



HARBOR HAPPENINGS

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A NEW ARENA OF OPPORTUNITIES

There is a new direction in day activities for adult clients with developmental disabilities and the SVS Inclusion Center embraces this new philosophy. According to Harry Bradley, whose daughter Anna has attended the Inclusion Center since June, the center offers an, "innovative approach...with variety at the heart of the program."



Anna Bradley creates pumpkin cupcakes in the cooking club at the SVS Inclusion Center.

This innovative approach to adult day activities was initiated through a start-up grant from Harbor Regional Center. Angie Rodriguez from SVS states, "SVS was thrilled with the challenge from HRC to develop this program." What started with five clients is now a successful program that gives twenty-five

clients, as Harry Bradley asserts, "an important new experience...a kind of controlled spontaneity where clients have a menu of opportunities."

The SVS Inclusion Center's primary emphasis is client choice and according to Serafin Avila, Program Director, is a joint project between the clients who attend and SVS staff. Services are based upon the principle that quality of life increases as choices increase. What this

CALIFORNIA BUDGET UPDATE

Governor calls for Massive Cuts to All State Services, Including Regional Centers

In December, Governor Davis called all state legislators back to Sacramento for a special session, to deal with the unprecedented budget shortfall, even greater than the current year's, facing California in the 2003-2004 fiscal year. Recent reports say that the shortfall will be greater than \$34 billion over the next 18 months. Due to the severity of the situation, many reductions must be implemented during the middle of the current budget year. The media has featured countless reports about deep cuts being proposed to all areas of the state budget including education, massive layoffs of state employees, and reductions in MediCal rates. The Governor has warned that no program will be able to escape this crisis.

He has submitted a proposal calling for \$10 billion in reductions to the total state budget. For Regional Centers in particular, he has again recommended that California's Department of Developmental Services create and implement statewide purchase of service standards, in order to absorb further reductions beyond the \$52 million already cut for 2002-2003. You may recall that last year, in January 2002, the idea to implement statewide service standards was part of the Governor's budget proposal. After public hearings were held in the spring, this plan was dropped from the 2002-2003 budget, in response to community fears that

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*California Budget Update
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essential services would be reduced or eliminated. The regional centers have advised the Department of Developmental Services that all the centers will work hard to achieve the required savings of \$52 million, according to expenditure plans developed with input from their communities...but that due to unprecedented growth and rising costs we still predict a huge deficit which must be addressed.

Davis will unveil a more detailed budget proposal in January, 2003. State legislators have been asked to come to agreement about budget reductions for the current 2002 -2003 budget by the end of January. The deadline for legislative

approval of the 2003 - 2004 budget is June 30th (but last summer, disagreements in how to balance the budget delayed approval for two months).

The budget status for California has continued to worsen, rather than improve as initially hoped it would do by this time. Many of the changes being discussed by our legislators will unfortunately impact our clients, on top of the reductions made to regional centers. Even if the state legislators make some changes to the Governor's proposal, it seems inevitable that our regional center system will be unable to avoid severe cuts, together with all other state funded programs, for at least another year. Whatever the final outcome, we will work together to preserve services for our clients.

*A New Arena of Opportunities
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translates to is clients becoming active participants in their program. Each month, Serafin sits down individually with each client to develop their monthly schedule. There are many clubs to choose from including more traditional opportunities such as computers, cooking and gardening to more adventurous fare such as the Biking Club, Aerobics and the Music Club. All the clubs are developed as clients express interest in learning about or participating in a certain activity. If a client finds they really enjoy a certain activity, many times they will choose it with regularity or choose to stop participating in a club they don't like.

Anna Bradley really enjoys going to the SVS Inclusion Center and is clear about why she is happy here. Anna feels her current day activity allows her the ability to decide from week to week what she is going to do. "It gives me a lot more things to do," Anna relates. Her parents have seen definite changes in Anna. Though Anna's old program was good for what she needed at the time, Anna

has grown and as her father relates, "Anna shows a high degree of enthusiasm for this program. She feels she is in charge of her routine and schedule."

The SVS Inclusion Center believes that the possibilities are endless for their clients. Anna Bradley also feels she now has the opportunity to encounter a wide variety of experiences. Her favorite class, the computer class will help her fulfill one of her goals to become a secretary. The SVS Inclusion Center not only promotes socialization for clients but also client growth. For the Bradley family, the SVS Inclusion Center has made a difference not only to Anna but to the whole family. As Harry Bradley put it, "It is extraordinary...we have a latitude of opportunities and selections every day that we take for granted...the Inclusion Center gives Anna a menu of opportunities so that she has the ability to make choices as everyone else."

