Systems of Care – Regional Center and IEP

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Systems

Your Patient

Regional Center  IEP - School  CCS  Department of Mental Health
Ages

- 0-3 years old - Regional Center
- 3-5 years old – IEP preschool
  - Child Find = must evaluate if parents, teacher, other express concern
- 5-22 years old – IEP

Regional Center System

- Developmental Quotient (DQ)
- DQ = Developmental Age / Chronological Age
- Areas: cognitive, motor, communication, social, adaptive
Regional Center Services
- Physical Therapy
- Occupational Therapy (including feeding therapy)
- Speech Therapy (after 18 months old)
- Behavior Therapy (ABA - applied behavior analysis, discrete trials. Includes educational orientation and parenting course)
- Infant Stimulation (developmental therapist for infant)
- Infant Toddler Program (center based Early Intervention Program)
- Respite Care (child care) – offered in certain situations
- Family Resource Center

Regional Center System
- Non-profit corporations
- Contracted with Dept of Developmental Services
- Private agencies, all independent of each other
- 3 Major Programs
  1. Prevention of disabilities
  2. Early Start Program
  3. Lanterman Act
Regional Center System - Programs

1. Prevention of Disabilities
   - Covers persons at risk for parenting a developmentally disabled child (i.e. covers genetic tests on uninsured parents)

Regional Center System - Programs

2. Early Start Program
   - 0-36 months old
   - Federal Program
   - Cover kids who meet criteria for:
     - Established risk
     - High risk
     - Developmental Delay
Regional Center System – Early Start, Established Risk

- At risk used to include both High and Established Risk
- Established risk includes conditions such as:
  - Congenital / genetic syndromes (Down, Prader Willi, Williams, Fragile X, Fetal Alcohol syndrome, Tuberous Sclerosis, congenital rubella)
  - Extreme prematurity (23-25 weeks EGA)
  - Grade IV IVH
  - Multiple non-febrile seizures
  - Brain malformation (holoprosencephally, schizencephaly)
  - Kernicterus

Regional Center System – Early Start, High Risk

- High risk includes conditions such as:
  - Prenatal: Developmentally disabled parent, prenatal exposure to drug or teratogen
  - Neonatal: <32w EGA or <1500g birth weight, Ventilation x48hrs in 1st 28days, SGA (<3%ile), IUGR, Severe, persistent metabolic abnormality, Neonatal asphyxia (5min apgar <6)
  - Non-febrile seizures in 1st 3yrs of life, CNS infection, lesion or abnormality (microcephaly)
  - Biomedical insult (injury, accident, illness) which could POSSIBLY permanently affect developmental outcome (UCLA patients)
  - Multiple congenital anomalies or genetic d/o that could POSSIBLY affect developmental outcome
  - Clinically significant failure to thrive (<3%ile)
  - Persistent hypotonia or hypertonia (i.e. risk for CP)
  - Brain or spinal cord infection (meningitis, encephalitis, etc.)
Regional Center System – Early Start At Risk – Proposed Changes

- High risk - Instead of Early Start Services will get “At Risk Follow-Along Program” *
  - Case Management
  - Developmental Monitoring (?every 6 months)
  - Westside & North LA Regional Centers trying to turn parent education into group therapy (i.e. PT, OT)
  - If develop significant delays then get services
  - May only cover up to 24 months

- Established risk
  - Condition of known etiology with high probability of leading to developmental delays
  - Need medical record documentation
  - Example – Down syndrome, cleft palate, PVL

Regional Center System – Early Start – Proposed Changes

- Developmental Delay
  - Birth – 24 months – 33% delay in one or more developmental domains
  - 24 – 35 months*
    - 33% delay in 2 or more developmental domains
    - 50% delay in 1 or more developmental domains
    - Trying to discourage referral for isolated speech delay

- Patients with insurance coverage may have to use their covered benefits and show denial before getting services*
Regional Center System - Programs

3. Lanterman Program - Lifetime services through Regional Center for these diagnoses (including after 22y/o)
   - Mental retardation (onset <18y/o, IQ<=70, adaptive dysfunction) – 10-30 per 1000
   - Autism (usually not autism spectrum disorder, Aspergers, PDD-NOS) - 6 per 1000
   - Epilepsy – 5 per 1000
   - Cerebral palsy – 2.5 per 1000
   - Disabling Conditions closely related to Mental retardation

