb 2, 2011 4:34 AM
155	This is where someone is going to live & spend most of their time. These services need to meet the person's needs otherwise it might not be safe &/or beneficial to their well being. Your home is very important to your emotional & mental health.	Feb 2, 2011 5:53 AM
156	As much as needed. the more severe the client the more staff help they should get. I don't like the rating system of placing individuals in homes. This reduces the clients to numbers. Clients should be place in homes based on thier needs not numbers.	Feb 2, 2011 6:04 AM
157	Whenever it is deemed appropriate or desired by the affected individual and his/her team.	Feb 2, 2011 6:06 AM
158	As long as a consumer wants to live in that residential setting	Feb 2, 2011 2:06 PM
159	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 2, 2011 3:38 PM
160	Daily	Feb 2, 2011 4:41 PM
161	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 2, 2011 4:57 PM
162	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 2, 2011 5:52 PM
163	Per State regulation and individual need.	Feb 2, 2011 6:34 PM

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

	Response Text	
164	a	Feb 2, 2011 6:52 PM
165	My suggestons for this portion of the survey are the same as SLS, taking into consideration the group nature of housing.	Feb 2, 2011 7:21 PM
166	24/7	Feb 2, 2011 7:35 PM
167	THe current level of homes works well	Feb 2, 2011 7:43 PM
168	Facility to provide service 24 hours a day. If a resident chooses not to go to a day program or day program hours are reduced or the person cannot work, the home needs to provide the care during the day inclusive to the monthly rate.	Feb 2, 2011 8:43 PM
169	A group home is a major move and should be a 24 hour service.	Feb 2, 2011 8:53 PM
170	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 2, 2011 9:19 PM
171	see last topics for all answers	Feb 2, 2011 9:27 PM
172	Daily	Feb 2, 2011 9:37 PM
173	An appropiate worker to consumer ratio- as it applys Certain amount of hours required for training of providers and continued education each year	Feb 2, 2011 9:46 PM
174	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 2, 2011 10:01 PM
175	As needed	Feb 2, 2011 10:09 PM
176	See response to supportive services (Section 5).	Feb 2, 2011 10:12 PM
177	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 10:12 PM
178	Please previous topic response....	Feb 2, 2011 10:20 PM
179	group homes should have regional center oversee them, unannounced visits, parents should be able to visit without notice and hidden cameras should be installed to protect against staff abuse.	Feb 2, 2011 10:39 PM
180	Services provided for the period of time an individual qualifies under the above	Feb 2, 2011 10:46 PM
181	Continual service for as long as the client can maintain oneself with a minimal amout health care management.	Feb 2, 2011 10:59 PM
182	I do not support POS service standards.	Feb 2, 2011 11:33 PM
183	Service providers should be evaluated as to be sure that the facility leaders are not abusing the consumers or the system.	Feb 3, 2011 12:29 AM
184	Same answer as previous pages	Feb 3, 2011 12:46 AM
185	Lifelong	Feb 3, 2011 12:47 AM
186	All clients should have their own bedrooms.	Feb 3, 2011 1:00 AM
187	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 3, 2011 1:01 AM
188	as much as needed to create a healthy fulfilling life just as we all want	Feb 3, 2011 1:21 AM
189	based on individual	Feb 3, 2011 1:32 AM
190	Quality of Care in 30% of the Residential homes could be something that needs to be addressed.	Feb 3, 2011 1:56 AM
191	As needed based on diagnostic criteria and demonstrated need.	Feb 3, 2011 1:56 AM
192	These services are needed daily.	Feb 3, 2011 1:56 AM
193	daily	Feb 3, 2011 2:00 AM
194	Licensing, watching and testing to determine the needs of the client.	Feb 3, 2011 2:02 AM

Residential Services

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

	Response Text	
195	Life long.	Feb 3, 2011 2:09 AM
196	As often as needed to keep an individual safe and meeting his/her goals.	Feb 3, 2011 2:58 AM
197	daily	Feb 3, 2011 5:08 AM
198	daily, weekly or monthly as needed	Feb 3, 2011 5:16 AM
199	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 3, 2011 6:08 AM
200	as long as needed.	Feb 3, 2011 6:50 AM
201	Same standards as Valley Mountain Regional Center.	Feb 3, 2011 6:51 AM
202	Daily	Feb 3, 2011 7:27 AM
203	24 hour care and supervision should be provided by all agencies, except the Foster Home Agency. The FHA is designed for those consumers who are more higher functioning and who don't need as much supervision.	Feb 3, 2011 3:40 PM
204	Group homes are unsuccessful in this state from my perspective. They are used for profit, hire low standard individuals that do not care about the individuals living in the home. There should be no profit involved, non-profit should be supported by the state funding and taxes we pay, but there should be no profit for the "owners".	Feb 3, 2011 3:48 PM
205	Daily.	Feb 3, 2011 4:48 PM
206	Provide services for all persons with clear/diagnosed developmental disabilities whether or not they are Regional Center consumers.	Feb 3, 2011 4:57 PM
207	As needed	Feb 3, 2011 5:00 PM
208	Daily and ongoing	Feb 3, 2011 5:20 PM
209	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 3, 2011 5:24 PM
210	This should be an on going service.	Feb 3, 2011 5:40 PM
211	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 3, 2011 5:48 PM
212	As long as needed.	Feb 3, 2011 5:49 PM
213	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
214	I think it needs to be flexible depending on consumers' needs.	Feb 3, 2011 6:32 PM
215	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 3, 2011 6:42 PM
216	100 % of the time.	Feb 3, 2011 7:07 PM
217	I feel the same for all of Regional Center's services as I do in the first few survey's I have taken.	Feb 3, 2011 7:48 PM
218	For a lifetime since they have a permanent disiblity	Feb 3, 2011 7:50 PM
219	When in the IPP	Feb 3, 2011 7:52 PM
220	At any age, depending on the ability of inability of the parents or guardians, the disabled person should have acess to these services.	Feb 3, 2011 7:59 PM
221	To be determined by qualified staff	Feb 3, 2011 8:05 PM
222	theclient usually let you know but with the doctos, psychiatrists, dentist and families we can figure it out without outside interference which just pushhes on us theire own agendas.	Feb 3, 2011 8:10 PM

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

	Response Text	
223	Current standards are good but must be enforced, Have Department of Health over all as Licensing as is done for ICF model. STAFF MUST SPEAK ENGLISH AND WRITE FLUENTLY and not talk other language around the consumer if they do not understand it as can make for hard feelings - this is done at Kaiser - ICF is a good model for MANY - Have own bedroom is very good.	Feb 3, 2011 8:15 PM
224	Should be provided according to the needs of the family	Feb 3, 2011 8:21 PM
225	Always	Feb 3, 2011 8:23 PM
226	There should be careful screening of the potential caregivers - and hopefully, the caregivers will not be in this business for the money!	Feb 3, 2011 8:45 PM
227	Anyone in need.	Feb 3, 2011 8:53 PM
228	as needed basis	Feb 3, 2011 8:56 PM
229	what is needed for the individual to make the needed changes.	Feb 3, 2011 8:58 PM
230	As needed	Feb 3, 2011 8:59 PM
231	same as #1	Feb 3, 2011 9:03 PM
232	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 3, 2011 9:24 PM
233	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 3, 2011 9:46 PM
234	n/a	Feb 3, 2011 9:54 PM
235	Until 18 years old/(non-menthaly disable person) after 18th birthdate person should work and pay 30% of cost/per person.	Feb 3, 2011 9:56 PM
236	As needed to give the individual a stable, safe, and decent living arrangement; 24/7.	Feb 3, 2011 9:58 PM
237	As often as needed.	Feb 3, 2011 10:24 PM
238	As currently set.	Feb 3, 2011 11:13 PM
239	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4).	Feb 3, 2011 11:14 PM
240	This service should be provided to individuals who choose along with the IPP team.	Feb 3, 2011 11:29 PM
241	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 3, 2011 11:46 PM
242	Clients are given a choice of placement sites.	Feb 4, 2011 12:56 AM
243	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 4, 2011 1:56 AM
244	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 4, 2011 2:50 AM
245	As determined by the professional and per regional center observation.	Feb 4, 2011 3:17 AM
246	This should be determined by the IPP team as described in the Lanterman Act.	Feb 4, 2011 3:50 AM
247	Daily	Feb 4, 2011 4:03 AM
248	This is very dependent upon the individual and their unique abilities, desires and the age of the person. Therefore, there should be a great deal of flexibility in the determination of standards. The IPP team should be the determining factor to encourage the best service at various stages in a person's life.	Feb 4, 2011 4:49 AM
249	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 4, 2011 4:58 AM

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

	Response Text	
250	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 4, 2011 5:09 AM
251	EVERY DAY AND NIGHT	Feb 4, 2011 5:17 AM
252	24 hours 7 days per week.	Feb 4, 2011 5:55 AM
253	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 4, 2011 6:45 AM
254	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 4, 2011 7:40 AM
255	daily	Feb 4, 2011 3:12 PM
256	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 4, 2011 3:19 PM
257	Same as previous section	Feb 4, 2011 4:55 PM
258	As often as the IPP team determines is necessary for improvement as described in the Lanterman Act	Feb 4, 2011 5:14 PM
259	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 4, 2011 5:19 PM
260	Daily	Feb 4, 2011 5:37 PM
261	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 4, 2011 5:45 PM
262	When requested by the family or consumer. Consumers in group homes should not be minors. There are other places that would deal with their medical conditions more effectively.	Feb 4, 2011 5:54 PM
263	The service should be provided on a continuous 7 day/week basis. Parents should be able to visit the their son/daughter in the facility or talk with them on the phone. If arrangements can be made for someone to accompany the client to the family home, that could also be an option.	Feb 4, 2011 6:46 PM
264	As often as the IPP team determines necessary as described in The Lanterman Act section 4646.5 (a) (4)	Feb 4, 2011 7:11 PM
265	The same as previous #2.	Feb 4, 2011 7:20 PM
266	as needed	Feb 4, 2011 7:44 PM
267	Daily, 24 hours.	Feb 4, 2011 7:45 PM
268	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 4, 2011 7:55 PM
269	as needed	Feb 4, 2011 8:28 PM
270	Usefulness and effectiveness of 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 8:41 PM
271	As requested by the individual (for adults) and for children with special circumstances.	Feb 4, 2011 8:53 PM
272	s often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 4, 2011 8:58 PM
273	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 4, 2011 9:20 PM
274	As often as the IPP team determines necessary as described in The Lanterman Act section 4646.5 (a) (4)	Feb 4, 2011 9:55 PM
275	Whenever needed	Feb 4, 2011 10:02 PM
276	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 4, 2011 10:10 PM

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

	Response Text	
277	1. 962 Homes must be required to provide outside true community integrated activities and services for the individuals served at a minimum of 1 time per week.	Feb 4, 2011 10:20 PM
278	As often as the IPP team determines is necessary, as described in The Lanterman Act.	Feb 4, 2011 10:24 PM
279	As often as it is needed and WITHOUT PARTIALITY, as the True and Living God would do.	Feb 4, 2011 10:28 PM
280	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 4, 2011 10:39 PM
281	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 4, 2011 10:47 PM
282	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 4, 2011 10:58 PM
283	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 4, 2011 11:18 PM
284	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 4, 2011 11:23 PM
285	N/A	Feb 4, 2011 11:25 PM
286	24/7	Feb 4, 2011 11:42 PM
287	When a client needs a home to live in.	Feb 4, 2011 11:43 PM
288	Currently residential providers are suffering under inadequate rates and non-profit providers work tirelessly to raise additional funding to maintain basic services. There can not be any further cuts or the health and safety of clients for whom DDS is responsible will be at risk. This includes any changes to current day program participation which simply shifts the cost to residential providers. Individualized service planning must be maintained for our most vulnerable citizens.	Feb 5, 2011 12:03 AM
289	IPP team determines the frequency. Lanterman Act 4646	Feb 5, 2011 12:28 AM
290	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 12:35 AM
291	AUTISM	Feb 5, 2011 1:12 AM
292	same as for other programs in this survey	Feb 5, 2011 1:32 AM
293	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 5, 2011 3:59 AM
294	Daily	Feb 5, 2011 4:08 AM
295	Based upon the consumers level of functionality	Feb 5, 2011 4:55 AM
296	This should be determined by professional organizations, state licensing and with input by patients and families.	Feb 5, 2011 5:51 AM
297	As determined by the IPP.	Feb 5, 2011 6:53 AM
298	As often as the IPP team determines is necessary, as described in The Lanterman Act.	Feb 5, 2011 2:49 PM
299	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 5, 2011 5:29 PM
300	Specific services standars should continue as they are currently. Each consumer should decide how often they need services and to what extent. Who would know better how often a service should be provided than the consumer and those who are intricately involved with the consumer.	Feb 5, 2011 6:37 PM
301	same as first set	Feb 5, 2011 6:40 PM
302	The least restricitive environment should be identified for the consumer	Feb 5, 2011 8:14 PM

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

	Response Text	
303	I oppose POS standards. Please refer to the Lanterman Act section 4646.5 (a) (4).	Feb 5, 2011 9:01 PM
304	Assessment to determine this	Feb 5, 2011 10:15 PM
305	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 5, 2011 10:57 PM
306	The IPP determines how often these services are provided.	Feb 5, 2011 11:33 PM
307	until they are able to live on their own with out help from any one	Feb 5, 2011 11:51 PM
308	We oppose statewide purchase of service "standards."	Feb 6, 2011 5:13 AM
309	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 residential 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 5:52 AM
310	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 6, 2011 6:06 AM
311	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 6, 2011 4:37 PM
312	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 6, 2011 6:49 PM
313	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 7, 2011 5:14 AM
314	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 7, 2011 6:43 AM
315	As often as the IP team determines is necessary, as described in the Lanterman Act.	Feb 7, 2011 2:47 PM
316	As often as the IPP team determines the service is necessary, per The Lanterman Act.	Feb 7, 2011 3:31 PM
317	As often as the IP team determines is necessary, as described in the Lanterman Act.	Feb 7, 2011 5:46 PM
318	As mentioned in the first section of questions.	Feb 7, 2011 8:28 PM
319	Annualy	Feb 7, 2011 9:31 PM
320	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 7, 2011 10:08 PM
321	Allow RC's to set the standards in their own communities.	Feb 7, 2011 10:45 PM
322	Let the Regional Centers make the decisions regarding program services	Feb 7, 2011 11:14 PM
323	As often as the IPP team determines necessary, as described in the Lanterman Act Section 4646.5 (a)(4).	Feb 7, 2011 11:20 PM
324	CCF services should occur on a daily basis by all RSPs involved with the home. These RSPs should then be willing and able to communicate with CPC [expected or unexpectedly] on the daily activities and types of care provided for each consumer.	Feb 8, 2011 12:43 AM
325	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 8, 2011 1:12 AM
326	As often as needed	Feb 8, 2011 2:01 AM
327	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 8, 2011 4:08 AM
328	Daily	Feb 8, 2011 4:37 AM
329	Daily	Feb 8, 2011 4:51 AM

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

	Response Text	
330	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 8, 2011 5:34 AM
331	Again as previously stated.	Feb 8, 2011 6:09 AM
332	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 8, 2011 3:41 PM
333	until the service is not longer needed.....you don't stop insulin one day. it continues to be adjusted on a daily basis	Feb 8, 2011 5:49 PM
334	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 8, 2011 6:04 PM
335	ACRC LCSW are good, as are county agencies.	Feb 8, 2011 7:54 PM
336	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 8, 2011 7:56 PM
337	Base on client needs.	Feb 8, 2011 8:57 PM
338	Should be provided if the client fits the criteria.	Feb 8, 2011 8:57 PM
339	always under supervision of a trained person in that field with college education	Feb 8, 2011 9:27 PM
340	Residential Living Services should be based on a Developmentally Disabled individual's ability to function in a normalized community. Every person has skills and functions in which they are able to perform at a standardized level, with most needing additional assistance, training and supports in everyday tasks. Residential living supports should be based on an individualized level for each consumer, with some needing more supports than others. In order to determine supports an individual would need in this area, evaluation and assessment of each consumer would be needed to determine specific objectives and services to be provided. Quarterly IPPs would determine if the level of supports continue to be appropriate for consumer, or if supports need to be increased or decreased based on the consumer's success.	Feb 8, 2011 10:50 PM
341	Residential Living Services should be based on a Developmentally Disabled individual's ability to function in a normalized community. Every person has skills and functions in which they are able to perform at a standardized level, with most needing additional assistance, training and supports in everyday tasks. Residential living supports should be based on an individualized level for each consumer, with some needing more supports than others. In order to determine supports an individual would need in this area, evaluation and assessment of each consumer would be needed to determine specific objectives and services to be provided. Quarterly IPPs would determine if the level of supports continue to be appropriate for consumer, or if supports need to be increased or decreased based on the consumer's success.	Feb 8, 2011 11:22 PM
342	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 8, 2011 11:55 PM
343	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
344	Answer: As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 9, 2011 1:28 AM
345	Once a person has proven by doctor, school and hospital records that they are disabled, services should be provided to them in a timely manner.	Feb 9, 2011 1:31 AM
346	same	Feb 9, 2011 2:28 AM
347	As often as suggested by their physicians	Feb 9, 2011 3:23 AM
348	By licensed homes held to standardeds.	Feb 9, 2011 3:39 AM
349	I think individuals in residential care should receive 24 hour supervision by staff.	Feb 9, 2011 3:47 AM
350	no comment	Feb 9, 2011 4:01 AM

Residential Services

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

	Response Text	
351	Services should be provided as needed.	Feb 9, 2011 4:44 AM
352	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 9, 2011 5:43 AM
353	Adult consumers need full year round three hundred and sixty five (365) days of residential placement services. Group homes with five (5) or more consumer bedrooms and more than eighteen hundred (1800) square feet of living space should be allowed to provide residential services for up to eight (8) consumers. With all operational costs going up and rates per resident going down something has to change or soon vendors will not be able to keep their doors open to provide quality living for consumers. I do not want to see regional center homes start to look like social security homes where staff is poorly trained and the physical facilities are barely up to code and licensing standards. If steps are not taken soon things are going to happen like a flash flood with numerous homes shutting their doors overnight because the costs are no longer sustainable.	Feb 9, 2011 6:08 AM
354	Vendors who are interested in having residential homes are responsible for the costs of getting residential homes ready for clients. Kern Regional Center should only be responsible for funding for the clients in the home with developmental disabilities, not for the cost of the home.	Feb 9, 2011 5:22 PM
355	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 5:36 PM
356	Vendors who are interested in having residential homes are responsible for the costs of getting residential homes ready for clients. Kern Regional Center should only be responsible for funding for the clients in the home with developmental disabilities, not for the cost of the home.	Feb 9, 2011 5:40 PM
357	These services should be around the clock care, but should exclude the time each resident spends receiving alternate services, for example, while being in a day or work service.	Feb 9, 2011 6:23 PM
358	all year round	Feb 9, 2011 6:31 PM
359	most important is to remember is that the placemenet is the client's home, they pay rent and expenses and have the same rights as any other tenat of a rental property. secondly respect for individuality ie types of activities, foods, provided. goals identified int he IPP must be adressed.	Feb 9, 2011 7:04 PM
360	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 9, 2011 7:58 PM
361	As often as necessary for quality of life for indiviual.	Feb 9, 2011 9:12 PM
362	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5(a) (4).	Feb 9, 2011 9:16 PM
363	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 9, 2011 10:07 PM
364	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 9, 2011 10:20 PM

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

	Response Text	
365	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 9, 2011 10:36 PM
366	It should be ongoing and provided to consumer who need the service.	Feb 9, 2011 10:53 PM
367	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 9, 2011 10:53 PM
368	The service should be provided indefinitely as long as the consumer chooses to live in this type of placement. Many consumers living in these type of environments don't have family contact or involvement. Consumers need a place to live and caregivers to look after them.	Feb 9, 2011 10:55 PM
369	Should be provided to all	Feb 9, 2011 11:38 PM
370	When the consumer and family are ready for placement	Feb 9, 2011 11:41 PM
371	As per the IPP	Feb 10, 2011 12:01 AM
372	as often as the IPP team deems it necessary, per Lanter,man Act section 4646.5 (a) (4)	Feb 10, 2011 12:02 AM
373	7 days/24 Hours	Feb 10, 2011 12:44 AM
374	Daily by definition. Or shorty stays for behavioral issues or for family respite from care giving.	Feb 10, 2011 12:57 AM
375	i would say bi annually.. or quarterly...depending on the family and their financial status	Feb 10, 2011 3:27 AM
376	obvious	Feb 10, 2011 7:59 PM
377	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 10, 2011 8:09 PM
378	As often as needed.	Feb 10, 2011 8:16 PM
379	I and my friends need to learn about our bodies and sex. Why can't we date and have girls sleep over at the group home.	Feb 10, 2011 8:32 PM
380	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 10, 2011 9:33 PM
381	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 10, 2011 10:02 PM
382	As needed and based on the IPP agreement and Title 17 & 22.	Feb 10, 2011 10:28 PM
383	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 11, 2011 12:26 AM
384	Requirements of staff ratio to consumers needs to be lowered. Each care home should be allowed to determine how many staff is needed in their facility	Feb 11, 2011 1:08 AM
385	Based on need. Not decided on by non-healthcare licensed persons.	Feb 11, 2011 1:41 AM
386	Supports should remain the same or increase.	Feb 11, 2011 1:49 AM
387	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 11, 2011 1:52 AM
388	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 3:23 AM
389	Independent living services should be provided at all times.	Feb 11, 2011 3:26 AM
390	5 days a week.	Feb 11, 2011 3:33 AM
391	As needed.	Feb 11, 2011 4:49 AM
392	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 11, 2011 5:10 AM

Residential Services

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

	Response Text	
393	These homes are needed ongoing-monthly and throughout the lifespan of the clients they serve.	Feb 11, 2011 5:23 AM
394	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 11, 2011 5:45 AM
395	Group home with close supervision.	Feb 11, 2011 6:13 AM
396	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 11, 2011 6:17 AM
397	As often as needed according to ISP team's conclusions.	Feb 11, 2011 8:24 AM
398	As often as necessary to maintain the person in the least restrictive setting and that meets their health and safety needs as determined by their IPP.	Feb 11, 2011 2:33 PM
399	No comment	Feb 11, 2011 6:29 PM
400	The services deemed necessary for the person needing services according to the Lanterman Act.	Feb 11, 2011 6:50 PM
401	SAME AS PREVIOUS #2	Feb 11, 2011 6:51 PM
402	Group homes until consumer decides to move out. However, the group home must also continue to implement and teach the consumer to become independent especially for the high functioning consumers who have the capability to be independent. Day program based on achievement of goal. If goals are not met, consumer needs to be moved to another program that will help in the needs and service because final goal is to make the consumer responsible and independent.	Feb 11, 2011 6:52 PM
403	All the time	Feb 11, 2011 6:53 PM
404	daily	Feb 11, 2011 7:26 PM
405	As much as possible	Feb 11, 2011 7:29 PM
406	1 a week	Feb 11, 2011 7:46 PM
407	Everyday until he consumers warrants it.	Feb 11, 2011 7:59 PM
408	This choice should be avilable at all times.	Feb 11, 2011 8:08 PM
409	See comment under Behavioral Services	Feb 11, 2011 8:49 PM
410	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 11, 2011 9:46 PM
411	Residential services may be provided on an ongoing basis for consumers who do not have the option of living in their family home. If the placement of a child is required, efforts should be made to reintegrate the child back into the family home as soon as possible when appropriate.	Feb 11, 2011 9:47 PM
412	Residential services may be provided on an ongoing basis for consumers who do not have the option of living in their family home. If the placement of a child is required, efforts should be made to reintegrate the child back into the family home as soon as possible when appropriate.	Feb 11, 2011 9:48 PM
413	Residential services may be provided on an ongoing basis for consumers who do not have the option of living in their family home. If the placement of a child is required, efforts should be made to reintegrate the child back into the family home as soon as possible when appropriate.	Feb 11, 2011 9:50 PM
414	As long as that person needs it.	Feb 11, 2011 9:51 PM
415	everyday	Feb 11, 2011 9:52 PM

Residential Services

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

	Response Text	
416	Residential services may be provided on an ongoing basis for consumers who do not have the option of living in their family home. If the placement of a child is required, efforts should be made to reintegrate the child back into the family home as soon as possible when appropriate.	Feb 11, 2011 9:53 PM
417	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 11, 2011 9:53 PM
418	Residential services may be provided on an ongoing basis for consumers who do not have the option of living in their family home. If the placement of a child is required, efforts should be made to reintegrate the child back into the family home as soon as possible when appropriate.	Feb 11, 2011 9:55 PM
419	Residential services may be provided on an ongoing basis for consumers who do not have the option of living in their family home. If the placement of a child is required, efforts should be made to reintegrate the child back into the family home as soon as possible when appropriate.	Feb 11, 2011 10:03 PM
420	Residential services may be provided on an ongoing basis for consumers who do not have the option of living in their family home. If the placement of a child is required, efforts should be made to reintegrate the child back into the family home as soon as possible when appropriate.	Feb 11, 2011 10:04 PM
421	How often isn't applicable. But if the residence keeps a bed open for emergency respite or for crisis placement, it needs to be clearly indicated in law the duration a bed can be occupied for eiher of these reasons.	Feb 11, 2011 10:05 PM
422	Residential services may be provided on an ongoing basis for consumers who do not have the option of living in their family home. If the placement of a child is required, efforts should be made to reintegrate the child back into the family home as soon as possible when appropriate.	Feb 11, 2011 10:09 PM
423	Residential services may be provided on an ongoing basis for consumers who do not have the option of living in their family home. If the placement of a child is required, efforts should be made to reintegrate the child back into the family home as soon as possible when appropriate.	Feb 11, 2011 10:16 PM
424	Residential services may be provided on an ongoing basis for consumers who do not have the option of living in their family home. If the placement of a child is required, efforts should be made to reintegrate the child back into the family home as soon as possible when appropriate.	Feb 11, 2011 10:19 PM
425	Residential services may be provided on an ongoing basis for consumers who do not have the option of living in their family home. If the placement of a child is required, efforts should be made to reintegrate the child back into the family home as soon as possible when appropriate.	Feb 11, 2011 10:35 PM
426	Facilities accepting the ever growing forensic population should be compensated to manage and provide services for these individuals. Their rate should be negotiated individually with the vendor.	Feb 11, 2011 10:41 PM
427	Depending on individual needs, should be determined by health care provider, consumer and case coordinator.	Feb 11, 2011 10:42 PM

Residential Services

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

	Response Text	
428	Residential services may be provided on an ongoing basis for consumers who do not have the option of living in their family home. If the placement of a child is required, efforts should be made to reintegrate the child back into the family home as soon as possible when appropriate.	Feb 11, 2011 10:42 PM
429	As often as the IP team determines is necessary, as described in the Lanterman Act.	Feb 11, 2011 10:44 PM
430	Residential services may be provided on an ongoing basis for consumers who do not have the option of living in their family home. If the placement of a child is required, efforts should be made to reintegrate the child back into the family home as soon as possible when appropriate.	Feb 11, 2011 10:58 PM
431	According to the immediate need that wilwl then provide a maintenance or improvement of the quality of life for a individual in a facility. If there is no improvement with in a specific time allowance, then those services should be made available to toher individuals that may benefit from it more.	Feb 11, 2011 10:59 PM
432	24 hours, 7 days per week.	Feb 11, 2011 10:59 PM
433	Residential services may be provided on an ongoing basis for consumers who do not have the option of living in their family home. If the placement of a child is required, efforts should be made to reintegrate the child back into the family home as soon as possible when appropriate.	Feb 11, 2011 11:29 PM
434	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 11, 2011 11:50 PM
435	Residential services may be provided on an ongoing basis for consumers who do not have the option of living in their family home. If the placement of a child is required, efforts should be made to reintegrate the child back into the family home as soon as possible when appropriate.	Feb 11, 2011 11:59 PM
436	Residential services may be provided on an ongoing basis for consumers who do not have the option of living in their family home. If the placement of a child is required, efforts should be made to reintegrate the child back into the family home as soon as possible when appropriate.	Feb 12, 2011 12:13 AM
437	Standard are already in place and should be continued.	Feb 12, 2011 12:49 AM
438	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 12, 2011 1:17 AM
439	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 12, 2011 3:40 AM
440	As often as needed.	Feb 12, 2011 3:57 AM
441	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 12, 2011 5:21 AM
442	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 12, 2011 5:37 AM
443	monthly	Feb 12, 2011 5:59 AM
444	Since clients live in the group home, services s/b provided daily.	Feb 12, 2011 6:14 AM
445	daily	Feb 12, 2011 6:18 AM
446	See previous answers.	Feb 12, 2011 6:29 AM
447	I have no experience in this area.	Feb 12, 2011 6:42 AM
448	As long as the clinet stays at home.	Feb 12, 2011 3:42 PM

Residential Services

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

	Response Text	
449	Always available	Feb 12, 2011 4:29 PM
450	As needed. The disabled who cannot function totally independently may need these reduced-support services indefinately.	Feb 12, 2011 4:31 PM
451	As required by the individual for the life of the individual	Feb 12, 2011 4:59 PM
452	You need to be more speciffic on this question.	Feb 12, 2011 5:07 PM
453	as needed	Feb 12, 2011 5:41 PM
454	When there are funds available to them to make the transition and upon waiting they should be evaluated to see if they are really prepare to enter the world of independence	Feb 12, 2011 5:55 PM
455	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 12, 2011 6:12 PM
456	Since this is the home for consumers, 24 hours a day, 7 days a week.	Feb 12, 2011 6:50 PM
457	24/7 if needed.	Feb 12, 2011 7:27 PM
458	Due to the variety of needs of individuals on the Spectrum, I cannot adequately address this question.	Feb 12, 2011 8:25 PM
459	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 12, 2011 8:29 PM
460	Residential services should be provided as long as needed, with no limits.	Feb 12, 2011 8:54 PM
461	ongoing	Feb 12, 2011 9:01 PM
462	Standards should always be of the highest quality and administered as often as needed.	Feb 12, 2011 9:25 PM
463	weekly -	Feb 12, 2011 9:43 PM
464	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 13, 2011 12:02 AM
465	never these homes run down neighborhoods they are unkept dangerous homes to have in neighborhoods with children around.	Feb 13, 2011 12:38 AM
466	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 13, 2011 3:45 AM
467	According to their needs and availability of appropriate services that would benefit them.	Feb 13, 2011 3:51 AM
468	untill needed	Feb 13, 2011 6:04 AM
469	With residential serices as with any service, as long as an individual is a QR they can move from one type of service to another as long as they remain QR.	Feb 13, 2011 8:16 AM
470	For life	Feb 13, 2011 1:50 PM
471	24/7	Feb 13, 2011 3:56 PM
472	As needed by the client.	Feb 13, 2011 7:13 PM
473	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 13, 2011 7:17 PM
474	NA	Feb 13, 2011 10:20 PM
475	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 13, 2011 10:54 PM
476	SERVICES SHOULD BE ON AN AS NEED BASIS	Feb 13, 2011 11:10 PM
477	As needed	Feb 13, 2011 11:56 PM
478	as required for the safety and/or well-being of these individuals	Feb 14, 2011 12:08 AM
479	Residential services are, by definition, 24/7/365. Seriously -- who wrote this survey?	Feb 14, 2011 1:11 AM

Residential Services

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

	Response Text	
480	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4).	Feb 14, 2011 1:54 AM
481	Individual service plans with specific case management goals should reflect these standards and evaluation of these services should be monitored.	Feb 14, 2011 2:42 AM
482	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 14, 2011 3:26 AM
483	Continuously for those who need assistance in daily living.	Feb 14, 2011 4:46 AM
484	Obviously, a community living situation must be daily.	Feb 14, 2011 6:06 AM
485	As often as the individual needs them.	Feb 14, 2011 7:08 AM
486	Ongoing.	Feb 14, 2011 1:57 PM
487	Once a month	Feb 14, 2011 3:13 PM
488	Residential services may be provided on an ongoing basis for consumers who do not have the option of living in their family home. If the placement of a child is required, efforts should be made to reintegrate the child back into the family home as soon as possible when appropriate.	Feb 14, 2011 4:05 PM
489	Explore if it is a realistic option for growth in self-sufficiency.	Feb 14, 2011 4:07 PM
490	Residential services may be provided on an ongoing basis for consumers who do not have the option of living in their family home. If the placement of a child is required, efforts should be made to reintegrate the child back into the family home as soon as possible when appropriate.	Feb 14, 2011 4:29 PM
491	Per individual plan.	Feb 14, 2011 4:58 PM
492	Residential services may be provided on an ongoing basis for consumers who do not have the option of living in their family home. If the placement of a child is required, efforts should be made to reintegrate the child back into the family home as soon as possible when appropriate.	Feb 14, 2011 5:07 PM
493	Residential services may be provided on an ongoing basis for consumers who do not have the option of living in their family home. If the placement of a child is required, efforts should be made to reintegrate the child back into the family home as soon as possible when appropriate.	Feb 14, 2011 5:34 PM
494	Residential services may be provided on an ongoing basis for consumers. If the placement of a child is required, efforts should be made to reintegrate the child back into the family home as soon as possible when appropriate.	Feb 14, 2011 6:05 PM
495	Residential services may be provided on an ongoing basis for consumers who do not have the option of living in their family home. If the placement of a child is required, efforts should be made to reintegrate the child back into the family home as soon as possible when appropriate.	Feb 14, 2011 6:06 PM
496	Follow IPP to meet the individual needs of consumers	Feb 14, 2011 6:10 PM
497	I think it should be as long as it is needed.	Feb 14, 2011 6:11 PM
498	Residential services may be provided on an ongoing basis for consumers who do not have the option of living in their family home. If the placement of a child is required, efforts should be made to reintegrate the child back into the family home as soon as possible when appropriate.	Feb 14, 2011 6:20 PM
499	As often as the IPP team determines is necessary	Feb 14, 2011 6:21 PM

Residential Services

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

	Response Text	
500	Residential services may be provided on an ongoing basis for consumers who do not have the option of living in their family home. If the placement of a child is required, efforts should be made to reintegrate the child back into the family home as soon as possible when appropriate.	Feb 14, 2011 6:27 PM
501	Residential services may be provided on an ongoing basis for consumers who do not have the option of living in their family home. If the placement of a child is required, efforts should be made to reintegrate the child back into the family home as soon as possible when appropriate.	Feb 14, 2011 6:28 PM
502	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 14, 2011 6:30 PM
503	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 14, 2011 6:31 PM
504	Residential services may be provided on an ongoing basis for consumers who do not have the option of living in their family home. If the placement of a child is required, efforts should be made to reintegrate the child back into the family home as soon as possible when appropriate.	Feb 14, 2011 6:32 PM
505	Residential services may be provided on an ongoing basis for consumers who do not have the option of living in their family home. If the placement of a child is required, efforts should be made to maintain the relationship between the child and family, and reintegrate the child back into the family home as soon as possible when appropriate.	Feb 14, 2011 6:41 PM
506	as needed.	Feb 14, 2011 6:48 PM
507	As needed	Feb 14, 2011 6:59 PM
508	Residential services may be provided on an ongoing basis for consumers who do not have the option of living in their family home. If the placement of a child is required, efforts should be made to reintegrate the child back into the family home as soon as possible when appropriate.	Feb 14, 2011 7:10 PM
509	Based on the needs of the consumer as determined by the IDT team	Feb 14, 2011 7:34 PM
510	should minimize the small size residential facilities, e.g. 3 people or less, as it costs a lot compare to the bigger residential facilites.	Feb 14, 2011 7:45 PM
511	Residential services may be provided on an ongoing basis for consumers who do not have the option of living in their family home. If the placement of a child is required, efforts should be made to reintegrate the child back into the family home as soon as possible when appropriate.	Feb 14, 2011 7:49 PM
512	These services should be ongoing and on a daily basis.	Feb 14, 2011 8:03 PM
513	Residential services may be provided on an ongoing basis for consumers who do not have the option of living in their family home. If the placement of a child is required, efforts should be made to reintegrate the child back into the family home as soon as possible when appropriate.	Feb 14, 2011 8:06 PM

Residential Services

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

	Response Text	
514	In recent years, the Regional Centers have restricted higher Level 4 homes to four (4) clients. Although this increases some benefits to clients by reducing behaviors related to more crowded environments, it increases the overall cost of the services. If the regional centers would allow two more clients to live in my facility, I could easily take 15-20% reduction in payment for those two clients, without any reduction in services or quality of services. It will be extremely difficult if the current rates are reduced because there are constants in costs such as rent and insurance with four clients. The basic costs are paid with the income from the first four clients. The fifth client brings in the cost of an additional staff and profit and loss breaks even. The sixth client brings in some additional cost but there is enough profit to allow a reduction in the payments for both the fifth and sixth client. There does need to be some profit to make all of the extra work worthwhile. Another possibility is to create a "Quality Assurance Fee" to be paid back to the state equalling a small percent of the payment of all of the six clients - if the facility is increased to six.	Feb 14, 2011 8:13 PM
515	I was involved in the pilot project that became the ARM system and we intended it to be different. A level 4I was to be like an intenisve care unit, short term, get the consumer on the road to recovery and move them on to a less restrictive placement. So a level 4 vendor expected and had the skills to do this. Now every faciliity that opens opens as a level 4 facility. Change regulations so to be a provider of these services you must have experience in operating a high level facility then make sure that they remain in compliance and have consumer who have progressed. Currently some facility have pages of problems during reviews but continue to go on with no change in level or fuction. Reward what you want and don't suppourt those that can't do their jobs.	Feb 14, 2011 8:31 PM
516	Daily as this is a living option.	Feb 14, 2011 8:55 PM
517	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4).	Feb 14, 2011 9:02 PM
518	n/a	Feb 14, 2011 9:10 PM
519	Daily and in a safe environment.	Feb 14, 2011 9:26 PM
520	As often as determined by IPP team	Feb 14, 2011 9:59 PM
521	Regional Centers should be meeting with the families and vendors quarterly and provide vendors with their reports on a timely basis.	Feb 14, 2011 10:14 PM
522	Residential services may be provided on an ongoing basis for consumers who do not have the option of living in their family home. If the placement of a child is required, efforts should be made to reintegrate the child back into the family home as soon as possible when appropriate.	Feb 14, 2011 10:22 PM
523	24 hour care, seven days a week, with scheduled home visits.	Feb 14, 2011 10:43 PM
524	THis should be determined by the Individual Program Plan team, as described in The Lanterman Act Section 4646(a)-(4).	Feb 14, 2011 10:44 PM
525	as the system was created to move forward and help individuals reach their highest potential	Feb 14, 2011 11:06 PM
526	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 14, 2011 11:09 PM
527	The Regional Centers should have regular meetings (perhaps quarterly) with the families and the vendors. They should provide vendors with all of their reports on a timely basis.	Feb 14, 2011 11:19 PM

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

	Response Text	
528	Negotiated rate homes have 1-1 staffing, there own bedrooms, and go to day program, during the day. The home providers make sure they have meds, clothing, food, shelter, and consultants to provide services needed. Service coordinators who work at regional centers check to make sure the individuals are getting required services, and make recommendedations....	Feb 14, 2011 11:29 PM
529	As determined by the IPP	Feb 14, 2011 11:37 PM
530	Residential services may be provided on an ongoing basis for consumers who do not have the option of living in their family home. If the placement of a child is required, efforts should be made to reintegrate the child back into the family home as soon as possible when appropriate.	Feb 14, 2011 11:53 PM
531	Standards should be determine by the ID team.	Feb 15, 2011 12:04 AM
532	Regional Centers should be meeting with the families and vendors quarterly and provide vendors with their reports on a timely basis.	Feb 15, 2011 12:19 AM
533	Residential services may be provided on an ongoing basis for consumers who do not have the option of living in their family home. If the placement of a child is required, efforts should be made to reintegrate the child back into the family home as soon as possible when appropriate.	Feb 15, 2011 12:25 AM
534	Our services are 24hours 7 day a week. The way it goes now our behavioral consultant comes twice monthly, report writing, inservice training, behavior interventions and crisis support services.	Feb 15, 2011 12:27 AM
535	Services should be available 24 hours, 7 days per week.	Feb 15, 2011 12:38 AM
536	Daily.	Feb 15, 2011 1:05 AM
537	Full time. This is a poorly phrased question. A consumer will probably need such service for a life time. The	Feb 15, 2011 1:20 AM
538	Group home need at least one person 24 hours a day.	Feb 15, 2011 1:32 AM
539	: As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 15, 2011 1:46 AM
540	365 days	Feb 15, 2011 1:54 AM
541	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 15, 2011 1:56 AM
542	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 15, 2011 2:30 AM
543	As is deemed necessary & appropriate to the benefit of the consumer.	Feb 15, 2011 2:34 AM
544	on-going basis until the ID team agree the consumer can move into a less restrictive setting.	Feb 15, 2011 3:12 AM
545	annual/triannual review	Feb 15, 2011 3:28 AM
546	No specific standard because the consumers need a home that can give them a better quality of life than in the institution.	Feb 15, 2011 3:31 AM
547	See the Lanterman Act!!	Feb 15, 2011 4:09 AM
548	The adult persons with developmental disability; they should be able to live in a "home" style environment as long as there is a need.	Feb 15, 2011 4:16 AM
549	Services must be provided.	Feb 15, 2011 5:32 AM
550	see comments on Behavior services	Feb 15, 2011 5:42 AM
551	In residential living, activities should be a part of the living situation.	Feb 15, 2011 6:32 AM
552	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 15, 2011 6:34 AM

Residential Services

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

	Response Text	
553	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4).	Feb 15, 2011 6:39 AM
554	When needed.	Feb 15, 2011 7:01 AM
555	depends on severe level, couple of hours a day to full time	Feb 15, 2011 7:10 AM
556	consumers must receive at least reviews by SC for high risk people in SNFs, or other high risk residental care homes.	Feb 15, 2011 9:14 AM
557	Continue existing procedures.	Feb 15, 2011 4:05 PM
558	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 15, 2011 4:07 PM
559	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 15, 2011 4:26 PM
560	ditto	Feb 15, 2011 5:00 PM
561	Continuation of current standards	Feb 15, 2011 5:58 PM
562	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 15, 2011 6:03 PM
563	Growth and progress reports.	Feb 15, 2011 6:08 PM
564	Services should be provided in the most cost-effective way possible, consistent with placing a priority on health and safety and insuring that residential staff are sufficiently trained.	Feb 15, 2011 6:20 PM
565	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 15, 2011 6:30 PM
566	As often as the IP team determines is necessary, as described in the Lanterman Act.	Feb 15, 2011 6:38 PM
567	Residential services may be provided on an ongoing basis for consumers who do not have the option of living in their family home. If the placement of a child is required, efforts should be made to reintegrate the child back into the family home as soon as possible when appropriate.	Feb 15, 2011 6:59 PM
568	Residential services may be provided on an ongoing basis for consumers who do not have the option of living in their family home. If the placement of a child is required, efforts should be made to reintegrate the child back into the family home as soon as possible when appropriate.	Feb 15, 2011 7:00 PM
569	At the VERY least, as above, a yearly check in, especially as the autistics go thru the tee-to-adult transition. There is NOTHING out there for them!.	Feb 15, 2011 7:06 PM

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

	Response Text	
570	The number of hours requested will be determined by the consumer, family, service coordinator and other members of the Multidisciplinary/Planning Team based on the needs of the consumer and family. 1. Four to eight hours per month of respite (up to 96 hours per year) will be authorized if: a. General criteria and guidelines for purchase of respite services are met. 2. Nine to 16 hours per month of respite (up to 192 hours) will be authorized if: a. General criteria for purchase of respite services are met. b. Level 1 respite hours have been reviewed and determined not to be meeting the needs of the consumer and family, and one of the following are met: • There is documented evidence of significant disruption to the family, caused by the care required by the consumer. • There is only one primary caregiver with limited family or social support. • The consumer is medically fragile with frequent illnesses requiring treatment. • The consumer is exhibiting new challenging behaviors requiring additional respite, pending an appropriate intervention plan. • The primary caregiver's ability to provide an appropriate level of care and supervision has become limited due to aging, illness or disability. 3. Seventeen to 24 hours per month of respite (up to 288 hours per year) will be authorized if: a. General criteria for purchase of respite services are met. b. Level 2 respite hours have been reviewed and determined not to be meeting the needs of the consumer and family, and one of the following are met: • Chronic medical and physical needs include physical limits (due to cerebral palsy, non-ambulatory, etc.) requiring total care. • Parent has a developmental disability and is experiencing chronic emotional and/or health problems which affect the ability to cope with the care required by the child with the developmental disability. • The consumer is exhibiting severe challenging behaviors and is a danger to self and others. • There are two or more consumers residing in the family home, for which the caregiver is providing care and supervision. • Medical needs include one of the following: use of pulmo-aide on a regular basis, G-tube, periodic suctioning, repositioning, the consumer must be fed and feeding requires more than one hour per feeding period. • Medical care needs interfere with the sleep of primary caregiver. 4. Respite hours up to 32 hours per month may be authorized on an exception basis. These hours will be negotiated with the family and are intended to address time-limited situations. When the situation is expected to be long-term, the general criteria for respite must be met and a plan of action must be developed jointly with the family to address the situation, which has necessitated the exception. On an exception basis, due to extraordinary circumstances or crisis situations, e.g., the hospitalization of a primary caregiver, more than 32 hours per month may be authorized. The hours authorized are time-limited, and a plan of action is to be developed with the family.	Feb 15, 2011 7:25 PM
571	Ongoing	Feb 15, 2011 7:33 PM
572	The service should be provided on an on-going basis for individuals who qualify for the service and for as long as the service is deemed necessary.	Feb 15, 2011 7:54 PM

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

	Response Text	
573	Independent living skills should be maintained including health related.	Feb 15, 2011 7:55 PM
574	as needed through college	Feb 15, 2011 8:20 PM
575	As often as the IPP team determines necessary, as described in the Lanterman Act Section 4646 (a) (4).	Feb 15, 2011 9:39 PM
576	Services should be provided as often as needed, as determined by the IPP team.	Feb 15, 2011 9:48 PM
577	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 15, 2011 10:31 PM
578	As often as the IP team determines is necessary, as described in the Lanterman Act.	Feb 15, 2011 10:32 PM
579	Companion services should be provided daily for those who have severe difficulties developing or maintaining friendships (those with very poor communication and social skills, for example) to prevent neglect of emotional and social needs. My son with autism & apraxia is hard to understand and talks about things that others are not interested in. He craves a certain amount of human interaction on a daily basis. The only people who will bother to give him the time of day in support of his emotional/social needs are me or compassionate, patient workers who take the time to get to know him. When I am gone, my son will be dependent on the system for this. Daily companion services will be needed. Services are always provided at a lower level than anticipated due to illnesses, vacations, car trouble, etc., so that is another reason that there should be an allotment of daily services for those who need it.	Feb 15, 2011 10:41 PM
580	Quarterly reviews	Feb 15, 2011 10:53 PM
581	As often as the IP Team determines. See Lanterman Act.	Feb 15, 2011 11:28 PM
582	Well this service should be provided as needed.	Feb 15, 2011 11:28 PM
583	Rates should be based on the needs of the consumer, not on a pre-determined service level.	Feb 15, 2011 11:32 PM
584	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 15, 2011 11:35 PM
585	As needed to ensure a typical quality of life.	Feb 16, 2011 12:06 AM
586	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 16, 2011 12:21 AM
587	I feel that a limited number of residential options per year for housing should be given. Rational: Many adult consumers jump from facility to facility often due to mental health/soical interaction issues. . Our sytem is often taken for granted by those who have a higher cognitive ablity. We have many people who move every three months or more.	Feb 16, 2011 12:38 AM
588	If a client is in a group home and is content, they should continue to live in a group home. Thisshould be a lifetime service. In this case most clients are 18 or over.	Feb 16, 2011 1:36 AM
589	n/a	Feb 16, 2011 2:33 AM
590	Daily 24/7.	Feb 16, 2011 3:25 AM
591	Regional Centers should be meeting with the families and vendors quarterly and provide vendors with their reports on a timely basis.	Feb 16, 2011 3:33 AM
592	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 16, 2011 4:48 AM
593	Daily	Feb 16, 2011 5:31 AM
594	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4).	Feb 16, 2011 5:47 AM

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

	Response Text	
595	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 16, 2011 6:16 AM
596	In the same token. Let us individualize our service instead of setting standards because these individuals have special needs. Like doing an IEP services shoud be done that way.	Feb 16, 2011 7:27 AM

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

	Response Text	
1	There should be random checks on the facilities.	Jan 28, 2011 12:46 AM
2	I suggest that we have only office checking on the facilites. To many people checking the same thing.	Jan 28, 2011 1:26 AM
3	INDIVIDUAL CHOICE BUDGET	Jan 28, 2011 1:29 AM
4	It is unnatural and inhumane to have to "transition" individuals from one program to another due to age requirements -- people should be able to live together in a familial-type relationship for life -- none of us without disabilities are forced to uproot and move families, community, etc. just because we turned 18 or some other cut-off age	Jan 28, 2011 1:44 AM
5	ICB	Jan 28, 2011 1:54 AM
6	Collapse level 4 rates- do not need 9 sub-levels as some offer more money without real added services. Additional monies for consultation should be eliminated from rate as the 16 hours are often not used; instead negotiate the consultation time by consumer. Eg. medical needs served in the home, then negotiate an LVN x hours per day or per week; perhaps supplement with a nutritionist to consult with the home 1 hour per month to reveiw menu planning and cooking methods. Direct staffing more specifically so that staffing hours on the weekend reflect higher quality and more access options for the consumers.	Jan 28, 2011 2:03 AM
7	often quality check consumer's opinion family participation for quality assurance Regional Center quality assurance	Jan 28, 2011 2:10 AM
8	well trained staff higher standards for owners operators	Jan 28, 2011 2:15 AM
9	Residential providers need to provide the support necessary for people to be successful in employment and community inclusive activities. Many group homes, have the group mentality and are uncooperative or complaining when clients are not all picked up and dropped off a the same time or when the day program has specific requests for how the client should dress and what they need to bring to program. Group home staffing is very inflexible and clients are often sent in sick because of liscencing requirements that make it difficult or impossible for clients to get the individualized support and flexible staffing that they need. Clients who share bedrooms are often grouchy and have problems with people stealing their things, and their clothes getting lost or mixed up with others in the laundry. It is extremely difficult for people to be successful at gaining and maintaining employment in a real job during the day when they go home to a group setting that can not accommodate their needs as individuals. Further group trips are disruptive to clients work schedules and costly to day program providers who cannot bill for absent clients.	Jan 28, 2011 2:25 AM

