



# NAPA COUNTY SELPA

NAPA COUNTY SPECIAL EDUCATION LOCAL PLAN AREA  
Kelsey Petithomme, SELPA Director

## **NOTICE OF ADJOURNED MEETING**

**Due to ongoing power outage, meeting will be adjourned to  
new location:**

**SELPA Executive Board Meeting**

**February 9, 2024**

**12:00- 1:00 pm**

**Napa Valley Unified School District  
2425 Jefferson St, Napa, CA 94558  
Wappo Room**

**A. ORGANIZATION**

The meeting is called to order.

**B. APPROVAL OF AGENDA**

The agenda is subject to approval.

**C. APPROVAL OF MINUTES**

The SELPA Executive Board Minutes for the Meeting from October 27, 2023, are attached.

(Attachment C1)

**D. PUBLIC COMMENTS**

Comments and petitions from the public. SUBMIT COMMENTS PRIOR TO 8am on the day of the meeting by either emailing [lprudhomme@napacoe.org](mailto:lprudhomme@napacoe.org) or calling 707-253-6807 and leaving a message. Please be sure to include your name and contact information if you would like a follow-up by the SELPA Director. All comments will be parsed for appropriateness before being read aloud.

**E. ACTION ITEMS**

1. Independent Education Evaluation (IEE) Revision: Conflict of Interest Language  
(Attachment E1)

**F. INFORMATION/DISCUSSION**

1. Special Education By The Numbers
2. Local Plan Revision Update
3. Medical Therapy Unit (MTU): MOU/IA Agreement (Attachments F1, F2)
4. Compliance & Monitoring Update
5. SELPA Staffing/Budget Updates

**G. COMMUNICATIONS AND REPORTS**

1. SELPA Administrators' Committee Meeting (Attachments G1)
2. SELPA Finance Committee (Attachment G2)
3. Community Advisory Committee (CAC) Meetings (Attachments G3, G4)
4. SELPA Director Activities Update (Attachment G5)

**H. CLOSED SESSION**

With respect to every item of business to be discussed in closed session pursuant to Government Code Section 54957

1. SELPA Director's 2023- 24 Goal Updates & Revisions (Attachment H1)

**I. RECONVENE TO OPEN SESSION**

**J. REPORT OF ACTION TAKEN IN CLOSED SESSION**

**K. NEW BUSINESS**

**L. ADJOURNMENT**

**Next Meeting  
April 19, 2024**



**NAPA COUNTY SPECIAL EDUCATION LOCAL PLAN AREA**  
***Kelsey Petithomme, SELPA Director***  
**October 27, 2023**  
**SELPA Executive Board Meeting**  
**12:00pm, NCOE Conference Room A**

**SELPA EXECUTIVE BOARD MEETING MINUTES**

**PRESENT:** Janet Tufts, Howell Mountain Elementary School District; Rosanna Mucetti, Napa Valley Unified School District; Ruebén Aurelio, St Helena Unified School District; Barbara Nemko, Napa County Office of Education; Audra Pittman, Calistoga Joint Unified School District

**ABSENT:** Kim Kern, Pope Valley Union Elementary School District

**SELPA STAFF:** Kelsey Petithomme, Amber Léon, Jeannine Andrade, Lily Prudhomme

**Public:** None

**A. ORGANIZATION**

The meeting is called to order at 12:07pm by Chairperson Barbara Nemko.

**B. APPROVAL OF AGENDA**

Superintendent Aurelio motioned to approve the agenda. Superintendent Pittman seconded the motion, and the agenda was approved.

NCOE aye CJUSD aye HMESD aye NVUSD aye PVUSD     SHUSD aye

**C. APPROVAL OF MINUTES – June 9, 2023**

Superintendent Mucetti motioned to approve the minutes from June 9, 2023. Superintendent Aurelio seconded the motion and the minutes were approved.

NCOE aye CJUSD aye HMESD aye NVUSD aye PVUSD     SHUSD aye

**D. PUBLIC COMMENTS**

There were no public comments.

**E. ACTION ITEMS**

1. Meeting Dates and Format for 2023-24 School Year.

NCOE aye CJUSD aye HMESD aye NVUSD aye PVUSD \_\_\_\_\_ SHUSD aye

**F. INFORMATION/DISCUSSION**

1. Group Norms and Goals

Director Petithomme introduced norms and goals for the school year for SELPA Executive Board discussion.

2. SELPA Staff Position Updates

Director Petithomme shared staff position updates from the SELPA.

3. SELPA Governance and Chair Rotation

Director Petithomme shared the chair rotation and voting structure for SELPA Executive Board.

4. SELPA Policies and Procedures

- i. Samples: IEE Conflict of Interest Clause

Director Petithomme introduced sample language from other SELPAs' IEE policies addressing the potential conflict of interest in independent evaluations. SELPA will draft language with legal counsel and bring to committees for review in the coming months. SELPA Executive Board will then vote to adopt the updated policy.

- ii. Updated IEE Provider List

Director Petithomme shared the updated IEE Provider list, which has greatly expanded in the last month.

5. Napa County SELPA Local Plan Section B Revision

Director Petithomme shared that Section B of the Local Plan will be revised this year, and indicated that a focus group will be comprised of SPED Directors, CAC Chairs, and SELPA staff to overhaul the Local Plan. This will then be presented again to the SELPA committees and will be voted on by SELPA Executive Board in the spring, in time for LEA Boards to also vote to approve the Local Plan before submitting it to CDE in June 2024.

