

APPENDIX C:

Resources for Navigating Service Systems for Young Children

Services in California for individuals with developmental delays/disabilities:

Regional Center Services

Regional centers are nonprofit agencies that are located throughout the state of California. They contract with the state's Department of Developmental Services (DDS) to provide diagnosis and assessment at no cost and, if eligible individuals, coordinate services and supports for individuals with developmental delays and/or disabilities. Regional centers, by law, can only pay for services that are not available through other sources, and so are considered the payor of last resort. www.dds.ca.gov/RC

Locating Regional Centers

The look-up zip code tool (www.dds.ca.gov/RC/regionMap.cfm?view=laCounty) and map (www.dds.ca.gov/wp-content/uploads/2019/09/DDS_RCMa.pdf) can be used to find the regional center that serves a specific area. Families can only access services through the regional center that serves their geographic area.

Birth to Age 3: Early Intervention Services in California

Early Start (Early Intervention under IDEA Part C) is the program in California that provides early intervention services to children birth to age 3. www.dds.ca.gov/services/early-start

In California, the early intervention system contracts with the regional centers. Anyone can make a referral, including parents, medical care providers, family members and day care providers. Each regional center has its own procedures for processing referrals, which may include a phone call, a paper form, and/or an online application. Within 45 days of receiving an initial application, the regional center will assign an Early Start intake specialist, schedule and complete evaluation and assessments to determine eligibility, develop an Individual Family Service Plan (IFSP) if eligible, or contact the family and provide a recommendation and referrals if the child is not eligible.

Enrollment and Eligibility Steps

1. Referral/Intake Request: Parents must first request an intake and may be asked to answer some phone screening questions.

2. Intake Assessment: The child will then be assigned a person or team to complete an intake assessment. According to federal guidelines, the assessment should be "comprehensive" and "multidisciplinary." Intake assessments may occur in the home, a regional center office or another location convenient to the family.
3. Determination: Children birth to age 3 may be deemed eligible if they have one of the following:
 - a. Established risk condition is known to cause developmental disabilities (e.g., Down Syndrome)
 - b. Developmental delay (33 percent or greater delay in one or more of the following areas of development: physical, cognitive, communication, social or emotional or adaptive)
 - c. High risk of having developmental disabilities due to a combination of 2 or more risk factors (e.g., low birth weight, premature birth, low Apgar scores, prenatal substance exposure, or any accident or illness likely to affect development)

After eligibility is determined, a service coordinator is assigned, and a meeting is held with the family to develop an Individual Family Service Plan (IFSP).

Ages 3 through Adulthood– Services for Children and Adults with Developmental Disabilities in California

Eligibility Criteria

Regional centers coordinate services for individuals ages 3 through adulthood with developmental disabilities under the Lanterman Act, a California law. An individual is deemed eligible under the Lanterman Act if they have a developmental disability, defined as:

1. Diagnosis of intellectual disability, autism, cerebral palsy, epilepsy or a "fifth category" (i.e., disabling condition similar to intellectual disability that requires similar intervention) disorder; and
2. Disorder began before age 18; and
3. Disorder causes functional impairment in domains of daily living.

Enrollment and Eligibility Steps (if a child is already enrolled in Early Start; enrollment occurs prior to age 3 to determine services after age 3)



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1. **Evaluation:** The child will be evaluated by a psychologist, either employed by or contracted with a regional center, to determine if the child meets the criteria for a developmental disability under the Lanterman Act.
2. **Transition Discussion:** Before the child is 33 months old, the child's Early Start service coordinator will hold an IFSP meeting that includes the child's parents and a school district representative. This meeting will start the process of determining eligibility for special education services for preschool, and appropriate school placement.

At age 3, Early Start services will end, and if eligible, most ongoing services will be provided through the school district (see below). If the child meets eligibility for Lanterman Act services through the regional center, a new service coordinator will be assigned. The regional center service coordinator will hold a meeting with the child's parents before the child turns 3 to develop an Individual Program Plan (IPP) that specifies non-educational services and supports that the regional center will provide. Parents should continue to have regular meetings with the child's service coordinator (at least annually), even if most needed services are provided through the school district. The regional center may provide additional services not covered by the school (e.g., those needed in the community or at home), and will resume primary responsibility for services after the child turns 22 and completes schooling.

If a child has not been in Early Start, is over age 3 and the medical provider suspects or diagnoses a developmental disability per the eligibility criteria above, they can refer the child to the regional center to determine eligibility for services. The timeline for completion of the psychological assessment and determining eligibility is 90 days for individuals older than 3 years.



Family Resource Centers in California

Family resource centers (FRCs) actively work in partnership with local regional centers and education agencies. They may assist parents with emotional support and in obtaining information about early intervention services and/or navigating the Early Start system. FRCs are part of Early Start and California's IDEA Part C program and some have additional funding to serve families of children older than 3. They are staffed by families of children with special needs that reflect the culture and languages in the communities they operate.

