INFORMATION AND RESOURCES







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Understanding the Diagnosis: A Guide for Families







INFORMATION AND RESOURCES

Developed by the 2018 Equity Project's Enhanced Case Management team with the contribution of Westside Regional Center's community to address cultural disparities and improve equitable access to services.

The purpose of this guide is to present a basic description of the regional center to help families navigate our system. For more detailed information, please refer to Lanterman Developmental Disabilities Services Act (AB 846).

Role of the Regional Center



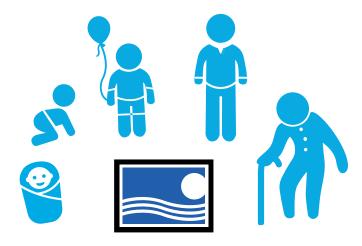
It is Westside Regional Center's mission to empower people with developmental disabilities and their families to choose and access community services that facilitate a quality of life comparable to persons without disabilities.

Westside Regional Center (WRC) is one of 21 regional centers in California that serves individuals with developmental disabilities. WRC is a private, non-profit corporation funded by a contract with the State Department of Developmental Services (DDS). DDS monitors the regional centers to ensure compliance with state and federal guidelines. WRC has a Board of Directors that includes individuals we serve, parents, caregivers, community members and professionals.

Westside Regional Center is dedicated to support individuals with developmental disabilities and their families across various stages of life through case management services and supports, training opportunities conferences, public meetings, and support groups. Our hope is that this booklet will equip you with information on how to best navigate our regional center system and community (generic) resources.

Working Together

Westside Regional Center is just one out of many organizations you will work with. We will help you build a strong support network by linking you to generic resources such as Medi-Cal, California Children's Services (CCS), In-Home Supportive Services (IHSS), Supplemental Security Income (SSI), Department of Mental Health (DMH), Department of Rehabilitation (DOR), Disabled Student Centers, Office of Clients' Rights Advocacy (OCRA), local school districts, and natural supports.



Westside Regional Center is With you Every Step of the Way

WRC Commits to:

Offering lifelong supports and services that are in compliance with the Lanterman Developmental Disabilities Services Act (The Lanterman Act for short). This California state law outlines the rights of individuals with developmental disabilities, sets rules on how the regional center can support you through the Individual Program Plan (IPP), explains which services and supports can be explored, outlines under what circumstances we can fund them, and how disagreements with the regional center should be processed.

Facilitating equal access to services to all eligible individuals from birth to the end of life regardless of race, ethnicity, language, income level, living situation, or immigration status. WRC promotes equity by identifying and empowering the underserved. We promote transparency of information through dissemination of "Inside Westside" (a list of possible services) and other informational materials, as well as facilitation of community meetings and training opportunities.

Responding to the growing needs of a multilingual and multicultural community by offering written translation and

interpretation for regional center business such as Individual Program Plans (IPPs), psychological evaluations, and public meetings.

Providing initial intake and assessment services free of charge to determine eligibility for Early Start services (birth through 3 years old) or ongoing Client Services (3 years old through adulthood).

Supporting infants at risk of a developmental disability from birth to three through California's Early Start program. We coordinate early intervention services and ensure little ones are referred to local school districts (at 3 years old) for continued support. After the age of 3, districts may take on a more prominent role due to federal funding requirements. If therapeutic services such as speech, occupational and physical therapies were coordinated and funded by WRC before the age of 3 years, these should be explored (after the age of 3 years) through health insurance and/or the local school district. If a child continues to have a regional center eligible diagnosis after the age of 3 years, please know that you can count on us for continued support (through other types of funded services) and case management.

Preparing you for changes in services that typically occur at the age of 3 when transitioning out of federally-funded Early Start services to pre-school services and again at the age of 18 to 22 when individuals exit the public school district.

Maintaining contracts with various vendors to deliver quality services.

Collaborating with doctors, psychologists, and other specialists to provide consultation, access to intervention and help with coordinated care.

Improving our policies and processes to best serve you and move towards Person Centered Planning and the option of Self-Determination. We welcome community involvement and encourage you to be active partners with WRC as we continue to grow.

Role of the Service Coordinator

To Listen by fostering communication with you through phone calls, email, and face to face meetings such as Individual Family Service Plan (IFSP), Individual Program Plan (IPP), and Annual Reviews.

Service Coordinators:

Respond to calls and emails within 2 business days

Provide opportunity for you to express your preferences, with patience, respect and cultural sensitivity

Gather information to inform IPPs, service requests, referrals, or appeals

Respect your privacy by following HIPAA (Health Insurance Portability and Accountability Act) regulations, which ensure your health information is protected

Brainstorm and research possible recommendations based on your preferences

Establish trust and confidence through positive, open, and timely communication



Your assigned Service Coordinator (SC) is your primary contact with the regional center. They help you understand rules, processes, and services, so that you can advocate for your family member or yourself. They help you learn how to access services and supports.

To Inform by providing clear information regarding regional center and community (generic) resources and connecting you to these resources.

Service Coordinators:

Provide oral, written, online materials to increase understanding of individual rights, services, and how to navigate regional center, special education, and social service systems

Answer questions, clarify doubts, address concerns regarding regional center services, generic resources, diagnoses and special education

Communicate and consult with managers, specialists, vendors to get you accurate information

Point you in the right direction when SCs don't have the answer (for example: referrals to specialists such as doctors, outside organizations and training opportunities.) To Support by participating in planning meetings that will impact your supports and services such as IPPs, IEPs (Individualized Education Plan) or meetings with service providers and vendors.

Service Coordinators:

Develop the IPP with you and your planning team

Coordinate appropriate WRC-funded services such as respite, specialized supervision, social skills, day programs, and supported living services

Submit referral documents to vendors

Advocate on your behalf and give you tools so you can advocate for yourself

Facilitate consultations with vendors, school administrators, and WRC staff to discuss goals and implement plans

Monitor progress, problem solve, and advise if requested

A change in assigned SC may occur several times throughout the years depending on the client's age, administrative decisions, and/or your request.





The Goal is Teamwork!

We can work most efficiently through clear communication, partnership, teamwork, and clear expectations.

