

# Unlocking Regional Center Services

What Every Parent Needs to Know!

## FAQs

### Your Questions Answered



We created this FAQ in partnership with Inland Regional Center to help families better understand the range of services available and how to access them. The answers provided reflect best practices—the standards our community is working toward to ensure individuals with Autism receive person-centered support.

The Department of Developmental Services (DDS) and Regional Centers have introduced a new Individual Program Plan (IPP) process that shifts toward a more person-centered approach, placing the individual's goals, strengths, and preferences at the heart of service planning. As systems evolve, we want to make sure you have clear, practical information to navigate these changes.

We hope this resource helps you feel more confident and informed as you advocate for the services your loved ones need.

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Thank you to our funders and partners for this project:



## Inland Regional Center

### GENERAL QUESTIONS

**1. Where can we find different types of services? (How do I access all the services that are available to me? Examples of services offered under each service. How do I know what services are available? It seems that if I don't ask the correct question, I am not made aware of what is available to my daughter. (asked multiple times)**

Inland Regional Center does have a list of services on its website; however, your IPP must start with a person-centered vision and goals to justify a service. The following services are available through the regional center:

- Camp and Non-Medical Therapies: <https://www.inlandrc.org/wp-content/uploads/2023/06/1.2.4a-IRC-POS-Policy-Social-Rec-Camp-Med-etc.-Rev-4-22-22-CORRECTED.pdf>
- Day Services - <https://www.inlandrc.org/wp-content/uploads/2019/04/IRC-Day-Program-Options.pdf>; however, this does not include our Future Pathways Employment Training Program
- Living Options - <https://www.inlandrc.org/wp-content/uploads/2019/04/Living-Options-Fact-Sheet-English.pdf>
- Respite options - <https://www.inlandrc.org/wp-content/uploads/2019/04/Respite-Fact-Sheet-English.pdf>
- Social Recreation Services - <https://www.inlandrc.org/wp-content/uploads/2024/05/Soc-Rec-Allowable-2024-English-scaled.jpg>
- Tailored Day Services - <https://www.inlandrc.org/wp-content/uploads/2023/06/TDS-FAQ-Sheet-Consumer-Specific.pdf>
- Transitioning to Adulthood - <https://www.inlandrc.org/wp-content/uploads/2019/04/Transition-Fact-Sheet-English.pdf>
- General services - <https://www.inlandrc.org/wp-content/uploads/2022/06/Common-Services-and-Descriptions-5-2022-F.pdf>

These are not all the services offered through the Regional Center. You can request your service coordinator for help if you are looking for something specific.

## **2. Is the caseworker the same as a service coordinator?**

In California's Regional Center system, CSC stands for Consumer Services Coordinator. This role involves coordinating services and support for individuals with developmental disabilities, ensuring that their needs and goals are met through an Individual Program Plan (IPP). Your Service Coordinator can help you:

- Get ready for your IPP meetings
- Find the services and supports you need
- Track your goals and help you meet your goals
- Look for other services with your insurance, the county, public, or community resources
- Connect to a family resource center for resources and help
- Answer your questions

If your Service Coordinator is not a good fit, you can request a new Service Coordinator to better meet your needs. Your regional center may have more information about your relationship with your Service Coordinator.

If you have trouble getting a hold of your CSC or need to speak to their supervisor, the Program Manager, you can look up that person's information at <https://www.inlandrc.org/managers-email-form/?sfnsn=mo>

## **3. Can we ask for an IPP at any time?**

You have the right to request an IPP meeting whenever your needs change or if you feel the current services aren't working for you. The Regional Center must hold an IPP meeting within 30 days of your request.

Common reasons people ask for an IPP "anytime."

- New behavior or medical issues
- Change in living situation
- Safety concerns
- School or work changes
- Needing additional or different services
- Service not working as expected

You can request an IPP meeting by emailing your Service Coordinator and stating, "I am requesting an IPP meeting." (Writing is always the best method of communication.)

More info - <https://www.dds.ca.gov/wp-content/uploads/2025/02/Guide to Californias Regional Center Services System.pdf>

#### **4. How does the regional center service coordinator get trained? Is it based on necessity, Lanterman Law, or Regional Center policy? (Asked multiple times).**

Inland Regional Center Service Coordinators are trained based on three key areas:

- **The Lanterman Act**

This California law defines the rights of individuals with developmental disabilities and outlines how services must be delivered. Service Coordinators are trained in eligibility, Individual Program Plan (IPP) development, timelines, and consumer rights.