The aim of FRCs is to share available resources with families that have children with health care needs and/or other disabilities. FRCs may provide parent-to-parent family support, information and referral, public awareness, parent education, assistance with transition from Early Start at age 3, support services in various languages, and support services in urban and rural communities. FRCs typically have regular meetings which are designed to disseminate information and offer parent support activities (e.g.: support groups for parents, siblings, etc.). FRCs also seek to partner with professionals to support child find efforts, parent advocacy, and increase the effectiveness of early intervention services. Caregivers may also gain information via participation in an FRC group email list.

For more information:

- www.frcnca.org
- www.dds.ca.gov/services/early-start/family-resource-center/regional-center-early-start-intake-and-family-resource-centers

Special Education Services

The Individuals with Disabilities Education Act (IDEA) Part B is a federal law that ensures children with disabilities (ages 3-21) receive Free Appropriate Public Education (FAPE) to accommodate their needs and access the educational curriculum. sites.ed.gov/idea/statuteregulations/#statute

Enrollment and Eligibility Steps to develop an Individualized Education Program (IEP)

1. **Referral/Intake Request:** A referral or request for an assessment must be received by the school or district administration. The request can be made by a school professional or a parent through the child's local school. Parental consent is required before the child can be assessed.

Timeline: The school has 15 days to respond to the written request and develop an assessment plan. The parent has up to 15 calendar days to sign the assessment plan.



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2. **Assessment:** The assessment must include all areas related to the child's suspected disability. The assessment results will be used to decide the child's eligibility for special education services and to make decisions about an appropriate educational program. If the parents disagree with the assessment, they have the right to ask for an Independent Educational Evaluation (IEE). The IEE can be performed at the school system's expense.

Timeline: After the assessment plan is signed by the parent, the district has 60 days to complete assessments and hold the IEP meeting where results will be reviewed. The parent can request copies of reports in advance of the IEP meeting.

3. **Multidisciplinary Discussion:** During the IEP meeting, all team members from the district who are involved in the assessments and the parents will review the assessment results. The team will present their findings and will determine if the child is a "child with a disability" as defined by IDEA and eligible for special education services. The parent can request a hearing if they disagree with the eligibility decision.

Timeline: Parents should be given notice of the IEP meeting at least 10 days before to allow for planning – such as requesting an interpreter – and to inform the school of others planning to attend the meeting (parents can bring a friend, family member, advocate, other providers, etc.). Notifying parents within 10 days allows for rescheduling if they cannot participate on the scheduled date or at the scheduled time.

4. **Reaching Agreement:** The school team will work with the parent to write the plan to meet the child's individualized educational needs. The IEP, which is a legal document, includes goals, services and supports, and the placement offered. The parent must give consent before the school may begin providing the special education services as stated in the IEP. The child can begin receiving services as soon as possible after the IEP meeting and parental consent is given. Parents are provided with a copy of the IEP and can request that it be translated.

If the parent disagrees with the IEP and placement they can continue to discuss their concerns with the IEP team and try to work out an agreement. They also can agree with some parts of the IEP, while continuing to work on those parts with which they disagree. If an agreement is not reached between the parent and the IEP team, the parent can ask for, or the school may offer, mediation. The parent also can file a complaint with the state education agency and request a due process hearing, at which time mediation must be available.

5. **Services Provided:** The school must ensure that special education services are provided as stated in the IEP. Teachers and all other providers involved in delivering the services at school have access to the IEP and should know their specific service responsibilities as stated in the plan. This includes any accommodations, modifications and supports that must be provided to the child, in keeping with the IEP.

6. **Progress Measured:** The child's progress is measured annually based on the goals stated in the IEP. Parents of children receiving special education services must also receive reports on their child's progress at least as often as parents of nondisabled children are informed of their child's progress.

7. **Routine Review and Adjustments:** The child's IEP should be reviewed and updated by the team at least once a year and can be reviewed more often if requested by the parent or school.

8. **Reassessment:** The child must be reassessed at least every three years, known as a "triennial." This reassessment will help determine if the child continues to be a "child with a disability," as defined by IDEA, and identify the child's needs. A child can be reassessed more often if there is a change in their condition or if parents or teachers request it.

Resources within Los Angeles Unified School District (LAUSD)

The IEP Process Needs You is an informational guide for parents about the IEP meeting. The guide serves as a way for parents to understand special education programs available through LAUSD but also helps them prepare before an IEP meeting to better address their concerns and the child's area of needs.

achieve.lausd.net/cms/lib/CA01000043/Centricity/domain/168/brochures/IEP%20PROCESS%20NEEDS%20YOU.pdf

LAUSD Parent's Guide to Special Education Services explains parents' rights and procedural safeguards.

achieve.lausd.net/cms/lib/CA01000043/Centricity/domain/168/brochures/Parents%20Guide%20September%202018%20English.pdf

The *Request for Special Education Assessment* form can be completed by a parent and given to the child's local school to request an assessment for special education. It is recommended that the parent ask the receptionist to date-stamp the form both when the request is made and when a copy is provided to the parent. Alternatively,



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parents can prepare their own letter requesting an assessment.
achieve.lausd.net/cms/lib/CA01000043/Centricity/Domain/362//Serve/request_for_assess_eng_rev.pdf

If a child is younger than 5, LAUSD has a special intake process for special education:

- Early Childhood Special Education Intake/Referral Line
213-241-4713

Additional resources through LAUSD:

- Complaint Response Unit (CRU)
1-800-933-8133
- School and Family Support Services
213-241-6701
- IEP Access: Parent Access Support System Portal
achieve.lausd.net/Page/10470
- Parent Resources for Engagement and Student Success
achieve.lausd.net/site/default.aspx?PageType=3&ModuleInstanceId=36240&ViewID=7b97f7ed-8e5e-4120-848f-a8b4987d588f&RenderLoc=0&FlexDataID=57040&PageID=12578

Early Head Start (ages prenatal-3) and Head Start (ages 3-5)

Early Head Start is a national program serving infants and toddlers under age 3 and pregnant women. These programs are designed to nurture healthy attachments between parent and child by providing intensive comprehensive child development and family support services to low-income families. Services are usually provided in-home.
eclkc.ohs.acf.hhs.gov/programs/article/about-early-head-start-program

Head Start is a nationwide school preparedness program for children ages 3-5 coming from a low-income background. Services are provided in a preschool setting and include classroom learning, health screenings, nutritious meals, oral health and mental health support. Programs also support and strengthen parent-child relationships by engaging parents in classroom learning and providing parent education programs. www.acf.hhs.gov/ohs/about/head-start

Parents can look up their local Early Head Start or Head Start program by using the locator tool on the Head Start Early Learning & Knowledge Center website and entering their residential zip code: eclkc.ohs.acf.hhs.gov/center-locator. Eligibility is based on age and on family income that is at or below the poverty level based on U.S. Federal Poverty guidelines. For more detailed information on federal poverty guidelines, please view the tables on the U.S. Department of Health and Human Services website. aspe.hhs.gov/poverty-guidelines

If a child is enrolled in a Head Start program and identified or suspected to be a child with special needs under IDEA Part B, the child may be eligible for special education services through the IEP. These services can be provided within the Head Start preschool setting. eclkc.ohs.acf.hhs.gov/children-disabilities/publication/infographic-young-children-special-needs

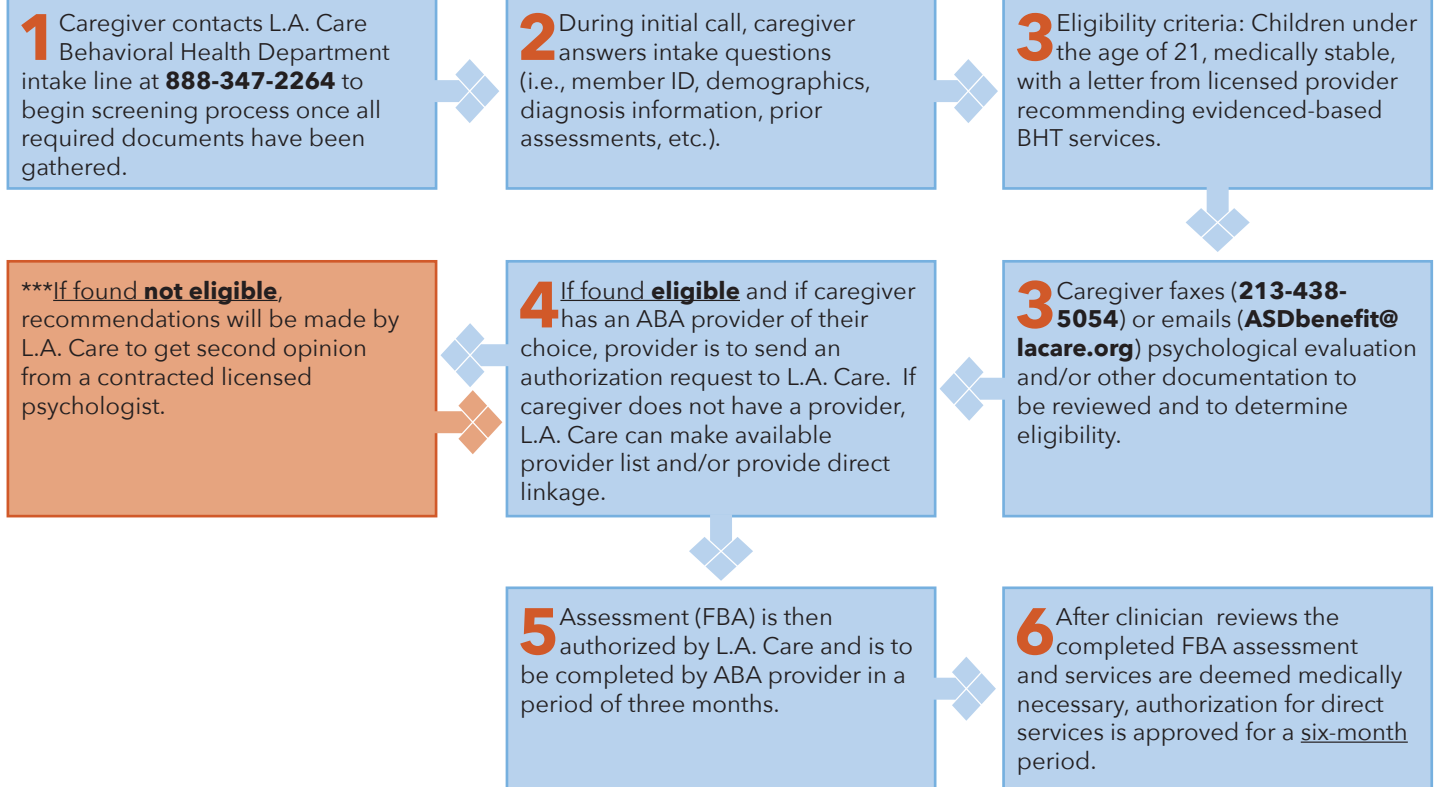
Behavioral Health, Applied Behavioral Analysis (ABA) and Specialty Mental Health Services

Young children with social-emotional or behavioral concerns, and young children with Autism Spectrum Disorders (ASD), may benefit from referrals for behavioral health/mental health services.

