

**Memorandum of Understanding  
Between  
Alameda Alliance Health  
And  
Regional Center of the East Bay**

**Purpose:** Regional Center of the East Bay and Alameda Alliance for Health share a mutual goal of providing appropriate care and services to Consumer/Members with developmental disabilities who reside or resided at Agnews Developmental Center, are part of the Agnews Closure Plan, and whose individual program plan (IPP) documents the need for services that exceed those that are available through the traditional fee-for-service or managed care plan systems in order to optimize the health and welfare of each individual. This Memorandum of Understanding (MOU) describes the respective responsibilities of both organizations as they relate to Regional Center requirements and Health Plan contracts so that through collaboration and communication, full cooperation will be achieved which meets the needs of both organizations in their service to Consumer/Members.

**The Regional Center:** Regional Center of the East Bay is one of 21 regional centers in the State of California created as a result of the 1969 Lanterman Mental Retardation Act, (the Lanterman Developmental Disabilities Services Act was enacted in 1972), commonly referred to as the "Lanterman Act" (Welfare and Institutions Code, Sections 4500 and following). The Lanterman Act established a statewide network of regional centers to provide information and help coordinate services and supports for individuals with developmental disabilities and their families. The Lanterman Act also established rights for individuals with developmental disabilities to receive treatment and services from these regional centers throughout their life. Regional centers are private, non-profit community-based agencies that contract with local businesses to offer a wide range of services. Regional centers enter five-year contracts that are amended annually with the State Department of Developmental Services (DDS) to deliver services. Under the Lanterman Act and through contracts with the DDS, regional centers provide case management for individuals with developmental disabilities and are responsible for referrals into the developmental centers and for securing community-based housing and services for individuals transitioning from developmental centers.

**Agnews Developmental Center** Agnews Developmental Center is one of five state developmental centers. It is operated under the authority of DDS and is scheduled to close by June, 2008.

**Health Plan: Health Plan is Alameda Alliance for Health.** Alameda Alliance for Health (Alliance) is a public, not-for-profit managed care health plan established in January 1996 to provide health care services to low income residents of Alameda County. The Alliance provides health care coverage to 85,000 low-income children and adults through its Medi-Cal, Healthy Families, Alliance Group Care, and Healthy Kids programs. Alliance members choose from a network of 1,700 physicians, 13 hospitals, 30 community health centers, and more than 190 pharmacies throughout Alameda County.

Alameda Alliance for Health is an entity under contract with the State Department of Health Care Services (DHCS) and, through a unique contract amendment to the Health Plan's executed contract, shall arrange for medical care services to this specific population.

**Alameda Alliance for Health  
And  
Regional Center of the East Bay  
Memorandum of Understanding**

<b>Category</b>	<b>Regional Center</b>	<b>Health Plan</b>
Overview	Coordinate the provision of all necessary services to Consumer /Members based on the person's IPP.	Arrange for the provision of covered health care services, including, but not limited to primary care services, and specialty services as described in the attached Scope of Services matrices and applicable DHCS Medi-Cal managed care, and Centers for Medicare and Medicaid Services (CMS) contracts.
Eligibility	<ul style="list-style-type: none"> <li>• The Regional Center shall identify Medi-Cal eligible persons eligible to enroll in the Health Plan based upon criteria developed by the applicable State agency and facilitate their enrollment in the Health Plan.</li> <li>• The Regional Center shall identify the person or entity that has the legal authority to take actions on behalf of the Consumer.</li> <li>• Where election into a managed care plan is voluntary, the Regional Center shall assist the person or entity that has the legal authority to take actions on behalf of the Medi-Cal eligible Consumer in reviewing the enrollment packet received from the State Department of Health Care Services (DHCS), provide information on election of the appropriate Medi-Cal managed care plan, and assist in completing and submitting the enrollment application to the State DHCS.</li> <li>• Upon the Consumer's enrollment into the Health Plan, the Regional Center will inform the Health Plan of</li> </ul>	<ul style="list-style-type: none"> <li>• The Health Plan shall work with eligible Consumer/Members and the Regional Center to provide information to the Consumer/Member or his/her legal representative on how to elect its Special Needs Plan.</li> <li>• Consumer/Members who elect a Medicare Advantage Plan not affiliated with the Health Plan will be subject to disenrollment from the Health Plan. <ul style="list-style-type: none"> <li>- Dually eligible Consumer/Members have the right to change their health plan during any month of the year. The change will become effective the first day of the month after receipt of a Consumer's/Member's notice of disenrollment.</li> </ul> </li> </ul>

