```
California Code Of Regulations
|->
Title 22@ Social Security
|->
Division 5@ Licensing and Certification of Health Facilities, Home Health Agencies, Clinics, and Referral Agencies
|->
Chapter 4@ Intermediate Care Facilities
|->
Article 3@ Services
|->
Section 73433@ Special Program Requirements- Developmentally Disabled
```

## 73433 Special Program Requirements- Developmentally Disabled

(a)

A facility may, but is not required to, provide special program services to the developmentally disabled. If a facility meets all of the requirements of this section, it shall be entitled to a supplemental program rate under the Medi-Cal program (Title 22, California Administrative Code, Section 51335(j)) or by a regional center for the developmentally disabled (Title 17, California Administrative Code, Section 50125(c)). Such special program services are those therapeutic services provided to developmentally disabled persons having specifically identified needs in one or more of the following general areas: (1) Sensory-motor development (2) Self-help skills (3) Behavior adjustment (4) Rehabilitation (5) Sensory development for the sensory deprived

**(1)** 

Sensory-motor development

(2)

Self-help skills

(3)

Behavior adjustment

(4)

Rehabilitation

Sensory development for the sensory deprived

(b)

To be approved by the Department to furnish such special program services to the developmentally disabled, a facility shall have: (1) A minimum initially of 25 patients in the facility who have been certified by the regional center director in the region in which the facility is located, as eligible for special program services. Eligibility for special program services shall be redetermined every six months by the regional center director. At any time that the number of eligible patients receiving special program services drops below 23, total program reimbursement shall be terminated, unless otherwise agreed to by the Department. (2) An approved facility plan. (A) To participate in the program, a facility shall submit to the Department's headquarters review and approval team for approval, an application and a facility plan which meets all the requirements of Section 73433(c). (B) When the Department through the headquarters review and approval team determines that the facility plan meets the specified needs of the patient population, it shall provide its written approval of the plan to the facility. (C) Where the headquarters review and approval team disapproves a facility plan, it shall submit a written report to the facility which specifies components of the plan which need to be improved or corrected. The facility may submit a revised facility plan and a new application to the headquarters review and approval team at any time. (3) Within 45 days after written approval of the facility plan, by the headquarters review and approval team, an on-site visit by the Department to evaluate the appropriateness of the implementation of the facility plan. Upon the recommendation of the on-site visit team, the Department shall certify the facility's Special Program Requirements--Developmentally Disabled. Eligibility for

Medi-Cal reimbursement shall commence on the first day that the on-site visit team determined that full implementation of the approved plan actually occurred; provided, however, that the first day of payment shall not be prior to the actual date of written approval of the plan. (4) Executed an approved Medi-Cal provider participation agreement. (5) Maintained compliance with the approved facility plan. (A) Failure to comply with special program requirements of this plan shall cause the termination of eligibility for reimbursement for special program services unless otherwise excused in writing by the Department.

**(1)** 

A minimum initially of 25 patients in the facility who have been certified by the regional center director in the region in which the facility is located, as eligible for special program services. Eligibility for special program services shall be redetermined every six months by the regional center director. At any time that the number of eligible patients receiving special program services drops below 23, total program reimbursement shall be terminated, unless otherwise agreed to by the Department.

**(2)** 

An approved facility plan. (A) To participate in the program, a facility shall submit to the Department's headquarters review and approval team for approval, an application and a facility plan which meets all the requirements of Section 73433(c). (B) When the Department through the headquarters review and approval team determines that the facility plan meets the specified needs of the patient population, it shall provide its written approval of the plan to the facility. (C) Where the headquarters review and approval team disapproves a facility plan, it shall submit a written report to the facility which specifies components of the plan which need to be improved or corrected. The facility may submit a revised facility plan and a new application to the headquarters review and approval team at any time.

To participate in the program, a facility shall submit to the Department's headquarters review and approval team for approval, an application and a facility plan which meets all the requirements of Section 73433(c).

