

STATE OF NEVADA DEVELOPMENTAL SERVICES

DESERT REGIONAL CENTER

5550 W. Flamingo Road, Suite B5

Las Vegas, Nevada 89103

Intake Department: (702) 486-7850



**IT IS THE MISSION OF DESERT REGIONAL CENTER TO SUPPORT INDIVIDUALS IN
ACHIEVING A LIFE OF MEANING, EQUALITY, DIGNITY, OPPORTUNITY, AND
INCLUSION IN THE COMMUNITY.**

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Desert Regional Center (DRC) is a state agency that serves children and adults living in Southern Nevada who have a diagnosis of intellectual disability or closely related developmental disabilities.

To be eligible for services, the applicant must have a documented diagnosis of intellectual disability or a closely related condition such as Cerebral Palsy, Epilepsy, Autism, or other neurological impairment that is a developmental disability occurring prior to age 22 years. In addition, the person must have substantial limitations in adaptive functioning. Adaptive skill areas include: communication, self-care, home living, social skills, community use, self-direction, health and safety, and functional academics.

DRC provides funding for support services that individuals need to assist them in becoming more independent. The agency contracts with a variety of community providers and encourages individuals to choose the provider they feel will best meet their needs.

DRC bills the individual's Medicaid coverage for services provided. For minors who do not have Medicaid, a co-pay for services will be determined based on a sliding fee scale which takes into account the family income and number of family members.

The following is a listing of services provided and a brief description of each:

The Family Support Program provides the following services to individuals and their families:

SERVICE COORDINATION

Once a person is found to be eligible for DRC Services, a DRC Service Coordinator will be assigned to the person. The DRC service coordinator will schedule a meeting with the person and/or their family, if appropriate, in preparation for helping the person to access the services that have been requested. The DRC service coordinator's job is to coordinate all services and resources that will help the person to become more independent and capable of functioning fully as a citizen in the community. The areas that can be coordinated are community living, vocational, educational, social, and financial, to name a few. The person served may have other requests for the DRC service coordinator to assist with. The amount and frequency of services are dependent on the person's preferences, desires, service selections, and upon agency and state requirements.

FAMILY SUPPORT PROGRAMS

The Family Support Services Program was developed to assist families to care for their relatives in the family home. All individuals who are eligible for DRC services and who live in their family homes are eligible to apply for Family Support Services. The goal of the Family Support Program is to prevent out-of-home placement by assisting the family in caring for their relatives. Availability of the Respite and Purchase of Service (POS) programs, including emergency POS funds, are based on State availability of funds and families meeting the financial eligibility based upon 300% of Federal Poverty Guidelines. SSI benefits for the person served by DRC will not count toward the total below.

In order to determine eligibility, DRC must have proof of income (three paycheck stubs and last years' tax return) for all members of the household. A person served who is 18 years or older is considered a household of one.

2014 Federal Poverty Guidelines (300%)

Persons in Family or Household	300% POVERTY LEVEL
1	\$ 35,010
2	\$ 47,190
3	\$ 59,370
4	\$ 71,550
5	\$ 83,730
6	\$ 95,910
7	\$ 108,090
8	\$ 120,270
Over 8, add per child	\$ 12,180

The Family Support Program provides the following services to individuals and their families:

RESPITE

Respite care offers families and gives them a break from day-to-day responsibilities of caring for their loved ones. Families receive respite vouchers and can select a provider from the DRC provider list or they may use a family member, friend, or neighbor. Respite can be provided in the family home, in the provider's home, at a recreation program or community agency. All providers must initially complete an application process before services can be provided. Respite funding eligibility is based on agency income guidelines, and funding amounts are determined by DRC based on a family's need and available funding.

**PURCHASE OF
SERVICE
SUPPLEMENT (POS)**

Purchases of Service supplements are emergency purchase vouchers provided to families to assist them with the excess costs of services for their relatives. All funding sources and existing resources must be used by the family before the POS is issued to them. The approval of a Purchase of Service Vouchers is subject to state funds availability and may not be approved based solely on request. Families who request a POS must meet financial guidelines to receive vouchers from DRC and must have an emergency circumstance. The service/goods are provided to the family and DRC is billed for the service.

Examples of items that can be purchased with the voucher include such things as:

1. Food
2. Medical/dental services not covered by insurance.
3. Special diets
4. Adaptive equipment
5. Utilities

**CLINICAL
ASSESSMENT**

Clinical assessments are evaluations by a Q.M.R.P., psychologist, or nurse. The assessments provide information that can be used to determine eligibility for DRC services, and/or assist the individual's support team to develop training programs. It may help the person gain services, obtain a job, move to a community residential program, etc.