If you would like more information about the SVS Inclusion Center please contact Serafin Avila, Program Director at (310) 257-0464 or your HRC Counselor.

THE EPIDEMIOLOGY OF AUTISM IN CALIFORNIA

This summary includes excerpts from the Executive Summary of the M.I.N.D. Institute's Study, *The Epidemiology of Autism in California*.

In March 1999, the Department of Developmental Services issued a report titled "Changes in the Population of Persons with Autism and Pervasive Developmental Disorders in California's Developmental Services System: 1987 through 1998." The report documented an increase of 273% in reported cases of autism in California over this time period. Because of the concern over this apparent increase in autism, the State Legislature requested that the University of California's Medical Investigation of Neurodevelopmental Disorders (M.I.N.D.) Institute conduct a comprehensive pilot study to examine factors that may be associated with this increase.

A California-wide sample of 684 children from English or Spanish speaking families enrolled to participate in this study. Information regarding children from two different groups of birth years from 1983-1985 and 1993-1995 was systematically collected from families of 375 children with a diagnosis of full syndrome autism and 309 children with a diagnosis of mental retardation without full syndrome autism.

The principle aims of the study were as follows:

- To investigate whether changes over time in the criteria used to diagnosis autism account for a significant proportion of the increased number of cases of autism.
- To investigate whether the misclassification of some cases of autism as mental retardation in the past has contributed to an apparent increase in the number of children with autism
- To investigate whether there was a change in how many children with autism were moving into California for services therefore accounting for a sig-

nificant proportion of the increased cases of autism.

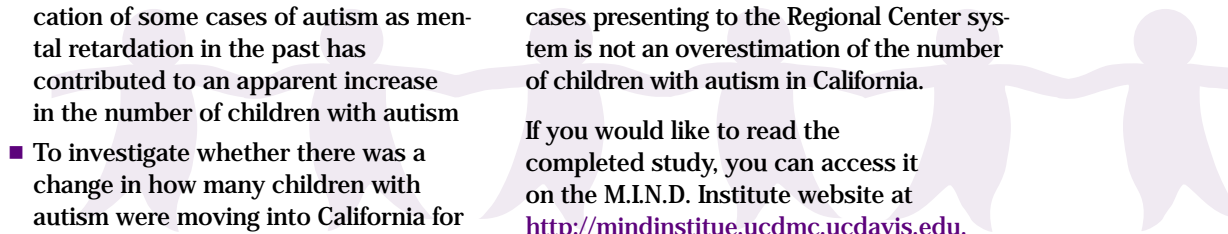
- To describe how characteristics of children with autism have changed over time
- To ascertain what parents of children with autism believe caused their child's autism, and to determine if this has changed over time.
- To determine if vaccination with MMR vaccine is associated with an increase in the recurrence rate of autism in subsequent siblings.

The major findings of this study are that:

- The observed increase in autism cases cannot be explained by a loosening in the criteria used to make the diagnosis
- Some children reported by the Regional Centers with mental retardation and not autism did meet criteria for autism, but this misclassification does not appear to have changed over time.
- Children served by the State's Regional Centers are largely native born and there has been no major migration of children into California that would explain the increase in autism
- A diagnosis of mental retardation associated with autism had declined significantly between the two age groups.
- The percentage of parent-reported regression (loss of developmental milestones) did not differ between the two age groups.
- Gastrointestinal symptoms in the first 15 months of life were more commonly reported by parents in the younger group.

Without evidence for an artificial increase in autism cases, the study concludes that some, if not all, of the observed increase represents a true increase in cases of autism in California, and the number of cases presenting to the Regional Center system is not an overestimation of the number of children with autism in California.

If you would like to read the completed study, you can access it on the M.I.N.D. Institute website at <http://mindinstitute.ucdmc.ucdavis.edu>.



EMPLOYMENT AND YOUR SOCIAL SECURITY BENEFITS

Many adults diagnosed with a developmental disability want to work but have many questions concerning how working will affect their benefits. There are two basic programs administered at your local social security office. Supplemental Security Income (SSI) provides monthly payments to aged, blind, and disabled people with limited income and resources (assets). Social Security Disability Insurance (SSDI) provides benefits to disabled or blind individuals who are "insured" based on your work history and contributions to the Social Security trust fund. Both of these programs have incentives so that adults with developmental disabilities can work and continue to receive these important benefits, as well as retain their health benefits.