Category	Regional Center	Health Plan
	<p>the name of the person or entity that has the legal authority to take actions on behalf of the Consumer/Member.</p> <ul style="list-style-type: none"> <li>• Consumer/Members who elect a Medicare Advantage Plan not affiliated with the Health Plan will be subject to disenrollment from the Health Plan. <ul style="list-style-type: none"> <li>- Dually eligible Consumer/Members have the right to change their health plan at the beginning of any month of the year.</li> </ul> </li> </ul>	
Authorization	<p>The Regional Center shall utilize all publicly funded necessary diagnostic, primary, and preventive care services for eligible Consumer/Members as required by the Lanterman Act (Welfare and Institutions (W&amp;I) Code 4659 subdivision (a)(1))</p>	<ul style="list-style-type: none"> <li>• The Health Plan shall ensure timely prior authorization of medically necessary services for Consumer/Members in accordance with applicable DHCS or CMS contracts.</li> <li>• The Health Plan shall work with its provider network to achieve compliance with all Health Plan rules and regulations regarding access to care.</li> <li>• The Health Plan shall provide medically necessary services as specified in the DHCS Medi-Cal managed care contract, Medicare covered benefits as appropriate, and the attached Scope of Services matrices.</li> </ul>
Care Coordination	<ul style="list-style-type: none"> <li>• Prior to the Consumer leaving Agnews, the Regional Center shall consult with the person's primary care physician at Agnews regarding health-related issues when developing the Consumer's Individualized Health Care Plan (IHCP)/IPP. The Regional Center shall develop a health transition plan</li> </ul>	<ul style="list-style-type: none"> <li>• The Health Plan shall provide Comprehensive Medical Case Management by a licensed registered nurse and coordinate/expedite the authorization of medically necessary services for Consumers/Members who have been moved from Agnews pursuant to this MOU. The Health</li> </ul>

Category	Regional Center	Health Plan
	<p>that identifies the person's service needs, determines appropriate residential placement in a community, and the available community resources that will be available. The Regional Center shall seek the Consumer's consent to consult with the Health Plan regarding the transition planning.</p> <ul style="list-style-type: none"> <li>• The Regional Center shall provide Targeted Case Management for eligible Consumer/Members and their families to assure access to health, developmental, social, educational, and vocational services. TCM includes, but is not limited to: <ul style="list-style-type: none"> <li>- Coordination of health related services with the Health Plan, to avoid duplication of services.</li> <li>- Provision of referrals to specialty centers and follow-up with schools, social workers, and other agencies involved in the Consumer/Member's care pursuant to the IPP.</li> </ul> </li> </ul>	<p>Plan will participate in transition planning when possible.</p> <ul style="list-style-type: none"> <li>- This Case Manager will serve as the contact person who shall resolve operational issues that involve Health Plan related matters.</li> <li>• The Health Plan will arrange for the provision of services to Consumer/Members in locations based upon the person's clinical needs as medically appropriate.</li> </ul>
Behavioral Services	<ul style="list-style-type: none"> <li>• Ensure needs are identified during the development of the transition plan and incorporated into IPP.</li> <li>• Provide/purchase consultation and training to service providers on the implementation of a behavioral plan that emphasizes development of positive behaviors and prevention of crisis when the need is identified in its assessment and the service is identified in the IPP.</li> <li>• Provide behavioral health services. <ul style="list-style-type: none"> <li>- Develop and implement a Memorandum of Understanding between the Regional Center and the county mental health agency that identifies areas of</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Arrange to provide behavioral health services, coverage for a formulary of behavioral health drugs, and clinical case management where these services are related to medical diagnosis and are outside the county mental health coverage to Consumer/Members in accordance with applicable DHCS and CMS contracts.</li> <li>• Provide pharmacy consultation as necessary for medication issues involving formulary concerns.</li> </ul>

Category	Regional Center	Health Plan
	<p>responsibility. (W&amp;I Code 4696.1)</p> <ul style="list-style-type: none"> <li>• Assure the provision of ongoing out-patient psychiatric monitoring of behavioral medications by a psychiatrist and pharmacist through the county mental health program, Medicare, or purchase-of-service in a manner consistent with both the Consumer/Member's IPP and with W&amp;I Code 4659 subdivision (a)(1).</li> </ul>	
Regional Center/ Health Plan Coordination	<ul style="list-style-type: none"> <li>• The Regional Center shall designate a central contact person for the Health Plan and its providers. This person shall assist in the identification and resolution of operational issues. <ul style="list-style-type: none"> <li>- The Regional Center shall work collaboratively with the appointed Health Plan contact person to resolve access and coordination of care issues.</li> </ul> </li> <li>• The Regional Center shall assist in educating its Consumers regarding the availability of the Health Plan contact person for services related to Agnews Consumers.</li> <li>• The Regional Center shall work with the Health Plan on any person-specific concerns regarding decisions by the Health Plan and attempt to resolve these issues informally.</li> </ul>	<ul style="list-style-type: none"> <li>• The Health Plan shall designate a central contact person to work collaboratively with the central contact person for the Regional Center to resolve access and coordination of care issues. This person shall assist in the identification and resolution of Health Plan operational issues. <ul style="list-style-type: none"> <li>- The Health Plan contact person shall be available to assist Regional Center, Consumers/Members and their representatives to utilize their Health Plan benefits effectively.</li> </ul> </li> <li>• The Health Plan shall provide ongoing education to the Regional Center staff, providers, and Consumers/Members and their representatives regarding services and Health Plan benefits.</li> <li>• The Health Plan shall work with the Regional Center on any person-specific concerns regarding decisions by the Regional Center and attempt to resolve these issues informally.</li> </ul>
Education	The Regional Center shall provide ongoing education and training to Health Plan staff regarding the	The Health Plan shall provide ongoing education and training to its provider network to increase their awareness

