

Assessment: Kern Regional Center

Eligibility

As defined in Title 17, Chapter 3, Community Services Article 2, Eligibility is defined in the following manner.

Eligibility for Regional Center Services

- (a) Any resident of the state of California believed to have a developmental disability, and resident of the state of California believed to be at risk of parenting an infant with a developmental disability shall be eligible, upon applications to the regional center, for initial intake, diagnostic and counseling services, and a determination regarding the need for assessment.
- (b) Eligibility for ongoing regional center services shall be contingent upon the determination, after intake and assessment, that the person has a developmental disability with substantial handicap as defined in this article.

Further, eligibility will be reviewed as necessary by the KRC Clinical team, when eligibility is questionable. Eligibility is a complex decision making process which may include review of all pertinent documents, medical and psychological data available and its interpretation applied in a fair and equitable manner.

Developmental Disability & Substantial Handicap is defined in the following manner.

Developmental Disability

- (a) "Developmental Disability" means a disability that is attributable to mental retardation, Cerebral palsy, epilepsy, autism, other conditions similar to mental retardation that require treatment similar to that required mentally retarded individuals.
- (b) The Developmental disability shall:
 - 1) Originate before age eighteen;
 - 2) Be likely to continue indefinitely;
 - 3) Constitute a substantial handicap for the individual as defined in the article.
- (c) Developmental Disability shall not include handicapping conditions that are:
 - 1) Solely psychiatric disorders where there is impaired intellectual or social functioning which originated as a result of the psychiatric disorder or treatment given for such a disorder. Such psychiatric disorder include psycho-social deprivation and/or psychosis, severe neurosis or disorders even where social and intellectual functioning have become seriously impaired as an integral manifestation of the disorder.
 - 2) Solely psychiatric disorders. A learning disability is a condition which manifests as a significant discrepancy between estimated cognitive potential and actual level of educational performance and which is not a result of generalized mental

retardation, educational, or psycho-social deprivation, psychiatric disorder, or sensory loss.

- 3) Solely physical in nature. These conditions include congenital anomalies or conditions acquired through disease, accidents, or faulty developments, which are not associated with a neurological impairment that results in a need for treatment similar to the required for mental retardation.

Substantial Handicap

- (a) "Substantial handicap" means a condition that which results in major impairment cognitive and/or social functioning. Moreover, a substantial handicap represents a condition of sufficient impairment to require interdisciplinary planning and coordination of special or generic services to assist the individual in achieving maximum potential.
- (b) Since an individual's cognitive and/or social functioning are many-faceted, the existence of major impairment shall be determined through an assessment, which shall address aspects of functioning including, but not limited:
 - 1) Communication skills;
 - 2) Learning;
 - 3) Self-care;
 - 4) Mobility;
 - 5) Self-direction;
 - 6) Capacity for independent living;
 - 7) Economic self-sufficiency.
- (c) The assessment shall be made by a group of Regional Center professionals differing disciplines and shall include consideration of similar qualification appraisals performed by other interdisciplinary bodies of the Department serving the potential client. The group shall include as a minimum a program coordinator, a physician, and a psychologist.
- (d) The Regional Center professional group shall consult the potential client, parents, guardians/conservators, educators, advocates, and other client representatives to the extent that they are willing and available to participate in its deliberations and to the extent that the appropriate consent is obtained.

Conditions similar to mental retardation that require treatment similar to that required by mentally retarded individuals:

On occasion the Regional Center may assess and find that a client does not have mental retardation (I.Q. of 70 or below), but has a borderline I.Q. (approximately 70-75), which may constitute a Substantial Handicap. These particular cases must be presented to the Clinical Team for review and determinations of eligibility due to the complexity of the case. In order for the client to be eligible for services in this category there must be at least two major functional deficits in the following area as defined by "Substantial Handicap" (communication skills, learning, self-care, mobility, self-direction, capacity for independent living, economic self-sufficiency). Further, the Clinical Team will review the needs of the client in regards to

treatment which may be similar to that needed by an individual who has mental retardation. This includes any service that the Regional Center may provide.

