

BENEFITS MATRIX
**A Tool to Determine
Responsibility for Services to
Medi-Cal Eligible Children with Disabilities**

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Acronym List

- AB Assembly Bill
- AB 3632/2726 Provides for referral by IEP team to CMH for Mental Health Assessment and Services
- AT Assistive Technology
- Cal. Ed. Code California Education Code
- C.C.R. California Code of Regulations
- CCS California Children’s Services
- CDE California Department of Education
- C.F.R..... Code of Federal Regulations
- Cir. Circuit (9th Circuit Court of Appeals)
- DDS Department of Developmental Services
- DIS Designated Instruction and Services (Related Services)
- DME Durable Medical Equipment
- DMH / DBH..... Department of Mental Health / Behavioral Health
- DHS Department of Health Services
- DR Department of Rehabilitation
- DREDF Disability Rights Education and Defense Fund
- EPSDT Early and Periodic Screening, Diagnosis and Treatment
- FAPE Free and Appropriate Public Education
- ICF/DD Intermediate Care Facility / Developmentally Disabled
- IDEIA Individuals with Disabilities Education Improvement Act
- IDELR Individuals with Disabilities Law Report
- IEP Individualized Education Program
- IFSP Individualized Family Support Plan
- IPP Individual Program Plan
- IRC Inland Regional Center
- LEA Local Education Agency
- LRE Least Restrictive Environment

MOU Memorandum of Understanding
NEMT Non-Emergency Medical Transportation
OBRA '89 Omnibus Budget Reconciliation Act of 1989
OT Occupational Therapy
PT Physical Therapy
SEA State Education Agency
SED Serious Emotional Disturbance
SELPA Special Education Local Plan Area
TAR Treatment Authorization Request
TBS Therapeutic Behavior Services
USD Unified School District
W&IC Welfare & Institutions Code

Introduction to Benefits Matrix

The purpose of this project is to determine which entities are responsible for specific health related services for Medi-Cal eligible children with disabilities. Potentially responsible entities include but may not be limited to, LEA's, SELPA's, Regional Centers, County Mental Health Departments, CCS, Medi-Cal, and parents. After sorting through applicable statutes, case law, and discussions with experts in the field, it has become apparent that the law fails to resolve many of the potential disputes between providers. Because of the many gaps and loopholes in the laws, the best solution to this problem seems to be a legislative remedy.

In the meantime however, it would be helpful to form a local working group consisting of interested parties and stakeholders. These working groups should meet on a regular basis to minimize the confusion created by the promulgation of numerous and separate MOU's between agencies and to resolve disputes concerning individual cases.

To maximize the efficacy of various agency roles, Med-Cal Managed Care Plans would do well to create a pamphlet for members who may qualify for Regional Center, Mental Health, Special Education and other services with a brief summary of those entities' duties. For example, information on EPSDT for those who may need services from County Mental Health, or information regarding Regional Centers' unambiguous requirement to provide case management and service coordination. This may relieve Medi-Cal Managed Care plans of acting as case managers when the responsibility lies elsewhere.

Although examining the law does not solve all problems regarding responsibility for services, the following discussion and Matrix will be a useful reference in determining responsibility for many services. In addition, this document specifies the legal eligibility criteria for various agency services. Referring to these criteria will assist determining responsibility on a case-by-case basis.

The Managed Care delivery model of Medi-Cal services does not appear to shift responsibilities for services traditionally delivered via the fee-for-service model.

This document is intended to serve as a reference document and not as a substitute for legal advice. All citations in this Matrix should be checked to ensure that the law has not changed before relying upon them. Each section in the grid should be cross checked with other fields that address the same service category.

Benefit Standards

Each potentially responsible entity has its own eligibility threshold that triggers its responsibility to provide a service or item. However, all analyses below should take into account the goals of the Americans with Disabilities Act. Congress identified the Nation's proper goals as to assure equality of opportunity, full participation, and independent living. 42 U.S.C. § 12101(a)(8). The Department of Justice implementing regulations require public entities to administer services, programs, and activities in the most integrated setting appropriate to the needs of qualified individuals with disabilities. 28 C.F.R. § 35.130(d).

CALIFORNIA DEPARTMENT OF EDUCATION

LOCAL EDUCATION AGENCIES

In teasing out interagency responsibilities for services to children with disabilities who are Medi-Cal eligible, it is important to include and consider that local educational agencies (LEAs) are responsible to provide special education and related services.

Section 504 of the Rehabilitation Act of 1973

This federal anti-discrimination law prohibits public entities receiving federal funding from discriminating on the basis of disability. Students may be entitled to supplementary aids and services in school, even if they do not qualify for special education and related services under the IDEIA. If a student has a mental or physical impairment that limits a major life activity (such as going to school), he or she may be entitled to a "504 plan," which may designate services such as an aide, note-taker, assistive technology and equipment. This law does not enumerate required items or services; it merely **requires entities to provide access to their programs**. 29 USC § 794; 34 CFR Part 104.

Individuals with Disabilities Education Improvement Act

The Individuals with Disabilities Education Improvement Act (IDEIA 2004) requires public schools to provide instruction and related services that are specially designed to meet the unique needs of students with disabilities at no cost to the parents, as determined by an Individualized Education Program. Instruction may include classroom instruction, home instruction, instruction in hospitals and institutions, vocational education and physical education. A child's special education placement must be in the least restrictive environment to the maximum extent appropriate. 20 U.S.C. § 1400 et seq.; Cal. Ed. Code §§ 56000 et seq.

Related Services

Related services are supportive **services that students with disabilities require in order to benefit from their special education** programs, as determined by an Individualized Education Program. In California, related services are referred to as "designated instruction and services (DIS). Cal. Ed. Code § 56363; 5 CCR §§ 3051 et seq. They include language, speech, hearing and remediation; audiological services; mobility instruction; instruction in home or hospital; adapted physical education; physical and occupational therapy; vision services; vision therapy; specialized driver training; counseling and guidance services; psychological services other than assessment and development of an IEP; parent counseling and training; health and nursing services; social worker services; specially designed vocational education and career development; recreation services; specialized services for low-incidence disabilities; services for pupils with chronic illnesses or acute health problems. Id.

Costs of Related Services

LEAs are responsible for providing related services, but may seek reimbursement from parents' or guardians' insurance companies for the costs of related services. Cal. Ed. Code § 56363.5.

LEAs may become Medi-Cal providers of related services and thereby draw down federal Medicaid funds. 22 CCR § 51270. In the context of Medi-Cal Managed Care, LEAs must apply to the Medi-Cal Program to

participate in the LEA Billing Program. LEA services, such as physical and mental health evaluations, education and psychosocial assessments, health and nutrition education, speech pathology, audiology, physical and occupational therapy, skilled nursing, medical transportation, school health aide services, and targeted case management may be excluded from managed care contracts during the school year. In addition, Students with IEPs and IFSPs are not limited to a certain number of services per month. MMCD Policy Letter 00-06. See section on Medi-Cal and EPSDT below.

Qualifying Disabilities

Hearing impairment; hearing and visual impairment; language or speech disorder; visual impairment; severe orthopedic impairment; other health impairment; autistic-like behaviors; mental retardation; serious emotional disturbance; specific learning disabilities. 5 CCR § 3030. Other health impairment may be a medical condition that interferes with student's educational benefit because it limits the student's strength, vitality or alertness (or may heighten alertness as with ADHD) as measured by grades, behavior or attendance. 5 CCR § 3030(f); 34 CFR § 300.7(c)(9).

EARLY EDUCATION (Sometimes called Part B services)

For children between 3-5 years old who need special education and related services. If student had an IFSP before age 3, school must ensure a smooth transition to an IEP. Cal. Ed. Code § 56426.9; 17 CCR § 52112(a); 20 USC 1437(8); 34 CFR 300.121(c) & 148 . Waiting lists for early education services appear to be prohibited by 34 CFR 300.342 & 347. California may contract with HeadStart programs to provide these services. Cal Ed. Code §56441.4 & 56443(a).

Qualifying Disabilities for Early Education

Autism; deaf-blindness; deafness; hearing impairment; mental retardation; multiple disabilities; orthopedic impairment; other health impairment; serious emotional disturbance; specific learning disability; speech or

language impairment in one or more of voice, fluency, language and articulation; traumatic brain injury, visual impairment, established medical disability. 34 CFR § 300.7; 5 CCR 3030; Cal. Ed. Code § 56441.11

Early Education Services

Includes all related services under the IDEIA, as well as observation and monitoring, activities to enhance development, consultation, opportunity to develop play and pre-school skills, access to developmentally appropriate equipment and specialized materials. Cal. Ed. Code § 56441.3(a).

DEPARTMENT OF DEVELOPMENTAL SERVICES

LANTERMAN DEVELOPMENTAL DISABILITIES ACT

The Act, along with its implementing regulations (Welf. & Inst. Code § 4500 et seq; 17 C.C.R § 5400 et seq), gives people with developmental disabilities in California the right to *services and supports, as determined by an Individual Program Plan that will allow them to improve functioning and live a more independent and normal life*, while meeting both the needs and choices of the individual. Welf. & Inst. Code §§ 4500.5, 4501, 4502 & 4512(b). In addition, the Act places a high priority on the development and expansion of services and supports for families who are caring for a child with developmental disabilities at home. Welf. & Inst. Code 4685(b)(1-5).