(B)

When the Department through the headquarters review and approval team determines that the facility plan meets the specified needs of the patient population, it shall provide its written approval of the plan to the facility.

(C)

Where the headquarters review and approval team disapproves a facility plan, it shall submit a written report to the facility which specifies components of the plan which need to be improved or corrected. The facility may submit a revised facility plan and a new application to the headquarters review and approval team at any time.

(3)

Within 45 days after written approval of the facility plan, by the headquarters review and approval team, an on-site visit by the Department to evaluate the appropriateness of the implementation of the facility plan. Upon the recommendation of the on-site visit team, the Department shall certify the facility's Special Program

Requirements--Developmentally Disabled. Eligibility for Medi-Cal reimbursement shall commence on the first day that the on-site visit team determined that full implementation of the approved plan actually occurred; provided, however, that the first day of payment shall not be prior to the actual date of written approval of the plan.

**(4)** 

Executed an approved Medi-Cal provider participation agreement.

(5)

Maintained compliance with the approved facility plan. (A) Failure to comply with

special program requirements of this plan shall cause the termination of eligibility for reimbursement for special program services unless otherwise excused in writing by the Department.

(A)

Failure to comply with special program requirements of this plan shall cause the termination of eligibility for reimbursement for special program services unless otherwise excused in writing by the Department.

(c)

The following requirements shall be met if the facility is to receive approval for providing special program services to developmentally disabled individuals with identified program needs. (1) A facility plan for providing special program services shall be developed and submitted to the Department for approval initially and annually thereafter. The facility plan shall include: (A) Names and number of eligible patients. (B) A profile of the patient population. (C) A summary of specifically identified patient needs and grouping criteria. (D) Individualized descriptions of specific programs in effect or to be implemented. (E) Sample patient program days. (F) The facility program staffing pattern, including: 1. Organizational chart of program staff. 2. Staffing ratios of patients to program staff. 3. Interdisciplinary professional staff utilized or to be utilized by discipline and hours per week. (G) Description of program space provisions. (H) Description of equipment obtained or to be obtained for program use. (I) In-service training program in effect or planned. (J) Plan for utilization of community resources. (K) Such other documentation as the Department may require. (L) Provisions for accomplishing the following: 1. The facility in conjunction with the regional center shall make an initial individual assessment on each patient from which to identify the current level of functioning and program needs of its

patients. The assessment shall be standardized on forms approved by the Department. 2. At least every six months the facility, in conjunction with the regional center, shall make a written reassessment of each patient's program needs to evaluate patient progress and reassess program needs. 3. The facility shall provide daily, seven days a week, a minimum average of five hours of direct group or individual program services for each patient. 4. The facility shall have the capability of providing all of the following special program services. Actual programs shall be provided based on the specific needs identified through the patient assessments. a. A sensory motor development training program which shall include but not be limited to: (i) Visual stimulation (ii) Auditory stimulation (iii) Tactile stimulation (iv) Kinesthetic stimulation (v) Physical therapy (vi) Laterality and directionality training (vii) Large and small muscle stimulation (viii) Balance and postural training (ix) Training in the developmental skills which precede ambulation b. A self-help skills training program shall include an intensive habilitation program in the following specific areas: (i) Bladder and bowel control (ii) Dressing (iii) Bathing (iv) Feeding (v) Grooming c. A behavioral intervention program which shall include the elimination of maladaptive behaviors, both destructive and stereotypic through the use of behavior modification techniques, counseling, and other appropriate techniques. The program shall also focus on the introduction, shaping and strengthening of adaptive behaviors through the use of such techniques as positive reinforcement and token economics. Such programs may either be separate or integrated with other program activity throughout the program day. d. A rehabilitation program which shall include educational and recreational therapy components as well as advanced socialization skills. Such a program shall place emphasis on advanced manipulative skills and on activities with a purely recreational intent. Included are speech therapy, cooking classes, art classes, traditional educational activities and socialization activities such as outings, dances and parties. The program may also include the development of workshops and/or activity centers for those patients capable of benefiting from them. e. A sensory development program for the sensory deprived which shall include intensive training in the area of communication, mobility, and orientation, environmental and tactile awareness, self-care, and socialization skills for patients with sensory handicaps. The goal shall be to help each patient attain as high a level of independent functioning as can be achieved. (The program for each patient shall be individually prescribed by an interdisciplinary review team.) For the deaf, the program shall include a total communication approach, using both oral and manual language. For the blind, the program shall include mobility training orientation and environmental awareness.

