

Kern Regional Center  
Board of Directors Meeting Agenda  
February 26, 2019

<b>General Business</b>		
1. Call to Order and Introductions	Action	Oscar Axume
2. Approval/Additions to Agenda	Action	Oscar Axume
3. Meeting Minute Approval for January 22, 2019	Action	Oscar Axume
4. Public Input	Info.	Et al
<b>Unfinished Business</b>		
<b>Reports</b>		
5. Board President Report a. Appointment of New Board Member b. Recommending Amending Bylaws – Bylaw Subcommittee	Info./ Action	Oscar Axume
6. Client Representative	Info.	Roy Rocha
7. Financial Report <b>Handout</b>	Info.	Tom Wolfgram
8. Executive Director’s Report	Info.	Michi Gates
9. Vendor Advisory Committee a. Vendor Advisory Committee Roster Approval <b>Attachment 1</b>	Info./ Action	Mitzi Villalon
10. Staff Report		
A. Respite Needs Assessment Guideline <b>Attachment 2</b>	Action	Shannon Thompson/ Andrew Ante
B. Self Determination <b>Attachment 3</b> C. Community Placement Plan (CPP)/Community Resource Development Plan Update D. Day Care/Dependent Care POS <b>Attachment 4</b> E. Service Standards – Social Skills Training Update	Info./ Action	Cherylle Mallinson
<b>New Business</b>		
<b>Board Training</b>		
<b>Good and Welfare</b>		

Meeting Location and Time:  
Kern Regional Center – Bakersfield Office / Malibu Conference Room  
3200 N. Sillect Avenue, Bakersfield, CA 93308

## Vendor Advisory Committee Roster 2019

Mitzi Villalon, Chairperson, Better Way Services

Gregorio Aguinaldo, Victory Family Services

Iman Killebrew, AIMES SLS

Tamerla Prince, Positive Purpose SLS

Lisa Peterson, Shield Healthcare

Shawn White, Pathpoint

Misty Varner, AIMES Homes

Cindy Clement, Lighthouse BEST Program

Jinny DeAngelis, Desert Area Resources and Training

Mary Ann Hagstrom, ARC-Taft

Richard A. Sikes, MARS Group

Mario Alvarez, As One, Inc

Mike Shain, New Advances for People with Disabilities

Virginia Gantong, Exceptional Family Center

Jeff Popkin, Bakersfield ARC

Suzanne Copeland, Social Vocational Services

Anita Moreno, Express Transit

Megan Romero, California Mentor

Victoria Waugh, Taft College TIL Program

John Noriega, Kern Residential Service

Laura Williams, Valley Achievement Center

Aseneth Casanova, Kern Ranch Homes

Laurie Hughey, Chateau d'Bakersfield

Rhonda Glenn, Kern Adult Program

Damian Bowden, Special Explorers

Lisa Jo Gage, Be The Light SLS

Beth Himelhoch, Inyo Mono Association for the Handicapped

**KERN REGIONAL CENTER  
FAMILY RESPITE  
NEEDS ASSESSMENT GUIDELINE**

**To be completed by the Service Coordinator in consultation with the Consumer family  
(for internal use only)**

DATE \_\_\_\_\_ Request is for:  New/Initial  Annual  Change (increase/decrease)  Additional hrs (Time Limited)

CLIENT NAME \_\_\_\_\_ UCI \_\_\_\_\_

DOB \_\_\_\_\_ AGE \_\_\_\_\_ SC \_\_\_\_\_

Number of hours requested by family: \_\_\_\_\_ Current Hours Authorized: \_\_\_\_\_

- Number of siblings/others in the home receiving respite? \_\_\_\_\_
  - Current hours Authorized: \_\_\_\_\_ FCPP eligible? \_\_\_\_\_