REGIONAL CENTERS

Responsibilities

Pursuant to the Lanterman Act, the Department of Developmental Services contracts with these private, non-profit corporations to act as main point of contact in the community and ensure the required supports and services are provided. This includes **assistance in obtaining quality services from other agencies**

and, if that is not possible, it must directly provide, purchase, provide a voucher for, or even develop a new program when the service is unavailable. Welf. & Inst. Code §§ 4620, 4648.

Regional Centers must help consumers develop Individual Program Plans, which must list all the services needed. Welf. & Inst. Code § 4646. If the service is in the IPP, it must be provided, whether or not it is a Lanterman Act enumerated service.

Funding Concerns

Regional Center's is the payor of last resort for all IPP required services and supports, and it has primary responsibility for their provision and coordination. This means that Regional Center should fund a service even when another agency has financial responsibility, but there is a delay in the provision of services. Welf. & Inst. Code §§ 4648(a)(8), 4640.7(a).

Regional Centers must use cost-effectiveness in providing services and supports. Welf. & Inst. Code §§ 4512(b), 4646(a)(1)(6), 4651(a), 4685(c)(3). However, it may not refuse to provide a service or support because it lacks money. *Association for Retarded Citizens v. DDS*, 38 Cal.3d 384 (1985). 17 C.C.R. § 58501(a)(6).

Eligibility

People with developmental disabilities:

Mental retardation, cerebral palsy, autism, seizure disorder, or disabling condition closely related to mental retardation or requiring treatment similar to that required for mental retardation. Disability must have begun before age 18, be expected to continue indefinitely, and must be substantial. W & IC § 4512(a). 17 C.C.R. § 54000. Not solely learning disabilities or solely psychiatric or physical disorders. 17 C.C.R. § 54000(c)(1-3); People at high risk of giving birth to a child with developmental disabilities. Welf. & Inst. Code § 4644; Infants under 36 months who are at high risk for developmental disability. Welf. & Inst. Code § 4642.

Services

Regional Centers must provide a range of services to alleviate developmental disability, to assist in social, personal, physical, or economic habilitation or rehabilitation, or to assist in the achievement and maintenance of independent, productive or normal lives. Required health related services may include but are not limited to:

Diagnosis, evaluation, treatment, personal care, day care, domiciliary care, special living arrangements, physical, occupational and speech therapy, training and education, mental health services, counseling of the individual and family, information and referral services, follow-along services, adaptive equipment and supplies, assessment, behavior training and modification programs, daily living skills training, emergency and crisis intervention, habilitation, infant stimulation programs, short-term out of home care, specialized medical and dental care, supported living arrangements, travel training, parent training, vouchers, transportation service necessary to ensure delivery of services to persons with disabilities. Welf. & Inst. Code § 4512(b).

Least Restrictive Environment

To the maximum extent possible, treatment, services and supports shall be provided in natural community settings. Welf. & Inst. Code § 4502(b). A sufficiently complete array of services and supports should be established to support integration into the mainstream life of the community. Welf. & Inst. Code § 4501.

Home and Community Based Waivers

Regional Centers and DDS are responsible for Home and Community Based Waivers. The waivers provide services allowing individuals who meet admission criteria for intermediate care facilities for developmentally disabled, to live at home. This is for Medi-Cal eligible individuals, but income of spouse or parents is not taken into account. Services include Home health, habilitation, skilled nursing, transportation, specialized medical equipment and supplies, environmental modifications, emergency response systems, physical and

occupational therapy, physiology services, vehicle adaptations, communication aides, and crisis intervention. 42 USC § 1396n(c); 42 CFR § 441.300 & .180; Welf. & Inst. Code § 4685-4689.

CALIFORNIA EARLY INTERVENTION SERVICES ACT

For infants and toddlers 0-36 months who have:

Developmental delay: cognitive, physical, communication, social or emotional, or adaptive.

Or established risk of developmental delay: has condition with high probability of resulting in DD

Or high risk of developmental delay: determined by multidisciplinary team based on combination of factors. 20 USC § 1432(5); Cal. Gov. Code § 95014(a)

Regional Centers shall serve as case manager and provide, arrange, or purchase early intervention services, as required by IFSP. Regional Center is payor of last resort after all other public sources for payment have been reviewed to determine if referral shall be made by service coordinator. 17 C.C.R. § 52109(a)&(b); 20 USC 1432(4); 34 CFR§ 303.12.

Early Intervention Services

Health related services include but are not limited to: assistive technology, audiology, health services, medical services for diagnostic or evaluation purposes, nursing services, occupational therapy, physical therapy, psychological services, service coordination, special instruction, speech and language services, transportation and related costs, vision services. 17 CCR § 52000(b)(12).

Regional Centers must Provide the Service without Delay

Regional Center generally must purchase services from DDS approved providers. However, If this will result in a delay of service provision, Regional Centers must apply to DDS for a special service code to make an immediate purchase of the services from any vendor. Cal. Gov. Code § 95004(b); 17 CCR § 54324.

LEA Early Start Responsibilities

LEAs shall provide, arrange, or purchase and be payor of last resort for home and group-based early intervention services as required by IFSP's to infants or toddlers who: are not eligible for regional center services but have low incidence disabilities (such as blindness or deafness). Or, who are eligible for regional center services and function at or below designated levels in motor development, receptive or expressive language, social or emotional development, cognitive development, visual development. AND, LEA is operating below the funded capacity as required by Cal. Gov. Code § 95014. Any maximum levels of services specified in Cal. Ed. Code § 56426.1 & 2 apply only to the allocation of funds, and may be exceeded by an LEA as required by an IFSP. Cal. Ed. Code § 56426.25. Cal. Gov. Code §§ 95007-8 & 95014.

Early Start Transition to Early Education (Ages 3-5)

LEAs must ensure a smooth transition to an IEP and Early Education services by the time child is 36 months old. Cal. Ed. Code § 56426.9; 17 CCR§ 52112(a); 20 USC 1437(8); 34 CFR 300.121(c) & 148 . If child will not be eligible for special education services, LEA must nevertheless create a transition plan. Cal. Gov. Code § 95020(d). Interagency agreement requirements in Cal. Gov. Code § 95024.

DEPARTMENT OF MENTAL HEALTH

COUNTY MENTAL HEALTH

All Medi-Cal eligible individuals are entitled to receive medically necessary mental health services through the county mental health program. 42 U.S.C. § 1396d(r)(5); 22 C.C.R. § 51184(b); *Emily Q. v. Bonta*, 208 F.Supp.2d 1078; *Katie A., et al. v. Diana Bonta, et al. Order Granting Plaintiff's Motion for Preliminary Injunction* (March 2006).

General Medical Necessity Standard

Person has a covered mental health diagnosis and has one of the following impairments as a result of the mental health diagnosis:

Significant impairment in an important area of life functioning.

A probability of significant deterioration in an important area of life functioning.

If under 21, person will not progress developmentally as individually appropriate.

The proposed intervention must meet each of the following criteria:

It addresses the psychiatric impairment.

It will significantly diminish the impairment, prevent significant deterioration in an important area of life functioning, or allow the person under age 21 to progress developmentally as individually appropriate.

The condition would not be responsive to physical health based treatment.

EPSDT / Medical Necessity Standard for Children under age 21

All "necessary health care, diagnostic services, treatment and other measures...to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening, whether or not such services are covered under the state plan. 42 U.S.C. § 1396d(r)(5); 22 C.C.R. § 51184(b); 9 CCR § 1810.247.

This includes, but is not limited to psychological services, medication management, intensive case management, therapeutic behavior services, wraparound services and therapeutic foster care. *Emily Q. v. Bonta*, 208 F.Supp.2d 1078; *Katie A., et al. v. Diana Bonta, et al.* Order Granting Plaintiff's Motion for Preliminary Injunction (March 2006). See Medi-Cal section on the following page for more information about EPSDT.

Least Restrictive Environment

Mental Health services must be offered as an alternative to involuntary and/or inpatient treatment. Welf. & Inst. Code § 5358(c)(1). Psychiatric patients challenged placement in an institutional setting as opposed to a community based setting. The United States Supreme Court held that "unjustified isolation...is properly regarded as discrimination based on disability." Unjustified institutionalization means institutionalization when a person with a disability can, with the proper supports, live in and benefit from living in the community as long as it does not result in a fundamental alteration of the state program. *Olmstead v. L.C.* 527 U.S. 581 (1999).

Funding Concerns

Medi-Cal covered mental health services must be made available to all persons for whom such services are medically necessary without regard to county funding limitations. *Sobky v. Smoley*, 855 F.Supp. 1123 (E.D. Cal. 1994).

DEPARTMENT OF HEALTH SERVICES

CALIFORNIA CHILDREN'S SERVICES

Provides Medically Necessary Benefits

Those services, equipment, tests, and drugs which are required to meet the medical needs of the client's CCS eligible medical condition as prescribed, ordered or requested by a CCS physician. 22 C.C.R. § 41518. Includes: OT, PT, treatment, consultation and monitoring. 2 C.C.R. § 60300(k).

Eligible conditions

Cerebral palsy; other neuromuscular diseases that produce muscle weakness and atrophy; chronic musculoskeletal diseases, deformities, or injuries. 2 C.C.R. § 60300(j).

Patients' Choice in CCS Providers

Welfare and Institutions Code § 14094(a) states that to the extent feasible, the Director of Health Services shall require Medi-Cal managed care contractors serving children with CCS eligible conditions to "maintain and follow standards of care established by the program, *including use of paneled providers and CCS approved special care centers and to follow treatment plans approved by the program, including specified services and providers of service.* If there are insufficient paneled providers willing to enter contracts with the managed care contractor, the program shall seek to establish new paneled providers willing to contract.

