Regional Center Out-of-State Funding Request Checklists

The checklists below must be used for initial and extended/continued out-of-state funding requests. Any request for out-of-state funding that does not include the required information is not a complete request and will not be reviewed until all the required information has been provided to the Department of Developmental Services.

I. Residential Treatment or Other Licensed Service Type Request

A. Initial Residential Treatment or Other Licensed Service Request Checklist:

Requirement	Included
Initial regional center request letter, that includes the following:	
• A description of the individual and the services and/or supports needed	☐
• The proposed start and end dates of the out-of-state services and/or supports	☐
• The regional center's rate of payment to be used. If applicable, breakdown of individual/family out-of-pocket costs and costs covered by generic resources	☐
• Results of the Statewide Specialized Resource Services (SSRS) requests, which are required in advance of a request for out-of-state funding	☐
• Name and location of the out-of-state provider, service description, and explanation of why this provider meets the individual's needs	☐
• The regional center's efforts to locate, develop, or adapt appropriate in-state services and supports	☐
• A timeline and plan for transition back to California	☐
• The regional center's acknowledgment the out-of-state provider has been informed about Special Incident Report (SIR) requirements per Title 17, 54327(c).	☐
Supporting documentation, including the following:	
• A current comprehensive assessment establishing the identified need can only be met by an out-of-state service, which may include but not be limited to, a Whole Person Assessment, Functional Behavioral Assessment and/or psychological assessment	☐
• Current Individual Program Plan (IPP) and/or IPP addendum signed by the service coordinator and the individual/representative inclusive of an approved plan for out-of-state service in the individuals' IPP pursuant to WIC sections 4646 to 4648	☐
• For a SDP request, current signed Person-Centered Plan, Budget and/or SDP Spending Plan	☐
• Information about the out-of-state residential treatment setting	☐
• Verification of the proposed admission dates in the out-of-state program	☐
• Verification of program/treatment costs	☐
• Verification that the regional center contacted the other state's licensing or certification agency confirming the provider is in good standing and authorized	☐

B. Extension or Continued Residential Treatment or Other Licensed Service Funding Checklist:

Requirement	Included
Updated regional center request letter submitted at least 30 days prior to the expiration of the prior request, that includes the following:	
• Reason for the extension/continued funding	☐

- The proposed start and end dates of the out-of-state services and/or supports ☐
- The regional center's rate of payment to be used. If applicable, breakdown of individual/family out-of-pocket costs and costs covered by generic resources ☐
- Results of the Statewide Specialized Resource Services (SSRS) requests, which are required in advance of a request for out-of-state funding ☐
- Name and location of the out-of-state provider, service description, and explanation of why this provider meets the individual's needs ☐
- The regional center's acknowledgment the out-of-state provider has been informed about Special Incident Report (SIR) requirements per Title 17, 54327(c) ☐
- The regional center's updated/current efforts to locate, develop, or adapt appropriate in-state services and supports ☐
- Update on the initial proposed timeline and plan for transition back to California. ☐

Supporting documentation, including the following:

- Updated comprehensive assessment establishing the identified need can only be met by an out-of-state service, which may include but not be limited to, a Whole Person Assessment, Functional Behavioral Assessment and/or psychological assessment ☐
- Current signed IPP and/or IPP addendum ☐
- Information about the out-of-state residential treatment setting ☐
- Verification of the proposed admission dates in the out-of-state program ☐
- Verification of program/treatment costs ☐
- Verification that the regional center contacted the other state's licensing or certification agency confirming the provider is in good standing and authorized ☐

II. Camp/Social Recreation/Higher Education/Career Development Request

A. Initial Camp/Social Recreation/Higher Education/Career Development Request Checklist:

Requirement	Included

Initial regional center request letter, that includes the following:

- A description of the individual and the services and/or supports needed ☐
- The proposed start and end dates of the out-of-state services and/or supports ☐
- The regional center's rate of payment to be used. If applicable, breakdown of individual/family out-of-pocket costs and costs covered by generic resources ☐
- Results of the Statewide Specialized Resource Services (SSRS) requests, which are required in advance of a request for out-of-state funding ☐
- Name and location of the out-of-state provider, service description, and explanation of why this provider meets the individual's needs ☐
- The regional center's efforts to locate, develop, or adapt appropriate in-state services and supports ☐

Supporting documentation, including the following:

- A current comprehensive assessment establishing the identified need can only be met by an out-of-state service, which may include but not be limited to, a Whole Person Assessment, Functional Behavioral Assessment and/or psychological assessment ☐
- Current Individual Program Plan (IPP) and/or IPP addendum signed by the service coordinator and the individual/representative inclusive of an approved plan for out-of-state service in the individuals' IPP pursuant to WIC sections 4646 to 4648 ☐
- For an SDP request, current signed Person-Centered Plan, Budget and/or SDP spending plan ☐
- Information about the out-of-state service/support and cost(s) ☐