Diagnosis: Mild Moderate Severe Profound Autism CP Seizure

Other \_\_\_\_\_

**DEFINITION OF RESPITE:** *Respite Services* means intermittent or regularly scheduled temporary care and/or supervision of a child or adult with a developmental disability whose needs exceed that of a consumer of the same chronological age without developmental disabilities (W&I Code 4686.5 (1)). *In-Home Respite Services* are provided in the family home. *Out-of-Home Respite Services* are provided in licensed residential facilities. Respite is not intended to provide for all supervised care needs of the family, it is a supplement to the family's responsibility for care. Respite is not daycare (W&I Code 4686.5 (4)). Respite services are support services which typically include:

- Assisting the family members to enable an consumer with developmental disabilities to stay at home;
- Providing appropriate care and supervision to protect that person's safety in the absence of a family member(s);
- Relieving family members from the constantly demanding responsibility of providing care; and
- Attending to basic self-help needs and other activities that would ordinarily be performed by the family member.
- After the completion of designated training, in-home respite may include a provision of incidental medical services (W&I Code 4686).

**NOTE:** *A reassessment of a family's respite need should be conducted whenever significant changes occur in the consumer's skills or functioning level, family dynamics, or as alternative respite resources are identified.*

**I. ADAPTIVE SKILLS**  Not Applicable

- 2 Consumer requires daily supervision with dressing, eating, grooming, and assistance with toileting.
- 5 Consumer requires daily assistance with **verbal (reminders) with occasional physical prompts** with dressing, eating, grooming, toileting, etc.
- 7 Consumer requires total care (**hand over hand assistance with helpful movements**) in some aspect of dressing, eating, grooming, toileting, etc.
- 10 Consumer requires total care, is not capable of self-care in any activity of daily living.

**II. SAFETY AWARENESS SKILLS**  Not Applicable

- 6 Consumer requires someone nearby during waking hours to prevent injury or harm in public settings.
- 9 Consumer requires someone nearby during waking hours to prevent injury/harm in all settings.
- 12 Consumer is non-verbal and/or non-ambulatory and requires supervision during waking hours
- 15 Consumer requires supervision during sleeping hours to prevent injury/harm due to sleep irregularities, behavior challenges and/or high level of health care needs

III. **MOBILITY**       Not Applicable

- 2      Consumer is mobile but may need some help or adaptive equipment (e.g. walks with a walker independently, walks with crutches/braces, seizure disorder etc.)
- 3      Consumer uses a wheelchair independently, is able to transfer independently, able to get on and off toilet and/or in and out of bed, etc.)
- 4      Consumer is mobile only with assistance and special equipment (e.g. requires lifting in and out of standard wheelchair, onto special toileting equipment and/or in and out of bed, etc.)
- 6      Consumer is immobile and incapable of independent movement (e.g. must be turned, unable to sit in a standard wheelchair, requires special lifting equipment, etc.)

IV. **DAY PROGRAM**       Not Applicable

- 1      Consumer attends school, day or after school program more than 30 hours per week, or the consumer is able to attend an appropriate day program or school program, but the consumer/family chooses not to attend/participate.
- 2      Consumer currently attends school, day or after school program more than 30 hours per week, however, caregiver(s) are at work while consumer attends school, day or after school program.
- 3      Consumer attends school, day or after school program 15 to 29 hours per week.
- 4      Consumer attends school, day or after school program less than 15 hours per week.
- 5      Consumer has been suspended/expelled from school, day or after school program, or there is no day program available which can meet the Consumer's needs.

V. **MEDICAL NEEDS**       Not Applicable

- 3      Consumer has minimal health problems requiring little intervention (e.g. regular medication schedule, nebulizer treatment on an occasional basis but not during respite hours, seizure disorder requiring little to no caregiver support.)
- 4      Consumer has health problems or conditions requiring medical appointments 1 to 2 times per month.
- 6      Consumer has frequent illnesses or a condition requiring medical appointments 3 or 4 times per month or general over site and monitoring on a daily basis, (e.g. preparation of special diet, apnea monitor used as a precautionary measure, frequent turning, etc.). Explanation required: \_\_\_\_\_  
\_\_\_\_\_
- 7      Consumer requires almost constant attention to medical conditions or procedures (e.g. seizure disorder requiring continual monitoring or immediate caregiver involvement, apnea episodes several times per day, multiple medication management, occasional suctioning at times other than respite hours, etc.). \*\* To score a value of 5 on this section the family must demonstrate active participation in the care of the consumer and follow-up on medical appointments. Explanation required: \_\_\_\_\_  
\_\_\_\_\_