Some of the most frequently asked questions are:

What is the definition of a disability eligible for Social Security benefits?

- Harbor Regional Center clients usually get Social Security benefits because they have a developmental disability. For both programs a disability is defined as the inability to engage in substantial gainful activity because of a medically determinable physical or mental impairment that has lasted or, that is expected to last for a continuous period of not less than 12 months

How are income and SSI benefits computed?

- If you work, the Social Security Administration does not have to count some of your income, so you can still get your wages and get some SSI money. These incentives are called exclusions. The General Income Exclusion allows for your first \$20.00 a month that you earn to not be counted

towards your total income. The second incentive is the Earned Income Exclusion which does not count the first \$65.00 per month of wages. After this only one-half of your total wages are counted towards your income. What this means is that for every two dollars you are earning, after the two exclusions are deducted, only \$1.00 is taken from your SSI benefits.

Is it worthwhile to work?

- For a client who is making \$1000.00 a month in wages, he will receive approximately \$292.50 in SSI benefits for a total of \$1,292.50 of income monthly. If this client was not working and receiving SSI benefits alone, their monthly income would decrease to \$750.00. As you can see the client is bringing more money home by working.

What if I make more than the amount of wages allowed to receive SSI – will I lose my Medi-Cal benefits?

- The SSI program allows for a person to earn more than the amount of wages allowed to receive SSI benefits, and still be eligible for Medi-Cal. For instance if John, an HRC client is now earning \$1,900.00 monthly, he will no longer receive SSI benefits but will continue to be eligible for Medi-Cal since he is under the threshold income amount for California of \$25,701.00 for 2002.

What if I have to pay for some items or services to help me work?

- If you, for example, pay an attendant care service to come in and help you get ready for work or assist you on the job then you might be able to deduct the cost of these services. A deduction means that some of the money you earn may not be counted as income and you can still receive SSI. John earns \$800.00 a month and pays \$200.00 for medications that have been determined eligible for a deduction; that \$200.00 is not counted when determining his SSI benefits. The Social Security Administration calls this Impairment-related Work Expenses

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(IRWE) which are the cost of certain items and services that help individuals work. Other IRWE expenses are transportation costs, medical devices such as wheelchairs or respirators, work-related equipment such as assistive computer devices, or medications that have been determined as an impairment-related work expense.

Should I report my wages?

- This is one of the most frequently asked questions. As a general rule wages should be reported right away for either a new job or current job, by calling the Social Security

Administration's toll free 800 number, their local field office, or by sending your pay stubs. Pay stubs must be the original stubs, not copies.

If you are interested in more information about the Social Security benefit program that best fits your needs, contact the Social Security office in your area. Each office has a representative that is knowledgeable about Supported Employment and benefits. In the Long Beach area the Social Security office is (562) 495-0075, in Torrance/ Southbay at (310) 326-0393 or (800) 772-1213.

RECOGNIZING EXTRA EFFORT!

Would you like to recognize someone at Harbor Regional Center for their efforts?

HRC is dedicated to providing **support, information and choices** to our clients and their families. Our staff, from the receptionists to our psychologists, strive to demonstrate our core values through their interactions with you.

You can help us recognize those individuals who, through their actions, have provided you with outstanding care and service. When you see an HRC staff member who is **demonstrating respect by treating people considerately, working collaboratively, looking for ways to be helpful, responding quickly and explaining any delays, listening, sharing information, or any other assistance you found helpful**, simply fill in this form and mail it to: **Kathy Scheffer, Public Information Specialist, 21231 Hawthorne Blvd., Torrance, CA 90503 or by e-mail at Kathryns@hddf.com**

We will make sure that the HRC Counselor, support staff, clinical staff, Resource Center staff or other members of the HRC team receive your note along with our special recognition.

Name of person you wish to recognize: _____

Your name: _____

How that person demonstrated outstanding service or fulfillment of our core values: _____

We appreciate your support in helping us acknowledge these outstanding individuals.