Residential Services

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

	Response Text	
10	CCL	Jan 28, 2011 2:38 AM
11	Evaluation and unexpected drop in visits by those involved with the consumer's program including family. In addition, inspection by the agencies that license the residential homes.	Jan 28, 2011 3:11 AM
12	as long as personnel and the homes themselves are accredited and state licensed and monitored	Jan 28, 2011 3:17 AM
13	Study homes that have been highly successful with their clients and the services they have provided to learn from them and to train others to become more effective.	Jan 28, 2011 3:18 AM
14	Title 22 and Title 17	Jan 28, 2011 3:19 AM
15	Drop in unannounced visits done on a weekly or semi-monthly schedule. All medication containers and sign off sheets need to be checked as well as behavior charts and surroundings	Jan 28, 2011 3:22 AM
16	Quarterly IPP meetings with caseworker, house representative, parent, psychologist	Jan 28, 2011 3:23 AM
17	Assessments and checks	Jan 28, 2011 3:35 AM
18	Lanterman Act. Needs of the consumer as written in the IPP	Jan 28, 2011 3:45 AM
19	survey by consumer	Jan 28, 2011 4:12 AM
20	Some type of Medicare qualification and Regional Center oversight.	Jan 28, 2011 4:13 AM
21	The consumer is safe and needed services are accessed due to the supervision provided by the care provider.	Jan 28, 2011 4:19 AM
22	Oversight by state agencies to insure safety a happiness of clients	Jan 28, 2011 4:38 AM
23	make sure all staff are DSP certified.	Jan 28, 2011 4:39 AM
24	Discuss at Annual Review	Jan 28, 2011 4:49 AM
25	Quarterly IPP meetings	Jan 28, 2011 4:55 AM
26	they cannot able to care of themself they need assistance and help especially to monitor theirr medication	Jan 28, 2011 4:58 AM
27	The facility should be required to read and review their program design and QA themselves to make sure they are still providing adequate and acceptable care and services. The Regional Center QA program need to be ontop of their game and be able to identify inadequacys and problem areas.	Jan 28, 2011 5:18 AM
28	fewer level 4 facilities that help folks with less needs	Jan 28, 2011 5:24 AM
29	Definite monitoring. There have been a lot of problems with those types of facilities that have put people at risk. Ensure all health and safety standards are met.	Jan 28, 2011 5:56 AM
30	The dual process of licensing and vendorization is over-laping. These functions should be combined and carried out by the regional center.	Jan 28, 2011 6:18 AM
31	Ask the consumer how they prefer to live - with people of their choosing, in a place of their choice - or in a "placement".	Jan 28, 2011 6:26 AM
32	No comment	Jan 28, 2011 6:31 AM
33	Ask them, or others they rside with	Jan 28, 2011 6:49 AM
34	Allow homes to provide Consultation hours based upon total individuals in the home. As opposed to requiring each individual in the home to get 12 consult hours every six months (give homes the option to provide 72 hours between the 6 indiviudals in the home as they see fit - potentially with Service Coordinator agreement - based upon which individuals in the home seem to be requiring most support at the time).	Jan 28, 2011 7:17 AM

Residential Services

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

	Response Text	
35	Services should be measured by how well they meet each individual need and personality. Homes should be how each person wants to live, not necessarily how the RC staff would choose. Effectiveness is measured by access to things that make the individual feel happy and secure. Opportunity for friendship and meaningful activities that are age appropriate.	Jan 28, 2011 7:37 AM
36	Make sure staff are there when clients need to be there. Clients work schedules may very, activities in the community may very, medical treatment may very, and Licensing says that a staff must be at the home when clients are there or else clients must be taken some pace else like a police or sheriff's station or kept on paratransit longer so the bus can drop off other passengers and then go back to the group home to see if staff are there yet.	Jan 28, 2011 8:12 AM
37	I can tell you that there is great variation among providers. A peer quality assurance program would be excellent, with the intention of both monitoring and supporting one another.	Jan 28, 2011 1:32 PM
38	Annual meeting birthday month	Jan 28, 2011 4:40 PM
39	Typically any client who is in the community or with family the client will certainly provide this info. In the case of non verbal or home bound persons a liason of sorts will be required to check on them. Dental and health care providers will also be useful.	Jan 28, 2011 4:53 PM
40	this same service can be provided to people in their own homes. It is being done now in independent living and Supported Living.	Jan 28, 2011 5:01 PM
41	At the HCDD group home the service standards are outstanding and the services are useful and effective. My daughter's behaviors have become more managable due to highly trained staff that work in the home. She has began to learn to live a better quality of life. She still had a long way to go, yet, the services are useful and very effective and I am so thankful.	Jan 28, 2011 5:02 PM
42	How about speaking to clients and providers. Talk to Doctors & Physiologist to insure services are useful. Don't give the only one monitoring clients 500.	Jan 28, 2011 5:04 PM
43	There needs to be an assesment done before placing a consumer to determine what kind of placement is appropriate. Reading through old and incomplete indormation is not enough. Parent/guardinan should be a partner throughout the process. No meeting regarding possible placments should be made without notifying parent/guardians. Parents/guardians should be allowed to tour multiple homes as part of the assessment process.	Jan 28, 2011 5:12 PM
44	These standards already exist	Jan 28, 2011 5:20 PM
45	There are organizations that already review these locations	Jan 28, 2011 5:22 PM
46	The development and quarterly review of service plans. Regular audits and unannounced inspections.	Jan 28, 2011 5:46 PM
47	Critical review of goals and outcomes on a routine basis.	Jan 28, 2011 5:51 PM
48	*People in the residential facilities should be growing and learning like other folks their age. So set the standards that my son who is 22 (for example) would be learning skills that are useful to the average 22-year-old man.	Jan 28, 2011 5:57 PM
49	There are already more than enough service standards in place for these homes. If anything there is an overburdening of standards on residential services due to the duplication of oversight by both regional centers and community care licensing. Standards need to fall under only one state agency. Relieve Community Care Licensing of the oversight of homes for consumers who are the the DDS system.	Jan 28, 2011 5:59 PM
50	more oversight for intermediate care facilities; they report to DHCS and the quality of care is nowhere near the quailty of care provided at a care home. consumer choice and community integration has been lost in ICFs.	Jan 28, 2011 6:01 PM

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

	Response Text	
51	somehow the DDS equates good paperwork and lots of checks and balences with good services. In fact it can interfere with what is really quality services which is the right for consumers to make choices that might not fit the standards - like food choices, drinking a beer, having their friends over, etc	Jan 28, 2011 6:06 PM
52	Investigations, evaluations, interviews of consumers.	Jan 28, 2011 6:12 PM
53	Keep at the current rates and amounts.	Jan 28, 2011 6:24 PM
54	Standards exist.	Jan 28, 2011 6:25 PM
55	Current standards in place are adequate. May even be overkill.	Jan 28, 2011 6:38 PM
56	ANNUAL REVIEW OF NEED AND SERVICES	Jan 28, 2011 6:45 PM
57	Satisfaction surveys and tracking goals and objectives. If these measures are not positive for a period of time, placement should be terminated or changed.	Jan 28, 2011 6:48 PM
58	outcomes data	Jan 28, 2011 6:52 PM
59	Audit and inspect living arangements 4 times per year	Jan 28, 2011 6:58 PM
60	Regional Centers need to return to allowing 6 bed facilities. Regional Centers need to comply with the recent audit deficiencies Regional Centers need to move more quickly in getting homes open to address needs of Developmental Centers population that needs placement.	Jan 28, 2011 7:08 PM
61	These standards already exist. We should use them!	Jan 28, 2011 7:11 PM
62	checks and balances are out of control be sure client is happy and safe	Jan 28, 2011 7:26 PM
63	N/A	Jan 28, 2011 7:27 PM
64	Sevices should be given by counties locally and be based on individual needs not only economic status.	Jan 28, 2011 7:30 PM
65	We need more residential options. When a consumer is in need of placement it appears we have the same care providers that have been around for decades available. It does not appear that many new homes are being developed. Homes that teach more independence. Not using the same "favorite" care providers that are allowed to develop numerous homes over and over again. Older homes and care providers that have been around a long time need training how to bring their physical homes and services up to date with the level of a new home that would be developed. Some homes still have that old "institutional" feeling. Again Inland Regional Center has board and care "liaisons"; however again they only go out to check on the home maybe once per year. When service coordinators make complaints to liaisons if the care provider is a "favorite" those complaints may not be looked at as seriously. Need uniform expectations for all care providers.	Jan 28, 2011 7:35 PM
66	Set facility size limits to no more than 4 consumers with private rooms.	Jan 28, 2011 7:52 PM
67	Assessments, at least once a year. What is working or not? and why it is not working. change of stuff.	Jan 28, 2011 8:10 PM
68	If you call often and make sure they know you are checking on your family they seem to be more efficient, however, it would help if you could have faith that the home was employing reliable people.	Jan 28, 2011 8:19 PM
69	My experiences with nursing homes with my parents is that the care is ABYSMAL!	Jan 28, 2011 8:29 PM
70	Supervision should be adequate to ensure that residents are safe and that their basic needs are met (food, shelter, cleanliness (individual and facility). In addition, there should be recreational activities provided regularly.	Jan 28, 2011 8:33 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 8:48 PM

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

	Response Text	
72	Conflicts and duplications between licensing and regional centers should be eliminated by having a single license/vendorization process, with regional centers having responsibility for both.	Jan 28, 2011 8:49 PM
73	observation take a baseline, collect data, analyze the data	Jan 28, 2011 8:55 PM
74	Consumer safety, health, and satisfaction.	Jan 28, 2011 8:56 PM
75	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 8:57 PM
76	have statewide measurable outcomes that are monitored	Jan 28, 2011 8:58 PM
77	These Standards already exist	Jan 28, 2011 9:02 PM
78	Annual visits.	Jan 28, 2011 9:46 PM
79	REGULAR MONITERING . . . by regional center personal and licenseing.	Jan 28, 2011 9:57 PM
80	CCL and RC QA audits should be changed from yearly to every two years. The system is currently so redundant with over 4 visits per year from the combined agencies. ISP's, objectives, goals and data tracking determine if a services is being successful. Regulations need to be updated to reflect Person Centered Thinking and updated approaches to services. Audits often happen and deficiencies are found on non-important items due to outdated regulations. Several audit line items including - dating food, locked cabinets, need for screens on windows and doors, required furniture in rooms (often people don't want items in their rooms) are not necessary and aren't in compliance with person centered thinking.	Jan 28, 2011 10:09 PM
81	Quarterly monitoring by QA units within each Regional Center ISP's done on semi-annual basis (mid year summary and yearly ISP)	Jan 28, 2011 10:16 PM
82	House men with men and women with women	Jan 28, 2011 10:36 PM
83	Quarterly inspections of household and discussions with consumers conducted by qualified/trained personnel who are aware of the standards required.	Jan 28, 2011 10:46 PM
84	No negotiated rates. Increased criteria for providers to qualify as Level 4 providers. Consider taking away the A-I designations and have only Level 4 which is for the more challenging behavioral issues. This would prevent folks from coming in and wanting to be Level 4I off the bat when they don't even have experience.	Jan 28, 2011 10:50 PM
85	services should be supervise quarterly or as needed.	Jan 28, 2011 10:52 PM
86	These services should reflect a home like environment as much as possible, especially for children.	Jan 28, 2011 10:53 PM
87	QA visit unannounced	Jan 28, 2011 11:09 PM
88	From personal experience of a friend, I know Regional Center does not always made the parents aware of the various programs in their area. There needs to be full disclosure of what is available and RC can then indicate what they approve of or not, but ultimately it is the parent or clients choice. There can be regular reviews of client and parent satisfaction but ultimately what doesn't work for one client may be perfect for another.	Jan 28, 2011 11:25 PM
89	We need a whistle blowing system on ACRC employees. We have a whistle blowing system on us. Why shouldn't they be held accountable for the mistreatment of providers. My SC is pretty good with communication however I know many who are not. The provider community is small and tight. We know which SC's like to "flex there muscle" even when there are no violations and improprieties. They just like the power and the paycheck that ACRC gives them.	Jan 28, 2011 11:28 PM

Residential Services

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

	Response Text	
90	Please ensure that Title 17 addressed standards for care, as well as standards that regional centers must monitor.	Jan 28, 2011 11:29 PM
91	Make the living situations more normalized. Single rooms, fewer people, integrated.	Jan 28, 2011 11:29 PM
92	more surprise audits should be conducted at a variety of times throughout the day. menus should be compared with meals served. Struggling agencies should be held accountable for participating in training topics in recommended or mandatory areas. Homes should be held accountable for listening to what clients are communicating and following through. Service should be personalized instead of institutional (i.e. individuals voicing their meal desires, choosing their own bath soap, etc)	Jan 29, 2011 12:03 AM
93	Data collection and highly qualified personel.	Jan 29, 2011 12:36 AM
94	Make all care providers follow the same rules. No favoritism	Jan 29, 2011 12:40 AM
95	Expansion of living arrangement models need exploration and pilots should be encouraged by non profits who wish to expand the currently poor options available for the thousands of adults with developmental disabilities who are living with their elderly parents. Communal, co-op living pilots need to be developed.	Jan 29, 2011 12:54 AM
96	Resident, case manager and family audits	Jan 29, 2011 1:39 AM
97	by reports and inspections. Also by talking to the clients.	Jan 29, 2011 2:18 AM
98	Regional Center caseworker/ parents family	Jan 29, 2011 3:08 AM
99	Must be licensed by state	Jan 29, 2011 3:45 AM
100	third party evaluation	Jan 29, 2011 3:52 AM
101	documentation	Jan 29, 2011 4:43 AM
102	services should be subject to periodical evaluation and review.	Jan 29, 2011 5:09 AM
103	No one should be cut	Jan 29, 2011 5:10 AM
104	Have regional center representative make unannounced visits to the home facility during differing times of the day when clients are at home (at meal times or during meal preparations, during client activity times, etc.).	Jan 29, 2011 5:39 AM
105	Service standards are already in place. These should be followed.	Jan 29, 2011 6:20 AM
106	by annual and semiannuals, no quartelies. residential providers can save the extra cost.	Jan 29, 2011 6:36 AM
107	N/A	Jan 29, 2011 6:41 AM
108	evaluate annually, including all employees	Jan 29, 2011 6:44 AM
109	data collection forwarded to SACTO for evaluation ad follow up at the homes	Jan 29, 2011 2:59 PM
110	The current case conferences do an excellent job.	Jan 29, 2011 10:30 PM
111	ON GOING ASSESSMENT EVALUATION OFTEN	Jan 29, 2011 11:53 PM
112	Quarterly visits from regional worker.	Jan 30, 2011 12:34 AM
113	SERVICE COORDINATORS (SC) SHOULD BE PROACTIVE IN DETERMINING THE USEFULNESS AND EFFECTIVENESS OF THE RESIDENTIAL CARE OPTION. A CONSUMER LIVING IN AN DEPENDENT/SUPPORTED LIVING FACILITY IS WAY CHEAPER THAT A CONSUMER LIVING IN CARE FACILITIES.	Jan 30, 2011 4:18 AM
114	Regular meetings to see how things are going - at least weekly check in with parents and also sit down meetings to see how things are going. As often as needed, with all goals followed and looked at. Communication is the key.	Jan 30, 2011 5:10 PM

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

	Response Text	
115	Regional employees should have practical experience just as employees have in order to know what they are regulating. Further, no regulation or policy should be arbitrarily created by Regional management or employees. DDS should regulate Regionals with a heavy hand!!!	Jan 30, 2011 6:28 PM
116	Unannounced visits to facilities would be a good idea.	Jan 30, 2011 7:39 PM
117	RC or someone whould set standards -- with input from providers.	Jan 30, 2011 8:58 PM
118	surveys and reviews	Jan 30, 2011 9:15 PM
119	Daily, Weekly, Monthly, notations.....Monitoring.....House visits.....Meetings	Jan 30, 2011 10:49 PM
120	Monitoring and evaluation, unannounced visits have been significantly reduced. There is less oversight of residential programs. And there is no technical assistance provided to encourage providers to improve their qualitiy.	Jan 31, 2011 12:21 AM
121	independent oversight and ombudsman services should be guaranteed.	Jan 31, 2011 4:15 AM
122	Regional center should be made to have a standard set of regulations which ALL CPC's follow. At this time, it seems that every program manager and CPC have their own set of rules and want it at their own discretion. WHen more than 1 CPC is in the home,they each want everything done differently making it difficult to complete the work . MOst care providers would rather spend more time with the client rather than making sure a report is arranged in the manner the CPC wants.	Jan 31, 2011 4:39 AM
123	Increased oversight.	Jan 31, 2011 6:40 AM
124	if it makes sense to the consumer	Jan 31, 2011 4:19 PM
125	Use non-regional center affiliates (NPO's) to organize & deliver services.	Jan 31, 2011 5:57 PM
126	Periiodic review by the service coordinator and facility staff to make sure the continuing placement is the best for the client.	Jan 31, 2011 6:11 PM
127	Annual reviews/checks of staff, home and safety.	Jan 31, 2011 6:13 PM
128	in line with the philosophy of community inclusion contained within lanterman. Congregate facilities with a medical model will not lead to normal lives.	Jan 31, 2011 6:21 PM
129	Residential services are often administrated/managed by individuals who are not qualified - they do not set standards for performance for employees and adhere to rules/guidelines. Strong leadership is needed to avoid employee use of time for personal tasks.	Jan 31, 2011 6:38 PM
130	The facility monitoring and quality assurance functions of the regional center are in many respects duplicative of the inspections carried out by Community Care Licensing. A three-year QA would be adequate in conjunction with CCL's annual visit. The annual facility monitoring visit by the regional center is unnecessary. Some money could be saved here.	Jan 31, 2011 6:52 PM
131	Staff at residential facility must generate monthly progress notes identifying training needs and progress that are identified on the IPP. Submit sem-annual progress report to CSC. Residential QA spcialist to conduct unannouced visits twice a year at any time including evenings and weekends. Residential facility should be reduced to a maximum of 4 beds. All current 6 beds are grandfathered in.	Jan 31, 2011 6:54 PM
132	Ask the recipient	Jan 31, 2011 7:05 PM
133	Services should be overseen by a Regional Center employee/Service Coordinator.	Jan 31, 2011 7:22 PM
134	Standards must be high, because if you don't have high standards you will attract employees that don't have the education to deal with special needs adults and therefore the minimum care will be provided and this sets the tone for all kinds of abuse to occur. I've seen this in my home with the nurses that come. The less educated they are the worse the care is. You attract the low end of the spectrum if you pay low wages and you reap what you sow. This also sets you us for lawsuits. Is it worth it? Nope, I don't think so.	Jan 31, 2011 7:24 PM

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

	Response Text	
135	It should be apparent if the services are effective or not.	Jan 31, 2011 8:55 PM
136	Look at quality of life, client or family satisfaction of the consumers.	Jan 31, 2011 9:04 PM
137	services should be looked by a state licensed overseer, doctor, physical theropist, res. theropist or anyone else that has hands on a consumer.	Jan 31, 2011 9:08 PM
138	These standards already exist	Jan 31, 2011 9:31 PM
139	On-site unannounced visits and inspections.	Jan 31, 2011 9:34 PM
140	Careful monitoring of group homes by the Dept. of Developmental Services.	Jan 31, 2011 9:45 PM
141	ewew	Jan 31, 2011 10:30 PM
142	IPP process	Jan 31, 2011 10:31 PM
143	Quality Assurance and financial audits of homes.	Jan 31, 2011 10:33 PM
144	Talk with consumers and families on a regular basis.	Jan 31, 2011 11:13 PM
145	Have on going training for personnel assigned	Feb 1, 2011 12:01 AM
146	Currently quarterly reviews are the practice. If there is no history of violations or citations a facility could be reviewed on a semi-annual basis. Or the Title XVII annual review could be combined with the other reviews. This would eliminate some redundancies for Regional personnel.	Feb 1, 2011 12:27 AM
147	De-vendor facilities that are not maintaining or helping the consumer meet their ISP goals and objectives. CCL and HCL also need to be more aggressive in ensuring that the facilities are adequate!!	Feb 1, 2011 12:30 AM
148	observing, asking questions, progress notes,	Feb 1, 2011 12:34 AM
149	If a standard it set up where the group homes focus is making the individuals feel they are important and acommplished, no matter how small the task assigned to them, they will grow and thrive. You however must have qualified STATE WORKERS who know what they are doing and also have pride of ownership in their job. Camphill Organization has an excellent and positive outlook and it could/should provide a working model for all group home organizations. They provide a nuturing environment where it does stimulate mental growth, cohesiveness and a positive outlook in life.	Feb 1, 2011 12:55 AM
150	Frequent, sincere oversight.	Feb 1, 2011 1:24 AM
151	Regional Center liaison persons should visit the communal facility of each consumer on a regular enough basis to see that the services provided are useful and effective. This is what motivates the IPP report.	Feb 1, 2011 1:26 AM
152	1. Regional centers should implement systems to insure quality services from SLS vendors, based on results (not subjective opinion or politics). Current case management outcome reviews are not adequate, due to lack of case management resources. QA departments review largely only for 'paperwork compliance', but not for consumer outcome results! 2. Specific results-based standards should exist to evaluate the quality of services from residential service vendors. 3. Vendors should receive feedback at least annually on their performance.	Feb 1, 2011 4:50 AM
153	ongoing and frequent monitoring of such care facilities. Meet OSHA requirements. must meet doctor's or other health-care provider's directives for the care of the client. monitor medication management and paperwork logs. Health dept. should make surprise visits to ensure cleanliness/sanitation.	Feb 1, 2011 5:01 AM
154	monitoring	Feb 1, 2011 5:21 AM
155	a happy client means a well ran program	Feb 1, 2011 5:22 AM

Residential Services

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

	Response Text	
156	Require data that is measurable/graphed, etc on all IPP objectives-- data continuous as collected by residential staff and not just behavior analyst they may contract. All providers should be required to train staff in behavioral principles rather than simply utilizing a consultant.	Feb 1, 2011 5:24 AM
157	A Regional Center Case Coordinator should be required to confer bi-annually with the consumer on usefulness and effectiveness. However, the consumer, not the regional center or the State, should be the primary determinate of how he/she feels about the program's usefulness and effectiveness.	Feb 1, 2011 7:19 AM
158	It somewhat easy to measure because most all clients who want out of residential living options generally voice their opinion.	Feb 1, 2011 7:20 AM
159	Thru meetings with consumer, residential care provider and counselors	Feb 1, 2011 9:51 AM
160	When the Regional Center is providing oversight of these Residential Services, an assessment of the differences between the level of quality at which the service is being run as a business, and the level of quality of the service is functioning as a home. An example of such an evaluation to determine whether or not the residential service is being effective would be to evaluate the meals provided. A business could meet the bare minimum nutrition requirements as mandated by the state but not be providing meals that are appropriate based on the needs of their current clients. Residential facilities should ideally be creating a balance between running an effective business and functioning as a quality home.	Feb 1, 2011 6:01 PM
161	Community Services Liaisons originally used to assist the facility administrators to improve service delivery for the residents' benefit. Lately, it's turned around that the Community Services Liaisons have taken over the role of the State Licensing Program Evaluators to "police" facilities. Lots of facility administrators are demoralized, instead of encouraged to do a better job at running their facilities. Some have voiced these concerns validly.	Feb 1, 2011 6:45 PM
162	streamlined quality assurance standards statewide	Feb 1, 2011 6:50 PM
163	Less paperwork, eliminate the regional centers quality assurance reviews, the RC staff do not add value but do add costs to the provider	Feb 1, 2011 6:57 PM
164	Care Home staff need to be trained.	Feb 1, 2011 7:04 PM
165	The Regional Center CSC can dictate the objectives for consumers and the track the individuals progress. Annual/Biannual Audits of Programs can insure that the services an organization are supposed to be providing are actually being provided. Individual organizations should be afforded the opportunity to have a management hierarchy so each organization can self police. With all of the financial CUTS over the years, organizations have had to eliminate positions where middle management staff can do unannounced spot checks.	Feb 1, 2011 7:41 PM
166	Ask clients directly.	Feb 1, 2011 7:46 PM
167	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 7:57 PM
168	QA reviews and licensing surveys.	Feb 1, 2011 8:45 PM

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

	Response Text	
169	Routine inspections of homes, employees, and the quality of care should be performed. Questionnaires and interviews with consumers should routinely be completed to ensure quality of staff and quality of living standards.	Feb 1, 2011 8:58 PM
170	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
171	Current standards are appropriate.	Feb 1, 2011 9:28 PM
172	look at outcomes	Feb 1, 2011 9:52 PM
173	Require that new care homes be operated by 501c3 agencies. This would limit expansion of homes presently operated by sole proporieters who have no interest inl earning/adhering to California Code, or providing qulity services for thsoe who depend on them. The lack of sophistication in many care home oeprators contributes directly to lack of effective staff training, inability to understand health care plans, and ineffective communication with consumers.	Feb 1, 2011 9:53 PM
174	Documented during annual planning meeting (IPP).	Feb 1, 2011 10:30 PM
175	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 11:23 PM
176	Annual reviews and audits of consumer files. This process has proven key and still serves as useful and productive in the annual review process.	Feb 1, 2011 11:47 PM
177	Annual review of goals, care, intervention, safety and needs of the individual.	Feb 1, 2011 11:51 PM
178	By ongoing monitoring.	Feb 2, 2011 2:08 AM
179	strict follow through on all quality assurance audits and complaints	Feb 2, 2011 2:50 AM
180	Don't require so much paperwork and documentation of services and spend more time actually assisting the client learn and become more aware of making appropriate and good decisions, consequences of making poor/wrong decisions and becoming a productive community member.	Feb 2, 2011 3:58 AM
181	Follow up shoud always be provided	Feb 2, 2011 4:08 AM
182	I am not sure how to answer this. Our care provider is amazing, our service coordinator is very helpful and works above and beyond the average person.	Feb 2, 2011 4:34 AM

Residential Services

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

	Response Text	
183	This needs to be overseen very carefully since so many places I have seen give substandard services. I worked in a group home. The state had check list that the home was to do. It was ridiculous. No one in their home would do these things every day. If they did we would consider them neurotic. The staff was to make sure the consumer did all of these things. It was degrading to the consumer to be treated like a child who has to do these chores so they could get an allowance of their own money!!!! The group homes I worked in WI were not like this. The person first philosophy was what was followed. The state tends to over regulate to the point the person no longer feels like it is their home. I always made the point to remind my staff that we are guest in their home or room. The consumer has hired us to assist them in a task just like rich people do. It is their home or room & they are your employer. The state should just make sure the consumer is protected from predators & the services are being provided as was agreed.	Feb 2, 2011 5:53 AM
184	evaluations- every few months.	Feb 2, 2011 6:04 AM
185	Ask the affected adults who live there and their families.	Feb 2, 2011 6:06 AM
186	Mandated pay scale for DC staff, owners assume some liability but this has become way to much of a money driven enterprise - I had an owner brag about how much money they were making and only paying staff 8 dollars an hour - granted many of the current staff are not worth that much. Increase staff requirements and dictate pay scale - and not the outrageous amount Dev. Center employees were getting for day care services. Owners do have an investment but the one's with mulitple homes are making a lot of money for their investment - but then so are RC workers - cutt the compensation of RC workers from the top down Robert Riddick is grossly over paid.	Feb 2, 2011 2:03 PM
187	Have the quality assurance department be more involved and conduct more unannounced visits.	Feb 2, 2011 2:06 PM
188	Usefulness and effectiveness of 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 3:38 PM
189	Weekly Review	Feb 2, 2011 4:41 PM
190	Usefulness and effectiveness of 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 4:57 PM
191	Usefulness and effectiveness of 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 5:52 PM
192	Frequent evaluations bt RC and by State agencies	Feb 2, 2011 6:34 PM
193	a	Feb 2, 2011 6:52 PM
194	Regular visits by RCs to ensure health, safety, and well-being of clients. Clients should have own room if possible. Staffing based on client need. Planned client participation in all aspects of household and community, to the fullest extent possible.	Feb 2, 2011 7:35 PM
195	IPP goals and objectives- measureable. Consumer/ family comment	Feb 2, 2011 7:43 PM
196	Licensing is a more effective tool than Regional Center Visits. Switch some funding to Licensing for more actual follow up and regulation compliance and cut RC visits	Feb 2, 2011 8:01 PM

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

	Response Text	
197	Staffing levels need to be met. Stricter enforcement needed with RC able to withhold payment and/or devendor. 4 bed homes or less are not cost effective. RCs vendor 113 homes so vendors get a higher rate but service is really L4. Vendors think their rates can never go down. RCs should be required to evaluate persons in the 113 and CCF homes annually and reduce to a lower level/rate if determined the person needs less service. Also, all of these rates should be re-evaluated and changed. It's not fair that one home gets $5K per month and another $9K for providing essentially the same service.	Feb 2, 2011 8:43 PM
198	In my experience with group homes, there was very little oversight by the Regional Center. If the Regional Center is not willing to oversee the homes, either in terms of determining their physical suitability of the quality of the staff, then this needs to be turned over to the department of social services. There is a HUGE gap in the quality of group homes, both good and bad. No government agency seems to want to take responsibility for ensuring the quality remains once the licensing process is completed.	Feb 2, 2011 8:53 PM
199	Usefulness and effectiveness of 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 9:19 PM
200	More frequent un announced visits by DDS and RCOC	Feb 2, 2011 9:37 PM
201	interview families monitor homes make sure consumers are taken out for much of the day in the community. make sure consumers have daily recreational activities	Feb 2, 2011 9:46 PM
202	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 10:01 PM
203	Families are able to maintain a job and be involved in the community they live in.	Feb 2, 2011 10:09 PM
204	See response to supportive services (Section 5).	Feb 2, 2011 10:12 PM
205	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 10:12 PM
206	Please previous topic response....	Feb 2, 2011 10:20 PM
207	conduct audits, follow up on indivduals living in homes	Feb 2, 2011 10:39 PM
208	Measure effectiveness via IEP	Feb 2, 2011 10:46 PM
209	Continual oversight of the individual and his/her environment with at least annual review of performance with the parents/guardian.	Feb 2, 2011 10:59 PM
210	I do not support POS service standards.	Feb 2, 2011 11:33 PM
211	Same answer as previous pages	Feb 3, 2011 12:46 AM
212	By checking the residential places..and choosing the right people and paying them sufficient.	Feb 3, 2011 12:47 AM
213	Each client should have written goals.	Feb 3, 2011 1:00 AM
214	Usefulness and effectiveness of 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 1:01 AM
215	I would get rid of the levels. Match clients to compatibility	Feb 3, 2011 1:21 AM
216	monitored by regional center	Feb 3, 2011 1:32 AM
217	Chain of accountability defined and someone needs to follow through in a reasonable amount of time.	Feb 3, 2011 1:56 AM
218	Evaluations by professionals in the field of social service as well as the client/consumer.	Feb 3, 2011 1:56 AM

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

	Response Text	
219	Safety is the biggest concern. Group homes need to have caring and professional person overseeing the care of each consumer.	Feb 3, 2011 1:56 AM
220	six months evaluations	Feb 3, 2011 2:00 AM
221	Rather obvious...I cannot comment, as testing will determine the needs.	Feb 3, 2011 2:02 AM
222	A monthly (at least) inspection and a yearly check-up on the client to ensure they are not being abused, etc. and are getting their needs met. Again, English speaking individuals should be running these programs if clients are English speaking!	Feb 3, 2011 2:09 AM
223	Taking the opinions of families	Feb 3, 2011 2:34 AM
224	check ups	Feb 3, 2011 5:08 AM
225	review every 3 months, reevaluated, revised, new plan developed	Feb 3, 2011 5:16 AM
226	Usefulness and effectiveness of 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 6:08 AM
227	For "behavior" homes, each consumer should be provided with a behavior plan which addresses and articulates negative behaviors and planned interventions, with goals for improvement. Goal acheivement should be monitored on a quarterly basis.	Feb 3, 2011 6:13 AM
228	Look around you; assess.	Feb 3, 2011 6:32 AM
229	quarterly evaluations	Feb 3, 2011 6:50 AM
230	Same standards as Valley Mountain Regional Center.	Feb 3, 2011 6:51 AM
231	RCs do weekly check-ups of sites.	Feb 3, 2011 7:27 AM
232	Regional Center workers should be mandated to do at least 2 unannounced visits to each facility every year.	Feb 3, 2011 3:40 PM
233	If there is violence by a staff member towards a consumer at a group home, that person should be removed immediately. If they are found working for the same owners at another home, the vendorization for all homes should be immediately removed.	Feb 3, 2011 3:47 PM
234	Regional centers should be held accountable for overseeing these homes. My experience showed this was not the case. If you have individuals running these homes that ask their employees to hide important details, the regional center cannot do their jobs correctly, however, when reported, there should be a full investigation and not blown off as not finding anything. This follow up is very poor in this state....awful how some people have to live just because they are disabled and their families will not/cannot take care of them.	Feb 3, 2011 3:48 PM
235	On site professionals. Also make sure they are kind, humane, respectful.	Feb 3, 2011 4:48 PM
236	Monitoring by Regional Center service coordinators to ensure that IPP goals are being implemented.	Feb 3, 2011 5:00 PM
237	RC, and CCL monitoring, and consumer report	Feb 3, 2011 5:20 PM
238	Usefulness and effectiveness of 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 5:24 PM
239	All residenial programs should be required to submit reports to RC.	Feb 3, 2011 5:40 PM
240	Usefulness and effectiveness of 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 5:48 PM
241	Requires someone qualified that can come and review the situation and report back to the authorities.	Feb 3, 2011 5:49 PM
242	Usefulness and effectiveness of 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
243	survey of consumer, family member, and/or care giver	Feb 3, 2011 6:32 PM

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

	Response Text	
244	Usefulness and effectiveness of 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 6:42 PM
245	Allowing the Regional Center system to monitor living situations and that they comply with State standards of care.	Feb 3, 2011 7:07 PM
246	I feel the same for all of Regional Center's services as I do in the first few survey's I have taken.	Feb 3, 2011 7:48 PM
247	a yearly follow-up evualation.	Feb 3, 2011 7:50 PM
248	Review the service at the IPP meetings	Feb 3, 2011 7:52 PM
249	Feedback from the client, the parents or guardians and the group home workers should provide this information.	Feb 3, 2011 7:59 PM
250	Quarterly reports, progress notes etc.	Feb 3, 2011 8:05 PM
251	Documentation is the route but it may need a data base more broad than what we have.	Feb 3, 2011 8:10 PM
252	Current standards are good but must be enforced, Have Department of Health over all as Licensing as is done for ICF model. STAFF MUST SPEAK ENGLISH AND WRITE FLUENTLY and not talk other language around the consumer if they do not understand it as can make for hard feelings - this is done at Kaiser - ICF is a good model for MANY - Have own bedroom is very good.	Feb 3, 2011 8:15 PM
253	Regional Center should follow up in a monthly basis.	Feb 3, 2011 8:21 PM
254	I would love to be able to place my daughter on a Residential facilities. But I feel the people that work in these facilities are not qualified to care for her. They are under qualified and under payed. Because they do not pay a good wage they do to qualified people do not apply.	Feb 3, 2011 8:23 PM
255	Measure it's effectiveness multiple times per year.	Feb 3, 2011 8:53 PM
256	oversight evaluations periodically	Feb 3, 2011 8:56 PM
257	Ask the people and others who are concerned about this person.	Feb 3, 2011 8:58 PM
258	Program performance and outcomes	Feb 3, 2011 8:59 PM
259	Usefulness and effectiveness of 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 9:24 PM
260	It seems everyone needs level 4 homes now, and that is all that is being vendored. It doesn't take much thinking to see that providers only want to do level 4s for the income it provides. They say they cannot consider opening 2s or 3s because overhead costs.	Feb 3, 2011 9:28 PM
261	Usefulness and effectiveness of 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 9:46 PM
262	n/a	Feb 3, 2011 9:54 PM
263	service shoul be evaluated by results on consumer according to his/her goals.	Feb 3, 2011 9:56 PM
264	Have individual goals for the client---require service provider to document or show that these are being met. Check-ins, planned and unplanned; feedback from family members; input from Day Program or other providers involved in the client's life; at a minimum one annual checkup by RC case worker. Follow-up on any complaints that may be lodged against service provider.	Feb 3, 2011 9:58 PM
265	Not through loads of different licensing agencies.	Feb 3, 2011 10:41 PM
266	As currently set.	Feb 3, 2011 11:13 PM

Residential Services

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

	Response Text	
267	Usefulness and effectiveness of services should be determined by the IPP team at every meeting as described in the Lanterman Act Section 4646.5 (a) (6).	Feb 3, 2011 11:14 PM
268	Team meetings that include family provider client and the regional center.	Feb 3, 2011 11:29 PM
269	Usefulness and effectiveness of 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 11:46 PM
270	Residential Service Providers must maintain a specific level of community participation outings, based on consumer choice, in order to continue to maintain the consumer in the home. All program designs and individual service plans should be required to show a minimum service standard for vocational goals and objectives for consumers as individually indentified in the interdisciplinary team process.	Feb 3, 2011 11:50 PM
271	Determined by the individual counselor as to how much is needed for each client.	Feb 4, 2011 12:56 AM
272	The frequency of monitoring of these services should be determined by factors such as client health, safety/well-being concerns, crisis situations, and consumer preference. Those individuals who remain stable and reside in homes that are without problems/concerns should not have to be monitored as frequently, allowing Regional Center counselors to devote more time where essential. The monitoring levels should be flexible, allowing for changes in circumstances and needs.	Feb 4, 2011 1:16 AM
273	Usefulness and effectiveness of 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 1:56 AM
274	Usefulness and effectiveness of 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 2:50 AM
275	Frequent survey by the professional regional center and the parent.	Feb 4, 2011 3:17 AM
276	The usefulness and effectiveness of services should be determined by the IPP team at the IPP meeting as described by the Lanterman Act.	Feb 4, 2011 3:50 AM
277	Third party checks to ensure that this occurs	Feb 4, 2011 4:03 AM
278	Again, this is very dependent upon the individual's abilities and the local opportunities. You are not necessarily able to do this with a strict economic model. Think about how important YOUR independence is to YOUR identity and self-worth. It is crucial! Independence for a developmental disabled individual is probably even MORE important to them than you can imagine. They deeply desire to be productive and make their own decisions. It is normalizing and brings great dignity. It is also very important to their loved ones to see the joy in a person's heart when they are able to be more independent. But how do you measure that? Be flexible and not stingy! Be progressive and humane.	Feb 4, 2011 4:49 AM
279	As determined by the Individual Program Plan team at each of their meetings on behalf of the consumer having the best possible living situation for their happiness, health, security and well being.	Feb 4, 2011 5:17 AM
280	In my opinion residential services are heavily regulated. The state has two agencies conducting the same facility inspections and additional oversight. It would be more cost effective to have one agency provide oversight. The responsibilities of regional center and community care licensing over lap. Community care licensing can conduct an annual inspection and respond to reports, while regional center service coordinators can conduct smaller inspection after IPP meetings held at the facility. The state should also limited the amount of times a regional center worker can inspect a facility. This will save money, time and cut down on workers abusing their power. The state should reduce the number of licensed facilities and increase the capacity in each facility. Many state workers waste time going to facilities that are licensed by have no consumers.	Feb 4, 2011 5:55 AM

Residential Services

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

	Response Text	
281	Usefulness and effectiveness of 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 6:45 AM
282	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in the Lanterman Act Section 4646.5 (a) (6).	Feb 4, 2011 7:40 AM
283	continue to use the IPP	Feb 4, 2011 3:12 PM
284	Usefulness and effectiveness of 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 3:19 PM
285	Same as previous section	Feb 4, 2011 4:55 PM
286	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 5:14 PM
287	Usefulness and effectiveness of 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 5:19 PM
288	From what I have seen, more supervision is needed.	Feb 4, 2011 5:34 PM
289	Governmental and parental/guardian oversight	Feb 4, 2011 5:37 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 4, 2011 5:45 PM
291	Make sure the group home has enough staff to provide round the clock availability and support to the consumers. Provide enough respite services to the caretakers so they do not burn out and provide other back-up staff if the caretakers want to take a vacation or weekend off. Monitoring of staff on a regular basis is the best way to make sure services are useful and effective.	Feb 4, 2011 5:54 PM
292	QA reviews by the RC. These reviews should be at least quarterly and include consumers, families, conservators, etc.	Feb 4, 2011 6:18 PM
293	Observation of the client and conversations with him/her could be indicators. Input of the Staff at the facility about the general mood and cooperation of the client could be another indicator. Input that parent/parents receive from their son/daughter could be an important means of success or failure of the program to meet the clients needs.	Feb 4, 2011 6:46 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 4, 2011 7:11 PM
295	The same as previous #3.	Feb 4, 2011 7:20 PM
296	Review by Regional Center	Feb 4, 2011 7:44 PM
297	Community care licensing, regional center, CPDH - these 3 agencies should be talking to each other when auditing all these homes.	Feb 4, 2011 7:45 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 4, 2011 7:55 PM
299	weekly visits and at random times or unannounced visits would be good.. to see if the environment is useful and effective for the client	Feb 4, 2011 8:28 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 4, 2011 8:41 PM
301	Homes could be operated by an agency as opposed to run by individual homeowners to maintain more control over services.	Feb 4, 2011 8:53 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 4, 2011 8:58 PM
303	Usefulness and effectiveness of 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 9:20 PM
304	Usefulness and effectiveness of 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 9:55 PM

Residential Services

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

	Response Text	
305	Quality Management Control	Feb 4, 2011 10:02 PM
306	Usefulness and effectiveness of 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 10:10 PM
307	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 10:24 PM
308	Prior guidelines that have been shared, understood, and agreed upon, WITHOUT PARTIALITY. There is only ONE measure that answers this. Is the client, consumer being successful according to the standard (if those in charge of weighing these guidelines, themselves, have not/cannot meet the guidelines of measure, you're beating a dead horse). Measure of succeeding with others, IN FAIRNESS AND WITHOUT PARTIALITY! Measure of suceeding in community, IN FAIRNESS AND WITHOUT PARTIALITY!	Feb 4, 2011 10:28 PM
309	Usefulness and effectiveness of 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 10:39 PM
310	Usefulness and effectiveness of 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 10:47 PM
311	Usefulness and effectiveness of 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 10:58 PM
312	Usefulness and effectiveness of 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 11:18 PM
313	Usefulness and effectiveness of 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 11:23 PM
314	Regularly scheduled meetings with reports/discussions with Client and all interested parties will determine if the placement is appropriate.	Feb 4, 2011 11:25 PM
315	Create individual goals and assess progress.	Feb 4, 2011 11:42 PM
316	Regional center will evaluate the client who is in need of a place to live and then matchs them up with an appropriate residence.	Feb 4, 2011 11:43 PM
317	Providers currently undergo multiple, duplicative quality management reviews. Combine this - save money.	Feb 5, 2011 12:03 AM
318	Ensure that service providers are well-versed in concepts of universal enhancements per Tom Pomeranz	Feb 5, 2011 12:16 AM
319	IPP Team determines if service is useful and effecitive. Lanterman Act 4646	Feb 5, 2011 12:28 AM
320	Usefulness and effectiveness of services should be determined the the Individual Program Plan (IPP) team at every IPP meeting, as described in The Lanterman Act Section 4646.5(a)(6).	Feb 5, 2011 12:35 AM
321	AUTISM	Feb 5, 2011 1:12 AM
322	same as for other programs in this survey an outside imparital agency and advocacy agencies should be able to determine the quality of care. It should be evident at any time.	Feb 5, 2011 1:32 AM
323	Usefulness and effectiveness of 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 3:59 AM
324	Regular and consistent service reviews. Is the consumer doing well in that environment, socially, physically, emotionally, productively.	Feb 5, 2011 4:55 AM
325	see previous answers	Feb 5, 2011 5:51 AM
326	The IPP will measure and determine this at every meeting.	Feb 5, 2011 6:53 AM

Residential Services

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

	Response Text	
327	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 2:49 PM
328	Usefulness and effectiveness of 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 5:29 PM
329	Training is needed in nutrition for all care providers and staff. Menus need to be well-balanced, fresh and healthy. Allergies need to be addressed, so training must be provided to insure consumer safety. Training in dealing with behaviors in needed as well as strategies to provide enrichment activities in the home for social skills, daily living skills, healthy lifestyle, recreation, etc. Why aren't consumers allowed to help out with chores? Cooking, cleaning, laundry? More activities, less time spent sitting in a bedroom watching TV. Sports? Gardening?	Feb 5, 2011 6:34 PM
330	Programs should be measure 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 6:37 PM
331	same as first set	Feb 5, 2011 6:40 PM
332	The residential facilities should be monitored closely to ensure all of the clients needs are meet, including a detailed plan for including the consumer in the community. If the consumer has siblings or parents in the community that are not able to come to them then there should be a plan for ensuring that the consumer has ongoing contact with those supports.	Feb 5, 2011 8:14 PM
333	I oppose POS standards. Please refer to the Lanterman Act section 4646.5 (a) (6).	Feb 5, 2011 9:01 PM
334	Assessment to determine this	Feb 5, 2011 10:15 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 5, 2011 10:57 PM
336	The IPP determines the usefulness and effectiveness of services.	Feb 5, 2011 11:33 PM
337	the homes are already inspected by the state and alta	Feb 5, 2011 11:51 PM
338	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 5:13 AM
339	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 residential 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 5:52 AM
340	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 6, 2011 6:06 AM
341	Usefulness and effectiveness of 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 4:37 PM
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 6, 2011 6:49 PM
343	I have heard stories about attendants dealing drugs in group homes and of physical abuse. Whatever is being done now is definitely not enough. The people who do not screen their employees and have violations should not be allowed to operate any more. Period. Random unannounced visits should be done monthly and homes should allow cameras from family members for monitoring. If they don't they should be put out of business. There is no excuse for some of the things that are allowed to go on.	Feb 6, 2011 8:50 PM

Residential Services

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

	Response Text	
344	Usefulness and effectiveness of 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 5:14 AM
345	Regional centers have strict standards by which these homes are monitored. This should continue.	Feb 7, 2011 5:25 AM
346	Usefulness and effectiveness of 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 6:43 AM
347	The IP Team at every IP meeting, as described in the Lanterman Act, should determine usefulness and effectiveness of services.	Feb 7, 2011 2:47 PM
348	Should be determined by the IPP team at each meeting, per The Lanterman Act.	Feb 7, 2011 3:31 PM
349	The IP Team at every IP meeting, as described in the Lanterman Act, should determine usefulness and effectiveness of services.	Feb 7, 2011 5:46 PM
350	It is no secret that the employees of residential care homes are usually paid minimum wage, are poorly educated, and do not come tho this line of work as part of a career path. In most cases it is the only employment available to them. The Departments's effort to raise the level of professionalism in this area by requiring Direct Support Professional certification is and example of mis guided energy. I read a study a few years ago (completed by the Department) that suggested that DSP training actually made a positive difference in the delivery of services. That has not been my experience in hiring and training staff. Good programs with quality staff still have quality staff with or without DSP training. Bad programs with poor performing staff still have poor performing staff with or without DSP training. Get rid of this requirment. Hold residential programs to competency based programs. Allow programs to submitt annual training schedules to the Department for approval.	Feb 7, 2011 7:20 PM
351	As mentioned in the first section of questions.	Feb 7, 2011 8:28 PM
352	Training to individuals served in all identified areas of deficets. I do think there should be regulator relief of some type to equal the decrease in reimbursement.	Feb 7, 2011 9:31 PM
353	Usefulness and effectiveness of 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 10:08 PM
354	Allow RC's to set the standards in their own communities.	Feb 7, 2011 10:45 PM
355	Let the Regional Centers make the decisions regarding program services	Feb 7, 2011 11:14 PM
356	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 11:20 PM

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

	Response Text	
357	RC Quality Assurancy Monitors should conduct quarterly [announced and unannounced] visits to check that each CCF is providing the quality of care our consumers deserve. QAMs should be checking that the CCF maintains accurate and up-to-date records/logs [ie. legible medical/dental visits, what the visits were for, what the outcome of the visit was; up-to-date P&I logs (with proof from an IPP stating this support is not wanted/needed by the consumer if P&I logs are not available); monthly weight logs; etc-etc]. QAM should respond to complaints of various CCFs, esp those made by CPCs; and be more willing to hold CCF's accountable, rather than trying to maintain a good relationship [at the expense of good service for our clients]. CPC's should maintain quarterly visits [announced and unannounced] for each CCF-residing consumer and also check for the aforementioned things and be able to report to the QAM if they find records are being maintained regularly and easily accessible to RC CPC's. The QAM should then be willing to look into this as well and document the incidences to create a papertrail for each CCF. CCF staff should ALL be in the position of communicating with the CPC, and not just the Administrators or House Mgrs [who aren't always available, making it difficult to schedule quarterly meetings]. I've come across several care homes where the staff barely speak English, which makes it difficult for me to truly ask questions about my consumer(s). This also makes me worry that the RSP's [who spend a nice chunk of the day with the consumer(s)] aren't interacting with the consumer(s) b'c of the translation gap. How are the consumers to ask for help if the RSP barely speaks English?	Feb 8, 2011 12:43 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 8, 2011 1:12 AM
359	Usefulness and effectiveness of 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 4:08 AM
360	I would monitor the person for signs of bruising or having been bitten. If other consumers are hurting that person, the living situation is not effective. I would have the Regional Center send people unannounced.	Feb 8, 2011 4:37 AM
361	I think standards for this area could be improved by requiring the administrators to be more educated. Require a bachelors degree is social services or similar area.	Feb 8, 2011 4:51 AM
362	Usefulness and effectiveness of 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 5:34 AM
363	There are homes that should not be licensed. All inspections should be unannounced.	Feb 8, 2011 5:36 AM
364	Again as previously stated.	Feb 8, 2011 6:09 AM
365	Usefulness and effectiveness of 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 3:41 PM
366	Usefulness and effectiveness of 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 6:04 PM
367	Evaluation by ACRC of homes, county and state standards are in effect. Feedback from families is also needed.	Feb 8, 2011 7:54 PM
368	Usefulness and effectiveness of 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 7:56 PM
369	Periodic assessment of individual as well as service providers (in-house and out-house programs).	Feb 8, 2011 8:57 PM
370	Data compiled from the facility	Feb 8, 2011 8:57 PM
371	evaluations at least every 3 months	Feb 8, 2011 9:27 PM

