

# The IPP Strategy Guide

How to get what you want and need  
from the Regional Center through the  
Individual Program Planning Process



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**First Edition**

**July 2014**

**Rev August 2016**

## **Disclaimer**

The information in this guide, in whole or in part, is not legal advice nor is it intended to be taken as such. Please consult an attorney if you are seeking such advice. If you need a referral to an attorney, please contact SCDD Los Angeles Office for a listing of attorneys who specialize in regional center cases.

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## **A. Introduction**

In the 1960s, under pressure from parents, California legislators decided that the State of California would take responsibility for providing needed services to people with developmental disabilities. They enacted a series of laws that are now referred to as the Lanterman Act to describe how this responsibility would be enacted. The Act contains provisions for every state agency involved, describes what rights people with developmental disabilities have and how this law is to be put into practice. For the person who receives services, the key document described in the Act is the Individual Program Plan, or IPP.<sup>1</sup>

This handbook does not describe the logistics for developing the IPP. That has been well covered in other publications, most notably in “Rights Under the Lanterman Act,” produced by Disability Rights California.<sup>2</sup> Instead, we will discuss strategies for how to get what you need and want from the Regional Center through the IPP process.

Please note that we will use “you” as the person who is receiving services. If you are a parent, it is understood that you are acting on behalf of your child and you will need to

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<sup>1</sup> [http://www.dds.ca.gov/Statutes/LawsRegs\\_Home.cfm](http://www.dds.ca.gov/Statutes/LawsRegs_Home.cfm) - link to the Lanterman Act

<sup>2</sup> Rights Under the Lanterman Act may be found at [www.disabilityrightsca.org](http://www.disabilityrightsca.org)

interpret what is written here through that lens. We will use two shorter terms throughout this handbook. They are:

1. Act = Lanterman Act
2. RC = Regional Center

The following ideas will crop up throughout this handbook in various ways but we have started with them so that you have them planted in your mind before we begin. By the end, you should have a good idea of what is meant by each one of these.

1. The IPP is about you.
2. The purpose of receiving services is so that you can live the life you want.
3. Services and supports come from having a disability-related need.
4. Always be the reasonable one in the room.

## **B. The Program Planning Process**

### **1. Prepare well and use a good tool**

In a good IPP meeting, you will talk in great detail about what you want from your life and what you need to get there. The team will consider your long term hopes and dreams as well as short term goals. There are some good tools available to help you organize your thoughts. One tool you might consider using

is published by the Department of Developmental Services (DDS), the “Individual Program Plan Resource Manual.”<sup>3</sup> If you are able to work through it before your meeting, you should. Ask a trusted friend or family member to go through it with you. If not, ask your service coordinator to use it during your IPP meeting so you can be sure to cover everything. It will take several hours to do this well. If you can’t finish, ask for a second meeting time. The RC has to hold the second meeting within 15 days.

Another important step in preparation is to notify the RC that you plan to record the meeting. You must give them 24-hour’s notice that you will do so.<sup>4</sup> In addition you should plan on taking notes during the meeting. If you need someone to take notes for you, ask someone you trust to come with you to be a note-taker.

## **2. Establish a need**

Services are driven by needs and deficits. It is one of the hard truths about receiving services – you have to focus on your challenges and the ways your disability impacts you. While some portion of the IPP meeting will look at your strengths and skills, these are not what will bring services to you. You will have to take a deep breath, remember that you are not

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<sup>3</sup> <http://www.dds.ca.gov/RC/IPPManual.cfm> - Link to IPP manual from DDS. You can also request a hard copy from your RC or DDS.

<sup>4</sup> Recordings can be very useful if you have to go to hearing to resolve a dispute.

defined by your limitations, and then talk about everything that is hard for you and where you need help.

Establishing needs can happen in a few ways.

Informal methods:

- Review of previous IPP: The meeting usually starts by going back over your previous IPP. Use this review to discuss any ways that your circumstances and needs have changed. Please note, if you have a change of circumstances between your usual IPP meeting dates, you can request an IPP meeting and it must be held within 30 days of your request. You do not have to wait for your next scheduled IPP meeting.
- Discussing what you want: First and foremost the RC must ask you what you want and need. This is an important step in the IPP meeting. Once you have told the team what you want, then there must be a discussion about what you will need to achieve those things. It is important to be specific about your wants or they will just fill in the blanks with generic phrases like, “Janice wants to stay healthy.”