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	<p>Regional Center program and participate in collaborative training to facilitate education regarding health services to persons with developmental disabilities to plan providers. The Regional Center shall serve as a resource for information requested by consumers, family members, and service providers as part of an ongoing collaborative effort with the Health Plan.</p>	<p>of medical and ancillary services that persons with developmental disabilities may need, and how Health Plan providers are expected to meet these needs.</p> <ul style="list-style-type: none"> <li>- The Health Plan shall work with Regional Center and State staff to provide training to its provider network in order to help increase the skills of Health Plan providers to meet these needs.</li> </ul>
Medical Records	<ul style="list-style-type: none"> <li>• It is the goal of the Regional Center to work cooperatively with the Health Plan to share appropriate information that will improve service to the Consumer/Member.</li> <li>• The Regional Center shall work cooperatively in sharing information to the extent allowable under statutory requirements for confidentiality. (W&amp;I Code 4514, Civil Code 56.10 et seq, the Health Insurance Portability and Accountability Act of 1996, as amended, and other relevant provision of State and Federal law.)</li> <li>• The Regional Center shall assure that current medical information is maintained by its vendors (e.g. residential service providers). Necessary medical information shall be made available to Health Plan providers to assure continuity of medical services to the Consumer/Member. A top priority for this shall be when a Consumer/Member needs urgent or emergency medical care.</li> </ul>	<ul style="list-style-type: none"> <li>• It is the goal of the Health Plan to work cooperatively with the Regional Center to share appropriate information that will improve medical services to the Consumer/Member.</li> <li>• The Health Plan shall work cooperatively in sharing information to the extent allowable under statutory requirements for confidentiality.</li> <li>• The Health Plan shall advise its provider network of the need to exchange medical records and reports in a timely manner to ensure continuity of care for Consumer/ Members.</li> <li>• The Regional Center and the Health Plan shall disclose medical information that is necessary for the Consumer/Member's treatment, payment or health care operations. This includes information needed for the coordination and management of health care and related services and utilization review and quality management activities in compliance with and pursuant to 45 CFR § 164.501 &amp; 164.506.</li> </ul>
Quality Improvement	The Regional Center will implement a quality management system that	The Health Plan shall utilize established quality improvement

Category	Regional Center	Health Plan
	<p>promotes positive Consumer/Member outcomes from residential and support services that it purchases.</p>	<p>mechanisms to promote appropriate care and services to its Consumer/Members in accordance with its DHCS Medi-Cal managed care and CMS contract requirements and measures.</p>
<p>Post Placement Acute Care Hospitalization Transition</p>	<ul style="list-style-type: none"> <li>• The Regional Center shall assure ongoing communication with the residential service provider, the acute care hospital, and the Health Plan during Consumer/Members' acute hospital stays.</li> <li>• It is the goal of the Regional Center to assure that a Consumer/Member remain in their home as their service needs change so long as they remain eligible for services from the residential facility. It will work with the residential service provider to facilitate the return of the Consumer/Member to their home when he/she is clinically stable and ready for hospital discharge.</li> <li>• It is the goal of Regional Centers to prevent medically unnecessary prolongation of the hospital stays. It will work to assure that appropriate residential options are available for persons that are medically stable and ready for discharge. This includes establishing "bed holds" in 962 homes to serve persons who require additional medical supports.</li> <li>• The Regional Center shall work to assure that, regardless of the length of hospital stay, by the time the Consumer/Member is clinically stable and ready for hospital discharge, a residential placement is ready so that medically unnecessary prolongation of the hospital stay is prevented.</li> </ul>	<p>The Health Plan will coordinate with the Regional Center to ensure seamless discharge planning and expedited authorization of medical services for Consumer/Members leaving licensed health care facilities.</p>

Category	Regional Center	Health Plan
Dispute Resolution	The Regional Center shall advise its Consumer/Members of the Regional Center's appeal processes when applicable.	The Health Plan shall advise its Consumer/Members of the Health Plan's appeal processes when applicable.
Resource Development	<ul style="list-style-type: none"> <li>• The Regional Center shall work with the Health Plan to ensure the appropriate range and quality of health services accessible to Consumer/Members.</li> <li>• The Regional Center shall advise the Health Plan of eligible providers who have expertise in developmental disabilities on an ongoing basis.</li> </ul>	<ul style="list-style-type: none"> <li>• The Health Plan shall work with the Regional Center to ensure the appropriate range and quality of health services accessible to Consumer/Members.</li> <li>• The Health Plan shall evaluate and, if appropriate, credential and contract with providers referred by the Regional Center considered to have expertise in caring for persons with developmental disabilities.</li> </ul>

