RIGHTS UNDER THE LANTERMAN ACT

Developmental Disabilities

Chapter 2

This chapter explains:

- What developmental disabilities are,
- Who is eligible for regional center services, and
- How to show the regional center that you are eligible.



Developmental Disabilities

This chapter gives you answers to the most common questions about developmental disabilities. We explain what developmental disabilities are, who is eligible for services at regional centers, and how to show that you are eligible for those services.

All of our information is based on a state law called the Lanterman Act. We also give you the exact section of this state law where the information is found. You may have to refer to the law to get the services you need. When you see § 4512(a), for example, it means that information comes from the Lanterman Act, section (§) 4512, part a.

If you want to read the Lanterman Act, go to: http://www.dds.ca.gov/Statutes/LantermanAct.cfm

1. What is a developmental disability?

California law defines a *developmental disability* as a disability that starts before age 18, is expected to continue indefinitely, and is a "substantial disability" for that person. (See Question 19 for more information.)

The developmental disabilities for which you can receive regional center services are: cerebral palsy, epilepsy, autism, mental retardation, and other conditions closely related to mental retardation or that require similar treatment.¹

On August 11, 2003, the law that defines "substantial disability" was changed to say that the person must also have problems in at least *three* of these areas:

- Communication skills (receptive and expressive language)
- Learning abilities,
- Self-care,
- Mobility,
- Self-direction,
- Independent living skills, and

^{1 § 4512(}a)

- Economic self-sufficiency.

If you were eligible for regional center services *before* the law changed on August 11, 2003, the regional center must use the <u>old</u> definition to determine your eligibility now. You do *not* have to prove that you have problems in three of the areas listed above.

2. Who can get the regional center to assess them for services?

These people can apply for regional center services and get an assessment:

- Anyone suspected of having a developmental disability,
- Anyone with a high risk of parenting a baby with a developmental disability, and
- Babies and children under 3 years of age suspected to be at high risk of becoming developmentally disabled. Children in this category are called "high-risk" children.

3. What else can you tell me about "high-risk" children and parents?

Signs of a developmental disability are often easy to spot very early in a child's life. Health professionals call them developmental "delays." If your child has a delay, or if you are at high risk of having a child with a developmental disability, it is very important to have an assessment and to get services.

Health professionals who specialize in child development can teach parents and children how to address early delays. For example, parents can learn about how an infant's mind and body develops, how to stimulate their child, and to change the diet and vitamins to prevent or treat delays.

High risk babies and children under age 3 and parents with a high risk of having developmentally disabled children can get services from regional centers.² Children and parents in this category can get the same services and supports as any other person eligible for regional center services.³

However, infants and toddlers who are at high risk of having a developmental disability are no longer eligible for services under the Early Start Program.

^{2 §§ 4642; 4644}

^{3 § 4644}

They will be served under a new prevention program. The eligibility criteria for determining whether an infant or toddler has a developmental delay under the Early Start program has changed. It is now as follows:

- For children aged 0-23 months, a significant delay is a 33% delay in one or more areas.
- For children aged 24-36 months, a significant delay is 50% in one area or 33% in two or more areas.
- The areas of delay are unchanged. They are: cognitive development, physical and motor developmental, communication development, social or emotional development, or adaptive development.

4. What happens when the child turns three?

When a high-risk child turns three, the regional center will do a new assessment. If the child is "substantially disabled" by one of the conditions listed above, the child can continue receiving regional center services. If not, the child can no longer get regional center services.

If the regional center says your child is no longer eligible, but you do not agree, you can ask for an administrative hearing. (See Chapter 12.)

Even if the child is no longer eligible for regional center services, she or he may still need special education and other supports. Most children aged 3 and older are in the school system, which will now provide most of the services your child needs. First, the school must complete an Individual Education Plan (IEP), to make sure there is a smooth transition from the regional center to the school system.

To learn more about moving to the school system, ask Disability Rights California or OCRA for Chapter 12 of our *Special Education Rights and Responsibilities*, Publication 5040.01. Or download it from Disability Rights California's web site at:

www.disabilityrightsca.org/PUBS/504001SpecEdIndex.htm.