- **Department of Developmental Services (DDS) Requirements**

State guidance and federal regulations, including the Home and Community-Based Services (HCBS) rules, help shape required training and service standards.

- **Inland Regional Center Policies and Procedures**

Service Coordinators are also trained on IRC's internal processes, documentation standards, and systems to ensure services are provided accurately and consistently. Training includes new staff onboarding, mentorship, required courses, and ongoing updates to ensure compliance with the law and quality service delivery.

The goal is to ensure Service Coordinators are knowledgeable, consistent, and responsive to the needs of the individuals and families we serve.

#### **5. Why is the Regional Center making families sign the agreement without providing the actual IPP?**

Inland Regional Center does not require families to sign an agreement without first reviewing the Individual Program Plan (IPP). The IPP is reviewed in detail during the planning meeting, including goals, services, and supports. Signatures confirm participation in and agreement with the planning discussion.

As for timelines, when a new or changed service is requested, the Regional Center must decide within 15 calendar days of the request. The IPP must be finalized and approved within 45 calendar days of the planning meeting. Once approved, a copy of the finalized IPP, including the signature page, is provided to the individual and/or family.

If a family believes they were asked to sign before reviewing the full IPP, or if they did not receive a copy after approval, they are encouraged to contact their Service Coordinator or Program Manager so the matter can be addressed promptly. Families have the right to review the full IPP, ask questions, and receive a complete copy of the approved plan.

### **6. Can a speech delay individual be served by Inland Regional Center?**

A child's speech delay may qualify the child for regional center services, but this depends on the child's age. For children under 3, a speech delay—especially if it's noticeable—can be enough to qualify for Early Start services like speech therapy. However, once a child turns 3 or older, a speech delay by itself usually does not qualify. After age 3, children need to have a disability that affects multiple areas of development and is expected to last long-term (Autism, intellectual disability, cerebral palsy, or epilepsy). So, in short, before age 3, a speech delay can qualify; after age 3, it usually needs to be part of a bigger condition.

### **7. Why does it take so long to get into Inland Regional Center?**

Eligibility for Inland Regional Center services is determined under the Lanterman Act and requires a formal review process. The timeline can feel lengthy because several important steps must be completed to ensure an accurate and fair determination.

Once an application is received, the regional center has up to 120 days (about 4 months) to determine eligibility. During that time frame, they must do the following:

- Obtain and review medical, educational, and psychological records
- Conduct assessments when needed
- Determine whether the individual meets the legal criteria for a Developmental Disability
- Ensure documentation complies with state requirements

Delays can sometimes occur if records are incomplete; evaluations need to be scheduled, or additional information is required to make an accurate determination.

While the process is thorough, it is designed to ensure that eligibility decisions are consistent with state law and that individuals who qualify receive appropriate services. If there are concerns about the timeline of a specific case, families are encouraged to contact their assigned intake coordinator for updates and support.

### **8. Do caseworkers understand that natural supports are limited – they will not help for free or stay with you long term?**

Yes, Service Coordinators are trained to understand that natural supports, such as family members, friends, or community connections, can be limited and may not always be available long-term.

Under the Lanterman Act, the planning process includes identifying natural supports when appropriate, but services cannot be denied solely because a family member or friend is expected to provide ongoing support without consideration of their capacity, willingness, or long-term sustainability.

During the Individual Program Plan (IPP) process, Service Coordinators are expected to assess:

- Availability and stability of natural support
- Whether those supports are voluntary and sustainable
- Level of burden on family members or caregivers
- Individual health, safety, and overall well-being

If natural support is limited, unavailable, or no longer sustainable, this information should be clearly discussed and documented at the IPP meeting so appropriate services can be considered.

Families are encouraged to communicate openly when support is strained or no longer feasible. The goal is to develop a realistic, person-centered, and sustainable plan over time.