Expect your SC to:

Explain information clearly

Keep you informed of events and training opportunities

Connect you to services that are appropriate for your unique needs and circumstances

Provide you a copy of your IPP or Annual Review every year

Be approachable and reachable via phone and email

Your SC expects you to:

Report important changes, updates, and concerns that relate to the individual's life

Leave detailed voicemails whenever possible including names, phone numbers and reason for the call (so we can start working on your request/concern as quickly as possible)

Consider each recommendation with an open mind

Report concerns with the quality of services

Keep important documents organized and accessible in case they are needed

Expect each other to:

Meet in person at least once per year during IPP meetings

Communicate with respect

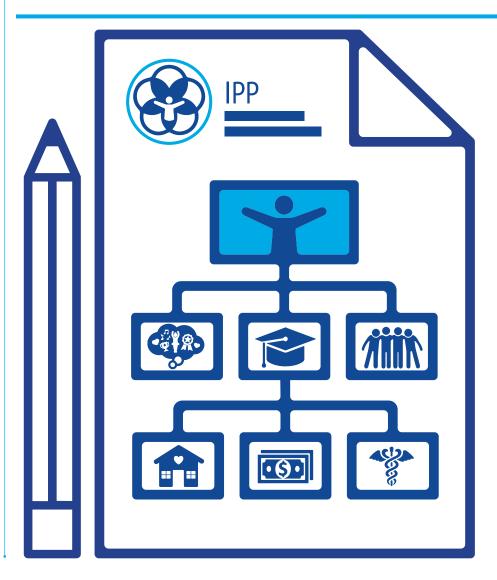
Ask questions if something is not clear

Keep appointments or cancel in a timely manner

Follow through with tasks and to-dos

Actively work as a team towards set goals

What you Need to Know About the Individual Program Plan (IPP) Process



What is an Individual Program Plan (IPP)? Why is it important?

The IPP is a legal agreement between the individual with a disability and the Regional Center. IPPs are developed collaboratively by the individual, family, Service Coordinator (SC) and any other appropriate member of the planning team. The actual report is written by the SC after the IPP meeting.

This person-centered plan documents the individual's current progress, sets goals, and identifies services and supports necessary to help meet those goals. This report can also be provided to others when seeking community (generic) resources or services with outside agencies.

The individual/family should receive a copy of the IPP document from the SC. If you do not receive a copy, follow up with your SC. Also, contact your SC if you are not in agreement with the IPP or if you find mistakes that need to be corrected. Remember, the IPP can be updated through an addendum.





IPPs are developed through an ongoing process—not just one meeting!

An IPP meeting is typically held within 60 days of eligibility determination and on a yearly basis during the individual's birth month. One can also be requested throughout the year if there are concerns regarding services or if there are significant changes in the areas of health, living situation, or school/work environment.

WRC requires that SCs hold either a full IPP (every 3 years) or a yearly progress review. However, if an individual lives in a residential facility or independently (without family members), they can expect to have quarterly meetings (every 3 months).

The SC will typically call you to schedule a meeting in person either at the family home, WRC or a location that is convenient for you. The individual/family can also initiate contact.

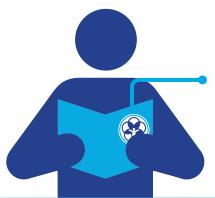
Individuals with disabilities and their families play a primary role in choosing services that can help support their needs and goals.

Individuals can invite family members, friends, caregivers, and service providers to participate in the IPP meeting.

The purpose of the IPP meeting is for all participants to collaborate to support the needs and wants of the individual so that he/she can reach his/her individual goals.

Before and/or during the IPP meeting, the SC may ask you for documents and information such as the Individualized Education Program (IEP), medical insurance information, progress reports, and evaluations to be better informed of current progress and services at school, at home, and in the community.

Please offer details and information that will help the SC better understand your current circumstances, resources, needs, and aspirations so that the SC can support you in your choices regarding services and areas of need.



What is Discussed in the IPP Meeting and What is Documented in the IPP Report?

The IPP documents the following areas that should be discussed during the IPP meeting:

- ✓ Contact information
- Living arrangements and support network
- The individual's/family's visions for the future
 - Current abilities including mobility, communication skills, self-care needs, supervision needs, and diet/feeding abilities
- Diagnosis information
- School/work updates including needs and current services
- Transition plan for work or supported/independent living

- Current social-emotional abilities, behavioral concerns, and progress including access to recreational and community outlets
- Health and wellbeing
 (including weight, height,
 medications, last medical/
 dental/specialist appointments,
 equipment and any
 special needs)
- Financial circumstances including private-pay therapies, co-payments, and access to generic resources like Supplemental Security Income (SSI amount), In-Home Supportive Services (IHSS hours), California Children's Services (CCS-provided services and equipment), Medi-Cal, Medicare, and Access Paratransit

- Legal topics such as conservatorship and custody agreements
- Goals and outcomes identified within these four main areas: Living Arrangements, School/ Work/Day Activity, Socio-Emotional/ Recreational/ Leisure/Plan Community, and Health and Wellbeing.
- WRC-funded services with details on who will provide services and dates of authorization

Signature Page and Other Forms

WRC-funded services cannot start until you sign the IPP agreement sheet and necessary consent forms.

If you are in disagreement with any part of the IPP, you can note that on the signature page. Your SC should inform you of your fair hearing rights.

Your SC should send you a copy of the written IPP report within 30 days of the meeting. Follow up with your SC to request a copy, make corrections, complete an addendum, or appeal a decision.



Things to Remember

Communication is key!

Maintain communication to ensure your Service Coordinator (SC) is aware of any changes, progress on to-dos, barriers, or concerns you may have.

Documentation helps support your request

Make sure you have a copy of your most recent IPP. If you don't have one, ask your SC to provide one for you.

Common acronyms you should know!

WRC: Westside Regional Center

SC: Service Coordinator **IPP:** Individual Program Plan

IEP: Individualized Education Program IHSS: In-Home Supportive Services SSI: Supplemental Security Income

You and your SC should be partners in creating and implementing the IPP

If you feel this partnership is not working, please express your concerns to the SC and provide an opportunity to make adjustments.

If there is no progress in resolving your concerns, you have the right to request a change of Service Coordinator. Please contact the SCs program manager to explore the possibility of a change in SC.

You have a right to disagree with WRC decisions

Inform your SC that you disagree and that you would like to appeal the decision.

It is especially beneficial to put your disagreement in writing because it creates a record. If you need help deciding what to do, ask your SC, someone you trust, and/or a Client's Rights Advocate for help.



How to Request Services Through Westside Regional Center



Contact your Service Coordinator (SC) and specify request as related to individual's disability



SC may ask for detailed information, documentation, or time to discuss with their program manager



SC will submit the request electronically



SC may need to present your request in front of the Purchase of Service Committee (POS) if request is not routine or typical



POS team may request more information before making a final decision based on your family's individual circumstances



The request will be either approved or denied Note: SC has 15 days to submit and respond to requests





If Approved for Services

The request will be processed by our accounting department within a week or so The vendor/provider will receive an authorization to start the service

Service will be documented in IPP or added through what is called an IPP addendum (an addition to the IPP) Services will start! Feel free to call your Service Coordinator (SC) to confirm dates/volume of service or if there's a delay in services



Your SC will explain how you can appeal the decision if you are not in agreement You will be presented with a letter and Notice of Action (NOA) stating which service is being denied and why You will receive forms to complete if you wish to proceed with the appeal process







Communication is key!