5. How do I apply for regional center services?

There are 21 regional centers in California. Each one covers a specific geographic area. You must apply to the center closest to where you live. To find out which center covers your area, call:

OCRA: 800.390.7032 Toll free!

Department of Developmental Services: (916) 654-1958

Or go to: www.dds.ca.gov/rc/rclist.cfm

Each regional center has its own application process. They all start out by asking for your home address to make sure you are applying to the right center. Then, they ask you for other personal information and give you an appointment to meet with someone at the regional center.

When you go to this meeting, take this information with you:

- Your school records, medical records, work history, and
- Evaluations, assessments, and any other information that correctly describes your abilities and your disabilities

The regional center will photocopy your documents. They will also ask for your written permission to contact your doctors, schools, employers and others who may have information about you. They cannot get copies of your records without your permission.

Important! You should take notes. Write down the date of your first contact and the date of your first meeting with the staff. (This is called the *intake meeting*.) The regional center must tell you if you are eligible within 120 days of your first appointment (or 60 days for more urgent cases).

For more information about the application process, see Chapter 3.

6. How does the regional center decide if my condition is covered by the Lanterman Act?

The regional center will do an assessment. They will collect and review your diagnostic information, developmental history, and the services you have received. They may also have a doctor give you tests.

We encourage you and your family to take part in the assessment process. Your participation will help the regional center understand your cultural values, language, religion, education, and the socio-economic and socio-emotional factors that affect you.

All these factors affect you and your evaluation. The regional center must consider your input so that the assessment is thorough and sensitive to your culture, family, and community.

If you do not agree with the assessment, you have a right to ask for a fair hearing.

For more information about assessments, see:

- www.dds.cahwnet.gov/statutes/LantermanAct_toc.cfm, and
- www.ddhealthinfo.org

7. What is mental retardation?

According to the American Psychiatric Association (*Diagnostic and Statistical Manual*, Fourth Edition), a mentally retarded person has:

- Deficits in intellectual and adaptive functioning,
- IQ score of 70 or less (using standardized tests and full-score results), and
- Deficits in three or more of these areas:
 - Communication skills (receptive and expressive language),
 - Learning abilities,
 - Self-care,
 - Mobility,
 - Self-direction,
 - Independent living skills, and
 - Economic self-sufficiency.

People with full-scale IQ scores between 71 and 75 may also be diagnosed as mentally retarded if they have significant deficits in the areas of adaptive behavior listed above.

The opinion of an independent expert may be needed to show that your condition qualifies under this definition.

8. What is cerebral palsy?

Cerebral palsy is a condition that affects the control you have over your own movements. It is caused by developmental problems or damage to the parts of the brain that control movement and posture.

Cerebral palsy most often starts at birth or within the first few years of life. The early signs usually appear before age 3. Babies with cerebral palsy are often slow to reach developmental milestones, such as learning to roll over, sit, crawl, smile, or walk.

Symptoms may change over time, but cerebral palsy is not progressive. This means that in most cases, it does not get worse. If your symptoms seem to be getting worse, the problem may be something besides cerebral palsy.

Symptoms differ from person to person. Generally, they include:

- difficulty with fine motor tasks, such as writing or using scissors,
- difficulty maintaining balance or walking, and
- involuntary movements.

Some people with cerebral palsy may have other medical disorders, including seizures or mental impairment, but cerebral palsy alone does not always cause substantial disability. To qualify for regional center services because of your cerebral palsy, it must be a substantial disability for you.

For more information on cerebral palsy see: www.nlm.nih.gov/medlineplus/cerebralpalsy.html

9. What is autism?

The most recent definition for autism comes from the *Diagnostic and Statistical Manuals* (*DSM-IV-TR* and *DSM for Primary Care, Child and Adolescent Version*). This definition reflects the recent view that autism is a range of *qualitative* abnormalities. The severity of autism varies from one person to another, but all children with autism have some degree of:

- qualitative impairment in reciprocal social interaction,
- qualitative impairment in communication, and
- restricted, repetitive, and stereotypic patterns of behaviors, interests, and activities.