### **9. Why can't things get approved if the service is offered?**

The availability of a service does not automatically mean it can be approved. Under the Lanterman Act, Regional Centers are required to ensure that services are:

- Based on an assessed and documented need
- Directly related to the individual's developmental disability

- Included in the Individual Program Plan (IPP) through the planning process
- The least restrictive and most cost-effective option to meet the identified outcome

Even if a provider offers a service, the regional center must first determine that the service is necessary to achieve the individual's IPP goals and that it meets statutory and regulatory requirements.

Each request is reviewed individually to ensure compliance with state law, fairness, and responsible use of public funds. If a service is not approved, families have the right to request further discussion, receive written notice of the decision, and pursue the appeal process if they disagree.

**10. My son is 25 years old and has several severe disabilities, so why, if the circumstances haven't changed, does the regional center approve services for my son for only 6 months and not for a year? How can I change this?**

Service authorizations are issued for specific time periods based on several factors, including service type, funding guidelines, vendor requirements, and the need for periodic review. Even when an individual's condition is stable and long-term, certain services may be authorized in shorter increments, such as six months, to allow the regional center to:

- Confirm the service continues to meet the individual's needs
- Ensure documentation remains current
- Verify provider availability and service delivery
- Maintain compliance with state oversight and audit requirements

A six-month authorization does not necessarily mean the service will end. It often reflects a required review cycle rather than a need for change.

If your son's needs are ongoing and unlikely to change, you may request an IPP meeting to discuss extending the authorization period. During that meeting, you can ask:

- Whether the service qualifies for a longer authorization period
- If there is a specific policy requiring six-month reviews
- What documentation would support a longer approval term

There is no limit on the number of IPP meetings you can request when you believe adjustments are needed. We encourage you to contact your Service Coordinator to review the current authorization and discuss whether a longer service period is appropriate based on your son's documented needs and the applicable service guidelines.

**11. What services can my 4-year-old daughter receive? The coordinator said she cannot help me with therapies.**

After age 3, the Regional Center becomes a "payor of last resort," meaning it can fund therapies only if your child's school district or health insurance will not cover them. That's why your coordinator said she can't provide therapies directly. However, your 4-year-old may still receive other supports from the Regional Center, such as respite, parent training, behavior support (if not covered elsewhere), safety resources, and service coordination to help you access school and insurance-based therapies.

In California, medical insurance usually pays for medical treatment like ABA, occupational, and speech therapy- all you need is a doctor to write a referral for treatment. You can call the number on the back of your medical card, and they can assist you as well.

## **ADULT SERVICES**

**12. Once someone is 18 years old, does IEC help them complete SSI paperwork, rehab, transition (what do they offer), vocation, college, etc.?**

When an individual turns 18, services and support may shift depending on eligibility and individual goals. The Intake and Eligibility Coordinator (IEC) role is typically focused on determining eligibility for regional center services. Once eligibility is established, a Service Coordinator provides ongoing support.

Specific areas of interest:

**SSI:** Regional center staff can provide general guidance about applying for Supplemental Security Income (SSI) and may help connect families to resources or community partners who assist with applications. The Social Security Administration makes the final eligibility determination.

**Rehabilitation and Vocational Services:** The California Department of Rehabilitation (DOR) is the primary agency responsible for employment-related services for adults with disabilities. Service Coordinators can help with referrals and coordination, but DOR determines eligibility and services.

**Transition Services:** For individuals ages 16 to 22 who are still in school, transition planning is typically coordinated through the school district as part of the Individualized Education Program (IEP). The regional center participates in transition planning meetings and can support the coordination of adult services.

**Vocational and Employment Supports:** If eligible, regional center services may include supported employment, day programs, or other community-based services identified through the Individual Program Plan (IPP) process. Services are based on assessed needs and individual goals.

**College:** Regional centers do not fund college tuition. However, Service Coordinators can help individuals explore accommodations through the college's Disabled Student Programs and Services (DSPS) office and, if appropriate, identify potential support services.

Individuals and families are encouraged to meet with their Service Coordinator to discuss adult goals and develop a transition plan that supports independence, employment, and community participation.

## ASL CLASSES

### **13. Are there free ASL classes for parents? Does the Regional Center provide ASL classes for children who are nonverbal?**

Inland Regional Center (IRC) periodically offers ASL classes for parents and family members through the Community Engagement and Parent Engagement programs. When available, these classes are typically free to IRC families, though registration is usually required, and space may be limited. Families can check the IRC website calendar or contact their Service Coordinator for information about upcoming classes.