However, if a paneled provider cannot be found, the managed care contractor shall seek program approval to use a specific non-paneled provider with appropriate qualifications. Id. Thus, unless there is a complete absence of and impossibility of finding or empanelling a CCS approved provider, CCS may force an eligible patient to use CCS doctors. Further supporting this parallel with the managed care model is the California legislature's assertion that California Children's Services Program..."successfully utilizes managed care

principles in the delivery of care to children. Any managed care plan or pilot project should utilize and build upon these models.” Welfare & Institutions Code § 14094.

MEDI-CAL

Provides Medically Necessary Benefits

Those services, medicines, supplies and devices are those necessary to protect life, prevent a significant illness or disability, or to alleviate severe pain. Welf. & Inst. Code §§ 14059.4, 14133.3

EPSDT

The Medicaid/Medi-Cal program for people in California under age 21. California must follow EPSDT requirements in order to receive federal Medicaid money. EPSDT requires 1) periodic screening and 2) diagnosis and treatment. EPSDT services have been required by the Medicaid program since its inception in 1966. EPSDT services were expanded in 1989 to include all services needed to “correct or ameliorate defects, physical and mental illnesses and conditions discovered by the screening services, whether or not such services were covered under the Medicaid State Plan. (Federal Omnibus Budget Reconciliation Act of 1989/ OBRA '89). By 1997-98, County Mental Health Plans had assumed responsibility for the provision of EPSDT specialty mental health services to children who meet the medical necessity criteria. California DHS must provide notice of all services available under EPSDT to Medi-Cal beneficiaries, including Mental Health service such as Therapeutic Behavioral Service (TBS) and intensive case management services, wraparound services and therapeutic foster care. *Emily Q. v. Bonta*, 208 F.Supp.2d 1078; *Katie A., et al. v. Diana Bonta, et al.* Order Granting Plaintiff’s Motion for Preliminary Injunction (March 2006).

Medically Necessary Benefits for Medi-Cal Eligible Children under Age 21

All “necessary health care, diagnostic services, treatment and other measures...to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening, whether or not such services are covered under the state plan. 42 U.S.C. § 1396d(r)(5); 22 C.C.R. § 51184(b).

Screening

Screening includes periodic screens, such as physical and developmental assessments and lead screenings as well as inter-periodic screens such as doctor visits for follow-up evaluations. 42 U.S.C. § 1396d(r)(1)(A).

Treating Physician’s Medical Necessity Determination Favored under EPSDT

Federal case law favors the medical necessity determination of treating physicians over Medi-Cal personnel or Medi-Cal physician consultants. However, Medi-Cal may still review the recommendation. *Weaver v. Reagan*, 886 F.2d 194, 200 (8th Cir. 1989). “The decision rests with the individual recipient’s physician and not with clerical personnel or government officials.” *Pinneke v. Preisser*, 623 F.2d 546, 550 (8th Cir. 1980).

Services

Services found to be medically necessary in a screen must be provided whether or not those services are ordinarily available under Medi-Cal. 42 U.S.C. §1396d(r)(5). Thus, as long as the medical necessity standard is met, monthly frequency limitations on occupational and physical therapy visits will not apply under EPSDT. Assistive technology, shift nursing services, in-home behavior management, private nursing may be more readily available.

No Optional Categories

While a state may choose which medical services beyond the mandated seven it may offer to eligible adults, states are bound, when it is medically necessary, to make available to Medicaid-eligible children all of

the 28 types of care and services included as part of the definition of "medical assistance" in the Medicaid Act. Medicaid Act, § 1905(a) 42 USC § 1396d(a). *Rosie D. v. Romney*, 410 F. Supp.2d 18 (D. Mass. 2006). Thus, services include but are not limited to: assessments, therapy, rehabilitation, mental health services, medication support services, day rehabilitation, intensive day treatment, crisis intervention/stabilization, targeted case management, therapeutic behavior services, wraparound services and therapeutic foster care.

Least Restrictive Environment

Psychiatric patients challenged placement in an institutional setting as opposed to a community based setting. The United States Supreme Court held that "unjustified isolation...is properly regarded as discrimination based on disability." Unjustified institutionalization means institutionalization when a person with a disability can, with the proper supports, live in and benefit from living in the community as long as it does not result in a fundamental alteration of the state program. Olmstead v. L.C. 527 U.S. 581 (1999).

Various waivers provide services to allow individuals to live at home where, without such services, those individuals would require long term care in a nursing facility or an acute care facility. Services may include, case management, skilled nursing, long-term shift nursing, home health aides, language services, speech, hearing, physical therapy and adaptations to the home. For children, services that meet this objective are generally provided through the EPSDT program.

LEA Regional Centers and CMHs as EPSDT Providers

See above sections on the roles of LEAs as EPSDT related service and TCM providers, CMH as Mental Health service and Targeted Case Management (TCM) providers, and Regional Centers as TCM providers.

BENEFITS

SCHOOL HEALTH SERVICES

Benefits: School Health Services			
Service	Responsible Entity	Legal / Factual Context	Authority
<p>School Health Services:</p> <ul style="list-style-type: none"> • Physician Services • School health aide services • Nursing services • Mental Health and health evaluations and education • Mental health and counseling services • Medical Transportation • Occupational Therapy • Physical therapy • Speech pathology and audiology services • Targeted case management services for children with an IEP, IFSP, or IHSP. 	<p>Medi-Cal But see, Benefits Standards pp. 9-17, & School Health Services, pp. 18-20 But see, Mental Health Services, pp. 32-42 But see, Transportation, p. 46-47 But see, Rehabilitative Services, pp. 48-52 But see Benefits Standards for Regional Centers, pp. 11-14</p>	<p>To the extent federal financial participation is available and consistent with Medi-Cal requirements for physician prescription, order and supervision. TAR based on:</p> <ul style="list-style-type: none"> • Prescription by a general practitioner • Medically necessary <p>LEA may seek reimbursement from Insurance Companies either directly or through the parents for the provision of "Related services" up to the point of medical necessity. LEA's may contract with Medi-Cal managed plan to become a service provider. May provide more than 2 times per month if specified in IEP or IFSP. This will draw down federal matching funds for LEA Targeted case management assists students in gaining access to medical, social, educational and other services</p>	<p>Welf. & Inst. Code § 14132.06 Cal. Ed. Code § 56363.5 22 CCR § 51360 MMCD Policy Letter 00-06 22 CCR 51271</p>

Benefits: School Health Services			
Service	Responsible Entity	Legal / Factual Context	Authority
Specialized Physical Health Care Services: <ul style="list-style-type: none"> • Catheterization • Gavage feeding, suctioning or other services that require medically related training. 	LEA	Provided by qualified school personnel under supervision of school nurse, public health nurse, physician or surgeon.	Cal. Ed. Code § 49423.5; 5 C.C.R. § 3051.12
Vision Services in School: <ul style="list-style-type: none"> • Vision services • Vision therapy • Mobility and orientation services 	LEA	With credentialed provider, LEA may seek reimbursement from insurance company	Cal. Ed. Code § 56363
Vision Services Ages 0-36 Months	Regional Center	Under Early Intervention 0-36 months; and school age as payor of last resort if in IFSP/IPP	17 CCR § 52000(b)(12); Welf. & Inst. Code §§ 4648(a)(8), 4640.7(a).
Medication Management / Administration	LEA		Cal. Ed. Code § 49423 Pending Legislation: 2005 CA A.B. 1667 (NS) – 08/29-95 - Definition of “Specialized physical health care services is defined as “as used in this section, include catheterization, administration of medication, gastric tube feeding, suctioning, or other services that require medically related training. [...]” Pending Federal Case Law: DREDF American Diabetes Association filed against CDE, San Ramon Valley and Fremont USD’s in October 2005 re failure to administer insulin and monitor glucose.

ASSISTIVE TECHNOLOGY AND DURABLE MEDICAL EQUIPMENT

Assistive Technology Device

Any item, piece of equipment, or product system, whether bought off the shelf, changed, or custom built, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities. 29 USC § 2202(2).

Assistive Technology Service

Any service that directly helps an individual with a disability in selecting, acquiring or using an assistive technology device, including functional needs evaluation. 29 USC § 2202(3).

Assistive Technology in Special Education. 34 C.F.R. §§ 300.305 & 300.550

Any device or services that:

The child needs to benefit from her special education or related services; OR Enables the child to receive her education in the least restrictive environment.

Durable Medical Equipment. Title 22 C.C.R. § 51160

Equipment prescribed by a licensed practitioner to meet patient's equipment needs, which:

Withstands repeated use;

Serves a medical purpose, i.e., is medically necessary;

Is not useful in the absence of illness, injury, functional impairment, congenital abnormality

Is appropriate for use in or out of the home.

Medically necessary means only to preserve bodily functions essential to activities of daily living or to prevent significant physical disability. Medi-Cal Policy Statement 82-21. However, EPSDT's medical necessity standard is much broader, defers physician's opinion and is needs based, not category based. 42 USC § 1396(a)(a) & 1396d(r)(5).