VI. **BEHAVIORAL NEEDS**       Not Applicable

- 3      Consumer engages in some behavioral excesses such as restiveness to changes, environments, or situations; hyperactivity; inappropriate community behaviors; aggression towards others (no physical injury), minor destruction of property, self-injurious behavior (no injury), and/or eloping no more than twice per month
- 6      Consumer engages in aggression towards others (not causing significant harm), minor destruction of property, self-injurious behavior (no medical attention needed), and/or eloping on a weekly basis
- 9      Consumer engages in aggression towards others (no injury); minor destruction of property; self-injurious behavior (no injury); eloping; and/or extreme restiveness, hyperactivity, and/or inappropriate community behavior on a daily basis

- 12 Consumer engages in *either*
  - a. 2 of the following on a weekly basis: aggression towards others (potentially or successfully causing harm), major destruction of property, self-injurious behavior (causing injury), and/or eloping; *OR*
  - b. 1 of the following on a daily basis: aggression towards others (potentially or successfully causing injury), major destruction of property, self-injurious behavior (causing injury), and/or eloping

15 Consumer engages in at least 2 of the following on a daily basis: aggression towards others (potentially or successfully causing harm), major destruction or property, self-injurious behavior (causing injury), and/or eloping. Consumer must be actively involved in a behavioral management program, or otherwise receiving treatment, to address these listed behaviors.

Explanation of Value Selected:

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**VII. FAMILY SITUATION**

- 1 Consumer is a member of a **two-parent** family.
- 3 Consumer is a member of a **one-parent** family/or lives with extended family.
- 4 Consumer is a member of a **two-parent** family and one parent has a developmental disability.
- 7 Consumer is a member of a **two-parent** family and both parents have a developmental disability, or primary caregiver is in treatment for acute psychiatric care or has serious health complications.
- 9 Consumer is a member of a **one-parent** family and parent has a developmental disability, or primary caregiver is in treatment for acute psychiatric care or has serious health complications.

**Other Considerations** – Any Changes or Additional Hour Requests require SC comment:

*“Is there anything else you would like Kern Regional Center to consider when reviewing this request?”* (ex: activities of other children, health concerns, hobbies)

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**FAMILY RESPITE NEEDS ASSESSMENT SUMMARY SHEET**

Values from Guideline

- 1. ADAPTIVE SKILLS \_\_\_\_\_
  - 2. SAFETY AWARENESS \_\_\_\_\_
  - 3. MOBILITY \_\_\_\_\_
  - 4. DAY PROGRAM/AFTER SCHOOL PROGRAM ATTENDANCE \_\_\_\_\_
  - 5. MEDICAL NEEDS (A value of 6-7 requires an explanation of need) \_\_\_\_\_
  - 6. BEHAVIORAL NEEDS (A value of 12-15 requires an explanation of need) \_\_\_\_\_
  - 7. FAMILY SITUATION \_\_\_\_\_
- TOTAL VALUE: \_\_\_\_\_

Less Other Generic Resources for Consideration:

Number of county funded respite hours or assistance with daycare \_\_\_\_\_  
 Number of hours awarded by IHSS \_\_\_\_\_  
 Is family/Consumer receiving SSI? Yes  No  Monthly amount received? \_\_\_\_\_  
 Is family/Consumer eligible for EPSDT support? Yes  No   
 Is family eligible for ECHO Military Benefit? Yes  No   
 Is family eligible for Exceptional Family Member Program (EFMP) Military Benefits? Yes  No   
 Is Consumer eligible for Nursing Facility (NF) Waiver? Yes  No

Hourly Rate Respite:

18-21 points	10 hours per month
22-25 points	15 hours per month
26-29 points	20 hours per month
30-33 points	25 hours per month
34-37 points	30 hours per month
38-41 points	35 hours per month
42-45 points	40 hours per month
46-49 points	45 hours per month
50+ points	50+ hours per month

**TOTAL HOURS APPROVED:** \_\_\_\_\_

\_\_\_\_\_  
 Director of Client Services Date

\_\_\_\_\_  
 Service Coordinator Date

\_\_\_\_\_  
 Program Manager Date

\_\_\_\_\_  
 Other (KRC Title): Date

**DEPARTMENT OF DEVELOPMENTAL SERVICES**

1600 NINTH STREET, Room 240, MS 2-13  
SACRAMENTO, CA 95814  
TTY (916) 654-2054 (For the Hearing Impaired)  
(916) 654-1897



February 14, 2019

TO: REGIONAL CENTER EXECUTIVE DIRECTORS

SUBJECT: SELF-DETERMINATION PROGRAM: "TRAIN-THE-TRAINER" FOR PARTICIPANT ORIENTATION SESSIONS

This correspondence supersedes the Department of Developmental Services' (Department) January 28, 2019, correspondence to Regional Center Executive Directors. The Department has added an additional date and location to the "train-the-trainer" series.

To prepare for the delivery of Self-Determination Program (SDP) Orientation presentations to SDP participants, the Department will conduct a series of "train-the-trainer" sessions for regional center staff and SDP local volunteer advisory committee members. The train-the-trainer session dates and locations are provided below. It is expected that Orientations for participants will begin within 60 days after these training sessions.

The train-the-trainer sessions will provide a foundation to assist with conducting the SDP Orientation sessions. This training includes information that must be incorporated in all Orientations, such as the principles of self-determination, the role of the financial management services provider and independent facilitator, person-centered planning and development of the individual budget. Prior to SDP Orientations, regional centers should work with their local volunteer advisory committees to determine if modifications to the materials are needed from the train-the-trainer sessions.

The train-the-trainer sessions are open to regional center staff and local volunteer advisory committee members. Training dates and locations:

- 1) Alta California Regional Center  
2241 Harvard Street, Suite 100  
Sacramento, CA 95815  
Tuesday, February 19, 2019; 10:00AM – 5:00PM
  
- 2) San Gabriel/Pomona Regional Center  
75 Rancho Camino Drive  
Pomona, CA 91766  
Monday, February 25, 2019; 9:00AM – 4:00PM

Regional Center Executive Directors  
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- 3) San Andreas Regional Center  
6203 San Ignacio Avenue, Suite 200  
San Jose, CA 95119  
Friday, March 1, 2019; 9:00AM – 4:00PM
- 4) Central Valley Regional Center  
5441 West Cypress Avenue  
Visalia, CA 93277  
Monday, March 4, 2019; 9:00AM – 4:00PM
- 5) South Central Los Angeles Regional Center  
2500 S. Western Avenue  
Los Angeles, CA 90018  
Friday, March 8, 2019; 9:00AM – 4:00PM
- 6) Redwood Coast Regional Center \*NEW\*  
1116 Airport Park Boulevard  
Ukiah, CA 95482  
Friday, March 15, 2019; 9:00AM – 4:00PM

Please R.S.V.P. to [sdp@dds.ca.gov](mailto:sdp@dds.ca.gov) at least one week prior to the date of the training with the names and email addresses of attendees and the training location. Also, please include any requests for translation. The capacity at each location may require limitations on the number of attendees from each regional center and local volunteer advisory committee, if necessary.

If you have any questions, please email [sdp@dds.ca.gov](mailto:sdp@dds.ca.gov).