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

	Response Text	
372	Closer monitoring!!!!!!!! More Accountability!!!!	Feb 8, 2011 10:17 PM
373	Consumers' skills should be monitored and a level of improvement noted quarterly on their IPPs. Consumers' progress noted daily by support staff, and charted to see if consumer is actively participating and progressing.	Feb 8, 2011 10:50 PM
374	Consumers' skills should be monitored and a level of improvement noted quarterly on their IPPs. Consumers' progress noted daily by support staff, and charted to see if consumer is actively participating and progressing.	Feb 8, 2011 11:22 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 8, 2011 11:55 PM
376	Usefulness and effectiveness of 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
377	Answer: Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 9, 2011 1:28 AM
378	by checking public and parental records to the progress/ or no progress of the client.	Feb 9, 2011 1:31 AM
379	same	Feb 9, 2011 2:28 AM
380	Keep logs	Feb 9, 2011 3:23 AM
381	Regional center checks and documentation of home..	Feb 9, 2011 3:39 AM
382	Residential care should be monitored by service coordinators who should complete surprise house visits every 3 months.	Feb 9, 2011 3:47 AM
383	by having meetings with the staff and regional center	Feb 9, 2011 4:01 AM
384	It must be determinded what that individual's needs are. If the individual is thriving, content and functionning at his or her best, then the services are effective. Family members should have a say as to whether or not servoces are effective.	Feb 9, 2011 4:44 AM
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 9, 2011 5:43 AM
386	Quality control through hidden cameras & drop in visits	Feb 9, 2011 8:50 AM
387	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 5:36 PM
388	Conducting a complete evaluation and using the information to determine the level of care may help to ensure proper placement. It will also help manage the patient's care effectively if the facility is equipped appropriately.	Feb 9, 2011 5:59 PM
389	unannounced visits to the home are most important, ongoing review of progress, communciation with day program to stay on top of issues that arise such as the type of lunch a person is bringing to work may reflect the care and supervision they are receivng at home.	Feb 9, 2011 7:04 PM
390	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 9, 2011 7:58 PM
391	If a client is in a residentual facility (24hr care) and attends a day program, they should not be paid for 24 hour care. They should only be paid for the time the client is being cared for by the facility.	Feb 9, 2011 8:20 PM
392	Individual satisfaction and quality of life.	Feb 9, 2011 9:12 PM
393	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 9, 2011 9:16 PM
394	residential careproviders have not gotten cost of living increases for years.Does this seem fair to ANYONE ??We take care of the physical needs of our residents and struggle from month to month at a defecit.	Feb 9, 2011 9:48 PM

Residential Services

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

	Response Text	
395	Usefulness and effectiveness of 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 10:07 PM
396	Usefulness and effectiveness of 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 10:20 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 9, 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 9, 2011 10:53 PM
399	The group homes should take refresher courses for legal matters regarding their responsibility as a provider. The group homes should be fine a penalty for not following standards set by the state. They should renew their license after a few years to get caugth up with new information for providers and responsibilities.	Feb 9, 2011 10:55 PM
400	Governing board and reporting mechanism to the state. I believe this is already in place.	Feb 9, 2011 11:38 PM
401	Visitations made by the Regional Center to see that requirements for the consumer are being met.	Feb 9, 2011 11:41 PM
402	These standards already exist	Feb 10, 2011 12:01 AM
403	usefulness and effectiveness should be determined at every IPP meeting per Lanterman Act section 4646.5 (a) (6)	Feb 10, 2011 12:02 AM
404	Community Care Licensing - Licensed Program Analyst that visits once a year, unannounced. Conducts inspection of the residential facilities with a pre-set guidelines of operations checklists as well as maintenance performance checklists. More strict compliance is adhered to. San Gabriel Pomona Regional Center - Quality Assurance Specialists is just a copycat of the above agency. Eliminating these department/agency will reduced the costs to provide useful and effective service standards.	Feb 10, 2011 12:44 AM
405	There should be a behavior analyst involved in the services. There should be goals that are addressed and measured and consumer choice and rights should be involved in goals. Consumers should have meaningful leisure activities.	Feb 10, 2011 12:57 AM
406	a happy healthy family in a stable safe home gives you the answer...	Feb 10, 2011 3:27 AM
407	obvious	Feb 10, 2011 7:59 PM
408	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 10, 2011 8:09 PM
409	Usefulness and effectiveness of 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 9:33 PM
410	Usefulness and effectiveness of 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 10:02 PM
411	There should be an outside agency that evaluates these services on a quarterly basis. Internal QA's are not effective in this service as many times, there is only one QA that basis reports/outcomes more on there personal preferences and personal likes of the home owner/staff rather than the true quality of the residential program.	Feb 10, 2011 10:28 PM
412	Usefulness and effectiveness of 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 12:26 AM
413	By detailed analysis with significant involvement of the family.	Feb 11, 2011 1:41 AM
414	Supports should remain the same or increase.	Feb 11, 2011 1:49 AM

Residential Services

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

	Response Text	
415	Usefulness and effectiveness of 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 1:52 AM
416	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 3:23 AM
417	Housing for all disabled consumers	Feb 11, 2011 3:26 AM
418	Sames all question.	Feb 11, 2011 3:33 AM
419	State inspections. My parents did this as a volunteer.	Feb 11, 2011 4:49 AM
420	Usefulness and effectiveness of 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 5:10 AM
421	For newly placed clients a 60 day review is necessary. There after bi-annual or annual reviews of the placement are required.	Feb 11, 2011 5:23 AM
422	Usefulness and effectiveness of 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 5:45 AM
423	Routine inspection and reporting.	Feb 11, 2011 6:13 AM
424	Usefulness and effectiveness of 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 6:17 AM
425	Individual served and the ISP team should determine effectiveness. Homes should be evaluated by social workers frequently. There should be stricter oversight to guarantee healthy food, bathing routines, transportation to medical appointments, hygiene, recreation, social activities, and individual rights. Many group homes are staffed by poorly educated and underpaid workers who don't seem to interact with the individuals they serve. There could be more oversight provided to insure that the group home owner actually works on the premises of his or her home rather than hiring unsupervised, poorly paid, and untrained workers to staff it.	Feb 11, 2011 8:24 AM
426	Yearly satisfaction surveys.	Feb 11, 2011 2:33 PM
427	No comment	Feb 11, 2011 6:29 PM
428	For the IPP team to gather data and input from the individual needing services and their circle of support. According to the Lanterman Act.	Feb 11, 2011 6:50 PM
429	SAME AS PREVIOUS #3	Feb 11, 2011 6:51 PM
430	feed back and check list from consumer indicating areas that need strengthening.	Feb 11, 2011 6:52 PM
431	Again quality control. GGRC has to check on these services all the time to make sure no one is cheating the system.	Feb 11, 2011 6:53 PM
432	should have goals and progress measured until normalcy achieved	Feb 11, 2011 7:26 PM
433	by having the consumer perform them on their own while the coach is present	Feb 11, 2011 7:46 PM
434	Meet once a week and check where this consumer was before the services and where he is now. Did the methods or services improve the quality of life or if they shall be continued indefinite. Try different approaches because everyone is unique.	Feb 11, 2011 7:59 PM
435	See comment under Behavioral Services	Feb 11, 2011 8:49 PM
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 11, 2011 9:46 PM
437	Periodic assessments should be conducted every 12 months in order to evaluate whether the services are promoting independent and productive living, whether the consumer is making reasonable progress toward an integrated and productive life in the community, whether the consumer's participation in the program is providing him/her with the opportunity to maintain his/her present skill level and whether the services are provided in the least restrictive environment.	Feb 11, 2011 9:47 PM

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

	Response Text	
438	Periodic assessments should be conducted every 12 months in order to evaluate whether the services are promoting independent and productive living, whether the consumer is making reasonable progress toward an integrated and productive life in the community, whether the consumer's participation in the program is providing him/her with the opportunity to maintain his/her present skill level and whether the services are provided in the least restrictive environment.	Feb 11, 2011 9:48 PM
439	Clients are healthy and safety are maintained .	Feb 11, 2011 9:49 PM
440	Periodic assessments should be conducted every 12 months in order to evaluate whether the services are promoting independent and productive living, whether the consumer is making reasonable progress toward an integrated and productive life in the community, whether the consumer's participation in the program is providing him/her with the opportunity to maintain his/her present skill level and whether the services are provided in the least restrictive environment.	Feb 11, 2011 9:50 PM
441	Ask the recipient and his/her family too. Don't just ask the providers.	Feb 11, 2011 9:51 PM
442	feedback from consumers, parents or guardians, and social workers	Feb 11, 2011 9:52 PM
443	Periodic assessments should be conducted every 12 months in order to evaluate whether the services are promoting independent and productive living, whether the consumer is making reasonable progress toward an integrated and productive life in the community, whether the consumer's participation in the program is providing him/her with the opportunity to maintain his/her present skill level and whether the services are provided in the least restrictive environment.	Feb 11, 2011 9:53 PM
444	Usefulness and effectiveness of 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 9:53 PM
445	Periodic assessments should be conducted every 12 months in order to evaluate whether the services are promoting independent and productive living, whether the consumer is making reasonable progress toward an integrated and productive life in the community, whether the consumer's participation in the program is providing him/her with the opportunity to maintain his/her present skill level and whether the services are provided in the least restrictive environment.	Feb 11, 2011 9:55 PM
446	Periodic assessments should be conducted every 12 months in order to evaluate whether the services are promoting independent and productive living, whether the consumer is making reasonable progress toward an integrated and productive life in the community, whether the consumer's participation in the program is providing him/her with the opportunity to maintain his/her present skill level and whether the services are provided in the least restrictive environment.	Feb 11, 2011 10:03 PM
447	Periodic assessments should be conducted every 12 months in order to evaluate whether the services are promoting independent and productive living, whether the consumer is making reasonable progress toward an integrated and productive life in the community, whether the consumer's participation in the program is providing him/her with the opportunity to maintain his/her present skill level and whether the services are provided in the least restrictive environment.	Feb 11, 2011 10:04 PM
448	There should be standards of cleanliness, quality and cleanliness of furnishings, maintenance of yards or outside areas, etc.	Feb 11, 2011 10:05 PM
449	Periodic assessments should be conducted every 12 months in order to evaluate whether the services are promoting independent and productive living, whether the consumer is making reasonable progress toward an integrated and productive life in the community, whether the consumer's participation in the program is providing him/her with the opportunity to maintain his/her present skill level and whether the services are provided in the least restrictive environment.	Feb 11, 2011 10:09 PM

Residential Services

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

	Response Text	
450	Periodic assessments should be conducted every 12 months in order to evaluate whether the services are promoting independent and productive living, whether the consumer is making reasonable progress toward an integrated and productive life in the community, whether the consumer's participation in the program is providing him/her with the opportunity to maintain his/her present skill level and whether the services are provided in the least restrictive environment.	Feb 11, 2011 10:16 PM
451	Periodic assessments should be conducted every 12 months in order to evaluate whether the services are promoting independent and productive living, whether the consumer is making reasonable progress toward an integrated and productive life in the community, whether the consumer's participation in the program is providing him/her with the opportunity to maintain his/her present skill level and whether the services are provided in the least restrictive environment.	Feb 11, 2011 10:19 PM
452	Periodic assessments should be conducted every 12 months in order to evaluate whether the services are promoting independent and productive living, whether the consumer is making reasonable progress toward an integrated and productive life in the community, whether the consumer's participation in the program is providing him/her with the opportunity to maintain his/her present skill level and whether the services are provided in the least restrictive environment.	Feb 11, 2011 10:35 PM
453	Regional Centers waist monies on the increasing number of service coordinators to manage the cases particularly in residential facilities. A face to face contact every three months is ineffective for those consumers that are considered stable and without critical issues. If the face to face contacts and the reports required by the service coordinator was reduced it would free them up to do a better job with the cases that need it and it would ultimately reduce the number of service coordinators, supervisors and the like. Too much bureacracy is expensive.	Feb 11, 2011 10:41 PM
454	Perform quarterly review.	Feb 11, 2011 10:42 PM
455	Periodic assessments should be conducted every 12 months in order to evaluate whether the services are promoting independent and productive living, whether the consumer is making reasonable progress toward an integrated and productive life in the community, whether the consumer's participation in the program is providing him/her with the opportunity to maintain his/her present skill level and whether the services are provided in the least restrictive environment.	Feb 11, 2011 10:42 PM
456	The IP Team at every IP meeting, as described in the Lanterman Act, should determine usefulness and effectiveness of services.	Feb 11, 2011 10:44 PM
457	Periodic assessments should be conducted every 12 months in order to evaluate whether the services are promoting independent and productive living, whether the consumer is making reasonable progress toward an integrated and productive life in the community, whether the consumer's participation in the program is providing him/her with the opportunity to maintain his/her present skill level and whether the services are provided in the least restrictive environment.	Feb 11, 2011 10:58 PM
458	Periodic evaluation and ways to determine improvement or lack there of.	Feb 11, 2011 10:59 PM
459	Licensing. Eliminate QA at RC because it is only a duplication. If QA remains, then only for initial homes and then every 3 years.	Feb 11, 2011 10:59 PM
460	Periodic assessments should be conducted every 12 months in order to evaluate whether the services are promoting independent and productive living, whether the consumer is making reasonable progress toward an integrated and productive life in the community, whether the consumer's participation in the program is providing him/her with the opportunity to maintain his/her present skill level and whether the services are provided in the least restrictive environment.	Feb 11, 2011 11:29 PM
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 (a) (6).	Feb 11, 2011 11:50 PM

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

	Response Text	
462	Periodic assessments should be conducted every 12 months in order to evaluate whether the services are promoting independent and productive living, whether the consumer is making reasonable progress toward an integrated and productive life in the community, whether the consumer's participation in the program is providing him/her with the opportunity to maintain his/her present skill level and whether the services are provided in the least restrictive environment.	Feb 11, 2011 11:59 PM
463	Periodic assessments should be conducted every 12 months in order to evaluate whether the services are promoting independent and productive living, whether the consumer is making reasonable progress toward an integrated and productive life in the community, whether the consumer's participation in the program is providing him/her with the opportunity to maintain his/her present skill level and whether the services are provided in the least restrictive environment.	Feb 12, 2011 12:13 AM
464	Residential living facilities need to place emphasis on safety, security, and quality of life for their DD residents.	Feb 12, 2011 12:49 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 12, 2011 1:17 AM
466	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 12, 2011 3:40 AM
467	Evaluations of both client and service provider.	Feb 12, 2011 3:57 AM
468	Usefulness and effectiveness of 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 5:21 AM
469	Usefulness and effectiveness of services should be determined by the IPP team at every IPP meeting, as described in The Lanterman Act Section 4645.5 (a) (6).	Feb 12, 2011 5:37 AM
470	Have inspectors or someone from licensing visit the home unannounced.	Feb 12, 2011 6:14 AM
471	quarterly reviews	Feb 12, 2011 6:18 AM
472	See previous answers.	Feb 12, 2011 6:29 AM
473	I have no experience in this area.	Feb 12, 2011 6:42 AM
474	Meal, accomondation, physical and mental wellness programs should be routinely provided.	Feb 12, 2011 7:00 AM
475	If the consumer cannot provide their own care.	Feb 12, 2011 3:18 PM
476	Annual check up meeting with those who are needed to meet.	Feb 12, 2011 3:42 PM
477	THe Regional Center councelor should check on the client at least once per quarter. Right now they cannot do this because they are over loaded with more clients than councelors available to care for tthem all. Right now we hear form our councelor once a year. That is not often enough for a client living in any situation.	Feb 12, 2011 4:29 PM
478	Service individuals must check regularly (every month to every six months) to make sure the patient is functioning: buying food, cleaning, paying bills, paying taxes.	Feb 12, 2011 4:31 PM
479	Periodic reviews by qualified Regional Center personnel	Feb 12, 2011 4:59 PM
480	standardized requirments set	Feb 12, 2011 5:41 PM
481	Housing authority.Low income housing,Business group educated on investment of turning some of motels made to standards for individual to live in as studios and are given tax incentives,incentive to families who have rooms available and are given tax incentives to accept these individual for success.and even incentives for individuals to be able to purchase homes for themselves without penalty from the Social security benefits	Feb 12, 2011 5:55 PM
482	Usefulness and effectiveness of 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 6:12 PM

Residential Services

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

	Response Text	
483	Quality assurance to ensure that consumers are treated with dignity and respect and that the environment is safe and healthy (quarterly meetings as well as drop in quality assurance checks).	Feb 12, 2011 6:50 PM
484	RC worker to determine.	Feb 12, 2011 7:18 PM
485	Licensing standards	Feb 12, 2011 7:27 PM
486	They should be checked on a regular basis. I have noticed that at times friendships are formed between the group home caretaker and the regional center personnel. I'm not sure the regional center clients and their families concerns are being met.	Feb 12, 2011 8:08 PM
487	Polling of individuals receiving services using a proven instrument.	Feb 12, 2011 8:25 PM
488	Usefulness and effectiveness of 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 8:29 PM
489	Regular monitoring by Regional Center staff, other qualified professionals as appropriate, courts if housing conserved persons.	Feb 12, 2011 8:54 PM
490	consumer family feedback and independant monitoring service to ensure safe environments	Feb 12, 2011 9:01 PM
491	Interaction and interviewing the consumer about how their care is being provided, and if they are satisfied would be essential to running an effective program.	Feb 12, 2011 9:25 PM
492	Direct Obs, data collection and quartely IDT meetings	Feb 12, 2011 9:43 PM
493	More on site evaluation.	Feb 12, 2011 10:12 PM
494	Usefulness and effectiveness of 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 12:02 AM
495	There should be small group homes equipped for high nursing needs. Trach patients who have developmental disabilities should be able to live in small group homes rather than large skilled nursing facilities. These patients will be healthier in a smaller environment and the cost to the state would be less since there will be less visits to the ER, hospital and wound care.	Feb 13, 2011 12:25 AM
496	dont have a hud , group home around anywhere	Feb 13, 2011 12:38 AM
497	Ask for feedback. Investigate complaints.	Feb 13, 2011 12:39 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 13, 2011 3:45 AM
499	History, experience, and licensing if appropriate along with checks and balances to ensure that the services are being utilized by each consumer as appropriate for them.	Feb 13, 2011 3:51 AM
500	Evaluated by the service provider, care giver, and themselves.	Feb 13, 2011 4:28 AM
501	Once again keep an eye on these care givers. Do rotating ship with these care givers they can not be doing the same thing over and over they will need a relief care givers sent to them.	Feb 13, 2011 6:04 AM
502	Proof is in the outcome. With the implementation of QPBS standards and if the standards are provided as they are meant to be provided there will be improvement in quality of life of the QR. There must be the solid foundation of support from the Vending RC to assure QPBS are being used properly. If the careprovider is not complying with QPBS standards, that provider may receive a Plan of Action or be put on probation and denied referrals, or QR removed from the setting. Keeping in mind that it is the right of any QR to receive QPBS; not the right of a careprovider to receive reimbursement just because a careprovider provides a place for the QR to reside.	Feb 13, 2011 8:16 AM
503	Special needs housing for adults	Feb 13, 2011 3:56 PM

Residential Services

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

	Response Text	
504	Monitor staffing and service provided in an group living setting. Clients should have as much independence as possible, should contribute to the maintenance of his/her environment as he/she is able.	Feb 13, 2011 7:13 PM
505	Usefulness and effectiveness of 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 7:17 PM
506	goals IPP if client is not meeting goals why?? change strategies	Feb 13, 2011 10:20 PM
507	Usefulness and effectiveness of 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 10:54 PM
508	TO MAKE SURE THE STANDARDS FOR HOUSING ARE USEFUL IS TO HAVE DROP IN VISITS	Feb 13, 2011 11:10 PM
509	The service provider needs to provide reports about the client every 6 months.	Feb 13, 2011 11:56 PM
510	Periodic evaluation	Feb 14, 2011 12:08 AM
511	Professional standards and best practices for these services already exist. Nothing more should be added or deleted from these standards and practices.	Feb 14, 2011 1:11 AM
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 14, 2011 1:54 AM
513	Service plans and case management goals should suffice.	Feb 14, 2011 2:42 AM
514	Usefulness and effectiveness of 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 3:26 AM
515	Continued quarterly (minimum) Regional Center monitoring.	Feb 14, 2011 4:46 AM
516	This is the heart of the success of this service. The client's individual needs must be met in order for the residential service to be useful and effective: physical needs, personal needs, health and nutrition needs, social needs, and recreational needs.	Feb 14, 2011 6:06 AM
517	Through evaluations, observations done on the individual in order to see that they are satisfied with the services being provided.	Feb 14, 2011 7:08 AM
518	MORE REGULATION OF THE FACILITIES TO MAINTAIN CLEANLINESS AND DECENT MEALS AND BE OPEN IF A CONSUMER IS ILL AND MUST STAY HOME FROM WORK FOR 1 OR MORE DAYS	Feb 14, 2011 7:22 AM
519	The level of happiness and adjustment to the program.	Feb 14, 2011 1:57 PM
520	Periodic assessments should be conducted every 12 months in order to evaluate whether the services are promoting independent and productive living, whether the consumer is making reasonable progress toward an integrated and productive life in the community, whether the consumer's participation in the program is providing him/her with the opportunity to maintain his/her present skill level and whether the services are provided in the least restrictive environment.	Feb 14, 2011 4:05 PM
521	Individual participant should demonstrate that they are happy within this environment.	Feb 14, 2011 4:07 PM
522	Periodic assessments should be conducted every 12 months in order to evaluate whether the services are promoting independent and productive living, whether the consumer is making reasonable progress toward an integrated and productive life in the community, whether the consumer's participation in the program is providing him/her with the opportunity to maintain his/her present skill level and whether the services are provided in the least restrictive environment.	Feb 14, 2011 4:29 PM
523	Frequent evaluations, additional power of limitation and discipline for DDS CCF or RC.	Feb 14, 2011 4:58 PM

Residential Services

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

	Response Text	
524	Periodic assessments should be conducted every 12 months in order to evaluate whether the services are promoting independent and productive living, whether the consumer is making reasonable progress toward an integrated and productive life in the community, whether the consumer's participation in the program is providing him/her with the opportunity to maintain his/her present skill level and whether the services are provided in the least restrictive environment.	Feb 14, 2011 5:07 PM
525	Periodic assessments should be conducted every 12 months in order to evaluate whether the services are promoting independent and productive living, whether the consumer is making reasonable progress toward an integrated and productive life in the community, whether the consumer's participation in the program is providing him/her with the opportunity to maintain his/her present skill level and whether the services are provided in the least restrictive environment.	Feb 14, 2011 5:34 PM
526	Periodic assessments should be conducted every 6 months in order to evaluate whether the services are promoting independent and productive living, whether the consumer is making reasonable progress toward an integrated and productive life in the community, whether the consumer's participation in the program is providing him/her with the opportunity to maintain his/her present skill level and whether the services are provided in the least restrictive environment.	Feb 14, 2011 6:05 PM
527	Periodic assessments should be conducted every 12 months in order to evaluate whether the services are promoting independent and productive living, whether the consumer is making reasonable progress toward an integrated and productive life in the community, whether the consumer's participation in the program is providing him/her with the opportunity to maintain his/her present skill level and whether the services are provided in the least restrictive environment.	Feb 14, 2011 6:06 PM
528	Qualified Case Managers	Feb 14, 2011 6:10 PM
529	Periodic drop in visits to the facility to make sure living conditions are good & the place is clean!!!	Feb 14, 2011 6:11 PM
530	Periodic assessments should be conducted every 12 months in order to evaluate whether the services are promoting independent and productive living, whether the consumer is making reasonable progress toward an integrated and productive life in the community, whether the consumer's participation in the program is providing him/her with the opportunity to maintain his/her present skill level and whether the services are provided in the least restrictive environment.	Feb 14, 2011 6:20 PM
531	Should be determined by IPP team	Feb 14, 2011 6:21 PM
532	Periodic assessments should be conducted every 12 months in order to evaluate whether the services are promoting independent and productive living, whether the consumer is making reasonable progress toward an integrated and productive life in the community, whether the consumer's participation in the program is providing him/her with the opportunity to maintain his/her present skill level and whether the services are provided in the least restrictive environment.	Feb 14, 2011 6:27 PM
533	Periodic assessments should be conducted every 12 months in order to evaluate whether the services are promoting independent and productive living, whether the consumer is making reasonable progress toward an integrated and productive life in the community, whether the consumer's participation in the program is providing him/her with the opportunity to maintain his/her present skill level and whether the services are provided in the least restrictive environment.	Feb 14, 2011 6:28 PM
534	Usefulness and effectiveness of 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 6:30 PM
535	Usefulness and effectiveness of 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 6:31 PM

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

	Response Text	
536	Periodic assessments should be conducted every 12 months in order to evaluate whether the services are promoting independent and productive living, whether the consumer is making reasonable progress toward an integrated and productive life in the community, whether the consumer's participation in the program is providing him/her with the opportunity to maintain his/her present skill level and whether the services are provided in the least restrictive environment.	Feb 14, 2011 6:32 PM
537	Periodic assessments should be conducted at least every 12 months in order to evaluate whether the services are promoting independent and inclusive living, whether the individual's participation in the program is providing him/her with the opportunity to maintain his/her present skill level and whether the services are provided in the least restrictive environment.	Feb 14, 2011 6:41 PM
538	Psychologist in level 4 homes should take a more active role in the home. Another suggestion is to provide behavioral services to children who are in group homes with the assistance from the psychologist.	Feb 14, 2011 6:43 PM
539	life improvement survey.	Feb 14, 2011 6:48 PM
540	Follow ups, checking and making sure these services are of good quality and effctive	Feb 14, 2011 6:59 PM
541	Periodic assessments should be conducted every 12 months in order to evaluate whether the services are promoting independent and productive living, whether the consumer is making reasonable progress toward an integrated and productive life in the community, whether the consumer's participation in the program is providing him/her with the opportunity to maintain his/her present skill level and whether the services are provided in the least restrictive environment.	Feb 14, 2011 7:10 PM
542	Based on the needs of the consumer during the IPP process.	Feb 14, 2011 7:34 PM
543	Periodic assessments should be conducted every 12 months in order to evaluate whether the services are promoting independent and productive living, whether the consumer is making reasonable progress toward an integrated and productive life in the community, whether the consumer's participation in the program is providing him/her with the opportunity to maintain his/her present skill level and whether the services are provided in the least restrictive environment.	Feb 14, 2011 7:49 PM
544	Concumer desire, RC monitoring, parent or guardian monitoring, state monitoring- these should be the qualifications for usefullness and effectiveness.	Feb 14, 2011 8:03 PM
545	Periodic assessments should be conducted every 12 months in order to evaluate whether the services are promoting independent and productive living, whether the consumer is making reasonable progress toward an integrated and productive life in the community, whether the consumer's participation in the program is providing him/her with the opportunity to maintain his/her present skill level and whether the services are provided in the least restrictive environment.	Feb 14, 2011 8:06 PM
546	The program needs to fit the consumers needs. If a facility has lower functioning consumers that could be victims don't place aggressive consumer which happens now. Regional Center places consumers at the lowest level of care they can get not what is best for that consumer or the other residents at the facility. Providers want their beds full, now have to be full to stay in operation. This is a bad situation.	Feb 14, 2011 8:31 PM
547	State and local licences. Regional center inspections.	Feb 14, 2011 8:55 PM
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 14, 2011 9:02 PM
549	n/a	Feb 14, 2011 9:10 PM
550	Set up a working farm or ranch where the residents live and work. A working farm usually generates income. This income would help pay and take care of the residents.	Feb 14, 2011 9:26 PM
551	Reviews on regular basis	Feb 14, 2011 9:59 PM

Residential Services

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

	Response Text	
552	On-going quarterly meetings with the treatment team and family should be done. Family satisfaction with services should be assessed.	Feb 14, 2011 10:14 PM
553	Periodic assessments should be conducted every 12 months in order to evaluate whether the services are promoting independent and productive living, whether the consumer is making reasonable progress toward an integrated and productive life in the community, whether the consumer's participation in the program is providing him/her with the opportunity to maintain his/her present skill level and whether the services are provided in the least restrictive environment.	Feb 14, 2011 10:22 PM
554	Monitoring family care home on a regular basis.	Feb 14, 2011 10:43 PM
555	This should be determined by the IPP team, as described in the Lanterman Act Section 4646.5 (a)(6).	Feb 14, 2011 10:44 PM
556	much closer monitoring in board and cares. accomplish what the system was set up to be.	Feb 14, 2011 11:06 PM
557	Usefulness and effectiveness of 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 11:09 PM
558	Quarterly meetings should continue among the vendor, Regional Center and the families. Family satisfaction with the services should be thoroughly discussed and assessed at each meeting.	Feb 14, 2011 11:19 PM
559	Services should be client specific,,,if service is not needed why should it be provided....	Feb 14, 2011 11:29 PM
560	Residential services should not only be useful and effective, but also safe. Regular monitoring, with all necessary followup and action required.	Feb 14, 2011 11:37 PM
561	Periodic assessments should be conducted every 12 months in order to evaluate whether the services are promoting independent and productive living, whether the consumer is making reasonable progress toward an integrated and productive life in the community, whether the consumer's participation in the program is providing him/her with the opportunity to maintain his/her present skill level and whether the services are provided in the least restrictive environment.	Feb 14, 2011 11:53 PM
562	Contine with annual facility monitoring and Quality Assurance Surveys.	Feb 15, 2011 12:04 AM
563	On-going quarterly meetings with the treatment team and family should be done. Family satisfaction with services should be assessed.	Feb 15, 2011 12:19 AM
564	Periodic assessments should be conducted every 12 months in order to evaluate whether the services are promoting independent and productive living, whether the consumer is making reasonable progress toward an integrated and productive life in the community, whether the consumer's participation in the program is providing him/her with the opportunity to maintain his/her present skill level and whether the services are provided in the least restrictive environment.	Feb 15, 2011 12:25 AM
565	We are doing what we need to do. However, I've personally lost $4,200 monthly. The regional center still expects the staffing ratio to stay the same! There are many clients who have failed at all the programs that have been available and we must go through alot just to get the additional 1 on 1 disbursement. Because of medi-cal dental cal and eyewear services have been cut for our guys to still have what they need a responsible provider will assist them in purchasing these item. There are not many regional center based social programs for high functioning consumers, therefore they look to the streets. the facility educates them but the are left no choice but to mingle with non disabled peers. leading them to drug addiction gang affliation ETC. the facility is left with re-directing	Feb 15, 2011 12:27 AM
566	Service coordinator visits once a week.	Feb 15, 2011 1:32 AM

Residential Services

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

	Response Text	
567	Evaluate the needs of each consumer - rather than the LOC for the facility. Some consumers have been in the same facility for 20 years. They no longer require the intense "behavioral support", as they've matured, or gotten used to the structure/support of the facility. Other consumers have been in a lower LOC and require additional care as they age. This should be re-evaluated at regular intervals (maybe like a school does a triennial review?)	Feb 15, 2011 1:45 AM
568	Usefulness and effectiveness of 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 1:46 AM
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 15, 2011 1:56 AM
570	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 15, 2011 2:30 AM
571	Services should reflect "reasonable & customary" standards provided/available in the "typical" community for those with similar medical/behavioral needs.	Feb 15, 2011 2:34 AM
572	On-going assessment by facility consultants	Feb 15, 2011 3:12 AM
573	periodic review	Feb 15, 2011 3:28 AM
574	through regional center, licensing and other agencies	Feb 15, 2011 3:31 AM
575	See the Lanterman Act!!	Feb 15, 2011 4:09 AM
576	The "home" must evaluated by the proper agency on a routine basis to determine that it is the appropriate environment and placement for the individual's safety and well being. Some of these individuals are not able to seek transportation individually. The "home" needs to provide transportation so that these individuals are not "housebound" or living inactive life styles. Good social situations need to be cultivated.	Feb 15, 2011 4:16 AM
577	Annually meetings, quarterly contact to make sure consumer's needs are being met.	Feb 15, 2011 5:32 AM
578	see comments on Behavior services	Feb 15, 2011 5:42 AM
579	Consumers in residential settings deserve to be a part of their larger community.	Feb 15, 2011 6:32 AM
580	Usefulness and effectiveness of 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 6:34 AM
581	Usefulness and effectiveness of 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 6:39 AM
582	To be monitored by regional center employees. They are professionals and well trained.	Feb 15, 2011 7:01 AM
583	feedback from clients, regular visits	Feb 15, 2011 7:10 AM
584	If consumer is being assaulted, abused, etc. the program isn't working	Feb 15, 2011 7:30 AM
585	I think greater emphesis should be placed on parent reports on care in these types of homes. Send out questionaires often so that parents can give you input on how the homes their children are residing in are doing in all areas. Parents need a forum where they can give you real information without fear of reprisals. Retaliation is very real and intimidation is happening. These are very vulnerable clients and clients that can no longer live at home. It is putting parents between a rock and a hard place. If they complain about a home, they risk getting their child thrown out. More oversight needs to be in place.	Feb 15, 2011 8:57 AM
586	Continue existing procedures.	Feb 15, 2011 4:05 PM
587	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 15, 2011 4:07 PM

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

	Response Text	
588	Usefulness and effectiveness of 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 4:26 PM
589	ditto	Feb 15, 2011 5:00 PM
590	Continuation of current standards	Feb 15, 2011 5:58 PM
591	Usefulness and effectiveness of 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 6:03 PM
592	Assessment and evaluation reports.	Feb 15, 2011 6:08 PM
593	Service standards should emphasize health and safety and then the breadth of activities offered.	Feb 15, 2011 6:20 PM
594	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 15, 2011 6:30 PM
595	The IP Team at every IP meeting, as described in the Lanterman Act, should determine usefulness and effectiveness of services.	Feb 15, 2011 6:38 PM
596	Periodic assessments should be conducted every 12 months in order to evaluate whether the services are promoting independent and productive living, whether the consumer is making reasonable progress toward an integrated and productive life in the community, whether the consumer's participation in the program is providing him/her with the opportunity to maintain his/her present skill level and whether the services are provided in the least restrictive environment.	Feb 15, 2011 6:59 PM
597	Periodic assessments should be conducted every 12 months in order to evaluate whether the services are promoting independent and productive living, whether the consumer is making reasonable progress toward an integrated and productive life in the community, whether the consumer's participation in the program is providing him/her with the opportunity to maintain his/her present skill level and whether the services are provided in the least restrictive environment.	Feb 15, 2011 7:00 PM
598	Partner with groups like Orange County Asperger's Support Group (714-227-8819) or the Asperger's Parent Support Group (http://www.saddleback.com/lakeforest/carehelp/supportgroups/medical/aspergers.html). I'm sure we can help figure out a plan and standards if you are willing to work with our high-functioning children and teen/adult population. You already know how to take good care of the (and I HATE these terms!) mid- and lower-functioning populations.	Feb 15, 2011 7:06 PM
599	Parent satisfaction and demonstrated use of services	Feb 15, 2011 7:25 PM
600	Ongoing monitoring and self-assessments.	Feb 15, 2011 7:33 PM
601	Periodic evaluation, e.g. every 6 months, of the quality of the service and the ability of the resident individuals to continue to be maintained in the facility.	Feb 15, 2011 7:54 PM
602	like "needs" grouped together in a campus home/dorm setting wth a trained professional or para-professional (under professional guidance) monitoring social, behavioral, emotional and academic success during this "transition" period to ensure independence when degree is complete	Feb 15, 2011 8:20 PM
603	Require consultants in level 4 homes to be Board Certified Behavior Analysts when individuals with behavioral support needs are served. Require all staff to speak the language of individuals served.	Feb 15, 2011 8:30 PM
604	Consumer and family feedback should be given much attention.	Feb 15, 2011 9:26 PM
605	Usefulness and effectiveness of 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 9:39 PM
606	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 9:48 PM
607	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 15, 2011 10:31 PM

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

	Response Text	
608	The IP Team at every IP meeting, as described in the Lanterman Act, should determine usefulness and effectiveness of services.	Feb 15, 2011 10:32 PM
609	The individual should have access to activities that s/he enjoys. Prevention of abuse and neglect is a major concern for me because my son will be very vulnerable to this someday when he is no longer at home. He is sweet-natured with poor communication skills. As I wrote in the prior section: If he were raped and screaming in agony at 3:00 p.m., and I spoke with him at 8:00 p.m. and asked how he was... he is so literal... I believe he would tell me he is fine, because -- at that moment, he would be fine (and experiencing great relief that the earlier ordeal was over). He is 14 years old now and is at high risk for abuse someday, yet the regional center has been pushing for us to take over all his services following parent training. The only reason services are not already terminated is that LesleyAnne Ezelle stepped in to help. The battle is never-ending though.	Feb 15, 2011 10:41 PM
610	The IP Team at every meeting. See Lanterman Act.	Feb 15, 2011 11:28 PM
611	You would need to make sure the people are taken care of in a respectful way.	Feb 15, 2011 11:28 PM
612	Annual to Triennial assessment of the needs of the consumer should be made, and the rate of reimbursement to the provider should be adjusted depending on the level and need for staff oversight and assistance. eg: Total care consumers need more supervision and provider should be compensated for providing that service. Minimal care consumers needing little supervision- provider not required to staff as much and rate should be adjusted. This is not intended to move consumers from their existing care homes- more along the lines of adjusting the compensation according to the needs of the individual- Individual needs change over time, but an established resident should not have to move to a new home according to their needs.	Feb 15, 2011 11:32 PM
613	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 11:35 PM
614	Require progress reports for each individual receiving the service from the provider. Conduct regular audits.	Feb 16, 2011 12:06 AM
615	Usefulness and effectiveness of 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 12:21 AM
616	A rating sytem like many of the elderly care homes have should be in place. This way consumers and families are aware of the limitations that the res. service can provide. This scoring system could also be benficial to determine if they would be allowed to open another facility in the future. I feel that consumers and their families should be polled to see if the services are useful or effective. Many of our homes only maintain consumers, they don't take them into the community or particpate in recreational actvities as much as they should. When they is a high level of service such as a L4 and they are requesting a 1:1 in lui of day program or because the consumer is difficult there seems to be no required proof (staffing schedule provided, staffing observed, behavior services are not motified or oversite of effective BCBA's in the home)	Feb 16, 2011 12:38 AM
617	Review the homes on a regular basis, ask parents or family members (etc) of the consumer if they are appy with the services. Ask the client if he/she is happy, if there are any problems or if they have any concerns. The social worker should oversee this process to ensure the health and saftey of the consumer.	Feb 16, 2011 1:36 AM
618	periodic reviews of services by caseworker should be completed. Any issues should be reported to regulatory agencies for review.	Feb 16, 2011 2:33 AM

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

	Response Text	
619	A behavioral assessment, functional behavioral assessment or functional analysis of the problem behavior(s), or skill deficits should be conducted at intake and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, and measurable outcomes. In addition, periodic assessments should be conducted every 3-6 months in order to evaluate progress. Supervision of a comprehensive residential environment should be on a MINIMUM ratio of 1 hour of supervision per week for each consumer. Before making a determination for continuing, modifying, or terminating residential placement, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Measurement of residential staff's ability to implement treatment plans across all environments must be included to ensure the generalization of learned skills.	Feb 16, 2011 3:16 AM
620	There is no concern for facilities licensed under the CA Dept of Public Health the regulations are very strict and specific and the CA Dept of Public Health closely and thoroughly monitors these facililties. The Community Care licensed facilities need much closer monitoring and stricter regulations.	Feb 16, 2011 3:25 AM
621	On-going quarterly meetings with the treatment team and family should be done. Family satisfaction with services should be assessed.	Feb 16, 2011 3:33 AM
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 16, 2011 4:48 AM
623	Usefulness and effectiveness of 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 5:47 AM
624	Usefulness and effectiveness of 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 6:16 AM
625	written quarterly reports	Feb 16, 2011 6:19 AM
626	Individualize the services provided to meet the needs of our special kids,	Feb 16, 2011 7:27 AM

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

	Response Text	
1	Criminal background checks for each worker. The organization should also have strict and rigid security practices in an effort to ward off abuse of the client.	Jan 28, 2011 12:46 AM
2	must have expierence and knowledge of services being provided	Jan 28, 2011 1:26 AM
3	MUCH MORE DETAILED QUALITY ASSURANCE. AND DATA AVAILABLE TO CONSUMERS/FAMILIES TO COMPARE.	Jan 28, 2011 1:29 AM
4	QUALITY ASSURANCE FOR ALL VENDORS. INPUT FROM CONSUMERS/FAMILIES AND SERVICE COORDINATORS AND DATA COLLECTED AVAILABLE TO CONSUMERS/FAMILIES FOR COMPARISON	Jan 28, 2011 1:54 AM
5	New providers should be able to show an AA degree or course work that shows at least two years at a junior college. New care providers should be able to access on-line data bases, e-billing, seek out medical information, make appointments get medication referrals on line. Management of paperwork, banking, etc.	Jan 28, 2011 2:03 AM
6	Should be licensed but also those should be flixible.	Jan 28, 2011 2:10 AM
7	well trained English speaking staff	Jan 28, 2011 2:15 AM

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

	Response Text	
8	We have now tried 2 group homes and always they post the plans for activities and all the time they sit and watch tv. It is very sad. No follow thru.	Jan 28, 2011 2:34 AM
9	CCL	Jan 28, 2011 2:38 AM
10	They darn well better be klicensned, and not overmedicating people.	Jan 28, 2011 2:48 AM
11	The homes should be licensed and inspected periodically. The caseworker, consumer and family should provide input to the agency overseeing the consumer's program.	Jan 28, 2011 3:11 AM
12	must be state licensed and certified with quarterly checks	Jan 28, 2011 3:17 AM
13	Title 22 and Title 17	Jan 28, 2011 3:19 AM
14	All staff need to be held accountable for their actions and responsibilities. They are there to assist the client and support them. A full background check must be done and on going training.	Jan 28, 2011 3:22 AM
15	House administrator must meet the qualifying standards for dealing with clients of the level the house is licensed for.	Jan 28, 2011 3:23 AM
16	Degree and state standards. FBI clearance and no criminal history	Jan 28, 2011 3:35 AM
17	Lanterman Act. Needs of the consumer as written in the IPP	Jan 28, 2011 3:45 AM
18	Care providers must pass all certifications needed before actually taking consumers under their care.	Jan 28, 2011 4:19 AM
19	Title 17 and Title 22 have developed standards for qualifications and performance. These compounded by on-the-job training and experience determines the effectiveness of the delivery of service.	Jan 28, 2011 4:34 AM
20	They should be monitored on an hourly bases to make sure if they have that many staff on duty that they are actually doing something to assist the consumer.	Jan 28, 2011 4:34 AM
21	Strict standards such as those already in place for home care workers and educators. Plus training which would be required to maintain eligibility to work in the program.	Jan 28, 2011 4:38 AM
22	the RC doesnt check the staff that is hired or the administrators. qualification are easily manipulated and basically anyone can be a director or open a residential facility	Jan 28, 2011 4:39 AM
23	They should be licensed	Jan 28, 2011 4:55 AM
24	continuing education and experience background of the person ,cleanliness of the facility.	Jan 28, 2011 4:58 AM
25	QA needs to be educated, whether that be with a degree or not i am unsure. They need to be able to stand up to the provider who is belligerant about errors being pointed out, but yet passionate enough to offer advise about how to correct the situation.	Jan 28, 2011 5:18 AM
26	change vendorization qualifications	Jan 28, 2011 5:24 AM
27	experience, experience, experience	Jan 28, 2011 5:33 AM
28	Same as above.	Jan 28, 2011 5:56 AM
29	No comment	Jan 28, 2011 6:31 AM
30	Love people	Jan 28, 2011 6:49 AM
31	Professional, well trained and experienced with all facets of provision of services.	Jan 28, 2011 7:37 AM
32	Make sure all staff have at least an AA degreee and begin licensing the staff.	Jan 28, 2011 8:12 AM
33	There MUST be a behavior analyst either within or contracting with each agency. As a behavior analyst, I am on call 24 hours per day and respond even to their reports of special incidents. Otherwise, the administrative qualifications are not sufficient in dealing with persons with maladaptive behaviors, to be sure.	Jan 28, 2011 1:32 PM

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

	Response Text	
34	the care provider are all well teained as per Cvrc. and Licensing certified training hes and test.	Jan 28, 2011 4:40 PM
35	The present standard for qualifications and performance seems sufficient.	Jan 28, 2011 4:53 PM
36	The qualifications and performance of the person or organization should be outstanding that provide these services. I have been Blessed to have this with Mr. Bradshaw and the HCDD staff. My daughter has been 5150 so many times that all I could do was pray, pray, pray, and pray. I was so Blessed to find the HCDD group home.	Jan 28, 2011 5:02 PM
37	see #3	Jan 28, 2011 5:04 PM
38	Thses standards already exist	Jan 28, 2011 5:20 PM
39	DSP I & DSP II be combined into one course.	Jan 28, 2011 5:20 PM
40	Depends on the service the individual is performing.	Jan 28, 2011 5:22 PM
41	Current stanadards fine with RC oversight	Jan 28, 2011 5:35 PM
42	Current standards are actually quite good in theory.	Jan 28, 2011 5:46 PM
43	*proven performance is more important than letters after your name	Jan 28, 2011 5:57 PM
44	Same as above. There is already more than enough.	Jan 28, 2011 5:59 PM
45	Should be licensed by the State.	Jan 28, 2011 6:12 PM
46	Keep at the current rates and amounts.	Jan 28, 2011 6:24 PM
47	Already exist	Jan 28, 2011 6:25 PM
48	Should have the appropriate education and experience.	Jan 28, 2011 6:38 PM
49	EXPERIENCE AND STAFFING LEVELS	Jan 28, 2011 6:45 PM
50	A system similar to child welfare RCL should be considered. The RCL system takes staffing hours provided, qualification of staff, and various professional services provided in determining the rate. This will ensure consistency and standards.	Jan 28, 2011 6:48 PM
51	Adequate educ/exper for service provided Adequate background check Adequate/ongoing training	Jan 28, 2011 6:52 PM
52	These standards already exist. We should use them!	Jan 28, 2011 7:11 PM
53	N/A	Jan 28, 2011 7:27 PM
54	Qaulifications should be standardized and catered also County Qualifications.	Jan 28, 2011 7:30 PM
55	Limit the number of facilities a vendor can operate. Facility closure should be supported in regulation when sanctions issued for health and safety violations are not corrected in a reasonble period of time.	Jan 28, 2011 7:52 PM
56	Large Corporations tend to make decisions in favor of the bottom line. I realize this is necessary, but a smaller outfit seems to be more interested in the welfare of the clients, than the larger more spread out organizations. You feel that the Corp. is making rules in San Diego for a person in a small town who they will never see, or really care what happens to.	Jan 28, 2011 8:19 PM
57	The medical and care standards of group homes and nursing homes should be significantly raised and regulated.	Jan 28, 2011 8:29 PM
58	Providers should receive adequate training on working with the disabled and care should be monitored by some outside agency. In addition, thorough background screening should be done on caregivers to prevent abuse of residents.	Jan 28, 2011 8:33 PM

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

	Response Text	
59	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 8:48 PM
60	Residences should be licensed.	Jan 28, 2011 8:49 PM
61	cultural and language similarities...able to speak English able to call 911,, able to respect the likes and dislikes of consumers no matter what..of course meet all the general laws and requirements...treat disabled persons with utmost dignity..provide an enriching environment and exposure to the "normal" daily goings on of non disabled persons....	Jan 28, 2011 8:55 PM
62	Consumers, caregivers, and families are capable of determining if the person working with the consumer is qualified.	Jan 28, 2011 8:56 PM
63	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 8:57 PM
64	must have experience providing residential services in order to do it - don't vendor just anyone	Jan 28, 2011 8:58 PM
65	These Standards already exist	Jan 28, 2011 9:02 PM
66	Must be licensed by Regional Center System	Jan 28, 2011 9:16 PM
67	Continue as is.	Jan 28, 2011 9:46 PM
68	Education and/or experience in social services should be encouraged - training on promoting autonomy and ideals of Lanterman Act would be ideal.	Jan 28, 2011 9:55 PM
69	Unannounced visits. If questions arise, more frequent UNANNOUNCED visits	Jan 28, 2011 9:57 PM
70	Homes to be licensed by the state licensing authorities and the regional center.	Jan 28, 2011 10:16 PM
71	Same as before for questions 4-7	Jan 28, 2011 10:36 PM
72	Providers of Residential Home services must ensure that personnel working with consumers are trained to work with such population. While taking my daughter to a Special Olympics bowling session, I saw staff from a group home bowl instead of the consumer. If I was the parent of any of those consumers I would be under the impression that when the group home takes my child bowling, it would actually be the consumer bowling not the staff. I have also seen staff dragging disabled adults by their arms so they could "walk" faster to their destination. Maybe Regional Centers could have a group of people dedicated to do unannounced visits to group homes. I would like to see Regional Centers visit places that consumers go to and see the interactions of staff and consumers. Staff working with the disabled should have rigorous training and supervision at all times.	Jan 28, 2011 10:41 PM
73	--	Jan 28, 2011 10:46 PM
74	Continue criteria.	Jan 28, 2011 10:50 PM
75	careproviders should have intence training before they are concidering open a home. they also should continue the training yearly or every time that they change of staff they shoud go to a intence training.	Jan 28, 2011 10:52 PM
76	written exam administered by local RC	Jan 28, 2011 11:09 PM
77	Again, these standards whatever they may be, should be fully disclosed. I guess if someone wants to get services that are a level of above, there is higher copayment.	Jan 28, 2011 11:25 PM

