



Living Options for People with Developmental Disabilities

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Living options for children

Family Home

Foster Family Agency

Community Care Facility

Intermediate Care Facility

Skilled Nursing Facility



FAMILY HOME

Family Home

- Strong preference for a minor child with a developmental disability to remain living in the family home
 - Inclusive, least restrictive environment
 - Typically greater opportunity for educational and social growth
 - Most cost-effective setting
- “A very high priority” is placed on “the development and expansion of services and supports designed to assist families that are caring for their children at home.”

Family Home

- If the family home is the preferred living option for a child, then the regional center must provide or secure *services and supports* that:
 - Respect and support the decision-making authority of the family;
 - Are flexible and creative in meeting family needs;
 - Recognize and build on family strengths, natural supports, and community resources;
 - Are culturally-competent; and
 - Promote inclusion



Family Home

- The services and supports necessary to maintain a child in the family home are based on the needs of each child.

 - IPP plans are unique and individualized to the family and regional center consumer

Family Home

- Specialized medical/dental care
- Special training for parents
- Infant stimulation program
- Respite
- Short-term out-of-home care
- Homemaker services
- Day care
- Child care
- Counseling
- Crisis intervention
- Mental health services
- Behavior modification
- Adaptive equipment
- Advocacy



Family Home

- Continue communication throughout this process so services can be adjusted as needs change
- Family should utilize all available in-home services and supports before making the decision for out-of-home placement



**FOSTER FAMILY AGENCY
(FFA)
FOR CHILDREN**



Foster Family Agency

- If the family has exhausted all in-home supports and out-of-home placement becomes necessary, a Foster Family Home is the residential living option most similar to a typical family setting.



Foster Family Agency

- Residential living option
 - Provided in a family setting
 - Privately-operated organizations licensed by Community Care Licensing (CCL)
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- Unique and individualized process
 - Family does not (have to) give up parental rights



Foster Family Agency

- Ideally, a foster family home becomes an extension of the family system
- May take time to find an appropriate family match

**PLACEMENT OPTIONS
FOR
CHILDREN AND ADULTS**



COMMUNITY CARE FACILITIES (CCF)

FOR
CHILDREN & ADULTS



Community Care Facility (CCF)

- For both children and adults
- Residential living option
- Licensed by the Community Care Licensing Division OF CDSS.
- Vendored/paid for by regional centers and SSI/SSA monies
- Often referred to as
 - “Group home” for children (to age 17)
 - Adult residential facility or “board and care” for adults (ages 18 – 59)



Community Care Facility

- Community Care Facilities provide:
 - 24-hour non-medical residential care
 - Supervision
 - Assistance with personal care needs
 - Assistance with personal care needs
 - Assistance essential for self-protection or sustaining the activities of daily living



Community Care Facility

- Community Care Facilities
 - Single-family residence in a residential area
 - Typically licensed for 2 to 6 persons with developmental disabilities
 - Home is either for children or adults, but not both
 - Individuals may share a bedroom
 - May have both males and females living together in the home
 - Some homes solely serve all females or all males



Community Care Facility

- Four service levels ranging from level 1 to level 4
- Regional centers determine the service level (level of care) based upon the individual's needs in the areas of:
 - Self-care
 - Behavior/socialization
 - Medical
 - Communication
 - Independent living



Community Care Facility

- Service Level 2
 - Requires a moderate amount of supervision, support, and training
 - Minimum staffing ratio of 1:6
- Self-Help
 - Minimal self-help skill deficits
- Behavior
 - Minimal behavior problems
 - Mild non-compliance and verbal aggression



Community Care Facility

- Service Level 3
 - Requires substantial supervision, support, and training
 - Minimum staffing ratio of 1:3

- Self-Help
 - Significant deficits with self-help skills
 - May be incontinent with bowel/bladder
 - May have limitations in physical coordination and mobility
- Behaviors
 - Significant behaviors (self-injury, disruptive, tantrums)

Community Care Facility

- Service Level 4
- Subdivided into levels 4A through 4I
- Requires constant supervision, support, and training
 - Level 4A – 4B - staffing ratio of 1:3
 - Level 4C – 4E – staffing ratio of 1:2
 - Level 4F – 4I - staffing ratio of 1:1
 - Staffing level increased to correspond to the escalating severity of the disability