**Definitions:**

**Comprehensive Medical Case Management** is based on the "Medical Model" and expedites the authorization of covered Health Plan services for high-cost/high-use Consumers/Members. This model promotes coordination and communication across disciplines within the various organizations delivering medical care. Medical case management requires knowledge of covered Health Plan benefits, outside medical resources for non-covered Health Plan benefits, and assures that the most appropriate medical services are authorized. Quality healthcare is emphasized and costs are controlled by avoiding delays in medical services and potential medical complications.

Comprehensive Medical Case Management services ensure the coordination of Medically Necessary covered benefits, the provision of applicable covered preventive services in accordance with established standards and periodicity schedules and the continuity of care for Medi-Cal/Medicare enrollees. These services may include health risk assessment, treatment planning, coordination, referral, follow-up, and monitoring of appropriate services and resources provided through the health plan that are required to meet a Consumer/Member's health care needs.

**Consumer** means a person who is a resident of the Agnews Development Center and is served by a Regional Center.

**Consumer/Member** means a Medi-Cal eligible person who was a resident of the Agnews Development Center, who has been identified by the planning team as requiring services consistent with this MOU, and who is enrolled in the Health Plan

**Individualized Health Care Plan** is initially developed for persons moving from Agnews to 962 Homes and is then maintained by the residential service provider. It is based on an assessment of the person's medical needs identified by the Agnews' physician and identifies the range of health care conditions and

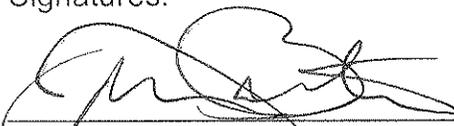
Category	Regional Center	Health Plan
<p>the provider responsible for meeting these needs. It is incorporated into the person's Individual Program Plan.</p>		
<p><b>Individual program plan</b> is a plan which identifies a person's needs and goals, and the services necessary to meet those needs. The IPP becomes the general basis for determining the community services to which an individual is then entitled. The RCs have the responsibility of ensuring that services identified in the IPP are actually provided.</p>		
<p><b>Residential Service Provider</b> is a Regional Center vendor that provides the living arrangement for the Consumer/Member.</p>		
<p><b>Special Needs Plan</b> is a targeted program approved by the Center for Medicare and Medicaid Services that provides a seamless and coordinated service to persons eligible for Medicare and Medicaid. Enrollment is voluntary for eligible Consumer/Members.</p>		
<p><b>Targeted Case Management (TCM)</b> means services which assist Medi-Cal beneficiaries within specified target groups to gain access to needed medical, social, educational, and other services. In prescribed circumstances, TCM is available as a Medi-Cal benefit as a discrete service, as well as through State or local government entities and their contractors.</p>		

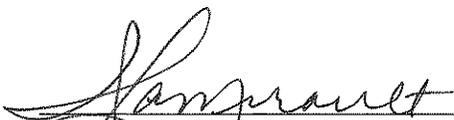
**Agreement:** In consideration of the Purpose stated above and the promises exchanged in this Memorandum of Understanding, and other valuable consideration, receipt of which is hereby acknowledged, the parties agree to fulfill the responsibilities presented above in accordance with applicable law and professionally recognized standards of care.

**Term:** This Memorandum of Understanding shall be effective July 1, 2007, and shall automatically renew annually thereafter. It may be amended only by written consent of both parties. Any proposed amendments to this MOU shall be reviewed and approved by DDS and DHCS prior to implementation. In addition, the Regional Center and the Health Plan will, at a minimum, meet annually to review this MOU to determine whether amendments are necessary. This MOU shall remain in full force and in effect until it is determined jointly by DDS and DHCS that it shall be terminated.

Attachment: Scope of Services matrices.

Signatures:

  
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 James M. Burton  
 Executive Director

  
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 Ingrid Lamirault  
 Chief Executive Officer