Sincerely,

*Original signed by:*

BRIAN WINFIELD  
Chief Deputy Director

cc: Regional Center Administrators  
Regional Center Chief Counselors  
Regional Center Community Services Directors  
Association of Regional Center Agencies  
State Council on Developmental Disabilities  
Nancy Bargmann, Department of Developmental Services  
Patti Mericantante, Department of Developmental Services  
Jim Knight, Department of Developmental Services



**Kern Regional Center**  
**Purchase of Services Guidelines**  
**DAY CARE/DEPENDENT CARE**  
**Vendored Under Service Code 851**

**Definition:** Day care services mean services that provide appropriate non-medical care and supervision, while parent is engaged in employment outside of the home and/or educational activities leading to employment, to ensure the consumer's safety in the absence of family members. Day care/Dependent care services will attend to the consumer's basic self-help needs and other activities of daily living including interaction, socialization and continuation of usual routines, which would ordinarily be performed by the family member. Day care services can be provided by a licensed family day care agency, a licensed childcare center, preschool, or FMS if eligible.

Working parents face many challenges as they strive to balance competing priorities and responsibilities. One issue may be securing day care for children not yet old enough to attend school (0-5) and after school day care for school age children (6-17) who require supervision. Locating a program with trained and reliable caregivers, safe environments, stimulating activities, peer groups for social interactions, convenience for the home/work/home commute and availability is a goal for many families.

For parents of children with a developmental disability, the arranging for such care may pose additional challenges such as finding persons and community programs to accept their children and who are experienced with the specialized care, which is necessary. Families may also face a unique issue of securing supervision for an adolescent son/daughter (age 13-17) after a school program.

The cost of supervision over and above what a family would pay for a non-disabled child of a certain age may be funded by the Regional Center pursuant to Lanterman Developmental Disabilities Act, Section 4659, 4646.4 (a)(4) and 4685 (c) (6). Section 4685 (c) (6) states: "... the regional center may pay only the cost of day care services that exceeds the cost of providing day care service to a child without disabilities. The regional center may pay in excess of this amount when a family can demonstrate a financial need..." In reviewing requests to fund day care, the responsibility of the day care provider to meet the needs of the client under the ADA and other laws, the cost effectiveness of the proposed day care and the financial means of the parent(s).

**KRC may assist with a portion of the cost of day care when the following criteria are met:**

- 1) The parent of a single-parent household or both parents of a two-parent household are engaged in full time employment or vocational training and providing such support will enable the continuation of employment/training. *(Documentation to verify employment and hours of employment must be provided annually for parents who are employed full time and semi-annually for parent(s) enrolled in vocational training or continuation of education that includes enrollment of classes and schedule along with proof of attendance.*

- 2) The child's needs require specialized care which is in excess of that provided to a nondisabled children of the same age (such as medical equipment and care which require specialized training, behavior such as self-abuse, assault, aggression, significant assistance with self-help task, supervision when older than 13 years of age)
- 3) Such care is not available to the family through usual resources found in communities at usual cost (such as childcare centers, neighborhood school, churches, YMCA, etc. whose fees are customary for the area and service provided.) *Documentation from generic resource indicating they are unable to serve the child is required annually.*

For older children (ages 13-17), resources that may be available include generic financial support of Supplemental Security Income (SSI) and In-Home Supportive Services (IHSS) **must** be explored and pursued to address the need for supervision before dependent care services is requested from Kern Regional Center.

Families will be subjected for Family Cost Participation Program if they are utilizing KRC funded day care services.

**Kern Regional Center**  
**Service Standard**  
Vendorization Expectations and Requirements  
Social Skills Training  
**Vendored Under Service Code 028**

**Definition:**

Social Skills Training (SST) is a behavior service that promotes the development of interpersonal and communication skills necessary for successful interactions within home, community and peer group settings. The objective of this service is to teach critical elements that comprise social skills as a whole. Some of these elements include but are not limited to, eye contact, listening, sharing, turn taking, greetings, interpreting facial expressions, making friends, initiating and maintaining conversation, self-advocacy and otherwise developing cooperative and meaningful social interactions with others. Developing these important skills in turn, may maximize an individual's potential across environments and increase the likelihood of successful integration within their community. Learning occurs via direct teaching of integrated social/play activities and the social communication skills needed to be successful in social interaction. SST is a short-term (6 months), evidence-based service with focused and time-limited teaching objectives that typically occur in small groups (2-6 clients). Group members should be similar in age, diagnoses, and goals. Given the group setting, the following criteria increases the likelihood of success: strong motivation for social interaction, low average to high cognitive ability, absence of behavior excesses that interfere with group learning and well developed communication (vocal or otherwise). Groups use direct instruction, role-playing, rehearsal and other evidence-based practices to promote social learning.