**(1)** 

A facility plan for providing special program services shall be developed and submitted to the Department for approval initially and annually thereafter. The facility plan shall include: (A) Names and number of eligible patients. (B) A profile of the patient population. (C) A summary of specifically identified patient needs and grouping criteria. (D) Individualized descriptions of specific programs in effect or to be implemented. (E) Sample patient program days. (F) The facility program staffing pattern, including: 1. Organizational chart of program staff. 2. Staffing ratios of patients to program staff. 3. Interdisciplinary professional staff utilized or to be utilized by discipline and hours per week. (G) Description of program space provisions. (H) Description of equipment obtained or to be obtained for program use. (I) In-service training program in effect or planned. (J) Plan for utilization of community resources. (K) Such other documentation as the Department may require. (L) Provisions for accomplishing the following: 1. The facility in conjunction with the regional center shall make an initial individual

assessment on each patient from which to identify the current level of functioning and program needs of its patients. The assessment shall be standardized on forms approved by the Department. 2. At least every six months the facility, in conjunction with the regional center, shall make a written reassessment of each patient's program needs to evaluate patient progress and reassess program needs. 3. The facility shall provide daily, seven days a week, a minimum average of five hours of direct group or individual program services for each patient. 4. The facility shall have the capability of providing all of the following special program services. Actual programs shall be provided based on the specific needs identified through the patient assessments. sensory motor development training program which shall include but not be limited to: (i) Visual stimulation (ii) Auditory stimulation (iii) Tactile stimulation (iv) Kinesthetic stimulation (v) Physical therapy (vi) Laterality and directionality training (vii) Large and small muscle stimulation (viii) Balance and postural training (ix) Training in the developmental skills which precede ambulation b. A self-help skills training program shall include an intensive habilitation program in the following specific areas: (i) Bladder and bowel control (ii) Dressing (iii) Bathing (iv) Feeding (v) Grooming c. A behavioral intervention program which shall include the elimination of maladaptive behaviors, both destructive and stereotypic through the use of behavior modification techniques, counseling, and other appropriate techniques. The program shall also focus on the introduction, shaping and strengthening of adaptive behaviors through the use of such techniques as positive reinforcement and token economics. Such programs may either be separate or integrated with other program activity throughout the program day. d. A rehabilitation program which shall include educational and recreational therapy components as well as advanced socialization skills. Such a program shall place emphasis on advanced manipulative skills and on activities with a purely recreational intent. Included are speech therapy, cooking classes, art classes,

traditional educational activities and socialization activities such as outings, dances and parties. The program may also include the development of workshops and/or activity centers for those patients capable of benefiting from them. e. A sensory development program for the sensory deprived which shall include intensive training in the area of communication, mobility, and orientation, environmental and tactile awareness, self-care, and socialization skills for patients with sensory handicaps. The goal shall be to help each patient attain as high a level of independent functioning as can be achieved. (The program for each patient shall be individually prescribed by an interdisciplinary review team.) For the deaf, the program shall include a total communication approach, using both oral and manual language. For the blind, the program shall include mobility training orientation and environmental awareness.

(A)

Names and number of eligible patients.

(B)

A profile of the patient population.