Date: 12/31/07

Date: 1-7-08

**SCOPE OF SERVICES**  
**Senate Bill (SB) 962 Homes**

Welfare & Institutions Code Section 4684.50 Residential Services Provider	Regional Center	Managed Care Plan
<b>Facility-based Care</b>		
<p>A Department of Social Services (DSS) licensed/Department of Developmental Services (DDS) certified residential services home <b><u>providing intensive supports (i.e. Activities of Daily Living) and nursing supports</u></b> to Consumer/Members with “special health care needs” as identified in Welfare and Institutions Code Section 4684.50. The Consumer/Member has health conditions that are predictable and stable and for which the individual requires nursing supports such as:</p> <ul style="list-style-type: none"> <li>• Oxygen support including tracheostomy care and suctioning.</li> <li>• Nursing interventions for colostomy, ileostomy, indwelling urinary catheter/catheter procedure or other medical or surgical procedures</li> <li>• Special medication regimes including injections and intravenous medications</li> <li>• Treatment for wounds or pressure ulcers (stages 1 and 2), fecal impactions, staphylococcus infection.</li> <li>• Post operative care and rehabilitation</li> <li>• Pain management and palliative care</li> </ul>	<p>Certification and vendorization of SB 962 Home prior to provision of residential services.</p> <p>Regional Centers’ contract with the provider must include, among other things, incorporation by reference, the facility’s approved program plan.</p> <p>Conduct residential quality assurance/quality monitoring activities of vendored SB 962 Homes which includes an annual review of facility compliance with direct care staff training and staffing requirements; minimum of two unannounced visits to the facility, and; tri-annual residential quality assurance review pursuant to Title 17 regulations.</p> <p>Work with hospital discharge planners to meet the housing and level of care needs of Consumers/Members i.e. placement of Consumers into SB 962 Homes; fund additional nursing hours for Consumer in SB 962 Homes, etc.</p>	<p>Primary and Specialty in-patient care in accordance with applicable DHCS Medi-Cal managed care, and CMS contracts.</p>

Welfare & Institutions Code Section 4684.50 Residential Services Provider	Regional Center	Managed Care Plan
	<b>Facility-based Care</b>	
<p>Pursuant to Health and Safety Code, home may retain or admit a terminally ill resident providing the resident has obtained the services of a hospice provider certified in accordance with federal Medicare conditions of participation and be licensed. There must be an agreement between the hospice agency and residential facility, regarding the Consumer/Member's care plan. The care plan shall specifically limit the facility's role for care and supervision to those tasks authorized for a residential facility under applicable Health and Safety Code. See Health and Safety Code, Section 1507.3</p>		

Welfare & Institutions Code Section 4684.50 Residential Services Provider	Regional Center	Managed Care Plan
<b>Physician/Clinical Services</b>		
<p>The residential facility shall provide staff in a manner consistent with its approved facility program plan and as required in Welfare and Institutions Code Section 4684.63. Examples of staffing include:</p> <p><b>24 Hour, 7 days a week staff coverage.</b></p> <p><b>Administrator</b> – 20 hr/week</p> <p>Licensed nursing staff at all times that residents are being served by the facility.</p> <p><b>Health Care Consultant</b> (minimum 32 hours per Consumer/Member per year). “Consultants” may include: dietician, speech pathologist, physical therapy, occupational therapy, registered nurse, physician, pharmacist, social service or recreational consultant, and others. Type of consultant may vary based upon Consumer/Member’s needs. Consultants’ responsibilities include assessment and staff training but do not include direct treatment to the Consumer/Member.</p> <p>The Regional Center may require facility to provide additional administrative or support personnel whenever Regional Center determines, in consultation with the IHCP Team, that additional personnel are needed to provide for the health and safety of Consumer/Members.</p> <p>Facility program design submitted to regional center that includes, but is not limited to, the following:  - a profile of Consumer population to be served, including a brief description of health care and intensive support services needed;</p>	<p>Development of Consumer’s IPP, using a person-centered planning approach, delineates the Consumers/Members services/support needs, provider of each service/support, timelines for service provision and funding source.</p> <p>Assignment of a case manager to develop each Consumer’s IPP and revise it in response to Consumer’s changing needs; monitor the IPP quarterly; monitor implementation of the Consumer/Member’s IHCP; refer Consumer/Member to appropriate and needed community resources; provide information and advocacy services as needed.</p> <p>Prior to placement of a Consumer into a SB 962 Home, the Consumer’s IHCP Team must have prepared a written IHCP for implementation upon placement.</p> <p>The Regional Center shall seek consent for release of information and, when obtained, provide the IHCP to the Health Plan.</p> <p>IHCP Team members (includes, not limited to, Consumer/Member’s primary care physician or physician designated by Regional Center: facility RN and Administrator) must meet no less than every 6 months to evaluate/update the IHCP.</p> <p>Requirements for IHCP are specified in Welfare and Institutions Code 4684.68 and requires a written statement from physician that Consumer’s medical condition is predictable and stable and level of care is appropriate for SB 962 Home; a list of all health care and intensive support services the Consumer is currently receiving or may need upon placement, and the name of the IHCP Team member responsible for day-to-day monitoring of the plan.</p> <p>Perform monthly face-to-face visits by a Regional</p>	<p>Covered benefits and services pursuant to applicable DHCS Medi-Cal managed care and CMS contracts, and as identified in the Consumer/Member’s IHCP as appropriate. Examples of services include:</p> <ul style="list-style-type: none"> <li>• Credentialed primary care and specialty physicians and services</li> <li>• Routine physician visits minimum of every 60 days</li> <li>• Provision of medical/specialty care in Consumer/Member home as medically necessary and available</li> <li>• Podiatric consultation and follow-up</li> <li>• Nutritional consult, dysphasia/feeding;</li> <li>• Evaluations: occupational therapy, physical therapy, speech therapy, respiratory therapy, that are non-duplicative home evaluations/services</li> <li>• Anesthesiology for sedation and ultra-light or conscious sedation and hospital/surgery clinic for dental sedation services</li> <li>• Clinical Preventive Services: Annual and routine physical exam, health care screening including but not limited to: hearing and vision screening, cancer screenings as appropriate (skin, breast, cervical, colorectal, prostate), routine laboratory and special studies as needed</li> <li>• Referral to specialists for complex medical needs and diagnostic tests such as EEG, EKG, CT Scan and ultrasound</li> <li>• Immunizations per ACIP Guidelines</li> <li>• Laboratory Services</li> <li>• Vision care</li> <li>• Hearing aids</li> <li>• Remedial surgical treatments and interventions</li> </ul>