Parent participation is required for social skills training programs to be successful. Parent participation may include attending parent consultation sessions, completing homework assignments, team meetings, community based instruction, and the generalization and maintenance of skills.

**SST programs:**

- are supported by evidence based (peer-reviewed) research
- are conducted by qualified professionals
- provide outcomes that are defined, measured and used to ensure effective time-limited programming
- have clear entry criteria including, but not limited to, consumer age, diagnosis and level of functioning
- must include parent training in order to ensure maintenance and generalization of skills, as well as facilitation of social skills development over time

**Child Groups (Up to 12 years old):**

Treatment for this age range typically targets the social/play milestones that foster immediate independence in the child's natural social setting. Evidence based practices for this age range include antecedent based interventions, differential reinforcement, naturalistic interventions, parent implemented interventions, peer mediated instruction, PECS, pivotal response training, self management, social narratives, task analysis, video modeling, and visual supports.

### **Teen Groups (13-17 years old):**

The focus of social skills training for this age range is to target the social skills necessary for the individual to function as independently as possible in the natural social environment. Goals targeted should include skills that are functional and include an emphasis on skill generalization across settings.

Evidence based practices for this age range include antecedent based interventions, differential reinforcement, naturalistic interventions, parent implemented interventions, peer mediated instruction, PECS, pivotal response training, self management, social narratives, task analysis, video modeling, visual supports and role-play of social scenarios.

### **Transition Age Groups (18-22 years old):**

The focus of social skills training for this age range is to target the social skills necessary for the individual to function as independently as possible in the natural social environment. Goals targeted should include skills that are functional and include an emphasis on preparation for social interaction in the least restrictive adult setting.

Evidence based practices for this age range include prompting, community based instruction, self-management, and role-play of social scenarios.

Age ranges serve as guideline, but may vary depending on individual consumer needs. Upon completion of a consumer's participation in a Child or Teen group, the Planning Team may consider assessment of the need for Social Skills Training in an older age grouping.

### **Requirements for agencies seeking vendorization:**

- Vendors providing Social Skills Training may work as a group practice utilizing staff that qualify as an Adaptive Skills Trainer (Title 17, §54342(a)(3)) or as a Bachelor's Level Social Skills Trainer.
- Adaptive Skills Trainer shall possess, at minimum, a Master's Degree in education, psychology, counseling, nursing, social work, applied behavior analysis, behavioral medicine, speech and language, or rehabilitation. The vendor must have, at minimum, one (1) years' experience in the design and implementation of social skills training plans and/or group instruction.
- Has successfully completed one or more graduate level courses related to teaching skills to persons with developmental disabilities.
- Bachelor's Level Social Skills Trainers shall possess a Bachelor's degree in education, psychology, counseling, nursing, social work, applied behavior analysis, behavioral medicine, speech and language, or rehabilitation. This level of Social Skills Trainer must have at minimum one (1) years' experience in a group-learning environment and training specific to social interaction.
- If the vendor will function as a Group Practice (Title 17 Section 54319), staff shall meet the qualifications of a Behavior Management Technician (BMT). A BMT shall possess a high school diploma or the equivalent, complete 30 hours of competency-based training designed by a Certified Behavior Analyst within six (6) months from the date of hire, and have six (6) months experience working with persons with developmental disabilities; **or** possess an Associate's Degree in either a human, social, or educational services discipline, or a degree or certification related to behavior management from an accredited community college or educational institution, and has six (6) months experience working with persons with developmental disabilities.
- The vendor shall use a Board Certified Behavior Analyst (BCBA) to develop the competency-based training and oversee the development of social skills plans. The BCBA may be used in a consultant capacity.

