

Funding Standards: Adaptive Skills
Service Code: 605

DEFINITION

Adaptive skills are skills which are used in everyday living situations. They include:

- Self-care skills (e.g. brushing teeth, self-feeding, dressing)
- Communication skills (e.g. understanding and using language and/or non-verbal expressions)
- Mobility (e.g. ability to navigate independently within a neighborhood, use of public transportation, crossing streets safely)
- Independent Living: (e.g. caring for a house or apartment, interacting with neighbors appropriately)
- Economic Self-Sufficiency: (e.g. employment finding and interviewing for a job, maintaining a job, saving money and making ends meet with current monetary resources)
- Social Skills (e.g. greeting others, initiating and sustaining a conversation, using good manners, interacting with members of the opposite sex). Although social skills are a type of adaptive skills, they are not covered in this policy; please refer to the Social Skills Funding Standards

Adaptive skills are typically assessed with standardized instruments such as the Vineland Adaptive Skills Scale and ABAS (Adaptive Behavior Assessment System), as part of psychological assessments to determine eligibility for regional center services. Part of the definition of intellectual disability (ID), the most common category of eligibility for regional center eligibility, is a significant deficit in adaptive skills. Autism spectrum disorder (ASD) includes as part of the definition for that disorder significant deficits in social skills and communication skills. As such, all regional center consumers with diagnoses of ID or ASD have significant adaptive skill deficits.

Training of adaptive skills is intended to assist a consumer to acquire these skills or to improve current skill levels. Some results of such improvement may be to better participate in activities with others, to utilize generic resources, and/or to become more independent and self-reliant in the community. Adaptive skills are practiced in various settings, including within the home, in vocational and academic settings, and in other community environments. All adaptive skills training must be evidence-based.

Adaptive skills training may be funded when consumer's skill deficits preclude him or her from participating in activities in which same aged typical peers would be able to participate, and when such training may reasonably be assessed to result in significant improvements in independent participation or in the reduction of supports to enable that participation.

Adaptive skills training can only be funded when skill deficits are not already addressed by generic services or by other regional center-funded services. For consumers diagnosed with ASD under the age of 21, those services may be provided by insurance and, for those under 22 (unless they have graduated with a diploma), by the school system; a denial from insurance and an appeal of that denial are needed in order for the regional center to fund those services. Additionally, those skill deficits must not be primarily due to a mental health condition (e.g., schizophrenia), and the goals of the training must be realistic (e.g., a consumer with a profound intellectual disability will not be able to balance a checkbook, regardless of the amount of training provided).

Criteria for Services

In addition to the adaptive skill training discussed in this policy, SCLARC funds training in some adaptive skills which is addressed in other policies. These are:

- Independent Living Skills – Provided for consumers over the age of 18 for whom movement out of their family home into a more independent living setting is contemplated. This training focuses on skills which are important for independent living, such as food purchasing and preparation, money management, mobility training, and care of personal possessions and an apartment or house.
- Supported Living Skills – Provided for consumers over the age of 18 who are living away from their family in an apartment or house. The focus is on supporting consumers in those same areas identified for training by Independent Living Skills training, in order to maintain or improve their level of independence living in the community.
- Parent Support Services – Provided for consumers who are parents or prospective parents to teach them how to care for their children.
- Developmental Individual Differences Relationship Model (DIR) – Provided for children from ages 3 to 10 who have been diagnosed with Autism Spectrum Disorder or are at risk for that disorder. Focus is on teaching communication and relationship skills.
- Sexuality training – Provided on an individual basis, particularly when sexuality issues are related to behavior problems, and also in group settings (SC 102 – Individual or Family Training).
- Discrete Trial Training (DTT) was previously funded by Regional Center. Currently all Behavioral Health services are funded by insurance until age 21 years, for consumers with ASD, and consumers without ASD are not eligible for this type of training.

Adaptive skills training may be appropriate to consumers who meet all of the following:

1. Consumer is minimally three years of age and the adaptive skills which are the subject of the proposed intervention are not addressed in the consumer's Individual Education Plan, Vocational/Transitional Plan, or ILS/SLS plan and are not addressed by other educational

programs. Funding of new services which are already addressed by these other services would be considered a duplication of services. All such generic services must be explored, including training provided by circles of support and other natural supports, prior to funding adaptive skills. Adaptive skills training shall not supplant parental responsibility to provide supports similar to those which are provided to a neurotypical child.