Benefits: Assistive Technology			
Service	Responsible Entity	Legal / Factual Context	Authority
Assistive Technology Device Computers and adaptation, augmentative communications systems, assistive listening devices, adaptive seating, eyeglasses	LEA	Specialized equipment needed to implement the IEP other than medical equipment "Medical equipment" does not include assistive technology device, as defined in paragraph (1) of Section 1401 of Title 20 of the United States Code.	Cal. Ed. Code 56363.1; 20 U.S.C. § 1401; 34 CFR § 300.5-6
Assistive Technology Service	LEA	Includes: (A) Needs evaluation (B) Purchasing, leasing, or otherwise providing for the acquisition (C) Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices; (D) Coordinating and using other therapies, interventions (E) Training or technical assistance for student, parents or staff	Cal. Ed. Code 56363.1; 20 U.S.C. § 1401
Assistive Technology Device or Service	Regional Center	Under Early Intervention and in general as payor of last resort, if in IFSP/IPP	17 CCR § 52000(b)(12); Welf. & Inst. Code §§ 4648(a)(8), 4640.7(a).

Benefits: Assistive Technology			
Service	Responsible Entity	Legal / Factual Context	Authority
<p>Durable Medical Equipment</p> <p>Canes, crutches, walkers, bathroom equipment, hospital beds and accessories, traction and trapeze equipment, water or gel pressure mattresses, antidecubitis care, support surfaces, equipment, and supplies, oxygen and oxygen therapy equipment, basic and custom wheelchairs, modifications, and accessories, augmentative communication devices, and other devices, speech generating devices, software and accessories, electrodes, TENS supplies, replacement pad for medically necessary alternating pressure pad, miscellaneous DME supply, breast pump, home blood glucose monitor, patient lift, restraints, TENS, Osteogenesis stimulator, MacLaren stimulator, replacement parts, labor, custom manufacturer appliance materials and labor, miscellaneous.</p>	Medi-Cal	<p>The equipment is medically necessary.</p> <ul style="list-style-type: none"> • Must have prescription of a qualified provider • No coverage of household items or clothing • No coverage of medical device if household item will serve medical need. <p>Authorization limited to lowest-cost item that will adequately serve the medical need.</p>	<p>Title 22 C.C.R. § 51521</p> <p>Title 22 C.C.R. § 51321 Medi-Cal Policy Statement 82-21</p>
DME and TAR	Medi-Cal	<p>No TAR required if:</p> <ul style="list-style-type: none"> • Under \$100, and • Repair and maintenance under \$250 within the calendar month. • Cumulative cost of renting items within a group under \$50. 	22 C.C.R. § 51321(b)(2)

Benefits: Assistive Technology			
Service	Responsible Entity	Legal / Factual Context	Authority
DME Device for Social or Educational Purpose Example: Environmental Control Devices	Arguably, Medi-Cal Otherwise, Regional Center if in IPP LEA if in IEP	W & IC sets out the purposes for Medicaid services as being for "...conditions that cause suffering, endanger life, result in illness or infirmity, interfere with capacity for normal activity, including employment, or for conditions which may develop into some significant handicap." Thus, Medi-Cal covered DME should be broader than merely that which helps a patient get medical services.	Welf & Inst. Code § 14059
Stairway Chairlift	Medi-Cal	Qualifies as covered DME In context of home health care for medically indigent, when necessary to avoid injury and institutionalization.	<i>Blue v. Bonta</i> , 99 Cal.App.4 th 980 (C.A. 1 st Dist. 2002).
DME for Guardian of Child	Medi-Cal	Needed to assist disabled parent, stepparent, foster parent or legal guardian to care for a child.	Welf. & Inst. Code § 14132(m)
Prosthetic Devices and TAR	Medi-Cal	Under \$500, no TAR necessary	Welf. & Inst. Code § 14132(k)
Orthotic Devices / Repair and TAR	Medi-Cal	Under \$500, no TAR necessary	Welf. & Inst. Code § 14132.765

Benefits: Assistive Technology			
Service	Responsible Entity	Legal / Factual Context	Authority
Lightweight / Ultra Lightweight Wheelchair	Medi-Cal	<p>Patient lacks arm strength to propel a heavier chair.</p> <p>Necessary to perform daily living activities inside and outside the home.</p> <p>But see: Welfare and Institutions Code setting out purposes for Medi-Cal services as being for "...conditions that cause suffering, endanger life, result in illness or infirmity, interfere with capacity for normal activity, including employment, or for conditions which may develop into some significant handicap."</p>	<p>Medi-Cal Policy Statement 88-11.</p> <p>Medi-Cal Policy Statement 82-21.</p> <p>But see, Welf & Inst. Code § 14059</p>
Power Wheelchair	Medi-Cal	<p>Patient lacks upper arm mobility or strength to operate a manual chair.</p> <p>Necessary to perform daily living activities inside and outside the home.</p> <p>But see: Welfare and Institutions Code setting out purposes for Medi-Cal services as being for "...conditions that cause suffering, endanger life, result in illness or infirmity, interfere with capacity for normal activity, including employment, or for conditions which may develop into some significant handicap."</p>	<p>Medi-Cal Policy Statement 88-11.</p> <p>Medi-Cal Policy Statement 82-21.</p> <p>But see, Welf & Inst. Code § 14059</p>

Benefits: Assistive Technology			
Service	Responsible Entity	Legal / Factual Context	Authority
Lightweight / Ultra Lightweight & Power Wheelchair in Long-Term Care Facilities	Arguably, Medi-Cal or Medicare	If it will maximize patient's mental, physical, and social well-being, such as enhanced mobility and choice of companions and activities (compare being pushed by staff).	Nursing Home Reform Act Part of OBRA '87
Common DME in Long-Term Care Facilities: Functional communications systems; Assistive vision and hearing devices; nasogastric feeding tubes; injections; colostomy, uretostomy, ileostomy care; tracheostomy care; tracheal suctioning; prostheses.	Long-term care facility/Medi-Cal		42 C.F.R. § 483.25 22 C.C.R. § 72335 Welf. & Inst. Code § 14132(c)
Positive Pressure Apparatus in Long-Term Care Facility or IFC/DD	Medi-Cal	When individual will use it continuously or must have it immediately available for one month or more.	22 C.C.R. § 51321(h)(3)
Common Communication Aids in ICF/DD	ICF-DDS	Furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.	42 C.F.R. § 483.470(g)(2)
Audiology Services in ICF/DDS	Medi-Cal	Nursing facility services, subacute care services, and services provided by any category of intermediate care facility for the developmentally disabled, including ...audiology services for patients in nursing facilities and any category of intermediate care facility for the developmentally disabled...	Welf. & Inst. Code § 14132(c)

Benefits: Assistive Technology			
Service	Responsible Entity	Legal / Factual Context	Authority
Common Mechanical Supports in ICF/DDS	ICF/DD	Identify mechanical supports, if needed, to achieve proper body position, balance, or alignment. The plan must specify the reason for each support, the situations in which each is to be applied, and a schedule for the use of each support. (v) Provide that clients who have multiple disabling conditions spend a major portion of each waking day out of bed and outside the bedroom area, moving about by various methods and devices whenever possible.	42 C.F.R. § 483.440(c)(6)
Adaptive Equipment and Supplies for Developmentally Disabled <ul style="list-style-type: none"> • Communication devices • Hospital beds • Ramps for entry and exit from home • Special hinges to widen doors for wheelchairs • Computer 	Regional Center	If it is in the IPP as necessary to assist in living a more normal, productive life.	Lanterman Act Welf. & Inst. Code §§ 4659, 4648

Benefits: Assistive Technology			
Service	Responsible Entity	Legal / Factual Context	Authority
Unusual or Custom Equipment / Devices in Long-Term Care Facility or IFC/DD <ul style="list-style-type: none"> • Alternating pressure mattress/pads with motors • Atmospheric oxygen concentrators and enrichers and accessories • DME specified in section 51321(g) • Intermittent positive pressure breathing equipment • Intravenous trays, tubing and blood infusion sets • Liquid oxygen system • MacLaren or Pogon Buggy • Medical supplies specified in section 59998 • nasal cannula • Osteogenesis stimulator device • Parts and labor for repairs of DME • Variable height beds • Portable aspirators • Portable gas oxygen systems and accessories • Prescribed prosthetic and orthotic devices • Reagent testing sets • Therapeutic air/fluid support systems/beds • Traction equipment and accessories • X-rays 	Medi-Cal		22 C.C.R. § 51511(c)
Augmentative and Alternate Communication Devices (AAC): Picture Exchange communication systems, boards, books, wallets, head light pointers,	Medi-Cal	<ul style="list-style-type: none"> • Medically necessary • Diagnosed with significant communication disorder. • Prescription by general practitioner 	Title 22 C.C.R. § 51521

Benefits: Assistive Technology			
Service	Responsible Entity	Legal / Factual Context	Authority
speech synthesizers, computers, Alpha-smarts. Acquisition, Set-Up, Training, Modification, Repair, Replacement		<ul style="list-style-type: none"> Pursuant to assessment and recommendation as part of treatment plan by licensed speech and language therapist/pathologist 	
Custom Self-Help Aids: Specially Designed Eating Utensils, Utensil Holders, Buttoning Aids, Raised Toilet Seats, Flexible Shower Hoses, Standing Tables.	Medi-Cal	<ul style="list-style-type: none"> Not categorized as DME Require prior approval regardless of cost 	Medi-Cal policy statements 49-73 & 73-11
DME, Assistive Technology, and Communication Devices: Bath seats/chairs/rails, hand-held showers, bed baths, communication devices, head wands, light wands, switches, expanded keyboards, membrane keyboards, keyguards, portable electronic communication devices, drool splash guards, mounting brackets, dressing aids, electric and manually operated feeders, arm supports, utensils, reachers, commode seats/chairs, bidets, safety rails, transfer lifts, transfer boards, walkers, crutches, canes, manual/power wheelchairs (incl. posture control types), wheelchair positioning devices, power wheelchair with standing component, buggies, caster carts, attendant propelled stretchers, prone scooters, self-propelled stretchers, helmets, side-lying positioners, tilt-tables, standing	CCS	<p>Necessary to treat CCS-eligible condition regardless of whether they are used in the hospital or at home.</p> <p>May purchase DME when necessary for habilitation when not covered by Medi-Cal</p> <p>Communication Devices:</p> <p>No ongoing training in use of communication devices if child is in school and school does the evaluation with speech and language pathologist.</p> <p>Device must be expected to meet child's needs for 3 years.</p>	<p>22 C.C.R.§ 41518</p> <p>CCS Numbered Letter 12-0490</p> <p>CCS Numbered Letter 02-0197</p> <p>CCS Numbered Letter 03-0297</p> <p>CCS Numbered Letter 02-0796</p> <p>CCS Numbered Letter 07-0291</p>