**Attachment 5**

- If the vendor will function as a Group Practice (Title 17 Section 54319) which utilizes trained BMT level staff (that do not meet Title 17 requirements for Service Code 605), supervision must be offered at a minimum of one (1) group session per month. The supervision hours provided shall not be billed as separate hours of service as they are included in the rate for direct service. In addition to the supervision provided, the Social Skills Trainer will review and cosign all update reports completed by the BMT staff. The BCBA will be responsible for conducting the assessment, drafting the assessment report, and developing the plans for group instruction.
- The vendor shall indicate in their reporting what level of staff is conducting the intervention.
- Can meet all of the requirements set forth by KRC within the vendorization process outlined in Title 17 of the California Code of Regulations; including, but not limited to:
  - Vendor Criteria Committee Interview
  - Vendor Orientation
  - Program Design
  - SIR Training
  - Accounting Training

#### **Expectations for SST programs:**

- The vendor shall follow all applicable regulations.
- The program utilizes evidence based practices and is based on a written curriculum that specifies the skills to be taught and the outcomes to be achieved\*
- Is administered by qualified professionals, with approved levels of oversight
- Develop and address observable and measurable objectives in the consumer's IPP
- Provides measurable improvement in social skills using a curriculum based assessment or a standardized measure of progress \*
- The vendor shall follow the standards noted in WIC Section 4686.2 regarding the provision of applied behavior analysis (ABA) services to include, but not limited to, the following:
  - The vendor shall develop an intervention plan that shall include the service type, number of hours, and parent participation needed to achieve the consumer's goals and objectives, as set forth in the consumer's IPP or IFSP. The intervention plan shall also set forth the frequency at which the consumer's progress shall be evaluated and reported.
- The intervention shall provide measurable improvement in identified IPP objectives. These improvements will be documented in quarterly update reports that follow the report writing requirements previously adopted by KRC and attached to these Service Standards.
- Requires active parent participation and training

\*Approach, curriculum, and assessment tools must meet requirements set forth by the National Standards Project, National Professional Development Center on ASD, and be reviewed by KRC clinical team.

#### **Amount of Service:**

- **Assessment** - The initial assessment for a SST program is limited to a maximum of 8 hours but in some cases can be completed in less than 8 hours.
- **Determination of Hours** - The initial amount of Social Skills Training will be a minimum of one (1) session per week for 60-90 minutes for six (6) months, depending on the approved program design and curriculum. The program may

SST Service Standards 2/7/19

be extended an additional **six (6) months** if reasonable progress is demonstrated and the client continues to have significant social impairments. Requests for extensions must be accompanied by a progress report from the provider. The progress report must contain objective measures of skill acquisition and demonstrate measurable progress towards IFSP/IPP goals.

- **Non-billable Time** - KRC will not reimburse vendors for the time spent preparing reports or conducting internal staff meetings regarding consumers that occur outside of the presence of the consumer and/or their parents/guardians. Billable time is solely face-to-face consumer time.
- The vendor shall follow the requirements of Title 17 as they relate to billing for services rendered, specifically, but not limited to, the following:
  - § 54302 (a)(27) "Direct Services" means hands-on training provided by the vendor in accordance with the requirements of the consumer's Individual Program Plan and the provisions of Section 56720 (Consumer IPP Documentation) of these regulations
  - § 57210 (a)(3) "Direct Service Hours" means the number of hours during which direct services are provided to consumers by direct care staff to meet the objectives of the program design pursuant to Section 56712 or 56762...
  - § 54302 (a)(72) "Unit of Service" means the increment of service provided to consumers which is used to charge and invoice the regional center for services provided. The increment of service is specified as hours, days, transportation mileage or any other increment of service agreed to by the Department, regional center and the vendor
  - § 54326 (a)(10) Bill only for services which are actually provided to consumers and which have been authorized by the receiving regional center...
  - § 54326 (a)(11) Not bill for consumer absences for nonresidential services...