Call/email your Service Coordinator (SC) to discuss your questions, concerns, or specific requests for services.

Make sure to discuss initial requests for services, current services received, and any changes to services during the IPP meeting so that it can be documented within the IPP.

It helps to give your SC a written request for services.

Follow up with any to do's by calling or emailing your SC.

If more than a week goes by, please call your SC to get a status update on anything that is still pending.

Documentation helps support your requests

For some requests, your SC may ask for supporting documentation such as medical records, letters of denial, recommendations from therapists or other providers, etc.

You can do your own documentation by making sure you keep a call log to document communication with your SC, program managers, providers, specialists, etc.

All funded services will be documented in the IPP, IPP addendum, or annual review by the SC.

Exploring vendors/providers

Sometimes you'll want to visit different sites to explore providers in your area. Call to make an appointment to visit the site. Have your questions/concerns prepared so that you find out all the information you need.

Don't let too much time pass by! Call and follow up with providers even if they tell you you're on a wait list.

Please call your SC to let them know what the situation is. Maybe they can follow up with the provider of service or direct you to explore another provider.

Fair Hearing Requests and the Appeal Process



There are three different scenarios in which you can disagree with the regional center regarding funded services.



New Requests

Example:

You have never had respite services in the past. Your request is denied, and you are in disagreement.



Existing Service is Terminated or Changed by WRC

Example:

Your existing respite service has been reduced according to the current respite assessment tool, and you are in disagreement.



Client/Family Request Change to Existing Service

Example:

You request an increase of your existing respite hours. Your request is denied, and you are in disagreement with the hours authorized.

If you need help with completing the appeal packet, contact your Service Coordinator or Clients' Rights Advocate (CRA): (310) 846-4949.

Written notices can be translated and interpretation services are available when requested.

New Requests

Fair Hearing Requests and the Appeal Process



SC submits a new service request to the Purchase of Service Committee and response is provided.



If the request is denied and you disagree with the decision, your SC will discuss how to appeal the decision.

Denied

No later than 5 working days from date of denial, you will receive the following by certified mail:

- 1. A written letter stating why your request was denied
 - 2. Forms: DS1803 "Notice of Proposed Action," DS1804 "Notice of Proposed Resolution," DS1805 "Fair Hearing Request"
 - 3. Information regarding your rights, the appeal process, and how to fill out the forms



WRC must receive your completed appeal forms within 30 days in order to proceed with the appeal process and file a Fair Hearing Request.

If you need help with completing the appeal packet, contact your Service Coordinator or Clients' Rights Advocate (CRA): (310) 846-4949. Written notices can be translated and interpretation services are available when requested.

Existing Service is Terminated or Changed by WRC

Fair Hearing Requests and the Appeal Process



SC notifies you at least 30 days prior to any change in existing service such as termination, change in hours, or change in rate.

Step 1

Within 30 days of any change, you will receive the following by certified mail:

- 1. A written letter stating why your service is being changed or terminated
- 2. Forms: DS1803 "Notice of Proposed Action," DS1804 "Notice of Proposed Resolution," DS1805 "Fair Hearing Request"
 - 3. Information regarding your rights, the appeal process, and how to fill out the forms

Step 2

WRC must receive your completed appeal forms postmarked within 10 days with your written request for continued funding through "Aid Paid Pending" (guarantee that funding for the appealed service will remain unchanged during appeal process). Otherwise, services will be changed/terminated as previously notified.



WRC must receive your completed appeal forms within 30 days in order to proceed with appeal process and file a Fair Hearing Request.

If you need help with completing the appeal packet, contact your Service Coordinator or Clients' Rights Advocate (CRA): (310) 846-4949.

Written notices can be translated and interpretation services are available when requested.

Client / Family Request Change to Existing Service

Fair Hearing Requests and the Appeal Process





SC submits
request for change
to existing service
to Purchase of
Service Committee
and response is
provided.



If the request is denied and you disagree with the decision, your SC will discuss how to appeal the decision.

Within 5 days of the date of the denial, you will receive the following by certified mail:

- 1. A written letter stating why your request was denied
 - 2. Forms: DS1803 "Notice of Proposed Action,"
 DS1804 "Notice of Proposed Resolution,"
 DS1805 "Fair Hearing Request"
- 3. Information regarding your rights, the appeal process, and how to fill out the forms



WRC must receive your completed appeal forms within 30 days in order to proceed with the appeal process and file a Fair Hearing Request. Existing services will continue as previously authorized.

If you need help with completing the appeal packet, contact your Service Coordinator or Clients' Rights Advocate (CRA): (310) 846-4949. Written notices can be translated and interpretation services are available when requested.

Meeting to Appeal a Decision

"You have to be willing to do the hard work it takes to prepare. Take it as an opportunity to learn the process, let go of the fear, and be empowered!" – WRC Parent

Here are three different ways clients or legal representatives can meet to appeal a regional center decision after filing a Fair Hearing Request



Voluntary Informal Meeting

Setting up the Meeting

You will be contacted to set a date, time, and place for the meeting within 10 days of the date the Fair Hearing Request was received by WRC. You have the right to decline the meeting or agree and invite a friend, family member, advocate or legal representative to help you in the process. You can request an interpreter if needed.

During the Meeting

The Fair Hearing Specialist will conduct the meeting. You/your representative can present written and verbal evidence and discuss or review records to support your request. This is an opportunity to introduce information that may not have been previously considered.

After the Meeting

Within 5 working days of the meeting, WRC will provide a written decision based on the meeting. If you/your representative are satisfied with the decision, complete the Notification of Resolution (NOR) and return to WRC to withdraw the Request for State Hearing. The decision will go into effect 10 days after receipt of NOR.



If in disagreement, you can request mediation and/or proceed to Fair Hearing. Timeline for Fair Hearing meeting within 50 days remains unchanged unless you or WRC requests more time.

Meeting to Appeal a Decision

For more information visit: www.dqs.ca.qov/oah/DDSHearings/DDSFAQs.aspx

Mediation

Setting up the Meeting

WRC will respond to written request for mediation and can accept or decline the request within 5 working days. If accepted, the Office of Administrative Hearings will notify you within 5 calendar days of a date/time/place for mediation as well as advocacy assistance (referral of list of advocates). Meeting must be held within 30 days of the date the Request for Fair Hearing was received by WRC. You may request postponement to reschedule the date. You can also request an interpreter if needed. Mediation may be declined by either party.

