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**VALLEY
MOUNTAIN
REGIONAL
CENTER**

Life with the Power of Choice and Possibilities

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VALLEY MOUNTAIN REGIONAL CENTER SERVICE STANDARD

EARLY INTENSIVE BEHAVIORIAL TREATMENT POLICIES AND PROCEDURES

The intent of this policy is to institute shared responsibility and collaboration among families, Local Education Agencies (LEA), and the regional center. It applies to Early Intensive Behavioral Treatment (EIBT) initiated for children ages two to five (2-5) with a diagnosis of Autistic Disorder that qualifies the consumer for regional center services.

BASIC VMRC POLICY:

1. VMRC reserves the option of refusing to authorize payment for therapies that are not based on adequate foundation of scientific research as determined by regional center clinical staff.
2. VMRC requires detailed entrance and exit guidelines for any clinical therapy or treatment program.
3. VMRC will not pay for any clinical therapy for an individual who does not meet the program's established guidelines.
4. Services must be effective in meeting the documented needs of a consumer consistent with the Lanterman Act, Title 17 of the California Administrative Code. VMRC will discontinue payment of services only after reevaluation and concurrence by the interdisciplinary team that the services are no longer effective. The consumer will be notified in writing of intent to discontinue payment and have the right to appeal as in any regional center decision.
5. Services funded by VMRC shall be data based, curriculum driven, and provided by appropriately trained and competent personnel.

PROCEDURES:

1. Determination of Appropriate Intervention Option. For Early Start consumers (under age 3), who receive a VMRC accepted “Best Practice” autism diagnosis, the Early Start Service Coordinator will work with the family to explore specific evidenced based Early Start interventions best suited to meet the child and family’s unique needs. For children 3 to 5 years of age, determination of the best intervention option is made by the Individual Education Plan (IEP) team.
2. Individual Family Service Plan (IFSP) / Individual Program Plan (IPP) Development/Individual Education Plan (IEP). Based on all relevant factors including but not limited to family/ care giver priorities and concerns related to the development of the child, direct observation and assessment, the child’s plan shall be written with family and clinical input to reflect the major outcomes expected to be achieved for the child and family. The plan shall identify location of the service and number of hours per week of therapeutic intervention. The plan itself shall be clear about:
 - a. What services are to be provided,
 - b. The actions that are to be taken by each interdisciplinary team member in initiating and sustaining services,
 - c. What actions will be taken by the family,
 - d. Where the services are to be provided and the extent to which natural environments are considered.

Payment for services by VMRC is contingent upon adherence to the policies and procedures contained herein.

3. **IFSP/IPP Implementation.** Active family participation in both the training and implementation phases of therapy is an essential component for an effective interactive education program. The extent of family involvement shall become part of the implementation plan.

The Service Provider / Non-Public Agency (NPA) providing direct or consultative intervention / education to the child shall include but not be limited to Program Director, Clinical Supervisor, Senior Tutor, and Staff Tutors. All personnel working with the child must meet minimum criteria for competence as designated by the VMRC Coordinator of Autism Services.

4. Continuation of Services. The designated team consisting of the parents, Service Coordinator (SC), and Service Provider / NPA, shall meet no later than 90 days after initiation of service, and thereafter as determined by IFSP / IPP team. VMRC will assess the effectiveness of the therapeutic intervention initially no later than three (3) months after start up.

Continuation of service is contingent upon a determination by VMRC clinical and case management staff and the family that there is acceptable movement toward achieving IFSP / IPP outcomes, continuation guidelines and the transitions criteria has been met. If it appears that outcomes are not being accomplished, the family will be asked to request an IFSP or IPP meeting.

VMRC reserves the right to conduct independent assessment at any time.

Families are expected to:

- a. Provide an environment that is conducive to effective program implementation based on existing resources and supports for children receiving intervention in the home.
- b. Participate in parent training workshops / classes relating to the intervention strategy as designated by the vendored Intervention Service Provider / Non-Public Agency (NPA).
- c. Are expected to participate in data collection on a regular basis sufficient to demonstrate implementation of techniques learned in order to assure generalization across environments.

FINANCIAL RESPONSIBILITIES:

1. For all children – over age three (3) the following policy shall be followed:
 - a. The generic agency, (Local Education Agency) should be accessed to provide funding of services for children who qualify for special education services.
 - b. Families are required to provide insurance information to the Non-Public Agency. If insurance, either private or public, funds the program, then Regional Center funding will cease.
 - c. If there is a denial of funding from the insurance provider, the regional center may fund the program if there is clinical need.

2. For children under the age of three (3) who are not receiving services from an LEA, VMRC will pay for 100% of the therapeutic intervention costs for an IFSP approved program except in cases where consumers have private insurance or managed care Medi-cal.

EXCEPTIONS AND APPEALS PROCESS:

As with all VMRC purchased services, if the Planning Team determines that sufficient support exists to request an exception to these standards, a Purchase of Service Exceptions request should be submitted.

VMRC recognizes that there may be occasions when a decision is made by VMRC that may not satisfy the consumer or his / her legally authorized representative. When the consumer or his / her legally authorized representative believes a VMRC decision is illegal, discriminatory or not in the consumer's best interest, an appeal can be made to challenge that decision. All processes shall be in compliance with Welfare and Institutions Code, Section 4700-4730.