Benefits: Assistive Technology			
Service	Responsible Entity	Legal / Factual Context	Authority
tables, standing frames, seats, sitters, flutter valves, therapy vests, dynamic orthotic cranioplasty head bands, cochlear implants.			
Medical Supplies: <ul style="list-style-type: none"> • Oxygen and supplies to administer it • Sterile dressings • Tracheotomy suctioning supplies 	CCS	Necessary to treat CCS-eligible condition regardless of whether they are used in the hospital or at home.	22 C.C.R. § 41518
Medical Appliances: <ul style="list-style-type: none"> • Braces • Artificial limbs • Crutches • Eyeglasses and optical appliances other than for near or far-sightedness • Hearing aids and accessories such as batteries, earmolds and loss / damage insurance 	CCS		CCS Manual of Procedures § 1.4.1-4.2 33. C.C.R. § 41518

MENTAL HEALTH

Benefits: Mental Health			
Service	Responsible Entity	Legal / Factual Context	Authority
Transfer of Funds from LEA to CMH	LEA	If funds are appropriated to LEA to support costs of providing services pursuant to AB 3632, LEA shall transfer the funds to CMH entities that provide the services to offset reimbursable mandate claims relating to special education and services	AB 3632 / GC § 7576.5
Assessments and Therapy Treatment Services Provided Pursuant to AB 3632 Referral by LEA	Agency providing the service: • DHS • DMH Or their designated local agencies	When rendered to the child referred by the LEA for assessment or pursuant to an IEP, the assessment / therapy is exempt from financial eligibility standards and family repayment requirements when rendered pursuant to GC Chapter 26.5 commencing with § 7570.	AB 3632 / GC § 7582
Assessment Subsequent to Referral to CMH	CMH	Assessment is included in pupil's IEP AND costs incurred prior to IEP approval associated with mental health assessment.	AB 3632 / GC § 7576(a) AB 3632 / GC § 7576(h)
Assessment Prior to Referral to CMH	LEA	When a mental health issue is suspected by LEA	AB 3632 / GC § 7576(a) EC § 56320 et seq.
Mental Health Services for Students	CMH	• Service is included in the IEP • School counseling, psychological and social work services, behavior interventions, and parent counseling and training	AB 3632 / GC § 7576(a) CCR § 60200 (c)

Benefits Matrix: A Tool to Determine Responsibility for Services to Medi-Cal Eligible Children with Disabilities

Benefits: Mental Health			
Service	Responsible Entity	Legal / Factual Context	Authority
		are inadequate and inappropriate to meet educational needs LEA not required to place pupil in more restrictive environment to receive the services if needs can be adequately met in less restrictive setting	
Crisis Intervention and Developmental Disability	Regional Center	Mental health services required for consumer to remain in chosen living arrangement. <ul style="list-style-type: none"> • Extra staff in group home • Behavioral / nursing support in family home 	Lanterman Act Welf. & Inst. Code § 4659, 4648(a)
Mental Health and Developmental Disability	Regional Center	Mental health services required to assist consumer in returning to chosen living arrangement as quickly as possible	Lanterman Act Welf. & Inst. Code § 4648(a)
Early Intervention Mental Health Services Counseling, social work, psychological services.	Regional Center	Under Early Intervention, and generally as payor of last resort if in IFSP.	17 CCR § 52000(b)(12); Welf. & Inst. Code §§ 4648(a)(8), 4640.7(a).

Benefits: Mental Health			
Service	Responsible Entity	Legal / Factual Context	Authority
Dual Diagnosis: Developmental and Psychiatric Disability	Regional Center / CMH	<p>Local MOU must identify staff, policies and procedures to ensure consumers receive the required specialized care.</p> <p>(1) Identify staff who will be responsible for all of the following:</p> <p>(A) Coordinate service activity between the two agencies.</p> <p>(B) Identify dually diagnosed consumers of mutual concern.</p> <p>(C) Conduct problem resolution for those consumers serviced by both systems.</p> <p>(2) Develop a general plan for crisis intervention for persons served by both systems. The plan shall include after-hours emergency response systems, interagency notification guidelines, and follow-up protocols.</p> <p>(3) Develop a procedure by which each dually diagnosed consumer shall be the subject of a case conference conducted jointly by both regional center staff and county mental health as soon as possible after admission into a</p>	Lanterman Act Welf. & Inst. Code § 4696.1

Benefits: Mental Health			
Service	Responsible Entity	Legal / Factual Context	Authority
		<p>county operated or contracted acute, inpatient mental health facility. The case conference shall confirm the diagnosis and the treatment plan.</p> <p>(4) Develop a procedure by which planning for dually diagnosed consumers admitted to a mental health inpatient facility shall be conducted collaboratively by both the regional center and the local mental health agency and shall commence as soon as possible or as deemed appropriate by the treatment staff. The discharge plan shall include subsequent treatment needs and the agency responsible for those services.</p> <p>(5) Develop a procedure by which regional center staff and county mental health staff shall collaborate to plan and provide training to community service providers, including day programs, residential facilities, and intermediate care facilities, regarding effective services to persons who are dually diagnosed. This training shall include crisis prevention with a focus on</p>	

Benefits: Mental Health			
Service	Responsible Entity	Legal / Factual Context	Authority
		<p>proactively recognizing crisis and intervening effectively with consumers who are dually diagnosed.</p> <p>(6) Develop a procedure by which the regional center and the county mental health agency shall work toward agreement on a consumer-by-consumer basis on the presenting diagnosis and medical necessity, as defined by regulations of the State Department of Mental Health.</p>	
Family Counseling	CMH/EPSDT/Medi-Cal	<p>EPSDT Supplemental Services (Wrap-around services)</p> <p>EPSDT Medical necessity standard</p>	<p>42 U.S.C. § 1396d(r)(5)</p> <p>9 C.C.R. §§ 1810.201-254</p>
Targeted Case Management	CMH/EPSDT Medi-Cal	<p>EPSDT Medical necessity standard</p> <p>Activities to assist accessing medical, educational, social, vocational, rehabilitative services. Coordination and monitoring.</p>	<p>42 U.S.C. § 1396d(r)(5)</p> <p>9 C.C.R. §§ 1810.201-254</p>
Crisis Residential Treatment Services	CMH/EPSDT/Medi-Cal	<p>EPSDT Medical necessity standard</p> <p>Therapeutic/rehabilitative service in structured residential program as alternative to hospitalization for person experiencing acute psychiatric episode but without medical complications requiring nursing care.</p>	<p>42 U.S.C. § 1396d(r)(5)</p> <p>9 C.C.R. §§ 1810.201-254</p>

Benefits Matrix: A Tool to Determine Responsibility for Services to Medi-Cal Eligible Children with Disabilities

Benefits: Mental Health			
Service	Responsible Entity	Legal / Factual Context	Authority
Crisis Intervention	CMH/EPSDT/Medi-Cal	EPSDT Medical necessity standard A quick response service enabling person to cope with a crisis and maintain status in community.	42 U.S.C. § 1396d(r)(5) 9 C.C.R. §§ 1810.201-254
Rehabilitation	CMH/EPSDT/Medi-Cal	EPSDT Medical necessity standard Assistance in improving functional skills, daily living skills, social and leisure skills, occupational skills, and medication education	42 U.S.C. § 1396d(r)(5) 9 C.C.R. §§ 1810.201-254
General Mental Health Services	CMH/EPSDT/Medi-Cal	EPSDT Medical necessity standard Individual or group therapies or interventions to reduce mental disability and improve or maintain functioning.	42 U.S.C. § 1396d(r)(5) 9 C.C.R. §§ 1810.201-254
Assessments and Plan Development	CMH/EPSDT	EPSDT Medical necessity standard	42 U.S.C. § 1396d(r)(5) 9 C.C.R. §§ 1810.201-254
Positive Behavior Interventions, including One-To –One Aide	LEA	<ul style="list-style-type: none"> When IEP team decides serious behavior problems interfere with attaining IEP goals, pursuant to a functional analysis assessment and behavior intervention plan. When there is a behavioral emergency 	Hughes Bill / AB 2586 5 C.C.R. §§ 3001 & 3052 Cal. Ed. Code §§ 56520 & 56524
One-to One Aide / Therapeutic Behavior Services	CMH/EPSDT/Medi-Cal	EPSDT Medical necessity standard. Consideration for this is mandatory if child is:	42 U.S.C. § 1396d(r)(5) 9 C.C.R. §§ 1810.201-254 <i>Emily Q. v. Bonta</i> , 208 F.Supp.2d

