

Workgroup 4 Recommendation: Service Authorization Standards

Workgroup Focus Area: Individuals and their families experience consistent, transparent, accountable, and data-driven systems that focus on outcomes.

Workgroup Priority #1: Ensure the system has a consistent, equitable, and transparent interpretation of the responsibilities of Regional Centers and service providers by establishing a common set of statewide regional center standards, services, and rates that are accessible and fair¹ to all of individuals, and provided using clear, simple and inclusive language that is understandable to all of our diverse communities.

Priority #1 Plain language version: Make sure all regional centers follow the same rules about what services they offer, what those services do, who can get those services, and how those services are paid for. We want the rules to be clear and fair, to be available to everyone, and to use language everyone can understand.

Step 1: Define a Universal Goal for the Priority (Where we want to be)

People get the services and supports they need, when they need them, so they can lead the lives they want.

Regional center service authorization standards should support person-centered outcomes and be free of bias. They should not limit access to needed services based on person's type or level of disability, where they live, age, race, language, socioeconomic status, or other parts of their identity so that everyone has an equal opportunity to thrive.

What is a service authorization standard?

- A service authorization standard is what regional centers use to review a request to get a specific service. It helps them figure out whether to say "yes" or "no" to a service.

This is to make sure that:

- The service is needed; and
- Regional centers follow rules for what they can and cannot pay for.

Step 2: Develop a Problem Statement for the Priority (Where we are now)

- It is important to understand two different things:
 1. What a service is and what it includes; and
 2. The rules for who can get the service and any limits on it.

We might all agree on what a service is and what it includes.

BUT, the rules for who can use the service, and any limits like how many hours you can get are separate.

- These rules are what we are calling "service authorization standards." Every regional centers gets to set their own service authorization standards. These rules are also sometimes called "purchase of service policies."
 - Some regional centers place limits on certain services, while other regional centers do not.
 - Some regional centers have policies that prevent certain groups of people from getting the service they need, while other regional centers do not.
 - Some regional centers are more generous in approving a specific service, while other regional centers have much stricter standards for the same service.
 - Some regional centers require the person to provide a lot of information to show they need a service and that it's not available anywhere else, while other regional centers do not.

As a result, people with very similar needs and personal circumstances can have very different levels of access to the same service, based solely on where they live and which regional center they belong to. This is not fair or equitable.

Service Authorization Standards

Here are some examples of service authorization standards. There are generally three types of service authorization standards that regional centers use to say no.

1. Service authorization standards that are **applied across a lot of different service types** with no clear definitions or screening tools. In some cases, people are excluded from certain services completely, even when they have shown that they need the service. This is where people are usually told things like:

¹ The term "fair" is used here to mean equitable. It is not used to mean that everyone gets exactly the same but that that everyone gets just enough of the right support for them to live a safe, healthy, included, connected and self-determined life. Attention is paid to ensuring that those who need more support to experience these outcomes get more support.

- a. The service is not **cost effective** (and without consideration of whether something that is more expensive is what is needed to meet a person's IPP goal).
 - b. It is not actually the regional center's responsibility to provide the service because:
 - i. **It is the responsibility of a generic resource** (and without consideration of whether the generic resources is actually appropriate or available, or if the person is able to prove they cannot access the generic service);
 - ii. **It is the responsibility of a parent of a minor** (and without consideration of whether the parent is able provide the level of support needed for the person to meet their IPP goal); or
 - iii. **It is the responsibility of a natural support** like the parent of an adult, a non-parent relative, or friend (and without consideration of if the natural support is willing or available).
2. Service authorization standards that create **caps or limits on the amount of service** that a person can get at a time. These include:
- a. Policies that say a person cannot receive more than 30 hours of respite a month;
 - b. Policies that say a person cannot get more than 10 hours of independent living skills services per week;
 - c. Policies that say a person cannot get more than one social recreation activity at a time or cannot get more than 6 hours per week for the activity;
 - d. Policies that say that adults who live with their families can only receive up to 90 DAYS of direct support through coordinated family supports (CFS);
 - i. Initially, when CFS was introduced by DDS and RC, families were told that it would operate similarly to Supported Living Services (SLS), but with the flexibility for the adult child to reside with their parents.
 - ii. However, program rules were later changed to limit CFS to 90 days of direct support. This 90-day of direct service restriction is neither practical nor beneficial for aging parents caring for their disabled adult child, as they require continuous, direct, and coordinated support.
3. Service authorization standards that **exclude entire groups of people with certain characteristics** from being able to get a specific service. These include:
- a. Policies that say that home modifications are not available for people who rent;
 - b. Policies that say that a person who lives with their family but does not plan to move out cannot get independent living skills services;
 - c. Policies that say a person cannot get supported living services unless they have already found a place to live that is not with a family member; or
 - d. Policies that say that children who live with their parents cannot receive services like transportation or personal assistance services.