*Example: During a discussion about your health you tell the team that what you really want is to control your weight through exercise and changing your eating habits. Once this is established then the IPP*

*team is able to discuss what you need to achieve those goals and figure out what is available to you to meet them.*

- Record review: RC may review your records, including ones from outside sources such as schools and doctors (with your permission), and from RC-funded vendors. It is important for you to request those records on a regular basis (consider requesting them annually) so that you know what the RC is documenting about your case.
- Informal evaluations: Sometimes a needs assessment must be completed in order to decide the amount and intensity of certain services to be provided.

*Example: If you want to live on your own with supports, the two types of services used by RCs are Independent Living Services and Supported Living Services. The RC will contract with a vendor that offers these services to conduct an assessment of your needs and the type and amount of support that will allow you to live in your own home. Based on this evaluation, the vendor makes a proposal to the RC of how much support you will need and what it will cost to provide the service to you.*

- Team reviews: Sometimes the RC will tell you that a certain decision must be made by a team of professionals at the RC. This team might include a doctor, a



psychologist, a social worker or others who can make recommendations about your case. While they are permitted to review your case and make recommendations based on their expertise, decisions must be made in the IPP meeting and must include you. Ask for a member of the review team who can make decisions to come to your IPP. You can also request to meet with some or all of the review team to understand what they are considering.

#### Formal evaluations or assessments:

- These are used if you have a need for various types of therapy such as behavioral therapy, speech and language therapy, occupational therapy, physical therapy and so forth. A licensed practitioner will have to conduct a thorough evaluation to determine the extent of your need and the amount of services that are recommended.
- It is very important to note that such formal therapeutic interventions are most often covered by health insurance and/or school districts, if you are still in school. The RC usually only funds for these types of therapies for children under the age of 3 or if you do not have health insurance that covers the needed service. However, the RC can help you identify the need and assist you in obtaining the service from your health care provider or school district.

RC's role in helping you access services from other entities like this will be covered in Section B.4.

### **3. Get the right services to meet your needs**

During your IPP meeting, once your needs have been identified, you will discuss how to get those needs met. There are various ways this can happen. You must understand that the RC is not obligated to fund all of them. What the RC must do is to help you find ways of getting your needs met.

- Generic Resources: These are resources that are required to provide certain services to anyone who qualifies for them. RCs are not permitted to pay for services that some other organization or agency is obligated to pay for. We will discuss this in more detail later on.
- Natural supports: You may have people who are a part of your life – family, friends, church, clubs, employers etc. who are able to pitch in and help you meet certain of your needs.

*Examples:*

- *Do you need a way to get to Sunday services? The RC may ask you to see if there is someone at your church that can pick you up.*
- *Do you have trouble remembering when your lunch break at work is finished? The RC may see if your*

*employer can assign a coworker to remind you when lunch is finished.*

Certainly, the obligation to provide natural support is greatest for families of minors. There is an expectation that families will use the same resources they would use for typically developing children to support their child with a disability.

Vendored services: These are the services paid for from RC funds. They are considered services of “last resort” because RC acknowledges that no generic or informal alternative is available. They are usually specialized services designed specifically for people with developmental disabilities. When there is no generic resource or natural support available to meet your identified need, and that need is related to your disability then the RC is obligated to pay to have that need met.

As you go through the process of deciding on services, make sure you stand firm on what your needs are but stay flexible on how those needs might be met. You are more likely to get what you need if you take this approach.

## 4. Your need + RC priorities

The Act sets out some priorities for RCs in terms of service provision. RCs must take into account your preferences and wishes. However, within that they have certain priorities:

- Safety: what services do you need to keep you safe?
- Community access: what services will assist you to get out and about, get to know other community members, and participate in your local community?
- Remaining at home: what services will allow you to stay in your preferred living situation? For children, there is a high priority to provide services that keep them living with their own families.

If you understand these priorities, you can work at defining your needs and requests for services in a way that will address them.

## 5. Generic resources and RC obligations

As discussed above, the Lanterman Act is clear that RCs cannot purchase services that another resource is responsible for providing.<sup>5</sup> Here are some examples:

- *School districts are responsible for all of the services that a child with a disability needs that are educationally related*

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<sup>5</sup> WIC Section 4648(a)(8)

- *Health insurers are responsible for medical and many therapeutic interventions*
- *Counties are responsible for low-income housing through Section 8*
- *Cities and counties provide recreation classes for its residents*

However, just because a RC may not be able to pay for a service that someone else is responsible for, there are ways that RCs can help you.