(C)

A summary of specifically identified patient needs and grouping criteria.

(D)

Individualized descriptions of specific programs in effect or to be implemented.

(E)

Sample patient program days.

(F)

The facility program staffing pattern, including: 1. Organizational chart of program staff. 2. Staffing ratios of patients to program staff. 3. Interdisciplinary professional staff utilized or to be utilized by discipline and hours per week.

1.

Organizational chart of program staff.

2.

Staffing ratios of patients to program staff.

3.

Interdisciplinary professional staff utilized or to be utilized by discipline and hours per week.

(G)

Description of program space provisions.

(H)

Description of equipment obtained or to be obtained for program use.

**(I)** 

In-service training program in effect or planned.

**(J)** 

Plan for utilization of community resources.

(K)

Such other documentation as the Department may require.

(L)

Provisions for accomplishing the following: 1. The facility in conjunction with the regional center shall make an initial individual assessment on each patient from which to identify the current level of functioning and program needs of its patients. The assessment shall be standardized on forms approved by the Department. 2. At least every six months the facility, in conjunction with the regional center, shall make a written reassessment of each patient's program needs to evaluate patient progress and reassess program needs. 3. The facility shall provide daily, seven days a week, a minimum average of five hours of direct group or individual program services for each patient. 4. The facility shall have the capability of providing all of the following special program services. Actual programs shall be provided based on the specific needs identified through the patient assessments. a. A sensory motor

development training program which shall include but not be limited to: (i) Visual stimulation (ii) Auditory stimulation (iii) Tactile stimulation (iv) Kinesthetic stimulation (v) Physical therapy (vi) Laterality and directionality training (vii) Large and small muscle stimulation (viii) Balance and postural training (ix) Training in the developmental skills which precede ambulation b. A self-help skills training program shall include an intensive habilitation program in the following specific areas: (i) Bladder and bowel control (ii) Dressing (iii) Bathing (iv) Feeding (v) Grooming c. A behavioral intervention program which shall include the elimination of maladaptive behaviors, both destructive and stereotypic through the use of behavior modification techniques, counseling, and other appropriate techniques. The program shall also focus on the introduction, shaping and strengthening of adaptive behaviors through the use of such techniques as positive reinforcement and token economics. Such programs may either be separate or integrated with other program activity throughout the program day. d. A rehabilitation program which shall include educational and recreational therapy components as well as advanced socialization skills. Such a program shall place emphasis on advanced manipulative skills and on activities with a purely recreational intent. Included are speech therapy, cooking classes, art classes, traditional educational activities and socialization activities such as outings, dances and parties. The program may also include the development of workshops and/or activity centers for those patients capable of benefiting from them. e. A sensory development program for the sensory deprived which shall include intensive training in the area of communication, mobility, and orientation, environmental and tactile awareness, self-care, and socialization skills for patients with sensory handicaps. The goal shall be to help each patient attain as high a level of independent functioning as can be achieved. (The program for each patient shall be individually prescribed by an interdisciplinary review team.) For the deaf, the program shall include a total communication approach, using both oral and manual language. For the blind, the program shall include mobility training orientation and environmental

awareness.

1.

The facility in conjunction with the regional center shall make an initial individual assessment on each patient from which to identify the current level of functioning and program needs of its patients. The assessment shall be standardized on forms approved by the Department.

2.

At least every six months the facility, in conjunction with the regional center, shall make a written reassessment of each patient's program needs to evaluate patient progress and reassess program needs.

3.

The facility shall provide daily, seven days a week, a minimum average of five hours of direct group or individual program services for each patient.

4.

