

## prevention program

The Prevention Program was established by the State of California to provide intake services, assessment, case management, and referrals to generic/ community resources for eligible children from birth through 35 months.

ELARC will assist in maximizing each child's development by providing developmental monitoring, guidance in early childhood development, referral to community resources, and parent education and training. The ELARC Prevention Program will closely monitor each child's development for possible referral to the Early Start Program, Lanterman Act Services, or local education agency services.

Parent education will be key in meeting the needs of the children in the Prevention Program. ELARC is developing a parent education curriculum to include the areas of general development, motor development, and communication development. Other areas covered in parent education may include nutrition, sensory integration, sleep and play. We are also working with our local Family Resource Center to help parents navigate generic resources.

## eligibility criteria

Infants or toddlers potentially eligible for any regional center program will enter through a single point of entry to determine eligibility for services.

An infant or toddler is eligible for the Prevention Program when the regional center determines that an infant or toddler meets one of the following criteria:

1. A combination of two or more of the following factors
  - a. Prematurity of less than 32 weeks gestation and/or low birth weight of less than 1500 grams.
  - b. Assisted ventilation for 48 hours or longer during the first 28 days of life.
  - c. Small for gestational age: below the third percentile on the National Center for Health Statistics growth charts.
  - d. Asphyxia Neonatorum associated with a five minute Apgar score of 0 to 5.
  - e. Severe and persistent metabolic abnormality, including but not limited to hypoglycemia, academia, and hyperbilirubinemia in excess of the usual exchange transfusion level.
  - f. Neonatal seizures or nonfebrile seizures during the first three years of life.

- g. Central nervous system lesion or abnormality.
  - h. Central nervous system infection.
  - i. Biomedical insult including, but not limited to injury, accident or illness which may seriously or permanently affect developmental outcome.
  - j. Multiple congenital anomalies or genetic disorders which may affect developmental outcome.
  - k. Prenatal exposure to known teratogens.
  - l. Prenatal substance exposure, positive infant neonatal toxicology screen or symptomatic neonatal toxicity or withdrawal.
  - m. Clinically significant failure to thrive, including, but not limited to weight persistently below the third percentile for age on standard growth charts of less than 85 percent of the ideal weight for age and/or acute loss or failure to gain weight with the loss of two or more major percentiles on the growth curve.
  - n. Persistent hypotonia or hypertonia, beyond that otherwise associated with a known diagnostic condition.
2. The parent of the infant or toddler is a person with a developmental disability.
  3. A toddler between the ages of 24 through 35 months has a 33 percent through 49 percent delay in one developmental domain. The developmental domains a regional center must consider are communication, cognitive, social/emotional, self-help/adaptive, and physical.

## appeal for denial of eligibility

A process is available for parents who disagree with the Prevention Program eligibility determination. Eligibility is the only action or decision of the regional center that may be appealed within the Prevention Program. The regional center will provide a written notice of the denial of eligibility to the parent. The notice will state the reason(s) for the denial. The written notice will provide a copy of the eligibility factors and will inform the parent of the appeal process.

A parent may submit a written request to the regional center stating the reason for their disagreement and submitting any additional information that support their position.

A review panel will be convened consisting of at least three persons, including at least two regional center staff including one clinician, and one external person selected by the regional center director. None of the regional center staff members on the panel can have

directly participated in the original eligibility determination. The panel will review all available information and the regional center will issue a written decision within 30 days of receipt of the request. The regional center panel's decision will be final.

## prevention program plan

Upon determining eligibility for the Prevention Program, and in collaboration with the child's parents and family, the regional center shall prepare a written Prevention Program Plan (PPP). The written PPP will be developed and a copy given to the parent within 60 days of the initial referral to the Prevention Program.

The case manager will facilitate the development of the PPP and have the knowledge, skills, and abilities to guide families in the early childhood development of their infant or toddler, identify and navigate generic services, and monitor the developmental progress of the infant or toddler. The case manager will have access to regional center clinical expertise for support and guidance concerning a child developmental progress and referrals to appropriate community resources. ELARC will partner with parents and families to ensure parents remain an integral part of the Prevention Program planning process for each child. The families will also have access to the Family Resource Center for additional support and information.

After the initial PPP, the case manager will contact the family within 90 days for a review of the PPP. At minimum, a review of the PPP will take place every 6 months thereafter. ELARC's case managers will monitor the child's development on a regular basis, at intervals determined by clinical review of available information. Additional surveillance will be provided by routine pediatric visits and High Risk Infant Clinics (whenever possible).

ELARC's case manager will monitor the developmental progress and review available information with specialty consultants (occupational therapist, speech pathologist, physical therapist, and nurse consultant). Should a child begin to exhibit developmental delays, the case manager will refer the child for a possible evaluation for Early Start or Lanterman Act services. The case manager will also assist in transition by providing a referral to the local education agency (LEA), Lanterman services, or other community agencies as appropriate.