Community Care Facility

- Each community care facility shall provide
 - Daily living skills (self-help skills) training
 - Positive redirection methods for behavioral issues
 - Maximum amount of community integration / neighborhood participation
 - Individual assistance to help consumers do the things they want
 - Opportunities that allow consumers to make their own decisions



Community Care Facility

- Community Care Facility staff shall
 - Provide activities that help residents be more independent
 - Work on residents' Individual Program Plan (IPP) objectives



Community Care Facility

- The regional center provides appropriate prospective placement options that are based upon the individual's level of care
 - Initially, three to four community care facility referrals
 - Visit facilities on the list and ask for more referrals
- If necessary, request more referrals



Community Care Facility

- How to choose an appropriate community care facility
 - Tour the home more than once and at different times
 - Interact with the other residents in the home
 - Is it an appropriate peer match?
 - Are bedrooms individualized, showcasing person's interests
 - Talk to the staff in the home
 - Are they fluent in the language spoken by the person with the developmental disability?



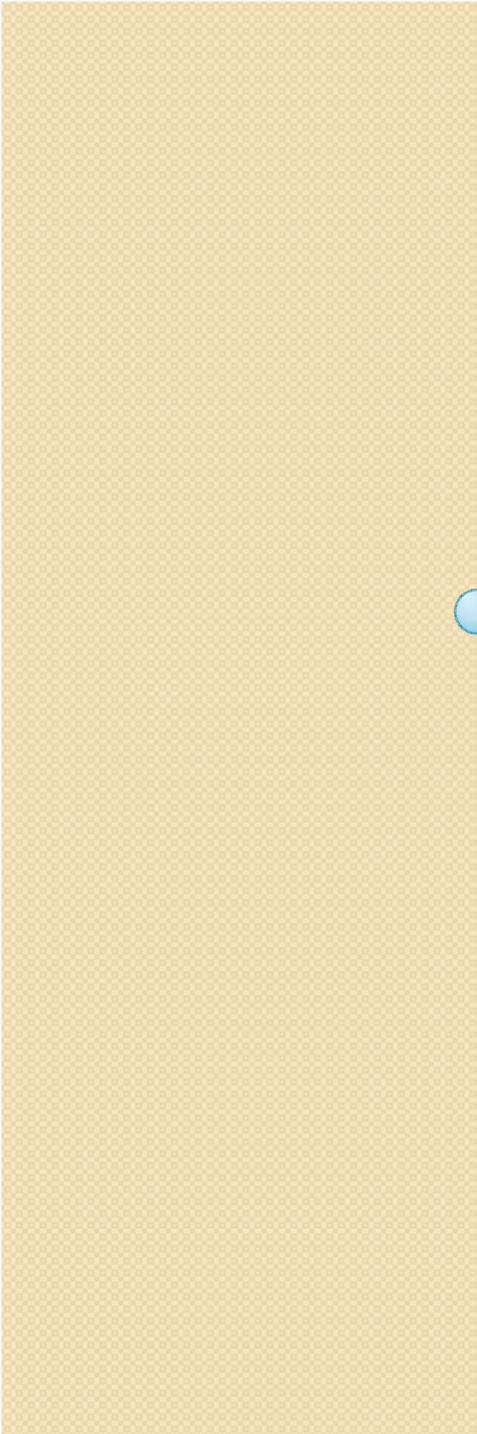
Community Care Facility

- How to choose an appropriate community care facility
 - How do the staff interact with the residents?
 - Do staff use positive approaches in interacting with the residents?
 - Ask to see their menu
 - Typically posted in the kitchen
 - Ask about frequency of social/recreational opportunities
 - Make sure you have all your questions answered prior to placement



Community Care Facility

- During the tour of the prospective placement, the facility administrator shall
 - Be available to discuss the facility and its services
 - Determine if the facility can meet the service needs of the consumer



**INTERMEDIATE CARE FACILITIES
(ICF)**

**FOR
CHILDREN & ADULTS**



Intermediate Care Facility

- For both children and adults
- Residential living option
- Licensed by the California Department of Public Health (CDPH)
- Vendored by regional centers and paid for by Medi-Cal.
- Applicable laws
 - California Health and Safety Code
 - California Code of Regulations (CCR), Title 22



Intermediate Care Facility

- Typically a single family residence in a residential neighborhood
- Home is either for children only or adults only
 - Facility capacity of 4 to 15 beds
 - Serves up to 15
 - For ICF/DD-H and ICF/DD-N
- Residents may share a bedroom
- May be co-ed, although some homes serve only men or only women



Intermediate Care Facility

- “Provides 24-hour personal care, habilitation, developmental, and supportive health services to developmentally disabled clients whose primary need is for developmental services and who have a recurring but intermittent need for skilled nursing services.”