**1. Help getting the service:** RCs are responsible for assisting you when you need it to access these services. If you need help to sign up for Medi-Cal, access Dept. of Mental Health services or get a Section 8 voucher, the RC has an obligation to assist you. The bottom line is this: if you have a need and you don't know how to get that need met, your service coordinator is responsible for helping you get it.

**2. You need more:** If you need more than what that generic resource is responsible to provide, and the need you have is related to your disability, the RC can and should fund it. Here are a couple of examples:

*a. Your child with Down Syndrome is on Medi-Cal and receives dental coverage as a part of that. Because of her disability, she panics and refuses to undergo*

*dental treatment. Medi-Cal will not pay for anesthesia for routine dental treatment and gives you a denial letter to that effect. The RC now must pay for the anesthesia portion of the dental treatment.*

*b. Your 10 year old child has significant behavioral challenges as a result of autism. The school provides good behavioral support and ABA therapy that address his need in school. However, you cannot take your child out on the weekends because of frequent meltdowns. The RC can and should provide behavioral support above and beyond what the school provides because:*

*i. It is not educationally related*

*ii. It is related to your child's disability*

*iii. He needs it in order to access the community like typically developing kids do*

*iv. It is a safety issue*

*c. You are an adult who lives on your own and needs full time support to help you with your personal care, housekeeping etc. You receive some service hours from In Home Support Services but you need more hours than they will pay for. RC must fund for additional hours of support to meet your needs.*

**3. There is a gap:** If there is a delay in the start of services by the generic resource and it is an important service for you to receive right away, RCs may fund the service during that gap. You will need to demonstrate that the delay in services will do you harm.

*Example: Jon has just gotten a job. He can't use regular public transportation and he has applied for Access services which he will need to get to work. Access will take a few weeks to process but he will lose his job if he can't start right away. RC is obligated to fill in the gap by funding transportation until he is able to use Access.*

## **6. Find out what types of services the RC funds**

We are often asked the question: "What types of services do RC's offer anyway? They won't tell us!" There are two answers to this question.

Firstly, one of the best kept secrets of RCs is that they are required to have every vendor they use listed on their website (except for family vendors who provide services for their own family member). If you go to the vendor list published on the RC's website, it should include the name and contact information as well as information on the type of services offered by those vendors. Some RCs even allow you to do a search by the type of service you are looking for. Also, at the

end of this booklet in Appendices A and B you will see the types of services that RCs fund.

So how do you use this information?

- a. Reviewing the vendor list or the list in this handbook may help you see other service options.
- b. Just because a RC has a certain type of service listed on their website does not mean that you are eligible to get that service. Remember:
  - i. You must establish a need for that service
  - ii. The need has to be related to your disability
  - iii. There must be no other entity (generic resource) that is responsible for meeting that need
- c. If you want to learn about a specific service type or vendor, you can use the contact information to find out more.
- d. If you are unhappy with your vendor, you can check the RC website to see who else offers the service you need. Be aware, however, that a RC is not obligated to offer you the vendor of your choice. They are required to choose a vendor that can meet your specific needs for the least amount of money.



The second answer to the question of what services RCs provide is this:

They can provide virtually any service if there is an established need.<sup>6</sup>

If you have a unique need and the RC has no existing vendor or service to meet that need, they are obligated to find a way to get your need met.

## **7. Prepare to Negotiate**

Almost all conversations about services and supports will be a negotiation. Sometimes you might get everything you want and need. More often you will get some of what you want and need. As you get ready for your IPP meeting, think about what you want ideally and then consider what you are willing to settle for. Start by asking yourself this question: “In the best of all worlds, what services and supports would I receive from the RC?” The follow up question is this: “If I can’t get exactly what I want, what can I settle for?” And finally: “Of all the things I want and need, what are the most important to me?”

The value in doing this is two-fold. First, if you have thought through the answers to these questions, you are better prepared to deal with the differences of opinion that will surely arise in an IPP meeting.