The facility shall have the capability of providing all of the following special program services. Actual programs shall be provided based on the specific needs identified through the patient assessments.

a. A sensory motor development training program which shall include but not be limited to: (i)

Visual stimulation (ii) Auditory stimulation (iii) Tactile stimulation (iv) Kinesthetic stimulation (v)

Physical therapy (vi) Laterality and directionality training (vii) Large and small muscle stimulation

(viii) Balance and postural training (ix) Training in the developmental skills which precede

ambulation b. A self-help skills training program shall include an intensive habilitation program in the following specific areas: (i) Bladder and bowel control (ii) Dressing (iii) Bathing (iv) Feeding (v)

Grooming c. A behavioral intervention program which shall include the elimination of maladaptive behaviors, both destructive and stereotypic through the use of behavior modification techniques, counseling, and other appropriate techniques. The program shall also focus on the introduction, shaping and strengthening of adaptive behaviors through the use of such techniques as positive reinforcement and token economics. Such programs may either be separate or integrated with other

program activity throughout the program day. d. A rehabilitation program which shall include educational and recreational therapy components as well as advanced socialization—skills. Such a program shall place emphasis on advanced manipulative skills and on—activities with a purely recreational intent. Included are speech therapy, cooking—classes, art classes, traditional educational activities and socialization—activities such as outings, dances and parties. The program may also include the—development of workshops and/or activity centers for those patients capable of benefiting from them. e. A sensory—development program for the sensory deprived which shall include intensive training—in the area of communication, mobility, and orientation, environmental and tactile—awareness, self-care, and socialization skills for patients with sensory handicaps. The goal shall be to help each patient attain as high a level of independent—functioning as can be achieved. (The program for each patient shall be individually—prescribed by an interdisciplinary review team.)
For the deaf, the program shall—include a total communication approach, using both oral and manual language. For the—blind, the program shall include mobility training orientation and environmental awareness.

a.

A sensory motor development training program which shall include but not be limited to: (i) Visual stimulation (ii) Auditory stimulation (iii) Tactile stimulation (iv) Kinesthetic stimulation (v) Physical therapy (vi) Laterality and directionality training (vii) Large and small muscle stimulation (viii) Balance and postural training (ix) Training in the developmental skills which precede ambulation

(i)

Visual stimulation

(ii)

Auditory stimulation

(iii)

Tactile stimulation

(iv)

```
Kinesthetic stimulation
    (v)
    Physical therapy
    (vi)
    Laterality and directionality training
    (vii)
    Large and small muscle stimulation
    (viii)
    Balance and postural training
    (ix)
    Training in the developmental skills which precede ambulation
b.
 A self-help skills training program shall include an intensive habilitation program in the following specific
 areas: (i) Bladder and bowel control (ii) Dressing (iii) Bathing (iv) Feeding (v) Grooming
    (i)
    Bladder and bowel control
    (ii)
    Dressing
    (iii)
    Bathing
    (iv)
    Feeding
    (v)
    Grooming
c.
```

A behavioral intervention program which shall include the elimination of maladaptive behaviors, both

destructive and stereotypic through the use of behavior modification techniques, counseling, and other appropriate techniques. The program shall also focus on the introduction, shaping and strengthening of adaptive behaviors through the use of such techniques as positive reinforcement and token economics. Such programs may either be separate or integrated with other program activity throughout the program day.

d.

A rehabilitation program which shall include educational and recreational therapy components as well as advanced socialization—skills. Such a program shall place emphasis on advanced manipulative skills and on activities with a purely recreational intent. Included are speech therapy, cooking—classes, art classes, traditional educational activities and socialization—activities such as outings, dances and parties. The program may also include the—development of workshops and/or activity centers for those patients capable of benefiting from them.

e.

A sensory development program for the sensory deprived which shall include intensive training in the area of communication, mobility, and orientation, environmental and tactile awareness, self-care, and socialization skills for patients with sensory handicaps. The goal shall be to help each patient attain as high a level of independent functioning as can be achieved. (The program for each patient shall be individually prescribed by an interdisciplinary review team.) For the deaf, the program shall include a total communication approach, using both oral and manual language. For the blind, the program shall include mobility training orientation and environmental awareness.