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

	Response Text	
78	ACRC needs a serious audit. I'm not sure how they have a hiring freeze during a recession yet on there website I have seen employment offering. Additionally, I don't see how we have received cuts in our revenue while I haven't seen reductions within there own organization. I also dont' see how they continue to open care homes when there is no need for them. That over supply creates obstacles for success and not just financial for the group homes.	Jan 28, 2011 11:28 PM
79	No	Jan 28, 2011 11:29 PM
80	Increase audit frequency for struggling homes, descrease for "gold standard" homes. Use strong homes to serve as a mentor for struggling homes	Jan 29, 2011 12:03 AM
81	These persons or agencies need to be highly qualified. Certs, credentials, back ground check and word of mouth.	Jan 29, 2011 12:36 AM
82	All staff and owners must communicate in english. Not to use their home languange in front of consuemrs so that they dont understand	Jan 29, 2011 12:40 AM
83	More attention needs to be paid to providers who actually do their job vs those who do not. Regional centers should not be permitted to force providers to accept residents that they clearly are not comfortable having in their homes.	Jan 29, 2011 12:54 AM
84	As designated by law	Jan 29, 2011 1:39 AM
85	educated and trained	Jan 29, 2011 1:43 AM
86	The state requirements are sufficient.	Jan 29, 2011 2:18 AM
87	Licensed professionals with background checks.	Jan 29, 2011 3:08 AM
88	Must be licensed by state	Jan 29, 2011 3:45 AM
89	trained caring professional	Jan 29, 2011 4:43 AM
90	service provider should be properly certified and with proper training.	Jan 29, 2011 5:09 AM
91	No one should be cut	Jan 29, 2011 5:10 AM
92	The home providers should have training in dealing with behavior problems and training. They should have basic skills dealing with first aid, and emergency situations. They should be knowledgeable about good nutrition for preparing healthful and nutritious meals for the clients. They should give the clients a variety of activities either within the home, or on outside events in the community, making life interesting and exciting for the clients.	Jan 29, 2011 5:39 AM
93	The present service standards that are already in place must be followed.	Jan 29, 2011 6:20 AM
94	N/A	Jan 29, 2011 6:41 AM
95	substantial initial training and then annual required training	Jan 29, 2011 6:44 AM
96	DC individuals	Jan 29, 2011 2:59 PM
97	These service providers should undergo extensive background checks and all necessary funds to do so should be provided. Criminal records, prior performance, training, references, complaints, etc. should all be checked thoroughly and a period of on-the-job training with a similar service provider should be required.	Jan 29, 2011 10:30 PM
98	DEDICATGED PROFESSINO MULTIDISCIPLONARY STAFF	Jan 29, 2011 11:53 PM
99	Health and safety standards equivalent to those expected of assisted living residences and hospitals.	Jan 30, 2011 12:34 AM
100	N/A	Jan 30, 2011 4:18 AM
101	They really need to have to know this business, have staff screened carefully for issues of abuse. The places need to be safe places. There has to be unannounced visiting for oversight.	Jan 30, 2011 5:10 PM

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

	Response Text	
102	There are already so many regulations and policies that it takes a 60 person law firm to analyse.	Jan 30, 2011 6:28 PM
103	Discussed in No. 1. Performance of providers may be gauged by asking counselorswho have seen how certain providers provide care to their clients. Performance may also be measured by asking dayprograms as to how the provider takes careof their clients-	Jan 30, 2011 8:58 PM
104	surveys and reviews	Jan 30, 2011 9:15 PM
105	Trainings.....certifications.....more trainings.....meetings.....more trainings.....on and on	Jan 30, 2011 10:49 PM
106	Staff should be trained and appropriate levels fo supervision provided. Independent oversight and ombudsman services should be guaranteed.	Jan 31, 2011 4:15 AM
107	Regional CEnter workers should have some experience with mental health and or intellectual disability people. CPC's may have social work experience or probation or welfare but that does not give them experience working with and understanding the disabilities of the clients with which they work.	Jan 31, 2011 4:39 AM
108	consumer driven, medical knowledge, experience with DD population	Jan 31, 2011 4:19 PM
109	This is a licensed home and should be subject to the current review processes by the responsible agencies.	Jan 31, 2011 6:11 PM
110	Use the industry standards, background checks, and annual reviews. Visits to home when agency is not aware of a visit.	Jan 31, 2011 6:13 PM
111	Oranized and capable of making good decisions that reflect a true commitment to the work to be performed - able to supervise staff and lead a team that works for client good and not just for a pay check.	Jan 31, 2011 6:38 PM
112	Community Care Licensing sets the standard for the residential services administrator, who must be certified by the state. DDS sets the standard for the training of direct care staff and requires certification at year 1 and year 2. Now, the direct care provider can test out of the DSP training program. It should be mandatory. Overall performance is covered by the regional center's 3-year QA visit, and CCL.	Jan 31, 2011 6:52 PM
113	All residential staff must be finger printed and cleared prior to stepping foot into the facility as well as having received training in first aide/cpr and new residential provider trainings. Minimum educational requirement: high school diploma	Jan 31, 2011 6:54 PM
114	Qualifications and performance levels must be commensurate with the quality of care required by the supervisor or home coordinator. If the patients are not going to have heat or air conditioning in winter and summer and poor daily meals and the consumers shoved in front of the TV for al hours, then you will attract people with no love for these consumers and again this opens up the possibility for lawsuits. No educated employees/low educated employees = poor care. Not what you want for your adult child or consumer.	Jan 31, 2011 7:24 PM
115	I have no idea what qualifies a person or organization to provide these services. They should be tested often.	Jan 31, 2011 8:55 PM
116	Could look at injury or accident reports, prevention or health programs set up by different facilities, quality of life issues for different people.	Jan 31, 2011 9:04 PM
117	everyone seeing to a consumer should be state licensed in the field that they want to provide	Jan 31, 2011 9:08 PM
118	Staff in these homes should be required to undergo more training, and should learn how to help consumers learn how to become more independent instead of doing everything for them and having them become dependent on staff.	Jan 31, 2011 9:23 PM
119	These standards already exist	Jan 31, 2011 9:31 PM

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

	Response Text	
120	Appropriate credentials and licenses required to operate and maintain residential services.	Jan 31, 2011 9:34 PM
121	A 4-year college degree in most cases, although that may not always be necessary.	Jan 31, 2011 9:45 PM
122	I'd like to see some education program for professional direct care staff.	Jan 31, 2011 9:55 PM
123	ewe	Jan 31, 2011 10:30 PM
124	Vendorization	Jan 31, 2011 10:31 PM
125	??	Jan 31, 2011 10:33 PM
126	continue current requirements	Jan 31, 2011 11:13 PM
127	Certified	Feb 1, 2011 12:01 AM
128	Training for the owner. Classes for the staff. Staff need to know more about the consumers that they take care of. Owners and staff alike should have ongoing training Even at a community college.Not just what they get from regional centers, but a variety of training and education.	Feb 1, 2011 12:34 AM
129	The group home heart or center of the home are the individuals with specials needs or are handicapped. The group home revolves around these individuals and are focused on their well being. Again they are not in it only for the money. The people provide the group home setting have a background in dealing specifically with individuals with special needs. They are not in it only FOR THE MONEY as well. The State has a duty to make sure that licensed individuals are qualified have the proper permit applications. Camphill Organization has an excellent and positive outlook and it could/should provide a working model for all group home organizations.	Feb 1, 2011 12:55 AM
130	Responsible, caring persons only! These providers must realize the responsibility that they have in providing for this population!	Feb 1, 2011 1:24 AM
131	Must not be a holding tank, but rather a place where individual strengths are recognized and celebrated, at the same time that disabilities and deficits are tolerated with patience and goodwill.	Feb 1, 2011 1:26 AM
132	This can often be determined by the well being of the clients. again , professional training for the providers.	Feb 1, 2011 1:47 AM
133	These individuals are already the most under-served in our state and country. With already limited living opportunities that can offer differing levels of support, to cut these services would lead to many people becoming homeless.	Feb 1, 2011 3:01 AM
134	Residential service providers must produce results (e.g., consumers with learned and maintained skills, markedly improved behavior, and greater access to the meaningful activities/events in the community).	Feb 1, 2011 4:50 AM
135	Typical criminal background checks, fingerprinting, sex offender status, etc. Personnel must demonstrate having received such education, training and experience as is appropriate to function in the particular situation with the particular population served.	Feb 1, 2011 5:01 AM
136	as needed	Feb 1, 2011 5:21 AM
137	I believe what the standards are now are good	Feb 1, 2011 5:22 AM
138	The State can reasonably set minimum standards and include enough funds to adequately inspect and sanction inadequate providers, but the local regional center should be able to supplement or modify the standards depending on local circumstances.	Feb 1, 2011 7:19 AM

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

	Response Text	
139	NOTE: What does it take for DDS to recognize that there is little behavior and health difference between residential care between level 4I and special contracted facilities. The financial difference is beyond understanding, 5000-19000 per month. Not counting the regional center management cost. I suggest all level 4 facilities, specialized, and special negotiated rate facilities receive same pay. (7500 per month) which includes case management. Increase beds to 6. There is no need for regional center management considering they do not provide on-site intervention services.	Feb 1, 2011 7:20 AM
140	Experience with some psychology or behavior therapy degree. 3 year experience working with population. Administrator certificate	Feb 1, 2011 9:51 AM
141	Care home owners and administrators should have to pass a community college or some other type of training course before they can be vendored by a regional center --- but then colleges have to offer the course and this isn't likely in today's educational funding crisis. Regional centers should be required to obtain documentation from the the State Corporations Dept (or whatever is the correct one) of a care home's corporate state if the care home is incorporated either profit or non-profit during vendorization and every "x" years (do RCs have the administrative staff to do this?). Board members of corporate-run care homes must be verified by the regional center annually (or carehomes have to send in copies of annual and changed corporate filings). Boards of incorporated care homes (either by the Board or through its designated staff member) must notify the regional center (a specific position?) within "x" days of a determination of corporate financial insolvency, potential bankruptcy, discussion of sale or loss of the home itself, or any event that could conceivably jeopardize the stability of the care home's ability to serve consumers. All staff providing direct services to care home residents must be able to understand and speak conversational English (or a different language if the care home specializes in serving a specific language group). All staff must demonstrate the ability to read and write functional English e.g. medicine bottle instructions, medical instructions like from a doctor or hospital demittance, a calendar, a schedule, an IPP/ISP, a Special Incident Report, a note from a teacher or day program staff, speak to a case manager or teacher/program staff, etc.). All staff employed by a care home must be legally in the country adn legally able to work (e.g. work visa, over age 16 , etc.). The regional center should have the right to review personnel files during QA checks and be required report to Immigration or other authorities the suspicion that a staff person is not working legally due to immigration status. This isn't so much an Immigration/alien issue, as a safety issue for consumers in that RCs are verifying staff are who they claim to be, and a fiscal issue in that the rate paid care homes should pay for wages and employee taxes and carehomes aren't likely to pay employee taxes for non-legal employess, thus taking an unfair profit.	Feb 1, 2011 11:33 AM
142	People who care for our clients should have standardized training and should be definitely speak English. I would like to see standardized training for ALL care givers. Care givers must meet requirements such as licensure, and establish continuing education units to keep their license. In the state of California, one cannot cut hair without standardized requirements an licensure. Yet, we allow untrained individuals to care for our most fragile health challenged individuals. This must be addressed on a state level.	Feb 1, 2011 5:40 PM

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

	Response Text	
143	The individual or organization that provides residential services should not only be highly qualified to provide services to individuals with disabilities in terms of experience and knowledge of disabilities, but also effective management abilities to ensure staff operates under the same standards.	Feb 1, 2011 6:01 PM
144	have experience; for profit or not profit - doesn't matter	Feb 1, 2011 6:50 PM
145	Meet licensing requirements	Feb 1, 2011 6:57 PM
146	High School Graduate without a criminal background. Completely trained by the individual organization and monitored by that organization to insure that the consumers are receiving the services agreed upon.	Feb 1, 2011 7:41 PM
147	Same	Feb 1, 2011 7:46 PM
148	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 7:57 PM
149	Employees working in group homes should have AT LEAST an associates degree in a field related to working with individuals with disabilities.	Feb 1, 2011 8:58 PM
150	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
151	Current standards are appropriate.	Feb 1, 2011 9:28 PM
152	See vendorization process and regulations already in place.	Feb 1, 2011 10:30 PM
153	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 11:23 PM
154	An organization that provides support in this area, should be held to a standard that supports quality, it is evident that some homes are better than others,a nd some providers have better abilities than others but all provide the basic. If the level of care is defined as well as it is, then there should be a way for the organization responsible to recognize and reward those homes to encourage quality care. As it stands the system (RCEB) beats up and harasses all the homes in order to say that that their services are needed, it's less about the homes and more about job security for the Regional Center.	Feb 1, 2011 11:47 PM
155	Qualified and degreed professionals with assistance by trained caregivers.	Feb 1, 2011 11:51 PM
156	By ongoing traing and quality assurance.	Feb 2, 2011 2:08 AM
157	same as #3	Feb 2, 2011 2:50 AM

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

	Response Text	
158	Caring, patient, flexible, licensed. Provider has gone through behavior modification classes.	Feb 2, 2011 3:37 AM
159	Licenses should always be checked	Feb 2, 2011 4:08 AM
160	I think this is done very well. Our experiences have been very positive with our various caretakers. I do believe she is underpaid for the amount of work she does to care for our daughter.	Feb 2, 2011 4:34 AM
161	The DSP program seems to be working. Also, when vendoring a new provider the regional center should be able to add qualifications over and above Title 17.	Feb 2, 2011 5:19 AM
162	Again experience is invaluable in this area. degrees are nice but life experiences are the only thing that can prepare sometimes for the challenges that will come up. Training by the organization & the support team who knows the individual is priceless.	Feb 2, 2011 5:53 AM
163	Centains standards should be set. Clients, parents and other family members should be required to rate the facility.	Feb 2, 2011 6:04 AM
164	RAISE THE STANDARDS FOR RESIDENTIAL CARE. The minimum is not acceptable, I went on health-inspection tours to residential living facilities where many individuals were just sitting in chairs all day long in the lobby. This facility met the current "minimum" standards, but that is clearly sub-par. Please require lower patient-caregiver ratios, and make sure the individuals providing services, ALL OF THEM, are well-paid and well-qualified.	Feb 2, 2011 6:06 AM
165	It is absolutely a disgrace to our consumers that people with no qualifications are working with our them. NO experience, nothing, and everything is because the regulations are written. YOU NEED TO RE WRITE TITLE 17 REGULATIONS!!!!!!!!!!!!!!! The regulations require the minimum of the minimum!!!	Feb 2, 2011 2:06 PM
166	Services 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 3:38 PM
167	Services 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 4:57 PM
168	: Services 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 5:52 PM
169	Base on individual needs and state standards	Feb 2, 2011 6:34 PM
170	a	Feb 2, 2011 6:52 PM
171	Minimum A.A. degree and standardized training in safety procedures and client rights.	Feb 2, 2011 7:35 PM
172	The current standards are okay, but i would like to see staff with more education and more experience, but that will depend on the rate of pay	Feb 2, 2011 7:43 PM
173	Licensing is more effective than RC. Put more emphasis on following current already defined guidelines and have Regaion Center staff be more of a resource finder for providers. If currently regs are followed as written clients would receive good care but licensing needs to be tougher on chronic violators and on major violations. RC could cut back on visits and all their audits to insure they are helping service providers to find resources needed to do the job	Feb 2, 2011 8:01 PM
174	More training is needed, especially around sexual issues and abuse, including financial abuse.	Feb 2, 2011 8:43 PM
175	Again, in my experience with two group homes, there was a wide gap in the quality of the services provided, despite what was on paper. Whatever service standards do exist were clearly not being followed. It's the agency oversight that is lacking.	Feb 2, 2011 8:53 PM

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

	Response Text	
176	Services 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 9:19 PM
177	they should be lienced and monitored by the government	Feb 2, 2011 9:46 PM
178	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 10:01 PM
179	See response to supportive services (Section 5).	Feb 2, 2011 10:12 PM
180	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 10:12 PM
181	Please previous topic response....	Feb 2, 2011 10:20 PM
182	Standards should be for proper licensing, continuing education of the administrator, staff and anyone who performs duties as an employee of the home.	Feb 2, 2011 10:39 PM
183	Fingerprinting and personal conviction history regarding abuse and sexual crimes should be an ongoing screening criteria for all providers who work with the PDD. These individuals or providers should not be allowed to provide services to the disabled if they have records of this nature. Services should be evaluated based on the effectiveness of meeting the goals of the IEP.	Feb 2, 2011 10:46 PM
184	Group home managers should be background checked (free and clear of criminal records) and with reputable references with experience working with the developmentally disabled. Orgainizations operating the facilities should be certified and checked for any infractions of environmental and/or character behavior.	Feb 2, 2011 10:59 PM
185	I do not support POS service standards.	Feb 2, 2011 11:33 PM
186	Same answer as previous pages	Feb 3, 2011 12:46 AM
187	Should be very qualified as they are the voice for people who can;t stand for themselves , and usually don't have a voice and can easily be abused and neglected.	Feb 3, 2011 12:47 AM
188	Providers should be cleared by the regional center and homes visited/checked semi-annually.	Feb 3, 2011 1:00 AM
189	Answer: Services should be provided only by persons or organization that are properly vendorized as described in the Lanterman Act Section 4648 (a) (3) (A).	Feb 3, 2011 1:01 AM
190	warm caring heart	Feb 3, 2011 1:21 AM
191	monitored by regional center	Feb 3, 2011 1:32 AM
192	Persons or organizations wanting to provide these services should pass criminal background screening completely clean. They should meet qualifications of safety and show loving concern for the individuals they serve - the disabled and elderly.	Feb 3, 2011 1:56 AM
193	highly qualified	Feb 3, 2011 2:00 AM
194	Safety issues, need of individual...(IQ)..IF it can be determined My daughter's IQ could not be determined..(idiopathic retardation). She needs help in every area, except mobility (and this was hindered tremendously in 1999 when she broke her leg. At this date, she still does not walk properly...the healing took 6 months in bed..a lift had to be used. (2 steel rods and 13 screws). She fell out of bed..and the care givers did NOT realize she was suffering...and was made to walk ..which no doubt added to the break. It was a horrid ordeal for over 2-l/2 years (a blood clot could have killed her)	Feb 3, 2011 2:02 AM
195	On-going classes to ensure they understand the pros and cons of taking care of developmentally disabled adults. Max of clients should be reduced to four.	Feb 3, 2011 2:09 AM
196	Taking the opinions of families	Feb 3, 2011 2:34 AM

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

	Response Text	
197	I think the person/organization providing the group home should work with the family of the client to decide what services need to be provided; the behavior plan; the status of the client, etc.	Feb 3, 2011 2:58 AM
198	people with experience with elderly care	Feb 3, 2011 5:08 AM
199	HIGHLY qualified people and organizations	Feb 3, 2011 5:16 AM
200	Services 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 6:08 AM
201	same as today.	Feb 3, 2011 6:50 AM
202	Same standards as Valley Mountain Regional Center.	Feb 3, 2011 6:51 AM
203	Meet State standards of group homes etc.	Feb 3, 2011 7:27 AM
204	All direct care staff should have criminal background checks and regular drug screenings. They must also be able to communicate proficiently with the consumer in the consumer's primary language.	Feb 3, 2011 3:40 PM
205	They should be scrutinized to the fullest. Both employers and employees as there are human lives involved.	Feb 3, 2011 3:48 PM
206	Credentialed. Weekly monitoring.	Feb 3, 2011 4:48 PM
207	Quality Assurance Reviews should be conducted on a regular basis.	Feb 3, 2011 5:00 PM
208	Resonable standard for education and competency with RC and CCL oversight	Feb 3, 2011 5:20 PM
209	Services 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 5:24 PM
210	Most staff that work in residential homes are minimum wage employees with very little education and training. Staff should participate in regular on-going training and education. All should be required to complete first/aid - CPR training.	Feb 3, 2011 5:40 PM
211	Services 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 5:48 PM
212	Group homes have to be run by very qualified and honest individuals.	Feb 3, 2011 5:49 PM
213	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
214	regional center should visit and check	Feb 3, 2011 6:32 PM
215	Services 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 6:42 PM
216	The Regional Center system has proven to be the best organization to service this need.	Feb 3, 2011 7:07 PM
217	Regional Centers must do ongoing vendor training and QA to ensure decent services. Quality Assurance people should not also be functioning as the client service coordinator.	Feb 3, 2011 7:15 PM
218	The "Buy it Once" strategy using qualified NPO's is a good one and should be continued. This ensures that the homes being developed will be available in perpetuity, and separates home ownership with services.	Feb 3, 2011 7:20 PM
219	I feel the same for all of Regional Center's services as I do in the first few survey's I have taken.	Feb 3, 2011 7:48 PM
220	Experience working with children and d.d or mental illness.	Feb 3, 2011 7:50 PM
221	Proper vendorize services	Feb 3, 2011 7:52 PM
222	These workers should know CPR, restraint training, and knowledge of disabilities.	Feb 3, 2011 7:59 PM
223	Certification training for aides, under the supervision of the organization, licencing that have strict regulations that should be maintained.	Feb 3, 2011 8:05 PM
224	State processes are not connected. Using the schools and licensing and connect these data bases you sould have better data to go by	Feb 3, 2011 8:10 PM

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

	Response Text	
225	Current standards are good but must be enforced, Have Department of Health over all as Licensing as is done for ICF model. STAFF MUST SPEAK ENGLISH AND WRITE FLUENTLY and not talk other language around the consumer if they do not understand it as can make for hard feelings - this is done at Kaiser - ICF is a good model for MANY - Have own bedroom is very good. Have Dept Health replace Community Licensing - they miss a lot -	Feb 3, 2011 8:15 PM
226	Regional Centers should make sure that the qualifications and performance is up to the standards.	Feb 3, 2011 8:21 PM
227	Only organizations holding the requirements should be able to service. ie permits, education, license	Feb 3, 2011 8:53 PM
228	very well trained staff	Feb 3, 2011 8:56 PM
229	Need to be regulated by Regional Center	Feb 3, 2011 8:59 PM
230	Services 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 9:24 PM
231	Services 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 9:46 PM
232	n/a	Feb 3, 2011 9:54 PM
233	Person/organization will be evaluated accordin to the succes of consumer.	Feb 3, 2011 9:56 PM
234	Training or background in providing service to identified disabled group; certification for ensuring individuals involved are conscientious and following a standard quality of service for this population; hold renewal contracts until review of their conduct is complete. Check-ins, planned and unplanned; feedback from family members; input from Day Program or other providers involved in the client's life; at a minimum one annual checkup by RC case worker. Follow-up on any complaints that may be lodged against service provider.	Feb 3, 2011 9:58 PM
235	Meets RC QA standards and licensing standards.	Feb 3, 2011 10:24 PM
236	Not through loads of different licensing agencies.	Feb 3, 2011 10:41 PM
237	Obviously, criminal background checks, intensive interviews, proper supervision.	Feb 3, 2011 10:57 PM
238	As currently set.	Feb 3, 2011 11:13 PM
239	Services should be provided only by persons and organizations that are properly vendorized as described in the Lanterman Act Section 4648 (a) (3) (A).	Feb 3, 2011 11:14 PM
240	Through the quality assurance standards thru the regional center.	Feb 3, 2011 11:29 PM
241	Services 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 11:46 PM
242	Require records check and DMV report yearly. REcords check to include finger printing.	Feb 4, 2011 12:49 AM
243	None. Just competent individuals who have been trained to work with persons with disabilities.	Feb 4, 2011 12:56 AM
244	Training, Training, Training and more training is needed with very extensive background checks.	Feb 4, 2011 1:32 AM
245	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 1:56 AM
246	Services 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 2:50 AM

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

	Response Text	
247	Regional center needs to screen the provider and educate the parent what to consider from the crevice.	Feb 4, 2011 3:17 AM
248	Services should be prvided by persons or organizations that are vendorized as described in the Lanterman Act.	Feb 4, 2011 3:50 AM
249	Background checks to ensure safety of those being cared for, as well as appropriate education or experience working with developmentally delayed individuals.	Feb 4, 2011 4:03 AM
250	The current low pay has resulted in the great difficulty in attracting appropriately qualified individuals. Things have been holding up only due to the long term integrity and sacrifice by honorable people in the industry. That generation is passing away. The existing services standards cannot be relaxed or the disabled will suffer greatly. That is not right. That is not civilized.	Feb 4, 2011 4:49 AM
251	Services should be provided only by person or organizations that are properly venodized as described in the Lanterman Act Section 4648 a, 3, A. Oversight of person and organization should be constructive and supportive, looking for ways to support the best service, not just looking for mistakes!	Feb 4, 2011 5:17 AM
252	The standards for residential providers are good, however the problem is with the vendorization process. Qualified applicants are often denied vendorization because of politics. Contracts are often awarded to church members, friends, family and even by race. High level forensic level facilities are awarded to vendors with no experience. The process of obtaining a facility needs to be regulated. Vendors should submit an online computerized application similiar to the county of los angeles. Based on the information submited the computer will determine if the applicant meets the proper criteria. They should also take an online test that is computerized. Once the scores are calculated and application is reviewed, DDS should submit the names and contact information to local regional centers. The state should also consider freezing the licensing process for new facilities. Many state workers are waisting time and money visiting facilities that have no consumers. Regional centers should not grant contracts for populations that have no need. This wastes time and resources of the state and vendor.	Feb 4, 2011 5:55 AM
253	Services 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 6:45 AM
254	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 7:40 AM
255	Should be certified as a DSP	Feb 4, 2011 3:12 PM
256	Services 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 3:19 PM
257	Same as previous section	Feb 4, 2011 4:55 PM
258	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 5:14 PM
259	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 5:19 PM
260	From what I have seen, more supervision is needed.	Feb 4, 2011 5:34 PM
261	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting 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 5:45 PM

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

	Response Text	
262	caretakers should be licensed and certified.	Feb 4, 2011 5:54 PM
263	Same as IL and SLS.	Feb 4, 2011 6:18 PM
264	The same standards would apply as stated in the section about Day and Work Programs. Additionally, if the Group Home contains a certain kind of resident, like autistic adults, the Staff should be very knowlegeable about this kind of disability and ways to deal with it. In all cases involving the Staff in any setting, they should be compassionate people who are willing to learn everything they need to know about both the disability and the indvidual person. They should be patient and caring yet firm when necessary. Most importantly, they should like their job because these feelings need to be conveyed to their clients in oder to achieve optimal results.	Feb 4, 2011 6:46 PM
265	Services 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 7:11 PM
266	The same as previous #4.	Feb 4, 2011 7:20 PM
267	Review by Regional Center	Feb 4, 2011 7:44 PM
268	Our regional center grants projects and supports those whom they have known to do good work, are experienced, have good records, and have the compassion.	Feb 4, 2011 7:45 PM
269	Services 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 7:55 PM
270	licensed and qualified at least 2 years experience	Feb 4, 2011 8:28 PM
271	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 4, 2011 8:41 PM
272	Must maintain a quality in accordance with CCL and Quality Assurance.	Feb 4, 2011 8:53 PM
273	Services 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 8:58 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 4, 2011 9:20 PM
275	Services 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 9:55 PM
276	All facility's should be started as a level 2 for 1 year. If no complants during this time then it can apply for a higher level if qualified.	Feb 4, 2011 9:56 PM
277	Standards set by the state and the regional centers.	Feb 4, 2011 10:02 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)	Feb 4, 2011 10:10 PM
279	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act.	Feb 4, 2011 10:24 PM
280	If we are speaking PUBLIC MONEY, those not in it for the money, but for love of mankind! All agencies founded upon and working on love of money premise are working on a shaky root...and we all know what the Great One has said the root is of those working for same. Make the agencies/clients prove that they are not in it for the money. If this is wrong to do, why?	Feb 4, 2011 10:28 PM
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 4, 2011 10:39 PM
282	: Services 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 10:47 PM
283	Services 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 10:58 PM
284	Must be qualified according to the present job descriptions.	Feb 4, 2011 11:05 PM

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

	Response Text	
285	Services 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 11:18 PM
286	Services 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 11:23 PM
287	Use the qualifications already in place.	Feb 4, 2011 11:25 PM
288	Same as SLS	Feb 4, 2011 11:42 PM
289	The residence should be monitored by the regional center in order that. a high standard is maintained and the clients are not abused. He also should be able to be happy and satisfied in his home and make a change if he is not..	Feb 4, 2011 11:43 PM
290	Current vendorization practices as dictated by Title 17 manages this now.	Feb 5, 2011 12:03 AM
291	Lanterman Act 4648 describes that only persons and organizations that are properly vendorized can provide services.	Feb 5, 2011 12:28 AM
292	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 12:35 AM
293	AUTISM	Feb 5, 2011 1:12 AM
294	same as other programs in this survey	Feb 5, 2011 1:32 AM
295	Owners of group homes should be required to speak english as thier primary language	Feb 5, 2011 2:19 AM
296	These group homes should be subject to inspection both announced and unannounced. Some provide excellent and nurturing help while others view their clients as simply a source of income - not acceptable at all.	Feb 5, 2011 3:47 AM
297	Services 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 3:59 AM
298	Extremely patient with this population. Willing to teach skills to this population and have daily tasks for them everyday. Provide social outlets and community exposure.	Feb 5, 2011 4:55 AM
299	State licensing bodies, professional organizations	Feb 5, 2011 5:51 AM
300	Services should be provided only by organization vetted as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 5, 2011 6:53 AM
301	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act.	Feb 5, 2011 2:49 PM
302	Services 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 5:29 PM
303	The qualifications for organizations and individuals who are employed by the organizations are oftgen overbearing givben the amount the state is willing to pay for the services. If qualifications are to go up, then the state needs to pay additional rates for these qualifications.	Feb 5, 2011 6:37 PM
304	same as first set	Feb 5, 2011 6:40 PM
305	Yes, any direct care providers should not have any DUI's, CPS history or criminal history. The references of teh direct care providers should be contacted. There should also be a screening for any mental health concerns. Direct care providers need to be screed more thouroughtly. There should be an incentive for the owners and operators of the facilities to hire students from local collages (studying special education, etc) to provide direct care. Direct care providers should also be offered benefits like vacation time and health care to ensure the most competent and compassionate individuals are hired.	Feb 5, 2011 8:14 PM
306	I oppose POS standards. Please refer to the Lanterman Act section 4648 (a) (3) (A).	Feb 5, 2011 9:01 PM
307	Background check, classes and training needed	Feb 5, 2011 10:15 PM

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

	Response Text	
308	Services 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 10:57 PM
309	The Lanterman Act has the vendorization processes, which establish the guidelines for the qualifications and performance of persons and organizations providing services..	Feb 5, 2011 11:33 PM
310	the care providers have to take 8 to 20 hours of classes a year and the service coranders are in the home almost every month	Feb 5, 2011 11:51 PM
311	These standards already exist.	Feb 6, 2011 5:13 AM
312	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 residential 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 5:52 AM
313	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 6, 2011 6:06 AM
314	Services 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 4:37 PM
315	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 6, 2011 6:49 PM
316	See above.	Feb 6, 2011 8:50 PM
317	Services 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 5:14 AM
318	Services 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 6:43 AM
319	Only persons or organization that are properly vendorized as described in the Lanterman Act should provide services.	Feb 7, 2011 2:47 PM
320	Persons and/or organizations providing services should be properly vendorzied, per The Lanterman Act.	Feb 7, 2011 3:31 PM
321	More needs to be done to put interested parties together so that more homes can be available for people with specific special needs.	Feb 7, 2011 5:20 PM
322	Only persons or organization that are properly vendorized as described in the Lanterman Act should provide services.	Feb 7, 2011 5:46 PM
323	As mentioned in the first section of questions.	Feb 7, 2011 8:28 PM
324	Services 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 10:08 PM
325	Allow RC's to set the standards in their own communities.	Feb 7, 2011 10:45 PM
326	Let the Regional Centers make the decisions regarding program services	Feb 7, 2011 11:14 PM
327	Services should only be provided by persons or organizations which are properly vendorized as described in the Lanterman Act Section 4648 (a)(3)(A).	Feb 7, 2011 11:20 PM
328	As previously stated, good English-speaker [can hold a conversation with an English-speaking only CPC]. RSPs should have experience with care providing and be tolerant of the clientele with which they will be working. House Managers/Administrators should be more/better accessible and available to the CPC. All providers within the CCF [RSP and House Mgrs alike] should be ready and able to provide CPC with answers to any question concerning the consumer, at any given time. Unannounced visits, while good and make sense in theory, result in more frustration and unanswered questions b'c the RSP present doesn't know anything going on with the consumer, nor has access to logs/notes/records/etc to refer to.	Feb 8, 2011 12:43 AM

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

	Response Text	
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 8, 2011 1:12 AM
330	Licensed care administrators to continue the services	Feb 8, 2011 2:01 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 8, 2011 4:08 AM
332	Background checks and very careful examination of letters of recommendation.	Feb 8, 2011 4:37 AM
333	I think standards for this area could be improved by requiring the administrators to be more educated. Require a bachelors degree is social services or similar area.	Feb 8, 2011 4:51 AM
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 8, 2011 5:34 AM
335	Again as previously stated.	Feb 8, 2011 6:09 AM
336	Services 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 3:41 PM
337	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 8, 2011 6:04 PM
338	LCSW are very good	Feb 8, 2011 7:54 PM
339	Services 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 7:56 PM
340	Trained and experienced staff; no criminal record; no record of reported abuse and neglect.	Feb 8, 2011 8:57 PM
341	Everyone should meet the standards to operate a facility.	Feb 8, 2011 8:57 PM
342	same as #2	Feb 8, 2011 9:27 PM
343	Physical plant should be homelike and clean. Caregivers should have more experience and training.	Feb 8, 2011 10:17 PM
344	Individuals/organizations who provide residential living services for Developmentally Disabled individuals should already be established and demonstrate an understanding of working and providing services to consumers with developmental disabilities. Monitoring to ensure the implementation of said program meets the standards set forth from the beginning, and maintained through regular quality assurance.	Feb 8, 2011 10:50 PM
345	Individuals/organizations who provide residential living services for Developmentally Disabled individuals should already be established and demonstrate an understanding of working and providing services to consumers with developmental disabilities. Monitoring to ensure the implementation of said program meets the standards set forth from the beginning, and maintained through regular quality assurance.	Feb 8, 2011 11:22 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 8, 2011 11:55 PM
347	Services 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
348	Answer: Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 9, 2011 1:28 AM
349	We need individuals that are responsible and careing and not someone that is in their position collecting a paycheck. Background checks, previous work/emploryer records, neighbor and family interviews. If the person wants to work in the care industry they need to pay for their background checks in turn they need to be paid a reasonable salary.	Feb 9, 2011 1:31 AM
350	same	Feb 9, 2011 2:28 AM
351	Put training in place and have clases regularly	Feb 9, 2011 3:23 AM

Residential Services

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

	Response Text	
352	Licensed caregivers.	Feb 9, 2011 3:39 AM
353	Service providers who are awarded projects need to have experience in running a residential facility or must show proven track record, especially if the project is a negotiated (premium) rate home.	Feb 9, 2011 3:45 AM
354	I think that residential care should have residential staff members that are responsible and qualified to give medication if needed. Staff members should have CPR certification and knowledge of conflict resolution.	Feb 9, 2011 3:47 AM
355	no comment	Feb 9, 2011 4:01 AM
356	Persons providing services must have background checks and be qualified and licensed.	Feb 9, 2011 4:44 AM
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 9, 2011 5:43 AM
358	Family Home Agencies are an expensive unnecessary redundancy and should be completely eliminated. The tasks performed by state licensing analysts should be rolled into the regional center case managers workloads, the costs saved by eliminating the indefensible expensive redundancy of State employees visiting and inspecting the same homes visited and inspected by regional center employees and fire marshals would be substantial.	Feb 9, 2011 6:08 AM
359	Need more than just high school diploma. Specific training in caring for these individuals.	Feb 9, 2011 8:50 AM
360	Services should be provided in a manner that meets the consumer's needs without undue barriers, including but not limited to, unnecessary qualifications, paperwork, and time delays. To the extent the services intended to be considered in this section are covered by the DD Waiver, provider qualifications are set forth in the Waiver.	Feb 9, 2011 5:36 PM
361	follow title 17, 22	Feb 9, 2011 6:31 PM
362	staff must be trained and knowedgeable of DD, speak the language of the clients in the home and be caring and compassionate. Burn out is important to watch for and staff need adequate relief.	Feb 9, 2011 7:04 PM
363	Services 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 7:58 PM
364	Background checks for these providers is an absolute must!	Feb 9, 2011 8:20 PM
365	Services should be provided only by persons or organizations that are properly venderized as described in the Lanterman Act, Sec. 4646A(3).	Feb 9, 2011 9:12 PM
366	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 9:16 PM
367	Services 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 10:07 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 9, 2011 10:20 PM
369	Services should be provided only by persons or organizations that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 9, 2011 10:36 PM
370	Services 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 10:53 PM
371	current reporting mechanism and standards are fine	Feb 9, 2011 11:38 PM
372	Same as above	Feb 9, 2011 11:41 PM
373	These standards already exist	Feb 10, 2011 12:01 AM

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

	Response Text	
374	services should be provided only by people or organizations that are properly ve3ndorized as per Lanterman Act section 4648 (a) (3) (A)	Feb 10, 2011 12:02 AM
375	Experienced, dedication and a four year bachelor of Science in Social Services/worker	Feb 10, 2011 12:44 AM
376	There should be a behavior analyst involved in the services. Direct care staff should have a clean record. Staff quality and training at many homes needs to improve.	Feb 10, 2011 12:57 AM
377	must provide accommadations for the family as needed for the stay and include meals.	Feb 10, 2011 3:27 AM
378	if a person has no where to live, cant function as a normal person and is riddled with impairments its a no brainer	Feb 10, 2011 7:59 PM
379	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 10, 2011 8:09 PM
380	I need to learn abou how girls have babies, and also safe sex.	Feb 10, 2011 8:32 PM
381	monthy drug tests of the person or organization that provides these services, better montering of the home, as in bi-monthly welfare adult protection services	Feb 10, 2011 9:20 PM
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 10, 2011 9:33 PM
383	Services 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 10:02 PM
384	Those providing services should have eduational/specialized training. Also, psychological testing should be done as well as criminal screening on all direct care staff and home owner's.	Feb 10, 2011 10:28 PM
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 11, 2011 12:26 AM
386	Reasonable cost. Not a cash cow. Progress and happiness of the patients is an important issue.	Feb 11, 2011 1:41 AM
387	Supports should remain the same or increase.	Feb 11, 2011 1:49 AM
388	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 11, 2011 1:52 AM
389	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 3:23 AM
390	More training	Feb 11, 2011 3:26 AM
391	Socially correct. Not a threat to others. Follows direction and abides by rules.	Feb 11, 2011 3:33 AM
392	Services 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 5:10 AM
393	The homes should meet local, state and federal standards in addition to the regional centers requirements to be qualified vendors.	Feb 11, 2011 5:23 AM
394	Services 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 5:45 AM
395	Need documented experience and background checks.	Feb 11, 2011 6:13 AM
396	Services 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 6:17 AM

Residential Services

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

	Response Text	
397	Care home owner should have a college degree or a background in developmental psychology or education, should be an advocate for the disabled, and should be able to provide a healthy and supportive environment for the residents of the home. The Regional Center should require that the diet in the home is low-fat, low sodium, and home-cooked. There should be foods from the major food groups including fresh vegetables, whole grains, lean meats, legumes, fruits, and dairy. Food should not be used as a reward, nor withheld for punishment. Residents should be treated with respect. Individuals should be able to shop for their own clothes, go on outings, get fresh air, and have a common area for socialization within the home. Individuals should have access to a shower or bath daily.	Feb 11, 2011 8:24 AM
398	Should meet the current licensing and/or certification standards.	Feb 11, 2011 2:33 PM
399	No comment.	Feb 11, 2011 6:29 PM
400	Services to be rendered by qualified vendors according to the Lanterman Act.	Feb 11, 2011 6:50 PM
401	SAME AS PREVIOUS #4	Feb 11, 2011 6:51 PM
402	report to be sent to regional at the end of service contract (3 months) indicating whether goals were met/ or needs more training.	Feb 11, 2011 6:52 PM
403	Be fingerprinted, have no prior convictions or felonys. Have expericene with our disabled people.	Feb 11, 2011 6:53 PM
404	they must be qualified	Feb 11, 2011 7:26 PM
405	they should know how to do it themselves	Feb 11, 2011 7:46 PM
406	They should have background checks and psychological those rendering the service should have someone bonafide to ensure they are taking care of the consumer. Have them educated and understand what they are getting into and enjoy on what they do. Not just come to get a paycheck. Also, from time to time check if they are providing a nuturing and caring services for the consumer. Check to see they offer safety for the consumer teach them how to defend themselves the consumer needs to be empowerment upon a given situation. Have someone people can trust and not take advantage of a consumer.	Feb 11, 2011 7:59 PM
407	See comment under Behavioral Services	Feb 11, 2011 8:49 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 11, 2011 9:46 PM
409	Qualifications of staff that provide residential services will vary based on the stated mission and outcomes of the specific program and the population of consumers served by that program.	Feb 11, 2011 9:47 PM
410	Qualifications of staff that provide residential services will vary based on the stated mission and outcomes of the specific program and the population of consumers served by that program	Feb 11, 2011 9:48 PM
411	Qualifications of staff that provide residential services will vary based on the stated mission and outcomes of the specific program and the population of consumers served by that program.	Feb 11, 2011 9:50 PM
412	Residential Services affect or benefit the whole person's life...only top performance organizations and persons that are qualified should be the providers.	Feb 11, 2011 9:51 PM
413	whoever the person involved in giving services for the consumers, should have been properly trained for their job.	Feb 11, 2011 9:52 PM

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

	Response Text	
414	Qualifications of staff that provide residential services will vary based on the stated mission and outcomes of the specific program and the population of consumers served by that program.	Feb 11, 2011 9:53 PM
415	Services should be provided only by persons or organization that are properly vendorized as described in the Lanterman Act Section 4648 (a) (3) (A)	Feb 11, 2011 9:53 PM
416	Qualifications of staff that provide residential services will vary based on the stated mission and outcomes of the specific program and the population of consumers served by that program.	Feb 11, 2011 9:55 PM
417	Qualifications of staff that provide residential services will vary based on the stated mission and outcomes of the specific program and the population of consumers served by that program.	Feb 11, 2011 10:03 PM
418	Qualifications of staff that provide residential services will vary based on the stated mission and outcomes of the specific program and the population of consumers served by that program.	Feb 11, 2011 10:04 PM
419	Qualifications of staff that provide residential services will vary based on the stated mission and outcomes of the specific program and the population of consumers served by that program.	Feb 11, 2011 10:09 PM
420	Qualifications of staff that provide residential services will vary based on the stated mission and outcomes of the specific program and the population of consumers served by that program.	Feb 11, 2011 10:16 PM
421	Qualifications of staff that provide residential services will vary based on the stated mission and outcomes of the specific program and the population of consumers served by that program.	Feb 11, 2011 10:19 PM
422	Qualifications of staff that provide residential services will vary based on the stated mission and outcomes of the specific program and the population of consumers served by that program.	Feb 11, 2011 10:35 PM
423	Perform quarterly review.	Feb 11, 2011 10:42 PM
424	Qualifications of staff that provide residential services will vary based on the stated mission and outcomes of the specific program and the population of consumers served by that program.	Feb 11, 2011 10:42 PM
425	Only persons or organization that are properly vendorized as described in the Lanterman Act should provide services.	Feb 11, 2011 10:44 PM
426	Qualifications of staff that provide residential services will vary based on the stated mission and outcomes of the specific program and the population of consumers served by that program	Feb 11, 2011 10:58 PM
427	Good Staff is important	Feb 11, 2011 11:12 PM
428	Qualifications of staff that provide residential services will vary based on the stated mission and outcomes of the specific program and the population of consumers served by that program.	Feb 11, 2011 11:29 PM
429	Services 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 11:50 PM
430	Qualifications of staff that provide residential services will vary based on the stated mission and outcomes of the specific program and the population of consumers served by that program.	Feb 11, 2011 11:59 PM
431	Qualifications of staff that provide residential services will vary based on the stated mission and outcomes of the specific program and the population of consumers served by that program.	Feb 12, 2011 12:13 AM
432	Services 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 1:17 AM

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

	Response Text	
433	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 12, 2011 3:40 AM
434	Facilities must pass health inspections and building codes.	Feb 12, 2011 3:57 AM
435	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 12, 2011 5:21 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 12, 2011 5:37 AM
437	They must be licensed and must pass all health inspections.	Feb 12, 2011 6:14 AM
438	Licensed homes	Feb 12, 2011 6:18 AM
439	See previous answers.	Feb 12, 2011 6:29 AM
440	I have no experience in this area.	Feb 12, 2011 6:42 AM
441	There must be a high accountability.	Feb 12, 2011 3:18 PM
442	The client's well being in health, work, activities.	Feb 12, 2011 3:42 PM
443	The people providing these services should have at the least 2 years of full time schooling to know what thye have to deal with on adaily basis and learn the inportants of being prepared for what may happen with the client and to learn to keep honest and accurate records of the clients life.	Feb 12, 2011 4:29 PM
444	An honest, caring person.	Feb 12, 2011 4:31 PM
445	Degreed with experience	Feb 12, 2011 4:59 PM
446	A board of parents and professionals should oversee this. Too many people are using this to make exorbitant amounts of money and people with disabilities are being abused.	Feb 12, 2011 5:11 PM
447	survey to check skill	Feb 12, 2011 5:41 PM
448	Training and tax incentives that make it rewarding and beneficial to individuals	Feb 12, 2011 5:55 PM
449	Services 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 6:12 PM
450	Experience is a plus. Attending and passing a class that teaches the requirements and standards. An administrator should be required on site a certain number of hours per week (to check in and ensure that things are running smoothly).	Feb 12, 2011 6:50 PM
451	Careful monitoring by RC and family of clients.	Feb 12, 2011 7:18 PM
452	My son is living in a Group Home with a Caretaker and her adult daughter. The home has 5 clients. Four clients share two smal bedrooms and one has his own very small room. The 5 clients share one tiny bathroom. I feel this is totally irresponsible. Five men need more then that. The qualifications for the number of clients should take all these issues into concern. Also the caretaker is way overworked for dealing with five special needs clients' individual needs.	Feb 12, 2011 8:08 PM
453	Providers should be experienced in working with individuals on the Autism Spectrum.	Feb 12, 2011 8:25 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 12, 2011 8:29 PM
455	No criminal or abuse history of persons. Financial capability and stability, no history of financial malfeasance. Qualifications through experience and/or education with kinds of disabilties clients have. Qualified staff appropriate to client needs, medical issues, behavioral issues. Monitoring by Regional Center staff, licensing, etc.	Feb 12, 2011 8:54 PM
456	qualified under assessment that focuses on motivation and philosphy of provider	Feb 12, 2011 9:01 PM
457	Education and performance standards evaluated by the consumer would assist in this endeavor.	Feb 12, 2011 9:25 PM
458	MA; BCBA or completion of course work related to BCBA	Feb 12, 2011 9:43 PM

Residential Services

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

	Response Text	
459	Providers must be scrutinized and evaluated on an on-going basis.	Feb 12, 2011 10:12 PM
460	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 13, 2011 12:02 AM
461	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 13, 2011 3:45 AM
462	Experience, training and licensing if necessary.	Feb 13, 2011 3:51 AM
463	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 person who has a difficulty.	Feb 13, 2011 4:28 AM
464	make sure they are highly educated and have the know how. Lots to TLC. No abuser	Feb 13, 2011 6:04 AM
465	Same as previously stated.	Feb 13, 2011 8:16 AM
466	Licensed by state and staff trained in behavioral management	Feb 13, 2011 3:56 PM
467	Trained, patient, caring professionals should direct and staff group living environments.	Feb 13, 2011 7:13 PM
468	Services 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 7:17 PM
469	Please train these people. Training in behavior management and some understanding of people with dev. disabilities. Required training. Too much damage is caused by ignorance and lack of supervission of staff	Feb 13, 2011 10:20 PM
470	Services 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 10:54 PM
471	I THINK REGIIONAL CENTER HAS A GOOD HANDLE ON THE PEOPLE PERFORMING THESE SERVICES	Feb 13, 2011 11:10 PM
472	We are at minimum required to hold certificates attesting to our training.	Feb 13, 2011 11:22 PM
473	Licensed by State with State requirements as developed by knowledgeable persons who have served in the field or have particular expertise. Minimal training of all persons involved in the service or care homes.	Feb 14, 2011 12:08 AM
474	See Q. 3	Feb 14, 2011 1:11 AM
475	Services should be provided only by persons or organization that are properly vendorized as described in the Langerman Act Section 4648 (a) (3) (A).	Feb 14, 2011 1:54 AM
476	Already defined and should be adhered to.	Feb 14, 2011 2:42 AM
477	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 14, 2011 3:26 AM
478	Need some sort of checks and queries of past contacts, consumers and family members/conservators of consumers to confirm that the persons and organizations indeed have the best interests of the consumers in mind.	Feb 14, 2011 4:46 AM