Welfare & Institutions Code Section 4684.50 Residential Services Provider	Regional Center	Managed Care Plan
<b>Physician/Clinical Services</b>		
<ul style="list-style-type: none"> <li>- a description of the program components, including brief description of health care and intensive support services to be provided;</li> <li>- a week's proposed program staffing pattern, including licensed, unlicensed and support personnel and number and distribution of hours for such personnel;</li> <li>- consultants to be utilized, including their professional disciplines and hours to be worked per week, or month as appropriate;</li> <li>- plan for accessing and retaining consultant and health care services, including assessments, in the areas of physical therapy, occupational therapy, etc and other areas required for meeting the needs identified in Consumers/Members' IHCPs;</li> <li>- a description of the equipment and supplies available, or to be obtained, for programming and care;</li> <li>- The in-service training plan for at least the next 12 months; and,</li> <li>- type, location and response time of emergency medical service personnel.</li> </ul>	<p>Center licensed registered nurse to Consumer/Members residing in a SB 962 Home. At least four of these visits shall be unannounced.</p>	<ul style="list-style-type: none"> <li>• All other services as appropriate for the Consumer/Member.</li> </ul> <p>In-Home Mobile Services: authorize and arrange for covered services when medically necessary if available or exist.</p> <p>Required supports for:</p> <ul style="list-style-type: none"> <li>• Provider reimbursement that recognizes and supports expanded time for physician/clinical and administrative services (e.g. travel time, 24/7 coverage)</li> <li>• Physician participation in discussions/coordination of Consumer/Member health care needs</li> </ul>

Welfare & Institutions Code Section 4684.50 Residential Services Provider	Regional Center	Managed Care Plan
<b>Supplies/Supports</b>		
<p>Supplies that are used by nursing staff for a number of the residents to support their health and safety <u>that are not available for individuals through the Health Plan</u> such as:</p> <ul style="list-style-type: none"> <li>• Bed linens, towels and pads</li> <li>• Supplies for first aid, medication administration and personal hygiene</li> <li>• General medical supplies (gauzes, swabs) that can be used for routine care</li> <li>• Over-the-counter medications and treatments that are not available through the Health Plan.</li> <li>• Staff supplies to promote infection control and support nursing care</li> <li>• Emergency back-up generator</li> </ul>	<p>Development of consumer's IPP, using a person-centered planning approach, delineating the consumers services/support needs, provider of each service/support, timelines for service provision and funding source. Such services/supports may include, but are not limited to: residential, day, non-medical transportation, social and health services. IPP services may also include Regional Center assistance in accessing community service providers and generic services through Medicare and fee-for-service Medi-Cal.</p> <p>Regional Center may purchase services on Consumer's IPP when no generic service available to meet the need.</p>	<p>Medical supplies and services pursuant to applicable DHCS Medi-Cal managed care, and CMS contract, require a prescription and are not duplicative of the medical supplies and services provided by the residential services provider, such as:</p> <ul style="list-style-type: none"> <li>• Home Health Services</li> <li>• Medications and Special Medication Regimes</li> <li>• Incontinent Briefs</li> <li>• Medical Supplies including gastrostomy, tracheotomy and catheter supplies required for specialized care</li> <li>• Durable medical equipment that is individually prescribed</li> <li>• Orthotics</li> <li>• Total parenteral nutrition</li> <li>• Inhalation Assistive Devices: IPPB, BiPAP, and C-PAP equipment</li> <li>• Pressure-relieving Devices – heel and elbow guards</li> <li>• Special mattresses – alternating pressure mattresses, water mattresses</li> <li>• Mobility Engineering consultation and interventions, including equipment repairs</li> <li>• Regular maintenance on wheelchairs and periodic adjustments in timely manner</li> </ul>