GOT GARDENS? HRC Client Crews Offer Gardening Services



*HRC Counselor
Kristin Martin
visits his client,
William Fisher, and
SVS Long Beach's
Teri Paulsen, on a
gardening job at
a Lakewood
residence.*

Did you know that gardening services are available to homeowners in our community, as one of the many activities in which HRC adult clients participate through supported employment programs? Maintenance Services are sometimes available as well. If you are interested in finding out about hiring a crew which employs clients with developmental disabilities, contact one of the following agencies:

ARC-Long Beach - Suzanne Turner
(562) 597-4396

California Elwyn Employment Services Plus - Contact Patricia Kingery
(310) 328-2822

Community Rehabilitation Industries -
Contact Jan Derryberry (562) 591-0539

Social Vocational Services Torrance -
Contact Renee Smith (310) 787-4740

Social Vocational Services Long Beach -
Contact Michelle Carlton (562) 494-7750

South Bay Vocational Center - Contact
Clare Grey (310) 784-2032

Straight Talk - Contact Jaime Baxter or
Jacquelyn Wingo (562) 424-0074

Westview Vocational Services - Contact
Reynaldo Aro (562) 988-2917

SOMETHING NEW WHEN YOU CALL HRC - Introducing Our New Phone Attendant

HRC is acquiring a new automated telephone attendant system to operate during our regular business hours. By the end of January, when you call our main telephone number, (310) 540-1711 or (888) 540-1711 from the (562) area code, during regular business hours you will hear a recording instead of a live operator. Although we have tried for as long as possible to maintain a real live operator to answer all incoming phone calls, the volume of phone calls which come in each day has reached a level which has made it necessary for us to take this step.

Tips for Using the New Automated Phone System

It will still be possible for you to reach a live operator, if you need help, by pressing "0" at any point during the recorded message.

You can ask your Counselor or other staff with whom you have contact for their direct dial number, and bypass the automated response completely, for future calls.

Our automated system will offer you choices. At the press of a button you can access information in Spanish. Other choices will include:

- a directory to connect you with individual staff members;
- general information about the regional center (which will also put you in touch with our Resource Center);
- information about applying for regional center services for yourself, your child, or someone you know;
- assistance from a live operator, if needed.

Editor's note - *these phone system changes apply to our regular business hours. We will continue to have an after-hours automated system, as before, with on-call emergency assistance available if needed.*

HOW TO BE PREPARED FOR EMERGENCIES

The following is an excerpt from THE SAFETY NET Newsletter developed by The Columbus Organization under contract with the Department of Developmental Services.

We are all familiar with widely known information concerning emergency preparedness but might not be aware of the additional emergency procedures that could be beneficial to you or a family member with a developmental disability. The following steps will help you to be prepared if an emergency situation does arise:

- Keep a list of necessary items. Give an extra copy to a family member or friend. Things you might want to include are:
 1. Names and dosages of current medications with at least a weeks supply of the medication
 2. Specific needs, limitations, and medical treatments
 3. Special equipment such as glasses or hearing aid batteries
 4. Names, addresses, and phone numbers of doctors and pharmacists
- If life support equipment is used, make sure it is fastened securely to the wall to prevent it from falling. If electricity is required, secure a generator.
- Contact your local emergency management office NOW. They may keep a list of people with disabilities so you can be located quickly.
- Wear medical alert information
- Carry a cell phone or other ways to summon help
- Know the location of more than one facility if you are dependent on dialysis or other life-sustaining equipment or treatment
- If you use a wheelchair, show your friends how to operate it
- Store extra equipment (walker, crutches, cane) in different locations
- If you have a speech, language, or hearing disability:
 1. When you dial 911, tap the space bar to indicate a TDD call
 2. Store a writing pad and pencils with emergency supplies.
 3. Keep a flashlight handy
 4. Install alarms with flashing lights if you cannot hear the alarm
 5. Remind friends that you cannot hear warning signals. Ask them to keep you advised of emergencies.
 6. People that are non-verbal (or non-English speakers) should keep an emergency card with name, address, special needs, and emergency contact information
- People with developmental disabilities may become upset or easily confused and may not be able to respond appropriately to instructions or read danger or warning signs. Assign a "buddy" for the person with a disability to assist in an emergency
- If you have a dog that helps with hearing or vision, remember dogs may become confused or disoriented in an emergency. Be sure to include food, water, and other necessities for your dog with your emergency supplies.

Remember advanced planning is the key to safety, security, and peace of mind. You may access future editions of TheSafetyNet newsletter on-line at columbusorg@ddssafety.net

TEST YOUR ORAL HEALTH IQ

*By Marcey Brabender, HRC
Dental Coordinator and Sandra
Hammersmark, RN,
HRC Nurse Consultant*

Most of us will get some cavities in our lifetime but did you know that all cavities are preventable. Our oral health is as important as anything else we do for our well-being but can be often neglected because of misinformation or ignorance. Test your oral health IQ and learn important facts that could improve your oral health.