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

	Response Text	
479	Again, this is a critical area with many unresolved reoccuring problems. It is probably one of the weakest services that the RC's vendorize. Although staff turnover is often attributed to low wages, it is also because the qualification and experience standards are so low, and this is further complicated by poor continued training and supervision by organiztions, licensing agencies and RC's. The topic is too broad for detail. The Department of Developmental Services and the Regional Centers know what has to be done, now they have to do the job. I do not know why you would expect any improvement for residential services unless they are adequately funded. This is probably the most important program of all services provided by the RC's, why not give it a chance for sucess and cut the B.S. Give a much needed rate increase for residential services, so that a living wage can be paid staff persons.	Feb 14, 2011 6:06 AM
480	STATE STANDARDS	Feb 14, 2011 7:22 AM
481	The providers MUST report and document progress with the help of an inter-disciplinary team.	Feb 14, 2011 1:57 PM
482	Qualifications of staff that provide residential services will vary based on the stated mission and outcomes of the specific program and the population of consumers served by that program.	Feb 14, 2011 4:05 PM
483	Experience and caring, understanding nature.	Feb 14, 2011 4:07 PM
484	Qualifications of staff that provide residential services will vary based on the stated mission and outcomes of the specific program and the population of consumers served by that program.	Feb 14, 2011 4:29 PM
485	no	Feb 14, 2011 4:58 PM
486	Qualifications of staff that provide residential services will vary based on the stated mission and outcomes of the specific program and the population of consumers served by that program.	Feb 14, 2011 5:07 PM
487	Qualifications of staff that provide residential services will vary based on the stated mission and outcomes of the specific program and the population of consumers served by that program.	Feb 14, 2011 5:34 PM
488	Qualifications of staff that provide residential services should include the ability to communicate in the English language and require some level of experience and training in dealing effectively with challenging behavior.	Feb 14, 2011 6:05 PM
489	Qualifications of staff that provide residential services will vary based on the stated mission and outcomes of the specific program and the population of consumers served by that program.	Feb 14, 2011 6:06 PM
490	Qualified organizations and employees working to help consumers using QA and visitations	Feb 14, 2011 6:10 PM
491	Qualifications of staff that provide residential services will vary based on the stated mission and outcomes of the specific program and the population of consumers served by that program.	Feb 14, 2011 6:20 PM
492	Should be provided by individuals or organization who are properly vendorized	Feb 14, 2011 6:21 PM
493	Qualifications of staff that provide residential services will vary based on the stated mission and outcomes of the specific program and the population of consumers served by that program.	Feb 14, 2011 6:27 PM
494	Qualifications of staff that provide residential services will vary based on the stated mission and outcomes of the specific program and the population of consumers served by that program.	Feb 14, 2011 6:28 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 14, 2011 6:30 PM

Residential Services

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

	Response Text	
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 14, 2011 6:31 PM
497	Periodic assessments should be conducted every 12 months in order to evaluate whether the services are promoting independent and productive living, whether the consumer is making reasonable progress toward an integrated and productive life in the community, whether the consumer's participation in the program is providing him/her with the opportunity to maintain his/her present skill level and whether the services are provided in the least restrictive environment.	Feb 14, 2011 6:32 PM
498	Qualifications of staff that provide residential services will vary based on the stated mission and outcomes of the specific program and the population served by that program.	Feb 14, 2011 6:41 PM
499	client should be showing signs of improvement on the life improvement survey.	Feb 14, 2011 6:48 PM
500	Regular checks on the services they are providing	Feb 14, 2011 6:59 PM
501	Stop hiring undocumented workers and staff.	Feb 14, 2011 7:06 PM
502	Qualifications of staff that provide residential services will vary based on the stated mission and outcomes of the specific program and the population of consumers served by that program	Feb 14, 2011 7:10 PM
503	Based on the needs of the consumer during the IDT meeting	Feb 14, 2011 7:34 PM
504	Qualifications of staff that provide residential services will vary based on the stated mission and outcomes of the specific program and the population of consumers served by that program.	Feb 14, 2011 7:49 PM
505	State board of health, Regional Center, parent or guardian all should monitor.	Feb 14, 2011 8:03 PM
506	Qualifications of staff that provide residential services will vary based on the stated mission and outcomes of the specific program and the population of consumers served by that program.	Feb 14, 2011 8:06 PM
507	Of course there are people who want to come into this field that are qualified but this needs to be established before they are vendored. Set requirements for a person to apply for vendorization and make them provide they can do the job. If a facility can't not provide the services they are being paid for they need to be reduced in rate or closed. This would in time improve the quality of facilities. Ideal all new facilities would have the type of qualifications that the CPP grant programs are using.	Feb 14, 2011 8:31 PM
508	Licensed by state and llocal agencies.	Feb 14, 2011 8:55 PM
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 14, 2011 9:02 PM
510	n/a	Feb 14, 2011 9:10 PM
511	If families and relatives were involved, the quality would be of utmost importance.	Feb 14, 2011 9:26 PM
512	Licensed and reviewed vendors	Feb 14, 2011 9:59 PM
513	Make sure that staff and Regional Center have been provided with the appropriate pre-service and on-going trainings. Regional Center could provide further trainings to vendors to address emerging areas of need.	Feb 14, 2011 10:14 PM
514	Qualifications of staff that provide residential services will vary based on the stated mission and outcomes of the specific program and the population of consumers served by that program.	Feb 14, 2011 10:22 PM
515	Monitoring and meetings with care providers.	Feb 14, 2011 10:43 PM
516	Services should be provided only by persons or organizations that are properly vendorized, as described in The Lanterman Act Section 4648 (a)(3)(A).	Feb 14, 2011 10:44 PM
517	seems like many careproviders lack basic english speaking skills yet are expected to train our consumers	Feb 14, 2011 11:06 PM

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

	Response Text	
518	Services 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 11:09 PM
519	All of the vendors' direct care staff and the Regional Center should be provided with the appropriate pre-service and on-going trainings. The Regional Center could play the role of offering further/additional training to vendors to address emerging areas of need.	Feb 14, 2011 11:19 PM
520	QA surveys, records checked, data collection are consumers maladaptive behaviors decreasing, are consumer's happy....	Feb 14, 2011 11:29 PM
521	Make sure that staff and Regional Center have been provided with the appropriate pre-service and on-going trainings. Regional Center could provide further trainings to vendors to address emerging areas of need.	Feb 15, 2011 12:19 AM
522	Qualifications of staff that provide residential services will vary based on the stated mission and outcomes of the specific program and the population of consumers served by that program.	Feb 15, 2011 12:25 AM
523	continue what we"re been doing with the independent contractors, but without any more pay cuts	Feb 15, 2011 12:27 AM
524	Residential facilities should be granted to the most qualified applicant. The state should consider restrucuring the vendorization process. Some suggestions included an online spplication and state test. Candidates with the highest scores and experience should submit a proposal directly to DDS. DDS should make the final decision and place qualified applicants at their designated regional center. For many years regional center has awarded contracts to under qualified individuals based on unethical practices (i.e. relatives and friends.) The state should also limit the amount of homes vendorized to each company. Regional centers should also fill up pre-existing homes before awarding contracts to new vendors. Regional center should develop a system that will ensure all facilities are thoroughly inspected. Administrators of facilities should be required to spent at least 10 hours per week at Their facilities.	Feb 15, 2011 12:38 AM
525	At least some college.	Feb 15, 2011 1:05 AM
526	The mandate is clear. The law requires the state to license professionals, setting reasonable standards that reflect quality care in the society.	Feb 15, 2011 1:20 AM
527	masters degree.	Feb 15, 2011 1:32 AM
528	Services 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 1:46 AM
529	Services 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 1:56 AM
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 15, 2011 2:30 AM
531	In this sector in particular, it is crucial that a demonstrated history of success in providing residential service and a consistent level of optimal performance exists. Outcome measurements results from the perspective of the circle of support, collaborative agencies, etc.	Feb 15, 2011 2:34 AM
532	receives on-going eudcation about related topics.	Feb 15, 2011 3:12 AM
533	prior approval/certification from the state/local agencies to assure that the needs are met for the DD population; including licensed professionals	Feb 15, 2011 3:28 AM
534	Through the expriences of the providing services.	Feb 15, 2011 3:31 AM
535	See the Lanterman Act!!	Feb 15, 2011 4:09 AM

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

	Response Text	
536	They must be approved and licensed by the proper agencies. The "home" must follow guidelines to insure that health and safety standards are met. The clients must be given healthy diets, provided with a proper social settings for a "group" existence, offered as much personal freedom as possible and accessability to their own families as often as possible. These homes must be held accountable to the funding and licensing agencies.	Feb 15, 2011 4:16 AM
537	All persons are under licensing and regional regulations.	Feb 15, 2011 5:32 AM
538	see comments on Behavior services	Feb 15, 2011 5:42 AM
539	Depending on the level of care needed, the agency needs to have strong understanding of positive behavior support, health issues, recreation for adults, and nutrition. They should also be able to communicate with the consumer and their family members. This may mean looking at the English skills in at least some of the providers.	Feb 15, 2011 6:32 AM
540	Services 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 6:34 AM
541	Services 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 6:39 AM
542	Should follow rules.	Feb 15, 2011 7:01 AM
543	special trainings,	Feb 15, 2011 7:10 AM
544	expertise in area of disability, fingerprinted, background check, supervised and never left alonew with a consumer	Feb 15, 2011 7:30 AM
545	I have had the opportunity to get to know a young woman who was at a local group home. The home was clean and appeared safe. However, the caregivers had limited English, did not encourage interaction or outside activities for the residents, the reception on the house television was a scattered screen because "they couldn't afford cable" and it was common for the women to go to bed immediately following the dinner meal. There was no acknowledgment of the holidays until I offered to bring in decorations. Is this the quality of life we want for our family members? Who sets the standards? Who identifies the needs and does the follow through at these homes? Are you getting what you pay for or is it easier to look away as long as they are reasonably safe?	Feb 15, 2011 7:40 AM
546	I think that there are those running these homes that have no real qualifications. I think these owner/operatored homes are very dangerous. Too many lines are crossed and clients are vulnerable to the needs of the operater coming before client needs. We need more homes run in a more professional manner with way more oversight than we now have. This is a serious area of need and I have seen it with my own eyes.	Feb 15, 2011 8:57 AM
547	Continue existing procedures.	Feb 15, 2011 4:05 PM
548	Services 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 4:07 PM
549	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 15, 2011 4:26 PM
550	ditto	Feb 15, 2011 5:00 PM
551	Continuation of current standards	Feb 15, 2011 5:58 PM
552	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 15, 2011 6:03 PM
553	Yearly appraisals.	Feb 15, 2011 6:08 PM
554	Recommend higher standards for English speakers for those implementing objectives	Feb 15, 2011 6:08 PM

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

	Response Text	
555	Emphasis should be place on the experience, training and longevity of staff, particularly those who work directly with consumers.	Feb 15, 2011 6:20 PM
556	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 15, 2011 6:30 PM
557	Only persons or organization that are properly vendorized as described in the Lanterman Act should provide services.	Feb 15, 2011 6:38 PM
558	Qualifications of staff that provide residential services will vary based on the stated mission and outcomes of the specific program and the population of consumers served by that program.	Feb 15, 2011 6:59 PM
559	Qualifications of staff that provide residential services will vary based on the stated mission and outcomes of the specific program and the population of consumers served by that program.	Feb 15, 2011 7:00 PM
560	Again, that would have to be worked on. Since it has never been covered, we'd have to invent the wheel.	Feb 15, 2011 7:06 PM
561	I have been extremely impressed with the group home that my family member is in. Ashling's Villa's in Costa Mesa is excellent! There are 12 apartments most with 4 people in them. It is Grandfathered in as the rules prefer smaller homes to be used. I think the option to go into a small group home or a larger apartment group home is excellent. There are so many benefits for my sister to be a part of a larger home community.	Feb 15, 2011 7:20 PM
562	Qualifications of staff that respite care services will vary based on the stated mission and outcomes of the specific program and the population of consumers served by that program. For example, if LVN/RN respite care is funded, then an LVN or RN needs to provide it. If respite care is provided to a child with significant challenging behaviors, then the staff should be qualified to address those issues.	Feb 15, 2011 7:25 PM
563	Licensing and ongoing training.	Feb 15, 2011 7:33 PM
564	The organization should be in compliance with the relevant state standards already established.	Feb 15, 2011 7:54 PM
565	SLP, psychologist, psyciatrist, PT and/or OT	Feb 15, 2011 8:20 PM
566	Require consultants in level 4 homes to be Board Certified Behavior Analysts when individuals with behavioral support needs are served. Require all staff to speak the language of individuals served.	Feb 15, 2011 8:30 PM
567	Caregivers should have to receive training on dealing with the individuals they are serving. The should have criminal background checks and be drug free. They should be open to regular surveys to inspect site.	Feb 15, 2011 9:26 PM
568	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 9:39 PM
569	Service providers should be qualified and monitored according to the existing vendorization process, and overseen by the regional centers and DDS.	Feb 15, 2011 9:48 PM
570	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 15, 2011 10:31 PM
571	Only persons or organization that are properly vendorized as described in the Lanterman Act should provide services.	Feb 15, 2011 10:32 PM

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

	Response Text	
572	Autism specialists (i.e., BCBAs) should have general oversight of programs for individuals with autism. Adequate staffing, training, transparency, background checks, and monitoring is needed. ***** All case managers and supervisors should be held personally liable for carelessness or neglect of duties in ensuring that the consumer is kept safe from abuse. This should be emphasized.	Feb 15, 2011 10:41 PM
573	Only persons or organizations that are properly vendorized. See Lanterman Act.	Feb 15, 2011 11:28 PM
574	The people providing these services need to be certified and do a good job.	Feb 15, 2011 11:28 PM
575	Caretakers for direct care staff	Feb 15, 2011 11:32 PM
576	Services 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 11:35 PM
577	Audits to ensure qualifications are in place. Background checks. Offer trainings	Feb 16, 2011 12:06 AM
578	Services should be provided only by persons or organization that are properly vendorized as described in the Lanterman Act Section 4648 (a) (3) (A).	Feb 16, 2011 12:21 AM
579	Qualifications: Education should be added to the list of T17 qualifications. Many people are very limited in there own cognitive ablities and are unable to do the critical thinking needed to run a facility, train staff, complete basic math for (p&I), understand what a developmental disablity or a mental health dignosis is in conjunction with a particular behavior or common medication being used. Experience: Min. 1 year full-time for Admin. no matter what level home, with experinence working in a residential facility (not foster care, unless it is a SFH or Group home that is vendored by the RC. Experience should be during programing hours (not over night) and required DSP 1 & 2 , with some supervisory duties, should be completed prior to taking the RSO. All copies of paycheck stubs (proof of work), training and so forth must be orginal to decress the false docmentation that many submit. All insurance regulations such as workers comp. proof that someone from another country can work in the U.S. must be provided prior to opening a home. All L3 & L4 providers & direct care old and new should be required to have behavioral training CPI & preventive behavioral mangement training. Anyone working with a dual dignosis (mental health/dev. disability) should have specialized training in this are in crisis intervention/ prevention training L4 - direct care should not have an option of 12 addtional CEU's (this is difficult to track) they need to come in with a min. of 1 yr. experience, behavioral training certification is not an option. performance standards: Providers who have CAPS related to quality services would then not be able to open more unsatifactory homes.	Feb 16, 2011 12:38 AM
580	Check check check the background and qualifications of the provider house supervisors. Ae they able to provide a safe and comfortable environment? Visit the home and see if the place is kept up and is clean and free of any obstacles to movement of the consumers living in the house.	Feb 16, 2011 1:36 AM
581	Staff should have first aid and cpr training. The leads should have training in working with those with behavioral issues.	Feb 16, 2011 2:33 AM

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

	Response Text	
582	Those conducting the assessments, developing the treatment plans, and providing consultation, guardian education/training, ongoing monitoring and supervision of residential treatment should be Board Certified by the Behavior Analyst Certification Board or a licensed Psychologist who have at least 3-5 years of experience delivering and supervising treatment programs for children and adults with developmental disabilities. -For licensed Psychologists who are not also Board Certified Behavior Analysts, 12 units of graduate level coursework in behavior analysis should be required. The qualifications of those providing one-to-one services in residential placement should include at least a high school diploma, successful completion of a LiveScan background check, documented competency-based training (can be provided by the supervising licensed Psychologist/BCBA), and documented supervised fieldwork, completed during training at the residential facility.	Feb 16, 2011 3:16 AM
583	Make sure that staff and Regional Center have been provided with the appropriate pre-service and on-going trainings. Regional Center could provide further trainings to vendors to address emerging areas of need.	Feb 16, 2011 3:33 AM
584	Services 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 4:48 AM
585	Credentialed Providers	Feb 16, 2011 5:31 AM
586	Services 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 5:47 AM
587	Services 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 6:16 AM
588	Each organization should be led by professional educators, social workers or healthcare professionals. An ideal organization would be led by individuals representing all three specialty areas.	Feb 16, 2011 6:19 AM

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

	Response Text	
1	Regional center. Also, families who earn more than 250,000 per year should pay co-payment.	Jan 28, 2011 12:46 AM
2	Regional center pays careproviders on the 9th working day and the supplemental on the 12th working day. I don't understand why board & care are recieved so late in the month. when sdrc recieves the ssi and ssa funds no later than the3rd of the month. It cannot possibly take so much time to process checks. sometimes, we recieve our checks on the 11th or 12th of the month and on the 20th or 21st when other regional centers pay sooner?? Also, why are other homes getting more pay and consumers have the same behaviors, just because of paperwork.	Jan 28, 2011 1:26 AM
3	INDIVIDUAL CHOICE BUDGET	Jan 28, 2011 1:29 AM
4	since providers have received cuts, staffing requirements should be reduced so that providers can reduce costs to match cuts	Jan 28, 2011 1:44 AM
5	ICB	Jan 28, 2011 1:54 AM
6	parental co pay based upon income- providers high standards minimums now are awful	Jan 28, 2011 2:15 AM
7	CCL	Jan 28, 2011 2:38 AM

Residential Services

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

	Response Text	
8	Medical if the care qualifies, otherwise the state funds through the regional centers or agency that is responsible for the care of the consumer.	Jan 28, 2011 3:11 AM
9	competitive	Jan 28, 2011 3:17 AM
10	payment on the 10 and 20th of the month	Jan 28, 2011 3:19 AM
11	Depending on the level of care required/ staffing the rates need to reflect the care.	Jan 28, 2011 3:22 AM
12	DDS budget under state funds	Jan 28, 2011 3:23 AM
13	Covered 100%	Jan 28, 2011 3:35 AM
14	Lanterman Act. Needs of the consumer as written in the IPP	Jan 28, 2011 3:45 AM
15	SARC must fund these services with the right rates so that residential providers will have enough funds to run their homes without cutting corners. A lot is expected of them; yet they are not paid enough.	Jan 28, 2011 4:19 AM
16	At present, payment for these services have been determined according to the level of care that a home has been vendored by a regional center and not according to the level of REAL care required by an individual. Regional centers level consumers needs and house like-consumers in the same home for the same rate and then ignore evaluations done by the home showing a higher need of care. Housing like-consumers, who share the same behaviors, has created less possibility for growth and development. When caregivers request a higher pay for the level of care needed and provided, the regional center then ignores the request or simply transfers the consumer to a higher pay facility. The system was more fair in the past when consumers' needs were rated rather than the home.	Jan 28, 2011 4:34 AM
17	State and federal money would cover basic services.	Jan 28, 2011 4:38 AM
18	I like the tier syster (leve 2-4a/4I) Negotiated rates for specialized facilities is a rip off! look whats going on in Inland RC and you will see exactly what the problem is. 13-14k per client??? this rate is insane regardless of the clients needs. SLS is most cost effective and ALWAYS gets over looked because "clients coming out of developmental centers can function in SLS". DDS needs to stop looking at traditional placements. Specially those facility headed by the California House foundation. total rip off!!!!	Jan 28, 2011 4:39 AM
19	Reimbursed for the cost of services	Jan 28, 2011 4:49 AM
20	Regional Center should pay for these services	Jan 28, 2011 4:55 AM
21	depends on the level of care.	Jan 28, 2011 4:58 AM
22	Payment should be based on the level of care that they provide for as set with the Regional Center, based on their individual program design that each facility provides to the Regional Center when applying for vendorization.	Jan 28, 2011 5:18 AM
23	keep the rates where they are. most critical service in the state and consumers are vulnerable	Jan 28, 2011 5:24 AM
24	As applicable.	Jan 28, 2011 5:56 AM
25	No comment	Jan 28, 2011 6:31 AM
26	Family and Government	Jan 28, 2011 6:49 AM
27	Perhaps consider reducing Consultant hour requirements for certain homes and adjust monthly payments somewhat. Perhaps for certain stable individuals reducing or terminating the Consultant hour requirements for that individual and thus reducing payment to providers somewhat too.	Jan 28, 2011 7:17 AM

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

	Response Text	
28	No negotiated rates that creates an unfair and two-tiered system. There is alleged malfeasance by RCs in the way the RC Housing Foundations have been operating. Until these holes are plugged, and everyone is basically on the same page for rates, service standards would be joke. DDS oversight is a joke. Legislators should not allow them to hide behind the 1985 State Supreme Court decision by saying they have no power to force RCs to comply.	Jan 28, 2011 7:27 AM
29	Electronic billing and payment transfer should become the norm.	Jan 28, 2011 7:37 AM
30	Set the rate based on the cost of living index in the different parts of the statebecause group homes are like regular family housing with many of the same costs but additional costs need to be considered because the clients are all adults who cost more to maintain than childern do.	Jan 28, 2011 8:12 AM
31	Stop taking away monies from these providers of services as this monies is used for food, training,and outings for clients. ALSO to pay for roof over our heads and Utilities,Insurance Gas ect. GIVE back monies taken.	Jan 28, 2011 4:40 PM
32	Residential care is the best investment possible. Government has to pay for it.	Jan 28, 2011 4:53 PM
33	don't pay for it. put funding toward IL and SL.. Get people into own homes like the rest of us!	Jan 28, 2011 5:01 PM
34	I know that the payments should be kept the same, not cut at all. You have to pay for good staff and I have seen so many poorly operated homes, that when you have a Great one, you do not want to lose it	Jan 28, 2011 5:02 PM
35	This is an interesting topic. You are putting a price on life. The State and County need to insure Handicapped, Disabled, Mentally ill people are safe. This needs to be accomplished by in-home care, or residential care facilities. There are not enough care facilities for all who need them. That leaves IHSS minimal hours maximum benefit. The payment for service should not be cut 3.6% hrs. & another 8.4hrs. & lowered to minimum wage & cut domestic service in half. How will this attract qualified, responsible, knowledgeable care giver I don't know. Payment for service should be above minimum wage & cover the needed services not some at a fraction of the needed hours of care.	Jan 28, 2011 5:04 PM
36	Residential homes should not live under threat of the Regional Center not paing its bills.	Jan 28, 2011 5:12 PM
37	Pay what it actually costs and provide a system that allows for cost of living increases and benefits that are even a fraction of what State employee's get	Jan 28, 2011 5:20 PM
38	grants, government grants, private funding, insurances.	Jan 28, 2011 5:22 PM
39	Regional Centers should be able to negotiate based on market rates	Jan 28, 2011 5:35 PM
40	POSs should be quarterly.	Jan 28, 2011 5:46 PM
41	Based on need and outcome. The higher the need, the greater the pay; the more people transitioning the more fiscal renumeration.	Jan 28, 2011 5:51 PM
42	*consumers should be involved in paying for these services in some fashion. If they are earning any kind of income, they should pay something -- not have it taken out, not have it subtracted but give the $ to the consumer and and have them pay directly for the service or the apartment. That's what my other kids do -- that's what I do. Why can't my son with autism have the same privilage?	Jan 28, 2011 5:57 PM

Residential Services

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

	Response Text	
43	The payment rates for homes is way too inadequate. At current rates if a provider is honestly meeting other requirements for consultants, workers comp, training, and provide any type of medical benefits for staff they can only pay minimum wage for workers. What type of staff do you think we're attracting with this. This is one of the most underfunded areas in the system for what is required. The simple fact that 24 hr. staffing is required multiplies wage, workers comp, and tax costs way beyond other services.	Jan 28, 2011 5:59 PM
44	one flat rate for all same level providers; termination of "specialized rates"	Jan 28, 2011 6:01 PM
45	Should be State funded.	Jan 28, 2011 6:12 PM
46	Keep at the current rates and amounts.	Jan 28, 2011 6:24 PM
47	Rates are old, costing would increase rates..oops wrong direction.	Jan 28, 2011 6:25 PM
48	Payment for services need to be made in a more timely manner. I.e., rather than providing payment 45 days after the service has been rendered. Payment needs to be made after the service has been rendered and not in the rears.	Jan 28, 2011 6:38 PM
49	If you reduce rates you must also reduce the amount of staffing hours required by the same amount. And also reduce the amount of cosulting hours required.	Jan 28, 2011 6:41 PM
50	APPROPRIATE TO THE AREA AND CLIENT NEEDS	Jan 28, 2011 6:45 PM
51	Audit your agencies. You need to make sure you money is allocated correctly. The services are not suffering because of budget cuts. They are suffering because there is no oversight on how agencies spend the money.	Jan 28, 2011 6:46 PM
52	A system similar to child welfare RCL should be considered. The RCL system takes staffing hours provided, qualification of staff, and various professional services provided in determining the rate. This will ensure consistency and standards.	Jan 28, 2011 6:48 PM
53	Adequate pay to ensure stability/continuity of service provider	Jan 28, 2011 6:52 PM
54	Care Homes provide service 24 hours a day, 365 days per week each time there is a cut in funding Care Homes cannot cut their services, yet day programs can cut their hours and make ratio changes.	Jan 28, 2011 7:08 PM
55	Pay what they actually cost; provide for cost of living adjustments and benefits	Jan 28, 2011 7:11 PM
56	N/A	Jan 28, 2011 7:27 PM
57	Payments should be based on economic need and distributed by county and funded by federal and state founds	Jan 28, 2011 7:30 PM
58	Admin costs for vendors with multiple facilities should reflect economy of scale.	Jan 28, 2011 7:52 PM
59	I realize flat rates have to be the standard, but it would probably help if there were some kind of bonus for accomplishment with a specific case.	Jan 28, 2011 8:19 PM
60	I'd like to find a way to drive all these for-profit institutions that provide minimal shoddy care out of business	Jan 28, 2011 8:29 PM
61	SSI or individual income should be the source with supplement from the state if needed.	Jan 28, 2011 8:33 PM
62	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 8:48 PM
63	Regional Centers should pay if the clients do not have other insurance.	Jan 28, 2011 8:49 PM

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

	Response Text	
64	again dont dump and run because its the weekend and you are the on call liason Know what the home offers if possible ask the consumers living there important questions..how's the food? Do you get your spending money when you want it? what time do they make you put your pajamas on? where did you go last week? what is a fire drill? are you happy here? dont worry i wont tell them your answers.. Payment should be made on performance of the facility..so many of them are overpaid and so many others underpaid..the rate is set..if its a good home then underpaid..if its a in pjs at 3pm no fire drills ever, what's P&I money..eat rice every night home ..then overpaid so yes we need to fix this in California	Jan 28, 2011 8:55 PM
65	Vouchers	Jan 28, 2011 8:56 PM
66	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 8:57 PM
67	there needs to be maximum amounts for residential whether it is an adult residential facility, an RCFE or an FHA. We need to be using Family Home Agencies more since it is much more cost effective than licensed residential care. You can't properly do a CCF currently with wages and quality for the current ARM rates, but you CAN do an FHA. There are only 700 or so clients in FHA in the entire state. We should be requiring much more FHA placement - home environment, cost effective, etc	Jan 28, 2011 8:58 PM
68	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 9:02 PM
69	Standards need to be reestablished for the payment of these services. It is my underatanding that the fee schedule for these services has not been changes for some time.	Jan 28, 2011 9:16 PM
70	There should be no cuts to these population of people.	Jan 28, 2011 9:46 PM
71	Payments must vary by level of supervision required.	Jan 28, 2011 9:57 PM
72	Regional Center to fund 100% of supplemental costs for adults over 18.	Jan 28, 2011 10:16 PM
73	Rent, food, utilities paid/shared by residents of household in addition to Housing Authority or Section 8 funds appropriate for the cost of living in the specific geographical area.	Jan 28, 2011 10:46 PM
74	Continue.	Jan 28, 2011 10:50 PM
75	RC should fund the facility with a share of cost acording to parents financial status.	Jan 28, 2011 10:52 PM
76	co-pay in accordance with monthly income.	Jan 28, 2011 11:09 PM
77	Monthly reimbursement	Jan 28, 2011 11:29 PM
78	Develop a pay scale that rewards the best, not the biggest.	Jan 28, 2011 11:29 PM
79	Expect more and pay more.	Jan 28, 2011 11:53 PM
80	Realignment of payment for Porterville consumers who are behind the fence to the State Department of Corrections. These Consumers should still reside at Porterville, but the funding should come out of the Corrections Budget.	Jan 29, 2011 12:04 AM
81	depending on financial situations and services rendered.	Jan 29, 2011 12:36 AM
82	Individually determined. Adult Family Training home agencies should not be exempt from having to disclose exactly what they are paying their family home providers.	Jan 29, 2011 12:54 AM
83	Maintain funding stream above the poverty line	Jan 29, 2011 1:39 AM
84	These payments take care off the clients, continual reductions only effect the clients.	Jan 29, 2011 2:18 AM

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

	Response Text	
85	SSI Dept of Developmental disabilities	Jan 29, 2011 3:08 AM
86	Fully funded by regional center	Jan 29, 2011 3:45 AM
87	adequately	Jan 29, 2011 4:43 AM
88	The Statewide Means Test that I described earlier may not apply for Family Home Option services. Again, if a person is not eligible for Medi-Cal based on having too many resources or assets or income, then they or their family as appropriate should contribute towards the cost of their services instead of having Regional Centers and DDS pay for their services with 100% state dollars. This central theme of when a person has too many assets or resources or income to qualify for Medi-Cal waiver services, then a financial means test should be implemented to assure that they contribute fairly towards their services. If it means to spend down and have them pay for 80% of their services if they just inherited $200,000, of if their family is affluent, then in these difficult times, those with the means should pay for or contribute towards their own services. It is not currently happening, given the entitlements in the Lanterman Act, and as implemented by Regional Centers.	Jan 29, 2011 4:55 AM
89	fully supported by regional center	Jan 29, 2011 5:09 AM
90	No one should be cut	Jan 29, 2011 5:10 AM
91	Should be adequate for the group home operator to meet his/her necessary expenses for the home operations. This would include giving the employees at the home a decent and adequate salary with which to sustain their own private lives away from the home.	Jan 29, 2011 5:39 AM
92	It is the responsibility of the State Department of Disabilities to pay for these services.	Jan 29, 2011 6:20 AM
93	regional centers	Jan 29, 2011 6:36 AM
94	N/A	Jan 29, 2011 6:41 AM
95	rates should increase slightly or at least never be reduced	Jan 29, 2011 6:44 AM
96	co-pay	Jan 29, 2011 2:59 PM
97	Do not cut our pay rate again. Residential care facilities ultimately SAVE the state FAR MORE MONEY than ILS and SLS	Jan 29, 2011 3:49 PM
98	Same as stated in other sections.	Jan 29, 2011 10:30 PM
99	ANY MEANS POSSIBLE, SOME CO=PAY	Jan 29, 2011 11:53 PM
100	Regional center, Social Security Disability, and consumer resources, if available.	Jan 30, 2011 12:34 AM
101	FROM THE SAME STATE FUNDS ONLY CHEAPER IN AN INDEPENDENT LIVING/SUPPORTED LIVING SETTING.	Jan 30, 2011 4:18 AM
102	Unsure what the market is like. Needs to be enough so that all standards are met and staff feel well supported.	Jan 30, 2011 5:10 PM
103	Based on client needs -- f a clientneeds more services, the provider needs to bepaid more.	Jan 30, 2011 8:58 PM
104	fair market pay fair pay schedule to keep them providing services and stay in business	Jan 30, 2011 9:15 PM
105	Staff must be paid living wages.	Jan 31, 2011 4:15 AM
106	State and parents.	Jan 31, 2011 6:40 AM

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

	Response Text	
107	Pay what is required by the Lanterman Act. Residents is high-cost areas get the same reimbursement as low-cost areas. It costs 25% more to hire caregivers in San Francisco than Fresno - this system is unfair. Nonprofits service agencies that run CCF's in San Francisco/Marin/etc... have to fundraise over $10,000 per client per year to supplement regional center funding. It's only a matter of time before these all close due to lack of funding. CCF's rates have risen far less than the cost of living in the past 10 years.	Jan 31, 2011 5:57 PM
108	The costs/payments for these services should follow the inflation rate. The payment must continue to cover the high costs of providing a safe and nurishing home enviornment.	Jan 31, 2011 6:11 PM
109	The regional center should continue to pay for this service.	Jan 31, 2011 6:13 PM
110	Payment is made a month in arrears. A purchase of services is required for any payment. The residential services provider has been subject to two rate cuts in two years, which will continue in the coming fiscal year, and may get even worse. Providers are continually having to do more with less. If something isn't done soon, there will be few housing options for developmentally disabled persons.	Jan 31, 2011 6:52 PM
111	If consumer is under 18, parents to fund based ability 18 and over SSI,SSA to fund	Jan 31, 2011 6:54 PM
112	I hate commenting on this, however, their should be some sort of partial payment for services if possible.	Jan 31, 2011 7:24 PM
113	Not sure how to answer.	Jan 31, 2011 8:55 PM
114	Number of hours served by the individuals, make some kind of determination related to the amount of assistance people need for self-care skills, medical care skils, behavior and social interventions, recreational opportunities. Shoudl look at the physical needs as well. People in w/c's require different and more expensive adaptions to be made to houses and vehicles.	Jan 31, 2011 9:04 PM
115	medicare, medical, insurance anyone needing services should not be denided because of not having the money for services	Jan 31, 2011 9:08 PM
116	A portion of a consumer's social security should continue to go toward payment. If a person does not receive social security, they or their family should have to pay the social security portion. Exceptions can be made on a case by case basis.	Jan 31, 2011 9:23 PM
117	Pay what they actually cost; provide for cost of living adjustments and benefits even a frraction of what State employees get	Jan 31, 2011 9:31 PM
118	Not able to speculate	Jan 31, 2011 9:34 PM
119	Rates as set by law.	Jan 31, 2011 9:45 PM
120	ewew	Jan 31, 2011 10:30 PM
121	Cost for housing someone in Developmental Center	Jan 31, 2011 10:31 PM
122	??	Jan 31, 2011 10:33 PM
123	continue parent co-pay for those under 18, adult consumer co-pay if they have independent funds	Jan 31, 2011 10:49 PM
124	Increase the amount that consumers can contribute when they receive higher SSI/ SSA benefits or when they are earning income. Some consumer's have a difficult time spending their earnings in order to prevent SSI benefit from being reduced. SSI/ SSA system needs to be revised/ audited! There are frequent under and over payments that greatly affect consumers. There is no need for accounting errors on such a frequent basis. Also, people with a developmental disability should not be required to redetermine eligibility for SSI and Medi-Cal annually. Maybe every 5 to 10 years (if ever). This would free up much time with these agencies, and Regional Center staff that must go through this useless paperwork each and every year. Developmental Disabilities are permanent, do not change, and benefits are not impacted on an annual basis.	Jan 31, 2011 11:13 PM

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

	Response Text	
125	As much as an individual needs	Feb 1, 2011 12:01 AM
126	It should be taken into account that providing services such as housing, food, medical becomes increasingly difficult as the economy worsens. When compensation to providers of these services is reduced while prices on goods and services are increasing the overall quality of care may suffer. As an example Medical will pay for an eye exam but not for glasses!	Feb 1, 2011 12:27 AM
127	No opinion, But if staff, should get more than minium wage. Some owners bring people over from their country and pay them nothing. Just give them room and board.	Feb 1, 2011 12:34 AM
128	Monthly reimbursement for food, shelter, utilities and medical with the standard cost increase on a yearly basis.	Feb 1, 2011 12:55 AM
129	Again, these individuals have limited resources...it is our social responsibility to care for this vulnerable population.	Feb 1, 2011 1:24 AM
130	Housing costs vary from community to community, so the payment for services must be in keeping with the local cost of housing, as well as taking into account the local employment costs for staff and other services. Fees for service must be determined according to local and regional conditions, rather than at the federal or even the state level.	Feb 1, 2011 1:26 AM
131	Stop paying vendors who continually fail to meet consumer outcomes!!!	Feb 1, 2011 4:50 AM
132	Social security, Medi-Cal, client's insurance - if possible, regional center makes up the balance.	Feb 1, 2011 5:01 AM
133	reasonable wage	Feb 1, 2011 5:21 AM
134	as it is now, care providers are going broke really fast, the economy has made it impossible to keep facilitys at the levels they once were	Feb 1, 2011 5:22 AM
135	Prices vary significantly among different areas of the State. "Standards" are not appropriate because to impose them would penalize consumers in high-cost areas and do not take into account an individual's specific and unique needs and circumstances. If a "standard" is imposed, it should allow for costs up to the amount that the State would pay if the consumer is placed in a developmental center.	Feb 1, 2011 7:19 AM
136	N/A	Feb 1, 2011 7:20 AM
137	Government, regional centers	Feb 1, 2011 9:51 AM
138	If a consumer is absent from a care home more than 5 days per month for any reason other than hospitalization, the rate should be prorated and paid at the rate of 1/30th for eac day the consumer is actually there. This would allow consumers to visit family, go on vacations, etc. without the state unnecessarily paying for services not provided (e.g. food, some staffing, utlities, etc.).	Feb 1, 2011 11:33 AM
139	The current schedule of fees is reasonable as it is calculated based on the number of meals provided each day. Additional standards regarding payment should include the number of opportunities consumers have to participate in the communities through outings organized by their residential facility. Weekly outings provide the opportunity for individuals to apply the skills that are being developed though behavioral and therapeutic services. Residential facilities should enhance the quality of life of a consumer not serve as a warehouse in isolation.	Feb 1, 2011 6:01 PM
140	Do not keep encouraging people to open more facilities if state-funding cuts will affect the outcome of the whole service-delivery system (state-wide of course). At the least, please lessen some of your continuing education requirements once any staff has completed their initial requirement. All other overhead facility expenses are going up but, state-funding is decreasing. We're not all sure if we'd still be here by the next fiscal year. Are we???	Feb 1, 2011 6:45 PM

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

	Response Text	
141	insurance, regional center, consumer copay, parents copay if the consuemr is a dependent	Feb 1, 2011 6:50 PM
142	Most States do not have the dual system of the RC's to make a heavy expense on an aleady reeling budget. Why should CA proviers constantly get cut while RC and CCLD weigh on these cost factors why isn't one entity enough? combing efforts seems reasonable and could assist RSP to stay open.	Feb 1, 2011 6:51 PM
143	As is	Feb 1, 2011 6:57 PM
144	UNIVERSAL PAYMENT AND ORGANIZATIONAL REQUIREMENTS TO ALL SIMILAR ORGANIZATIONS STATEWIDE! ALL ORGANIZATIONS STATEWIDE should have to run by the same standards example: amount of liability insurance, amount of employee benefits. RC arbitrarily requires identical agencies providing identical services to live up to varying standard. Financial consideration must be given to every program for running their organization. It takes money to pay employees, benefits, insurance(s), taxes, office expenses, transportation, etc. RC arbitrarily pays varying amounts to organizations that provide identical services.	Feb 1, 2011 7:41 PM
145	Increase money	Feb 1, 2011 7:46 PM
146	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 7:57 PM
147	Could be paid by Could be paid thru DDS eliminating a middle man.	Feb 1, 2011 8:45 PM
148	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
149	Current standards are appropriate.	Feb 1, 2011 9:28 PM
150	Based on actual and allowable costs.	Feb 1, 2011 10:30 PM
151	The state has ever increased what is required for programs without reimbursement for these additional requirements. Rather, while increasing service standards the state has chosen to reduce rates. This needs to stop.	Feb 1, 2011 11:23 PM

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

	Response Text	
152	On time payments. THere should be a process that supports payment for services rendered despite the backlog of caseworkers at the regional center or delays with the so called "committee for exceptions" how do you delay a payment to an organization that provides a service previous to a exception meeting, when a Purchase of Service has already been authorized. This is clearly a process that promotes the wallet of the RCEB but negatively impacts the organization doing all the work. This exception committe must be against the law and clearly delays payments to the providers purposely.	Feb 1, 2011 11:47 PM
153	All homes should be paid the same as all other homes with the same service level.	Feb 2, 2011 2:08 AM
154	State and federal funded	Feb 2, 2011 2:50 AM
155	Pay well to attract good providers.	Feb 2, 2011 3:37 AM
156	These services should always be checked out & their charges.	Feb 2, 2011 4:08 AM
157	As stated above..I believe our care provider should receive more compensation. I have no idea how much money goes to administration but if anything that could be reduced so more money could go directly to the care givers.	Feb 2, 2011 4:34 AM
158	They need a fair rate. It has been way too long since traditional ARM level providers have had their rate reviewed. It's unfair that negotiated rate providers are able to get a rate that is closer to their actual costs.	Feb 2, 2011 5:19 AM
159	These services are never paid enough. When I was the Assistant director for a supported living program I was paid very little. My responsibilities were many with long hours & very little benefits. Good programs with experienced staff need to be paid well.	Feb 2, 2011 5:53 AM
160	Regional center should pay	Feb 2, 2011 6:04 AM
161	Make the licensees more accountable for the services they provide	Feb 2, 2011 2:06 PM
162	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 3:38 PM
163	Look for cost efficiencies. Some residential programs are working with a separate service coordinator for each client/consumer/participant/individual - which means that for a home serving 4 people, there would be at least 16 visits each year for quarterlies (with regional center staff being paid additionally for mileage to and from). Community Care Licensing is required to see these homes every year to meet the Medicaid Waiver requirements (per Department of Health). These visits are generally unnecessary and in this budget era, way over the top. Most of the client/consumer/participant/individual go to a day program, so if there were some reason to be concerned about health or safety issues, there would be another set of eyes checking on them almost daily.	Feb 2, 2011 4:15 PM
164	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 4:57 PM
165	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 5:52 PM
166	Evaluate family income and assets as well as Consuer funds for ability to provide copay funds. Re-evaluate often	Feb 2, 2011 6:34 PM

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

	Response Text	
167	a	Feb 2, 2011 6:52 PM
168	Variable rates based on number of clients and client level of functioning.	Feb 2, 2011 7:35 PM
169	Family cost participation should continue on a sliding scale	Feb 2, 2011 7:43 PM
170	GET RID OF NEGOTIATED RATE HOMES. They are eating up the budget and the clients in these homes are receiving no better care. If current facilities were given a raise or the funds we need when we have a difficult client they would be able to stay where they are rather than being moved into a home where they are basically warehoused because they are with other clients who are as bad or worse than them and staff are usually just putting out fires.	Feb 2, 2011 8:01 PM
171	RCs should not be paying for a bed hold or vacant bed - even if a person is hospitalized. Subtract these days from monthly billing.	Feb 2, 2011 8:43 PM
172	Group home staff should be paid a living wage, which they are often not. Food of good quality should be provided for the residents, and often is not. Group home providers can and do take profit for themselves. This needs to stop. It should be run as a non-profit not a for-profit business.	Feb 2, 2011 8:53 PM
173	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 9:19 PM
174	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 10:01 PM
175	See response to supportive services (Section 5).	Feb 2, 2011 10:12 PM
176	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 10:12 PM
177	Please previous topic response....	Feb 2, 2011 10:20 PM
178	ca state to pay for these services of their residents who need to be protected.	Feb 2, 2011 10:39 PM
179	Could be a mix of State, Federal and parental	Feb 2, 2011 10:46 PM
180	Standards for payment should be uniform according to the level of care provided with co-payment from the client's representative (family/guardian).	Feb 2, 2011 10:59 PM
181	I do not support POS service standards.	Feb 2, 2011 11:33 PM
182	Same answer as previous pages	Feb 3, 2011 12:46 AM
183	pay above minimum wages to get qualified people.	Feb 3, 2011 12:47 AM
184	Payment should be areas average monthly rent plus board. Regional centers should be able to pay some portion of the rent for those adult clients living or wanting to live independently. Rent for these clients should be limited to federal standard of 1/3 their monthly income (SSI and any work salary).	Feb 3, 2011 1:00 AM
185	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 1:01 AM
186	Negotiated rates have proliferated because DDS established rates have not kept pace. Create a more fare and equitable rate system while maintaining 962 options for individuals with special health care needs.	Feb 3, 2011 1:18 AM

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

	Response Text	
187	Increaser the pay of the workers get rid of Alta and goverment that makes the decisons. we need good people who are dedicated and will stay on the job as it causes stress to clients as they loose workers	Feb 3, 2011 1:21 AM
188	monitored by regional center	Feb 3, 2011 1:32 AM
189	Residential is being cut at an equal level to day programs. Residential is defined as any place a person is living funded by DDS. Residential provides services 85% of the week and is critical to the stability of the consumer. It does not make sense to treat both equally. Intergrate some day progam opportunities into residential. What would be the cost savings if residential charged $150 per day per two consumers, charged no transportation, and all programing was outside of the home, and was a program approved by the regional center through a program design process. This would also provide some financial support to residential, where it is needed. Close every day program tomorrow and every person in a paid residential environment would be stable. Close every residential environment tomorrow and the system will collaspe. Losing your job is being unemployed. Losing your home means being homeless. Someone needs to keep their eye on the ball.	Feb 3, 2011 1:32 AM
190	Should be funded by the community, and social services.	Feb 3, 2011 1:56 AM
191	Regional Center has long provided these services and should continue to do so.	Feb 3, 2011 1:56 AM
192	regional center pays	Feb 3, 2011 2:00 AM
193	sliding scale.	Feb 3, 2011 2:02 AM
194	N/A	Feb 3, 2011 2:09 AM
195	donations, gov	Feb 3, 2011 5:08 AM
196	no comment	Feb 3, 2011 5:16 AM
197	use the worksheets used for current 113 homes to evaluate the budget effectivness of the arm level service homes. Base DSP staff should make no less than average $13.50 per hour. Housing cost can adjust based on average cost of housing for county and be adjusted annually based on that changing factor. Expand the housing programs for regional centers, providing maximum incentive for non for profit housing corporations supporting regional centers to be the owners of the property with contract to providers. The housing remains for ever dedicated to individuals served and poor performing providers can be closed out or changed with individuals served not having to move.	Feb 3, 2011 5:16 AM
198	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 6:08 AM
199	free.	Feb 3, 2011 6:50 AM
200	Free.	Feb 3, 2011 6:51 AM
201	No payments...free to consumer. Some of their SSI money could go for food.	Feb 3, 2011 7:27 AM
202	Regional Center should fund for these services. MediCal/Medicare should fund for a portion of these services.	Feb 3, 2011 3:40 PM
203	No payment when there are discrepancies found until full investigation is complete.	Feb 3, 2011 3:48 PM
204	Federal, state.	Feb 3, 2011 4:48 PM
205	People who require additional support due to their medical or behavioral needs, should be reimbursed at a higher rate. Each person should be evaluated individually to determine their reimbursement rate based on their needs and services being provided.	Feb 3, 2011 5:00 PM

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

	Response Text	
206	POS	Feb 3, 2011 5:20 PM
207	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting 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 5:24 PM
208	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 5:48 PM
209	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting 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
210	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting 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 6:42 PM
211	100 % by the combination of SSI payments and the Regional Center contracts.	Feb 3, 2011 7:07 PM
212	DDS should reconsider its funding formula for CPP projects. The current 25% of project cost limit requires the NPO to contribute significant cash to the project for renovations, and will thereby limit the number of homes that can be developed. A better solution would be that DDS funds the 30% down payment for the purchase, plus the renovations required for the home as agreed to by the IRC and the care provider. This would ensure that the NPO would be able to develop a greater number of homes in a more rapid fashion.	Feb 3, 2011 7:20 PM
213	I feel the same for all of Regional Center's services as I do in the first few survey's I have taken.	Feb 3, 2011 7:48 PM
214	Payment as rendered.	Feb 3, 2011 7:50 PM
215	Regional Center	Feb 3, 2011 7:52 PM
216	The group home or facility should submit hours directly to Regional Center.	Feb 3, 2011 7:59 PM
217	Consumers own healthcare network, modeling the one now in use for people in skilled nursing utilizing the medi-cal/medicare rules.	Feb 3, 2011 8:05 PM
218	State recommended	Feb 3, 2011 8:10 PM
219	as before	Feb 3, 2011 8:15 PM
220	The State	Feb 3, 2011 8:21 PM
221	Tax the capitalists, they have been taking from the worker for a long time now.	Feb 3, 2011 8:53 PM
222	State	Feb 3, 2011 8:56 PM
223	Thru regional center and copay	Feb 3, 2011 8:59 PM
224	For minor clients, parents should take some portion of payment responsibilities.	Feb 3, 2011 9:03 PM

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

	Response Text	
225	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting 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 9:24 PM
226	As mentioned on other services, "pay for performance" leverage - ability to effect change way before de-vendorization option.	Feb 3, 2011 9:28 PM
227	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting 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 9:46 PM
228	n/a	Feb 3, 2011 9:54 PM
229	Flat rate for every body.	Feb 3, 2011 9:56 PM
230	Again, there could be a service benefit package that could be used to provide for the housing services that would be necessary in addition to other services. If this were to be the case, it would need to be subsidized by the DDS or RC for it be affordable. Likely, if safety is a predominant issue and the reason this living arrangement is chosen over a less-restrictive setup, then the DDS or RC may need to cover the full cost.	Feb 3, 2011 9:58 PM
231	As currently set.	Feb 3, 2011 11:13 PM
232	The Lanterman Act in Sections 4648 (a) (5) and 4649 requires the Director of DDS to develope and maintain equitable processes for setting rates to assure that the Regional Centers can secure hgh quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 3, 2011 11:14 PM
233	negotiated rate that takes into consideration the client need the cost of doing business in the geographic area.	Feb 3, 2011 11:29 PM
234	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting 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 11:46 PM
235	Hold payment until all contract requirements are met including but not limited to case plans and progress reports.	Feb 4, 2011 12:49 AM
236	none.	Feb 4, 2011 12:56 AM
237	Familiess with trust funds should be paying for a portion of these living arrangements.	Feb 4, 2011 1:32 AM
238	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting 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 1:56 AM
239	insurance or ssi	Feb 4, 2011 2:10 AM