HSC §1250(g)

Intermediate Care Facility

- Intermediate Care Facilities provide:
 - 24-hour personal care
 - Habilitation, developmental, supportive health services
 - Skills training to meet objectives as identified by:
 - Individual Program Plan (IPP)
 - Individual Health Plan (IHP)



Intermediate Care Facility

- Four service levels
 - Intermediate Care Facility/ Developmentally Disabled (ICF-DD)
 - Intermediate Care Facility/ Developmentally Disabled - Habilitative (ICF/DD-H)
 - Intermediate Care Facility/ Developmentally Disabled – Nursing (ICF/DD-N)
 - Intermediate Care Facility/Developmentally Disabled-Continuous Nursing (ICF/DD-CN)*
 - Pilot project
 - Limited to those currently enrolled
 - No new facilities are currently being developed



Intermediate Care Facility

- Regional center specialists and a physician determine service level (known as “level of care”) based upon the individual’s needs in the areas of:
 - Medical care and medications / health
 - Supervision
 - Self-help (feeding, personal care, etc.)
 - Ambulation
 - Social-emotional

Intermediate Care Facility

- **Intermediate Care Facilities for the Developmentally Disabled (ICF/DD)**
 - Extent of psychosocial and developmental service needs
 - Need for specialized developmental and training services not available through other levels of care
 - Reasonably expected to result in a higher level of consumer functioning
- Two moderate or severe impairments in either domain:
 - (1) Self-help
 - Eating, toileting, bladder control, dressing OR
 - (2) Social-emotional
 - Social behavior, aggression, self-injurious behavior , smearing, destruction of property, elopement, temper tantrums/emotional outbursts

Intermediate Care Facility

- **Intermediate Care Facility for the Developmentally Disabled – Habilitative (ICF/DD-H)**
 - Medical/health needs are predictable and skilled nursing services are ongoing, but only needed intermittently
 - Need for specialized developmental, training, and habilitative services that are not available through other levels of care
 - Reasonably expected to result in a higher level of consumer functioning

- Two or more developmental deficits in either of the two domains
 - (1) Self-help
 - Eating
 - Toileting
 - Bladder control
 - Dressing
 - (2) Social-emotional
 - Aggression
 - Self-injurious behaviors – behavior exists but results only in minor injuries requiring first aid
 - Smearing feces – smears once a week or more, but less than once a day
 - Destruction of property
 - Elopement
 - Temper tantrums or emotional outbursts
 - Unacceptable social behavior – positive social participation is impossible unless closely supervised/redirected

Intermediate Care Facility

- **Intermediate Care Facility for the Developmentally Disabled – Nursing (ICF/DD-N)**
 - Medical condition warrants 24-hour nursing supervision, personal care, and developmental services
 - Stable medical condition that does not require continuous skilled nursing care
 - Specialized developmental, training, habilitative services, and intermittent skilled nursing services are not available through other small community-based health facilities
 - Treatment leads to a higher level of consumer functioning

- Two or more developmental deficits in any of the three following domains
 - (1) Self-help
 - Eating, toileting, bladder control, dressing OR
 - (2) Motor domain
 - Ambulation, crawling and standing, wheelchair mobility, rolling and sitting OR
 - (3) Social-emotional
 - Aggression, self-injurious behavior, smearing feces, destruction of property, elopement, temper tantrums or emotional outbursts, unacceptable social behavior
- Person must have a need for active treatment and intermittent skilled nursing services, such as
 - Apnea monitoring, colostomy care, gastrostomy feeding and care, naso-gastric feeding, tracheostomy care and suctioning, oxygen therapy, catheterization, wound irrigation and dressing, special feeding assistance, repositioning , etc.