Welfare & Institutions Code Section 4684.50 Residential Services Provider	Regional Center	Managed Care Plan
<b>Transportation</b>		
<ul style="list-style-type: none"> <li>• Routine transportation to medical, dental and mental health services</li> <li>• Wheelchair van transportation</li> <li>• Provision of an attendant in addition to the driver when necessary</li> </ul>	Pursuant to Consumer/Member IPP, arrange and pay for transportation to day care program and other services	<ul style="list-style-type: none"> <li>• Emergency medical transportation</li> <li>• Transportation to medical services for Consumer/Members who cannot be accommodated in routine transportation modes.</li> <li>• Gurney vans</li> </ul>
<b>Administration</b>		
Provision of services pursuant to Consumer/Member's IPP in addition to their IHCP	<ul style="list-style-type: none"> <li>• Development and monitoring of IPP</li> <li>• Resource development</li> <li>• Information and Referral</li> <li>• Community Education</li> <li>• Quality Management Program</li> <li>• Advocacy for Consumer/Members legal and civil rights</li> <li>• Assurance of continuity of care and services</li> <li>• Coordinated case management</li> </ul>	Administration to support access and utilization of appropriate and medically necessary services, such as: <ul style="list-style-type: none"> <li>• Develop and maintain an adequate provider network and ongoing training to improve network capacity</li> <li>• Medical case management by a registered nurse to manage/coordinate the Consumer/Member's specialized health care needs</li> <li>• Expedited authorization of services</li> <li>• Medicare co-pays for dual eligibles</li> <li>• Local collaboration with regional centers and others in the delivery of health care services</li> <li>• Consumer/Member education</li> <li>• Quality improvement</li> </ul>
Provision of residential services pursuant to applicable DSS Title 22, applicable Health and Safety Code Sections, and Welfare and Institutions Code Article 3.5, Section 4684.50 et.seq.		

**SCOPE OF SERVICES**  
Specialized Residential Facilities and Family Home Agencies

<p><b>Specialized Residential Facilities and Family Home Agencies (certified family homes &amp; family teaching homes)</b></p>	<p align="center"><b>Regional Center</b></p>	<p align="center"><b>Managed Care Plan</b></p>
<p align="center"><b>Facility-based Care</b></p>		
<p>Specialized residential facilities (SRF) are licensed by Department of Social Services (DSS). May serve non ambulatory and/or ambulatory Consumers</p> <p>Family Home Agencies (FHA) are certified by Department of Developmental Services (DDS). FHAs certify family homes/family teaching homes pursuant to Title 17 regulations. May serve non ambulatory and/or ambulatory Consumers</p> <p>SRFs and FHAs must submit a program design and other required documents, pursuant to applicable law, to the Regional Center to become vendorized.</p> <p>Program design includes, among other things, profile of Consumers to be served, staff qualifications, staffing pattern and staff training.</p> <p>Staff qualifications vary among facilities and are determined by whom (Consumer profile) the facility intends to serve – examples include, but are not limited to: psychiatric technicians, direct support professionals.</p> <p>Facility, depending on type and program design, may include consultant services to assist the provider in meeting the needs of the Consumer consistent with the facility's program design. Consultant services may include: psychologist, rehabilitation therapist, dietician, social worker, occupational/physical therapist, speech therapist, nurse.</p>	<p>Vendorize SRFs and FHAs prior to provision of residential services.</p> <p>Conduct residential quality assurance/quality monitoring activities which includes an annual review of SRF compliance with direct care staff training and staffing requirements and a tri-annual residential quality assurance review pursuant to Title 17 regulations.</p> <p>Annual review of FHAs pursuant to Title 17.</p> <p>Conduct a minimum of two unannounced visits to these living environments annually.</p> <p>Work with hospital discharge planners to meet the housing and level of care needs of Consumers i.e. place Consumer into SB 962 Home; fund additional support services for the Consumer, etc.</p>	<p>Primary and Specialty in-patient care in accordance with the DHCS Medi-Cal managed care and CMS contracts as applicable.</p>