Regional Center System – Lanterman Program

- Dx must be likely to continue indefinitely and originate before 18 years old, involve a substantial handicap – communication, learning, self-care, mobility, self-direction, independent living, economic self-sufficiency. Shall not be solely physical, psychiatric or learning disability condition
- Regional Center will be last resort payer after school, insurance, CCS.
- Services may include paying for group homes, supported living in home, medical, nursing, psychiatric care
Regional Center System - Referral

- Parent makes initial phone call to Regional Center
- Find local regional center by Zip Code
- Physician note or prescription can be helpful, can provide medical record, indicate rationale for referral
- Rule is have 45 days from initial call to either: do evaluation or determine if eligible
- Evaluation of child done at home or at Regional Center, can be by Regional Center staff or vendorized
- Evaluation may include hearing or vision testing if indicated, would be paid for by Regional Center if not covered by insurance

Regional Center System – Referral (continued)

- Regional Center eval may make a diagnosis (i.e. MR or autism)
- After evaluation completed, set up IFSP (Individualized Family Service Plan) with goals for child and intervention (no mandated timeline but parents can be persistent)
- Services provided by local vendors not by Regional Center itself (parents may request or Regional Center may recommend). Services can be in home, at therapist’s office or center based. Current state push for “natural setting” (i.e. in-home) may not be ideal for 18m/o and older
- Transition meeting with Regional Center and local school system at 30-36 months to plan for transition into school system (IEP)
School System – Individualized Education Program (IEP) Principles

- **IDEA Law** – Must provide Free and Appropriate Public Education
- **IEP for instructional needs** other than what is provided in the general education (GE) setting
- **Evaluation of eligibility** (not making a medical diagnosis)
  - Focus on condition’s **impact on education** (vs. Regional Center focus on social & adaptive functioning)
- **Recommendation of Special Education Services**
  - Goal of least restrictive environment (LRE)

**IEP - Process**

- Parents make request for IEP assessment at local public school (even if go to private school)
- School creates an **assessment plan** that lays out general plan for the evaluation, parents must sign this plan to give school consent to evaluate. The assessment plan must be given to parents within **15 school days** of the request.
- Once assessment plan is signed, school has **60 school days** to complete their assessment and hold an IEP meeting (assessment may include interviews, observation, records, outside testing, testing by the school. The school may but is not required to accept outside records)
IEP – Process (continued)

- At IEP meeting, the school provides their assessment about 1) whether the child is **eligible** for special ed services and 2) what **services** are recommended.
- Parents are allowed to disagree with either eligibility or recommended services and may dispute them. They may take them home to review before signing.
- Used to have to sign the IEP for **any** recommended services to begin. Now can start agreed upon services while dispute others.
- Disputes may proceed through mediation or a due process hearing.
- IEP’s reviewed annually, fully re-assessed every 3 years although parents can request a review of the IEP at any time.

IEP – Eligibility Categories

- **Specific learning disability (SLD)**
  - Discrepancy criteria – 22 pt difference between IQ and specific area of achievement
  - Response to intervention criteria – child having trouble despite non-IEP classroom modifications

- **Emotional Disturbance (ED)** – disturbance must be over a long period of time (~3-6months), to a marked degree (i.e. medical diagnosis) and adversely affecting child’s educational performance. Having IEP of ED may protect child from punishment for acting out behavior (i.e. get mental health treatment instead of suspension)

- **Other Health Impairment (OHI)** – health problem leading to limited strength, vitality or alertness (ADHD fits here with impact on vitality and alertness)
IEP – Eligibility Categories (continued)

- **Autistic Like Behaviors (AUT)** – not same as a diagnosis of autistic spectrum disorder, only requires the presence of behaviors
- **Speech and Language Impairment (SLI)** – impairment in articulation, voice, fluency, language development
- **Mental Retardation (MR)** – by IQ and adaptive function testing
- **Sensory deficit** (hearing, vision impaired, orthopedic disability) – services provided from birth

IEP – Special Education Services

- **504 Modifications / Plan** – does not require an IEP
  - Examples: ramps for wheelchairs, extended time allowances for tests, preferential seating in class, class notes provided
  - School may request trying 504 modifications before getting IEP at assessment plan stage
  - Depends on teacher to actually implement the 504 plan
- **Resource Specialist Program (RSP)**
  - Pull out special help for specific subject
  - May be in class or out of class
- **Designated Instruction Services (DIS, aka “Related Services”)**
  - Includes Occupational Therapy (OT), Adaptive PE (APE), Language and Speech Therapy (LAS), Counseling (focused on school functioning)
  - 1:1 Aide (generally for autism - deviant learning)
IEP – Special Education Services (continued)