For children who are nonverbal, ASL or other communication supports are considered through the Individual Program Plan (IPP) process. IRC does not automatically provide ASL instruction as a stand-alone service. Instead, communication needs are assessed on an individual basis. Depending on the child's age and situation, support may include early

intervention services, speech therapy, Augmentative and Alternative communication systems, school-based services, or referrals to qualified ASL providers if appropriate.

Families are encouraged to discuss communication goals during the IPP meeting so the team can determine the most appropriate support based on assessed needs.

If you would like help exploring current ASL class availability or communication service options, please contact your Service Coordinator for guidance.

## CAL ABLE

### **14. What does the ABLE do? Does it affect SSI benefits?**

CalABLE is a special savings account for people with disabilities—like Autism—that lets families save money for their child's future without losing important benefits like SSI or Medi-Cal. Up to \$100,000 in a CalABLE account grows tax-free and can be used for many disability-related needs such as therapies, housing, education, transportation, or assistive technology. Families, friends, or the individual can all contribute, and the account won't count against asset limits. <https://www.calable.ca.gov/>.

## CONNECTION

### **15. Is there a platform where Autism parents can join to connect? Share experiences and questions?**

Autism Society Inland Empire has several ways parents can connect:

- **Parent & Caregiver Support Groups.** Regular virtual and in-person support groups for parents with children of all ages. These are safe spaces to share experiences, ask questions, and receive emotional support. Virtual group, Talk to Me Tuesday, meets twice a month, and an in-person group in the Coachella Valley meets once a month. Check out our newsletter or calendar for the schedule – [www.ieautism.org](http://www.ieautism.org).
- **Online Community Groups.** Active Facebook groups moderated by the Autism Society Inland Empire, where parents ask questions, share resources, and connect with other families in Riverside and San Bernardino Counties. We have a closed Facebook group <https://www.facebook.com/groups/AutismSocietyInlandEmpire/>
- **Social & Recreational Events.** A range of inclusive events like Jump Nights, Movie Days, holiday celebrations, sensory-friendly outings, and community events

throughout the Inland Empire. Families meet other parents naturally while their kids participate. Check out our newsletter or calendar for the schedule –

[www.ieautism.org](http://www.ieautism.org).

- Resource Navigation Calls. Parents often connect with other families through referrals or follow-up from ASIE's navigation team.

## CONSERVATORSHIP

### 16. Can the Regional Center help with conservatorship?

Inland Regional Center does not fund legal assistance for conservatorship. There are free and low-cost resources available to assist families through the conservatorship process:

- Free Legal Services for Qualified Individuals: Legal Aid Society of San Bernardino provides free legal assistance for conservatorship, housing, family law, and more. Contact them at (909) 889-7328 or [Info@Legalaidofsb.org](mailto:Info@Legalaidofsb.org). More information is available online at Legal Aid Society of San Bernardino.
- Riverside Legal Aid: Contact them at (951) 682-7968 (Riverside Office) or (760) 347-9456 (Indio Office). More information is available at Riverside Legal Aid or Riverside County Resource for Conservatorship. Transition into Adulthood - Transition Guidebook for IRC Parents 2024.

Additional Resources:

- Caldwell, Kennedy & Porter: A law firm in Victorville, CA, that provides legal services related to conservatorship (fees apply). Visit their website at [cklaw.net](http://cklaw.net).
- Dignity Group: A non-profit organization that provides support and advocacy for families dealing with special needs, including alternatives to conservatorship. Visit [www.dignitygroup.org/](http://www.dignitygroup.org/).
- Circle of Life: A non-profit organization offering financial and family assistance programs. Visit [lifeinsidethecircle.com](http://lifeinsidethecircle.com).

## CO-PAY ASSISTANCE

Inland Regional Center can pay for co-pays, but only under specific conditions. Regional Centers are the payer of last resort, meaning they only help with co-pays when no other payer is responsible.

To qualify, the service must be included in the individual's IPP, the consumer must have insurance that requires a co-pay, and the family's income must be at or below 400% of the Federal Poverty Level. However, families above this limit may still qualify if they can show extenuating circumstances, catastrophic financial events, or significant unreimbursed medical expenses. In these cases, Inland Regional Center may consider covering co-pays, coinsurance, or deductibles to ensure the consumer receives the services they need. For more information: <https://www.inlandrc.org/clientsfamilies/>.