Autism is classified as one of five *pervasive developmental disorders*, or PDD. The other PDDs are:

- Asperger's disorder,
- Rett syndrome,
- Childhood disintegrative disorder, and
- Pervasive developmental disorder—not otherwise specified, called PDD-NOS.

Diagnosing autism can be difficult for many reasons. This is partly because autism and Asperger's disorder share some common features, such as impaired social interaction and social behaviors. However, unlike someone with autism, someone with Asperger's may **not** have a significant language delay.

Some regional centers and some administrative law judges who decide regional center appeals say that because Asperger's is not the same thing as Autism, it does not make you eligible for regional center services. But some administrative law judges say that "autism" means autistic spectrum disorders, including Asperger's. Those judges say that people with Asperger's qualify for regional center services, if the disorder causes substantial disability. People with Asperger's may have age-appropriate adaptive skills and may not be substantially disabled by the disorder. If so, they do not qualify for regional center services. In some cases, Asperger's disorder may be severe enough to be considered closely related to mental retardation. These cases qualify for regional center services.

Proving that Asperger's is substantially disabling is difficult. It requires a great deal of preparation. If you believe you fall into this category, contact Disability Rights California or OCRA for information. We recommend you get legal consultation or technical assistance in these kinds of cases.

To learn more about autism, autistic spectrum disorder, and pervasive developmental disorders, see:

- http://pediatrics.aappublications.org/cgi/content/full/107/5/e85
- www.ddhealthinfo.org

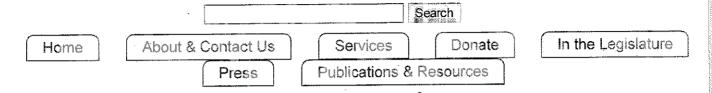


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California's protection & advocacy system

For legal assistance call 800-776-5746. For all other purposes call 916-504-5800 in Northern CA

or 213-213-8000 in Southern CA. TTY 800-719-5798.



Abuse

Agency Brochures

Assistive Technology

Children's Health

Client Assistance Program

Conservatorship

Developmental Disabilities

Employment

Fact Sheets on Budget Cuts

Federal / State Laws

Health Benefits

Higher Education

Housing

Immigration

In-Home Supportive Services (IHSS)

in-Home Supportive Serivces Nuts & Bolts Manual

Mental Health

Mental Health Stigma & **Discrimination Reduction**

Other Resources

Rights Under The Lanterman Act Manual (RULA)

Self-Advocacy

Social Security

Special Education

Special Education Rights & Responsibilities Manual (SERR)

Transportation

Traumatic Brain Injury

Publications by subject Rights Under The Lanterman Act Manual Regional center services for people with developmental disabilities

We want to hear from you! Please complete the following survey about our publications and let us know how we are doing!

Disability Rights California provides materials in alternative formats and provides disability related reasonable accommodations when requested. If you need materials in an alternative format or if you need reasonable accommodations to access other DRC services call 916-504-5800; TTY 800-719-5798.

*** UPDATE: PLEASE REVIEW THE RELEVANT FACT SHEETS LISTED BELOW EACH CHAPTER FOR THE MOST CURRENT INFORMATION *** Effects of Recent Budget Cuts

Every year the California Department of Developmental Services (DDS) allocates money for each regional center to operate and purchase services. Changes were made to the Lanterman Act, reducing and terminating numerous regional center services.

This book was written before the most recent budget was finalized. Therefore there are some parts of the book that are no longer accurate.