**SCOPE OF SERVICES**  
Specialized Residential Facilities and Family Home Agencies

Specialized Residential Facilities and Family Teaching Homes	Regional Center	Managed Care Plan
<b>Physician/Clinical Services</b>		
<p>SRFs, FHAs, and certified family/family teaching homes shall provide for, or arrange for, any health-related services which are: referenced in Consumers' IPPs and for which the providers are responsible; or prescribed for Consumers; or needed by Consumers.</p>	<p>Assignment of a case manager to develop Consumers' IPPs and revise them in response to Consumers' changing needs; monitor IPPs quarterly; refer Consumers to appropriate and needed community resources; provide information and advocacy services as needed.</p> <hr/> <p>Contract for/purchase psychiatric/mental health related outpatient services to meet Consumer mental health needs not covered by local county mental health.</p> <hr/> <p>Provide crisis intervention services in Consumer/Members home, as appropriate.</p> <hr/> <p>Development of Consumers' IPPs, using a person-centered planning approach, delineating the Consumers services/support needs, provider of each service/support, timelines for service provision and funding source. Such services/supports may include, but are not limited to: residential, day, non-medical transportation, social and health services. IPP services may also include regional center assistance in accessing community service providers and generic services through Medicare and fee-for-service Medi-Cal.</p>	<p>Covered benefits and services pursuant to contract with DHCS and CMS, where applicable. Examples of services include:</p> <ul style="list-style-type: none"> <li>• Credentialed primary care and specialty physicians and services</li> <li>• Routine physician visits minimum of every 60 days</li> <li>• Provision of medical/specialty care in Consumer/Member home as medically necessary and available</li> <li>• Podiatric consultation and follow-up</li> <li>• Nutritional consult, dysphasia/feeding;</li> <li>• Evaluations: occupational therapy, physical therapy, speech therapy, respiratory therapy, non-duplicative home health agency evaluations/services</li> <li>• Anesthesiology for sedation and ultra-light or conscious sedation and hospital/surgery clinic for dental sedation services</li> <li>• Clinical Preventive Services: Annual and routine physical exam, health care screening including but not limited to: hearing and vision screening, cancer screenings as appropriate (skin, breast, cervical, colorectal, prostate), routine laboratory and special studies as needed</li> <li>• Referral to specialists for complex medical needs and diagnostic tests such as EEG, EKG, CT Scan and ultrasound</li> <li>• Immunizations per ACIP Guidelines</li> <li>• Laboratory Services</li> <li>• Vision care</li> <li>• Hearing aids</li> <li>• Remedial surgical treatments and interventions</li> </ul>

**SCOPE OF SERVICES**  
 Specialized Residential Facilities and Family Home Agencies

Specialized Residential Facilities and Family Teaching Homes	Regional Center	Managed Care Plan
<b>Physician/Clinical Services</b>		
	Regional Center may only purchase services when they are identified on Consumers' IPPs and when no generic services are available to meet the need.	Required supports for: <ul style="list-style-type: none"> <li>• Provider reimbursement that recognizes and supports expanded time for physician/clinical and administrative services (e.g. travel time, 24/7 coverage)</li> <li>• Physician participation in discussions/coordination of Consumers' health care needs.</li> </ul>

**SCOPE OF SERVICES**  
**Specialized Residential Facilities and Family Home Agencies**

<b>Specialized Residential Facilities and Family Teaching Homes</b>	<b>Regional Center</b>	<b>Managed Care Plan</b>
<b>Supplies/Supports</b>		
<p>Beds, linens and other Consumer/Member needs as required by Title 22 regulations governing SRFs.</p> <p>Bed, linens and other Consumer/Member needs as required by Title 17 regulations governing FHAs and certified family/family teaching homes.</p>	<p>As determined through Consumers/Members IPPs based on individual needs.</p>	<p>Medical supplies and services pursuant to contracts with DHCS and CMS, where applicable, such as:</p> <ul style="list-style-type: none"> <li>• Home Health Services</li> <li>• Medications and Special Medication Regimes</li> <li>• Incontinent Briefs</li> <li>• Durable medical equipment that is individually prescribed</li> <li>• Mobility Engineering consultation and interventions, including equipment repairs. Regular maintenance on wheelchairs and periodic adjustments in timely manner.</li> </ul>

**SCOPE OF SERVICES**  
**Specialized Residential Facilities and Family Home Agencies**

<b>Specialized Residential Facilities and Family Teaching Homes</b>	<b>Regional Center</b>	<b>Managed Care Plan</b>
<b>Transportation</b>		
Routine transportation to medical, dental and mental health services	Pursuant to Consumer/Member IPP arrange, pay for transportation to day and other services	<ul style="list-style-type: none"> <li>• Emergency medical transportation</li> <li>• Gurney vans</li> </ul>
<b>Administration</b>		
<p>SRFs compliance with applicable laws/regulations governing DSS licensed facilities and Title 17 regulations.</p> <p>Adult Family Home Agency (AFHA) compliance with applicable law and Title 17 regulations governing AFHA and the family homes and family teaching homes they certify</p>	<ul style="list-style-type: none"> <li>• Development and monitoring of IPPs</li> <li>• Resource development</li> <li>• Information and Referral</li> <li>• Community Education</li> <li>• Quality Management Program</li> <li>• Advocacy for Consumers/Members legal and civil rights</li> <li>• Assurance of continuity of care and services</li> <li>• Coordinated case management</li> </ul>	<p>Administration to support adequacy of provider network and ongoing training to improve network capacity such as:</p> <ul style="list-style-type: none"> <li>• Medical case management by a Registered Nurse to manage/coordinate the Consumer/Member's specialized health care needs</li> <li>• Expedited authorization of services</li> <li>• Medicare co-pays for dual eligibles</li> <li>• Local collaboration with Regional Centers and others in the delivery of health care services</li> <li>• Consumer/Member education</li> <li>• Quality assurance/improvement</li> </ul>