Exceptions

- Most regional centers have an "exceptions" process. In that process, a regional center executive director or a team of regional center staff review requests that don't fit into standards set by purchase of service policies. Of they review requests where the law gives regional centers (and sometimes DDS) the ability to make exceptions based on individualized need.
 - Exceptions are used for things like:
 - Requests that exceed limitations in service authorization standards;
 - Requests for regional centers to help someone pay their rent or other household expenses because of a "health and safety" need;
 - Requests for regional centers and DDS to increase a provider's rate because of a "health and safety" need; or
 - Requests to waive IHSS requirements for people who get supported living services.
 - There are a lot of problems with the exceptions process. For example:
 - The person is not usually included in this process;
 - The standards that regional centers use when making exceptions are not clear or transparent; and
 - As a result, many people who are told "no" to a service request do not know how to seek an exception. They cannot tell whether or when their individual circumstances may make them a good candidate for getting an exception.

Timeliness

- There are no clear timelines for approving or denying services. Sometimes people wait a long time after asking for something they need, even after providing information the regional center asks for.

Compliance

- Even though DDS reviews and approves service authorization standards for compliance with the law, it is not clear what standards DDS uses to determine whether it should approve the policy or not.

Service Denial Policies

- It is unclear whether service denials are based solely on the discretion of the Service Coordinator or if they are determined by the Regional Center's Purchase of Service policies. A clear and consistent framework should be in place to ensure transparency in the decision-making process
 - **Notice of Action (NOA) Policy:** Regional centers often do not provide NOAs when they are supposed to. Some regional centers will delay saying "yes" or "no" for a long time, and people will not know what their rights are to appeal the delay. Other regional centers will say that if there is an "end date" of a service in an IPP, they do not have to provide the person with a NOA before the service ends or give them the right to continue their services while they appeal. There is also no standard way to document and track NOAs when they are not appealed.
 - **Lack of Support for Denied Services:** When services are denied, the Regional Center does not adequately provide information on alternative resources or assistance that could help families navigate their options. Families are left without critical guidance in securing necessary support for their loved ones.

Step 3: Identify the Root Causes of the Problem

- Only some services are clearly defined in state law and regulation. Very few services are defined or described in written DDS guidance.
- There are no clear and fair rules for creating service authorization standards or rules about exceptions to those standards. Each regional center makes its own decisions.
- State oversight currently is not sufficiently applied to make sure that a service is defined and provided in a way that is consistent with Federal and State rules.
- Service authorization standards are not usually developed in partnership with the people most impacted by them.
- There are no clear or fair rules or screening tools for deciding what services are the responsibility of a generic resource, natural support, or parent. Each regional center makes its own decisions about this.
 - For example, some parents are told that the services their children need to meet their IPP goals are their "responsibility."
 - People may think that all parents can handle the same level of responsibility, no matter their situation.
 - Personal assistance services are one example. This happens even when parents show that they cannot provide the service. Transportation is another example.
- Service authorization standards are not designed using tools like the Master Plan "equity tool."
 - They usually apply equally to everyone, even though some policies may have an unintentional negative impact on certain people because of a person's type or level of disability, where they live, age, race, language, or other parts of their identity.
 - Service authorization standards do not intentionally ask: "Who are these policies leaving behind?"

Who is being left behind:

- Some people with disabilities;
- Racial and ethnic minority groups;
- Immigrants;
- Those whose preferred language is not English;
- Those with low and very low incomes; and
- People who live in rural areas.

Step 4: Recommendations to Achieve the Goal

Create and keep an updated list of clear, fair, and consistent rules for all regional center services and how they are approved.

Some recommendations might aim to help everyone move toward the goal. Others include specific strategies to help those that are farther from the goal. These recommendations should take into account usability for all people regardless of ability or disability. Some recommendations, like changing culture, might need several different strategies working together.