Below is an Oral Health IQ test. Circle the correct answer and then find out how you did by comparing your answers with the correct answer at the end of the test. Have fun...we are sure you will learn more about keeping your teeth and gums in tip top shape!

1. TRUE OR FALSE

Persons with special needs have less dental disease and missing teeth than the general population.

2. TRUE OR FALSE

Plaque is a sticky, filmy substance that forms on teeth 2 to 24 hours after brushing or flossing.

3. TRUE OR FALSE

Twice daily brushing with a fluoridated toothpaste is a good way to fight cavities/gum disease.

4. TRUE OR FALSE

It is unnecessary for a person to floss their teeth if they brush teeth surfaces adequately.

5. TRUE OR FALSE

All public water supplies in Los Angeles county are fluoridated.

6. TRUE OR FALSE

Daily use of fluoridated water for drinking and cooking is essential for stronger teeth.

7. TRUE OR FALSE

It is not necessary to visit the dentist if you do not have any cavities, tooth pain or bleeding gums.

8. TRUE OR FALSE

If a person's gums bleed when teeth are brushed, it is necessary to stop brushing and flossing.

9. TRUE OR FALSE

Professionally applied topical fluorides have been shown to be effective in reducing dental caries.

10. TRUE OR FALSE

Teeth get longer as we get older.

11. TRUE OR FALSE

Chewing Xylitol-based chewing gum three times a day causes an increase in cavities.

12. TRUE OR FALSE

A diet high in sugar and/or sticky food (pureed, peanut butter) increases the incidence of cavities.

13. TRUE OR FALSE

There is no harm in giving a baby or toddler a bottle filled with milk, juice or sugar water at bedtime.

14. TRUE OR FALSE

Persons who experience dry mouth (xerostomia) resulting from taking medications, may benefit from use of specially designed toothpastes, mouthwashes and gels.

15. TRUE OR FALSE

The Harbor Regional Center Clinical Team has the part-time services of a Dental Coordinator.

TEST ANSWERS

- 1. FALSE** – People with special needs tend to have more dental problems than the general population. This is due, in part, to the fact that they must frequently rely on others to do their brushing and flossing. In addition, people with special needs often

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- have a difficult time finding a dentist who will agree to treat them.
2. **TRUE** – Plaque is a sticky substance which forms on teeth. Cavities are caused by certain bacteria eating the plaque and producing acid which attacks tooth enamel, the hardest substance in the body.
 3. **TRUE** – Careful cleansing of tooth surfaces with a fluoridated toothpaste applied with a soft toothbrush twice a day for 2 minutes, reduces plaque. A toothpaste which contains the antimicrobial, “triclosan,” is recommended for children over 12 and adults because it has shown to reduce gingivitis and plaque.
 4. **FALSE** – The physical action of “flossing,” by wrapping dental floss around a tooth, forming the letter C, significantly reduces plaque buildup between the teeth.
 5. **TRUE** – LA City water supplies are fluoridated. Only a handful of other cities in LA County, such as Long Beach, are fluoridated; the rest are not.
 6. **TRUE** – Fluoridated drinking water (which contains one milligram per litre or one part per million of fluoride) makes tooth enamel harder reducing the incidence of tooth decay in the general population.
 7. **FALSE** – The American Dental Association recommends dental visits for examination and cleaning twice a year. DentiCal funds such visits.
 8. **FALSE** – Gums which bleed easily are usually a symptom of gingivitis caused by inadequate brushing and flossing. Persons who take medications such as Dilantin, for seizures, are particularly prone to gingival hypertrophy, and should brush and floss regularly.
 9. **TRUE** – Fluorides applied topically to teeth by a Dentist or Registered Dental Hygienist have a much higher concentration than water or toothpaste, and are effective in making teeth stronger to resist decay.
 10. **FALSE** – Teeth do not get longer, but may appear to look longer due to bone loss and gum recession. Teeth may become loose and fall out due to bone loss caused by periodontal disease.
 11. **FALSE** – Surprisingly, research has demonstrated that controlled chewing up to 3 times per day for 5 minutes with chewing gums such as Total, XyliMax, Advantage, or Xylifresh reduces cavities.
 12. **TRUE** – High sugar foods such as cake, candies, cookies, ice cream, peanut butter, fruit juice and Ensure will increase the growth of plaque on teeth thus causing cavities to form.
 13. **FALSE** – This practice is a primary cause of excessive cavities in children. In extreme cases a condition known as Baby Bottle Syndrome can develop due to the excessive tooth decay that results from nighttime bottles that contain sugar. Bottles that are given at bedtime should contain plain water.
 14. **TRUE** – Persons who experience dry mouths have less saliva. This is not good since saliva helps fight bacteria in the mouth. High concentration fluoride toothpastes and gels can be obtained by prescription. They help prevent dental caries, which can result from dry mouth. Additionally, special toothpastes, mouth washes and gels such as BIOTENE, which can be bought “over the counter,” help increase saliva to aid in prevention of dental caries.
 15. **TRUE** – Thanks to a California Endowment Grant which provides funding through the University of Pacific, School of Dentistry, Marcey Brabender, a registered Dental Hygienist, provides oral health prevention education to Harbor Regional Center clients, counselors and service providers.
- Remember, take care of your teeth and they will take care of you for a lifetime!

