

Therapeutic Services Policy

- I. **Purpose:** San Andreas Regional Center recognizes that some individuals have conditions related to their developmental disability that may require therapeutic intervention. The intent of this policy is to ensure that individuals have access to these services, in compliance with all state and federal laws, regulations, and court decisions.

- II. **Definitions:**
 - **Consumer, individual, and person served are used interchangeably in regional center policy and the Lanterman Developmental Disabilities Services Act, and mean a person who has been found eligible and receives services from the regional center.**
 - *Therapeutic services* are therapies generally prescribed by a physician to rehabilitate or treat a condition related to an individual's developmental disability.

- III. **Policy:** Therapeutic services may be purchased when they are necessary to enhance functioning or to prevent deterioration in an area of development. The need for a therapeutic service must be clinically related to a developmentally disabling condition.

- IV. **Purchase of Service Standard:** San Andreas Regional Center will purchase only those therapeutic services that are generally recognized by clinical professionals as safe and effective, and which are intended to maximize the individuals' potential. For individuals three years of age and over, generic resources, public insurance, and any existing private insurance must be explored and exhausted prior to regional center funding.

The regional center may purchase a therapeutic service for individuals if all the following conditions apply:

- There is an order from a physician indicating medical need;
- A qualified professional has provided an assessment with a treatment plan that includes goals, objectives and measurable outcomes;
- The planning team recognizes the need for treatment, approves the recommended treatment plan and determines the amount and frequency of service;
- There are no generic, private or public services available;
- Generic and private insurance, where applicable, have been denied

For individuals 35 months of age and under, assessments must be completed prior to the Individual Family Service Plan (IFSP) meeting, and all service

decisions must be made within the context of the IFSP. San Andreas will fund initial therapeutic services while referrals are pursued through generic private or public agencies that have the responsibility to provide such services. The regional center will require the use a family's private insurance if available.

- V. **Exception Process:** The executive director has full discretion to authorize purchases of service which are exceptions to the board-adopted purchase of service policies and standards. The executive director has designated certain individuals within the regional center who are authorized to grant an exception in the executive director's stead; these individuals are referred to as director's designees. The first formal discussion of a request for service takes place at the planning team meeting. If the request falls within the service policy, the request is granted.

If the request for service is not consistent with the policy, the service coordinator starts the exception review process by exploring the basis for the request. A time line for the director's exception review is set by agreement between the individual/family and the service coordinator but the time line may not exceed fifteen (15) days. Within that time, another planning team meeting will be convened. In the meantime the coordinator presents the information to the manager to determine whether a director's exception may be warranted. At the scheduled planning team meeting the decision will be made. The director's designee will attend the planning team meeting if necessary. If the exception is granted, the service coordinator amends the person-centered individual program plan, notifies the individual/family, and gives a copy of the amended plan to the individual/family.

- VI. **Notice of Action:** If the exception is not granted, the service coordinator promptly informs the individual/family that it has not been granted, informs the individual/family of their appeal rights, and sends a notice of action and a fair hearing form.

If a decision is made to deny, reduce, or cancel the service without the agreement of the individual/ or the individual's representative, a Notice of Action will be sent.

DDS Approved July 3, 2017
Adopted September 16, 2017