Other Issues of Substantial Handicap

Occasionally the Clinical Team must review cases for eligibility which include diagnosis of Cerebral Palsy, Epilepsy, and rarely Autism.

For those who have these conditions, the issue of Substantial Handicap may play an important role in the decision making process. These cases are complex and require careful consideration by the Clinical Team. The following is an example:

A person with Epilepsy may not be eligible for services if they do not have seizures, have occasional seizures or several seizures per year, if they do not meet the criteria defined by "Substantial Handicap." In other words, if the person is employed, drives a car, has a family, manages their own funds to name a few, they do not necessarily meet the criteria outlined in "Substantial Handicap." The same considerations apply to cerebral Palsy and Autism. It is possible to have these conditions, but not be Substantially Handicapped as defined by regulation.

Intake Process

The purpose of the Intake Assessment Process is to determine if the applicant has a developmental disability and if so, to what extent that disability is substantially handicapping.

Any individual residing in Inyo, Mono, and Kern Counties who has or is suspected of having a developmental disability may obtain an assessment by requesting it through the Assessment Unit.

Initial Request

The Intake Process begins with a request from an inquirer 18 years of older or his/her parent or authorized representative. The request may be made in person by telephone or writing. All written correspondence, telephone inquiries, or individual walk-ins are routed to the Intake Coordinator. Prior to any assessment starting or being assigned to an Assessment Coordinator, all information is to be requested by the Administrative Assistant. Any third party who requests or makes referrals for services for a possible applicant is to be informed that is necessary to have the applicant's authorized representative, parent, or family call and request an intake.

The intake Coordinator is responsible for screening the initial request to determine if the request is appropriate and what action is to be taken. The Administrative Assistant may also assist in initial request by collecting data and forwarding it to either Intake Coordinator or the Program Manager of the Assessment Unit.

After the Intake Coordinator has collected all the pertinent information pertaining to the initial request, the Intake Coordinator will meet weekly with the Program Manager to schedule appointments.

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The Intake Coordinator then enters all pertinent information into SANDIS and forwards the information to the Assessment Secretary who then types and sends an appointment letter to the applicant with dates of the Initial Interview, Medical and Psychological appointments. The Intake Coordinator then compiles a copy of the appointment letters, face sheets, and any other collateral information and provides information to the assigned Assessment Coordinator.

Reactivation and Transfer-in Cases:

An individual with an inactive case and is wishing to receive services will be directed to the Intake Coordinator. After the Program Manager determines that the client is clearly eligible, the record is then forwarded to the appropriate Case Management Unit for assignment. This happens only on inactive cases with Medical and Psychological examinations less than 5 years old. All others must be re-assessed.

The Director of Case Management Services reviews cases that have been transferred in for other regional centers. If the case is current, then it is assigned to the appropriate case management unit for assignment. If the case is closed or inactivated or there is a question about eligibility, then it is forwarded to the Program Manager of the Assessment Unit for review. The Program Manager forwards the case to the Intake Coordinator, collateral information is collected and the Assessment process begins.

In House Referrals:

Occasionally, a Service Coordinator may have reason to make a referral for services after visiting a client of family and observing, as an example a sibling who appears to have a developmental disability. If there is a suspicion that the sibling of a client is in need of assessment, the SC is to contact the Intake Coordinator who will then responsible for the start of the intake.

Emergency Intake

If the Intake Coordinator or Assessment Coordinator determines that an applicant requires emergency intervention for regional center services, the information is immediately given to the Program Manager of Assessment Unit who then will consult with the Director of Clinical Services to determine course of action. If the Director of Clinical Services determines that as emergency exists and the client should be made eligible (See Presumptive Eligibility) the Clinical Team Eligibility Sheet is to be completed and signed by the Director of Clinical Services. If the applicant's eligibility cannot be determined, then the normal assessment process is to be followed.

Branch Office Assessment:

Branch office assessments are to be completed in the same manner as those in the Bakersfield geographical area. All statistical data is to be forwarded to the Program Manager of Assessment Unit on a monthly basis.