CHILDREN ENJOY A DAY OF FUN!

The spirit of the Holiday has never shown brighter than at the Holiday Family Event, 2002 on Saturday, December 7, 2002. This special event, specifically for the neediest children that Harbor Regional Center serves, was a huge success because of the generous support of individuals and community organizations.



The Holiday Family Event, 2002 was funded entirely by contributions and could not have taken place without these sponsors. Harbor Regional Center thanks

the following organizations for their generous support of the Holiday Family Event, 2002

Event Select Sponsors – \$2,500 and over in cash or in-kind donations

- Boeing, California
- Diversified Paratransit
- Enterprise Rent-a-Car
- Hasbro Charity Trust
- Mattel Children's Foundation
- StateFair Foods/Sara Lee Inc.

Event Sponsor

City of Torrance Fire Department
 City of Torrance Police Department
 Costco
 Dr. Debra Bolla, DDS
 Indian Guide Troop Yakala,
 Rancho Palos Verdes
 King Harbor Church College Group
 Krispy Kream Doughnuts
 Los Angeles Dodgers
 Maria Regina Church Youth Group
 Pepsi Bottling Company
 Sandpiper Foundation
 Starbucks Coffee
 Target Stores
 Warehouse Music

A Special Thanks

Angeles Girl Scout Council – South
 Torrance/BIGGS Neighborhood
 Girl Scout Troop 195



WIND BENEATH OUR WINGS – A Self-Advocacy Training Program

HRC adult clients learned how to improve their self-advocacy skills by learning about how to better speak up for themselves, identify things that are important to them, and how to take control in planning for their futures. This workshop held at the HRC Long Beach Training Center on Saturday, November 2, 2002 was not only educational but fun and supportive!



The Wind Beneath Our Wings Workshop, plus many other valuable trainings for clients, parents, and service providers, are listed in the HRC Training & Events calendar. The calendar is mailed to everyone in December and June of each year. You can also receive the calendar through your HRC counselor, the HRC Resource Center or at www.HarborRC.org

*(top photo) There is a lot to learn about the principles of self-advocacy taught at the **Wind Beneath Our Wings** Workshop.*

*(bottom photo) Learning how to support each other towards a common goal is valuable and fun for these participants of the **Wind Beneath Our Wings** Workshop.*



A NEW LAW REQUIRING INSURANCE COVERAGE FOR AUTISM SERVICES

A recent California law addresses the responsibility of private health insurance programs to pay for services to treat autism and related disorders. This law, AB88, sometimes called the mental health parity law, took effect in January of 2000.

AB88 applies to most health care service plans, including HMOs, PPOs, point-of-service plans, and traditional indemnity plans. (Medicare and MediCal are exempt from this law, as are some plans offered through labor trusts.) The law requires covered plans doing business in California to provide coverage for the diagnosis and treatment of “severe mental illness” as they would for any medical condition. More importantly, AB88 defines severe mental illness to include pervasive developmental disorders: autistic disorder, Retts disorder, childhood disintegrative disorder, Asperger’s disorder, and pervasive developmental disorder, not otherwise specified.

What this means is that most families’ health plans should pay for “medically necessary services” required to diagnose and treat autism spectrum disorders. Some of the services that may be considered medically necessary are speech therapy, OT, PT, intensive behavior services, and communication devices for non-verbal children.

If you wish to have your health plan pay for some services for your child with autism, there are a few things that you can do when you approach the plan that may make things go more smoothly.

Tips For Dealing With Your Health Plan...

Tip 1. Don’t assume the health plan is your adversary. By and large, health plans are made up of people who try to do right by their members. When initiating a request to the plan, it is usually helpful to begin with courtesy and a positive approach. Do not assume that your request will be denied.