Intermediate Care Facility

- Touring an intermediate care facility is just like touring a community care facility.
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- Remember to do the following:



Intermediate Care Facility

- How to choose an appropriate intermediate care facility
 - Tour the home more than once and at different times
 - Interact with the other residents in the home
 - Is it an appropriate peer match?
 - Are bedrooms individualized showcasing that particular individual's likes
 - Talk to the staff in the home
 - Are they fluent in the language spoken by the person with the developmental disability

Intermediate Care Facility

- How to choose an appropriate intermediate care facility
 - How do the staff interact with the residents?
 - Does staff use positive approaches in interacting with the residents?
 - Ask to see their food menu
 - Typically posted in the kitchen
 - Ask about frequency of social/recreational opportunities
 - Make sure you have all your questions answered BEFORE placement



**SKILLED NURSING FACILITY
(SNF)**

**FOR
CHILDREN & ADULTS**

Skilled Nursing Facility

- Intended for people who require continuous availability of skilled nursing care provided by licensed registered or vocational nurses.
- Also referred to as
 - Skilled nursing home
 - Convalescent hospital
 - Nursing home
 - Nursing facility



Skilled Nursing Facility

- Medical condition that requires physician visits at least every 60 days and constantly available skilled nursing services.
- Person needs continuous observation, evaluation of treatment plans, and frequency updating of physician medical orders

Skilled Nursing Facility

- Individuals may qualify for skilled nursing level of care if they require therapeutic procedures, such as the following
 - Dressing of post-surgical wounds, decubiti, leg ulcers, etc.;
 - Dependent on the severity of the lesions and frequency of the dressings
 - Tracheostomy care;
 - In-dwelling catheter, in conjunction with other conditions;
 - Gastrostomy or other tube feedings;
 - Colostomy care; or
 - Bladder and bowel training (for incontinent patients)

Skilled Nursing Facility

- If the individual's needs exceed that of what can be provided at an ICF/DD-N, the physician may consider a skilled nursing placement as an option, based upon
 - The severity or unpredictability of the individual's behavior or emotional state;
 - The intensity of care, treatment, services, or skilled observation required;
 - The physical equipment of the facility, its equipment, and qualifications of staff; and
 - The impact of the individual on the other patients (under care) in the facility.



Skilled Nursing Facility

- When choosing an appropriate skilled nursing facility, consider the following:
 - Location (close proximity to family/friends for visits)
 - Touring the same facility/nursing home more than once and at different times
 - Observe the physical environment inside & outside
 - Do the other residents appear well cared for and happy
 - How does staff interact with the residents
 - Activities offered
 - Request a copy of the admission agreement prior to placement



Living options for adults

Family Home

Adult Family Home Agency

Independent Living

Supported Living

Community Care Facility

Intermediate Care Facility

Skilled Nursing Facility



FAMILY HOME FOR ADULTS



Family Home for Adults

- There are additional and different services and supports for an adult child who wishes to remain living in the family home
- The regional center should continue to advise consumers and families of all available living options
 - Informed decision
 - Futures planning



Family Home for Adults

- “Highest preference” for an adult with a developmental disability to live as independently as possible in the community.
- “A very high priority” is placed on “the development and expansion of services and supports designed to assist families that are caring for their children at home, when that is the preferred objective in the individual program plan.”
- Living options is a planning team discussion per the Individual Program Plan.

WIC §4648(a)(1)

WIC §4685(c)(1)

Family Home for Adults

- “An array of services and supports should be established which is sufficiently complete to meet the needs and choices of each person with developmental disabilities, regardless of age or degree of disability, and at each stage of life and to support their integration into the mainstream life of the community.”

Family Home for Adults

- Services and supports should promote
 - Community integration
 - Independence and productivity
 - Stable and healthy environments
- “Services and supports should assist individual’s with developmental disabilities in achieving the greatest self-sufficiency possible and in exercising personal choices.”