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

	Response Text	
240	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting 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 2:50 AM
241	My 20 year old son receives SSI. He has less than $2,000 to his name.	Feb 4, 2011 3:50 AM
242	You need to pay people a decent wage. Both the disabled person AND the people who are assisting them need to receive reasonable compensation. When you do that you can attract appropriate people. The long term service fee freezes by the State have gone too far!!!!! It is very difficult to find decent workers when the pay is sooooo low. It is obvious that poor wages bring poor results and under qualified workers and therefore neglect and abuse of the disabled. This is NOT the right thing to do!	Feb 4, 2011 4:49 AM
243	Lanterman Act Seceions 4648 a, 5 and 4690. Director of the Department of Developmental Services is required by law to maintain equitable processes for setting rates to ASSURE that Regional Centers can secure HIGH QUALITY SERVICES for persons with developmental disabilities.	Feb 4, 2011 5:17 AM
244	Providing 24 hour services for consumers is very costly. Residential facilities are responsible for all their needs. Considering the amount of resources it takes to properly care for consumers, the state should not cut residential rates.	Feb 4, 2011 5:55 AM
245	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting 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 6:45 AM
246	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 7:40 AM
247	cut down on negotionated prices	Feb 4, 2011 3:12 PM
248	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting 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 3:19 PM
249	No negotiated rates.	Feb 4, 2011 4:24 PM
250	Same as previous section	Feb 4, 2011 4:55 PM
251	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 5:14 PM
252	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws. This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 5:19 PM
253	From what I have seen, more supervision is needed. A certain minimum level of care should be required (including home condition).	Feb 4, 2011 5:34 PM

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

	Response Text	
254	State taxes diverted from any and all funding provided to illegal aliens	Feb 4, 2011 5:37 PM
255	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting 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 5:45 PM
256	Payment should allow group homes to meet their costs at a minimum.	Feb 4, 2011 5:54 PM
257	State and local governments, Social Security, SSI, or Medi-Cal.	Feb 4, 2011 6:46 PM
258	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 7:11 PM
259	The same as previous #5.	Feb 4, 2011 7:20 PM
260	State and/or federal government	Feb 4, 2011 7:44 PM
261	Range should be between $300 to $500 per day per client.	Feb 4, 2011 7:45 PM
262	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 7:55 PM
263	reasonable	Feb 4, 2011 8:28 PM
264	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting 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 8:41 PM
265	Rates must be "reasonable" and able to cover the costs of trained Direct Support Professionals.	Feb 4, 2011 8:53 PM
266	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting 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 8:58 PM
267	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting 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 9:20 PM
268	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 9:55 PM
269	There is a big difference between levels of pay. Some facility's are getting a lot more money for a client then others. A level 2 that has a restricted health care and special diets will not get any extra money for a client. A level 3 client with mild behaviors gets a lot more. The level of pay is WAY UP for a D.D./M.I. client. Some facility's get $4-$5,000.00 per client. Facility's that do not take their clients to outings or activities should be paid less.	Feb 4, 2011 9:56 PM
270	The whole of society should share in the responsibility for our less fortunate.	Feb 4, 2011 10:02 PM

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

	Response Text	
271	The Director should comply with these laws. 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 w ith developmental disabilities	Feb 4, 2011 10:10 PM
272	1. 962 homes shall not be allowed to request medical equipment to be paid for through POS funds. Equipment must be paid through Medi-Cal, MEDICARE or Private Insurance. 2. Reimbursement for a 962 home must be based on cost reporting system with at minimum a one year lag time, not on a proposed rate. The reimbursement should be based on the "universe" of all facility costs, then reimbursed at the 65th percentile for all 962 homes. 3. Entrance and exit criteria for Level 4-A,B,C,D,E,F,G,H,I must be defined and developed by DDS and consistently implemented by Regional Centers	Feb 4, 2011 10:20 PM
273	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 10:24 PM
274	Equal pay for equal work, WITHOUT PARTIALITY!	Feb 4, 2011 10:28 PM
275	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting 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 10:39 PM
276	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 10:47 PM
277	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting 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 10:58 PM
278	Rates need to be standardized across the state. I believe that waht is currently being paid for a 4 I level is reasonable for as long as the consumer needs the service. A periodic review of consumer's needs is needed. If a consumer needs more supervision, they need to be brought to a temporary home or hospital that will stabilize the consumer and then return to care home instead of providing one to one.	Feb 4, 2011 11:05 PM
279	Co-payment from client families and voluntary service should be implemented.	Feb 4, 2011 11:05 PM
280	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting 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 11:18 PM
281	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 11:23 PM
282	Use payment already in place.	Feb 4, 2011 11:25 PM

Residential Services

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

	Response Text	
283	They should be paid for by the state and or from the housing amounts provided in social security checks.	Feb 4, 2011 11:39 PM
284	Same as SLS	Feb 4, 2011 11:42 PM
285	Regional center must pay for out of home placement.	Feb 4, 2011 11:43 PM
286	As noted above regional centers barely support provision of these services now. Providers who raise money to supplement should perhaps receive a 'bonus' for fundraising efforts.	Feb 5, 2011 12:03 AM
287	Lanterman Act 4648 and 4690 requires Director of DDS to develop and maintain an equitable process for setting rates to assure that the services are of high quality.	Feb 5, 2011 12:28 AM
288	The Lanterman Act, in Section 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 12:35 AM
289	AUTISM	Feb 5, 2011 1:12 AM
290	same as for other programs in this survey	Feb 5, 2011 1:32 AM
291	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 3:59 AM
292	sliding scale for families who qualify to be able to financially contribute.	Feb 5, 2011 4:55 AM
293	Based on cost of living and what is a reasonable profit for maintaining the services through positive business entrepreneurs.	Feb 5, 2011 5:51 AM
294	As determined by the Director of the Department of Developmental Services. That is his/her job.	Feb 5, 2011 6:53 AM
295	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 2:49 PM
296	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 5:29 PM
297	Some care providers are making a lot of money while the consumers are getting bargain food and care. How are the budgets determined and checked? How do I know if the money taken for my daughter's care is going to her and not all to pay the provider? The bottom line should be the consumer.	Feb 5, 2011 6:34 PM
298	While the state increaces requirements, it does not reimburse for these additional requirements. Rather, while increasing service standards, the state has chosen to reduce rates. This needs to stop.	Feb 5, 2011 6:37 PM
299	same as first set	Feb 5, 2011 6:40 PM
300	SDRC, MediCal and Social Security Disability	Feb 5, 2011 8:14 PM
301	I oppose POS standards. Please refer to the Lanterman Act section 4648 (a) (5) and section 4690.	Feb 5, 2011 9:01 PM
302	State, why pick on this population. If they can be independent they would	Feb 5, 2011 10:15 PM

Residential Services

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

	Response Text	
303	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 10:57 PM
304	The Lanterman Act already has established these standards: Section 4648 (a) (5) and 4690.	Feb 5, 2011 11:33 PM
305	board care homes live in staff are on duty 24/7 we provide food and transportation and any other needs. of the consumer. which does not cost as much as independent living .	Feb 5, 2011 11:51 PM
306	"Up to but not to exceed the cost to house one individual in a Developmental Center."	Feb 6, 2011 5:13 AM
307	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 5:52 AM
308	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 6, 2011 6:06 AM
309	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting 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 4:37 PM
310	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 6, 2011 6:49 PM
311	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting 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 5:14 AM
312	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting 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 6:43 AM
313	The Lanterman Act requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 7, 2011 2:47 PM
314	The Director of DDS is required to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure quality services for the developmentally disabled, per The Lanterman Act and the director should comply with these laws.	Feb 7, 2011 3:31 PM
315	Private payment options should always be considered first.	Feb 7, 2011 5:20 PM

Residential Services

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

	Response Text	
316	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 5:46 PM
317	No more cuts in Residential....	Feb 7, 2011 7:20 PM
318	As mentioned in the first section of questions.	Feb 7, 2011 8:28 PM
319	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting 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 10:08 PM
320	Allow RC's to set the standards in their own communities.	Feb 7, 2011 10:45 PM
321	Let the Regional Centers make the decisions regarding program services	Feb 7, 2011 11:14 PM
322	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 11:20 PM
323	None.	Feb 8, 2011 12:43 AM
324	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 1:12 AM
325	Funding should be made uniform for residential care. Many vendors who have provided care for years receive the basic monthly $5000 (+ or -) overall rate and have gotten few increases. Over the last few years other, newer "negotiated rate" vendors are somehow getting $9,000 and even higher monthly rates for clients with very similar disabilities and behavioral challenges. The "negotiated rate" residential care providers need to be scrutinized.	Feb 8, 2011 2:54 AM
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 8, 2011 4:08 AM
327	I believe some of these homes are there just for the money. I would very carefully monitor money going to them.	Feb 8, 2011 4:37 AM
328	Payment needs to be an incentive for people to want to work with clients in an appropriate manner. More educated people working with these clients is what is going to be the best for the clients. They will be treated better,. They will improve and mature better as adults.	Feb 8, 2011 4:51 AM
329	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting 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 5:34 AM
330	Again as previously stated.	Feb 8, 2011 6:09 AM
331	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting 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 3:41 PM

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

	Response Text	
332	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting 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 6:04 PM
333	please do NOT cut services for these living options. Institutionalization is SO last century, and we must help clients to make the transition to community living.	Feb 8, 2011 7:54 PM
334	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting 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 7:56 PM
335	Based on policies of service providers.	Feb 8, 2011 8:57 PM
336	Regional Centers should pay for this service if the client is unable to do so.	Feb 8, 2011 8:57 PM
337	insurance when pre existing conditions are covered then maybe this will be covered also	Feb 8, 2011 9:27 PM
338	Higher direct care staff salary could result in higher quality of caregivers!!	Feb 8, 2011 10:17 PM
339	Payment standards are based on a flat rate based on the level of the residential facility. Currently the level of some facilities require staff have completed a minimal amount of higher education, with the facility rate not compensating for this level of staffing. I feel that the staffing requirements and staff to client ratio is too high and truly not needed. With the current rates paid to residential facilities, it is not financially feasible to hire higher quality of staff with higher education, as this industry does not currently support the level of wages the higher education has earned for the employee. Reducing staffing ratios within a facility is truly needed; savings of hiring unnecessary staff, vendors would have the ability to pay more staff at a higher rate, thus employing a higher level of staff.	Feb 8, 2011 10:50 PM
340	Payment standards are based on a flat rate based on the level of the residential facility. Currently the level of some facilities require staff have completed a minimal amount of higher education, with the facility rate not compensating for this level of staffing. I feel that the staffing requirements and staff to client ratio is too high and truly not needed. With the current rates paid to residential facilities, it is not financially feasible to hire higher quality of staff with higher education, as this industry does not currently support the level of wages the higher education has earned for the employee. Reducing staffing ratios within a facility is truly needed; savings of hiring unnecessary staff, vendors would have the ability to pay more staff at a higher rate, thus employing a higher level of staff.	Feb 8, 2011 11:22 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 8, 2011 11:55 PM
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 9, 2011 1:27 AM
343	Answer: The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 9, 2011 1:28 AM

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

	Response Text	
344	Cut all the fat at the state capatol. i.e. take home vehicles, extra perks that are given to the upper level law makers. the fat cats have had it too good for too long. it is time to put a stop to the free ride.	Feb 9, 2011 1:31 AM
345	same	Feb 9, 2011 2:28 AM
346	State Funding	Feb 9, 2011 3:23 AM
347	medical insurance and sliding scale for client.	Feb 9, 2011 3:39 AM
348	Right now, there is a big disparity of reimbursement rates: from level 2 homes at the rate of $2,400. to Negotiated rate homes up to $15,000 per client. Of course, the well funded client is best served in a negotiated rate home. DDS please do not forget the obsolete rate homes (Level 2, Level 3, Level 4) homes that are still operating. These homes are no longer economically feasible. The disparity creates discrimination and unequal treatments to people with developmental disabilities. Service providers running the "obsolete rate" homes have been forgotten...the clients in these homes deserve higher rates and quality of life too.	Feb 9, 2011 3:45 AM
349	I think that payment for residential services should be paid by Medical.	Feb 9, 2011 3:47 AM
350	no comment	Feb 9, 2011 4:01 AM
351	State and taxpayer funded.	Feb 9, 2011 4:44 AM
352	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 9, 2011 5:43 AM
353	Group homes with five (5) or more consumer bedrooms and more than eighteen hundred (1800) square feet of living space should be allowed to provide residential services for up to eight (8) consumers. It is an undeniable fact that all operational costs are going up and rates per resident have gone down an are going to go down more, something has to change or soon vendors will not be able to keep their doors open to provide quality living for consumers. Vendors should be paid monthly in advance instead of the monthly in arrears that is the current norm.	Feb 9, 2011 6:08 AM
354	Parent share cost always. VMRC to Also share cost. Parent volunteer time required!	Feb 9, 2011 8:50 AM
355	Again, Kern RC should not have been responisible for funding for the cost of residential homes, and giving the homes to a particular vendor. Kern RC paid for the homes for the vendor, and the homes are in the vendor's name. This is a misuse of funds, and is not an option for most of the residential vendors. Most vendors are financially responsible get their home ready for the clients, and then Kern RC pays the cost to house the clients. This should be reflected in the standards. Under no circumstances should Kern RC be funding for homes for any residential provider, and then give them the home.	Feb 9, 2011 5:22 PM
356	Consistency in payments for comparable residential services in comparable geographical areas should add to more equitable access to residential services statewide.	Feb 9, 2011 5:36 PM
357	Providers should get paid for providing residential services for people with disabilities. Kern Regional Center should not be paying huge start up costs for particular vendors to purchase homes for residential purposes, while putting the home in the vendor's name, which has happened.	Feb 9, 2011 5:40 PM
358	may streamline existing payment to a minimal	Feb 9, 2011 6:31 PM
359	have table of fees per level of care	Feb 9, 2011 7:04 PM

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

	Response Text	
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 9, 2011 7:58 PM
361	See above..#3 If they are in a day program or workshop and the residental is being paid for 24hr care, that is double dipping!	Feb 9, 2011 8:20 PM
362	Services should be provided according to the Laterman Act.	Feb 9, 2011 9:12 PM
363	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processing for setting 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 9:16 PM
364	residential careproviders have not gotten cost of living increases for years.Does this seem fair to ANYONE ??We take care of the physical needs of our residents and struggle from month to month at a defecit.	Feb 9, 2011 9:48 PM
365	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 10:07 PM
366	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
367	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting 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 10:20 PM
368	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting 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 10:36 PM
369	The government should pay and use part of the Military fund to support these service . Consumer with Developmental disabilities depend on these funds to live independently.	Feb 9, 2011 10:53 PM
370	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 9, 2011 10:53 PM
371	The state should monitor CCF, ICF, and Social Security rates as oppose to having RCOC fund a portion of it, it should come directly from the state and RCOC to monitor the p&I of each consumer as we have been doing to keep track of expenses.	Feb 9, 2011 10:55 PM
372	Tax Payer dollars	Feb 9, 2011 11:38 PM
373	Payments from consumer social security and disability payments. Remainder from Regional Center	Feb 9, 2011 11:41 PM
374	Pay what they actually cost; provide for cost of living adjustments and benefits even a fraction of what State employees get	Feb 10, 2011 12:01 AM

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

	Response Text	
375	sections 4648 (a) (5) and 4690 of the Lanterman Act require the director of department of developmental services to develop and maintain equitable processes for setting rates to assure that regional centers can secure high quality services for people with developmental disabilities. the director should comply with these laws.	Feb 10, 2011 12:02 AM
376	$3,500.00 per month	Feb 10, 2011 12:44 AM
377	donations from grants from resorts.	Feb 10, 2011 3:27 AM
378	see previous surveys	Feb 10, 2011 7:59 PM
379	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 10, 2011 8:09 PM
380	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting 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 9:33 PM
381	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting 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 10:02 PM
382	Payment for services in this area are very high for home owners;therefore the quality and performance evaluation should be closely tracked.Direct care workers usually are paid low and have little education. SOmetimes they do not even speak the language of the consumers living in the home. Direct care staff should be paid better,but also should be required to have a higher quality of service than they currently need to maintain.	Feb 10, 2011 10:28 PM
383	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 11, 2011 12:26 AM
384	monthly up-front payment	Feb 11, 2011 1:08 AM
385	Not involving the patient or the family.	Feb 11, 2011 1:41 AM
386	Supports should remain the same or increase.	Feb 11, 2011 1:49 AM
387	Answer: The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 11, 2011 1:52 AM
388	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 3:23 AM
389	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 3:33 AM

Residential Services

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

	Response Text	
390	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 5:10 AM
391	Payments should be quarterly if this does not create a hardship for the home.	Feb 11, 2011 5:23 AM
392	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting 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 5:45 AM
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 11, 2011 6:17 AM
394	Raise state taxes.	Feb 11, 2011 8:24 AM
395	Payments should not be cut. These facilities house, feed, make doctors appointments, transport to the doctor, pick up consumers at the day program when they need to go home due to illness, accompany consumer at doctors office to caary out doctors instructions and to convey that information to Regional Center as required by the Regional Centers. Facilities are also required per the Regional Centers to take consumers into the community regularly. Facilities are also demanded to do spend down of consumers money when R.C. trust account over two thousand dollars. In sum cases over $20,000.00. We are told to spend it in less than 30 days and show recipts. Facilities are not paid for this one on one care or the expenses. Out of the area doctors appointments due to no local services. RC says take them to the county in which we will be there in excess of eight hours one on one with no compensation. Residential facilities respond 24/7. Day Programs and RC closed on weekends after 5 and holidays. Residential facilities are held responsible and are not getting compensated for work that is being provided. Most of these services must be provided to consumers who cannot do them themselves but the facilities must be compensated for these services or RC should pay another vendor to transport and accompany into doctors appointments. All these services require extra staff.	Feb 11, 2011 12:02 PM
396	Set rate for all, not individual negoiated rates (service code 113) limited one on one support that fade with time.	Feb 11, 2011 6:20 PM
397	No comment	Feb 11, 2011 6:29 PM
398	The standards need to be raised. Since there are closure days for the day programs the residential providers paymore for staff but are not given any more funds. Also, their costs continue to go up and they have been on a rate freeze for a long time. It is essential to have a stable staff for the consumers but that is very difficult because of the low rate of pay.	Feb 11, 2011 6:41 PM
399	SAME AS PREVIOUS #5, PARENTS ABOVE LOW-INCOME STANDARDS CAN HELP PAY FOR SERVICES.	Feb 11, 2011 6:51 PM
400	paid per contract.	Feb 11, 2011 6:52 PM
401	Same as IHSS workers.	Feb 11, 2011 6:53 PM
402	if the indivdual works, 50% of income should go to cover payment	Feb 11, 2011 7:26 PM
403	Medicare	Feb 11, 2011 7:29 PM
404	should come from the regional center	Feb 11, 2011 7:46 PM

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

	Response Text	
405	Increase the pay so they can do a better job offer incentives for the good that some workers do. Face it some people need income to survive as they may make this their livelihood. Pay them twice a week so they can budget their own money. It is not easy caregiving speaking from experience. I do not get paid but I care out of love.	Feb 11, 2011 7:59 PM
406	See comment under Behavioral Services	Feb 11, 2011 8:49 PM
407	Reducing the per consumer payments to the various providers will have the unintended consequence of making the activity unattractive. It is a business, after all, and to carry out the business in a caring and effective way does require a financial return or providers will start closing up their facilities. Family involvement in co-pay, reducton of P&I payments and more careful screening of which consumers actually require such services at each level are ways to ensure the state-wide activity and its providers stay solvent.	Feb 11, 2011 8:59 PM
408	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting 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 9:46 PM
409	a.Licensed community care facilities which provide 24-hour care and supervision; regional centers may provide supplemental funding, SSI-SSA would fund basic rate. b.Licensed health care facilities which provide 24-hour care and supervision, e.g., ICF, ICFDDN, SNF; Medi-Cal would be expected to fund. c.Room and boardthis service would be funded through SSI-SSA or the consumer's earnings. d.Family Home – Regional center staff should work with the consumer and family to identify needed services, e.g., equipment, respite care, attendant care, etc., which may be needed to enable the consumer to remain in the family home. RCOC does not fund for actual living expenses. These expenses are to be funded by family resources, SSI, SSA, etc.	Feb 11, 2011 9:47 PM
410	a.Licensed community care facilities which provide 24-hour care and supervision; regional centers may provide supplemental funding, SSI-SSA would fund basic rate. b.Licensed health care facilities which provide 24-hour care and supervision, e.g., ICF, ICFDDN, SNF; Medi-Cal would be expected to fund. c.Room and boardthis service would be funded through SSI-SSA or the consumer's earnings. d.Family Home – Regional center staff should work with the consumer and family to identify needed services, e.g., equipment, respite care, attendant care, etc., which may be needed to enable the consumer to remain in the family home. RCOC does not fund for actual living expenses. These expenses are to be funded by family resources, SSI, SSA, etc.	Feb 11, 2011 9:48 PM
411	a. Licensed community care facilities which provide 24-hour care and supervision; regional centers may provide supplemental funding, SSI-SSA would fund basic rate. b. Licensed health care facilities which provide 24-hour care and supervision, e.g., ICF, ICFDDN, SNF; Medi-Cal would be expected to fund. c. Room and boardthis service would be funded through SSI-SSA or the consumer's earnings. d. Family Home – Regional center staff should work with the consumer and family to identify needed services, e.g., equipment, respite care, attendant care, etc., which may be needed to enable the consumer to remain in the family home. RCOC does not fund for actual living expenses. These expenses are to be funded by family resources, SSI, SSA, etc.	Feb 11, 2011 9:50 PM
412	Not familiar with how to improve this.	Feb 11, 2011 9:51 PM

Residential Services

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

	Response Text	
413	$15 per hour at least	Feb 11, 2011 9:52 PM
414	a. Licensed community care facilities which provide 24-hour care and supervision; regional centers may provide supplemental funding, SSI-SSA would fund basic rate. b. Licensed health care facilities which provide 24-hour care and supervision, e.g., ICF, ICFDDN, SNF; Medi-Cal would be expected to fund. c. Room and boardthis service would be funded through SSI-SSA or the consumer's earnings. d. Family Home – Regional center staff should work with the consumer and family to identify needed services, e.g., equipment, respite care, attendant care, etc., which may be needed to enable the consumer to remain in the family home. RCOC does not fund for actual living expenses. These expenses are to be funded by family resources, SSI, SSA, etc.	Feb 11, 2011 9:53 PM
415	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 9:53 PM
416	a.Licensed community care facilities which provide 24-hour care and supervision; regional centers may provide supplemental funding, SSI-SSA would fund basic rate. b.Licensed health care facilities which provide 24-hour care and supervision, e.g., ICF, ICFDDN, SNF; Medi-Cal would be expected to fund. c.Room and boardthis service would be funded through SSI-SSA or the consumer's earnings. d.Family Home – Regional center staff should work with the consumer and family to identify needed services, e.g., equipment, respite care, attendant care, etc., which may be needed to enable the consumer to remain in the family home. RCOC does not fund for actual living expenses. These expenses are to be funded by family resources, SSI, SSA, etc.	Feb 11, 2011 9:55 PM
417	a.Licensed community care facilities which provide 24-hour care and supervision; regional centers may provide supplemental funding, SSI-SSA would fund basic rate. b.Licensed health care facilities which provide 24-hour care and supervision, e.g., ICF, ICFDDN, SNF; Medi-Cal would be expected to fund. c.Room and boardthis service would be funded through SSI-SSA or the consumer's earnings. d.Family Home – Regional center staff should work with the consumer and family to identify needed services, e.g., equipment, respite care, attendant care, etc., which may be needed to enable the consumer to remain in the family home. RCOC does not fund for actual living expenses. These expenses are to be funded by family resources, SSI, SSA, etc.	Feb 11, 2011 10:03 PM
418	a. Licensed community care facilities which provide 24-hour care and supervision; regional centers may provide supplemental funding, SSI-SSA would fund basic rate. b. Licensed health care facilities which provide 24-hour care and supervision, e.g., ICF, ICFDDN, SNF; Medi-Cal would be expected to fund. c. Room and boardthis service would be funded through SSI-SSA or the consumer's earnings. d. Family Home – Regional center staff should work with the consumer and family to identify needed services, e.g., equipment, respite care, attendant care, etc., which may be needed to enable the consumer to remain in the family home. RCOC does not fund for actual living expenses. These expenses are to be funded by family resources, SSI, SSA, etc.	Feb 11, 2011 10:04 PM

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

	Response Text	
419	a. Licensed community care facilities which provide 24-hour care and supervision; regional centers may provide supplemental funding, SSI-SSA would fund basic rate. b. Licensed health care facilities which provide 24-hour care and supervision, e.g., ICF, ICFDDN, SNF; Medi-Cal would be expected to fund. c. Room and boardthis service would be funded through SSI-SSA or the consumer's earnings. d. Family Home – Regional center staff should work with the consumer and family to identify needed services, e.g., equipment, respite care, attendant care, etc., which may be needed to enable the consumer to remain in the family home. RCOC does not fund for actual living expenses. These expenses are to be funded by family resources, SSI, SSA, etc.	Feb 11, 2011 10:09 PM
420	a. Licensed community care facilities which provide 24-hour care and supervision; regional centers may provide supplemental funding, SSI-SSA would fund basic rate. b. Licensed health care facilities which provide 24-hour care and supervision, e.g., ICF, ICFDDN, SNF; Medi-Cal would be expected to fund. c. Room and boardthis service would be funded through SSI-SSA or the consumer's earnings. d. Family Home – Regional center staff should work with the consumer and family to identify needed services, e.g., equipment, respite care, attendant care, etc., which may be needed to enable the consumer to remain in the family home. RCOC does not fund for actual living expenses. These expenses are to be funded by family resources, SSI, SSA, etc.	Feb 11, 2011 10:16 PM
421	a. Licensed community care facilities which provide 24-hour care and supervision; regional centers may provide supplemental funding, SSI-SSA would fund basic rate. b. Licensed health care facilities which provide 24-hour care and supervision, e.g., ICF, ICFDDN, SNF; Medi-Cal would be expected to fund. c. Room and boardthis service would be funded through SSI-SSA or the consumer's earnings. d. Family Home – Regional center staff should work with the consumer and family to identify needed services, e.g., equipment, respite care, attendant care, etc., which may be needed to enable the consumer to remain in the family home. RCOC does not fund for actual living expenses. These expenses are to be funded by family resources, SSI, SSA, etc.	Feb 11, 2011 10:19 PM
422	a. Licensed community care facilities which provide 24-hour care and supervision; regional centers may provide supplemental funding, SSI-SSA would fund basic rate. b. Licensed health care facilities which provide 24-hour care and supervision, e.g., ICF, ICFDDN, SNF; Medi-Cal would be expected to fund. c. Room and boardthis service would be funded through SSI-SSA or the consumer's earnings. d. Family Home – Regional center staff should work with the consumer and family to identify needed services, e.g., equipment, respite care, attendant care, etc., which may be needed to enable the consumer to remain in the family home. RCOC does not fund for actual living expenses. These expenses are to be funded by family resources, SSI, SSA, etc.	Feb 11, 2011 10:35 PM
423	There has not been an increase to ARF's in 10 years and it has become difficult to provide the extra special "stuff" like movie channels, outings to Disneyland, vacations, etc. without increases and continuous cutting to the budget.	Feb 11, 2011 10:41 PM
424	As it is now.	Feb 11, 2011 10:42 PM

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

	Response Text	
425	a. Licensed community care facilities which provide 24-hour care and supervision; regional centers may provide supplemental funding, SSI-SSA would fund basic rate. b. Licensed health care facilities which provide 24-hour care and supervision, e.g., ICF, ICFDDN, SNF; Medi-Cal would be expected to fund. c. Room and boardthis service would be funded through SSI-SSA or the consumer's earnings. d. Family Home – Regional center staff should work with the consumer and family to identify needed services, e.g., equipment, respite care, attendant care, etc., which may be needed to enable the consumer to remain in the family home. RCOC does not fund for actual living expenses. These expenses are to be funded by family resources, SSI, SSA, etc.	Feb 11, 2011 10:42 PM
426	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 10:44 PM
427	a. Licensed community care facilities which provide 24-hour care and supervision; regional centers may provide supplemental funding, SSI-SSA would fund basic rate. b. Licensed health care facilities which provide 24-hour care and supervision, e.g., ICF, ICFDDN, SNF; Medi-Cal would be expected to fund. c. Room and boardthis service would be funded through SSI-SSA or the consumer's earnings. d. Family Home – Regional center staff should work with the consumer and family to identify needed services, e.g., equipment, respite care, attendant care, etc., which may be needed to enable the consumer to remain in the family home. RCOC does not fund for actual living expenses. These expenses are to be funded by family resources, SSI, SSA, etc.	Feb 11, 2011 10:58 PM
428	For individuals that other wise would not be able to survive without these services, the state should take this responsibility , For those that have family or economical means inheritance or receive benefits from different sources or are gainfully employed, there should be a share of cost at percentages set according to their income and or economical means, if it is a min or the parents should share the cost and when the child is of age there should be co payments levels in place according to their present economical level.	Feb 11, 2011 10:59 PM
429	DDS	Feb 11, 2011 10:59 PM
430	a. Licensed community care facilities which provide 24-hour care and supervision; regional centers may provide supplemental funding, SSI-SSA would fund basic rate. b. Licensed health care facilities which provide 24-hour care and supervision, e.g., ICF, ICFDDN, SNF; Medi-Cal would be expected to fund. c. Room and boardthis service would be funded through SSI-SSA or the consumer's earnings. d. Family Home – Regional center staff should work with the consumer and family to identify needed services, e.g., equipment, respite care, attendant care, etc., which may be needed to enable the consumer to remain in the family home. RCOC does not fund for actual living expenses. These expenses are to be funded by family resources, SSI, SSA, etc.	Feb 11, 2011 11:29 PM

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

	Response Text	
431	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting 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 11:50 PM
432	a.Licensed community care facilities which provide 24-hour care and supervision; regional centers may provide supplemental funding, SSI-SSA would fund basic rate. b.Licensed health care facilities which provide 24-hour care and supervision, e.g., ICF, ICFDDN, SNF; Medi-Cal would be expected to fund. c.Room and boardthis service would be funded through SSI-SSA or the consumer's earnings. d.Family Home – Regional center staff should work with the consumer and family to identify needed services, e.g., equipment, respite care, attendant care, etc., which may be needed to enable the consumer to remain in the family home. RCOC does not fund for actual living expenses. These expenses are to be funded by family resources, SSI, SSA, etc.	Feb 11, 2011 11:59 PM
433	a.Licensed community care facilities which provide 24-hour care and supervision; regional centers may provide supplemental funding, SSI-SSA would fund basic rate. b.Licensed health care facilities which provide 24-hour care and supervision, e.g., ICF, ICFDDN, SNF; Medi-Cal would be expected to fund. c.Room and boardthis service would be funded through SSI-SSA or the consumer's earnings. d.Family Home – Regional center staff should work with the consumer and family to identify needed services, e.g., equipment, respite care, attendant care, etc., which may be needed to enable the consumer to remain in the family home. RCOC does not fund for actual living expenses. These expenses are to be funded by family resources, SSI, SSA, etc.	Feb 12, 2011 12:13 AM
434	These services are the backbone of the system. The residential living service is responsible for DD consumer health and safety needs 24 hours a day. When all else goes awry or amiss. the residential service provider must rectify the situation. The funding for such important service is inadequate. The entire reason for residential service is to provide quality service and community integration for less than the cost of institutionalization. The national average for DD center placement is above $128,000 per year.	Feb 12, 2011 12:49 AM
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 12, 2011 1:17 AM
436	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 12, 2011 3:40 AM
437	State aid and/or Insurance providers. If the client is able to work, they may provide a small portion towards cost, though no more than 25%.	Feb 12, 2011 3:57 AM
438	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting 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 5:21 AM

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

	Response Text	
439	The Lanterman Act, in sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services with developmental disabilities. The Director should comply with these laws.	Feb 12, 2011 5:37 AM
440	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	Feb 12, 2011 6:14 AM
441	See previous answers.	Feb 12, 2011 6:29 AM
442	I have no experience in this area.	Feb 12, 2011 6:42 AM
443	IHSS, Respite help a LITTLE since the cut of hours and fees.	Feb 12, 2011 3:42 PM
444	I think the pay should well cover the time needed with the client on a daily basis and the intensity of the clients care.	Feb 12, 2011 4:29 PM
445	State supported	Feb 12, 2011 4:59 PM
446	open	Feb 12, 2011 5:41 PM
447	Services can not be cut without great risk to the consumer. If homes can not stay open and provide quality care what will happen to the consumer? Many can not return to developmental centers and their quality of life would simply spiral down.	Feb 12, 2011 5:54 PM
448	Grants ,government funding,bonds,individual own earning when the cost is reasonable	Feb 12, 2011 5:55 PM
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 12, 2011 6:12 PM
450	Pay should be higher for those who qualify based on need (nurses or behaviorists for nursing homes and behavioral homes respectively) and require consultation services for the consumers. Low level care should get less pay since they require fewer services and staff members.	Feb 12, 2011 6:50 PM
451	MediCal/care/Social Security subsidized by RC/families if needed.	Feb 12, 2011 7:18 PM
452	When a Regional Center client lives with their family they are paid one stipend and when they move into a Group Home the stipend is doubled. I think both of these fees should be looked at and averaged out. I think one is too low and the other way too high. Especially if there are multiple clients living in one home. There is a lot of money to the home Owners and it's just putting way too many people in small places to get as much money and they become items instead of individuals with needs!	Feb 12, 2011 8:08 PM
453	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting 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 8:29 PM
454	See response on previous section.	Feb 12, 2011 8:54 PM
455	same guidelines as general public-percentage of consumer income goes to provider	Feb 12, 2011 9:01 PM
456	Payment should be considered only if necessary and the consumer is able.	Feb 12, 2011 9:25 PM
457	not sure, but in my experience those families in the higher economic category should have a co payment	Feb 12, 2011 9:43 PM
458	See Behavioral Services # 5	Feb 12, 2011 10:12 PM

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

	Response Text	
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 13, 2011 12:02 AM
460	dont provide, dont pay for this service	Feb 13, 2011 12:38 AM
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 13, 2011 3:45 AM
462	Per the provision and the demonstration that the consumer is actually learning and benefiting. Not just parents deluding themselves that services are actually 'helping'. Demonstrate 'HOW' they are helping and to what extent they are helping.	Feb 13, 2011 3:51 AM
463	hourly	Feb 13, 2011 4:28 AM
464	The Goverment	Feb 13, 2011 6:04 AM
465	As stated previously for same questions.	Feb 13, 2011 8:16 AM
466	Regional Center and State	Feb 13, 2011 3:56 PM
467	As high a rate of payment as overall budget will allow. People who provide excellent support and care for the clients should be compensated well.	Feb 13, 2011 7:13 PM
468	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting 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 7:17 PM
469	maybe more than they get then the quality of personapplying for job may increase	Feb 13, 2011 10:20 PM
470	The Lanterman Act, in Sections 4648 (a) (5) and 4690 require the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that regional centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 13, 2011 10:54 PM
471	CLIENTS LEAVE HOME ABOUT 8A,M. AND RETURN HOME ABOUT 3 PM THAT IS ABOUT 7 HOURS FOR THE HOUSE TO BE FREE. THEN A REST PERIOD AND DINNER THEN FREE TIME FOR GATHERING. I THINK THEY A BEING PAID WELL FOR THE TIME SPENT. I DO NOT KNOW WHAT THE SALERY STANDERD IS FOR THE CARE PROVIDERS, BUT THE BURDEN OF CARE IS ON THEIR SHOULDERS.	Feb 13, 2011 11:10 PM
472	Residentials replaced institutions and later parents. The public looks at my gross income from 2 homes and thinks $200,000. I spend all but 70,000 and pay $20,000 taxes out of that. However, I work 17 1/2 hour days now that I have a consumer on hospice. I usually put in 80 hour weeks since I do medical appts, shopping, cleaning,and cooking in addition to administrative duties. I can assure you all, I earn my money.	Feb 13, 2011 11:22 PM
473	co payments of annual salaries of $90,000.00 or more	Feb 13, 2011 11:56 PM
474	Most all of these services are beyond the financial reach of the great majority of parents/relatives. Many have outlived the parents/relatives. Society of otherwise well and more fortunate persons should provide a minimum of safety, comfort and pleasure for the less fortunate that cannot provide for themselves.	Feb 14, 2011 12:08 AM
475	Rate of payment should be tied directly to the actual cost of living/operating for the community in which the services are delivered.	Feb 14, 2011 1:11 AM

Residential Services

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

	Response Text	
476	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 1:54 AM
477	Utilize the standards existing and monitor the services. In most cases the payment is not adequate to provide the services provided and the service provider has to fund raise the balance.	Feb 14, 2011 2:42 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 14, 2011 3:26 AM
479	SSI AND OTHER GOVERNMENT MONIES IS NEEDED; THE CONSUMERS ARE MOSTLY WORKING FOR A SLAVE'S WAGE	Feb 14, 2011 7:22 AM
480	No comment	Feb 14, 2011 1:57 PM
481	a.Licensed community care facilities which provide 24-hour care and supervision; regional centers may provide supplemental funding, SSI-SSA would fund basic rate. b.Licensed health care facilities which provide 24-hour care and supervision, e.g., ICF, ICFDDN, SNF; Medi-Cal would be expected to fund. c.Room and boardthis service would be funded through SSI-SSA or the consumer's earnings. d.Family Home – Regional center staff should work with the consumer and family to identify needed services, e.g., equipment, respite care, attendant care, etc., which may be needed to enable the consumer to remain in the family home. RCOC does not fund for actual living expenses. These expenses are to be funded by family resources, SSI, SSA, etc.	Feb 14, 2011 4:05 PM
482	Dependent upon the amount of care the individual participant desires.	Feb 14, 2011 4:07 PM
483	a.Licensed community care facilities which provide 24-hour care and supervision; regional centers may provide supplemental funding, SSI-SSA would fund basic rate. b.Licensed health care facilities which provide 24-hour care and supervision, e.g., ICF, ICFDDN, SNF; Medi-Cal would be expected to fund. c.Room and boardthis service would be funded through SSI-SSA or the consumer's earnings. d.Family Home – Regional center staff should work with the consumer and family to identify needed services, e.g., equipment, respite care, attendant care, etc., which may be needed to enable the consumer to remain in the family home. RCOC does not fund for actual living expenses. These expenses are to be funded by family resources, SSI, SSA, etc.	Feb 14, 2011 4:29 PM
484	As much as possible and per assessment of assets, parents should copay.	Feb 14, 2011 4:58 PM

Residential Services

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

	Response Text	
485	a.Licensed community care facilities which provide 24-hour care and supervision; regional centers may provide supplemental funding, SSI-SSA would fund basic rate. b.Licensed health care facilities which provide 24-hour care and supervision, e.g., ICF, ICFDDN, SNF; Medi-Cal would be expected to fund. c.Room and boardthis service would be funded through SSI-SSA or the consumer's earnings. d.Family Home – Regional center staff should work with the consumer and family to identify needed services, e.g., equipment, respite care, attendant care, etc., which may be needed to enable the consumer to remain in the family home. RCOC does not fund for actual living expenses. These expenses are to be funded by family resources, SSI, SSA, etc.	Feb 14, 2011 5:07 PM
486	Licensed community care facilities which provide 24-hour care and supervision; regional centers may provide supplemental funding, SSI-SSA would fund basic rate. Licensed health care facilities which provide 24-hour care and supervision, e.g., ICF, ICFDDN, SNF; Medi-Cal would be expected to fund. Room and boardthis service would be funded through SSI-SSA or the consumer's earnings. Family Home – Regional center staff should work with the consumer and family to identify needed services, e.g., equipment, respite care, attendant care, etc., which may be needed to enable the consumer to remain in the family home. RCOC does not fund for actual living expenses. These expenses are to be funded by family resources, SSI, SSA, etc.	Feb 14, 2011 5:34 PM
487	Regional centers may provide supplemental funding to all services not covered by generic resources (MediCal), SSI-SSA would fund basic rate.	Feb 14, 2011 6:05 PM
488	a.Licensed community care facilities which provide 24-hour care and supervision; regional centers may provide supplemental funding, SSI-SSA would fund basic rate. b.Licensed health care facilities which provide 24-hour care and supervision, e.g., ICF, ICFDDN, SNF; Medi-Cal would be expected to fund. c.Room and boardthis service would be funded through SSI-SSA or the consumer's earnings. d.Family Home – Regional center staff should work with the consumer and family to identify needed services, e.g., equipment, respite care, attendant care, etc., which may be needed to enable the consumer to remain in the family home. RCOC does not fund for actual living expenses. These expenses are to be funded by family resources, SSI, SSA, etc.	Feb 14, 2011 6:06 PM
489	Preailing marketplace rates	Feb 14, 2011 6:10 PM
490	a.Licensed community care facilities which provide 24-hour care and supervision; regional centers may provide supplemental funding, SSI-SSA would fund basic rate. b.Licensed health care facilities which provide 24-hour care and supervision, e.g., ICF, ICFDDN, SNF; Medi-Cal would be expected to fund. c.Room and boardthis service would be funded through SSI-SSA or the consumer's earnings. d.Family Home – Regional center staff should work with the consumer and family to identify needed services, e.g., equipment, respite care, attendant care, etc., which may be needed to enable the consumer to remain in the family home. RCOC does not fund for actual living expenses. These expenses are to be funded by family resources, SSI, SSA, etc.	Feb 14, 2011 6:20 PM
491	Director of DDS should develop rates	Feb 14, 2011 6:21 PM

Residential Services

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

	Response Text	
492	a. Licensed community care facilities which provide 24-hour care and supervision; regional centers may provide supplemental funding, SSI-SSA would fund basic rate. b. Licensed health care facilities which provide 24-hour care and supervision, e.g., ICF, ICFDDN, SNF; Medi-Cal would be expected to fund. c. Room and boardthis service would be funded through SSI-SSA or the consumer's earnings. d. Family Home – Regional center staff should work with the consumer and family to identify needed services, e.g., equipment, respite care, attendant care, etc., which may be needed to enable the consumer to remain in the family home. RCOC does not fund for actual living expenses. These expenses are to be funded by family resources, SSI, SSA, etc.	Feb 14, 2011 6:27 PM
493	a.Licensed community care facilities which provide 24-hour care and supervision; regional centers may provide supplemental funding, SSI-SSA would fund basic rate. b.Licensed health care facilities which provide 24-hour care and supervision, e.g., ICF, ICFDDN, SNF; Medi-Cal would be expected to fund. c.Room and boardthis service would be funded through SSI-SSA or the consumer's earnings. d.Family Home – Regional center staff should work with the consumer and family to identify needed services, e.g., equipment, respite care, attendant care, etc., which may be needed to enable the consumer to remain in the family home. RCOC does not fund for actual living expenses. These expenses are to be funded by family resources, SSI, SSA, etc.	Feb 14, 2011 6:28 PM
494	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting 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 6:30 PM
495	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting 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 6:31 PM
496	a.Licensed community care facilities which provide 24-hour care and supervision; regional centers may provide supplemental funding, SSI-SSA would fund basic rate. b.Licensed health care facilities which provide 24-hour care and supervision, e.g., ICF, ICFDDN, SNF; Medi-Cal would be expected to fund. c.Room and boardthis service would be funded through SSI-SSA or the consumer's earnings. d.Family Home – Regional center staff should work with the consumer and family to identify needed services, e.g., equipment, respite care, attendant care, etc., which may be needed to enable the consumer to remain in the family home. RCOC does not fund for actual living expenses. These expenses are to be funded by family resources, SSI, SSA, etc.	Feb 14, 2011 6:32 PM

Residential Services

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

	Response Text	
497	Licensed community care facilities and Adult Family Homes which provide 24-hour care and supervision; regional centers may provide supplemental funding to the basic rate funded by SSI-SSA. Licensed health care facilities which provide 24-hour care and supervision, e.g., ICF, ICFDDN, SNF; Medi-Cal would be expected to fund. Room and boardthis service would be funded through SSI-SSA or the individuals earnings.	Feb 14, 2011 6:41 PM
498	free, as needed, but perhaps consider a volunteering requirement, as volunteering helps people so much.	Feb 14, 2011 6:48 PM
499	Send a copy of explanation of Services to client to make sure they are getting them	Feb 14, 2011 6:59 PM
500	No hire of illegals or pay.	Feb 14, 2011 7:06 PM
501	Licensed community care facilities which provide 24-hour care and supervision; regional centers may provide supplemental funding, SSI-SSA would fund basic rate. Licensed health care facilities which provide 24-hour care and supervision, e.g., ICF, ICFDDN, SNF; Medi-Cal would be expected to fund. Room and boardthis service would be funded through SSI-SSA or the consumer's earnings. Family Home – Regional center staff should work with the consumer and family to identify needed services, e.g., equipment, respite care, attendant care, etc., which may be needed to enable the consumer to remain in the family home. RCOC does not fund for actual living expenses. These expenses are to be funded by family resources, SSI, SSA, etc.	Feb 14, 2011 7:10 PM
502	Set limits on salaries of administrators of Residential Programs.	Feb 14, 2011 7:25 PM
503	Based on the needs of the consumer during the IDT meeting.	Feb 14, 2011 7:34 PM
504	a.Licensed community care facilities which provide 24-hour care and supervision; regional centers may provide supplemental funding, SSI-SSA would fund basic rate. b.Licensed health care facilities which provide 24-hour care and supervision, e.g., ICF, ICFDDN, SNF; Medi-Cal would be expected to fund. c.Room and boardthis service would be funded through SSI-SSA or the consumer's earnings. d.Family Home – Regional center staff should work with the consumer and family to identify needed services, e.g., equipment, respite care, attendant care, etc., which may be needed to enable the consumer to remain in the family home. RCOC does not fund for actual living expenses. These expenses are to be funded by family resources, SSI, SSA, etc.	Feb 14, 2011 7:49 PM
505	Regional Center, Medicare, MediCal, and consumer (if wages are appropriate to do so)	Feb 14, 2011 8:03 PM
506	a.Licensed community care facilities which provide 24-hour care and supervision; regional centers may provide supplemental funding, SSI-SSA would fund basic rate. b.Licensed health care facilities which provide 24-hour care and supervision, e.g., ICF, ICFDDN, SNF; Medi-Cal would be expected to fund. c.Room and boardthis service would be funded through SSI-SSA or the consumer's earnings. d.Family Home – Regional center staff should work with the consumer and family to identify needed services, e.g., equipment, respite care, attendant care, etc., which may be needed to enable the consumer to remain in the family home. RCOC does not fund for actual living expenses. These expenses are to be funded by family resources, SSI, SSA, etc.	Feb 14, 2011 8:06 PM

Residential Services

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

	Response Text	
507	Faciliity operators work hard for little. Now as other services are reduced that workload increase as our funding goes down. There is no reward or even acknowledgement for a good job and no consequences for substandard facilities this needs to change. Rates need to reflect the needs of the consumers and whether or not they are going to be long-term (always in a facility) or have the desire and ability to learn the skills needed to be independent. There has to be some way to compensate facilities that are doing there job and moving consumers through their program and out. For example, we have a forensic home where consumers enter on diversion plans, when they succussfully complete diversion they are moved into the community, as they should be, but the facility is left often for months, with an empty bed. Another like facility nevers completes diversion but the consumer lives there for years with all beds full the entire time. This needs to change.	Feb 14, 2011 8:31 PM
508	Accepted norms averaged over several providers.	Feb 14, 2011 8:55 PM
509	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 9:02 PM
510	n/a	Feb 14, 2011 9:10 PM
511	Payment could be private pay or scholarship.	Feb 14, 2011 9:26 PM
512	Medi-Cal, Medi-Care, State of California	Feb 14, 2011 9:59 PM
513	Increase pay rates to eliminate previous cuts.	Feb 14, 2011 10:14 PM
514	a.Licensed community care facilities which provide 24-hour care and supervision; regional centers may provide supplemental funding, SSI-SSA would fund basic rate. b.Licensed health care facilities which provide 24-hour care and supervision, e.g., ICF, ICFDDN, SNF; Medi-Cal would be expected to fund. c.Room and boardthis service would be funded through SSI-SSA or the consumer's earnings. d.Family Home – Regional center staff should work with the consumer and family to identify needed services, e.g., equipment, respite care, attendant care, etc., which may be needed to enable the consumer to remain in the family home. RCOC does not fund for actual living expenses. These expenses are to be funded by family resources, SSI, SSA, etc.	Feb 14, 2011 10:22 PM
515	Regional Center.	Feb 14, 2011 10:43 PM
516	The Lanterman Act requires the Director of DDS to develope and maintain equitable processes for setting rates to assure that Reg. Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 14, 2011 10:44 PM
517	see what levels best fit each individual and where saving could be made	Feb 14, 2011 11:06 PM
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 14, 2011 11:09 PM
519	Pay rates should be increased to compensate for the previous cuts.	Feb 14, 2011 11:19 PM
520	vendors pay for these services based on the recommendations of team...	Feb 14, 2011 11:29 PM