Benefits: Mental Health			
Service	Responsible Entity	Legal / Factual Context	Authority
		<ul style="list-style-type: none"> Placed in a rate classification level 12 or above and/or a locked mental health treatment facility Being considered for placement in one of the above facilities Has undergone at least one emergency psychiatric hospitalization related to current presenting disability within the preceding 24 months. 	1078 (2001).
Wraparound Services: <ul style="list-style-type: none"> Assessment and planning Formation of child, family, and multiagency team Intensive case management Marshalling community and natural supports Make available, an array of therapeutic interventions including behavioral support services, crisis planning and intervention, parent coaching and education, mobile therapy, medication monitoring 	DHS/EPSTD/Medi-Cal	Case decided in Federal Court, Central District, CA. District Court rejected defendant (DHS, and DSS) argument that Wraparound Services are not a "service" under EPSTD, because they are an "approach or philosophy."	Katie A., et al. v. Diana Bonta, et al. –Order Granting Plaintiff's Motion for Preliminary Injunction (March 2006) Welf. & Inst. Code § 18251(d) 42 U.S.C. § 1396d(r)(5)
Therapeutic Foster Care: <ul style="list-style-type: none"> Placement with carefully selected, trained and supervised foster parent who is matched with the child's needs Create individualized treatment plan through team that build's on child's strengths 	DHS/EPSTD/Medi-Cal	Preliminary Injunction granted in Federal Court, Central District, CA in March 2006. District Court rejected defendant (DHS, and DSS) argument that Wraparound Services are not a "service" under EPSTD, because	Katie A., et al. v. Diana Bonta, et al. –Order Granting Plaintiff's Motion for Preliminary Injunction (March 2006) 42 U.S.C. § 1396d(r)(5)

Benefits: Mental Health			
Service	Responsible Entity	Legal / Factual Context	Authority
<ul style="list-style-type: none"> • Provide intensive oversight of treatment often through daily contact with foster parent • Make array of therapeutic interventions to child, child's family, and foster family such as behavioral support services, crisis planning and intervention, coaching and education for foster parent and child's family, and medication monitoring. • Continue to provide therapeutic interventions to facilitate transition from foster care 		<p>they are an "approach or philosophy."</p> <p>Intensive individualized health service provided to a child in a family setting, utilizing specially trained and intensively supervised foster parents</p>	<p>provides for "such other necessary health care, diagnostic services, treatment, and other measures....to correct of ameliorate..."</p>

RESIDENTIAL PLACEMENTS

Benefits: Residential Placements			
Service	Responsible Entity	Legal / Factual Context	Authority
Residential and Non-Educational Costs	Placing agency or parent, including: <ul style="list-style-type: none"> • Court • Regional Center, • Other public agency <p>NOT LEA or SELPA</p>	<ul style="list-style-type: none"> • When LEA or SELPA has not made the placement in a licensed children’s institution or a foster family home • LEA / SELPA not responsible, notwithstanding a SELPA administrator’s involvement in placement discussion <p>When a parent or public agency other than LEA of SELPA places child in a medical or residential facility</p>	<p>AB 3632 / GC § 7579(b) EC § 56159</p> <p>AB 3632 / GC § 7581</p>
Educational Costs	LEA	<ul style="list-style-type: none"> • When placing agency places student in licensed institution with an on-grounds, certified non-public school, pupil may attend that school only if IEP team determines there is no appropriate public education program in the community • If the IEP team determines that the on-grounds program is appropriate and can implement the IEP, the LEA may contract with that non-public school for educational services 	2 CCR § 60510(b)(2)&(3)

Benefits: Residential Placements			
Service	Responsible Entity	Legal / Factual Context	Authority
Educational Costs in Out-of-State Placement	Placing Agency other than LEA of education agency	When agency places pupil in out-of-state facility of LEA or SELPA, that agency is responsible for all residential costs including costs of special education program and related services.	AB 3632 / GC § 7579(d)
Mental Health Services in Placement Outside County of Origin	CMH in county of origin	<ul style="list-style-type: none"> • CMH in county of origin has fiscal and programmatic responsibility for provision of mental health services. • But, host county responsible to make provider network available and provide county of origin with list of appropriate providers used by county MPH who are currently able to accept new referrals. • County of origin shall negotiate with host counties to obtain access to limited resources such as intensive day treatment and day rehabilitation. County of origin may contract directly with providers at a negotiated rate 	AB 3632 / GC § 7676(g) 2 CCR § 60200(c) & (d)
Payment to DSS Facilities Listed in CCR § 60025	County Welfare Department	Upon receipt of payment authorization by CMH and documentation that pupil is eligible for residential placement as a seriously emotionally disturbed pupil	2 CCR § 60200 (e) & (d)

Benefits: Residential Placements			
Service	Responsible Entity	Legal / Factual Context	Authority
Residential Placement for Children with Developmental Disabilities	<p>DDS</p> <p>DDS may charge parents:</p> <ul style="list-style-type: none"> Based upon ability to pay, and Never more than the cost of caring for child without disabilities at home <p>W & IC § 4782, 4784.</p>	<p>Foster Family Agency Home Placement (FFA)</p> <ul style="list-style-type: none"> Specialized knowledge of DD needs. <p><u>Small Family Home or Community Care Facility (CCF)</u></p> <ul style="list-style-type: none"> Only incidental medical care needs <p><u>Intermediate Care Facility (ICF)</u></p> <ul style="list-style-type: none"> Health care group residences. <p><u>Bates Home</u></p> <ul style="list-style-type: none"> Small family home for children with special health care needs. Provides are FFA certified, trained in specialized health care needs and work closely with Individual Health Care Plan Team (including doctors, regional center staff and other relevant health professionals. <p><u>Developmental Center</u></p> <ul style="list-style-type: none"> Specialized medical needs can only be met in a hospital setting. 	<p>Health & Safety Code § 1502(a). 17 C.C.R. § 54302(a)(48).</p> <p>17 C.C.R. § 54302(a)(35)-(37).</p> <p>17 C.C.R. § 17710(a)-(d)</p> <p>Welf. & Inst. Code § 4440; 17 C.C.R. § 54302(a)</p>

NURSING SERVICES

Benefits: Nursing Services			
Service	Responsible Entity	Legal / Factual Context	Authority
Home Health Aide in School	DHS/CCS	<p>When LEA considers a less restrictive environment from home to school for pupils for whom BOTH of the following conditions exist:</p> <ul style="list-style-type: none"> • Medi-Cal provides a life-supporting medical service via a home health agency during the time in which student would be in school. • The medical service provided requires that pupil receive personal assistance or attention of a nurse, home health aide, parent /guardian, or other specially trained adult in order to be effective. <p>“Life-supporting medical service” means services to a pupil with a disability that compensates for loss of normal use of vital bodily function and who requires daily skilled nursing care to divert further disability or death.</p>	<p>AB 3632 / GC § 7575(e)(1)&(2) CCR § 60400 (a)(1)&(2)</p> <p>CCR § 60400 (b)</p>
EPSDT Nursing, may include shift	Medi-Cal	EPSDT Standard, so a HCBS waiver may not be necessary as it may be for adults.	42 U.S.C. § 1396d(r)(5)

Benefits: Nursing Services			
Service	Responsible Entity	Legal / Factual Context	Authority
EPSDT Nursing	CCS	<p>Child has CCS eligible condition AND nursing is needed because of the CCS eligible condition.</p> <p>Although formal authorization and medical necessity determination comes from CCS, TAR is first submitted to Medi-Cal In-Home Operations and patient can appeal through fair hearing.</p> <p>Cal. Wel. & Inst. Code § 14094.3(b) states, Notwithstanding any other provision of this chapter, providers serving children under the CCS program who are enrolled with a Medi-Cal managed care contractor but who are not enrolled in a pilot project pursuant to subdivision (c) shall continue to submit billing for CCS covered services on a fee-for-service basis until CCS covered services are incorporated into the Medi-Cal managed care contracts described in subdivision (a).</p>	Welf. & Inst. Code § 14094.3(b)
EPSDT Home Health Care, may include skilled nursing, shift nursing, long-term shift nursing	Medi-Cal	<p>EPSDT standard, so a HCBS or other waiver may not be necessary as it may be for adults.</p> <p>42 U.S.C. § 1396d(r)(5) states,</p>	<p>42 U.S.C. § 1396d(r)(5)</p> <p>Emily Q. v. Bonta, 208 F. Supp.2d 1078 (C.D. Cal. 2001)</p>

Benefits: Nursing Services			
Service	Responsible Entity	Legal / Factual Context	Authority
		<p>"Such other necessary health care, diagnostic services, treatment, and other measures described in section 1905(a) [subsec. (a) of this section] to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services, whether or not such services are covered under the State plan."</p>	<p>Katie A., et al. v. Diana Bonta, et al. –Order Granting Plaintiff’s Motion for Preliminary Injunction (March 2006).</p>
EPSDT Home Health Care	CCS	<p>Child has CCS eligible condition AND nursing is needed because of the CCS eligible condition.</p> <p>Although formal authorization and medical necessity comes from CCS, TAR is first submitted to Medi-Cal In-Home Operations and patient can appeal through fair hearing.</p> <p>Cal. Wel. & Inst. Code § 14094.3(b) states, Notwithstanding any other provision of this chapter, providers serving children under the CCS program who are enrolled with a Medi-Cal managed care contractor but who are not enrolled in a pilot project pursuant to subdivision (c) shall continue to submit billing for CCS covered services on a fee-for-</p>	<p>Welf. & Inst. Code § 14094.3(b)</p>

Benefits: Nursing Services			
Service	Responsible Entity	Legal / Factual Context	Authority
		service basis until CCS covered services are incorporated into the Medi-Cal managed care contracts described in subdivision (a).	
Nursing or Behavioral Support in Family Home	DDS	When a mental health crisis threatens to disrupt consumer's chosen living arrangement	Lanterman Act Welf. & Inst. Code §§ 4659, 4648
Respite Services	DDS/ Regional Centers	Provides families with support necessary to keep children with developmental disabilities at home.	Lanterman Act Welf & Inst. Code §§ 4500, et seq. <i>Clemente v. Amundson</i> , 60 Cal. App. 4 th 1094 (1998) held that no parental co-payment is allowed for respite services.
In Home Day Care / Homemaking	DDS/ Regional Centers	When necessary to assist parents in keeping developmentally disabled children at home. Regional Centers may not adopt inflexible limitation on such services as a policy	Lanterman Act Welf & Inst. Code § 4685 <i>Williams v. Macomber</i> , 226 Cal. App. 3d 225 (1991)
Nursing services, nutrition, services, health services, medical services for diagnostic or evaluation purposes only.	Regional Center	Under Early Intervention 0-36 months; and school age as payor of last resort if in IFSP/IPP	17 CCR § 52000(b)(12); Welf. & Inst. Code §§ 4648(a)(8), 4640.7(a).