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<sup>6</sup> WIC Section 4648(e)

*For example, if you were to say that your family needs 40 hours of respite per month and the RC offers something less, you will have already decided if their offer is good enough or if you will need to fight it.*

Second, it will help you prioritize your service needs. You will know going into the meeting what you can compromise on and what you need to stand firm on. This helps you stay more in control of the process and less likely to fight over things that are less important and hurt your chances of getting the things that are more important.

A key part of having a successful negotiation is by being the most reasonable person in the room. Remember that services are offered based on disability-related needs. The amount of services is based on the intensity of the need. Be sure your requests for services make sense based on your demonstrated need. Another part of this is to check any strong feelings you have at the door and to negotiate calmly and respectfully. If you become frustrated or angry during the meeting, give yourself a “time out” to regain your composure.

## **8. Completing the IPP**

Hopefully by the end of your IPP planning meeting you will have identified all of the following:

- Your hopes, plans and goals

- All of your needs
- All of the ways in which your needs are going to be met
- Who will be responsible for each part of your plan and when each item will be accomplished
- What the RC is responsible to help you with and what they will pay for

The regional center will ask you to sign a page that indicates that you participated in the IPP meeting. *Read this carefully!* Sometimes the page will also say that you agree with the IPP. If it does, make sure to cross that statement out and write in that your signature only means that you attended and participated. As you will see in Section C below, you will want time to review the IPP before agreeing with it.

After the meeting, we recommend that you write a letter to your service coordinator summarizing the important points from the IPP meeting. This is especially important if you have had to work out areas of disagreement.

### **C. The IPP Document**

The final result is the IPP document itself. When you receive it, be sure to read it carefully. Make sure that everything you agreed to in the meeting is in there. This is especially important because this document is a contract. If something is in there that the RC has agreed to do, they are obligated to do

it. Likewise, if it is not written in the IPP, they do not have an obligation.

There are some specific things you should look for in the IPP. It should describe:

- All of the important information discussed at the meeting
- The specifics of what the RC will do for you including how they will help you access generic services
- Timelines and responsibilities, i.e. who will do what and by when
- The services you will receive including the amount of service, such as 5 hours a week or ½ hour per day, and the range of dates when you will receive the services (start and stop)
- Goals that are specific, measurable, attainable, relevant and time-limited (these are called SMART goals)

If you find errors in the IPP document, be sure to notify the RC in writing as soon as possible. Errors are sometimes honest mistakes that are easily corrected. Other times the RC will omit, change or add information and will refuse to change the IPP. In that case you will have to decide what course of action to take. You can decide it isn't important, continue to try to persuade the RC to make the change, or file for a hearing.

You indicate your agreement with all or some of the IPP by signing it. You can agree with all of the IPP, agree with parts and disagree with parts, or disagree with the whole thing. If you disagree with any or all of it, make sure to write out what you agree to and what you disagree with. To resolve the areas you disagree with, you will likely have to file for an administrative fair hearing.<sup>7</sup>

## **D. Reasons that RCs use to deny services and how to get around them**

### **1. Purchase of Services (POS) policies**

Sometimes the RC will deny your requested service because your circumstances do not meet their Purchase of Services (POS) standards.<sup>8</sup> What do they mean by this?

The Lanterman Act requires RCs to have policies that define the scope of services they offer, including the conditions that must be met in order for a person to obtain that service. These policies are approved by each regional center's board and then by the Dept. of Developmental Services. These policies are the guidelines for service decisions and they vary from RC to RC, sometimes quite dramatically. One RC might approve

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<sup>7</sup> For information on resolving disputes, go to [www.disabilityrightsca.org](http://www.disabilityrightsca.org) and look for the handbook, "Rights Under the Lanterman Act." Chapter 12 discusses the process for administrative hearings and complaints.

<sup>8</sup> Every RC must have their POS policies posted on their website

autism therapy only up to the age of 5 and the next one might not put an age limit on it.

The Exception Clause:<sup>9</sup> While it is important to know your regional center's POS policy for the service you are requesting, what they often don't tell you is that every policy has an *exception clause*. In other words, if you can establish a need for a service, and your circumstances put you outside of the POS guidelines for that service, the RC can make an exception with the approval of its executive director.