Behavioral Health or ABA Services for Children with Medi-Cal

For the *First Connections* initiative, we created referral algorithms to guide medical providers and care coordinators as they assisted parents of children with Medi-Cal in accessing ABA or other behavioral health services through health insurance. These algorithms are customized to several managed care plans (MCPs) under Los Angeles County Medi-Cal. The algorithms for L.A. Care Health Plan, Blue Shield of California Promise (formerly Care1st) Health Plan, and Health Net in this toolkit were pilot-tested with families to confirm the linkage process. In addition, the algorithms for L.A. Care and Blue Shield of California Promise Health Plans were reviewed and approved by the MCPs. The algorithm for Health Net has been pilot-tested.

L.A. Care Behavioral Health/ABA Linkage Process



Documentation Needed for ABA Linkage Process

***Documentation to be faxed to L.A. Care Behavioral Health Department at 844-283-3298

Caregiver will ideally provide a psychological evaluation that is less than two years old from regional center. The report must include the ABA recommendation in order for it to be accepted as the sole document; otherwise, member will be referred for re-evaluation.

OR

If a psychological evaluation from a regional center is **not available**, the following are options are available:

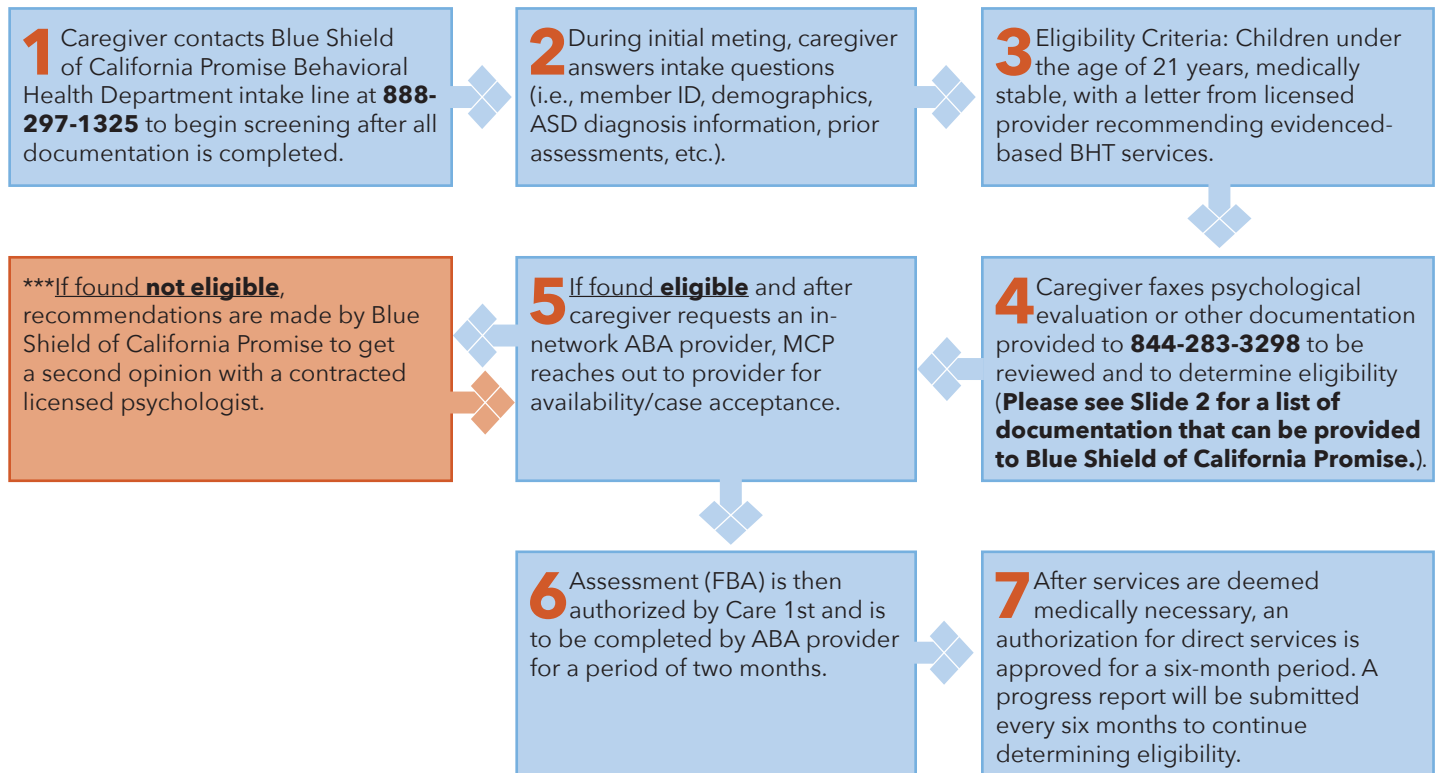
1. Any psychological evaluation other than a regional center.
- If a member does not have a psychological evaluation, L.A. Care can provide linkage for a psychological assessment.