- Verification of the proposed out-of-state program enrollment period ☐
- Verification program tuition fees and/or cost for the enrollment period ☐

B. Extension or Continued Higher Education/Career Development Funding Checklist:

Requirement	Included
Updated regional center request letter (submitted at least 30 days prior to the new period) that includes the following:	
• Reason for the extension/continued funding	☐
• The proposed start and end dates of the out-of-state services and/or supports	☐
• The regional center's rate of payment to be used. If applicable, breakdown of individual/family out-of-pocket costs and costs covered by generic resources	☐
• The proposed start and end dates of the out-of-state services and/or supports	☐
• Results of updated/current Statewide Specialized Resource Services (SSRS) requests, which are required in advance of a request for out-of-state funding	☐
• Name and location of the out-of-state provider, service description, and explanation of why this provider continues to meet the individual's needs	☐
• The regional center's updated/current efforts to locate, develop, or adapt appropriate in-state services and supports.	☐
Supporting documentation, including the following:	
• Updated comprehensive assessment establishing the identified need can only be met by an out-of-state service, which may include mut not be limited to, a Whole Person Assessment, Functional Behavioral Assessment and/or psychological assessment	☐
• Current Individual Program Plan (IPP) and/or IPP addendum signed by the service coordinator and the individual/representative inclusive of an approved plan for out-of-state service in the individuals' IPP pursuant to WIC sections 4646 to 4648	☐
• For an SDP request, current signed Person-Centered Plan, Budget and/or SDP Spending Plan	☐
• Information about the out-of-state service/support and cost(s)	☐
• Verification of the proposed out-of-state program enrollment period	☐
• Verification program tuition fees and/or cost for the enrollment period	☐

III. Medical/Diagnostic Specialties Request

A. Initial Medical/Diagnostic Specialties Request Checklist:

Requirement	Included
Initial regional center request letter, that includes the following:	
• A description of the individual and the services and/or supports they need	☐
• The proposed start and end dates of the out-of-state services and/or supports	☐
• The regional center's rate of payment to be used. If applicable, breakdown of individual/family out-of-pocket costs and costs covered by generic resources	☐
• Results of the Statewide Specialized Resource Services (SSRS) requests, which are required in advance of a request for out-of-state funding	☐
• Name and location of the out-of-state provider, service description, and explanation of why this provider meets the individual's needs	☐
• The regional center's efforts to locate, develop, or adapt appropriate in-state services and supports	☐

Supporting documentation, including the following: ☐

- A current comprehensive assessment establishing the identified need can only be met by an out-of-state service, which may include mut not be limited to, a Whole Person Assessment, Functional Behavioral Assessment and/or psychological assessment ☐
- Current Individual Program Plan (IPP) and/or IPP addendum signed by the service coordinator and the individual/representative inclusive of an approved plan for out-of-state service in the individuals' IPP pursuant to WIC sections 4646 to 4648 ☐
- For an SDP request, current signed Person-Centered Plan and SDP Spending Plan ☐
- Information about the out-of-state service/support and cost ☐
- Verification of the individual's out-of-state service/support, including the dates the service/support will be provided ☐
- Verification of the proposed dates of the out-of-state service/support ☐
- Verification of out-of-state program/treatment costs

B. Extension or Continued Medical/Diagnostic Specialties Funding Checklist:

Requirement	**Included**
Updated regional center request letter (submitted at least 30 days prior to the new period) that includes the following:	
• Reason for the extension/continued funding	☐
• The regional center's rate of payment to be used. If applicable, breakdown of individual/family out-of-pocket costs and costs covered by generic resources	☐
• The proposed start and end dates of the out-of-state services and/or supports	☐
• Results of updated/current Statewide Specialized Resource Services (SSRS) requests, which are required in advance of a request for out-of-state funding	☐
• Name and location of the out-of-state provider, service description, and explanation of why this provider continues to meet the individual's needs	☐
• The regional center's updated/current efforts to locate, develop, or adapt appropriate in-state services and supports	☐

Supporting documentation, including the following:

- Updated comprehensive assessment establishing the identified need can only be met by an out-of-state service, which may include mut not be limited to, a Whole Person Assessment, Functional Behavioral Assessment and/or psychological assessment ☐
- Current signed IPP and/or IPP addendum ☐
- For an SDP request, current signed Person-Centered Plan and SDP Spending Plan ☐
- Information about the out-of-state service/support and cost ☐
- Verification of the individual's out-of-state service/support, including the dates the service/support will be provided ☐
- Verification of the proposed dates of the out-of-state service/support ☐
- Verification of out-of-state program/treatment costs ☐