Here is how one regional center writes their exception:

*Exceptions to the Purchase of Service Policy shall be reviewed and approved by the Executive Director of [this] Regional Center.*

And another regional center:

*Exceptions to the Purchase of Service guidelines, to the types of services or to the specific standards for each type of service may be made when considering individual needs. Any such exception shall be reviewed by the regional center executive director or designee.*

The bottom line is that there is an exception to every rule *if you can establish a disability-related need*. While you should be able to obtain an exception to a RC POS policy by

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<sup>9</sup> WIC Section 4620.3(f)

requesting it, if you have a need for that service, more often than not you will have to go through a fair hearing to win an exception.

## **2. Services that the Lanterman Act won't allow funding for**

The Lanterman Act has several specific exclusions for funding. In 2009, the Act was changed to eliminate funding for social or recreational services, non-medical therapies and camping. Here are some ways around these exclusions:<sup>10</sup>

- Instead of requesting social/recreational services, you may be able to define the service as social skills training which is not excluded.
- The Act states that non-medical therapies may be funded if they are the primary way of ameliorating the disability. What this means is that the non-medical therapy helps you overcome one or more of the challenges you have because of your disability.

*Example: if you have a child with cerebral palsy who has very poor core strength and you have discovered that he has made significant improvement in this area by riding horses, you may be able to get funding for*

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<sup>10</sup> WIC Section 4648.5( c) An exemption may be granted on an individual basis in extraordinary circumstances to permit purchase of a service identified in subdivision (a) when the regional center determines that the service is a primary or critical means for ameliorating the physical, cognitive, or psychosocial effects of the consumer's developmental disability, or the service is necessary to enable the consumer to remain in his or her home and no alternative service is available to meet the consumer's needs

*“equestrian therapy” as the primary means for addressing this specific need related to his disability.*

- For camping, it is highly unlikely that a RC will fund camp for your child. One possible strategy is to first address your child’s social skills’ deficits in the IPP and then define the camp experience as social skills training. You may have better luck getting RC to fund the extra support your child might need while at camp. For example, you may want to send your daughter to Girl Scout camp. She needs assistance beyond what “typically developing” children need. While you would be responsible for the regular camp fees, you might be able to get the RC to fund an aide to go with her since the need is related to her disability.

### **3. Least costly service**

The Act tells the RCs that they have to purchase services from the least costly provider that can meet your need.<sup>11</sup> There are a few things you should know about this.

1. The Act says that you don’t have to go to a provider that is far away from your home even if it is cheaper.
2. If the RC wants to change your service provider because another one is cheaper and you don’t want to change,

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<sup>11</sup> WIC Section 4648(a)(6)(D)



show them how changing would be bad for you. Some ways a change could have a negative impact on you:

- a. You will lose friends that you have already made
  - b. It will cause instability in your life
  - c. Your goals are specifically tied to the vendor you are with
  - d. Your current vendor is uniquely able to meet your needs in a way that another vendor can't
3. If you want a certain provider, show how that provider is the best one to meet your needs.
4. If you think a more expensive provider will solve a problem more quickly than a cheaper one, make the argument that the RC will save money in the long run.

#### **4. RC says they don't have vendors that provide that service**

Your IPP must reflect your unique circumstances and needs. Sometimes this will require a type of service not typically offered by a RC. If that need is related to your disability and no other entity is required to provide that service, the RC is obligated to meet it.

Below are two policy statements of two Los Angeles area RCs about this:

- 1. This policy statement shall be considered together with the specific purchase of service standards adopted by the Regional Center for each type of service. **The types of***

***services addressed in these standards are not all inclusive. Individual circumstances related to a developmental disability may warrant additional services not specifically stated.***

***2. This policy statement shall be applied along with the specific standards for each category of service. The services in this policy are not all inclusive. Unusual circumstances related to a developmental disability may warrant additional services not listed.***

Every RC must have something similar in place as its policy. They cannot limit what they offer based on what they already have. RCs have methods they can use to find a way to meet your need. They may approach one of their vendors who provide similar services, they may use a vendor from a different RC that offers the service, or they can make a request for proposals to provide that service. However they choose to proceed, it is their responsibility to figure it out.<sup>12</sup>

## **E. Think Strategically**

### **1. Focus on your needs in order to get services**

Throughout this handbook we have discussed the tie between establishing needs and securing services. This should be foremost in your thinking in all of your dealings with the RC.