**IN-HOME
HABILITATION**

In-home training is available to individuals and their families who request assistance in their home with teaching skills that can help the family to cope better with their relatives' special needs. The in-home trainer can work with individuals and their families in such areas as toilet training, teaching dressing, bathing, grooming skills, meal preparation, safety and leisure skills, bus training, etc. The training needs are identified by the family with help from the service coordinator. Training is time-limited depending on the person's needs and the available funding. The service is not designed or funded to be provided on a long-term basis. Services are normally provided for a maximum of six months.

COUNSELING

Counseling is available to individuals and their family members to provide support and guidance in problem-solving. Many different areas of need can be addressed with counseling services including personal independence, self-esteem, community participation, social-sexual issues, work issues, etc. The individual and/or the family can choose the counselor and most services can be billed to Medicaid. Counseling usually is done for a specific time frame and is not usually provided long term.

**FAMILY
PRESERVATION
PROGRAM (FPP)**

The Family Preservation Program provides monthly financial aid to needy families who are providing care in the family home to their relatives (child or adult) who have a diagnosis of severe or profound intellectual disability. The amount of financial assistance may vary from family to family and is determined by using a sliding fee scale and is based on the available funding in the state budget.

EMPLOYMENT AND VOCATIONAL TRAINING

JOBS

DRC contracts with job development providers that put people to work at real jobs in Southern Nevada. The person is paid at least minimum wage. He or she receives help and training to find, learn, and keep a job. DRC oversees, coordinates, and pays for these services through the contracted Job provider selected by the individual.

ENCLAVE

Some people cannot work independently at jobs in the community and need to have a supervisor or job coach present at all times. In an enclave, three or more people work together in a group with a job coach and often earn a rate of pay based on time studies. The goal is for the person to earn minimum wage as soon as he/she learns to be independent in the job duties.

Individuals are encouraged and assisted, as needed, to interview the different providers of job/day training services. Once the person selects a provider, the DRC service coordinator will schedule a meeting to discuss what the person's needs are for support and training. The information is recorded and a plan is developed to support the individual in gaining these skills. The DRC service coordinator must develop a service agreement, which will need to be fully authorized before the person starts the job/day training program. The person can change job/day training providers if he/she is not satisfied with the services received by contacting their assigned DRC service coordinator.

SUPPORTED LIVING SERVICES

People who are requesting residential services will be assessed on types of supports they will need and informed of the availability and choices of contracted providers. The goal is for the person to live as independently as possible. Some people need maximum support and services; other people need moderate to minimal support. There are different community living settings and residential choices from which the person can choose. DRC works closely with the contracted SLA agencies and the DRC service coordinator monitors and assures that the person is receiving appropriate support and services to increase the person's independence and to maintain their health, safety, and welfare.

All of the person's income and benefits are used to pay for the cost of these services. DRC and Medicaid may also contribute funds, if needed. The following are residential services that are

available on a first-come first-serve basis. Residential and community living providers offer assistance, training, and support in the areas of social skills, behavior skills, personal grooming, home maintenance, medical needs, shopping, recreation, and other needs, as requested. The individual is encouraged to interview different SLA agencies before making a selection of providers. Due to the popularity of these services, DRC may keep a waiting list of people requesting these services. Services are provided as funding becomes available.

SUPPORTED LIVING ARRANGEMENT (SLA)	People live in a home or apartment by themselves or with room-mate(s). The person receives minimum (from several hours per week) to moderate (daily contact) support from paid SLA staff according to identified needs and desires. The cost of the service depends on the number of support hours required to keep the person safe and independent in his/her home. SLA services can also be provided to children living in a licensed therapeutic foster home or to adults living in a developmental or group home with other adult residents. SLA services are not provided to people residing with their family members.
FAMILY SUPPORTED ARRANGEMENTS (FSA)	Family Supported Arrangement services are designed to support individuals (children or adults) who live with their family, relatives, spouses, or in-laws. The FSA services are intended to provide support and/or training to the person, and/or the family members so the person can be safely maintained in the home setting. A variety of services can be provided through the FSA program including in-home training, nursing support, behavioral consultation services, and recreation. The goal of the FSA program is to enhance the quality of life of the person served and their family.
INTENSIVE SLA (ISLA)	People in need of maximum support services receive intensive supported living services and normally have no unsupervised time alone. Intensive services are for people who have the most need for training and support. Staff are present whenever there are individuals at home and there is awake staff at night. Individuals served in this living arrangement must be 16 years of age or older. People typically live in a home with roommates in a community residence and share the support services from the ISLA provider.
CHILDREN'S SUPPORTED LIVING ARRANGEMENT	These are private homes that provide services to children up to the age of 18 years who have severe behavioral or medical needs. These homes are licensed by the Division of Family Services as foster homes.
ICF/SMALL HOMES (ICF/ID)	These homes are run by private providers and licensed by the Bureau of Health Care Quality and Compliance. The cost of the services is usually paid by the person's Medicaid. Homes are usually licensed for a maximum of six people. These services are provided to children or adults who require the maximum amount of

support services due to their behavioral and/or medical needs. The homes are staffed for 24-hour awake supervision and have daily nursing coverage as well as contracted therapists and psychologist services.