Tip 2. Remember the citation, AB88. You want the health plan to know that you know that AB88 requires them to provide services for autism spectrum disorders. Keep this bill number in mind and don’t hesitate to tell people you communicate with at the health plan that this law is the basis for your request for coverage.

Tip 3. Always get the name of the person you talk to on the phone. Because you may get different answers from different people in the health plan, be sure to write down the name of anyone you talk to.

Tip 4. Remember, the Lanterman Act, Section 4659. This section says that, before the regional center pays for a service, it must “identify and pursue all possible sources of funding...[for the service] including private entities” such as insurance companies. In other words, the regional center becomes the second payer for services, after the private health plan. It may be helpful to mention this provision when dealing with people at the health plan, particularly if they try to refer you back to the regional center.

Tip 5. Follow the health plan’s rules. Some types of health plans require members to go through their primary care physician or otherwise get “preauthorized” to get a referral for specialty care such as is required to treat autism. If your plan requires this, be sure to follow the procedure. Sometimes, people go directly to a provider outside of the health plan’s network. If you do this, it may greatly complicate your attempt to have the

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A New Law Requiring Insurance Coverage for Autism Services (continued from page 12)

health plan pay for the services or it may increase the amount of your co-payment.

Tip 6. A health plan must meet your needs. You may be told that there are no specialists on your health plan's network who provide the service you are seeking. This is not a sufficient reason for the plan to deny your request for this service. If they don't have an appropriate provider, they must help you find one and pay him or her for medically necessary care.

Tip 7. Be prepared to work with the specialist the health plan provides. It is very likely that your health plan will have on its provider network professionals who are experts in the treatment of autism. The network may not, however, include the particular expert that you want to see (for example, a professional about whom you have heard from another parent). You will probably have to accept the professional the health plan offers, unless you can make a very compelling argument about why the provider you want is superior to the ones on the health plan's network.

Tip 8. Learn about your health plan's appeal process. Almost without exception, health plans have a formal process that members can use to disagree with a decision and ask for the decision to be reversed. The process is called appeal, reconsideration, or grievance. (In this document we refer to the process as appeal.) If you ask your health plan to pay for a service and they deny the request, they will send you a denial notice containing the information you need to appeal the decision. You can find information about the appeal process in your Member Handbook or in the document titled "Evidence of Coverage."

Tip 9. Learn about the state's Independent Medical Review Process. The California Department of Managed

Health Care has a process that you may use to request an Independent Medical Review (IMR) if your health plan denies your request for services. This review is conducted by physicians and other healthcare professionals who are not affiliated with the health plans they review. Usually, you would use this process after you have been unsuccessful with the health plan's appeal process.

A booklet for parents is now in development containing the above information as well as specific steps for approaching your particular type of health plan (i.e., HMO, PPO, etc.). This booklet, *Obtaining Third Party Health Insurance Coverage for Autism Services: A Guide for Parents*, will soon be available on our web site at www.HarborRC.org or, ask your HRC counselor for more information.



COMO ESTAR PREPARADO PARA EMERGENCIAS

El siguiente artículo es una condensación de un folleto titulado "The Safety Net" que fue desarrollado por la organización Columbus bajo un contrato con el Departamento Estatal de Servicios del Desarrollo.

Todos estamos familiarizados con la información principal acerca de como prepararse para una emergencia, pero tal vez no estemos informados de los procedimientos adicionales que pueden ser beneficios para usted o su miembro de familia con incapacidad de desarrollo. Los siguientes pasos le ayudaran a estar preparados en caso que una situación de emergencia suceda.