## EMPLOYMENT/JOB TRAINING

### **17. Is there a list of job training programs with regional centers? Need assistance with employment.**

The Regional Center maintains a general list of services; Day Services:

<https://www.inlandrc.org/wp-content/uploads/2019/04/IRC-Day-Program-Options.pdf>.

The Autism Society Inland Empire maintains a list of job training programs – some are regional center vendored and some are not. <https://ieautism.org/job-exploration-training-programs/>

## IEP ADVOCACY

### **18. What resources/services are there for IEP advocates?**

Inland Regional Center may fund an Educational Advocate, who may be accessed once the CSC has attempted to resolve any grievances and/or disputes with the client's School District via the IEP process. Which means you must invite your CSC to the IEP to witness that you have tried to resolve the issue. The CSC can then decide if this service is needed. The purpose of this service is to provide the client with enhanced advocacy with mediation and appeals.

The Autism Society Inland Empire also maintains a list of free and paid advocates and special education attorneys at <https://ieautism.org/special-education-advocacy/>.

## IHSS

### 19. Can the caseworker help with IHSS?

Yes, a Service Coordinator can help guide families regarding In-Home Supportive Services (IHSS), but the county administers IHSS, not the regional center.

Service Coordinators can:

- Explain what IHSS is and how it works
- Provide contact information for the county IHSS office
- Assist with gathering documentation related to the individual's disability
- Participate in meetings, if appropriate, to help clarify service needs

However, the county determines IHSS eligibility, authorized hours, and reassessments. If you would like support with navigating the IHSS process, please contact your Service Coordinator for guidance and to connect you with the appropriate county resources.

## MEDICAID WAIVER

### 20. How can I get the Medicaid waiver?

Institutional Deeming (ID) Eligibility. Institutional Deeming is a special Medi-Cal rule that allows consumers under 18 years old or married adults to qualify for full-scope Medi-Cal benefits, even if their parents' or spouse's income is too high. This rule waives parental or spousal income when determining Medi-Cal eligibility. Parents usually say the biggest benefits are:

- No more high copays/deductibles for therapies
- Ability to get respite through the Regional Center
- Access to services that insurance doesn't cover
- Medi-Cal mental health services (invaluable for many kids with Autism)

Institutional Deeming provides easier access to Medi-Cal benefits and may also make consumers eligible for additional services, including:

- In-Home Supportive Services (IHSS)
- Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)

- Rehabilitation Services and more

HCBS Waiver Enrollment Requirements. To apply or reapply for the HCBS Waiver, ensure the following steps are completed and documents submitted:

1. Contact your Consumer Services Coordinator (CSC) to Request.
2. Signed and dated DS2200 (Consumer Choice Form).
3. Signed and dated Parental Agreement.
4. Proof of Billable HCBS POS: Ensure that the consumer is using HCBS services through a billable Purchase of Services (POS).

## MEDICAL

### **21. On my son's 3<sup>rd</sup> speech referral. All agency wait lists are 6-12 months. What can I do?**

There are long wait times right now for all services, but insurance companies are required to have adequate networks. If your insurance company has long waitlists, no available providers, or cannot offer timely access, you can file a complaint with the state. The appropriate agency depends on the type of insurance you have.

If your insurance company does not have enough speech therapy providers or every provider has a long waitlist, you have the right to file a complaint. In California, most health plans—including HMOs, many PPOs, Covered California plans, and Medi-Cal managed care plans—are regulated by the Department of Managed Health Care (DMHC). DMHC ensures insurance companies follow "timely-access" rules, which require them to provide appointments within a reasonable time. If you can't get an appointment, if every provider has a 6–12-month waitlist, or if the network is too small, you can file a complaint with the DMHC online at [healthhelp.ca.gov](http://healthhelp.ca.gov) or by calling 1-888-466-2219.

DMHC does not regulate some PPOs. If DMHC tells you they don't oversee your plan, you can file a complaint with the California Department of Insurance (CDI) instead. You can submit a complaint at [insurance.ca.gov](http://insurance.ca.gov) or call 1-800-927-4357. Both agencies can step in and require the insurance company to help you find an available provider.

