

HEALTH CARE POLICY

- I. **Purpose:** It is the intent of San Andreas Regional Center to ensure, preserve and protect the health of regional center individuals, in compliance with all state and federal laws, regulations, and court decisions. The individuals of San Andreas Regional Center may have special health care needs in addition to routine health maintenance. Optimal health is a function of the individual, the environment, and appropriate health care.

- 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.**
 - *Conditions Which Are a Developmental Disability* include intellectual disability, cerebral palsy, epilepsy, autism and other handicapping conditions closely related to intellectual disability or requiring treatment similar to that required for intellectually disabled individuals, but do not include conditions that are solely physical or psychiatric in nature or solely learning disability.
 - *Medical Conditions Related to the Developmental Disability* are conditions which arise as a direct result of the developmental disability and the health status of the individual changes. They frequently require multi-disciplinary team involvement and medical/nursing monitoring of their health status. Examples of these include conditions which necessitate such things as wound care, urinary catheters, tube feeding, tracheotomy, ventilator support, intravenous lines and apnea monitors.
 - *Routine Health Care Maintenance* includes routine medical, hearing, vision, and dental evaluations; treatment; follow-ups; and immunizations; and specialty clinic or physician consultation.

- III. **Policy:** San Andreas Regional Center will assist individuals and families in obtaining health care services through referral and advocacy for existing generic, public and private resources. Routine health care maintenance is the responsibility of the individual, the parents, the guardians (of minors), conservators (of adults), and caregivers. The regional center is not responsible for funding diagnostic or treatment services related to routine health care maintenance of the individual when generic resources are available.

The regional center will assist the individual in obtaining generic services (e.g. People Residing Under the Color of Law (PRUCOL) Medi-Cal) for the long-term benefit of the individual served.

The Lanterman Act (California Welfare & Institution Code §4655(a)-(c)) gives the regional center executive director or their designee the authority to provide consent for medical treatment when no legally responsible person can be contacted within a reasonable period of time. The Regional Center will make every attempt to include family members in decisions regarding the medical treatment of an individual.

- IV. **Purchase of Service Standard:** Health care needs that are directly related to an individual's developmental disability may become the responsibility of the regional center if no other generic, public or private resource is available. This may include evaluation, treatment, medication, equipment, long-term skilled nursing care, and durable medical equipment. The purchase must be a recommendation of the planning team and identified in the individuals' program plan (IPP), must be a cost-effective use of public resources, and use available providers.

The regional center will purchase only those services that are generally recognized by clinical professionals as safe, effective, and which are intended to maximize the individuals' potential.

- 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 October 23, 2020
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