***Caregiver is able to submit a psychological evaluation and ABA recommendation from licensed provider (**Recommendation must be less than two years old**).

2. An ABA recommendation letter/referral from a primary care physician, psychologist, or medical doctor.
Clinical notes can also be submitted as supporting documentation to recommend ABA.

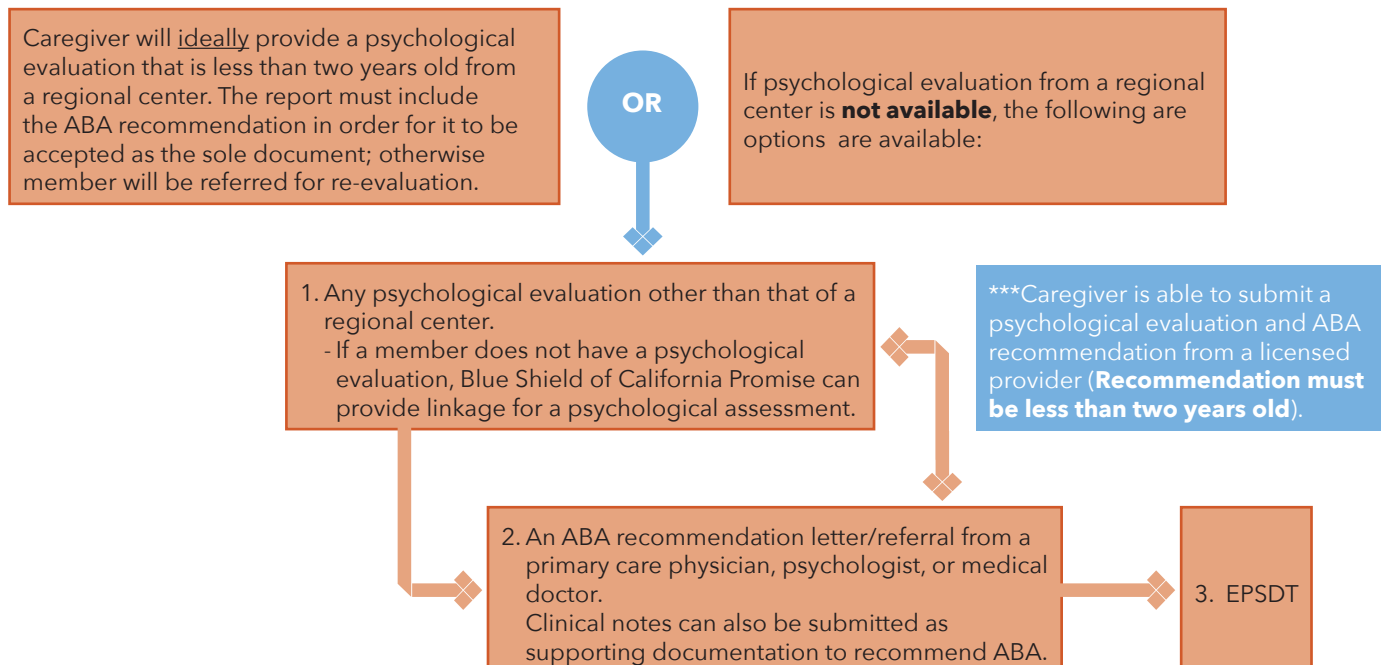
3. EPSDT