If you have Medi-Cal, you can file a complaint with both your health plan and DMHC. Medi-Cal plans must still follow timely-access rules, and you can request help finding a provider when all waitlists are long. Filing a complaint often yields faster results because the state requires the insurance company to respond and resolve the issue.

## RESPITE

### **22. Are "out of home" respite services different from "in-home" respite? Currently have "respite hours," but it is not identified. Can I get both?**

Yes, "in-home" respite and "out-of-home" respite are different types of services.

In-home respite is provided in the family home and is intended to give the caregiver a temporary break while the individual remains at home.

Out-of-home respite occurs in a licensed setting outside of the family home, such as a respite facility or another approved location. It is typically used for longer breaks or when care cannot be safely provided in the home for a period.

If your Individual Program Plan (IPP) lists "respite" without specifying the type, it is important to clarify this with your Service Coordinator. The authorized service code determines whether the respite is in-home or out-of-home.

Whether a person can receive both depends on assessed need. The IPP team must determine that each type of respite is necessary to support the individual and maintain the family's ability to provide care. If both services are needed, that discussion should occur during the IPP meeting so it can be properly evaluated and documented.

You are encouraged to contact your Service Coordinator to review your current authorization and discuss your specific needs.

### **23. My respite hours for my daughter are for "in-home," yet our goal is to be social and be part of the community. When I ask for respite "in the community," I am told we can get it, but only 4-hour increments a couple of times a month. Is there another type of "out in the community" respite, or more hours available?**

"In-home" respite and "out-of-home" respite are different service categories. In-home respite is typically authorized to provide a caregiver break while the individual remains in the home. When respite occurs in the community, it remains funded under the in-home respite service code unless it is authorized as a separate out-of-home respite service in a licensed setting.

If you are being told that community-based respite can only occur in limited four-hour increments a few times per month, that may be related to how the service is currently authorized, the provider's staffing model, or the specific service code being used.

There are a few important points to consider:

- a. Respite is authorized based on assessed need, not simply by location.
- b. If your daughter's IPP includes goals related to socialization and community integration, the team can discuss whether the current respite structure supports those goals.
- c. Out-of-home respite is typically provided in a licensed respite facility and is generally used for extended caregiver relief, not routine community outings.
- d. If the goal is increased community participation, the IPP team may also explore whether another service category is more appropriate, such as social recreation, community-based day services, or other supports designed specifically for community integration.

You are encouraged to request an IPP meeting to review your daughter's goals and current respite authorization. The team can reassess the need and determine whether adjustments or alternative services are appropriate to better support community involvement.

**24. Do the hours you get for respite hours affect the hours received via IHSS? How to ask for more respite service hours? How often can I request the change?**

Respite hours authorized through the regional center and hours authorized through IHSS are separate programs. The county administers IHSS, while respite is authorized through the regional center under the Lanterman Act. One does not automatically reduce or increase the other. However, both agencies may review the overall level of support being provided when assessing need; for this reason, needs must be clearly documented and consistently communicated.

If you believe more respite hours are needed, you may request an Individual Program Plan (IPP) meeting at any time. During that meeting, you should be prepared to discuss:

- Changes in your child's needs or behaviors
- Increased caregiver stress or lack of natural supports

- Safety concerns
- Medical or supervision needs
- Reason(s) why the current hours are no longer sufficient

The IPP team will reassess the need and determine whether additional hours are appropriate based on documented circumstances. There is no limit to how often you may request an IPP meeting. Families can request a meeting whenever there is a change in need or when current services are not adequately supporting the individual or family.

If additional hours are not approved and you disagree with the decision, you have the right to receive written notice and pursue the appeal process. You are encouraged to contact your Service Coordinator to begin the discussion and request a review of your current respite authorization.

## **SOCIAL RECREATION**

### **25. I've turned in recreation receipts and have been denied many times. Why is the process so difficult?**

Please reach out to [community@inlandrc.org](mailto:community@inlandrc.org) for assistance.

## **OTHER SERVICES**

### **26. Does the Regional Center cover additional cleaning for adults if they need it? Denti-Cal covers only once a year, but my daughter needs it more often because of tooth decay.**

Under the Lanterman Act, the regional center is generally considered the payer of last resort. This means that medical and dental services are first accessed through private insurance, Medi-Cal, or Denti-Cal.