Recommendations

- 1) Service authorization standards should be consistently used and applied across all regional centers. They should be person-centered, equitable, transparent, and easily understood by people served, family members, and service coordinators. This means:
 - a. Service authorization standards should be **person-centered**.
 - i. This means that service authorization policies should not create a ceiling for people or put them into a box.
 - ii. They must be flexible so that they don't stand in the way of a person getting the services and supports they need, when they need them, so they can lead the life they want.
 - b. Service authorization standards should be **equitable**.
 - i. This means rules about who can get services or limits on those services should be intentionally designed in ways that consider the whole person, including a person's type or level of disability, where they live, age, race, language, or other parts of their identity.
 - ii. Some variation or other targeted strategies are okay when needed to help people or groups that may have a more difficult time getting the supports they need, when they need them, to lead the lives they want.
 - c. Service authorization standards should be **clear, transparent, and timely**.
 - i. This means service authorization standards use the same clear, plain language to describe who is eligible for different services. This will help people served, families, service coordinators, service providers, and advocates better understand what factors would make it more likely for requests for services and supports to be approved and what factors would make requests less likely to be approved.
 - ii. Standards that require regional centers to look at natural supports, parental responsibility, generic resources, and cost-effectiveness must be clearly defined. Equitable assessment or screening tools should be developed to help determine whether and to what extent a parent, natural support, or generic resources is able to meet the person's IPP goals.
 - iii. If there is an "exceptions" process, that the standards used should be clear, transparent, and easy to understand. It is not enough for an "exceptions" process to just exist.
 - iv. There should be clear timelines for regional centers decide whether to approve or deny a service.
 - v. All information about how regional centers make service authorization decisions should be made publicly available.
 - d. Service authorization standards should be **consistent** across all 21 regional centers.
 - i. This means that regional centers should consider the same fair and equitable factors when deciding whether to say yes or no to a service or amount of a service. They should consistently support a culture of yes instead of a culture of no.
 - ii. Service authorization standards should also be consistent with the text and core values of the Lanterman Act, federal HCBS rules, and other laws that apply to systems that provide services to people with I/DD like the Americans with Disabilities Act and laws that prohibit discrimination in government-funded programs and activities.
- 2) Service authorization standards should be established by a decision-making committee that includes people served, families, regional centers, and impacted members of the community.
 - a. The committee should reflect the diversity of the State.
 - b. This should not be a one-time event. There should be a commitment to an ongoing process where the impact of new or revised service authorization policies can be reviewed in an ongoing partnership with people served.
 - c. Service authorized standards should be changed if they are not working in the way people thought they would work, based on feedback from the people most impacted by those policies.
 - d. The committee can consider using equity-based frameworks like the one being used by the Master Plan workgroups.
- 3) Each regional center should have a multi-cultural advisory council with diverse ethnic groups and non-English speaking individuals that represent the diversity of the community. The council would meet regularly with families to understand and advocate for the specific challenges they encounter when accessing services, as well as to monitor regional center implementation of new policies.
- 4) Any service authorization standards that are developed through this process should not cause someone to lose the services they are currently receiving.
- 5) Training on service authorizations standards should be available and required for regional center leadership, service coordinators, providers, and direct support professionals. Training should also be

available to people served, their families, and other stakeholders so there is a common understanding of what service authorization standards are and how they should be used.

- 6) There should also be immediate, short-term fixes to current service authorizations standards, while the longer-term recommendations are happening. This includes a review by DDS of all existing purchase of service policies to make sure that:
 - a. All information about how regional centers make service authorization decisions are made publicly available.
 - b. Exceptions processes in existing service authorization standards are clear, transparent, and easy to access.
 - c. Other?
- 7) A clear and consistent framework for notice of actions ("service denials") and appeals should be put in place to ensure transparency in the decision-making process
 - a. **Notice of Actions (NOAs)** must be provided in a timely manner when legally required to be provided. They must be provided in the preferred language of the individual that is easy to understand. They must include a clear description of what an individual's rights are to appeal. They must be provided whenever a service is set to end and the individual does not agree, even if there's an "end date" written into the individual's IPP. And all NOAs should be reported whether they are appealed or not.
 - b. **Lack of Support for Denied Services:** Regional Center must provide information in the preferred language of the individual on alternative resources or assistance that could help families navigate their options.
 - c. **DDS should collect and report data on denials of services, notices of action, and appeals.** This should include service denials not appealed, denial reasons and steps taken to provide generic supports for each Regional Center and make the data public. This data should be included in annual Purchase of Services (POS) community public meetings.

All service denials, notices action and appeals must be documented in the Individualized Program Plan (IPP).

These will be developed after initial review by the Master Plan Stakeholder Committee

Step 5: Define Short and Long-Term Milestones needed to implement the recommendations

Short-Term Milestones (next 1 to 2 years)

Long-Term Milestones (next 3 to 10 years)

Step 6: Community Outcomes help assess whether the goal is met. (Progress toward the universal goals and targeted goals for identified groups)

Step 7: Outcomes for Individuals Describe how the recommended changes would make a difference in how people with IDD experience services, policies, and programs