- Mantenga una lista de los artículos mas necesarios. Haga una copia para un miembro de familia o amigo. Las cosas que usted querrá incluir son:
 1. Los nombres y la dosis de las medicinas con suficiente cantidad para durar dos semanas
 2. Necesidades especiales, limitaciones y tratamientos médicos
 3. Equipo especial como espejuelos o baterías para audiófonos
 4. Los nombres, direcciones y numeros de teléfono de doctores y farmacistas
- Si un equipo para mantener vida es usado, asegurese de que este firmemente colocado en la pared para evitar que se caiga. Si la electricidad es requerida, tenga un generador disponible.
- Pongase en contacto con la oficina de emergencia local. Ellos pueden mantener una lista de personas con incapacidades para que puedan ser localizados rápidamente.
- Utilice la identificación de Alerta Medica.
- Lleve un teléfono celular u otros medios de pedir asistencia.
- Sepa la dirección de mas de una clínica si tiene dependencia de diálisis u otro equipo que mantenga la vida o provea tratamiento.
- Si usted utiliza una silla de rueda, enseñe a sus amigos como operarlas
- Mantenga equipo extra en diferentes locales (andador, muletas, bastón)
- Si tiene incapacidad del habla, oído o lenguaje:
 1. Cuando usted llame al 911, toque la barra de espacio para indicar que es una llamada de TDD
 2. Mantenga una linterna cerca
 3. Instale un sistema de alarma de luces intermitentes si usted no puede oír la otra alarma
 4. Recuerdele a sus amigos que usted no puede oír las señales de alarma. Pídanle que lo mantengan informado en caso de emergencia.
 5. Para las personas que no pueden hablar (o para aquellos que no hablan el Ingles) deben mantener una tarjeta de emergencia con el nombre, dirección, necesidades especiales, y a quien llamar en caso de emergencia.
- Las personas con incapacidad de desarrollo que se agitan o que se confunden fácilmente y que no pueden responder en una manera apropiada a las instrucciones o que no pueden leer los anuncios de peligro, asignen a una persona para asistirlo en caso de una emergencia.
- Si usted tiene un perro que lo asiste con la vista o el oído, acuerdese que los perros se confunden o se desorientan en caso de emergencia. Asegurese de mantener comida, agua y cualquier otro artículo necesario para su perro junto con sus otros artículos de emergencia.

Recuerde que planear con anticipación es la llave para su seguridad, protección y tranquilidad de espíritu.

ALGO NUEVO CUANDO USTED LLAMA AL CENTRO REGIONAL HARBOR

Introduciendo Nuestro Nuevo Sistema de Teléfono

El Centro Regional Harbor tiene un sistema nuevo de teléfono durante las horas regulares de trabajo. Ahora, cuando usted llame al número de teléfono principal (310) 540-1711 o (888) 540-1711 desde la zona (562), durante las horas regulares de trabajo, usted escuchará un mensaje grabado en vez de la operadora en vivo. A pesar de que hemos tratado por mucho tiempo de mantener una operadora para que conteste todas las llamadas que recibimos, el volumen de llamadas que recibimos cada día a aumentado a un nivel tan alto que nos ha forzado a tomar esta decisión.

Información Para Utilizar el Nuevo Sistema Telefónico

Todavía es posible comunicarse con la operadora, si usted necesita asistencia, por medio de oprimir el "0" en cualquier momento mientras escucha el mensaje grabado.

Usted puede pedirle a su Consejero u otro miembro del personal con los cuales usted tiene contacto, que le den su número directo, y así poder llamar directamente sin necesidad de escuchar el mensaje grabado.

Nuestro sistema automático le ofrecerá a usted varias opciones: y solamente por medio de oprimir una de las teclas, usted puede recibir la información en Español. Las otras opciones son:

- tendrá acceso a un directorio para conectarlo a usted directamente con cualquier miembro del personal;
- recibirá información general acerca del centro regional (que también incluirá ponerlo en contacto con el Centro de Recursos)
- recibirá información acerca de como aplicar para los servicios del centro regional para usted, su niño o alguien que usted conozca.
- recibirá asistencia por medio de una operadora en vivo, si así lo desea.

***Nota:** Estos cambios en el sistema telefónico son solamente durante nuestras horas de trabajo. Nosotros continuaremos teniendo el sistema automático de siempre después de las horas de trabajo, con asistencia de emergencia disponible si es necesario.*



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BOARD MEETINGS

- January 21, 2003 – 8:00 a.m.
- February 18, 2003 – 6:30 p.m.
- March 18, 2003 – 8:00 a.m.
- April 15, 2003 – 6:30 p.m.
- May 20, 2003 – 8:00 a.m.

The Board of Trustees of the Harbor Developmental Disabilities Foundation, Inc. meets regularly once a month on the **THIRD Tuesday** of the month.

Board meetings alternate between morning and evening times to provide opportunity to people in the community to participate. Morning meetings are from 8:00 a.m. to 10:00 a.m. and evening meetings are from 6:30 to 8:30 p.m.

All regularly scheduled business meetings of the Board are open to the public and visitors are welcome to attend both morning and evening meetings of the Board. The meetings are held in Conference Room B at Harbor Regional Center.

Harbor Happenings is a publication of Harbor Regional Center, a program of the Harbor Developmental Disabilities Foundation, Inc.

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