State Level Fair Hearing



Setting up the Meeting

The Office of Administrative Hearings will notify you of a date/time/place for the Fair Hearing. The hearing must be held within 50 days of the date the Request for Fair Hearing was received by WRC. You can request an interpreter. You or WRC can request a hearing be postponed for good cause. However, a final administrative decision must be issued within 90 days of the date the Request for Fair Hearing was received by WRC.

During the Meeting

A Fair Hearing is formal and similar to a court hearing with witnesses and evidence. You can represent yourself or ask a friend, family member, advocate or attorney to do so (you are responsible for costs). An Administrative Law Judge listens to information about your disagreement and makes an independent decision.

During the Meeting

The independent mediator facilitates the meeting, meets separately with each party, and attempts to reach an agreement that is acceptable to both sides.

After the Meeting

If you/your representative are satisfied with the decision, complete the Notification of Resolution (NOR) and return to WRC to withdraw the Request for State Hearing. The decision will go in effect 10 days after receipt of NOR. If in disagreement, you will proceed to Fair Hearing. The mediator will notify the Office of Administrative Hearings of the outcome of the mediation.



Timeline for Fair Hearing meeting within 50 days remains unchanged unless you or WRC requests more time.

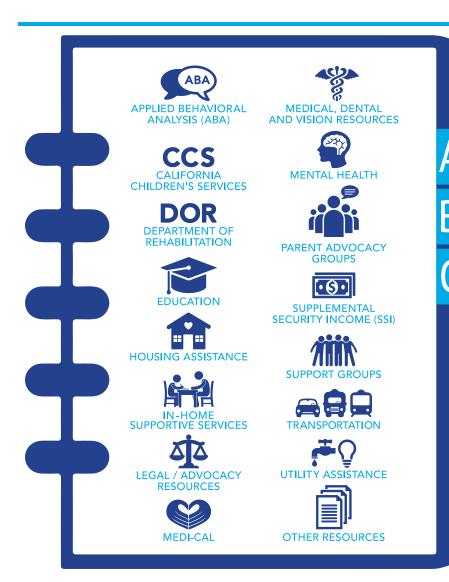
After the Meeting

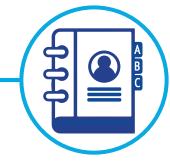
Written notice of the decision will be sent within 90 days of date the Request for Fair Hearing was received by WRC. Decision will be implemented 10 days after you are notified. You or WRC can further appeal the decision within 90 days.



Timeline for Fair Hearing meeting within 50 days remains unchanged unless you or WRC requests more time.

Generic and Community Resources





Generic Resources

are services that are available to the general public and typically funded by the government or local community such as local school districts or Medi-Cal.

There may be eligibility requirements that need to be met in order to access these services. Westside Regional Center (WRC) wants you to increase awareness of these opportunities as they may support you and your family's needs in ways that WRC may be unable to do. Moreover, we expect families to explore generic resources in the community. WRC is considered the payer of last resort which means that some services may be funded by WRC after we have explored and exhausted all other possible sources.

Note:

This is not an exhaustive resource list. Resources were selected in consideration of WRC's catchment area.

For up-to-date links visit: westsiderc.org/resources-3/





Applied Behavioral Analysis (ABA)

Clients under age 21 who have any regional center diagnosis (Cerebral Palsy, Autism, Intellectual Disability, Epilepsy, other similar condition) AND have a Medi-Cal Managed Care Plan must access services through their plan. Clients under age 26 with a diagnosis of Autism who have private insurance and no Medi-Cal managed care plan must access their insurance for services. Clients who have "straight" or "fee for service" Medi-Cal may seek funding through WRC.

Talk to your Service Coordinator for more information.

Managed Care Plan	Email	Contact
Health Net/Molina Healthcare	Blanca.Martinez@MolinaHealthcare.com Melanie.Freeman@MolinaHealthcare.com Heather.Giordano@MolinaHealthcare.com	(888) 562-5442 ext.127353 (888) 562-5442 ext.120120 (888) 562-5442 ext.120135
Health Net		(800) 675-6110 or (800) 535-4985
LA Care	ASDBenefit@lacare.org Mahsa Hesari (Manager): mhesari@lacare.org	(888) 347-2264 Fax: (213) 438-5054
LA Care/Anthem Blue Cross	Medi-calbhum@anthem.com	(888) 831-2246
LA Care/Blue Shield Promise	BHTProgram@blueshieldca.com	(888) 297-1325 Fax: (844) 283-3298
LA Care/Kaiser Permanente	ASDConcerns@kp.org	(626) 405-5765 ext.335

CCS California Children's Services

The CCS program provides diagnostic and treatment services, medical case management, physical and occupational therapy services and adaptive equipment to children under age 21 with CCS-eligible medical conditions. CCS also provides medical therapy services that are delivered at public schools. Some examples of CCS eligible conditions include: cerebral palsy, chronic medical conditions such as cystic fibrosis, heart disease, cancer and uncontrolled seizures. Refer to the website below for additional specific eligible medical conditions that are covered and the eligibility requirements.

Call (800) 288-4584 or visit: www.dhcs.ca.gov/services/ccs/Pages/default.aspx

DOR Department of Rehabilitation

The California Department of Rehabilitation (DOR) is an employment and independent living resource for people with disabilities. DOR provides Vocational Rehabilitation services to Californians with disabilities who want to work. Services include employment counseling, training and education, mobility and transportation aids, job search and placement assistance.

Visit Local Offices:

6125 Washington Blvd., #200, Culver City CA 90232 5120 Goldleaf Circle, #360, Los Angeles, CA 90056

Apply Online: www.dor.ca.gov/Online/DR-222/Online-V-R-Services-Application.html





Local Districts Special Education Phone List		
Los Angeles Unified School District Complaint Response Unit/Parent Resource Network	(213) 241-6701 (800) 933-8133	
Centinela Valley Union High School	(310) 263-3200	
Inglewood Unified School District	(310) 419-2775	
Hawthorne Unified School District	(310) 676-2276 ext.3996	
Lawndale Unified School District	(310) 973-1300 ext.50124	
Lennox Unified School District	(310) 695-4033	
Culver City Unified School District	(310) 842-4220 ext.4245	
El Segundo Unified School District	(310) 615-2650 ext.1720	
Beverly Hills Unified School District	(310) 551-5100 ext.2226	
Santa Monica/Malibu Unified School District	(310) 450-8338	
Wiseburn Unified School District	(310) 725-2101 ext. 5301	

Los Angeles County Head Start Programs: prekkid.org

Westside Regional Center offers an IEP Support Group that meets every 1st Thursday of the month at WRC.