- Special Day Class
  - Primary classroom is special ed but may still have some GE classes
  - Can be on general or special ed campus (special campus example – Marlton School for deaf, Miller High School for MR)
  - Can get DIS services in addition

- Non Public School (NPS)
  - Public school will fund if NPS provides services not present in public school system.
  - Example – HELP Group schools

- Day Treatment – Department of Mental Health sets up
- Residential Treatment Center – Department of Mental Health sets up

IEP – Other systems

- Special Education Local Plan Area (SELPA) – nearby districts trade relatively scarce services (i.e. – Beverly Hills, Santa Monica, Culver City are all in a common SELPA)

- Private school students –
  - still eligible for evaluation at local public school, recommended services though will likely be at the public school.
  - Some private schools do have their own resource programs and educational specialists although they may not advertise this
IEP – Other systems (continued)

- Charter school – allowed to discriminate (i.e. charter for low income minority), charter may trump IDEA rules
- Home school – has own “district”, can join private home school group, has special ed option (SE teacher consultation and materials)
- Magnet school – public school with specialized curricula or specialty, historically tied to school desegregation (70s), admit by lottery, 1st come /served, test scores, interview, other criteria

Preschool Settings - Options

- Private Preschool
  - Expensive. Can get 1:1 aide in private preschool but not private elementary. Other DIS services may be at district preschool
- Head Start Preschool
  - Federal program, low income
- District Preschool (3 levels – PSC, PSM, PSI)
  - Special need & low income, can choose within district
- Non-Public Preschool (NPS)
  - Prove services in district not adequate (i.e. HELP group)
Preschool Settings – District Preschool

**Collaborative (PSC)**
- Large (25-30 kids) and generally chaotic
- Usually 2.5 hours x 4 day week (~10h/wk)
- Class may be 15 general ed and 8 special ed
- GE teacher + SE teacher + 1-2 aides
- Good for Down synd., physical disability, CP
- Typically bad for autistic, behavior problem kids

**Mixed (PSM)**
- 12-18 kids, all special needs, more calm
- Usually 3.5 hours x 4 day week (~15h/wk)
- Special Ed teacher + 2 aides
- May have some that are all autism (may have higher ratio, don’t need to have each kid with 1:1 aide)
- Good for verbal autistic child
Preschool Settings – District Preschool

- **Intensive (PSI)**
  - 4-8 kids, all special needs
  - Usually 4 hours x 5 day week (~20h/wk)
  - Special Ed teacher + 2 aides + private aides
  - More like individual therapy ("7 different classrooms")
  - Good for lower functioning autistic child, other lower functioning child

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Shared Systems

- **School District (education) and Regional Center (social/adaptive) split care for autism:**
  - High functioning
    - Preschool mixed (10-12h)
    - Regional Center Behavior Therapy (10-12h)
    - Total = 20-25h/wk
  - Lower functioning
    - Preschool intensive (20h)
    - Regional Center Behavior Therapy (20h)
    - Total = 40h/wk
California Children’s Services

- Insurance system for significant medical condition, services not covered by other insurance or Medi-Cal
  - Quality by specific condition, age (<=21y/o), CA resident & parent income
- Medical Treatment Unit (MTU) – clinic for neuromuscular disorders, includes orthopedics, PT/OT, equipment specialists. Follow conditions like CP, arrange equipment like wheelchairs, standers, etc.
- May fund specific follow up care – for example, mandate NICU’s have follow up clinic to make sure these high risk babies don’t fall through the cracks

Department of Mental Health

- Have own evaluation process and fund via AB3632 provision if eligible
- Fund mental health portion of day or residential program, school pays for educational portion (need both AB3632 and IEP)
- Parent, Doctor or School IEP may refer for DMH eval
- Services include 1) medication management, 2) individual therapy, 3) group therapy, 4) family therapy, 5) day treatment, 6) residential treatment
Department of Mental Health

- Referred children receive assessment, diagnosis, treatment recommendations, referrals
- Provide psychiatric crisis evaluation for minors in need of intense tx
- Funding from Medi-Cal, Healthy Families, Private pay (may be sliding scale)
- To refer, call and ask for Officer-of-the-Day M-F 8AM-5PM