Routine dental cleanings are typically covered under Denti-Cal, per its guidelines. If Denti-Cal limits cleanings to a certain frequency, the regional center cannot automatically authorize additional cleanings simply because coverage is limited.

However, there may be exceptions. If a dentist documents that more frequent cleanings are medically necessary due to a condition directly related to the individual's developmental disability, and no other funding source is available, the IPP team can review the request. Medical necessity must be clearly documented in writing by the treating provider.

You may request an IPP meeting to discuss:

- The dentist's written recommendation
- Documentation explaining why increased cleanings are required
- How the need is related to the developmental disability
- Confirmation that no other funding source is available

The team will review the information and determine whether the regional center can authorize support consistent with state law and payer-of-last-resort requirements. We encourage you to speak with your Service Coordinator to begin this review process.

## INDIGENOUS RESOURCES

### **27. Please list indigenous cultural resources for extra activities, free dental cleanings, medical, and police safety.**

Indigenous Cultural & Activity Resources:

- Native American Resource Center (RSBCIHI) – Offers traditional cultural activities, wellness classes, historical trauma education, and culturally grounded prevention programs.
- City of Riverside Native American Heritage Programs – Cultural events, museum exhibits, art, and educational programs honoring regional tribes.
- Sherman Indian Museum (Riverside) – Workshops, exhibits, and cultural education.

Medical & Dental (Free/Low-Cost):

- Riverside–San Bernardino County Indian Health, Inc. (RSBCIHI) – Comprehensive medical, dental, behavioral health, and free wellness classes for Native families: [www.rsbcihi.org](http://www.rsbcihi.org).
- Indian Health Service – Southern California Tribal Clinics (e.g., Cabazon Band, Banning clinic, Desert Sage Youth Wellness Center) – Culturally centered health services.

### **28. What is happening with service providers? They seem limited by money.**

Service providers operate under rates set and regulated by the State of California. Regional centers do not set provider payment rates independently. Funding levels, rate structures,

and reimbursement models are established through the state budget and Department of Developmental Services (DDS) policies.

In recent years, the state has implemented rate reform efforts to strengthen the provider's network and promote equity and sustainability. While those changes are intended to improve long-term stability, providers may still experience challenges related to workforce shortages, rising operational costs, and regional economic factors.

Regional centers work closely with providers to support service availability and continuity, but must operate within the funding and rate structures authorized by the state. If families are having trouble accessing a service, they are encouraged to contact their Service Coordinator to explore available options and work toward a solution. A shared goal is to maintain a strong provider network that meets the needs of individuals and families in our community.

### **29. I am confused about how to tell what my 8-year-old's abilities are.**

It's completely normal to feel confused about your 8-year-old's abilities—children with Autism often have uneven skill areas, meaning they might be advanced in some things and need more help in others. A good way to understand their abilities is to look at what they can do on their own, what they can do with help, and what is still too hard right now. Pay attention to everyday skills such as communication, learning, play, independence, and managing feelings. Teachers, therapists, and the IEP team can also help identify strengths and challenges through assessments and observations. Over time, your child's abilities will become clearer. It's okay if they grow at their own pace—many parents learn their child's true strengths by watching what interests them and what they naturally enjoy doing.

### **30. How to help children when they don't want to get dressed.**

Children with Autism may have difficulty getting dressed for many different reasons. Some children struggle because of sensory issues; the feeling of tags, seams, tight waistbands, or scratchy fabric can be overwhelming. Others may resist because they don't want to go to school, are anxious about transitions, or prefer staying in a comfortable routine. Some children have trouble with motor planning (figuring out the steps), body awareness, or understanding what comes next. For many kids, getting dressed isn't just one task—it's a series of little steps that can feel confusing or stressful.

An ABA provider can help, especially if your child struggles with dressing because of behavior, routines, or transitions. ABA therapy can break the task into small steps, teach independence skills, reduce resistance, and help your child stay calm during the morning routine.

## **SOCIAL SECURITY**

**31. I am an adult on SSI/SSDI, with Medicare and Medicaid. Do I still need to complete the medical renewal each year?**

Yes. An adult on SSI/SSDI who already has Medicare and Medicaid must complete the Medicaid (Medi-Cal) renewal every year. Renewal is required to keep coverage active.