Call (310) 258-4263 for more information.

Also, check out the Special Education Rights and Responsibilities
(SERR) Manual to review a comprehensive resource on special education:
http://www.disabilityrightsca.org/pubs/PublicationsSERREnglish.htm
http://www.disabilityrightsca.org/pubs/PublicationsSERRSpanish.htm (Español)





California Department of Housing and Community Development Mobile home info. & more: www.hcd.ca.gov

Housing Authority of the City of LA www.hacla.org

Housing Rights Center Supports fair housing through advocacy www.housingrightscenter.org Community Corporation of Santa Monica Application once per year: www.communitycorp.org

Home Ownership Made Easy (HOME): (310) 988-4000

TAY Winter Shelter Program
Provides temporary housing for young adults ages 18-24 in Los Angeles areas. (800) 548-6047 or (323) 750-7177



The In-Home Supportive Services (IHSS) program provides in-home assistance to eligible aged, blind and disabled individuals as an alternative to out-of-home care and enables recipients to remain safely in their own homes. Services covered by the IHSS program include domestic and related services, non-medical personal care, transportation and protective supervision. Through a series of evaluations performed by county social workers, IHSS recipients can be authorized for a maximum amount of hours.

WRC's Family Resource Center offers a workshop you can attend prior to applying. Call (310) 258-4063 for more information. You can also call Personal Assistance Services Council (PASC), the public authority for IHSS in LA County at 1 (877) 565-4477 or visit www.pascla.org. Always feel free to ask your SC for support through this sometimes lengthy process.

To apply, call (888) 944-4477 or (213) 744-IHSS. Submit a completed application to your local county IHSS office.

Application online: www.cdss.ca.gov/cdssweb/entres/forms/English/SOC295.pdf

Locate IHSS offices online: www.ladpss.org/dpss/maps/maps.cfm?program=ihss



Legal/Advocacy Resources

Disability Rights California

350 South Bixel Street, Ste. 290 Los Angeles, CA 90017 www.disabilityrightsca.org (213) 213-8000

Office of Clients' Rights Advocacy (OCRA)

Debra Marcia, Clients' Rights Advocate (CRA) Luisa Delgadillo, Assistant CRA 5901 Green Valley Circle, Ste. 150 Culver City, CA 90230 (310) 846-4949

Conservatorship Clinics at Bet Tzedek

3250 Wilshire Blvd, 13th Floor Los Angeles, CA 90010 (323) 939-0506

State Council on Developmental Disabilities (SCDD)

411 N. Central Avenue, Ste. 620 Glendale, CA 91203 https://scdd.ca.gov (818) 543-4631

Learning Rights Law Center

205 S Broadway #808 Los Angeles, CA 90012 www.learningrights.org (213) 489-4030

The Alliance for Children's Rights

www.kids-alliance.org (213) 368-6010





Medi-Cal is the state of California's Medicaid health program. This public health insurance program pays for medical services for people with limited income. Members may include families with children, single adults without children, seniors, individuals with disabilities, those in foster care and pregnant women. Apply in person at a local county office:

Southwest Special - 08

1819 Charlie Sifford Dr. Los Angeles, CA 90047 (626) 569-1399 (310) 258-7400

Rancho Park – 60

11110 W. Pico Blvd. Los Angeles, CA 90064 (310) 258-7400 (626) 569-1399

Southwest Family - 83

8300 S. Vermont Ave. Los Angeles, CA 90044 (866) 613-3777 (310) 258-7400

If income exceeds the maximum threshold for Medi-cal eligibility, please refer to your service coordinator to learn more about the Institutional Deeming process through the regional center.



Medical, Dental and Vision Resources

Achievable Clinic

Community health center that focuses on serving individuals with developmental disabilities and their families.

Clinic is located on 4th floor in the same building as WRC. https://achievable.org (424) 266-7474

USC School of Dentistry

The Norris Dental Science Center charge significantly less than private practice dentists, both for routine care and in specialty clinics. Denti-Cal is accepted. (213) 740-2805

Hawthorne Dental and Braces

Provides low and no cost orthodontic services. Medi-Cal, Healthy Families and Healthy Kids are explored to cover cost of braces. (310) 973-6428

Low-cost or free eye exams and glasses providers

Lens Crafters

www.lenscrafters.com/eyeglasses/7/ about/onesight-charitable-giving

The Lion's in Sight Foundation of California and Nevada www.lionsclubs.org

Vision USA www.aoa.org/visionusa (800) 766-4466





For Free, Immediate and Emergency Assistance 24/7 contact the LA County Department of Mental Health (LACDMH) Access/Hotline: 1-800-854-7771

Exodus Recovery, Inc

Westside Urgent Care Center 11444 W. Washington Blvd. Ste. D LA, CA 90066 (310) 253-9494

MLK Urgent Care Center

24/7 Walk-In Psychiatric Crisis Center is open all day, every day. 12021 S. Wilmington Ave. Bldg.10 LA, CA 90059 (562) 295-4617 Intake: (800) 829-3923

Edelman Mental Health Center

Adult Outpatient Services: 11080 W. Olympic Blvd., 4th Fl. LA, CA 90064 (310) 966-6500

Children Outpatient Services:

11303 W. Washington Blvd., 1st Fl. LA, CA 90064 (310) 482-3200 Both accept Medi-Cal, walk-ins M-F

Augustus Hawkins Mental Health Center

Accepts Medi-Cal, walk-ins M-F 24/7 inpatient support is available 1720 E. 120th St. LA, CA 90059 (310) 668-4272

Didi Hirsch Mental Health Services

4760 S. Sepulveda Blvd. Culver City, CA 90230 (310) 390-6612 Didi Hirsch hosts NAMI Support Group on Mondays 6:30-8pm

South Bay Mental Health Center

2311 W. El Segundo Blvd. Hawthorne CA 90250 (323) 241-6730

Vista Del Mar Child & Family Services

3200 Motor Ave. LA, CA 90064 (310) 836-1223 (M-F, 8-5pm)

Family Services of Santa Monica

1533 Euclid St. Santa Monica CA 90404 (310) 451-9747 M-Th: 9-8pm, F: 9-3pm, Spanish

Insights Program (SCAN Community Service)

In-Home services for aging adults 55+ and caregivers. No insurance or Medi-Cal necessary. 3800 Kilroy Airport Way, Ste.100 Long Beach CA 90806 (866) 421-1964

Tessie Cleveland Community Services Corporation

8019 Compton Ave. LA, CA 90001 (323) 586-7333 Intakes Tuesdays & Fridays 8:30-3pm

Children's Institute, Inc.