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<sup>12</sup> WIC Section 4648(e)

- a. The RC understands better than you that needs lead to services. If their goal is to limit the services that you receive, they will try to do this by minimizing your need. If the RC tries to ignore your need, be prepared to offer proof of the need. Depending on what you want to demonstrate, you may use outside assessments, notes from service providers who work with you, statements from others who know you well and so forth.
- b. Even if the RC won't acknowledge that you have a need, make a written request for the service that will meet your need. Include information about the need you have in your written request. If the RC continues to deny the service, they must provide you with a written Notice of Action describing why they are denying your request. If you choose to file for a fair hearing, you will have 30 days to do so after you receive the RC's Notice of Action.
- c. If the RC is trying to reduce or eliminate a service because they say that the need has lessened or is no longer present, just as described above, you will need to provide proof of the on-going need in order to continue the service. They must send you a Notice of Action at least 30 days prior to reducing or eliminating the service. Within 10 days of receiving

the RC's Notice of Action, file for a fair hearing in order to continue the service. This is called “aid paid pending.” You will keep receiving the service until the case is resolved.

## **2. Ask for a decision-maker to be present**

Sometimes in an IPP meeting you may request a service and your coordinator will tell you that she cannot make a decision about that service. It is your right to have someone at your meeting who can make decisions during the meeting. You can stop the meeting and ask to meet again with a “decision-maker” present. The RC must have the follow-up meeting within 15 days unless you agree to a longer timeframe. Generally speaking, a regional manager will come to the meeting to make decisions on behalf of a RC.<sup>13</sup>

## **3. Get and put things into writing**

There is an old phrase: “If it ain’t written down, it didn’t happen!” Getting important things written down is necessary so that you have a record you can refer back to or take to a hearing if needed.

- If a RC says it will do something or has made a decision about you, ask for it in writing.

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<sup>13</sup> WIC Section 4646(f)

- If you have a conversation with someone at the RC and they give you important information or have agreed to something, follow up the conversation in writing.
- If you are requesting something, making a complaint, or asking an important question, do it in writing.

When it comes to your IPP meeting, make the request for the meeting in writing. After the meeting, it's a good idea to summarize the parts of the meeting that you felt were especially important and want to be sure make it into the IPP document.

There are some important guidelines about written communication:

1. No matter how mad or frustrated you are, be respectful in your writing. This is in keeping with our key idea that you must always be the “reasonable party.”
2. Make sure you can prove that someone at the RC received your letter.<sup>14</sup>
3. If you are writing a letter that summarizes a conversation, always end your letter with the following statement (or something similar):

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<sup>14</sup> There are a few ways of proving that a document was received. Hand-deliver it and ask for a receipt. Fax it from a machine that gives you a reduced-sized copy of your top page as part of its delivery report (usually available at places like Office Depot and Office Max). Mail it with a return receipt.

*“If anything in this letter is incorrect, please contact me within a reasonable period of time.”*

This does two things. First, it opens the door for further communication if there is a disagreement about the content of your conversation. Second, if the RC does not correct your memory of the conversation, if you ever have to go to a fair hearing it is likely to be assumed that your recollection of the conversation is correct.

#### **4. Get your records**

Request your regional center records on a regular basis (annually is usually a good time frame). You have a right to all of your records.<sup>15</sup> In particular, it is important to insure that the request includes the service coordinator’s chart notes or entries. These are the written notes made by the service coordinator which document his/her conversations with you, with other RC staff and with outside vendors. They can be a valuable tool for exposing the inner workings of the RC. The RC can charge you the cost of copying but no more than that. They must produce these records within three working days. If the cost of copying is a hardship for you, you can request them for free.

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<sup>15</sup> WIC Section 4726

Once you receive the records, read through them to see what the RC is documenting about your case. Sometimes it will shed light on their reasoning if you have a disagreement with them. These notes may help you in persuading them to change their minds or in knowing how to present a case to a judge if you end up going to a fair hearing.

## **5. Set yourself up for a successful fair hearing**

We have discussed various strategies for making your case to a RC in order to get the services that you need and the RC's obligations to meet your needs. The reality is that you and the RC will not always see eye to eye on your needs and their obligations. The provision for dealing with these disagreements as described in the Act is an administrative hearing, called a fair hearing. It is helpful to think of all you do as steps towards a possible hearing.

While this handbook is not about how to conduct a fair hearing, there are some things you can and should do to be ready for one if it comes to that.<sup>16</sup> Many of these we have already covered:

- Get copies of your records
- Make sure that anything important is written down

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<sup>16</sup> For information on resolving disputes, go to [www.disabilityrightsca.org](http://www.disabilityrightsca.org) and look for the handbook, "Rights Under the Lanterman Act." Chapter 12 discusses the process for administrative hearings and complaints.