**Key Considerations for KRC Purchasing SST services:**

1. Differentiate between Social Skills Training and Social Recreation. The Lanterman Act requires that parents cover the costs of social leisure and recreation activities (as opposed to Social Skills Training) and related equipment for their children with disabilities as they would for children without disabilities
2. If making a referral for any consumer, parents/guardians must utilize what is available through their insurance provider to cover this service. A written denial from the insurance provider is required prior to KRC funding of the service.
3. Parents shall complete Behavioral Parent Training (**16 Hour Parent Training**).
4. An awareness of and sensitivity to the life style and cultural background of the child and family as it may relate to a behavioral approach
5. The family understands the impact, potential outcomes and risks of the intervention
6. Ability of the program to promote the child's integration into the school and community
7. Social Skills Training cannot serve as respite, daycare, school or emergency/crisis services
8. The selected service provider is qualified to address the need(s) and is available to provide the service
9. For children over age 3 years, the Service Coordinator must be aware of educational resources and the offer of Free and Appropriate Public Education (FAPE) which must be accessed prior to regional center funding. Should a family choose to decline the offer of FAPE the regional center is not allowed to supplant

- educational hours.
10. There is adequate support surrounding the consumer to ensure participation, maintenance, and generalization of skills. An important element of these programs is providing parents with the skills necessary to promote ongoing teaching and reinforcement of effective social skills
    - a. Parents/guardians have the willingness and ability to fully participate in the program
    - b. Parents/guardians understand they are responsible for transportation to Social Skills Training programs
  11. Social Skills Training is provided in a group format. Consider consumer's current skill level prior to referring to social skills training, including prerequisite skills for learning in a group environment. Specifically, the following criteria increases the likelihood of success: strong motivation for social interaction, low average to high cognitive ability, absence of behavior excesses that interfere with group learning and well developed communication (vocal or otherwise)
  12. Social Skills Training goals do not duplicate goals within any other type of service (for example Early Autism Treatment) funded by KRC and/or the School district. The intent of Social Skills Training is to supplement rather than supplant the learning opportunities presented by schools, parents and other natural supports. Total programming hours shall not exceed forty (40) hours per week.
  13. Proposed interventions must conform to all local, state and federal statutes in addition to the policies and codes of ethical conduct of relevant professional organizations
  14. Participation in typical community activities and organizations such as Boy Scouts, Girl Scouts, Boy and Girls Club, YMCA and YWCA, sports and hobby groups is encouraged. The Service Coordinator shall consider these options prior to the purchase of Social Skills Training.
  15. Participation in less integrated activities such as Special Olympics, bowling teams, dances and parties offered by Parks and Recreation and by developmental service organizations is also encouraged. The Service Coordinator shall consider these options prior to the purchase of Social Skills Training.

### **Technical Support**

All services provided by KRC vendors must comply with approved standards of care and treatment and be within the scope of the approved program design and intended parameters of the service code. Any issues or questions arising related to these standards, or deviations from the intended use of the service shall be referred to the Community Services and Supports Department for a Quality Assurance review and technical assistance.

### **Termination of Service**

Upon completion or termination of Social Skills Training services the Service Coordinator shall cancel any open POS.

### ***Termination of Social Skills Training will occur when:***

1. Services under this procedure are terminated upon either completion of special or regular education or as determined by age (18-22)
2. The objectives identified by the provider in the assessment report are met
3. There is documented evidence that reasonable progress is not occurring
4. The course has ended as outlined in the provider's program design
5. The parent /guardian's knowledge of Social Skills Training has improved such

that program participation is no longer warranted. The parent's/guardian's knowledge can be measured by:

- a. the consumer's progress and demonstration of acquired skills; or
  - b. meeting the training competency criteria developed by the service provider
6. The consumer and/or parent is unable to follow the service provider's attendance policy
  7. The parent or adult consumer wishes to terminate the service
  8. There is inconsistent follow through by family member/care provider
  9. The health or medical condition of a consumer deteriorates to a level that precludes program participation
  10. Consumer reaches upper age limit of provider's program design

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