10221 S. Compton Ave. Ste. 203 LA, CA 90002 (310) 783-4677 (M-F, 8-5pm, Spanish, Mandarin, Japanese, Korean, French)

Exceptional Children's Foundation

Alma Guerrero, Intake Coordinator: (310) 773-9412 5350 Machado Rd. Culver City, CA 90230 (310) 737-9393 (M-F, 8-5pm, Spanish) www.ecf.net/therapeutic-services/mental-health-services

The Help Group Child & Family Center

12099 Washington Blvd., Ste. 200 LA, CA 90066 (310) 751-1171 (M-F, 9-6pm, Spanish) www.thehelpgroup.org/program/outpatient-services/

Pacific Asian Counseling Services

8616 La Tijera Blvd., Ste. 200 LA, CA 90045 (310) 337-1550 (M-F, 9-6pm, Spanish, Mandarin, Cantonese, Japanese, Korean, Cambodian) www.pacsla.org





Providence St. John's

1339 20th St. Santa Monica, CA 90404 Reputation for serving individuals with Intellectual and Developmental Disabilities Referral can be generated internally to Mayra Mendez, PhD. LMFT (310) 829-8588 (Spanish)

St. Joseph's Center

404 Lincoln Blvd. Venice, CA 90291 (310) 399-6878 (M-F, 8-5pm, Spanish) www.stjosephctr.org

Stop Bullying:

Learn how to identify and prevent bullying, visit www.stopbullying.gov

USC Telehealth

12 free counseling sessions via computer and webcam (866) 740-6502 www.usctelehealth.com



Autism Society of Los Angeles (ASLA)

(562) 804-5556 www.autismla.org

Parent Empowerment Project (PEP)

Project under ASLA that provides parentto-parent hands-on support in navigating regional center systems and accessing services, supports and generic resources. PEPreferrals@autismla.us (424) 299-6921

Special Needs Network of Los Angeles (SNNLA)

Host conferences, training opportunities, and a free summer inclusion camp for special needs children and their siblings. (323) 291-7100 www.snnla.org

Fiesta Educativa

Provides culturally sensitive parent to parent support and hosts conferences. an autism education program for parents, and special education advocacy training. (323) 221-6696 www.fiestaeducativa.org



Supplemental Security Income (SSI)

The Supplemental Security Income (SSI) makes monthly payments to people who have low income and few resources who are: age 65 or older, blind or disabled. For more information call 1-800-772-1213, for your nearest office: https://secure.ssa.gov/ICON/main.jsp





Club 21

Learning & Resource Center for individuals with Down Syndrome 539 N Lake Ave Pasadena, CA 91101 (626) 844-1821 / clubtwentyone.org

Fathers Regional Support Network

For fathers of individuals with special needs 3060 San Fernando Road, LA, CA 90065 Every 2nd Monday of the month 7–9pm (213) 252-4986

Grandparents as Parents Support Group

400 W. Beach Street, Inglewood, CA 90302 Every Monday 10:30am –12:30pm (818) 264-0880 ext.506

LGBT Support Group

Los Angeles LGBT Center #135,1125 N. McCadden Place, LA, CA 90038 Every 2nd Wednesday of the month 6–8pm

The Help Group's ASD Parent Support Network

4160 Grand View Blvd. Culver City, CA 90066 Every 1st Tuesday, 6:30 – 8pm (Eng) Every 3rd Tuesday, 6:30 – 8pm (Span)

Monthly Support Groups

Westside Family Resource & Empowerment Center (Previously FRC)

5901 Green Valley Circle #320, (Same as WRC) Culver City, CA 90230. Call to confirm details: (310) 258-4063

Informed Education Partners (IEP)

1st Thursday, 6:30–8:30pm (Eng & Span)

IHSS Workshops

1st Tuesday (Span) 2nd Tuesday (Eng) Must RSVP!

Alianza Familias Especiales (AFE) (Spanish)

2nd Wednesday, 7–9pm (310) 695-6941

Siempre Amigas (Spanish)

3rd Monday, 10:30 am – 1:00 pm

Westside TIGERs

3rd Friday (Eng & Span) (310) 674-2690

Parents of Ethiopian Children with Special Needs

3rd Friday, 6:30–8:30pm (310) 447-5111

African American/Black Families Support Group

3rd Thursday, 6:30-8:30pm

West LA CHADD

3rd Tuesday, 6:30-9pm (310) 995-7953

Sibshops

2nd Saturday, 9am – 1pm October through June (Signups Required)

LA Asperger Syndrome Parents' Support Group

Off-site, 2nd Wednesday, 7–9pm (310) 636-0101





ACCESS Services

(800) 827-0829

www.accessla.org

Metro Customer Service: (800) 464-2111

Reduced Fare Office: (213) 680-0054 www.metro.net/riding/riders-disabilities

LADOT/City Ride

Call (213), (310), (323), (818) followed by 808-7433 or TDD (800) 559-1950

Culver City Transportation: (310) 253-6729

El-Segundo Dial-A-Ride: (310) 322-1211

Inglewood, Hawthorne and

Lennox Para-Transit: (310) 412-4378 Lawndale Special Transit: (310) 970-2100 Gardena Special Transit: (310) 715-6646

RIDE INFO - Referral service:

(800) 431-7882



Utility Assistance

California Public Utilities Commission Information for Low Income Programs: www.cpuc.ca.gov/iqap California Lifeline Program: www.californialifeline.com/es/eligibility_requirements



Other Resources

WIC

Provides free, supplemental foods, nutrition education, breastfeeding support and education and other support services. (888) 942-9675 www.wicworks.ca.gov

2-1-1

Provides referrals for help with food, housing, employment, healthcare, counseling and more. Dial: 2-1-1 www.211.org

First 5 LA

An early childhood organization that promotes the health and wellbeing of children under 5 years of age. Parenting resources and early developmental information is also provided. www.first5la.org

Christian Food Center

Non-profit that provides food at low costs. Receive over 200 pounds of foods per visit (enough food to feed four adults) for a whole week, for only 12.5 cents for each pound of food. (213) 741-0213

Child Support

Call to inquire about child support payments for children at (866) 901-3212.

Child Protection Hotline:

(800) 540-4000

Domestic Violence/Safety Plan Hotline:

(800) 978-3600

1736 Family Crisis Support Center

Supports the needs of victims of domestic violence, runaway and homeless youth, homeless families, homeless and at-risk Veterans, unemployed adults and youth, and other low-income community members in need of assistance through shelters, community centers, and hotlines. www.1736familycrisiscenter.org or call the local offices below.