Residential Services

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

	Response Text	
521	a.Licensed community care facilities which provide 24-hour care and supervision; regional centers may provide supplemental funding, SSI-SSA would fund basic rate. b.Licensed health care facilities which provide 24-hour care and supervision, e.g., ICF, ICFDDN, SNF; Medi-Cal would be expected to fund. c.Room and boardthis service would be funded through SSI-SSA or the consumer's earnings. d.Family Home – Regional center staff should work with the consumer and family to identify needed services, e.g., equipment, respite care, attendant care, etc., which may be needed to enable the consumer to remain in the family home. RCOC does not fund for actual living expenses. These expenses are to be funded by family resources, SSI, SSA, etc.	Feb 14, 2011 11:53 PM
522	Increase pay rates to eliminate previous cuts.	Feb 15, 2011 12:19 AM
523	a.Licensed community care facilities which provide 24-hour care and supervision; regional centers may provide supplemental funding, SSI-SSA would fund basic rate. b.Licensed health care facilities which provide 24-hour care and supervision, e.g., ICF, ICFDDN, SNF; Medi-Cal would be expected to fund. c.Room and boardthis service would be funded through SSI-SSA or the consumer's earnings. d.Family Home – Regional center staff should work with the consumer and family to identify needed services, e.g., equipment, respite care, attendant care, etc., which may be needed to enable the consumer to remain in the family home. RCOC does not fund for actual living expenses. These expenses are to be funded by family resources, SSI, SSA, etc.	Feb 15, 2011 12:25 AM
524	please no further cuts. food gas taxes continue to go up!	Feb 15, 2011 12:27 AM
525	ARM rates.	Feb 15, 2011 1:05 AM
526	Payment should be based on the states obligation for care and service for this population and the salaries, rates, fees that enable people to live lives of dignity, not abuse and or discrimination and disenfranchisement.	Feb 15, 2011 1:20 AM
527	Regional center	Feb 15, 2011 1:32 AM
528	Evaluate the needs of each consumer - rather than the LOC for the facility. Some consumers have been in the same facility for 20 years. They no longer require the intense "behavioral support", as they've matured, or gotten used to the structure/support of the facility. Other consumers have been in a lower LOC and require additional care as they age. This should be re-evaluated at regular intervals (maybe like a school does a triennial review?) All consumers should apply for generic resources - such as Housing and IHSS.	Feb 15, 2011 1:45 AM
529	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting 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 1:46 AM
530	Regional center	Feb 15, 2011 1:54 AM
531	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting 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 1:56 AM

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

	Response Text	
532	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting 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 2:30 AM
533	Remuneration reflective of similar services available in the "typical" community. Costs consumer would expend in the absence of this level of care & support - far greater than a "room & board" type setting. Again, experienced vendors are able to utilize their overall experience, thus drastically reducing the typical costs of similar services available to the public.	Feb 15, 2011 2:34 AM
534	no less than current rate.	Feb 15, 2011 3:12 AM
535	based on medical necessity; parity diagnosis prior to the age of 18	Feb 15, 2011 3:28 AM
536	It depends on the monthly budget of running the home. This includes rent, staff, groceries, tax, insurance, and miscellanuous.	Feb 15, 2011 3:31 AM
537	See the Lanterman Act!!	Feb 15, 2011 4:09 AM
538	Regional Center Respite funding can help pay for these "home" situations. SSI and SSA funds can be supportive. Fund raising events and activities.	Feb 15, 2011 4:16 AM
539	Keep the same.	Feb 15, 2011 5:32 AM
540	see comments on Behavior services	Feb 15, 2011 5:42 AM
541	The pay needs to be enough for stability and continuity. Once a consumer has settled into a home with others, they need to know that they can stay in this situation.	Feb 15, 2011 6:32 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 15, 2011 6:34 AM
543	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 6:39 AM
544	Should be paid accordingly. The services they provide are not easy. They take care of human beings, not products.	Feb 15, 2011 7:01 AM
545	paid by private insurance if any, then government pays the rest	Feb 15, 2011 7:10 AM
546	parental responsibility should be heavily influence for this service.	Feb 15, 2011 8:38 AM
547	Continue existing procedures.	Feb 15, 2011 4:05 PM
548	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting 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 4:07 PM
549	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting 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 4:26 PM
550	ditto	Feb 15, 2011 5:00 PM
551	Continuation of current standards	Feb 15, 2011 5:58 PM

Residential Services

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

	Response Text	
552	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting 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 6:03 PM
553	The current service standards for payment should be maintained.	Feb 15, 2011 6:20 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 15, 2011 6:30 PM
555	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 The Lanterman Act requires the Director of the Department of Developmental Services to should comply with these laws.	Feb 15, 2011 6:38 PM
556	a.Licensed community care facilities which provide 24-hour care and supervision; regional centers may provide supplemental funding, SSI-SSA would fund basic rate. b.Licensed health care facilities which provide 24-hour care and supervision, e.g., ICF, ICFDDN, SNF; Medi-Cal would be expected to fund. c.Room and boardthis service would be funded through SSI-SSA or the consumer's earnings. d.Family Home – Regional center staff should work with the consumer and family to identify needed services, e.g., equipment, respite care, attendant care, etc., which may be needed to enable the consumer to remain in the family home. RCOC does not fund for actual living expenses. These expenses are to be funded by family resources, SSI, SSA, etc.	Feb 15, 2011 6:59 PM
557	a.Licensed community care facilities which provide 24-hour care and supervision; regional centers may provide supplemental funding, SSI-SSA would fund basic rate. b.Licensed health care facilities which provide 24-hour care and supervision, e.g., ICF, ICFDDN, SNF; Medi-Cal would be expected to fund. c.Room and boardthis service would be funded through SSI-SSA or the consumer's earnings. d.Family Home – Regional center staff should work with the consumer and family to identify needed services, e.g., equipment, respite care, attendant care, etc., which may be needed to enable the consumer to remain in the family home. RCOC does not fund for actual living expenses. These expenses are to be funded by family resources, SSI, SSA, etc.	Feb 15, 2011 7:00 PM
558	See #4.	Feb 15, 2011 7:06 PM
559	Families are encouraged to use available natural supports such as extended family, neighbors and friends when available and provide the same level of support for their children with developmental disabilities as they do for their children without disabilities. Only after generic resources have been exhausted or determined to be unavailable should regional center fund respite care. Prior to the renewal of all respite Purchase of Service authorizations, the service coordinator will contact the family to assess the current level of need, and the parents' satisfaction with the services provided. Purchase of Service authorizations and renewals for LVN/RN care require the signature of a nurse consultant.	Feb 15, 2011 7:25 PM

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

	Response Text	
560	Payment should be based on the costs incurred in provicing the service as validated by periodic cost reports.	Feb 15, 2011 7:54 PM
561	regular "housing expenses" as determined by college/dorm paid privately, but the trained professional being paid by public funds	Feb 15, 2011 8:20 PM
562	This is very hard and tying work. Qualified people will need more than minimum wage to do this work.	Feb 15, 2011 9:26 PM
563	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting 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 9:39 PM
564	The regional centers should continue to pay for all necessary services, as determined by the IPP team.	Feb 15, 2011 9:48 PM
565	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting 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 10:31 PM
566	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 10:32 PM
567	State and federal governments should pay.	Feb 15, 2011 10:41 PM
568	The Lanterman requires the DDS to develop and maintain equitable processes for settling 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 11:28 PM
569	Income based sliding scale- wealthy families should have to co-pay or bear the cost of placement, even for their adult children. Trusts and Special Needs Trusts should contribute to the "enhancement" of services beyond the SSI basic "food, clothing, shelter" including the Regional Center enhacements above the SSI rate.	Feb 15, 2011 11:32 PM
570	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 15, 2011 11:35 PM
571	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 12:21 AM
572	Pay in a timely manner, keep payments at least at the same level so the consumer has continuity in their living environment.	Feb 16, 2011 1:36 AM
573	n/a	Feb 16, 2011 2:33 AM
574	The reimbursement rate for ICF facilities needs to be updated. Rates need to vary according to geographic location and needs of the consumers served. Currently providers with facilities in Orange County get the same rate as those providers with facilities in Bakersfield. Additionally, a provider with all non ambulatory individuals who require total care, get the same reimbusement as providers with all ambulatory individuals who are independent in their ADLs.	Feb 16, 2011 3:25 AM

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

	Response Text	
575	Increase pay rates to eliminate previous cuts.	Feb 16, 2011 3:33 AM
576	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 4:48 AM
577	State Funded	Feb 16, 2011 5:31 AM
578	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 5:47 AM
579	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting 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 6:16 AM
580	raise taxes	Feb 16, 2011 7:45 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1	Parents who have a salary of 250,000 and above should make co-payments.	Jan 28, 2011 12:46 AM
2	I really feel that parents should have some responsibility for the children. also, we spend to much money helping the consumers that are here illegally and their families!	Jan 28, 2011 1:26 AM
3	INDIVIDUAL CHOICE BUDGET	Jan 28, 2011 1:29 AM
4	Make it feasible for group homes to keep clients who need level 3 service and level 4 service together -- develop a staffing formula for this -- it's so unnatural for someone to have to move (uproot relationships, community, etc.) just because they don't need the same level of service as other housemates.	Jan 28, 2011 1:44 AM
5	ICB	Jan 28, 2011 1:54 AM
6	family participation are encouraged family volunteer involvement at the facility/group home	Jan 28, 2011 2:10 AM
7	parental co pay based upon income	Jan 28, 2011 2:15 AM
8	Group homes have to pay staff to be on on holidays so the state is not saving any money by shutting down day programs on random days of the year, like Veteran's Day. These standardized holidays also jeopardize clients paid jobs.	Jan 28, 2011 2:25 AM
9	CCL	Jan 28, 2011 2:38 AM
10	If possible the families should be involved with making sure the consumer is safe, happy, and receiving the services that have been paid to be provided. As much as families and consumers can contribute should not count as income for social security or section 8 housing.	Jan 28, 2011 3:11 AM
11	not applicable	Jan 28, 2011 3:17 AM
12	none	Jan 28, 2011 3:19 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
13	Most clients are on SSI/SSA and that goes toward their care. Most families cannot pay extra and many clients are from the foster care system and may have guardians who cannot afford to pay above the SSI/SSA	Jan 28, 2011 3:22 AM
14	Possibility of parents contributing some payment if they can afford it.	Jan 28, 2011 3:23 AM
15	None	Jan 28, 2011 3:35 AM
16	Lanterman Act. Needs of the consumer as written in the IPP	Jan 28, 2011 3:45 AM
17	As it stands, according to their abilities, parents pay a certain percentage of the care. However, due to financial distress, not all parents can afford to make these payments. And, if the consumer is an unconserved adult, there is financial reimbursement.	Jan 28, 2011 4:34 AM
18	parents and consumers to provide for "extra" services	Jan 28, 2011 4:38 AM
19	Some contribution should be made base on income.	Jan 28, 2011 4:39 AM
20	Parents should be involved as deemed necessary by the consumer's IPP.	Jan 28, 2011 4:55 AM
21	helping the relatives for the copay	Jan 28, 2011 4:58 AM
22	If the Parent is actively involved with their child's facility and are the Representative Payee through Social Security, they pay the SSA portion of their child's facility payment directly. Most parents or families that i have worked with eventually make the Regional Center the Rep Payee and then bow out of any further obligation letting the Regional Center become responsible for their loved one.	Jan 28, 2011 5:18 AM
23	you conserve, you should make some contribution	Jan 28, 2011 5:24 AM
24	Instead of having parents pay until a client is 18, extend the age for payment until the client is 21. Try to add this gradually. Perhaps a smaller co-payment by parents even after age 21 until parents are deceased, retired, unemployed, etc.	Jan 28, 2011 5:27 AM
25	parents should no longer have to pay once their children are grown	Jan 28, 2011 5:33 AM
26	As applicable.	Jan 28, 2011 5:56 AM
27	No comment	Jan 28, 2011 6:31 AM
28	Visitation and can go home on weekends and Holidays	Jan 28, 2011 6:49 AM
29	same as stated previously for this question.	Jan 28, 2011 7:27 AM
30	Adults should be asked where they want to live and with who. Parents and families of adults would have no monetary responsibility unless they request levels of support that are not needed based on quaalified assessments.	Jan 28, 2011 7:37 AM
31	Group homes represent another area that private health insurance and health plans need to help out on. We need legislation to have insurance cover group home cost just like ARRP's Long Term Care Insurance covers nursing home costs for seniors.	Jan 28, 2011 8:12 AM
32	Payment to be received by the 10th of the month (social security) and 15th of the month (remainder of POS).	Jan 28, 2011 1:32 PM
33	NONE	Jan 28, 2011 4:40 PM
34	I do commitment time to the home, my daughter lives here and it is very important to me to be a part of her life.	Jan 28, 2011 5:02 PM
35	see #3	Jan 28, 2011 5:04 PM
36	Remove the parental pay requirement. It stands in the way of many families that really should be placing a consumer in a home, endangering the consumer, and breaking up families.	Jan 28, 2011 5:12 PM
37	These are people who are not living at home because their parents cannot provide the care they need or becuase they are adults whose parents should not be required to continue to provide payment. Beyond that, parental co-pay responsibilities are already covered in existing regulation	Jan 28, 2011 5:20 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
38	Ability to donate spend-down monies back to the state without penalties.	Jan 28, 2011 5:20 PM
39	Clients working, should contribute a%, which would be subtracted from the RC reimbursement.	Jan 28, 2011 5:35 PM
40	SSI should contribute to payment. Parental co-pay for minors. Under mental health parity acts, behavior management components for L4 RCHs should seek health insurance reimbursement.	Jan 28, 2011 5:46 PM
41	Full participation; review of alternatives; commitment to forward movement; co-payment of financially able.	Jan 28, 2011 5:51 PM
42	There are some families with extra money and/or trusts for the consumer. Some of these funds should be used.	Jan 28, 2011 5:59 PM
43	Should be provided to consumers at a small monthly rental amount.	Jan 28, 2011 6:12 PM
44	Kep at the current rates and amounts.	Jan 28, 2011 6:24 PM
45	Don't co-payments already exist for these services?	Jan 28, 2011 6:25 PM
46	N/A	Jan 28, 2011 6:38 PM
47	For children, parents should sign a contract to with th team agreeing on home visitations and a transition plan to reunite the family. No co-payment should be required.	Jan 28, 2011 6:48 PM
48	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 7:11 PM
49	N/A	Jan 28, 2011 7:27 PM
50	Parents and Consumers should invest there time ,energy and funds when able based on indvidual basis and criteria.	Jan 28, 2011 7:30 PM
51	No suggestion beyond current law	Jan 28, 2011 7:52 PM
52	Perhaps insurance could be bought when a child is first diagnosed with autism that could contribute to their adult medical care. Couldn't health insurance companies be required to provide such insurance? Perhaps they would be willing if a decent disabled assisted living program were in place, and group homes and nursing homes were places of last resort.	Jan 28, 2011 8:29 PM
53	Parents should not have to provide funding for adult consumers. Income of the consumer/SSI should be used.	Jan 28, 2011 8:33 PM
54	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 8:48 PM
55	owners should pay a per month per bed fee say $10. per bed/month.and all eligible consumers receiving services...240,000 should also pay a minimal co pay	Jan 28, 2011 8:55 PM
56	Consumers, caregivers, and families are capable of determining if the person working with the consumer is qualified. No co-payment, etc.	Jan 28, 2011 8:56 PM
57	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 8:57 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
58	If clients can live at home, the parent could be benefitted somehow - for example, the client/adult child should have to contribute x amount towards their living expenses. But the parents could not take the entire SSI amount just to keep the parent in a better financial situation. Additionally, insurance agencies pay for treatment facilities for mental health needs and/or drug/alcohol issues. why can't insurance companies pay for individuals with developmental issues?	Jan 28, 2011 8:58 PM
59	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 9:02 PM
60	Services should be provided free to clients by the Regional Center System under the Lanterman act.	Jan 28, 2011 9:16 PM
61	Family cost participation for families with children under 18 making more than 300% of the federal poverty level.	Jan 28, 2011 10:16 PM
62	Make periodic visits to the household to inspect for clean, safe, proper environment.	Jan 28, 2011 10:46 PM
63	parents should pay share of cost according from what they make	Jan 28, 2011 10:52 PM
64	Parents should be expected to pay an amount that would reflect what a child costs to raise at home depending on the parent's income.	Jan 28, 2011 10:53 PM
65	minors require co-pay from parents of 1% of RC funding.	Jan 28, 2011 11:09 PM
66	Consumers pay too much for B&C.	Jan 28, 2011 11:29 PM
67	Highly responsible!	Jan 29, 2011 12:36 AM
68	SSI benefits pay a portion of the cost with regional centers making up the balance where consumers have no assets. Parents are not legally obligated to be financially responsible for their adult children.	Jan 29, 2011 12:54 AM
69	Parent handbook	Jan 29, 2011 1:39 AM
70	The clients should want to live in the facility chosen and the families should follow-up to make sure they are happy.	Jan 29, 2011 2:18 AM
71	Not mandatory	Jan 29, 2011 3:08 AM
72	consumers will attend and use this service	Jan 29, 2011 3:45 AM
73	co-pay based on income	Jan 29, 2011 3:52 AM
74	as needed and agreed upon	Jan 29, 2011 4:43 AM
75	parents should be involved as decision maker with service eligibility. Parents should also involve in the periodical service evaluation and review.	Jan 29, 2011 5:09 AM
76	No one should be cut	Jan 29, 2011 5:10 AM
77	If need be to keep group homes operating financially, and given the cutbacks in state funding for such, a parental co-payment, according to the families household income, should be established.	Jan 29, 2011 5:39 AM
78	co-payment based on family income. Time commitment in lieu of partial payment.	Jan 29, 2011 6:44 AM
79	family should taker responsibility on some services like transportation to and from clinics and day programs	Jan 29, 2011 2:59 PM
80	Same as stated in other sections.	Jan 29, 2011 10:30 PM
81	AS MUCH INVOLVEMENT AS POSSIBLE	Jan 29, 2011 11:53 PM
82	Co-payment if available.	Jan 30, 2011 12:34 AM
83	NO COPAY FROM CONSUMERS AND PARENTS.	Jan 30, 2011 4:18 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
84	I think some amount that covers basic items like food, laundry soap, other daily supplies should be part of a usual co-pay, like what the person would consume at home. As long as the family can pay - sometimes they can't. This helps keep the family in the loop. If it is a daily rate maybe that will help families think about weekend visits, etc.	Jan 30, 2011 5:10 PM
85	If parents are abletfo afford, and some clients have very rich parents, tney should certainly help financially. AFterall, itis all o f us - from our taxes = that the funds are takento pay for these services. parents rellay needto help fianancilly.	Jan 30, 2011 8:58 PM
86	no co payment/minimal co payment	Jan 30, 2011 9:15 PM
87	If a parnet requests assistance from regioanl centers and care facilities, they should be willing to work with the facility to provide the best for their child.	Jan 31, 2011 4:39 AM
88	State and parents. Once developmentally disabled children have reached adulthood, the obligation of the public education system ends. Families will have had 18 to 21 years to prepare for adult placement for their children. There is no reason that families with means should not be obligated to contribute significantly to the lifetime care of their children.	Jan 31, 2011 6:40 AM
89	Co-payments for ALL regional center services	Jan 31, 2011 4:06 PM
90	family and consumer involvement is important because it is all about the consumer.	Jan 31, 2011 4:19 PM
91	The adults living in residential homes do not have the means to make any copay, they are living on SSI. Some children whose family has the financial means to make a copay should be evaluated. When the child turns 18, then they have to move to an adult home and the family copay should stop and their SSI benefits should begin.	Jan 31, 2011 6:11 PM
92	If a consumer is under the age of 18, the may be a co-payment.	Jan 31, 2011 6:13 PM
93	Reference the above response regarding consumers aged 18 to 22. It would be great if parents would provide housing for their young adults, but that's not likely. It would also be great if parents of developmentally disabled persons of all ages would provide more financial support to the organizations providing residential services, but that is also unlikely.	Jan 31, 2011 6:52 PM
94	Parents should have a co-payment if consumer is under 18 Time committment of residential placement is based on consumer's needs and preferences	Jan 31, 2011 6:54 PM
95	High service standards. What kind of responsibilities do you want from parents??????? I'm responsible and follow all the rules. Do I have time for a time-commintment" Depends what kind of time commitment that you require, I just can't answer this question without knowing more. I gave my opinion of co-payment on the statement request above.	Jan 31, 2011 7:24 PM
96	Someone, hopefully parent, should spend time checking out the program, house or organization and report anything that doesn't appear to be in line with their responsibilities.	Jan 31, 2011 8:55 PM
97	Only a few may be able to afford to help and if they can, they should be eligible for tax benefits.	Jan 31, 2011 9:04 PM
98	consumers that can afford should help in any way that they can afford to. parents of minors to work out something that they can afford	Jan 31, 2011 9:08 PM
99	Parents of minors who choose to place their child, should have to pay a larger share of cost since they should still be responsible for their child. The amount they pay now is less than they would be spending if the child was still in their home and they had to care for them.	Jan 31, 2011 9:23 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
100	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 9:31 PM
101	Unable to speculate	Jan 31, 2011 9:34 PM
102	After a person with DD achieves the age of 22, the State of California should provide these services. Prior to the age of 22, family members should participate financially in out-of-home placements, to the extent they are capable of.	Jan 31, 2011 9:45 PM
103	weee	Jan 31, 2011 10:30 PM
104	Same as is..i.e., SSI is paid to Regional Centers.	Jan 31, 2011 10:33 PM
105	None	Jan 31, 2011 11:13 PM
106	The consumers that are fortunate to have jobs get paid very little; so most consumers rely on P& I money for other necessities such as clothing or entertainment. Involved parents might be willing to contribute financially but I think they should not be required to do so.	Feb 1, 2011 12:27 AM
107	In regards to minors, parents should bear more responsibility for their child's living arrangement.	Feb 1, 2011 12:30 AM
108	Parents need to look and see what is going on. Do unannounced visits to make sure their loved one is being treated with respect. Parents and family need to visit and talk to them. If consumer is non-verbal, figure out a way to communicate.If you try to put a co-payment on them of any substancial amount, they will leave consumer and never be heard from again. They do not feel it is their responsibility to pay for an adult. Useing the SSI money and regional center money, seems to be enough for now. But if you keep cutting the pay to the facilities they will either close down or find undocumented help and pay them very little. Then what is the quality of the consumers life.	Feb 1, 2011 12:34 AM
109	I didn't want my child to be "farmed" out as so many state run programs are now set up. How many of you have gone through the process of really looking at what is available to people of special needs. Would YOU put your child through this? Don't YOU want whats best for your child? If so, why would I be any different or any other parent that has a child that has a disability. I pay what I am able to supplement his group housing. I also pay for his medical. These are my choices. I also pay my state taxes, which is not my choice as I cannot provide any direction of those funds.	Feb 1, 2011 12:55 AM
110	Parents and these individuals often have limited resources. Encourage family involvement but don't assign blame or guilt.	Feb 1, 2011 1:24 AM
111	Parents and consumers can be invited to participate with time, energy, or money, but in the case of low-income people, there should be no fees.	Feb 1, 2011 1:26 AM
112	Parent/family monitoring of living situation; regularly scheduled "team meetings" with facility staff personnel, regional center caseworker/program manager, client, family rep, and any other involved personnel.	Feb 1, 2011 5:01 AM
113	Parents of disable children should pay most of the expenses and shouldn't pass the bill to the society.	Feb 1, 2011 5:17 AM
114	as needed	Feb 1, 2011 5:21 AM
115	none	Feb 1, 2011 5:22 AM
116	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 7:19 AM
117	N/A	Feb 1, 2011 7:20 AM
118	Work accordingly with residential care counselor and consumer	Feb 1, 2011 9:51 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
119	Parents of adults or children who live at home but go to care homes for out of home respite must pay a proration for the days of respite. The regional center should be precluded from paying for more than a certain number of days of out of home respite at the full respite rate if the parents receive SSI for their child's care (note: there have been cases of parents receiving SSI who kept the whole SSI to maintain their household even though the regional center was paying for 2-3 weeks of out of home respite or even the regular placement rate to a care home; basically, the regional center was subsidizing the family's household income by paying the vendor even though the child wasn't at home -- this is an abuse of both regional center funds and SSI funds adn should be illegal).	Feb 1, 2011 11:33 AM
120	If a consumer is under the age of 18, parents should pay a share of cost based upon current guidelines pertaining to income.	Feb 1, 2011 6:52 PM
121	share of cost like med-cal	Feb 1, 2011 6:57 PM
122	Make it easier	Feb 1, 2011 7:46 PM
123	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 7:57 PM
124	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
125	Current standards are appropriate.	Feb 1, 2011 9:28 PM
126	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 11:23 PM
127	Consumers should always be aware of their rights. They should be monitored frequently to assure that abuse is not going on.	Feb 2, 2011 2:08 AM
128	Time commitment by all involved.	Feb 2, 2011 4:08 AM
129	We help as much as we can right now. This is one area that I think the government really does well to give money to. the severely handicapped population should receive as much money as needed to fund their programs. It is a good place to spend our tax dollars.	Feb 2, 2011 4:34 AM
130	If a client is working and bring home enough of an income that their SSI is decreased - they should be responsible for paying the equivilent to the provider. Oherwise we are just creating dependent people who will not have the motivation to work.	Feb 2, 2011 5:19 AM
131	IPP & team meetings should decide this.	Feb 2, 2011 5:53 AM
132	Family support minimum of 4 days a month.	Feb 2, 2011 6:04 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
133	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 3:38 PM
134	If consumers work, their wages are taken into account before the funding beyond SSI is calculated. If they are earning enough, they will pay towards their housing expenses. This would be a place for a regional center employee to intervene. The service provider should not have to go after the client - if the regional center has authorized that placement.	Feb 2, 2011 4:15 PM
135	Parent training and involvement in review	Feb 2, 2011 4:41 PM
136	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 4:57 PM
137	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 5:52 PM
138	Copay as possible, otherwise fund through public. If possible, family could be required to conduct at least one evaluation per yer, perhaps unannounced at a meal time or on weekends.	Feb 2, 2011 6:34 PM
139	a	Feb 2, 2011 6:52 PM
140	Co-payment/rent based on income; generic financial benefits must be used to contribute to cost of placement; parent/family participation/visits should be encouraged and accommodations made to the fullest extent possible.	Feb 2, 2011 7:35 PM
141	Co-payments from family for children	Feb 2, 2011 7:43 PM
142	Parents to pay a share of cost for their children under the age of 22 min or possibly 26.	Feb 2, 2011 8:43 PM
143	Parents need to check on their child once they are placed in a group home and make visits to ensure good care is provided. I personally think it's reasonable to have parent co-pays for group homes. It would have been cheaper for everyone if I had been able to have caregivers come into my home rather than placing my daughter in a group home but the lack of available caregivers is the problem.	Feb 2, 2011 8:53 PM
144	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 9:19 PM
145	For children, parents should share the cost if possible. For consumers with employment, trust funds, etc. they should share the costs until exhausted, then the state can kick in.	Feb 2, 2011 9:36 PM
146	no co-pay parents to fill out questionaire for government to let them know how they feel the home is doing	Feb 2, 2011 9:46 PM
147	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 10:01 PM
148	Families should work towards becoming an independent family They should show proof of seeking a home/job, etc.	Feb 2, 2011 10:09 PM
149	See response to supportive services (Section 5).	Feb 2, 2011 10:12 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
150	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 10:12 PM
151	Please previous topic response....	Feb 2, 2011 10:20 PM
152	parents can take their adult children out of the home and pay for individual recreation, programs or whatever they choose. The state of CA should pay for the licensed group home, all activities at these homes to keep the individulas engaged in the community, learning and treated respectfully. Community outings, therapeutic recreation, communication devices (ipad) and what is necessary to keep the individuals safe, happy and off the street.	Feb 2, 2011 10:39 PM
153	?	Feb 2, 2011 10:46 PM
154	Time commitment is important, moreso than the ability to pay. Co-payment where it does not infringe on the hardship it may cause to the household of the client's family should be a part of the care provided if the care is under subsidy by the State or Federal government (i.e., SSI).	Feb 2, 2011 10:59 PM
155	I do not support POS service standards.	Feb 2, 2011 11:33 PM
156	Same answer as previous pages	Feb 3, 2011 12:46 AM
157	no co pay for parents.	Feb 3, 2011 12:47 AM
158	Co-pay for clients under 18 years of age. No responsibility for those over 18.	Feb 3, 2011 1:00 AM
159	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 1:01 AM
160	Parents and family members may need to help out finacially if they are able. It must be clear that a lot of families have nevr bben able tgo woerk as they have had to care for their disabled person	Feb 3, 2011 1:21 AM
161	monitored by regional center	Feb 3, 2011 1:32 AM
162	Depending on financial need, services should be funded based on income and other resources.	Feb 3, 2011 1:56 AM
163	Families should have minimal responsibilty for paying or time commitment.	Feb 3, 2011 1:56 AM
164	regional center pays if this is only service consumer is receiving.	Feb 3, 2011 2:00 AM
165	volunteerism, involvement..to be discussed with care giver. Not to interfer, but aid the situation.	Feb 3, 2011 2:02 AM
166	There is already a patent participation program. Perhaps this program should be developed by people who are able to fairly determine an ability to pay and not by DDS staff who do not have this expertise. Decisions should be defensible. If a family does everything possible to prevent residential services, but through no fault of their own, their child is placed in a residential program for health and safety reasons, the parent's financial obligation should be less. If a parent has the ability to support the child in their home but chooses other options, they should be requested to pay more.	Feb 3, 2011 2:58 AM
167	no comment	Feb 3, 2011 5:16 AM
168	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 6:08 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
169	You are doing the parents a favor getting the young adult OUT OF THEIR HOME!. Now they can have some peace and regroup for the energy needed to see a young, disabled adult through their life. Therefore, have the parents either come over to the house and help or have the group memebrs on their own with an aide meet weekly for a "Group Clean-Up Day". Buckets and mops and cleaning materials should be paid for out of the group's budget, and both the group members (with or without the parents)can all pitch in together and CLEAN their domicile. Do NOT have tax dollars pay for clenaing a consumer's house or I'll apply to the program as I have a disability.	Feb 3, 2011 6:32 AM
170	no-copaymen.	Feb 3, 2011 6:50 AM
171	Time commitment is important. NO co-payment.	Feb 3, 2011 6:51 AM
172	The Regional Center should pay for this service for anyone who qualify for SSI.	Feb 3, 2011 7:24 AM
173	$20 a week for food, utilities @ group home.	Feb 3, 2011 7:27 AM
174	For children under the age of 18, the parents or parental insurance should have to pay a portion of the out of home placement. For all consumers over the age of 18, MediCal/Medicare and Regional Center should fund for placement. The consumer should not have an out of pocket expense.	Feb 3, 2011 3:40 PM
175	Time into making sure they are enjoying their loved one.	Feb 3, 2011 4:48 PM
176	People who are able to contribute a co-payment should do so.	Feb 3, 2011 5:00 PM
177	Copay by families with the ability to pay	Feb 3, 2011 5:20 PM
178	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to 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 5:24 PM
179	Co-payments should apply to parents of children living in residential care on sliding scale.	Feb 3, 2011 5:40 PM
180	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 5:48 PM
181	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to 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
182	$100 per month co-payments for parents may be reasonable, but no co-payments for consumers.	Feb 3, 2011 6:32 PM
183	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to 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 6:42 PM
184	Co-payment by most families is beyond their ability , with needs for other family members.	Feb 3, 2011 7:07 PM
185	I feel the same for all of Regional Center's services as I do in the first few survey's I have taken.	Feb 3, 2011 7:48 PM
186	The parent/consumer pays for a portion of this care.	Feb 3, 2011 7:50 PM
187	State of California has taken on the responsibility (Lanterman Act) but also in hard times consumers and parents would probably be willing to help if possible	Feb 3, 2011 7:52 PM
188	If the parents are able to take the client home on the weekends, I feel this would save the State money.	Feb 3, 2011 7:59 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
189	Parents should know their responsibilites, but many do not have the resources to pay for residential care. The consumer would pay their SSI to the facility and the government would have to subsidize the rest. If the consumers family has healthcare, they may be able to insure the consumer on their own or we should pool these consumers along with non-residential consumers and give them a healthcare plan that covers this service,	Feb 3, 2011 8:05 PM
190	facilities and client need supplemental funds because all do not have parents and/or family	Feb 3, 2011 8:10 PM
191	as before	Feb 3, 2011 8:15 PM
192	Parents shoud contribute to a co-payment per year.	Feb 3, 2011 8:21 PM
193	Parents need to make sure that their loved one is being cared for and need to see their loved one more than once a month	Feb 3, 2011 8:45 PM
194	If the consumer is not using the service provided the service should stop. Only services used should be offered.	Feb 3, 2011 8:53 PM
195	as needed basis if family can afford it	Feb 3, 2011 8:56 PM
196	Sliding scale copay	Feb 3, 2011 8:59 PM
197	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to 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 9:24 PM
198	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to 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 9:46 PM
199	n/a	Feb 3, 2011 9:54 PM
200	Parents/caregivers need to be responsible for ensuring the disabled individual is living in a decent arrangement for quality of life. If not, then it is their responsibility to intervene.	Feb 3, 2011 9:58 PM
201	Residential providers must agree to be available 24/7 for care of individuals placed in their home.	Feb 3, 2011 10:21 PM
202	Based upon their ability to pay as set forth by a predetermined calculation of family/household income.	Feb 3, 2011 10:24 PM
203	Parents should be encouraged to stay actively involved in their childrens' lives and volunteer their time and talents.	Feb 3, 2011 10:57 PM
204	As currently set.	Feb 3, 2011 11:13 PM
205	The State has accepted the responsibility for persons with developmental disabilities and an obligation to them which it must discharge.(Lanterman Act Section 4501). Parents and students are not asked for copays in Californias public schools, so there should be no differences here	Feb 3, 2011 11:14 PM
206	If parents are high income and can contribute a %.	Feb 3, 2011 11:29 PM
207	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to 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 11:46 PM
208	None as my clients are adults.	Feb 4, 2011 12:56 AM
209	See # 5	Feb 4, 2011 1:32 AM
210	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to 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 1:56 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
211	Other than for minors, there is no way available for families to contribute voluntarily toward the payment of any of the services the consumer receives.	Feb 4, 2011 2:16 AM
212	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to 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 2:50 AM
213	My 20 year old son receives SSI. He has less than $2,000 to his name.	Feb 4, 2011 3:50 AM
214	Co-payment based upon ability to pay, assigning partial SSI payments	Feb 4, 2011 4:03 AM
215	Don't hold it against the disabled if they have parents that are unwilling or unable to help. In many/most cases the parents and family have already paid a huge sum in supporting their loved one both in actual costs and in time away from work for all the things and time that is required for a disabled person. Don't be stingy and wring more money from them. The typical family of a disabled person already has higher divorce rates. It costs more in the long run to squeeze them for more and more until they break.	Feb 4, 2011 4:49 AM
216	the State must fulfill its commitments to people with special needs.Lanterman Act Section 4501	Feb 4, 2011 5:17 AM
217	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to 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 6:45 AM
218	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 7:40 AM
219	parents cannot afford	Feb 4, 2011 3:12 PM
220	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to 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 3:19 PM
221	Same as previous section	Feb 4, 2011 4:55 PM
222	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 5:14 PM
223	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to 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 5:19 PM
224	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to 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 5:45 PM
225	Family should be encouraged to be involved and consumers can be asked to contribute for food or extra activities if need be.	Feb 4, 2011 5:54 PM
226	Means testing should be used.	Feb 4, 2011 6:18 PM
227	Based on income of parent/parents. Wages earned by clients.	Feb 4, 2011 6:46 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
228	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 7:11 PM
229	The same as previous #6.	Feb 4, 2011 7:20 PM
230	How?	Feb 4, 2011 7:44 PM
231	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 7:55 PM
232	regular visitation and volunteer some hours at the home	Feb 4, 2011 8:28 PM
233	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to 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 8:41 PM
234	Parents should be responsible for co-payment based on income. Adults should be covered by the state.	Feb 4, 2011 8:53 PM
235	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to 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 8:58 PM
236	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to 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 9:20 PM
237	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 9:55 PM
238	Same answer as for the previous questions	Feb 4, 2011 10:02 PM
239	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 10:10 PM
240	The 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 10:24 PM
241	Given prior training, expectations, with stated standards which should simply be this: Suceeding with self (no harm to self or others), according to righteous standards - and I know in America we seem to be fast forgetting them,. Suceeding in community (doing that which benefits self and others and community), according to righteous standards - and I know in America we seem to be fast forgetting them. Equal pay for equal services...this should not even be an issue.	Feb 4, 2011 10:28 PM
242	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to 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 10:39 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
243	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 10:47 PM
244	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 4, 2011 10:58 PM
245	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to 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 11:18 PM
246	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 11:23 PM
247	Use standards already in place.	Feb 4, 2011 11:25 PM
248	Consumers should be responsible to the extent that they are able for their own care. Parents of adult children should be allowed voluntary participation.	Feb 4, 2011 11:39 PM
249	Same as SLS.	Feb 4, 2011 11:42 PM
250	Regional center, parents and consumers should all give input and assume the responsibility of making the placement appropriate or changing it if it is not..	Feb 4, 2011 11:43 PM
251	Lift prohibition that precludes families from bridging the gap of funding.	Feb 5, 2011 12:03 AM
252	Public education is free so should services to children with developmental disabilitites.	Feb 5, 2011 12:28 AM
253	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to 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 school and the same logic applies here.	Feb 5, 2011 12:35 AM
254	AUTISM	Feb 5, 2011 1:12 AM
255	same as number 3 above	Feb 5, 2011 1:32 AM
256	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 3:59 AM
257	see previous answers.	Feb 5, 2011 5:51 AM
258	Co-pays are not realistic for disabled persons. It amounts to an additional tax on the family, which has already borne the extra costs for a generation or more, and has many other issues weighing on it.	Feb 5, 2011 6:53 AM
259	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 2:49 PM
260	The Lanterman Act, in Sections 4648 (a) (5) and 4690 require the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that regional centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 5, 2011 5:29 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
261	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 indicate they are financially 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 6:37 PM
262	same as first set	Feb 5, 2011 6:40 PM
263	Parents should not be responsible if the consumers have reached 18 years unless the parents are extremely wealthy in which case I am assuming that they are making their own arrangements for care for their loved one.	Feb 5, 2011 8:14 PM
264	I oppose POS standards. Please refer to the Lanterman Act section 4501.	Feb 5, 2011 9:01 PM
265	STate	Feb 5, 2011 10:15 PM
266	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 10:57 PM
267	The State of California has accepted the responsiblity for persons with developmental disabilities with the Lanterman Act, which it must honor.	Feb 5, 2011 11:33 PM
268	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 residential 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 5:52 AM
269	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 6, 2011 6:06 AM
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 6, 2011 4:37 PM
271	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 6, 2011 6:49 PM
272	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to 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 5:14 AM
273	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to 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 6:43 AM
274	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them, which it must discharge. The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 7, 2011 2:47 PM
275	Per The Lanterman Act; the State of California has accepted a responsibility for the developmentally disabled and an obligation to them. Just as the State does not ask parents to pay for public education; it should not in this situation either.	Feb 7, 2011 3:31 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
276	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 5:46 PM
277	I am for co payment by parents regardless of age of consumer. Regional Center funding should take the place of parental responsibilities.	Feb 7, 2011 7:20 PM
278	As mentioned in the first and second sections of questions.	Feb 7, 2011 8:28 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 7, 2011 10:08 PM
280	Allow RC's to set the standards in their own communities.	Feb 7, 2011 10:45 PM
281	Let the Regional Centers make the decisions regarding program services	Feb 7, 2011 11:14 PM
282	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. Consumers requiring residential placement are highly unlikely to have the means to contribute financially to these services and should not be required to use whatever limited resources they or their families might have toward that end.	Feb 7, 2011 11:20 PM
283	None.	Feb 8, 2011 12:43 AM
284	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 1:12 AM
285	THIS IS MY MOST IMPORTANT INPUT! My son has been in residential care for many years. He is now 28. Up until he was 18 my family was billed an annual payment based on a sliding scale. At 18 this billing stopped. I realize that 18 is the age of legal adulthood, but regional center clients are not independent, but obviously very dependent. I recommend that this sliding scale payment by families be reinstated especially given the proposed budget cutbacks.	Feb 8, 2011 2:54 AM
286	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to 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 4:08 AM
287	Parents should be a part of the Circle of Friends helping with the decision of where the person lives, but SSI wouldn't allow a co-payment.	Feb 8, 2011 4:37 AM
288	n/a	Feb 8, 2011 4:51 AM
289	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to 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 5:34 AM
290	Again as previously stated.	Feb 8, 2011 6:09 AM
291	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to 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 3:41 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
292	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to 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 6:04 PM
293	These could be added in to help cut costs. If families can take consumer for a certain number of hours, or to help with outings, cost to homes could be reduced.	Feb 8, 2011 7:54 PM
294	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to 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 7:56 PM
295	Active and periodic involvement in all activities and programs; set monthly or quarterly dates.	Feb 8, 2011 8:57 PM
296	Parents should pay if they are able to.	Feb 8, 2011 8:57 PM
297	time for helping them at home as applicable	Feb 8, 2011 9:27 PM
298	Most adult consumers do not have parent participation or any type of co-pays. Co-pays should be contributed based on family financial ability. Parent participation is welcome, but in a majority of instances is not the case.	Feb 8, 2011 10:50 PM
299	Most adult consumers do not have parent participation or any type of co-pays. Co-pays should be contributed based on family financial ability. Parent participation is welcome, but in a majority of instances is not the case.	Feb 8, 2011 11:22 PM
300	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to 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 11:55 PM
301	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to 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
302	Answer: The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 9, 2011 1:28 AM
303	Parent and comsumers need to be involved to the higest level in their responsibilites of payment- co-payments. I know all too well of the cost of client/comsumer care but we need to do our part.	Feb 9, 2011 1:31 AM
304	same	Feb 9, 2011 2:28 AM
305	No co pay unless the parents or consumers are multi millionaires	Feb 9, 2011 3:23 AM
306	Community fund raisers.	Feb 9, 2011 3:39 AM
307	I don't think that parents or consumers should pay for services of residential care.	Feb 9, 2011 3:47 AM
308	no comment	Feb 9, 2011 4:01 AM
309	I believe parents and consumers can contribute by fundraising and by paying some kind of co-payment.	Feb 9, 2011 4:44 AM
310	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to 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 5:43 AM
311	there should be a co payment for minors as well as for adults	Feb 9, 2011 8:11 AM
312	Shared cost, parent contributions	Feb 9, 2011 8:50 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
313	Cost of residential placement for minors is already determined by law. 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. DDS is encouraged to identify when it is appropriate to require consumers to use funds that are maintained in a trust.	Feb 9, 2011 5:36 PM
314	follow existing title 22, 17	Feb 9, 2011 6:31 PM
315	100% participation on clients's part, families to always stay in contact, visit often maintain family values.	Feb 9, 2011 7:04 PM
316	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to 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 7:58 PM
317	Some clients should be moved out into the community but they are too afraid. Counseling should be provided to encourage those who are capable of independence.	Feb 9, 2011 8:20 PM
318	The State of California has accepted responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's public schools and the same logic should apply here.	Feb 9, 2011 9:16 PM
319	The 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 10:07 PM
320	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to 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 10:20 PM
321	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's public schools and the same logic applies here.	Feb 9, 2011 10:36 PM
322	Parents and consumers are on fix incomes, sometime low-income. It would be a financial hardship. The funds should be taken out of the military who can afford the cut. Not the vulnerable.	Feb 9, 2011 10:53 PM
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 pubic schools and the same logic applies here.	Feb 9, 2011 10:53 PM
324	If parents are able to pay they should. sliding scale.	Feb 9, 2011 11:38 PM
325	No co-payments from parents. Parents are burdened with responsibilities and high costs of living standards for their special needs children.	Feb 9, 2011 11:41 PM
326	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 10, 2011 12:01 AM
327	the state of california has accepted responsibility for people with developmental disabilities per Lanterman Act section 4501. public school children and parents are not asked for copays.	Feb 10, 2011 12:02 AM
328	No co payment for parents.	Feb 10, 2011 12:44 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
329	Co-payment and financial responsibility remains with the family for minors in group homes. This is appropriate. Families who take their family member for the day or for several days should follow through with implementing the behavior plans for the consumers as appropriate.	Feb 10, 2011 12:57 AM
330	they must provide the transportation if it is a local resort within 100 miles.. otherwise transportation should be provided.	Feb 10, 2011 3:27 AM
331	se previous surveys	Feb 10, 2011 7:59 PM
332	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 10, 2011 8:09 PM
333	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to 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 9:33 PM
334	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to 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 10:02 PM
335	As per the IPP contract	Feb 10, 2011 10:28 PM
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 11, 2011 12:26 AM
337	Not putting them into the poverty level. Determinations must be heavily weighted on the family's recommendations and input.	Feb 11, 2011 1:41 AM
338	Supports should remain the same or increase.	Feb 11, 2011 1:49 AM
339	Answer: The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 11, 2011 1:52 AM
340	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. Some of these individuals cannot even fend for themselves, asking them for co-payment is really not humane.	Feb 11, 2011 3:23 AM
341	sliding scale.	Feb 11, 2011 3:33 AM
342	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 5:10 AM
343	Clients need to reside in the home most of the year. With home visits, vacations and nights away from home not to exceed the standard of 75 days a year. Co payments by families and conservators to be paid monthly.	Feb 11, 2011 5:23 AM
344	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to 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 5:45 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
345	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 6:17 AM
346	There should be no co-payment. House rules should be abided by according to rights within the Lanterman Act.	Feb 11, 2011 8:24 AM
347	No comment.	Feb 11, 2011 6:29 PM
348	SAME AS PREVIOUS #6	Feb 11, 2011 6:51 PM
349	If consumer still living with family, family needs to reinforce learned activity to establish further learning. If consumer lives in group home/ or attends day prog reinforcement must be made and checklist filled to indicate goal achieved or not.	Feb 11, 2011 6:52 PM
350	Parents and group home managers should be involved %100 of the time to make it succed.	Feb 11, 2011 6:53 PM
351	No fees to clients/families. Government and program sponsored	Feb 11, 2011 6:58 PM
352	the individual should pay up to 50% of income to contribute	Feb 11, 2011 7:26 PM
353	their responsibilities should be to ensure that parents and consumers dedicate enough time to support them.	Feb 11, 2011 7:46 PM
354	Most parents do not have the co-payment, but care for their loved ones at home. They are our children for life and what we can do as parents as reinforce the positive upon our children. Work together as a team for the consumer to benefit.	Feb 11, 2011 7:59 PM
355	See comment under Behavioral Services	Feb 11, 2011 8:49 PM
356	See #5.	Feb 11, 2011 8:59 PM
357	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to 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 9:46 PM
358	Families should pay a share of cost for their children residing in out-of-home placement.	Feb 11, 2011 9:47 PM
359	Families should pay a share of cost for their children residing in out-of-home placement.	Feb 11, 2011 9:48 PM
360	Adults culd pay a small amounrt of their Pand I monies for adults living in adult residential facilities, parents of adults with high income should contribute to all living arrangements.	Feb 11, 2011 9:49 PM
361	Families should pay a share of cost for their children residing in out-of-home placement.	Feb 11, 2011 9:50 PM
362	Not familiar with how to improve this.	Feb 11, 2011 9:51 PM
363	time commitment	Feb 11, 2011 9:52 PM
364	Families should pay a share of cost for their children residing in out-of-home placement.	Feb 11, 2011 9:53 PM
365	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 9:53 PM
366	Families should pay a share of cost for their children residing in out-of-home placement.	Feb 11, 2011 9:55 PM
367	Families should pay a share of cost for their children residing in out-of-home placement.	Feb 11, 2011 10:03 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
368	Families should pay a share of cost for their children residing in out-of-home placement.	Feb 11, 2011 10:04 PM
369	Families should pay a share of cost for their children residing in out-of-home placement.	Feb 11, 2011 10:09 PM
370	Families should pay a share of cost for their children residing in out-of-home placement.	Feb 11, 2011 10:16 PM
371	Familys ability to pay	Feb 11, 2011 10:18 PM
372	Families should pay a share of cost for their children residing in out-of-home placement.	Feb 11, 2011 10:19 PM
373	a. Licensed community care facilities which provide 24-hour care and supervision; regional centers may provide supplemental funding, SSI-SSA would fund basic rate. b. Licensed health care facilities which provide 24-hour care and supervision, e.g., ICF, ICFDDN, SNF; Medi-Cal would be expected to fund. c. Room and boardthis service would be funded through SSI-SSA or the consumer's earnings. d. Family Home – Regional center staff should work with the consumer and family to identify needed services, e.g., equipment, respite care, attendant care, etc., which may be needed to enable the consumer to remain in the family home. RCOC does not fund for actual living expenses. These expenses are to be funded by family resources, SSI, SSA, etc. e. Licensed community care facilities which provide 24-hour care and supervision; regional centers may provide supplemental funding, SSI-SSA would fund basic rate. f. Licensed health care facilities which provide 24-hour care and supervision, e.g., ICF, ICFDDN, SNF; Medi-Cal would be expected to fund. g. Room and boardthis service would be funded through SSI-SSA or the consumer's earnings. h. Family Home – Regional center staff should work with the consumer and family to identify needed services, e.g., equipment, respite care, attendant care, etc., which may be needed to enable the consumer to remain in the family home. RCOC does not fund for actual living expenses. These expenses are to be funded by family resources, SSI, SSA, etc.	Feb 11, 2011 10:35 PM
374	As it is now.	Feb 11, 2011 10:42 PM
375	Families should pay a share of cost for their children residing in out-of-home placement.	Feb 11, 2011 10:42 PM
376	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 10:44 PM
377	Families should pay a share of cost for their children residing in out-of-home placement.	Feb 11, 2011 10:58 PM
378	minors are parents responsibility, if in a facility it is the care provider responsibility in time commitments. No outside transportation services. And no more increased insurance cost to the care provider for transporting them to their appointments.	Feb 11, 2011 10:59 PM
379	I feel family members should support the care home either in volunteered time if they do not have the money to help support the facility in some way	Feb 11, 2011 11:12 PM
380	Families should pay a share of cost for their children residing in out-of-home placement.	Feb 11, 2011 11:29 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
381	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to 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 11:50 PM
382	Families should pay a share of cost for their children residing in out-of-home placement.	Feb 11, 2011 11:59 PM
383	Families should pay a share of cost for their children residing in out-of-home placement.	Feb 12, 2011 12:13 AM
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 pubic schools and the same logic applies here.	Feb 12, 2011 1:17 AM
385	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to 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 2:16 AM
386	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 12, 2011 3:40 AM
387	No responsibility of parent.	Feb 12, 2011 3:57 AM
388	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to 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 5:21 AM
389	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). the state does not ask parents and students for co-payments in California's public schools and the same logic applies here.	Feb 12, 2011 5:37 AM
390	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 6:14 AM
391	See previous answers.	Feb 12, 2011 6:29 AM
392	I have no experience in this area.	Feb 12, 2011 6:42 AM
393	Parents should be paid more to keep their disabled child in the home. Safe alternative are few and far between.	Feb 12, 2011 2:14 PM
394	co-pay, mentioned previously, we are paying what we are asked for. commitment: parents' whole life	Feb 12, 2011 3:42 PM
395	Having parents make a commitment of time or copay may need to be explored!	Feb 12, 2011 4:28 PM
396	I truely believe the clients parents should be made to pay for as much of their care as they can financially afford. THis is their child and should be held resonsible. The parents should not think that this is a free ride for them. If the parents do nto pay for their own child then they should lose all rights.	Feb 12, 2011 4:29 PM
397	Parents generally have adult relatives living in these facilities to provide support that they can't provide and in preparation for the time when they are no longer available to provide because of financial, age ore death.	Feb 12, 2011 4:59 PM
398	Parents making over $200,000 should contribute.	Feb 12, 2011 5:11 PM
399	reinforcment of rules	Feb 12, 2011 5:41 PM
400	Special saving programs,tax incentives,rebate rewards,special programs available to them under a income qualification to fit their needs	Feb 12, 2011 5:55 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
401	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 12, 2011 6:12 PM
402	SSI state and federal help.	Feb 12, 2011 7:18 PM
403	I spend as much time as I am able to with my child. I would hope all parents would do the same. Some individuals do not have family and some are too involved with their issues for families to be involved with. Each case i individual. Also, it depends on the caretaker and the home owner and the relationships. It is very tricky!	Feb 12, 2011 8:08 PM
404	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to 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 8:29 PM
405	See response on previous section.	Feb 12, 2011 8:54 PM
406	family responsibility should include manditory monitoring and reporting of consumers adjustment, safety, and money matters as part of consumers services	Feb 12, 2011 9:01 PM
407	Parents and consumers are usually trying to survive so this is on a "can-do" basis.	Feb 12, 2011 9:25 PM
408	direct obs; make sure they complete data, time commitment would depend on the schedule of caregivers and parents	Feb 12, 2011 9:43 PM
409	See Behavioral Services # 6	Feb 12, 2011 10:12 PM
410	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to 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 13, 2011 12:02 AM
411	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to 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 3:45 AM
412	More time and input and accountability for parents.	Feb 13, 2011 3:51 AM
413	All service should be provided in such a way that the patient benefits.	Feb 13, 2011 4:28 AM
414	Again ask the parent what they can contribute	Feb 13, 2011 6:04 AM
415	Same response as previously stated.	Feb 13, 2011 8:16 AM
416	See above. Parents can't perpetually care for their children, either physically or financially.	Feb 13, 2011 6:09 PM
417	Under 26, copayment from parent as able on sliding income scale. Over 26, from client's budget.	Feb 13, 2011 7:13 PM
418	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to 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 7:17 PM
419	support in household daily life--and be welcomed maybe a schedule of tasks	Feb 13, 2011 10:20 PM
420	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 10:54 PM
421	I have served several moneyed parents in the years I've worked at this. They still want me to co-pay all services. Lower income parents are more generous with their time and money. I feel those with incomes over $50,000.00, with no tuition, or medical bills should be required to pay something to the state.	Feb 13, 2011 11:22 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
422	Parents or family have the option of helping with the care of the client if they are able.	Feb 13, 2011 11:56 PM
423	Loving, caring parents will contribute at least a fair their share of their time, effort and recourse for the benefit of their child. They cannot provide all needed services w/o help of the State. Non-loving parents or very poor parents cannot/will not contribute and any form. The State needs to provide for these less fortunate ones.	Feb 14, 2011 12:08 AM
424	Adult services should not be subjected to parental co-payments or parent participation, beyond that which is typical of any parent of a non-disabled adult child. Adult RC clients are, by definition, indigent, so cannot be expected to pay for their services.	Feb 14, 2011 1:11 AM
425	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 1:54 AM
426	My experience is that most of the time family, insurance, guardian etc. co-payments are not sought after by the service provider due to lack of guidelines, standards and requirements. This very confidential information takes a level of suffiscation to interpit that the average group home either doesn't have or have incentive to have. Perhaps this should be a function of the business department of the regional center for equal standards to be applied. Or perhaps an outside unbiased entity.	Feb 14, 2011 2:42 AM
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 14, 2011 3:26 AM
428	Time commitment must include periodic, daily is almost required, visits and monitoring of the facility.	Feb 14, 2011 4:46 AM
429	There should be a co-payment for minors	Feb 14, 2011 5:05 AM
430	PARENTS NEED TO BE INVOLVED IN EMOTIONAL SUPPORT AND MAY SUPPORT RESTRICTING ACTIVITIES FOR INAPPROPRIATE CONSUMER BEHAVIORS	Feb 14, 2011 7:22 AM
431	Parents should be allowed to go into any place where their child resides and do so unannounced if they wish. If that cannot be possible, the parents should think again about the appropriateness of the placement.	Feb 14, 2011 1:57 PM
432	Families should pay a share of cost for their children residing in out-of-home placement.	Feb 14, 2011 4:05 PM
433	Family members should visit if possible. Participant should be allowed to also visit family outside of the 'home' environment as much as possible.	Feb 14, 2011 4:07 PM
434	amilies should pay a share of cost for their children residing in out-of-home placement.	Feb 14, 2011 4:29 PM
435	As much as possible and per assessment of assets, parents should copay.	Feb 14, 2011 4:58 PM
436	Families should pay a share of cost for their children residing in out-of-home placement.	Feb 14, 2011 5:07 PM
437	Families should pay a share of cost for their children residing in out-of-home placement if financially able.	Feb 14, 2011 5:34 PM
438	Families should pay a share of cost for their children residing in out-of-home placement.	Feb 14, 2011 6:05 PM
439	Families should pay a share of cost for their children residing in out-of-home placement.	Feb 14, 2011 6:06 PM
440	Utilize private insurance if available to supplement payment	Feb 14, 2011 6:10 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
441	I would pay a copayment if needed for these services.	Feb 14, 2011 6:11 PM
442	Families should pay a share of cost for their children residing in out-of-home placement.	Feb 14, 2011 6:20 PM
443	No co pay	Feb 14, 2011 6:21 PM
444	Families should pay a share of cost for their children residing in out-of-home placement.	Feb 14, 2011 6:27 PM
445	Families should pay a share of cost for their children residing in out-of-home placement.	Feb 14, 2011 6:28 PM
446	The State of California has accepted a responsibility for persons with developmental disabilities and 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 6:30 PM
447	The State of California has accepted a responsibility for persons with developmental disabilities and 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 6:31 PM
448	Families should pay a share of cost for their children residing in out-of-home placement.	Feb 14, 2011 6:32 PM
449	Families should pay a share of cost for their children residing in out-of-home placement.	Feb 14, 2011 6:41 PM
450	parents should do what they can, financially and time wise, but if they can't do anything, they should still get services, as we are a community.	Feb 14, 2011 6:48 PM
451	Proactive about what they are getting, taking time to complete surveys and respond to emails	Feb 14, 2011 6:59 PM
452	parents should pay.	Feb 14, 2011 7:06 PM
453	Families should pay a share of cost for their children residing in out-of-home placement.	Feb 14, 2011 7:10 PM
454	Based on the needs of the consumer	Feb 14, 2011 7:34 PM
455	Families should pay a share of cost for their children residing in out-of-home placement.	Feb 14, 2011 7:49 PM
456	Reimplement the PPC program	Feb 14, 2011 8:03 PM
457	Families should pay a share of cost for their children residing in out-of-home placement.	Feb 14, 2011 8:06 PM
458	Again I'm not sure that consumers fit into this category. Sure they want to become more independent and less restricted but they may not have the ability to learn to do this. HIgh functioning consumers often feel that jail or even Porterville are things to be proud of, they show how "bad" they are to their firends. I just don't see how time committments or co-pays can help that. A good majority of high functioing, high risk consumers would soon be on the street or in the judicial system.	Feb 14, 2011 8:31 PM
459	Rent up to 30% of SSI.	Feb 14, 2011 8:55 PM
460	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 9:02 PM
461	n/a	Feb 14, 2011 9:10 PM
462	Parents should be required to volunteer some specific amount of time at the facility per year.	Feb 14, 2011 9:26 PM
463	The State of California has accepted responsibility to persons with disabilities.	Feb 14, 2011 9:59 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
464	Parents should have a understanding that services provided are to assist the parent as a participant in the process of delivering successful services. Parents need to be involved in the treatment plan more.	Feb 14, 2011 10:14 PM
465	Families should pay a share of cost for their children residing in out-of-home placement. Low income families need to be provided an avenue/resource to supplement their share of cost.	Feb 14, 2011 10:22 PM
466	Co-payment possible.	Feb 14, 2011 10:43 PM
467	California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. Lanterman Act Section 4501). Their should be no copays or time commitments.	Feb 14, 2011 10:44 PM
468	parents need to encourage children to grow and become self reliant.	Feb 14, 2011 11:06 PM
469	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to 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 11:09 PM
470	Parents need to understand up front that the services being provided are to assist the parents as they are active participants in the process--they must be if the services are to be successful. Parents need to be even more involved in the treatment plan for their children.	Feb 14, 2011 11:19 PM
471	I think they should pay,,,most parents involved want voice, so they should beable to pay for needed services	Feb 14, 2011 11:29 PM
472	Families should contribute as able to these services, on an equitable sliding scale.	Feb 14, 2011 11:37 PM
473	Families should pay a share of cost for their children residing in out-of-home placement.	Feb 14, 2011 11:53 PM
474	Parents should have a understanding that services provided are to assist the parent as a participant in the process of delivering successful services. Parents need to be involved in the treatment plan more.	Feb 15, 2011 12:19 AM
475	Families should pay a share of cost for their children residing in out-of-home placement.	Feb 15, 2011 12:25 AM
476	consumers should pay a small fee for these services stated> just for a show of responsibility on their part	Feb 15, 2011 12:27 AM
477	None.	Feb 15, 2011 1:05 AM
478	parents spend enormous sums of money over the lifetime of the disabled. The need help from the state and the law was passed to setforth the state's obligation. Co-pays are slippery slopes into discriminatory services or failure to provide services. Parents are stretched to the limits providing for their disabled loved ones. The law recognizes this and mandates state support.	Feb 15, 2011 1:20 AM
479	Depending on the ability	Feb 15, 2011 1:32 AM
480	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act 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 1:46 AM
481	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to 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 1:56 AM
482	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to 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 2:30 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
483	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-payments should be based upon the discretionary funds available to the financially responsible party(ies).	Feb 15, 2011 2:34 AM
484	some co-payments	Feb 15, 2011 3:12 AM
485	based on the family's prior 24/7 help; they've already met responsibilities and need further assistance	Feb 15, 2011 3:28 AM
486	The commitment and the time of the parents is important.	Feb 15, 2011 3:31 AM
487	See the Lanterman Act!!	Feb 15, 2011 4:09 AM
488	Parents can use their Respite hours to pay for housing. Endowments from Estates might apply. Family members might donate time for activities, donate food for meals. Parents might be able to donate money if able. Many parents of these individuals are older and living on fixed incomes.	Feb 15, 2011 4:16 AM
489	Keep the same. Children's parents must fill out parental responsibility. Adults do not.	Feb 15, 2011 5:32 AM
490	see comments on Behavior services	Feb 15, 2011 5:42 AM
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 public schools and the same logic applies here.	Feb 15, 2011 6:34 AM
492	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge (Lanterman Act Section 4501). The state does not ask parents and student for co-pays in California’s pubic schools and the same logic applies here.	Feb 15, 2011 6:39 AM
493	Parents and consumers should support the program.	Feb 15, 2011 7:01 AM
494	Again...I believe that DDS is not helping the consumer by putting a great financial burden on the families. The co-pay for residendtial kids is absurd. Especially families that continue to provide many of the financial supports the kids had in the home such as clothing, toys, health/dental insurance, medications etc. DDS at this time takes none of that into consideration and could be forcing families to pay the copay and no longer provide these needed items to their kids. It is not in the best interest of your clients to force them into Medical only doctors and PNI to provide clothing. You are setting a poor standard of care for these individuals. Families that want to provide the insurance, clothing etc...should hava all that taken into high account when calculating copay. Don't punish those families that want to take good care of their loved one even if they are in residential care. Take copays from those who are not providing these items...not those who are.	Feb 15, 2011 8:57 AM
495	Establish a financial need based upon disposable income.	Feb 15, 2011 4:05 PM
496	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to 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 4:07 PM
497	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California’s pubic schools and the same logic applies here.	Feb 15, 2011 4:26 PM
498	ditto	Feb 15, 2011 5:00 PM
499	Continuation of current standards	Feb 15, 2011 5:58 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
500	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to 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 6:03 PM
501	Co-payment by parents might be reasonable only, however, after the administrative budgets of DDS and the regional centers have been cut drastically. If the area boards and the State Council on Developmental Disabilities are funded with tax dollars, they should be eliminated.	Feb 15, 2011 6:20 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 15, 2011 6:30 PM
503	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 6:38 PM
504	Families should pay a share of cost for their children residing in out-of-home placement.	Feb 15, 2011 6:59 PM
505	Families should pay a share of cost for their children residing in out-of-home placement.	Feb 15, 2011 7:00 PM
506	See #4.	Feb 15, 2011 7:06 PM
507	Families should be expected to provide the same level of support for their children with developmental disabilities as they do for their children without disabilities.	Feb 15, 2011 7:25 PM
508	Parents and consumers should be responsible for at least 20% of the costs for the services.	Feb 15, 2011 7:54 PM
509	family/individual to pay all college tuition, books, housing fees as would any 'regular" student, but any support services needed being paid by public/insurance	Feb 15, 2011 8:20 PM
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 public schools and the same logic applies here.	Feb 15, 2011 9:39 PM
511	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 9:48 PM
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 15, 2011 10:31 PM
513	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 10:32 PM
514	Parents can pay IF THEY CAN and give of their time IF THEY HAVE IT, but by the time our children are adults, many of us will be so beaten down -- pushed to an early grave by the system (stress, being drained of time and energy, being required to do more than is humanly possible in a day) and financially drained (paying for private services, attorneys, mothers unable to work outside the home), etc. that -- without adequate support along the way -- the system cannot count on parents giving what they don't have or forcing our other children to sacrifice even more for their siblings. Many of us are denied the chance for anything resembling a normal life. By the time our children are adults, what else can the system try to extract from us? I don't know.	Feb 15, 2011 10:41 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
515	The state of CA has accepted a responsibilty 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, nor should it ask parents and consumers of these services.	Feb 15, 2011 11:28 PM
516	Income based sliding scale- wealthy families should have to co-pay or bear the cost of placement, even for their adult children. Trusts and Special Needs Trusts should contribute to the "enhancement" of services beyond the SSI basic "food, clothing, shelter" including the Regional Center enhacements above the SSI rate.	Feb 15, 2011 11:32 PM
517	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to 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 11:35 PM
518	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 12:21 AM
519	Children should recive this service only after all options have been tried (ie. behavioral services, mental health services, out of home behavioral respite) Many young adults are seen in our staffing becuase the mother or father is starting a new family (children or getting married) They then request placement for the young teen/young adult. Co-payment should be applied because many seem to be using this as a method of reducing cost in their home and having the state pick up the cost.	Feb 16, 2011 12:38 AM
520	The parents should have some finacial responsibilty even if it is based on a sliding payment scale. The consumers should have responsibility for their room and common rooms. The parents should provide furniture for the consumer if they are fiancially capable. The parents should spend time with the consumer to keep the family ties intact and so the consumer feels like part of their family.	Feb 16, 2011 1:36 AM
521	Since most of these clients are adults no co-payment should be required.	Feb 16, 2011 2:33 AM
522	Parents should be required to pay for all medications, medical and feeding supplies not covered by the consumer's insurance.	Feb 16, 2011 3:25 AM
523	Parents should have a understanding that services provided are to assist the parent as a participant in the process of delivering successful services. Parents need to be involved in the treatment plan more.	Feb 16, 2011 3:33 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 students for co-pays in California's public schools and the same logic applies here.	Feb 16, 2011 4:48 AM
525	Some co-PAyment	Feb 16, 2011 5:31 AM
526	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 5:47 AM
527	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to 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 6:16 AM
528	co-payment for consumers with an individual (non-state) conservatorship in place based upon the conservators' income and ability to pay. (Note: This should also apply to ILS and SLS.)	Feb 16, 2011 6:19 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
529	No more increase in co-payment,bring back the services that were cut down ,please be fair. I believe we as taxpayers also deserve to receive services for our kids ,not only because they have special needs but because they are also human beings that deserve to live humanely under our society.	Feb 16, 2011 7:27 AM