However, if the consumer has parent(s) or primary caregiver(s) who is/are also

- a. diagnosed with a developmental disability, and
 - b. the parent/care provider lacks the ability to discriminate or respond to his/her child's needs,
 - c. and if that care provider requires outside supports (e.g., parent partner, life coach) to assist in the daily care of consumer, then vendored skill training may be provided, even though neurotypical parents would normally provide that training.
2. Consumer does not have medical, behavioral or other limitations which would prevent one from learning and using the targeted adaptive skills.
 3. Consumer shows the potential to learn and use meaningfully increased skills which are targeted for this training. If skills are those which are to lead to increased independence in community settings, it must be adjudged that the consumer will then be able to exercise those skills without jeopardizing health and safety. For example, if street crossing is to be taught, it should not be funded if independent street crossing will not be allowed by the caregiver or if there will be no or little opportunity to exercise that skill. The value to the consumer of the increased skill must also be considered, along with an estimate of the efficiency of training—that is how quickly the consumer may be able to acquire the new skill (s). Thus, skills which may result in high value to the consumer, can be learned within a relatively short period of time, and are very likely to be exercised frequently are of high priority for approval. If one or more of these three elements is missing, the priority for funding becomes less.

Legal and Regulatory Considerations

WIC §4648.5(a) Regional centers are prohibited from providing certain training activities. These include

- (1) Camping services and associated travel expenses.**
- (2) Social recreation activities, except for those activities vendored as community-based day programs.**
- (3) Educational services for children 3 to 17, inclusive, years of age.
- (4) Nonmedical therapies, including, but not limited to, specialized recreation, art, dance, and music.

Therefore adaptive skills services do not include services identified in WIC 4648.5 (a).

Procedure

When adaptive skill training is considered, the SC shall consult with Clinical Services as to whether the request meets the criteria in this policy. The SC shall collaborate with the family to identify skill areas which meet policy criteria and for which successful training to improve those deficits can significantly benefit the consumer. As part of the determination to go forward with the request, SC shall review the consumer's current supports and services, as well as explore all generic resources. If it is decided to go forward with the request for services, the SC shall fill out the Adaptive Skills Training Referral Form and forward it, to the Clinical Services specialist designated to review these referrals.

The clinician who receives the referral may request additional information and shall review all referral documents and make a recommendation regarding funding of adaptive skill training. If AST is recommended, a provider will then be determined, and the authorization for an assessment for adaptive skill training will be made. Parents or other care providers must participate in the assessment sessions.

After the assessment is completed, a report must be submitted to the Clinical Department for review and approval for intervention. An authorization will then be generated for a 6 month period for the number of hours per month to be recommended by the clinician, in consideration of the vendor's recommendation and in collaboration with the vendor, the SC, and the family. The parent or care providers must follow through with plans provided by the vendor to continue the teaching outside of vendor training sessions and to promote generalization of learned skills. Specific goals for each target skill should be identified by the vendor and approved. Maximum funding for adaptive skill training is for 15 hours per month and for up to two years. The long-range goal for each skill should be listed in the assessment, along with a benchmark for the first six-month period.

After six months, a progress report must be submitted to the Clinical Department to assess if the consumer is making sufficient progress in the program. Performance with respect to the initial baseline measures for targeted skills (and with respect to six-month benchmarks for additional progress reports) will be considered to justify continued funding. Recommendations will be made by the reviewing clinician. Subsequent progress reports shall be submitted at 6month intervals, with a determination at each six months regarding continuation of the intervention, up to two years. Each progress report shall propose a benchmark as to rate of progress for the next six month period toward the long-term goal. Exceptions to the two-year limit must be justified by identification of barriers not related to consumer's skills or motivation which have prevented attainment of skill objectives, despite adequate involvement of care providers, along with an explanation as to why those barriers will no longer prevent consumer's learning and skill attainment in the future.