Los Angeles:

2116 Arlington Ave. LA, CA 90018 (323) 737-3900

Torrance:

21707 Hawthorne Blvd. Torrance CA 90503 (310) 543-9900

Understanding the Diagnosis: A Guide for Families



Developmental disabilities are a group of conditions due to an impairment in physical, learning, language, or behavior areas. These conditions begin during the developmental period, may impact day-to-day functioning, and usually last throughout a person's lifetime.

Receiving a diagnosis of a developmental disability comes with a lot of information, paperwork, appointments, changes, and feelings. You may have many questions regarding developmental disabilities. As you look for answers, you will encounter information about the various conditions, their causes, and possible treatments. All of this information may make it challenging to organize options and begin to choose a treatment plan that best fits your family.

It is natural to want to identify the single root cause of the diagnosis. Many families may battle with feelings of guilt and/or shame. Please understand that these diagnoses are complex

and there may not be a single factor that has been identified as the cause. Know that families and caregivers can be strong advocates and have high expectations of a person/family member with the disability.

Westside Regional Center anticipates supporting you and your family as you proceed from the initial diagnosis to ongoing support services. You are not alone in this process. For additional information about diagnosis, you may contact your service coordinator, WRC's Staff Psychologist, Kaely Shilakes, Psy.D at (310) 258-4157, or visit the following websites below.

Resources

Center for Disease Control and Prevention

www.cdc.gov/ncbddd/developmentaldisabilities/facts.html

Disability Rights California

www.disabilityrightsca.org/publications/intellectual-developmental-disabilities

National Institutes of Health, National Institute of Child Health and Human Development www.nichd.nih.gov/health/topics

National Institutes of Health, National Institute of Neurological Disorders and Stroke www.ninds.nih.gov/Disorders

Westside Regional Center, Developmental Disabilities https://westsiderc.org/resources-3

What is Autism?

Autism is a developmental disorder that includes differences and/or challenges in social communication and interaction, restricted interests and repetitive behaviors.

How do you receive this diagnosis?

The criteria for a diagnosis of Autism Spectrum Disorder (also referred to as ASD) includes challenges in social-emotional reciprocity (such as back and forth conversation), delayed verbal and/or nonverbal communication skills such as eye contact or body language (such as gestures). The individual could have difficulty initiating or maintaining social relationships that would be expected for their age. Often individuals on the autism spectrum have difficulty with changes in routines, engage in repetitive patterns of behavior or play and may be very sensitive to sensory input (for example smell, sound, touch, and taste). Although many may think that individuals on the autism spectrum do not have the ability to feel emotion or desire to make connections with others, that is not the case. Their difficulty is in expressing themselves appropriately. All of these issues can be characteristics and can be a sign of an Autism Spectrum Disorder.

An autism spectrum disorder diagnosis requires a full psychological assessment that includes how the individual learns, an autism screening tool, and a school or community observation. This is necessary as some of the indicators of autism could also be indicators of other conditions. Autism is not considered a mental health diagnosis. However the issues facing an individual with autism can cause depression and anxiety. It is important to access the appropriate support and/or therapy to address these issues.

How do you manage this diagnosis?

Treatment for Autism Spectrum Disorder is based on areas of need. Often speech therapy, occupational therapy (sensory integration) and behavioral therapy are recommended. These therapies can be accessed at various ages. Research indicates that early intervention yields positive results and builds a strong foundation for growth and development.

Supports and services for adults are based on their functional skills and ability to live independently. Services can include support for independent living, vocational training, behavioral therapy, and general skill development.

Autism Spectrum Disorder is not necessarily related to intellectual disabilities. Each individual has their own abilities and needs. Many children attend regular classes in school; however most require an Individualized Education Program (IEP) to ensure that they receive the necessary supports and treatments that school districts and charter schools are mandated to provide.

Resources

Autism Society of America

www.autism-society.org / (888)3AUTISM

Autism Society of Los Angeles

www.autismla.org / (562) 804 - 5556

Autism Speaks

www.autismspeaks.org / (888) AUTISM2

Public school districts

www.sce.ca.gov/sd

National Alliance for Public Charter Schools

www.publiccharters.org

Disability Rights California

www.disabilityrightsca.org / (800) 766-5746



What is Cerebral Palsy?

Cerebral Palsy (also referred to as CP) is a disorder that affects body movement and muscle coordination. However, although it affects the muscles in our bodies, it is not caused by problems in the muscles themselves or the nerves.

Cerebral palsy is caused either by the failure of the brain to develop properly during pregnancy or damage to the brain, before, during or after birth. In fact, the word *cerebral* means having to do with the brain, while *palsy* means muscle weakness.

While the severity of this disorder has a wide range (from a slightly awkward walk to whole body weakness requiring the use of a wheelchair), cerebral palsy is usually classified into four categories:



Spastic cerebral palsy

occurs when muscles are extremely tight, causing stiff movement of the body. It is the most common form of cerebral palsy and accounts for a majority of CP cases.

Athetoid cerebral palsy

involves slow, uncontrolled, writhing movements. It usually affects the arms, legs, hands or feet. In some cases, the muscles of the face or tongue are affected, causing drooling or grimacing.

Ataxic cerebral palsy

affects depth perception and balance. This usually means that patients walk unsteadily with feet placed widely apart and have a difficult time with precise movement (i.e. buttoning a shirt).

Hypotonic cerebral palsy

involves very low muscle tone and muscle weakness especially in the trunk and arms and legs, but with reflexes (such as the knee swing) that are stronger than normal. Although doctors classify cerebral palsy into those four main categories, it is not unusual for patients to have symptoms of more than one of those major types. Therefore, you should be aware of mixed forms of cerebral palsy, where the most common tends to include spasticity and athetoid movements.

While the symptoms of cerebral palsy may change over the course of the lifetime, the actual brain injury does not get worse. Also, you should remember that cerebral palsy is not contagious and cannot be passed from parent to child.

How do you receive this diagnosis?

Most diagnoses of cerebral palsy take place before the age of 3. However, for children with mild cerebral palsy, it may not be diagnosed until they are 4 or 5 years-old. If a doctor

suspects that a child has cerebral palsy, he or she will usually schedule an appointment to check up on the child's physical and behavior development.

Your child may be evaluated by many doctors, including a pediatric neurologist, a pediatric orthopedist (bone/limb doctor), pediatric ophthalmologist (eye doctor), a pediatric ENT/otologist (ear doctor), and a developmental pediatrician in order to make sure that cerebral palsy is the right diagnosis and that your child gets the right treatments.

How do you manage this diagnosis?