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

	Response Text	
1	ICB INDIVIDUAL CHOICE BUDGET PASSED LAST YEAR BUT NOT YET IMPLEMENTED.	Jan 28, 2011 1:29 AM
2	placement changes should be made with consumer at the center of the decision Regional Center makes unilateral decisions rather than involving consumer or ID team.	Jan 28, 2011 1:44 AM
3	ICB	Jan 28, 2011 1:54 AM
4	should be options.	Jan 28, 2011 2:10 AM
5	no self directed services	Jan 28, 2011 2:15 AM
6	CCL	Jan 28, 2011 2:38 AM
7	The consumer, as much as they can, families, and caseworkers should ultimately determine the placement.	Jan 28, 2011 3:11 AM
8	if the consumer choose the services then they should have the right to such services	Jan 28, 2011 3:17 AM
9	none	Jan 28, 2011 3:19 AM
10	many of these clients are not capable of making accurate decisions as to their care and or needs	Jan 28, 2011 3:22 AM
11	Clients are always asked if they like living at this home and if they want to continue doing so.	Jan 28, 2011 3:23 AM
12	Lanterman Act. Needs of the consumer as written in the IPP	Jan 28, 2011 3:45 AM
13	Self-directed or self-determination options are other ways that the State have found to say "regional centers you make the decision for these consumers." So much for self-directed or self-determination options!	Jan 28, 2011 4:34 AM
14	dont think it will work.	Jan 28, 2011 4:39 AM
15	not sure at this time.	Jan 28, 2011 5:18 AM
16	please do it	Jan 28, 2011 5:24 AM
17	As applicable.	Jan 28, 2011 5:56 AM
18	No comment	Jan 28, 2011 6:31 AM
19	NONE	Jan 28, 2011 6:49 AM
20	Opportunities to request Independent or Supported Living Services should be available to all who prefer less restrictive supports. Budgets should still be equitable with congregate living expenses.	Jan 28, 2011 7:37 AM
21	none	Jan 28, 2011 4:40 PM
22	I have to think about this.	Jan 28, 2011 5:02 PM
23	WHAT?	Jan 28, 2011 5:04 PM
24	Keep parents informed of their options.	Jan 28, 2011 5:12 PM
25	This will never save money unless the State actively sets out to cheat people out of the services they need	Jan 28, 2011 5:20 PM

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

	Response Text	
26	This should be left only for Residential Care Homes. The Mentor Program is a failure in my eyes. These people do not contibute to the state costs like Residential are Home providers. Mentor homes do not have a lisc, no do they have additonal classess they need to provide. They should just place them to live on their own or have them in a care facility. There needs to be more" looking over the sholders" of regional centers. They offten place clients where they get favors from. This is an ongoing problem with case management in most regional centers..ex Stocktons office. Residential care homes are needed . If they the families can not take care of them then a lisc facility should be available to do so. There are to many other services that rob good care home of clients. The regional centers want to place them in indepentant living enrioments to save money. These cleints 90% of the time fail.	Jan 28, 2011 5:37 PM
27	Since the 3 pilot Regional Centers proved that self-directed options cost more, I'd rather hope we aren't seriously considering this.	Jan 28, 2011 5:46 PM
28	All services should be self-directed. The money follows the person; less money spent in one area means the availability of other service/support options.	Jan 28, 2011 5:51 PM
29	Keep at the current rates and amounts.	Jan 28, 2011 6:24 PM
30	None	Jan 28, 2011 6:25 PM
31	This is based on the functional capability of the individual to make appropriate and/or healthy choices for him/herself.	Jan 28, 2011 6:38 PM
32	Individuals and/or parents should have the choice of providers. If funding is given to parents, it should be adequate to purchase the service.	Jan 28, 2011 6:48 PM
33	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 7:11 PM
34	N/A	Jan 28, 2011 7:27 PM
35	Alll Services should be self-directed and self determined in order to insure buy in and success of the services	Jan 28, 2011 7:30 PM
36	Use of self-directed options could enhance ammenities to consumers with increased competition among providers.	Jan 28, 2011 7:52 PM
37	Not all disabled can live in group living arrangements, just like not all people like to live in families or with roommates. Therefore, there needs to be choice	Jan 28, 2011 8:29 PM
38	Self determination should be allowed to the extent that the client is capable of participating in decisions on where they live and activities in which they participate.	Jan 28, 2011 8:33 PM
39	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 8:48 PM
40	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 8:57 PM
41	don't require a service coordinator from a RC if the client has a person in their life who can direct services for no money or a low cost - much cheaper than a service coordinator	Jan 28, 2011 8:58 PM
42	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 9:02 PM

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

	Response Text	
43	Co-payment determined on a sliding scale.	Jan 28, 2011 10:16 PM
44	I guess that I won't call this a suggestion but a dream. For parents who want to keep their disabled adults at home I dream of having more IHSS hours so I can start having a life of my own. We the parents of the disabled are under tremendous amount of stress and it doesn't help when you see staff from group homes treating this kind of population the way some of those providers do. For children like my daughter who are non-verbal and extremely involved, a group home "seems" like a God-sent solution to parents but these particular children become very easy targets for a lot of verbal and physical abuse in group homes. Hence my suggestion of strict, unannounced visits at all times. Not just once a year.	Jan 28, 2011 10:41 PM
45	--	Jan 28, 2011 10:46 PM
46	self direct	Jan 28, 2011 10:52 PM
47	same as everybody else	Jan 28, 2011 11:09 PM
48	Do not provide these.	Jan 28, 2011 11:29 PM
49	Same as previous.	Jan 29, 2011 12:54 AM
50	Require the resident to participate in residential evaluation, goal development, progress monitoring to the best of their abilities	Jan 29, 2011 1:39 AM
51	none	Jan 29, 2011 2:18 AM
52	Self directed	Jan 29, 2011 3:45 AM
53	optional	Jan 29, 2011 4:43 AM
54	n.a.	Jan 29, 2011 5:09 AM
55	No one should be cut	Jan 29, 2011 5:10 AM
56	Not clear what this means.	Jan 29, 2011 6:20 AM
57	don't know	Jan 29, 2011 6:44 AM
58	There is complete lack of integration between care homes and schools and no options in state for a 24/7 model of services which is greatly needed by some for some part of their life. The regional centers and schools should be working together on this, not just going to IEP meetings and watch children flounder. Instead, each tries to foist the responsiblity for services on the other and pretends they are not involved once the child moves past their door. This is truly shameful.	Jan 29, 2011 8:12 AM
59	AS MUCH AS POSSIBLE	Jan 29, 2011 11:53 PM
60	?	Jan 30, 2011 12:34 AM
61	CONSUMER SHOULD BE ENCOURAGED FOR SELF DIRECTION OR SELF DETERMINATION. A GOOD OPTION FOR CONSUMERS.	Jan 30, 2011 4:18 AM
62	Famiies need to have a say, and veto power, and need to have the ability to change the place when necessary if things are not working out.	Jan 30, 2011 5:10 PM
63	Consumers should have as much choice and options as possible.	Jan 31, 2011 4:15 AM
64	Supported living services ae the best option.	Jan 31, 2011 5:57 PM
65	A client should be in a good home enviornemnt that they are safe and cared for by trained inviduals. They should be in a home that they want to live in, not a placement that makes them unhappy. They deserve the same choices that any 'normal" individual would be entitled to.	Jan 31, 2011 6:11 PM
66	Again, I feel that there should be a team that includes the consumer, family and regional center staff.	Jan 31, 2011 6:13 PM
67	If the consumer is placed in a residential facility, then self-directed or self-determination budget must reflect the expenditure	Jan 31, 2011 6:54 PM
68	As defined in Lanterman Act	Jan 31, 2011 7:05 PM

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

	Response Text	
69	Again, what???????	Jan 31, 2011 7:24 PM
70	Not sure how to answer.	Jan 31, 2011 8:55 PM
71	Not applicable with the salaries our people make.	Jan 31, 2011 9:04 PM
72	do not understand	Jan 31, 2011 9:08 PM
73	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 9:31 PM
74	N/A	Jan 31, 2011 9:34 PM
75	To the extent possible, consumers should be informed of their choices and helped to make choices regarding where they are going to live. DD PEOPLE WHO ARE VERY SEVERELY IMPAIRED COGNITIVELY AND/OR WHO HAVE PERSISTENT SELF-INJURIOUS OR AGREESIVE BEHAVIORS OFTEN CANNOT PARTICIPATE IN THIS KIND OF DECISION-MAKING. IT IS FOR THIS POPULATION THAT IT IS NECESSARY TO MAINTAIN AT LEAST TWO DEVELOPMENTAL CENTERS IN THE STATE OF CALIFORNIA.	Jan 31, 2011 9:45 PM
76	ewe	Jan 31, 2011 10:30 PM
77	N/A	Jan 31, 2011 10:33 PM
78	no concerns	Jan 31, 2011 11:13 PM
79	Don't do this.	Feb 1, 2011 12:30 AM
80	Should not happen	Feb 1, 2011 12:34 AM
81	Camphill Organization has an excellent and positive outlook and it could/should provide a working model for all group home organizations. They provide a nuturing environment where it does stimulate mental growth, cohesiveness and a positive outlook in life. I may be repeating myself, but I am also making a point and I;m not sure if anyone will care to listen. This organization's funding should be continued and if cancelled than the state is still only looking out for themselves by catering to those special interest groups or free services to those who work the system and can provide their next vote by ensuring certain individuals get what they can for free.	Feb 1, 2011 12:55 AM
82	as needed	Feb 1, 2011 5:21 AM
83	none	Feb 1, 2011 5:22 AM
84	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 7:19 AM
85	N/A	Feb 1, 2011 7:20 AM
86	Living independently as much as possible	Feb 1, 2011 9:51 AM
87	exclude from self directed	Feb 1, 2011 6:57 PM
88	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 7:57 PM

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

	Response Text	
89	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
90	Uncertain how this would work.	Feb 1, 2011 9:28 PM
91	Should be based on individual needs and choices; not promoted or dictated by regional centers.	Feb 1, 2011 10:30 PM
92	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 11:23 PM
93	We need more group homes!!! The need will be desperate in the coming years. If parents are given vouchers for services, they would finally have the ability to come together and form their own group homes in a cost-effective, hands-on way.	Feb 2, 2011 12:37 AM
94	I think it is difficult to have a self directed program when a person is severely disabled. I think the parents or guardians of the special needs person along with the service coordinator and other persons are best qualified to direct the program in such a case as our daughters.	Feb 2, 2011 4:34 AM
95	Self determination would work for this if the organization as a whole was hired for the supported living place so more than one staff would be available to fill in.	Feb 2, 2011 5:53 AM
96	Give affected individuals and their families OPTIONS.	Feb 2, 2011 6:06 AM
97	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 2, 2011 3:38 PM
98	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 2, 2011 4:57 PM
99	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 2, 2011 5:52 PM
100	no comment	Feb 2, 2011 6:34 PM
101	a	Feb 2, 2011 6:52 PM
102	I do not think that this would be effective for residential care	Feb 2, 2011 7:43 PM
103	I think if a person turns 18 and has the capability of making this decision they should be able to decide where and how they live.	Feb 2, 2011 8:53 PM
104	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 2, 2011 9:19 PM
105	This question cannot be answered until California has a clearly defined mechanism for implementing self-directoed or self determination options.	Feb 2, 2011 10:01 PM
106	See response to supportive services (Section 5).	Feb 2, 2011 10:12 PM
107	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 10:12 PM
108	Please previous topic response....	Feb 2, 2011 10:20 PM
109	none	Feb 2, 2011 10:46 PM
110	/??????	Feb 2, 2011 10:59 PM
111	I do not support POS service standards.	Feb 2, 2011 11:33 PM

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

	Response Text	
112	Same answer as previous pages	Feb 3, 2011 12:46 AM
113	I don't believe the clients living in these situations have the ability for self-directed or self=determined care.	Feb 3, 2011 1:00 AM
114	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 3, 2011 1:01 AM
115	Thats fine but these folks would need a lot less services. Witrh all the utism spectrum disporders a lot of the monies have been taken from clients with a lot more needs that can nnot make it on their own.	Feb 3, 2011 1:21 AM
116	Whenever possible the consumer should participate in determining options.	Feb 3, 2011 1:56 AM
117	Please let consumers and their families make determination for group homes, community care facilities, nursing facilities through self-direction or self-determination - please!	Feb 3, 2011 1:56 AM
118	N/A	Feb 3, 2011 2:09 AM
119	As much family support as possible.	Feb 3, 2011 2:15 AM
120	partial self direct	Feb 3, 2011 5:08 AM
121	after 18, self directed unless guardian ship has been taken	Feb 3, 2011 5:16 AM
122	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 3, 2011 6:08 AM
123	sme as today	Feb 3, 2011 6:50 AM
124	Same standards as Valley Mountain Regional Center.	Feb 3, 2011 6:51 AM
125	None.	Feb 3, 2011 3:40 PM
126	?	Feb 3, 2011 4:48 PM
127	The IPP process should be utilized to determine the type of services desired or needed by an individual.	Feb 3, 2011 5:00 PM
128	With RC case management consultation and guidance	Feb 3, 2011 5:20 PM
129	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 3, 2011 5:24 PM
130	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 3, 2011 5:48 PM
131	No SDS!!!	Feb 3, 2011 5:50 PM
132	I think consumers have rights to choose living options as long as they are not conserved.	Feb 3, 2011 6:32 PM
133	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 3, 2011 6:42 PM
134	NA	Feb 3, 2011 7:07 PM
135	I feel the same for all of Regional Center's services as I do in the first few survey's I have taken.	Feb 3, 2011 7:48 PM
136	Not sure	Feb 3, 2011 7:52 PM
137	Don't understand this question.	Feb 3, 2011 7:59 PM
138	Autonomy, Autonomy, Autonomy.....	Feb 3, 2011 8:05 PM
139	hands on is the way. all do not have access to computers.	Feb 3, 2011 8:10 PM
140	As much as possible BE NEAR the RELATIVES Especially parents - HOW many SIRS how many moves how many evictions	Feb 3, 2011 8:15 PM
141	This is to be determined in the IPP process due the variation of responses.	Feb 3, 2011 8:53 PM
142	Adults should have a choice on where they live as much as they can	Feb 3, 2011 8:59 PM

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

	Response Text	
143	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 3, 2011 9:24 PM
144	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 3, 2011 9:46 PM
145	n/a	Feb 3, 2011 9:54 PM
146	Currently, the residential services option is hindered by the inability to compete for resources like the independent living or supporting living service model. This is a detriment to both programs as individuals may not be placed in the best arrangement for their needs (at the time) given the current political/fiscal environment. Ideally, the programs could be free to evolve as necessary for the needs of the clients, and make the case for financial support for this to occur---- whether it be paid by DDS or RC; the family or consumer; or some other government source.	Feb 3, 2011 9:58 PM
147	Clients should be interviewed on a regular basis as to their feelings about their living arrangement.	Feb 3, 2011 10:57 PM
148	As currently set.	Feb 3, 2011 11:13 PM
149	DDS must clearly define a mechanism for implementing these services before any suggestions can be made	Feb 3, 2011 11:14 PM
150	Clients and their Ipp team should choose what is best for the individual.	Feb 3, 2011 11:29 PM
151	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 3, 2011 11:46 PM
152	None.	Feb 4, 2011 12:56 AM
153	Sometimes group homes are the only option for a family member. Self determination is really not a factor in this area.	Feb 4, 2011 1:32 AM
154	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 1:56 AM
155	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 2:50 AM
156	?	Feb 4, 2011 3:50 AM
157	These should be expanded over the current levels. This is especially he case for those people who are interested in residential care. Companies should be given tax breaks and other incentives for helping the disabled. Pay now or pay more latter.	Feb 4, 2011 4:49 AM
158	Never a blanket policy, this must be determined or guided by the Individual Progam Plan team working with the individual consumer to give each person the best possible opportunity to thrive according to their abilities.	Feb 4, 2011 5:17 AM
159	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 6:45 AM
160	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 7:40 AM
161	none	Feb 4, 2011 3:12 PM
162	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 3:19 PM
163	Same as previous section	Feb 4, 2011 4:55 PM
164	I am unsure what these options are and how they are implemented	Feb 4, 2011 5:14 PM
165	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 5:19 PM

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

	Response Text	
166	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 5:45 PM
167	These should be identified at the IPP	Feb 4, 2011 5:54 PM
168	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determined option.	Feb 4, 2011 7:11 PM
169	The same as previous #7.	Feb 4, 2011 7:20 PM
170	???	Feb 4, 2011 7:44 PM
171	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 7:55 PM
172	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 8:58 PM
173	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 9:20 PM
174	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 9:55 PM
175	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination option	Feb 4, 2011 10:10 PM
176	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 10:24 PM
177	What do you mean? Same as immediately above,.	Feb 4, 2011 10:28 PM
178	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 10:39 PM
179	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 10:58 PM
180	Many of the folks who live in care homes are unabl eto self-determine and do not have families to advocate for them. Once again, the monies alloted to all DDs need to be distributed equally. Excess amounts can go into a pot for a "rainy day". Saving needs to be encouraged and those who can save what is alloted to them get a small bonus but they cannot encash what is saved.	Feb 4, 2011 11:05 PM
181	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 11:18 PM
182	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 11:23 PM
183	N/A	Feb 4, 2011 11:25 PM
184	Any location should be by self-direction and self-determination (CHOICE) of the adult consumer, his parents and or conservators.	Feb 4, 2011 11:39 PM
185	Same as SLS	Feb 4, 2011 11:42 PM
186	Regional Center needs to give a variety of placement options for the consumer or parents to choose from in order for the placement to be appropriate.	Feb 4, 2011 11:43 PM
187	can't be answered until there's a mechanism in place for implementing this.	Feb 5, 2011 12:28 AM
188	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 5, 2011 12:35 AM
189	AUTISM	Feb 5, 2011 1:12 AM
190	same as for other programs and whatever fits from answer#3 above	Feb 5, 2011 1:32 AM
191	Current practices are adequate	Feb 5, 2011 5:51 AM
192	How? California has not even determined what options would be available, or how to define self-directed or self-determined processes.	Feb 5, 2011 6:53 AM

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

	Response Text	
193	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 5, 2011 2:49 PM
194	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 5, 2011 5:29 PM
195	This si a slippery slope as a number of consumers are unable to accurately determine what is in their best interest. The team approach that is currently used is most successful.	Feb 5, 2011 6:37 PM
196	same as first set	Feb 5, 2011 6:40 PM
197	A voucher that can be used at the facility chosen by the consumer and family	Feb 5, 2011 8:14 PM
198	The question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 5, 2011 9:01 PM
199	Assessment	Feb 5, 2011 10:15 PM
200	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 5, 2011 10:57 PM
201	Questions cannot be answered, as the mechanism for self-directed and/or self-determinations options have not been developed.	Feb 5, 2011 11:33 PM
202	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 residential 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 5:52 AM
203	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 6, 2011 6:06 AM
204	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 6, 2011 4:37 PM
205	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 6, 2011 6:49 PM
206	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 7, 2011 5:14 AM
207	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 7, 2011 6:43 AM
208	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 7, 2011 2:47 PM
209	Unknown until a clearly defined mechanism for implementing is in place.	Feb 7, 2011 3:31 PM
210	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 7, 2011 5:46 PM
211	?	Feb 7, 2011 8:28 PM
212	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 7, 2011 10:08 PM
213	Allow RC's to set the standards in their own communities.	Feb 7, 2011 10:45 PM
214	Let the Regional Centers make the decisions regarding program services	Feb 7, 2011 11:14 PM
215	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 consumers' or families' time, energy and/or finances.	Feb 7, 2011 11:20 PM
216	None.	Feb 8, 2011 12:43 AM
217	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 8, 2011 1:12 AM

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

	Response Text	
218	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 8, 2011 4:08 AM
219	Maybe self-directed services would allow a person to purchase a condo or pay a roommate.	Feb 8, 2011 4:37 AM
220	n/a	Feb 8, 2011 4:51 AM
221	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 8, 2011 5:34 AM
222	Again as previously stated.	Feb 8, 2011 6:09 AM
223	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 8, 2011 3:41 PM
224	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 8, 2011 6:04 PM
225	More information needs to be available for consumers to help determine need.	Feb 8, 2011 7:54 PM
226	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 8, 2011 7:56 PM
227	periodic assessment of clients to ensure environment is the right fit.	Feb 8, 2011 8:57 PM
228	No.	Feb 8, 2011 8:57 PM
229	again these might not be people with organizational skill to satisfy this they need our help, these are not disposable people they can give back to society, but they do need our help.	Feb 8, 2011 9:27 PM
230	I feel that the structure for how the local Regional Center currently oversees distribution of monies for these programs should continue to ensure that consumer's are not taken advantage of or financially abused. The IPP Process and Circle of Support should continue with the consumer's input. However, not all consumers have the ability to manage their monies and need support for their life decisions. If a self-determined plan was put into place, individuals may be taken advantage of or lead in to a wrong direction. An outside agency and advocate like the Regional Centers are looking out for the best interests of the consumers	Feb 8, 2011 10:50 PM
231	I feel that the structure for how the local Regional Center currently oversees distribution of monies for these programs should continue to ensure that consumer's are not taken advantage of or financially abused. The IPP Process and Circle of Support should continue with the consumer's input. However, not all consumers have the ability to manage their monies and need support for their life decisions. If a self-determined plan was put into place, individuals may be taken advantage of or lead in to a wrong direction. An outside agency and advocate like the Regional Centers are looking out for the best interests of the consumers.	Feb 8, 2011 11:22 PM
232	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 8, 2011 11:55 PM
233	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
234	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 9, 2011 1:28 AM
235	Clients/ comsumers/care givers and parents need to be pro-active in our own situations of care. we need to seek out where and when we need assistance or when we need to take on our own responsibility by making our situation work on our own.	Feb 9, 2011 1:31 AM
236	same	Feb 9, 2011 2:28 AM
237	I think the choice of residential care should depend on the person's mental capacity.	Feb 9, 2011 3:47 AM

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

	Response Text	
238	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 9, 2011 5:43 AM
239	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 5:36 PM
240	needed in rural areas or where unusal needs are presented	Feb 9, 2011 7:04 PM
241	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 9, 2011 7:58 PM
242	see above	Feb 9, 2011 8:20 PM
243	This questions can not be answered until California has a clearly defined mechanism for implementing self directed or self determining options.	Feb 9, 2011 9:12 PM
244	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 9, 2011 9:16 PM
245	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 9, 2011 10:07 PM
246	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 9, 2011 10:20 PM
247	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 9, 2011 10:36 PM
248	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 9, 2011 10:53 PM
249	depends on the clients abilties	Feb 9, 2011 11:38 PM
250	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 10, 2011 12:01 AM
251	Careproviders are given the responsibilities for the service standards	Feb 10, 2011 12:44 AM
252	Currently, families seem to have influence/some choice when consumers don't have the ability to choose. Consumers should be involved in choice when they have the ability. Sometimes, there are no good quality choices available, so the services at many group homes should be improved.	Feb 10, 2011 12:57 AM
253	Knowledge is power if parents are given the information. provide them with what they need for success.	Feb 10, 2011 3:27 AM
254	goofy question	Feb 10, 2011 7:59 PM
255	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 10, 2011 8:09 PM
256	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 10, 2011 9:33 PM
257	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 10, 2011 10:02 PM

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

	Response Text	
258	There should be no self-directed services in this area.	Feb 10, 2011 10:28 PM
259	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 11, 2011 12:26 AM
260	Most effective way to provide services. Pay the family and let them provide what is best.	Feb 11, 2011 1:41 AM
261	Supports should remain the same or increase.	Feb 11, 2011 1:49 AM
262	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 11, 2011 1:52 AM
263	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 3:23 AM
264	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 11, 2011 5:10 AM
265	Self-direction and self-determination shall apply as demonstrated to be appropriate for the client being served by the home. Placement that is self directed must be appropriate for the client and the other residents in the home.	Feb 11, 2011 5:23 AM
266	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 11, 2011 5:45 AM
267	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 11, 2011 6:17 AM
268	Individuals have a right to choose the group home they live in.	Feb 11, 2011 8:24 AM
269	No comment.	Feb 11, 2011 6:29 PM
270	consumer to be held responsible.	Feb 11, 2011 6:52 PM
271	none	Feb 11, 2011 6:53 PM
272	there should be choice	Feb 11, 2011 7:26 PM
273	Make positive choices and encourage the consumer to do better. If they cannot keep up with the demands. Keep working upon those weaknesses as well as their strengths that shall build their self esteem and self confidence. do not give up on them.	Feb 11, 2011 7:59 PM
274	See comment under Behavioral Services	Feb 11, 2011 8:49 PM
275	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 11, 2011 9:46 PM
276	Not familiar with how to improve this.	Feb 11, 2011 9:51 PM
277	respect the consumers' preference	Feb 11, 2011 9:52 PM
278	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 11, 2011 9:53 PM
279	N/A	Feb 11, 2011 9:55 PM
280	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 11, 2011 10:44 PM
281	these must be set by people with no person interest in the matter.	Feb 11, 2011 10:59 PM
282	None	Feb 11, 2011 11:29 PM
283	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 11, 2011 11:50 PM
284	None	Feb 11, 2011 11:59 PM
285	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 12, 2011 1:17 AM

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

	Response Text	
286	Clients need to be able to access resources to be successful.	Feb 12, 2011 3:57 AM
287	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 12, 2011 5:21 AM
288	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determintaion options.	Feb 12, 2011 5:37 AM
289	Consumer should have choices if they are able.	Feb 12, 2011 6:18 AM
290	See previous answers.	Feb 12, 2011 6:29 AM
291	I have no experience in this area.	Feb 12, 2011 6:42 AM
292	Do what the clinet's wish or likes with a good reasonable request. Harmful requests denied. Always think the best for the client.	Feb 12, 2011 3:42 PM
293	Regional Center does not provide enough written documentation on their paper work they request. Than you have to go to their many bosses. To many bosses and big case load turnover. Regional center need to be over seen by the State of CA. CA. can make changes. I would be willing to report my finding on how they wasted tax dollars on my consumer.	Feb 12, 2011 5:07 PM
294	open	Feb 12, 2011 5:41 PM
295	Rewards as tax incentive and rebates	Feb 12, 2011 5:55 PM
296	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options	Feb 12, 2011 6:12 PM
297	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 12, 2011 8:29 PM
298	See response on previous section.	Feb 12, 2011 8:54 PM
299	consumer should be able to contact service coordinator hotline if problems develop	Feb 12, 2011 9:01 PM
300	Disabled individuals should always be heard. They have a voice and it is their life that all this is about. Standards should be high. Education and training is essential.	Feb 12, 2011 9:25 PM
301	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 13, 2011 12:02 AM
302	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 13, 2011 3:45 AM
303	NA	Feb 13, 2011 3:51 AM
304	You really have to be self dedicated to do these service if not dont bother.	Feb 13, 2011 6:04 AM
305	There is no limit to where a person lives and/or what he/she can achieve using QPBS standards.	Feb 13, 2011 8:16 AM
306	Client's preferences should always be considered, to the degree possible.	Feb 13, 2011 7:13 PM
307	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 13, 2011 7:17 PM
308	client expresses whathe needs/goals	Feb 13, 2011 10:20 PM
309	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 13, 2011 10:54 PM
310	Care homes are now serving low functioning consumers. They aren't actually self-directed. Someone in the system assists them in choosing a home. If they were higher functioning, they'd be in Independent Living programs.	Feb 13, 2011 11:22 PM
311	All RC services should be available under a self-directed program.	Feb 14, 2011 1:11 AM

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

	Response Text	
312	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 14, 2011 1:54 AM
313	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 14, 2011 3:26 AM
314	Consumers should be given as much freedom as they indicate unless adverse outcomes are noted. In other words, unless you can demonstrate why they cannot have the freedom they seek, you should not stop them from advancing.	Feb 14, 2011 1:57 PM
315	Person with disability has desire to be in this type of environment.	Feb 14, 2011 4:07 PM
316	no change in current standards.	Feb 14, 2011 4:58 PM
317	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 14, 2011 6:30 PM
318	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 14, 2011 6:31 PM
319	Based on quarterly, then bi-yearly, then yearly evaluations, maybe followed by skipping a year or so, after they are well proven.	Feb 14, 2011 6:48 PM
320	Based on the needs and abilities of the consumer.	Feb 14, 2011 7:34 PM
321	? I don't understand this.	Feb 14, 2011 8:03 PM
322	Again consumer should pick where and how they want to live. Good services should be available to help them reach these goals.	Feb 14, 2011 8:31 PM
323	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 14, 2011 9:02 PM
324	n/a	Feb 14, 2011 9:10 PM
325	Cannot answer properly.	Feb 14, 2011 9:59 PM
326	I don't know what this means.	Feb 14, 2011 10:43 PM
327	This is very unclear as to how self-direction or self-determination can be implemented.	Feb 14, 2011 10:44 PM
328	This questioncannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 14, 2011 11:09 PM
329	No comment	Feb 14, 2011 11:19 PM
330	NA	Feb 15, 2011 12:19 AM
331	if i"m understanding this statement clearly, the consumers dont have much community oriented resources centered around high functioning DD population. there needs to be a "singles environment' where they can meet the opposite sex in a monitored environment, DD 12 step meetings and hall somewhat like Carson community center for Sclarc and Westside R C. Then have on for the regional centers East of us	Feb 15, 2011 12:27 AM
332	None.	Feb 15, 2011 1:05 AM
333	The is question is vague and improper without more information being provided.	Feb 15, 2011 1:20 AM
334	Not sure.	Feb 15, 2011 1:32 AM
335	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 15, 2011 1:46 AM
336	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 15, 2011 1:56 AM
337	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 15, 2011 2:30 AM

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

	Response Text	
338	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 2:34 AM
339	involve consumers as much as possible.	Feb 15, 2011 3:12 AM
340	parents/guardians will naturally do what they can to help, always and 24/7	Feb 15, 2011 3:28 AM
341	See the Lanterman Act!!	Feb 15, 2011 4:09 AM
342	The more independent individuals will be able to use public transportation, have jobs and social opportunities. These clients can have bus passes or use other community transportation services to lead more independent lifestyle. If they are employed they can use gyms, clubs and educational opportunities.	Feb 15, 2011 4:16 AM
343	see comments on Behavior services	Feb 15, 2011 5:42 AM
344	I have seen growth in many consumers once they were out of their parent's care and had responsibilities in a home of their own. Their service coordinator from the regional center should be checking in with them over time to ensure that they have a voice in the services they are receiving.	Feb 15, 2011 6:32 AM
345	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 15, 2011 6:34 AM
346	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 15, 2011 6:39 AM
347	Stop the practice of regionals blocking out of catchment area placements. They lie to out of catchment area clients and block placements, leaving families unable to participate in finding the appropriate care their loved one needs. There is so much wrong with this system, I could write a book. Clean it up. We no longer live in a time when families hid their special needs offspring. We have come to an age where all children are loved and cared for equally by their families. Let's bring the parents into the light and make regionals share information as they should. Do not shut children out of appropriate homes because regional center employees need to have control. They have no clue what is best for anyone and are very often wrong.	Feb 15, 2011 8:57 AM
348	Continue existing procedures.	Feb 15, 2011 4:05 PM
349	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 15, 2011 4:07 PM
350	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 15, 2011 4:26 PM
351	ditto	Feb 15, 2011 5:00 PM
352	Continuation of current standards	Feb 15, 2011 5:58 PM
353	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 15, 2011 6:03 PM
354	Success is determined by the clients growth and progress.	Feb 15, 2011 6:08 PM
355	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
356	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 15, 2011 6:38 PM
357	See #4.	Feb 15, 2011 7:06 PM
358	None	Feb 15, 2011 7:25 PM
359	No opinion.	Feb 15, 2011 7:54 PM
360	Still waiting!	Feb 15, 2011 9:12 PM

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

	Response Text	
361	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determined options.	Feb 15, 2011 9:39 PM
362	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	Feb 15, 2011 9:48 PM
363	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 15, 2011 10:31 PM
364	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 15, 2011 10:32 PM
365	I am all for self-directed services, but parents should retain the right to make decisions unless the consumer can pass a competency test (including comprehension and communication) at the level needed to competently make such decisions and communicate regarding them.	Feb 15, 2011 10:41 PM
366	I do not agree with self directed or self determined services.	Feb 15, 2011 11:32 PM
367	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 15, 2011 11:35 PM
368	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 16, 2011 12:21 AM
369	The consumer should have a say in the house and environment that they live in. They are the ones that will be living there so they need to have a voice in the decesion.	Feb 16, 2011 1:36 AM
370	The client and case worker could determine if this would be helpful for the consumer to live in this arrangment.	Feb 16, 2011 2:33 AM
371	NA	Feb 16, 2011 3:33 AM
372	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 16, 2011 4:48 AM
373	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 16, 2011 5:47 AM
374	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 16, 2011 6:16 AM