- Make sure your IPP meeting is thorough and covers everything important

There are other things you should do as well:

- **Record your IPP meeting.** You must tell the RC at least 24 hours in advance that you will do this. If you end up at a fair hearing, you may need to refer back to the recording or get it transcribed and enter it as a piece of evidence.
- **Organize your documents.** Keep everything related to your RC case and organize it all by date keeping the most current documents at the front. Keeping it organized as you go will help you prepare if you need to go to a fair hearing.
- **Print important emails.** If you have had an important email conversation with the RC, be sure to print it out and put it into your documents file.
- **Always be the reasonable party.** If an outsider were to listen in on your conversations, read your letters, see what you are requesting in light of your demonstrated needs, that person should conclude that you have been reasonable and respectful. Regardless of how you feel about the RC or their actions, your actions, words and responses must be calm and reasonable. This does not mean that you must give in or let the RC believe that you are okay with their offers (if you aren't). You can even tell



them that you are frustrated and angry, just don't allow your feelings to lead you into an aggressive or confrontational mode.

There are at least two advantages to taking this approach. In your negotiations with the RC, if you use persuasion and reason to support your requests, you are more likely to get closer to what you want both in the near and distant future. Additionally, if and when you go before a judge and present your evidence in a fair hearing, your case will be much stronger if the judge can see that you have conducted yourself in a respectful manner and that you have made reasonable requests.

## **F. A Few Other Things Most People Don't Know about RCs**

### **1. Variations in services provided by different RCs**

One of the important aspects of the Lanterman Act is that it leaves a great deal of wiggle room when it comes to determining a person's needs and offering services. This gray area is routinely exploited by regional centers to limit services and keep costs under control. The result is that you will have one regional center happily providing extra speech therapy for your child in addition to what the school gives him, but the next regional center refusing to.

Much of this discrepancy is based on each regional center's Purchase of Services Policies discussed earlier. However, the RC's leadership and corporate culture also figure widely into these decisions. Some RC executive directors have a greater focus on providing services to people despite the cost while others are more focused on their agency's economic bottom line.

If you transfer from one RC to another, the new RC must continue the services that are identified in your current IPP. However, they can, and probably will call for a new IPP meeting to reevaluate your needs and ultimately try to change or reduce your services.

## **2. Things you can find out on a regional center website**

Over the years the state legislature has modified the Act to require that the RCs post important information on their websites. This is referred to as "transparency."

As of now this includes the following types of information:

- As indicated earlier, a list of every vendor for that RC, except for individuals vendored to care for their own family members – these are often divided up by the service(s) offered by that vendor.
- Purchase of services discrepancy data – This describes how much money was authorized and spent on the

individuals served by the regional center. It is broken out in several ways including by age, ethnicity, language, and disability. With this information you can compare, for example, how much money was spent on people who speak English vs. people who speak Spanish. If you are part of a group that gets comparatively less funding than another group, you might use this information during your IPP meeting to get more services.

- All policies including the Purchase of Services and exception policies
- Audits and performance reports

Be aware that some RCs make this information difficult to find and/or move it around on their website periodically. If you have trouble finding this information, call the RC and ask them where to find it on their website.

## **G. Summary**

Always remember that the planning process must revolve around you and what you want and need. RCs are obligated either to help you find a way to get your needs met or to pay for services to meet your needs. In the best of circumstances, you and the RC can successfully negotiate this through the IPP process. Now that you understand various strategies you can use to help you in your negotiation, you should expect better outcomes for your life.

## **Appendix A – Commonly Funded Adult Services**

### Adaptations/accessibility

- Housing accessibility such as ramps, bars, lifts, adapted showers etc.
- Vehicle modifications

### Adult day programs

- Adult day health center
- Adult development center
- Day training activity center
- Behavioral support day program
- Alternative day program
- In-home day program

### Arts

- Creative arts programs (usually considered as an adult day program)

### Behavioral support

- Behavior analyst
- Behavior support program

### Crisis services

- Crisis prevention and intervention
- On-call crisis team

### Education

- Tutoring
- Personal support to attend college, vocational school or other educational venue (must be no longer eligible for special education)