Blue Shield of California Promise Behavioral Health/ABA Linkage Process



Documentation Needed for ABA Linkage Process

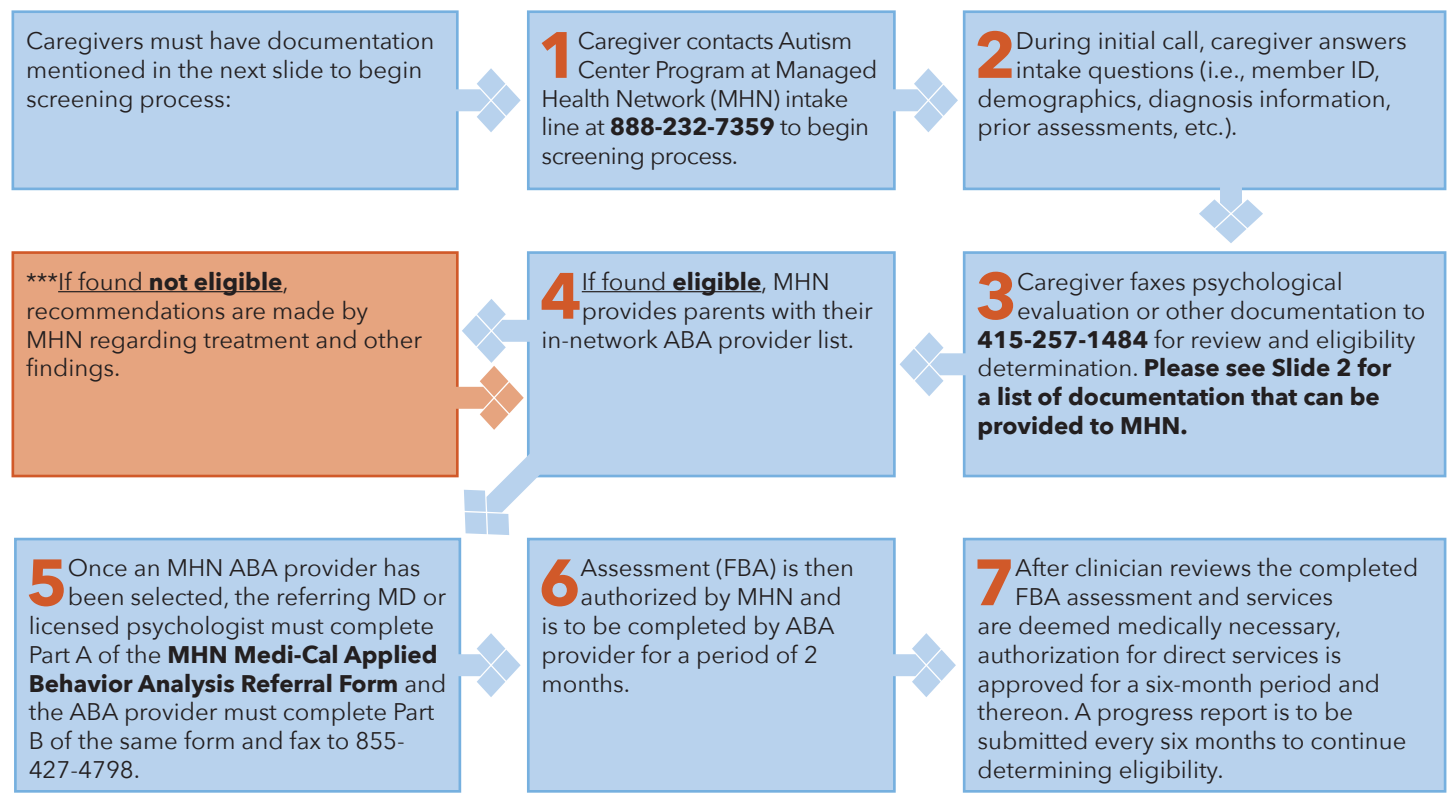
***Documentation to be faxed to Blue Shield of California Promise Behavioral Health Department at 844-283-3298



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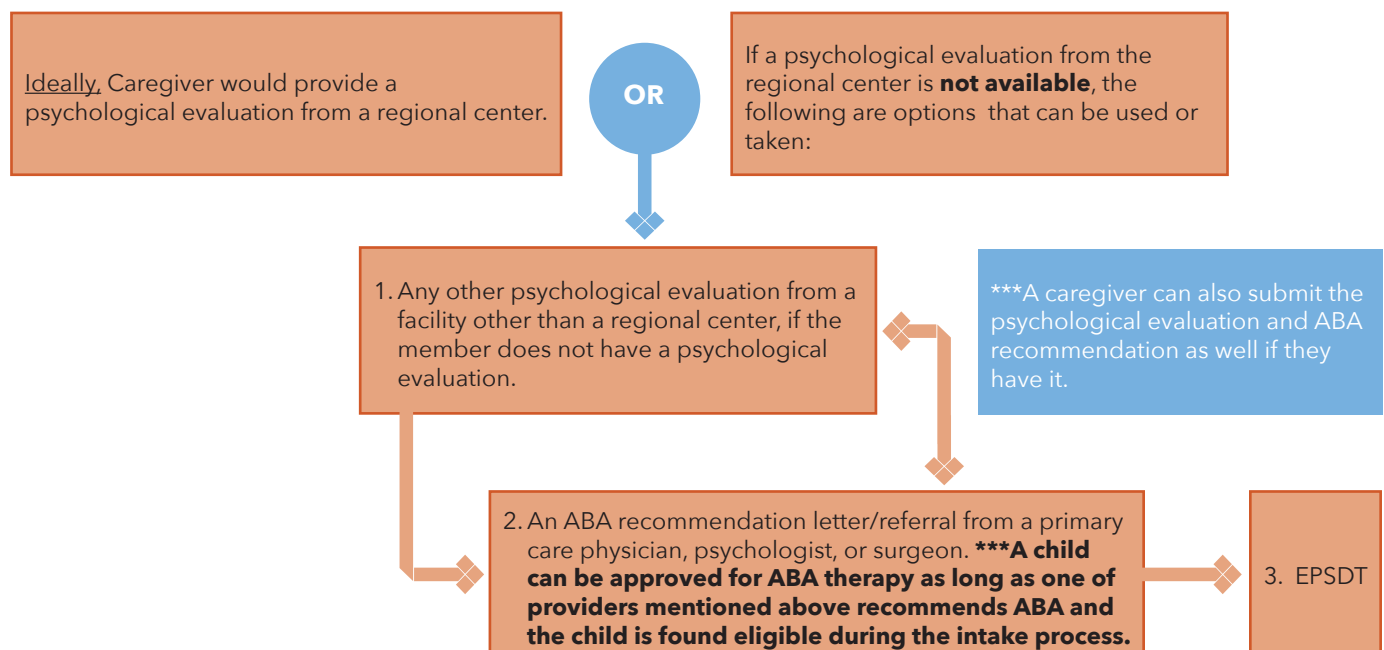
Health Net Behavioral Health/ABA Linkage Process