Manual by Individual Section:

Cover pages (pdf) (rtf) UPDATED 2012

Chapter 1: The Lanterman Act (pdf) (rtf) UPDATED 2012 *** Additional Supporting Fact Sheets Also see: SB 468 (Emmerson/Beall/Mitchell/Chesbro) Statewide Self-Determination Program (pdf) (rtf)

Chapter 2: Developmental Disabilities (pdf) (rtf)

Chapter 3: The Regional Center is the Starting Point (pdf) (rtf) UPDATED 2013 *** Additional Supporting Fact Sheets (pdf) Also see: SB 468 (Emmerson/Beall/Mitchell/Chesbro) Statewide Self-Determination Program (pdf) (rtf)

Chapter 4: Indivdual Program Plans - Development and Implementation (pdf) (rtf) UPDATED 2015 *** Additional Supporting Fact Sheets (pdf) Also see: SB 468 (Emmerson/Beall/Mitchell/Chesbro) Statewide Self-Determination Program (pdf) (rtf)

Chapter 5: Advocating for Yourself (pdf) (rtf) UPDATED 2015

Voting

Chapter 6: Services and Supports for Children and Adults Who Live With Their Families (pdf) (rtf) UPDATED 2015 Additional Supporting Fact Sheets (pdf) Also see: SB 468 (Emmerson/Beall/Mitchell/Chesbro) Statewide Self-Determination Program (pdf) (rtf)

<u>Chapter 7: Living Arrangements for Adults and Children (pdf) (rtf)</u> **UPDATED 2013** *** <u>Additional Supporting Fact Sheets (pdf)</u>

Chapter 8: Community Participation, Work, Day Activities, Leisure and More (pdf) (rtf) UPDATED 2013 *** Additional Supporting Fact Sheets (pdf)

Chapter 9: Avoiding Institutionalization (pdf) (rtf) UPDATED 2013

Chapter 10: Services and Supports for People with Dual Diagnosis (pdf) (rtf) UPDATED 2013

Chapter 11: Self-Directed Services Program REMOVED

Chapter 12: Disputes: Fair Hearings and Compliance Complaints (pdf) (rtf)

Chapter 13: The Medi-Cal Home and Community-Based Services

Developmental Disability Waiver (pdf) (rtf)

Supplement A: Common Terms and Abbreviations (pdf)

Supplement B: The Law Gives You Rights (htm) (pdf)

Supplement C: Services and Supports Provided by Regional Centers (pdf)

Supplement D is intentionally omitted - see Chapter 13

Supplement E: List of Records Regional Centers May Ask for When You Apply for Services (pdf) UPDATED 2012

Supplement F: Cognitive Disabilities (pdf) (rtf)

<u>Supplement G: Services and Supports for People with Cognitive Disabilities</u> (htm) (pdf)

Supplement H: Inter-Regional Center Transfer Guidelines (pdf)

Supplement I: How to get Regional Center Services through your IPP (pdf)

Supplement J: Your IPP Meeting Planner (pdf) (rtf)

Supplement K: Use Your IPP to Plan for Community Activities (pdf)

Supplement L: Get Ready for Your IPP/IFSP Meeting (htm) (pdf)

Supplement M: 25 Individual Life Quality Outcomes (pdf)

Supplement N: Letter to Ask for an IPP Meeting REMOVED

Supplement O: How to Interview a Supported Living Agency (htm) (pdf)

Supplement P: The Court says you can get supports, even if you live at home **REMOVED**

Supplement Q: Not all disorders are covered (pdf)

Supplement R: Table on how to prepare for your negotiations with the regional center or other agency (html) pdf)

Supplement S: Fair Hearing Flow Chart (pdf)

Supplement T: Sample letter asking your regional center to communicate with you in your primary language **REMOVED**

Supplement U: Notice of Proposed Action (pdf)

Supplement V: Fair Hearing Request (pdf)

Supplement W: Notification of Resolution (pdf)

Supplement X: How to Write a Section 4731 Complaint (pdf)

Supplement Y: Contact List: Regional Center Offices throughout California (pdf) UPDATED 2015

Supplement Z: Office Of Clients' Rights Advocacy Listing (pdf) UPDATED 2015

Supplement AA: Contact List: State Council on Developmental Disabilities and Area Boards (pdf) UPDATED 2015

Supplement BB: Contact List: Developmental Center Clients' Rights

Advocates and Volunteer Advocacy Service Coordinators (pdf) UPDATED

2015

Supplement CC: Contact List: Regional Resource Development Projects (pdf) UPDATED 2015

Additional Resource Fact Sheets:

Supported Living Services (#F028.01)

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