

The California Budget 2009- What it means for your child with autism Adapted from Area Board 10

Caroline Sandberg Wilson, RN, BSN
CEO, Autism Society of Los Angeles

These cuts are real and will have an impact on you, your child and family

The Budget-

1. Regional center- 2009 budget cuts as they relate to regional centers:

- \$334 million cut in POS *plus* 3% payment reduction for regional centers' operations and to rates for service providers
- \$334 million cut based on "flat" budget allocation
-meaning, it's the same amount as last year though more people are now regional center consumers
- Changes and cuts in services went into effect 8/1/09.

Regional Centers must still issue written 30 day notice of intent to change services in your IPP.

2. Changes to Early Start Services

- Eligibility is restricted
- "High risk" infants and toddlers will no longer be eligible for Early Start will be eligible for a new state-funded prevention program available at every regional center
- Limited to case management and information & referral to other agencies

Appeal Strategies: Only basis for appeal is to show that child can qualify under another category, e.g., has an "established" risk condition"

To qualify for Early Start services under the category of having a developmental delay:

- If the child is under 24 months, the delay must be at least 33% in one developmental area
- If the child is over 24 months, the delay must be 50% in one developmental area or 33% in two areas
- The age of child at time of initial referral will be the age for consideration of eligibility

Appeal Strategies: If there is disagreement, ensure thorough and accurate assessments to document nature and extent of delays

3. **Regional centers will no longer fund services that aren't required by the federal government**

- Day care
- Diapers
- Respite not related to the developmental delay
- Interpreters/translators

- Genetic counseling
- Most medical services, except for durable medical equipment

Appeal Strategies- None under Early Start Program Can access these services if child is qualified as eligible for services under state Lanterman Act

4. **Priority will be given to funding integrated neighborhood preschools with regional center funded supports** rather than specialized infant development programs established for children with special needs

Appeal Strategies: Must be able to document that child's needs can only be met by utilizing a "segregated" infant development program

5. **Use of Private Insurance**

Families in Early Start will be required to ask private insurance or health care service plans to pay for medical services covered under the insurance or plan

6. **Intake and assessment remain free**

7. **Changes to Non-Medical Services & Therapies**

- Group training for parents on behavioral intervention techniques
- At the IPP/IFSP, regional centers will be required to consider group training in lieu of providing some or all of in-home parent training component of behavior intervention services
- This requirement applies to children served under Early Start as well as under the Lanterman Act

Appeal Strategies: Document why group instruction will not adequately address the problem. For example: the child's maladaptive behaviors pose potentially dangerous consequences (self-injury, running away, danger to younger sibling, etc.). May need to document that delay in convening the class is unacceptable, the lack of classes in parent's primary language, inability of parent to benefit from classroom instruction.

8. **Limitations on who/what/how much for Intensive Behavior Intervention (IBI) and ABA**

- ABA & IBI can only be purchased from vendors who use evidence based practices that promote positive social behaviors
- Parents must participate
- Cannot be used for respite, day care, school or solely as emergency crisis services
- Services will be discontinued when goals are achieved
- ABA & IBI to be evaluated by regional center every six months

Appeal Strategies: Document how ABA/IBI is improving your child's social interactions, learning, etc. Ensure goals are appropriate and that there are no other goals you want your child to achieve

9. **Camp services, social recreation services, educational services and nonmedical therapies (art, music, equestrian, aquatic, gymnastics) are being "suspended"** – meaning regional centers will no longer fund these services but the state "may" reinstate funding at some time in the future

Appeal Strategies: An exception may be made when: “the service is a primary or critical means for ameliorating (improving) the physical, cognitive, or psychosocial effects of the consumer’s developmental disability”

OR

the service is essential to maintaining the person in his home and no other alternative service is available. Additionally, in some cases may be possible to redefine the service as medical in nature – for example, aquatic therapy in some cases serves as a physical therapy modality for people with cerebral palsy Recommend getting physician documentation.

10. Respite services will be limited

- Out of home respite will be limited to a maximum of 21 days per year
- In-home respite will be limited to a maximum of 90 hours per quarter (30 hours per month)
- Respite cannot be used for day care

Appeal Strategies: An exception may be made if one of the following applies:

- “the intensity of the consumer’s care and supervision needs are such that additional respite hours are needed to maintain the consumer in the family home” **OR**
- “there is an extraordinary event that impacts the family member’s ability” to care for the consumer

11. The least costly provider who can deliver the needed service (transportation costs included) shall be used unless it is a more restrictive or less integrated service than currently utilized

Appeal Strategies: Must be able to document that the proposed provider cannot accomplish the goals identified in the IPP or properly address the needs. May need to demonstrate that the proposed provider does not have appropriate training, language capacity, peer group, physical site needs or other specifics that apply to the particular consumer.