***Please note this information has not been confirmed by the MCP but has been pilot tested with families.



Documentation Needed for ABA Linkage Process

***Documentation to be faxed to Autism Center Program at Managed Health Network (MHN) at 415-257-1484



Health Net Behavioral Health/ABA Linkage Process (Continued)

IMPORTANT INFORMATION

- Effective July 2018, an ASD diagnosis is no longer one of the requirements to qualify for ABA services. This information can be found in the All Plan Letter (APL) 18-006: <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2018/APL18-006.pdf>
- Caregivers should only contact the Autism Center Program at Managed Health Network (MHN) if Health Net is the primary managed care plan. For example:
 - For other types of primary insurance plans, caregivers should contact that insurance provider first.
 - ▶ If primary insurance **denies** services, caregivers should obtain a denial letter stating ABA is not a covered benefit and submit to CARE 1st. Once denial is received, Care 1st will begin the ABA eligibility process (ABA is not guaranteed).
- After 18 years of age, a conservatorship document is needed to continue services.
- Services can be provided up until 21 years of age. Once a member turns 21 years of age, member will be referred to a regional center.

State Criteria for a Medi-Cal member to be eligible for BHT Services as stated in the APL 18-006

- Be under 21 years of age.
- Have a recommendation from a licensed physician and surgeon, or a licensed psychologist, that evidenced-based BHT services are medically necessary.
- Be medically stable.
- Be without a need for 24-hour medical/nursing monitoring or procedures provided in a hospital or intermediate care facility for persons with intellectual disabilities.
- ***MCPs must coordinate with other entities to ensure duplication of services does not happen.

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As noted in the State of California Department of Health Care Services All Plan Letter 18-006, Behavioral Health Treatment (BHT) can be an essential part of the federal Medicaid (Medi-Cal) program requirement under Early and Periodic Screening, Diagnostic and Treatment (EPSDT): www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2018/APL18-006.pdf.

In Fall 2014, the Department of Health Care Services (DHCS) included BHT services as a Medi-Cal benefit for individuals under the age of 21 with a confirmed diagnosis of ASD from a licensed psychologist, physician or surgeon. However, in 2016, DHCS shifted BHT services for Medi-Cal members with an ASD diagnosis from regional centers to MCPs, and as of July 1, 2018, DHCS no longer requires an ASD diagnosis for a child to be referred to BHT services. For children who are not enrolled in an MCP and have Fee-for-Service (FFS) Medi-Cal (also known as "regular Medi-Cal" or "straight Medi-Cal") DHCS states that those "who are eligible for regional center services receive BHT services coordinated through their local regional center." www.dhcs.ca.gov/services/medi-cal/Documents/BHT_FAQ_12-18-18.pdf.

ABA linkage criteria are dependent upon several factors outlined below under the state eligibility for BHT services:

Eligibility Criteria

1. Child is under age 21.
2. Child is medically stable and does not need 24-hour medical/nursing monitoring or procedures provided in a hospital or intermediate care facility for persons with intellectual disabilities.
3. Parent must provide a recommendation from a licensed psychologist, physician or surgeon that demonstrates services are medically necessary. This recommendation can be presented in the form of a psychological evaluation from their regional center or another BHT facility. If the child does not have a psychological evaluation, the MCP can make a referral for the child to be evaluated by a contracted psychologist. If the parent has both a psychological evaluation and another form of documentation such as a letter or referral form making the recommendation from a licensed psychologist, physician or surgeon, both forms of recommendation can be submitted to the MCP. A child can be appropriate for ABA therapy as long as the provider recommends it and the client is found eligible during the intake process.

Please note that an ABA recommendation alone does not qualify a member for ABA services—eligibility must be confirmed by the MCP.

4. MCPs must then verify services being provided by other entities, to ensure that duplication of services does not happen.

Enrollment and Eligibility Steps:

1. Referral/Intake Request by Phone: The contact information to begin the screening and eligibility process depends on the member's MCP:

MCP	Department	Intake Line
L.A. Care	Behavioral Health Department	888-347-2264
Blue Shield	Behavioral Health Department	888-297-1325
Health Net	Autism Center Program at Managed Health Network	888-232-7359

2. Intake Assessment by Phone: During the initial call, parents will be asked to answer intake questions such as demographics, member insurance information (e.g., member ID) and information about the child's ASD diagnosis (if the child has been diagnosed).
 - a. Parents should begin the ABA linkage process by first *contacting their primary insurance provider (or MCP)*. It is important for parents to know that the MCP can provide this initial intake service. If L.A. Care Health Plan, Blue Shield of California Promise Health Plan or Health Net is not the family's primary MCP, parents should contact their primary insurance provider first.
 - b. If the primary MCP denies services, parents should request a denial letter that states ABA is *not a covered benefit*. Once the denial letter is received, the parent should submit it to either of the MCPs described in the algorithm (L.A. Care Health Plan or Blue Shield of California Promise Health Plan) for the secondary MCP to begin the ABA eligibility process.
3. Determination: When intake questions are completed and appropriate documentation (i.e., psychological evaluation) is submitted, one of the MCP clinicians will review the psychological evaluation or documentation to determine eligibility.