TRANSPORTATION

Benefits: Transportation			
Service	Responsible Entity	Legal / Factual Context	Authority
Transportation to and from Medical Appointments	DDS	When required by IPP Payor of last resort	Lanterman Act Welf. & Inst. Code §§ 4659, 4648
Transportation to and from Medical Appointments	Medi-Cal	Broad range of medically related transportation services to provide access to health care.	42 CFR § 431.53 & 440.170(a)
Transportation to EPSDT and Case Management Services / NEMT	CMH/EPSDT/Medi-Cal	EPSDT Supplemental Services (Wrap-around services) EPSDT Medical necessity standard	42 U.S.C. § 1396d(r)(5); 42 C.F.R § 431.53 9 C.C.R. §§ 1810.201-254
Transportation between home and school	LEA	As a related service recorded in the IEP if needed to access education based on considerations such as medical diagnoses, health needs, physical accessibility considerations, temperature, duration, distance, pupils' strength and capacity, behavior plans. Parents may be reimbursed for costs if they agree to pay public transportation or taxis out of pocket, or if they agree to provide the transportation themselves.	34 C.F.R. 300.24(b) CDE Transportation guidelines

Benefits: Transportation			
Service	Responsible Entity	Legal / Factual Context	Authority
Transportation between school and another site for the provision of related services	LEA	If related services recorded in the IEP such as OT, PT Mental Health services are not provided at home school. Parents may be reimbursed if they agree to pay out of pocket for taxis, public transportation or provide the transportation themselves.	34 C.F.R. 300.24(b) CDE Transportation guidelines
Transportation to and from Mental Health Services and to and from Residential Placement	DDS	As specified in the IPP	Lanterman Act Welf. & Inst. Code §§ 4500, et seq.
Transportation to and from Residential Placement	LEA	As specified in IEP	2 CCR § 60200 (d)(1) & (2)
Life supporting medical services while child is traveling between home and school	Medi-Cal		Cal. Gov. Code § 7575(e)
Transportation and Related Services	Regional Center	Under Early Intervention 0-36 months; and school age as payor of last resort if in IFSP/IPP	17 CCR § 52000(b)(12); Welf. & Inst. Code §§ 4648(a)(8), 4640.7(a).

REHABILITATIVE SERVICES

Benefits: Rehabilitative Services			
Service	Responsible Entity	Legal / Factual Context	Authority
Assessments and therapy treatment services provided pursuant to AB 3632	Agency providing the service: <ul style="list-style-type: none"> • DHS • DMH Or their designated local agencies (CCS)	When rendered to the child referred by the LEA for assessment or pursuant to an IEP, the assessment / therapy is exempt from financial eligibility standards and family repayment requirements when rendered pursuant to GC Chapter 26.5 commencing with § 7570.	AB 3632 / GC § 7582

OCCUPATIONAL THERAPY

Benefits: Occupational Therapy			
Service	Responsible Entity	Legal / Factual Context	Authority
OT Assessments	LEA	When pupil is referred to LEA for fine and gross motor or physical skills and the LEA determines that that a referral to CCS is not appropriate.	CCR § 60320 (a) & (b)
OT in School	DHS /CCS	<ul style="list-style-type: none"> • Medically necessary as specified by H&SC § 123800 et seq., • Pursuant to medical diagnosis and • The service is contained in IEP • To treat CCS eligible condition 	AB 3632 / GC § 7575(a)(1)

Benefits: Occupational Therapy			
Service	Responsible Entity	Legal / Factual Context	Authority
OT in school But no CCS eligible condition	LEA	<ul style="list-style-type: none"> • For fine and gross motor activities • Not deemed medically necessary by state DHS • IEP team deems necessary to benefit from special education • Must be provided by qualified personnel whose employment standards are covered by the EC and implementing regulations 	AB 3632 / GC § 7575(a)(2). CCR § 60323 (f) CCR §§ 60323 (f), 60325 (f)
OT Space, Equipment and Storage in School	LEA	Even though therapy is provided by CCS	CCR § 60330 AB 3632 / GC § 7575(d)
Occupational Therapy	Regional Center	Under Early Intervention 0-36 months; and school age as payor of last resort if in IFSP/IPP	17 CCR § 52000(b)(12); Welf. & Inst. Code §§ 4648(a)(8), 4640.7(a).
Supportive Occupational Therapy in Long-Term Care Facility	Long-Term Care Facility/Medi-Cal	<p>Services which provide residents with services they need to attain and maintain the highest possible mental and physical functional status, as defined by the comprehensive assessment and plan of care.</p> <p>Service that enhance residents' ability to transfer and ambulate.</p>	Welf. & Inst. Code § 14132(c) 42 C.F.R. § 483.25 42 C.F.R. § 483.25(a)(1)(ii).
Occupational Therapy in ICF/DD	ICF/DD/Medi-Cal		Welf. & Inst. Code § 14132(c).

PHYSICAL THERAPY

Benefits: Physical Therapy			
Service	Responsible Entity	Legal / Factual Context	Authority
PT Assessments	LEA	When pupil is referred to LEA for fine and gross motor or physical skills and the LEA determines that that a referral to CCS is not appropriate.	2 CCR § 60320 (a) & (b)
Physical Therapy in School	DHS/CCS	<ul style="list-style-type: none"> • Medically necessary as specified by H&SC § 123800 et seq. (aimed at preventing further loss of functional skills or reducing the incidence and severity of physical disability) • Pursuant to medical diagnosis as specified in CCR § 60300 (j) • The service is contained in IEP • To Treat CCS eligible condition 	AB 3632 / GC § 7575(a)(1). 2 CCR §§ 60300 (n)
Physical Therapy in School	LEA	<ul style="list-style-type: none"> • For fine and gross motor activities • Not deemed medically necessary by state DHS • IEP team deems necessary to benefit from special education • Must be provided by qualified personnel whose employment standards are covered by the EC and implementing regulations 	AB 3632 / GC § 7575(a)(2). 2 CCR §§ 60323 (f), 60325 (f)
PT Space, Equipment, and Storage in School	LEA	Even though services are provided by CCS	AB 3632 / GC § 7575(d)
Physical Therapy	Regional Center	Under Early Intervention 0-36 months; and school age as payor of last resort if in IFSP/IPP	17 CCR § 52000(b)(12); Welf. & Inst. Code §§ 4648(a)(8), 4640.7(a).

Benefits: Physical Therapy			
Service	Responsible Entity	Legal / Factual Context	Authority
Supportive PT Services in Long-Term Care Facility	Long-Term Care Facility/Medi-Cal	Services which provide residents with services they need to attain and maintain the highest possible mental and physical functional status, as defined by the comprehensive assessment and plan of care. Service that enhance residents' ability to transfer and ambulate.	Welf. & Inst. Code § 14132(c) 42 C.F.R. § 483.25 42 C.F.R. § 483.25(a)(1)(ii).
PT in ICF/DD	ICF/DD/Medi-Cal		Welf. & Inst. Code § 14132(c)

SPEECH THERAPY

Benefits: Speech Therapy			
Service	Responsible Entity	Legal / Factual Context	Authority
Speech & Audiology Services in Long-Term Care Facility	Long –Term Care Facility	<p>Services which provide residents with services they need to attain and maintain the highest possible mental and physical functional status, as defined by the comprehensive assessment and plan of care.</p> <p>Services that enhance ability to use speech, language or other functional communication systems.</p>	<p>Welf. & Inst. Code § 14132(c)</p> <p>42 C.F.R. § 483.25</p> <p>42 C.F.R. § 483.25(a)(1)(v)</p>
Speech Therapy in ICF/DD	ICF/DD/ Medi-Cal		Welf. & Inst. Code § 14132(c)

Benefits: Speech Therapy			
Service	Responsible Entity	Legal / Factual Context	Authority
Speech Pathology and Audiology Services Provided by School.	Medi-Cal	<p>To the extent federal financial participation is available and consistent with Medi-Cal requirements for physician prescription, order and supervision.</p> <p>TAR based on:</p> <ul style="list-style-type: none"> • Prescription by a general practitioner • Medically necessary • Diagnosed with significant communication disorder. 	Welf & Inst. Code § 14132.06(a) & (f)(9)
Language & Speech Development / hearing Remediation Services / Audiological Services	LEA	<p>When necessary for child to benefit from education. Provided by a speech-language pathology assistant as defined in B & PC § 2530.2(f)</p>	EC § 56363(a) & (b)(1) & (2); 5 CCR §§ 3051
Speech and Language Services; audiology	Regional Center	Under Early Intervention 0-36 months; and school age as payor of last resort if in IFSP/IPP	17 CCR § 52000(b)(12); Welf. & Inst. Code §§ 4648(a)(8), 4640.7(a).