Changes to General Standards

1. Regional centers cannot fund experimental or unproven therapies or devices

Appeal Strategies: Must demonstrate that the requested service is not experimental, that there is a body of peer-reviewed evidence of its effectiveness and that it works for the individual with developmental disabilities

2. Transportation services will be limited:

- If a consumer can use public transportation, s/he will be assisted to do it instead of purchased special transportation
- The least expensive transportation option that meets need will be used. The closest service that meets needs will be purchased. Families will be expected to provide transportation for minors and those who cannot, will have to document why.

3. Regional centers may not pay services if alternative coverage is available

(Medi-Cal, Medicare, CHAMPUS, private insurance, CCS, IHSS), but chosen not to be used. This also applies to children served under Early Start.

Appeal Strategies: Regional centers can require the consumer to appeal a denial from one of these alternative insurers unless they determine that the appeal has no merit. Accordingly, one should document how there requested service/treatment is clearly outside the accepted

coverage available from the insurer. (Note: the new language does not require consumers to exhaust every existing generic resource if they clearly do not qualify for the requested service.)

4. **Supported living providers must help consumers get IHSS within five days of moving into supported living** (SLS provider will be paid the IHSS rate for IHSS services while waiting for IHSS)
 - Regional centers will not be allowed to pay a consumer's rent (except in limited circumstances)
 - Regional centers will try to get consumers sharing a home to share SLS provider

Appeal Strategies: must show why the same SLS provider does not work for both consumers. If consumer is eligible for IHSS, consumer must use IHSS.

5. **Other changes**
 - Day programs will be closed for a 14 day uniform holiday schedule
 - Day programs will have to offer a senior component for consumers 50 and over who want a different model at a reduced rate
 - In home respite workers will be able to provide new paramedical services Parents of minors living out of home will pay a higher co-pay
 - Quality assurance will change.

6. **Changes to Other Services & Supports**

Adults who receive Medi-Cal are losing coverage for “optional benefits.” These include:

- All dental care
- All optometry – eye exams, eyeglasses, contact lenses
- Mental Health Services/Psychology – visits to therapist
- Audiology – hearing aids
- Podiatry – foot care
- Incontinence supplies
- Acupuncture
- Speech therapy
- Chiropractic services

Appeal Strategies: As the payer of last resort, *regional centers are required to purchase the above services when they are not otherwise available.*

The Department of Developmental Services (DDS) secured additional funds from the Legislature to cover these services – \$7.65 million for dental care; \$4.3 million for the other Medi-Cal benefits; \$20.2 million to replace lost IHSS hours; and \$20.4 million to SSI/SSP recipients who live independently

Some Exciting New Options

- DDS/regional centers will be introducing an **Independent Choice Budget model** to offer consumers the option of self-directing their own services within a reduced, finite budget amount. Stay tuned for information about this plan which will probably roll out in 2010.
- DDS/regional centers will be introducing a **“Custom Endeavors Option”** which is intended to promote employment for people who would otherwise be steered today programs.

How do we move forward?

1. Parents need to become a unified voice.
2. Get involved in the Autism Society and help in our advocacy efforts in Sacramento, create social networking for your children and assist in the creating of support groups.
3. Create a social network for yourself and your child with autism and siblings.
4. Utilize the regional center in connecting to other parents
5. Connect with other parents through Meet up.com

Who Can I Turn to for Help?

Your regional center clients' rights advocate
800/390-7032 to find out who your CRA is
Area Board 10 818/543-4631, ab10@scdd.ca.gov
Disability Rights California (formerly PAI)
www.disabilityrightsca.org 800/776-5746
Your local legislator www.leginfo.ca.gov/yourleg.html

Where Can I Get More Information?

CA Disability Community Action Network (CDCAN) – www.cdcan.us
You can sign up for free, informative newsletters
Rights under the Lanterman Act
disabilityrightsca.org/pubs/50630iindex.htm
Other useful publications
disabilityrightsca.org/issues/services_pubs.html
Disability Rights California (formerly PAI) www.disabilityrightsca.org