STATE ICF/ID (DDC)

ICF/ID homes on the campus of Desert Developmental Center (DDC) are run by DRC and staffed by state employees. Four to ten people live in each home. The DDC campus is a closed campus and provides additional security and protective oversight that may benefit the most challenging or vulnerable people. People have awake supervision at all times. The homes are licensed by the Bureau of Health Care Quality and Compliance. Services are paid through the Medicaid program. This program serves both children (age 12 and older) and adults. The homes are staffed for 24-hour awake supervision and provide daily nursing, therapists, and psychological support services.

STATE OF NEVADA

Aging and Disability Services Division

Desert Regional Center
Rural Regional Center
Sierra Regional Center

QUALIFICATION GUIDELINES FOR DEVELOPMENTAL SERVICES

- I. Residents of Nevada may be eligible for Developmental Services if they have a diagnosis of intellectual disability or a condition closely related to intellectual disability.
- II. "Intellectual disability" refers to substantial limitations in present functioning. It is characterized by significantly sub-average intellectual functioning, existing concurrently with related limitations in two or more of the following applicable adaptive skill areas; communication, self-care, home living, social skills, community use, self-direction, health and safety, functional academics, leisure, and work. Intellectual disability manifests before the person reaches 18.
- III. "Related conditions" have a high association with intellectual disability and are associated with functional impairments typical of those experienced by persons with intellectual disability. Related conditions are severe, chronic disabilities attributable to cerebral palsy, epilepsy, autism, and other conditions, other than mental illness, found to be closely related to intellectual disability because the condition results in impairment of general intellectual functioning or adaptive behavior similar to that of people with intellectual disability and requires treatment and services similar to those required for these persons. Related conditions are manifested before the person reaches age 22.
- IV. Intellectual disability and related conditions are likely to continue indefinitely.
- V. Conditions related to intellectual disability result in substantial functional limitations in three or more of the following areas or major life activity: self-care, understanding and use of language, learning, mobility, self-direction, and capacity for independent living. The following operational definitions will be used in determining if a substantial functional limitation exists:
 - a. "Self-care" refers to the ability to utilize age-appropriate skills in such areas as toileting, eating, dressing, personal hygiene, and grooming.
 - b. "Understanding and use of language" includes age-appropriate abilities to comprehend and express information through symbolic behaviors including facial expression, body movement, touch, or gesture.
 - c. "Learning" refers to age-appropriate functional academic skills related to learning at school that also has direct application in one's life. It involves the ability to acquire new behaviors, perceptions, and information, and to apply experiences to new situations.
 - d. "Mobility" includes the ability to utilize age-appropriate skills to function independently within the home and community. Related skills include orientation and other behaviors in the home and nearby neighborhood necessary to complete activities of daily living and the ability to travel in unfamiliar places or use public transportation.

- e. "Self-direction" refers to the age-appropriate ability to set realistic goals or make plans independently of others and accomplish such goals in a timely manner. Related skills include orientation to time and place, persistence, and the ability to maintain attention and concentration, to initiate and carry-out activities, and maintain behavioral/ emotional stability.
- f. "Capacity for independent living" involves the ability to utilize advanced, age-appropriate skills related to independence. Skills would include the ability to tell time, use money, initiate and maintain relationships, hold a job, and engage in leisure and recreational activities. Areas of competence include: clothing care, housekeeping, property maintenance, food preparation and cooking, planning and budgeting for shopping, home safety, and daily scheduling.

VI. The Intake Committee will need supporting documentation to establish the existence of intellectual disability or a related condition.

- a. A diagnosis of intellectual disability or related condition should be supported by one or more of the following: Psychiatric, neurological, psycho-educational or psychological evaluations.
- b. A diagnosis of cerebral palsy should be supported by medical records. The degree of functional limitation will be considered by the intake team in determining eligibility as a related condition.
- c. A diagnosis of epilepsy should be supported by medical records, preferably from a neurologist that indicates the type and intensity of the seizure disorder, methods of treatment, and date of last seizure.
- d. Conditions other than autism, cerebral palsy or epilepsy should be documented by medical records, preferably from a neurologist or a related discipline supporting a diagnosis that involves a neurological or central nervous system disorder.
- e. The existence of substantial functional limitations in areas of major life activities will be determined by the interdisciplinary intake committee utilizing standardized measures of adaptive behavior.