SELECTED INLAND EMPIRE MEMORANDA OF UNDERSTANDING

San Bernardino

Summary of Information Derived From the Local Plan of the East Valley SELPA, the Interagency Agreement between Inland Regional Center and East Valley SELPA, and the Agreement between Department of Behavioral Health and San Bernardino County SELPA:

LEA Members:

- Colton Joint Unified School District;
- Redlands Unified School District;
- Rialto Unified School District;
- Rim of the World Unified School District;
- Yucaipa-Calimesa Joint Unified School District;
- San Bernardino County Superintendent of Schools, Student Services Division – East Valley Operations

Selected Inland Empire Memoranda of Understanding			
SERVICE	RESPONSIBLE ENTITY	LEGAL FACTUAL CONTEXT	AUTHORITY
Charter School	Once deemed an LEA, Charter School	Once deemed an LEA, the charter school will be responsible for and entitled to the following: <ul style="list-style-type: none"> • Participate in State and Federal funding for special education in accordance with the SELPA allocation Plan in the same manner as other LEAS within the SELPA • Be responsible for all costs incurred in the provision of special education services. These costs may include, but are not limited to, instruction, transportation, non-public school/agency placements, inter/intra SELPA placements, due process proceedings, complaints, and attorney fees. • If a charter school IEP team places a student in a special education program provided by another educational entity (i.e., a COE, non-public school, non-public agency, or another district or SELPA), the charter school will be responsible for any excess costs attributable to the placement, similar to 	EVSEP

Selected Inland Empire Memoranda of Understanding			
SERVICE	RESPONSIBLE ENTITY	LEGAL FACTUAL CONTEXT	AUTHORITY
		<p>other districts within the SELPA. Responsibility for excess costs will rest with the placing charter school.</p> <ul style="list-style-type: none"> • A district IEP team may place a student in a charter program only with agreement between responsible educational entities and parental consent. Under such circumstances, the placing district will be responsible for any excess costs in accordance with the Local Plan. • The chartering district will be allocated all special education funds that are generated by a charter school that is deemed a public school. 	
Early Intervention Services	Inland Regional Center ("IRC")	<ul style="list-style-type: none"> • IRC will be responsible for the provision of required early intervention services identified in the IFSP for each eligible infant or toddler not served by the LEA • For children with solely low incidence disabilities, LEAs will be responsible for the provision of all required early intervention services identified in the IFSP for each child. • Payor of Last Resort - IRC or the LEA that is required to pay for early intervention services listed on the IFSP when third party payors or other agencies do not have an obligation to pay as required by 34 CFR 303.527 • For infants and toddlers and their families who are eligible to receive services from both IRC and the LEA, IRC shall be the agency responsible for providing or purchasing appropriate early intervention services that are beyond the mandated responsibilities of the LEA. • The LEA shall provide special education services up to its funded program capacity as established annually by the California Department of Education in consultation with the State Department of Developmental Services and the Department of Finance. • IRC shall be the payor of last resort after all other public and private sources of payment have been reviewed to determine if a referral shall be made by the service coordinator and/or 	Interagency Agreement between Inland Regional Center and East Valley SELPA ("IRC Agreement")

Selected Inland Empire Memoranda of Understanding			
SERVICE	RESPONSIBLE ENTITY	LEGAL FACTUAL CONTEXT	AUTHORITY
		<p>the parent.</p> <ul style="list-style-type: none"> • IRC shall provide, arrange, or purchase early intervention services, as required by the infant's or toddler's IFSP, and be the payor of last resort for infants and toddlers determined eligible for early intervention service as: (a) Developmentally delayed pursuant to Appendix C1; (b) Established risk pursuant to Appendix C2; or (c) High risk for developmental disability pursuant to Appendix C3. • The LEA shall provide, arrange, or purchase early intervention services, as required by the infant's or toddler's IFSP, and be payor of last resort for infants and toddlers with solely low incidence disabilities as specified in section 52022(b)(2) of the state regulations and who are not eligible for IRC services. 	
Transfer of Child with an Active IFSP from another area		<ul style="list-style-type: none"> • When a child with a current IFSP moves from another regional center area or special education local plan area to Riverside or San Bernardino County, IRC and/or the LEAs will continue to provide early intervention services. The child's services and needs will be reviewed, a service coordinator assigned, and an IFSP meeting held within 30 days of the transfer to Riverside or San Bernardino County. When the local LEA is at funded capacity and the child does not have a solely low incidence disability, IRC will be responsible for services on the IFSP. 	

Selected Inland Empire Memoranda of Understanding			
SERVICE	RESPONSIBLE ENTITY	LEGAL FACTUAL CONTEXT	AUTHORITY
Related Services <ul style="list-style-type: none"> • Audiology • Counseling Services • Early Identification • Medical Services (for diagnostic or evaluation purposes) • Occupational Therapy • Parent Counseling and Training • Physical Therapy • Psychological Services • Social Work Services in Schools • Speech Pathology • Transportation 	LEA and/or Department of Developmental Services		Appendix E to IRC Agreement 34 CFR 300.13 EC 56426.360
Early Intervention Services <ul style="list-style-type: none"> • Assistive Technology • Audiology • Family training, counseling and home visits • Health Services • Medical Services only for Diagnostic or Evaluation Purposes • Nursing Services • Occupational Therapy • Physical Therapy • Psychological Services • Service Coordination • Social Work Services • Special Instruction • Speech-Language Pathology • Transportation • Vision Services • Respite Care • Other Family Support 	LEA and/or Department of Developmental Services		Appendix E to IRC Agreement 34 CFR 303.12
Services and Supports Lanterman Act <ul style="list-style-type: none"> • Diagnosis • Evaluation 	LEA and/or Department of Developmental Services		Appendix E to IRC Agreement WIC 4512(b)

Selected Inland Empire Memoranda of Understanding			
SERVICE	RESPONSIBLE ENTITY	LEGAL FACTUAL CONTEXT	AUTHORITY
<ul style="list-style-type: none"> • Treatment • Personal Care • Day Care • Domiciliary Care • Special Living Arrangements • Physical Therapy • Occupational Therapy • Speech Therapy • Training • Education • Supported and Sheltered • Employment • Mental Health Services • Recreation • Counseling of the Individual and his/her family • Protective and Other Social and Sociolegal Services • Information and Referral Services • Adaptive Equipment and Supplies • Follow Along Services • Advocacy Assistance • Assessment • Assistance in Locating a House • Child Care • Behavior Training and Behavior Modification Programs • Camping • Community Integration Service • Community Support • Daily Living Skills Training • Emergency and Crisis Intervention • Facilitating Circles of Support • Habilitation • Homemaker Services • Infant Stimulation Programs 			

Selected Inland Empire Memoranda of Understanding			
SERVICE	RESPONSIBLE ENTITY	LEGAL FACTUAL CONTEXT	AUTHORITY
<ul style="list-style-type: none"> • Paid Roommates • Paid Neighbors • Respite • Short term Out of Home Care • Social Skills Training • Specialized Medical and Dental Care • Supported Living Arrangements • Technical and Financial Assistance • Travel Training • Training for Parents • Vouchers • Transportation Services 			
60040 Referral to Department of Behavioral Health for Related Services	Department of Behavioral Health ("DBH")	DBH will receive training regarding Chapter 26.5 requirements and comply with general identification and referral procedures for pupils requiring Special Education	Agreement Between Department of Behavioral Health and San Bernardino SELPA ("DBH Agreement")
60100 LEA/SELPA Identification and Residential Placement of an Emotionally Disturbed Pupil	LEA/SELPA	The LEA/SELPA is responsible for the educational costs and will make arrangements for enrollment in an appropriate educational facility.	DBH Agreement
Case Management for an Emotionally Disturbed Pupil Who is in Residential Placement	DBH	Following placement of a pupil by an IEP Team in an approved residential facility, DBH will provide case management services	DBH Agreement

Selected Inland Empire Memoranda of Understanding			
SERVICE	RESPONSIBLE ENTITY	LEGAL FACTUAL CONTEXT	AUTHORITY
Reimbursement to parents for non-mental health related expenses	LEA/SELPA	LEA/SELPA will establish conditions and limitations for reimbursement to the parents for non-mental health related expenses	DBH Agreement
Transportation of a pupil with a disability to and from the mental health serviced specified on the pupil's IEP	LEA/SELPA		DBH Agreement
Transportation of a pupil to and from the residential placement as specified on the IEP	LEA/SELPA		DBH Agreement
The special education instruction, non-mental health related services agreed upon in the IEP	LEA/SELPA		DBH Agreement
For a pupil placed in residential placement under this article, the nonsectarian school services or arrangement a public program with another LEA/SELPA	LEA/SELPA		DBH Agreement
Should the parents of a pupil who is in residential placement move into another LEA/SELPA, the LEA/SELP of origin will continue to be responsible for educational costs related to the residential treatment for the balance of the school year including extended school year	LEA/SELPA		DBH Agreement
Provision of assessments and mental health services included in the pupil's IEP	DBH		DBH Agreement
For a pupil in residential placement under this article, mental health services shall be provided either directly by the community mental health service or by subcontractors	DBH		DBH Agreement