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- a. After the child is found eligible and the parent chooses a medical provider of their choice within the MCP network, the insurance provider will submit an authorization request for services to the MCP.
- b. If parents do not have a medical provider of choice, the MCP will provide a provider list and/or direct linkage to a specific provider.

After Authorization for Services is Approved:

4. **Evaluation:** After the authorization is approved by the MCP, the chosen medical provider will conduct a Functional Behavior Assessment (FBA). This assessment is usually completed in a period of two to three months (timelines vary depending on the MCP).
5. **Determination:** After the MCP reviews the completed assessment and services are deemed medically necessary, authorization for direct

services is approved for a six-month period. A progress report will be submitted by the provider of healthcare services every six months to determine continual eligibility.

6. **Services Provided:** If services are approved, they can be provided up until age 21; however, after age 18, conservatorship documentation is needed to continue services. After a member turns 21, they will be referred to their area's regional center for continued services.

The procedures outlined above apply to children with Medi-Cal who are enrolled in an MCP. For children with Fee-for-Service Medi-Cal who are eligible for regional center services, the process should be requested through the regional center.

Tips for Parents When Accessing ABA Services

- Consider receiving a referral for a specific ABA provider or agency.
- Ensure that the provider and supervisor are credentialed or licensed (i.e., board-certified behavior analyst, or BCBA).
- Consider a background check for the ABA provider; this should be common practice for most credentialed or licensed providers.
- Ask about and understand what ABA services entail (e.g., reinforcement, shaping, chaining or linking small behaviors together, etc.).
- Encourage communication and collaboration between your child's providers.
- Be present for ABA services in order to encourage learning and generalization.
- Establish a schedule that feels manageable and appropriate.
- Recognize that ABA services should be individualized.
- Collaborate with the ABA provider to establish appropriate goals.
- Observe the child/provider interaction.
- Encourage generalization of skills to other environments (e.g., community).
- Be aware of billing, business and insurance practices.
- Be aware of data collection methods and participate in regular review of progress.
- Request that common terms (versus clinical) are utilized or that clinical terms are explained, in order to maximize learning.
- Ensure that you understand your provider's beliefs about your child, as ABA providers hold both core and differing beliefs and philosophies (e.g., connections between sensory and medical conditions and behavior).

Adapted from: www.iidc.indiana.edu/pages/tips-for-choosing-a-provider-for-applied-behavior-analysis-aba

Specialty Mental Health Services

Los Angeles County provides specialty mental health services to children with Medi-Cal, from birth to age 21 who have a primary eligible mental health diagnosis and meet medical necessity guidelines. These services include infant and early childhood mental health services.

Considerations (when deciding whether to refer a child to mental health services through their MCP or through specialty mental health):

- If the primary concern is ASD, refer to the regional center and to the MCP for behavioral health services.
- If the primary concern is social-emotional symptoms, traumatic experiences or challenges in the parent-child relationship, a referral for specialty mental

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health services is recommended. In addition, for very young children (e.g., birth to age 2), specialty mental health agencies are more likely to have providers trained to provide infant mental health to this age group.

To identify a mental health provider through the L.A. County Department of Mental Health (DMH) contracted agencies, contact 800-854-7771 or search the provider directory at dmh.lacounty.gov/pd.

An intake assessment will be completed to determine if the child has an eligible mental health diagnosis and meets medical necessity. Then a treatment plan will be developed in collaboration with the family. Services may include home- and/or clinic-based mental health services or telemental health services, medication support (if indicated), and rehabilitation services to support children in developing daily living skills related to their mental health diagnosis.

For children from birth to age 5, services provided by the DMH agencies and contracted agencies include a range of evidence-based practices, including but not limited to:

- Child-Parent Psychotherapy (CPP): A dyadic model (parent and child together) designed for young

children exposed to traumatic events. The focus is on building the parent-child relationship, reducing trauma symptoms, and putting the child on a positive developmental trajectory.

- Parent-Child Interaction Therapy (PCIT): A parent-coaching model focused on reducing symptoms of disruptive behavior, improving parenting skills, and enhancing the parent-child relationship.
- Incredible Years: Parent coaching through a group format, including parent groups and child groups.

When choosing a provider for mental health services, consider the following guidelines:

- Look for a provider who has specialized training and experience working with young children. One way to identify such a provider is to confirm if they are endorsed as an infant mental health specialist through the California Center for Infant and Early Childhood Mental Health (or similar endorsement organization in other states): cacenter-ecmh.org/wp.
- Mental health services for young children should be:
 - o Relationship-based and family-focused, including the parents or caregivers as an integral part of the intervention
 - o Developmentally appropriate
 - o Culturally appropriate and fitting with the family's values
 - o Trauma-informed