WIC §4646(a)

WIC §4648(a)(1)



Family Home for Adults

- Services and supports should
 - Be an IPP planning team decision
 - Meet IPP objectives and goals
 - Reflect the individual's preferences and choices
 - Be cost-effective

Family Home for Adults

- Personal assistance
- Domiciliary care
- Supported and sheltered employment
- Community integration programs
- Mental health services
- Counseling
- Recreation
- Adaptive equipment and supplies
- Advocacy
- Self-Advocacy training
- Assistance in locating a home
- Behavior training
- Camping
- Crisis intervention



Family Home for Adults

- Daily living skills training
- Homemaker services
- Respite
- Mobility Training
- Transportation
- Technical and financial assistance



**ADULT FAMILY HOME AGENCY
(AFHA)**



Adult Family Home Agency

- Residential living option
 - For adults who want to live with another “family,” other than their natural family
- Provided in a family setting
 - No more than two adults with developmental disabilities per AFHA home
- AFHA is a private, non-profit organization
 - Contracted to and vendored by a regional center
 - AFHA cannot provide skilled nursing level of care



Adult Family Home Agency

- AFHA is responsible for
 - Recruiting
 - Training
 - Approving
 - Monitoring family homes
- AFHA provides ongoing support to family homes



Adult Family Home Agency

- The AFHA facilitates and ensures
 - Participation in community activities
 - Development of relationships with non-disabled peers
 - Provision of services and supports
 - Maintenance of quality living environment
 - IPP follow-through



Adult Family Home Agency

- May take time to find a good match between family home provider and consumer
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Supported Living Services (SLS)



Supported Living Services

- Very similar to independent living services
 - Provides the same services/supports as independent living services
 - Different mode of delivery
- Unlicensed living option
- Regional center vendors, funds, and monitors SLS agencies
- Provided to adults with developmental disabilities in their own apartment or home
 - Adult with the developmental disability owns their own home or leases an apartment
 - May live alone or with a roommate



Supported Living Services

- Purpose is to give adults with developmental disabilities the help they may need to live as independently as possible in the community
- Available living option regardless of the level or type of disability
- Long-term flexible arrangement to ensure needs are met as the person changes
- Typical SLS contract may exceed 35 per month



Supported Living Services

- SLS agency works with the adult to establish and maintain a safe, stable, and independent life
- It is possible for some individuals to supervise their services themselves
 - Self-vendored – you hire/maintain/supervise your own staff
- Guiding principals set forth in
 - Lanterman Act
 - California Code of Regulations (CCR), Title 17



Supported Living Services

- Supported living staff (SLS staff), employed by an SLS agency, provides skill training to the adult in their own home in their areas of need
 - Banking/money management
 - Grocery shopping
 - Cooking/meal preparation
 - Domestic duties (housekeeping)
 - Structuring a morning, afternoon, evening routine
 - Personal hygiene
 - Other daily living activities
 - Participation in community life



Independent Living Services (ILS)



Independent Living Services

- Unlicensed living option
- Regional Center vendors, funds, and monitors ILS agencies
- Provided to adults with developmental disabilities in their own apartment or home
 - Adult with the developmental disability owns their own home or leases an apartment
 - May live alone or with a roommate



Independent Living Services

- Independent living skills staff (ILS staff), employed by an ILS agency, provides skill training to the adult in their own home in their areas of need
 - Banking/money management
 - Grocery shopping
 - Cooking/meal preparation
 - Domestic duties (housekeeping)
 - Structuring a morning, afternoon, evening routine
 - Personal hygiene
 - Other daily living activities



Independent Living Services

- Focus on functional life skills for adults who have acquired self-help skills
- Purpose is to teach skills so that once acquired, you no longer need support in that area
 - Not necessarily intended to be permanent
- Typical ILS contract would not exceed 35 hours per month of support



Independent Living Services

- Although the regional center funds for the ILS staff to provide independent living skills training, the recipient of such service is responsible for
 - Monthly rent
 - Monthly bills (utilities, phone, etc.)
 - Groceries
 - Etc...



Applicable Laws & Resources

Applicable Laws

- Lanterman Act
 - <http://www.dds.ca.gov/Statutes/LantermanAct.cfm>
- Health and Safety Code
 - <http://www.leginfo.ca.gov/cgi-bin/calawquery?codesection=hsc&codebody=&hits=20>
- California Code of Regulations
 - Title 17
 - <http://www.dds.ca.gov/Title17/Home.cfm>
 - Title 22
 - <http://ccr.oal.ca.gov/linkedslice/default.asp?SP=CCR-1000&Action=Welcome>



Resources

- Community Care Licensing Division (CCLD)
 - www.cclld.ca.gov
- Department of Developmental Services (DDS)
 - www.dds.ca.gov
- Disability Rights California
(formerly Protection & Advocacy, Inc.)
 - www.pai-ca.org
- State Council on Developmental Disabilities
 - www.scdd.ca.gov