Although there is no cure for cerebral palsy, there are a variety of treatments available. Symptoms can usually improve with early, intensive management, which works on functioning, capabilities, and quality of life.

Treatments

WRC Has Included a Brief Look at Some of These Therapies

Physical Therapy to improve walking, stretch muscles, and prevent deformities

Occupational Therapy

to develop strategies for everyday living, with a focus on activities such as dressing **Speech Therapy** to help with any swallowing problems or speech impediments

Braces to help compensate for muscle imbalance and can help with posture and walking

Mechanical Aids

(such as wheelchairs or walkers) to increase mobility

Communication Aids

(such as computers) can help with communication for the more severely impaired Medications to help with muscle contractions, reduce shaking, and relax muscles



Team Approach

Ideally, you and your doctors should share information back and forth. You should be partners and you should decide on the treatment plan together, with a focus on your child's and family's needs.

The best management strategy for cerebral palsy involves a team approach that includes parents and caregivers, doctors and other health professionals. Many times, the best care is given in a cerebral palsy multi-disciplinary clinic, where all of the specialists come together at one place and time to plan.

Resources

American Academy for Cerebral Palsy and Developmental Medicine https://www.aacpdm.org / (847) 698-1635

California Assistive Technology Services abilitytools.org / (800) 390-2699

National Institute of Neurological Disorders and Stroke www.ninds.nih.gov / (800) 352-9424

United Cerebral Palsy of Los Angeles www.ucpla.org / (818) 782-2211

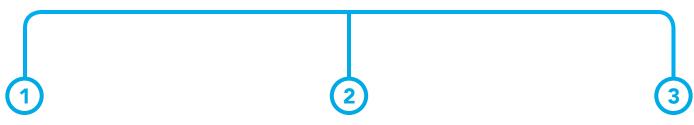
Understanding Epilepsy

What is Epilepsy?

Having a seizure does not necessarily mean that a person has epilepsy. A person who has one or multiple seizures while suffering from a fever, trauma, or infection is *not* considered to have epilepsy. In fact, epilepsy is defined as a neurological disorder (a disorder of the brain) manifested by two or more *unprovoked* seizures. Epilepsy may be caused by genetic conditions, head injury, stroke, brain tumor, toxic poisoning or severe infections like meningitis and encephalitis.

These causes may occur during pregnancy and during or after birth. However, in approximately 70% of cases, no etiology or cause for epilepsy can be identified.

Epilepsy is Usually Classified into Three Categories



Partial Epilepsy

Seizure originates in one area of the brain (although it may generalize or expand to other parts of the brain), typically lasts for a short time (2-5 minutes), and is the most common form of epilepsy among adults.

Doctors will often further describe this type of seizure based on whether the person is conscious or unconscious during the seizure.

Generalized Epilepsy

Affects both cerebral hemispheres (sides of the brain) from the beginning of the seizure. They produce a loss of consciousness, either briefly or for a longer period of time, and are sub-categorized into other types.

Status Epilepticus

A life-threatening condition in which the brain is in a state of persistent seizure. This is usually characterized by successive seizures with no intervening periods of consciousness or seizures lasting 20-30 minutes or more. It can be convulsive or non-convulsive seizures.



How do you receive this diagnosis?

A doctor determines a diagnosis of epilepsy through a series of steps. They may look over medical history, request blood tests, and administer developmental, neurological, behavioral tests, as well as EEGs and brain scans.

How do you manage this diagnosis?

Once epilepsy is diagnosed, it is important to begin treatment as soon as possible. For about 70% of those diagnosed with epilepsy, seizures can be controlled with modern medicine and surgical techniques when needed.

Medication

Epilepsy is generally treated with antiepileptic medications. The most important step is to select an antiepileptic drug that is appropriate to the particular type of epilepsy because specific medications are used for different types of seizures. The main objective of drug therapy is to maintain maximum control of the seizures with the least side effects. It is important to take the medications regularly and as directed.

Surgical Treatment

Seizure surgery can be considered for patients in whom antiepileptic drugs fail to completely control seizures. However, it is very important to determine whether or not an individual is a viable candidate. Your doctor will discuss what options are possible and will help guide you through the proper evaluation and testing prior to making a decision about surgical treatment. Surgery should always be performed with support from rehabilitation specialists and counselors who can help with the many psychological, social, and employment issues. While surgery can significantly reduce or even halt seizures for some

people, it is important to remember that any kind of surgery carries risks. Patients should ask their surgeon about his or her experience, success rates, and complication rates with the procedure they are considering.

Specialized Diet

The ketogenic diet is another approach to the treatment of epileptic seizures. It is generally tried in children younger than 10 years of age (although it has also had some success with adults). People who try the ketogenic diet should seek the guidance of a dietician to ensure that it does not lead to serious nutritional deficiency.

Ongoing

During any treatment it is important for you to keep track of sleep behavior, appetite, weight gain or loss, and menses. Keep track of tests, the frequency and nature of seizures and medications and report all the information to your physician.

Most people with epilepsy lead outwardly normal lives. While epilepsy cannot currently be cured, for some people it does eventually go away. Most seizures do not cause brain damage. It is common for people with epilepsy, especially children, to develop behavioral and emotional problems due to embarrassment, frustration, bullying, teasing, or avoidance in school and other social settings.

Resources

Epilepsy Foundation

www.epilepsyfoundation.org / (800) 332-1000

National Association of Epilepsy Centers www.naec-epilepsy.org / (202) 524-6767

What is Intellectual Disability?

Intellectual disability affects individual's capacity to develop cognitive (reasoning) and adaptive skills (daily living skills).

An individual can be affected mildly, moderately, severely, or profoundly. Intellectual disability is not a disease in itself – it occurs when a condition impairs the development of the brain and many factors can cause it. The most common are genetic conditions (like Down syndrome, fragile X syndrome), complications during pregnancy, and environmental factors, problems at birth or childhood illness.

How do you receive this diagnosis?

An Intellectual Disability can be diagnosed based on:



Cognitive testing, an individual's ability to learn, think, solve problems, and make sense of the world (Intelligence Quotient, called IQ) is below 70-75.



Individual's adaptive functioning (conceptual, social, and practical skills) is low.



The condition is present before age 18.

How do you manage this diagnosis?

While there is no cure for intellectual disability, treatments and services can help a person attain his/her potential. Therapies that can help promote the development, education, interests, and personal well-being may include: speech, physical, occupational, and behavioral therapy. As the person with intellectual disability approaches adulthood, his/her situation will depend on the severity of their disability.

Resources

American Association on Intellectual and Developmental Disabilities

www.aaidd.org / (202) 387-1968

The ARC

www.thearc.org / (800) 433-5255