### Employment

- Supported employment
- Self-employment
- Group employment - enclaves
- Workshops

### Equipment

- Communication aides
- Mobility devices
- Durable medical equipment
- Other equipment needed to live in least restrictive environment

### Family support

- In-home respite (max 90 hours/quarter)
- Out of home respite (max 21 hours/year)
- Support groups
- Counseling

### Independent living - adults

- Supported living services – person needs moderate to intensive support in their own home

- Independent living services – person needs minimal to moderate support in their own home; may be used in transition to own home out of family home
- Homemaker services – general household activities
- Chore services – heavy household chores or minor repair work
- Emergency monitoring (LifeLine or similar)

#### Medical (if not covered by insurance)

- Acute care hospital
- Audiology
- Dietary services
- Physicians/surgeons
- Dental
- Residential services (medical)
- Skilled nursing facility
- Home health services
- Radiologic/Lab
- Nursing: RN, LVN, CNA
- Orthoptic – specialized eye care
- Orthotic/Prosthetic
- Pharmaceuticals
- Miscellaneous medical support and services

#### Mental health services

- Counseling
- Mental health therapy – psychologist, psychiatrist, LMFT, MSW etc.
- Crisis prevention/intervention
- On-call crisis team

#### Professional services

- Attorney/legal services
- Financial management/HR
- Funeral
- Interpreter/translator
- Interdisciplinary assessments

#### Residential options

- Family home services (like foster care for adults)
- Skilled nursing
- Licensed homes (3 – 6 residents); various types depending on needs of residents including medical support, full accessibility, behavioral support, visual or auditory impairments, low sensory, geriatric etc.
- Large licensed facilities

#### Very limited use:

- State developmental centers

- Out of state specialized residences

#### Supplies

- Diapers or Depends
- Other expendable supplies needed due to disability

#### Medical Therapies – very limited

- Occupational Therapy
- Physical Therapy
- Speech therapy

#### Training

- Adaptive skills training
- Driver training
- Mobility training
- Money management/budgeting
- Community integration training
- Social skills training

#### Transportation

- Vendored transportation services
- Transportation aide
- Mobility training (learning how to use public transportation)

## **Appendix B – Commonly Funded Children’s Services – Ages 3 and Up**

### Adaptations/accessibility

- Housing accessibility such as ramps, bars, lifts, adapted showers etc.
- Vehicle modifications such as lifts, ramps

### Behavioral support

- Behavioral therapy such as ABA, Floortime, etc.
- Behavior analyst

### Crisis services

- Crisis prevention and intervention
- On-call crisis team

### Day care– expenses beyond regular daycare costs

- Aides in regular day care
- Specialized day care
- Extended day care

### Education (usually schools are required to cover)

- Educational psychologists
- Tutoring

### Equipment

- Communication aides
- Mobility devices
- Durable medical equipment
- Other equipment needed to live in least restrictive environment

### Family support

- In-home respite (max 90 hours/quarter)
- Out of home respite (max 21 hours/year)
- Parent training in various therapies such as ABA
- Parenting support/training
- Support groups
- Counseling

### Medical (not covered by insurance)

- Acute care hospital
- Audiology
- Dietary services
- Physicians/surgeons
- Dental
- Residential services (medical)
- Skilled nursing facility
- Home health services
- Radiologic/Lab
- Nursing: RN, LVN, CNA
- Orthoptic – specialized eye care

- Orthotic/Prosthetic
- Pharmaceuticals
- Miscellaneous medical support and services

#### Mental health services

- Counseling
- Mental health therapy – psychologist, psychiatrist, LMFT, MSW etc.
- Crisis prevention/intervention
- On-call crisis team

#### Professional services –if need is established as part of caring for child

- Attorney/legal services
- Financial management/HR
- Funeral
- Interpreter/translator
- Interdisciplinary assessments

#### Residential options

- Group homes

#### Supplies

- Diapers or Depends (older children, teens)
- Other expendable supplies needed due to disability

#### Therapies

- Behavioral therapies such as ABA, Floortime etc.
- Occupational Therapy
- Physical Therapy
- Speech therapy
- Other medical therapies
- Recreational therapy (limited)
- Music/art therapy (limited)

#### Training – (if not covered by school)

- Adaptive skills training
- Social skills training
- Mobility training (teens)
- Money management/budgeting (teens)
- Community integration training (teens)