6. Compliance and Monitoring Updates

Director Petithomme shared and overview of where LEAs are in the CIM process and covered upcoming target dates.

7. SELPA Professional Development Calendar

Director Petithomme shared that feedback from SAC and discussions with LEA staff have brought into focus the need to include General Education teachers in

professional development opportunities, particularly in the areas of behavior and interventions.

8. SELPA Budget: Position FTE Reduction and Exploration of LI Funds  
Director Petithomme shared that SELPA Finance staff will be working on mock-ups to move SELPA salaries from LI to AU, and what that may look like. These changes will be discussed with SFC before bringing to SELPA Executive Board for action.

**G. COMMUNICATIONS/REPORTS**

1. SELPA Administrators' Committee (SAC)
2. SELPA Finance Committee (SFC)
3. Community Advisory Committee (CAC)
4. SELPA Director Activities Update

**H. CLOSED SESSION**

Superintendent Nemko convened the Closed Session at 12:31pm.  
With respect to every item of business to be discussed in closed session pursuant to Government Code Section 54957

1. SELPA Director's Proposed Goals for 2023-2024

**I. RECONVENE TO OPEN SESSION**

Open Session was reconvened at 12:44pm.

**J. REPORT OF ACTION TAKEN IN CLOSED SESSION**

Chairperson Nemko reported that action was taken in Closed Session to approve the SELPA Directors' Goals for 2023-24.

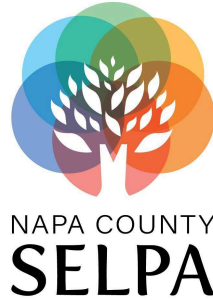
**K. NEW BUSINESS**

There was no new business.

**L. ADJOURNMENT**

Superintendent Pittman motioned to adjourn the meeting of the SELPA Executive Board. Superintendent Tufts seconded the motion and the motion to adjourn carried. The meeting was adjourned at 12:45pm.

NCOE aye CJUSD aye HMESD aye NVUSD aye PVUSD     SHUSD aye



## **Policy and Procedures**

### **INDEPENDENT EDUCATIONAL EVALUATIONS**

#### Legal Authority:

Individuals with Disabilities Education Act (20 U.S.C. 1415 (b) (I) and (d) (2) (A); 34 C.F.R. Section 300.502 Independent Educational Evaluation; California Education Code Section 56329.

This policy sets forth the procedures under which students with disabilities may obtain an Independent Educational Evaluation (IEE) at public expense.

#### **Definitions**

*Independent educational evaluation (IEE)* means an evaluation conducted by a qualified evaluator who is not employed by the LEA of residence.

*Public expense* means that the LEA pays for the full cost of the evaluation (in accordance with cost recommendations described herein) or ensures that the evaluation is otherwise provided at no cost to the parent.

#### **Policy and Procedures**

Parents of a student with a disability have the right to an *Independent Educational Evaluation (IEE)* subject to the provisions of federal and state law, at public expense if they disagree with an evaluation completed by the LEA and the LEA does not pursue its option to file a request for a due process hearing with the California Office of Administrative Hearings to establish the appropriateness of its assessment. If necessary, the LEA should request clarification regarding which evaluation(s) are in dispute. The term “evaluation” includes any individual assessment of a child that results in a report that is used by the IEP team to determine eligibility and services.

Parents must indicate in writing to the LEA or inform the LEA at an IEP meeting that they:

1. Disagree with the LEA's evaluation and
2. That they are requesting an IEE at public expense.

The LEA may ask for the parent's reason(s) for disagreeing with the LEA's evaluation, but the parent is not required to provide those reasons. The LEA may offer to conduct another evaluation of its own with parent consent. If the parent agrees to another LEA evaluation, this would not be considered an IEE and the LEA should work with the parent to appropriately document the agreement of the parent to both the new LEA evaluation and to the withdrawal of the parent IEE request pending the completion of the new LEA assessment. The LEA should ask parent to revoke their request for an IEE in writing, or ask them to sign that they agreed to the withdrawal of the request and to a new LEA assessment.

If the parent does not agree to another LEA evaluation, the LEA must respond to the parent's request by ensuring an IEE is provided at public expense in a timely manner or promptly submit a request for a due process hearing in accordance with this policy. The LEA may not unnecessarily delay either providing the IEE at public expense or initiating a due process hearing to defend the appropriateness of its evaluation. In addition, a copy of the Procedural Safeguards and Parent Rights should be provided anytime a parent requests an IEE. Parents may only request one publicly funded independent evaluation for each evaluation completed by the LEA, and must request the IEE not more than two years after the LEA's evaluation is completed.

### **Responding to an IEE Request**

Once the parent communicates his/her disagreement with the LEA's evaluation and requests an IEE at public expense in writing or at an IEP meeting, the following procedures will be followed:

1. The LEA's administrator responsible for special education will be notified.
2. The LEA will provide to the parents a copy of the Napa County SELPA policy and procedures including criteria for IEEs and a copy of procedural safeguards and parental rights, and options for an IEE at public expense (Options A, B, C and D) as follows:
  - A. A staff member from another LEA in the SELPA
  - B. A staff member from another SELPA
  - C. A nonpublic agency provider
  - D. A provider on the SELPA IEE list
3. The parents will communicate to the LEA, in writing, their preferred option; and
4. The LEA will determine whether the LEA will initiate due process to establish the appropriateness of its evaluation or proceed with obtaining an IEE.

If the LEA determines that it will initiate a due process hearing to establish the appropriateness of its evaluation, the LEA will notify the parent of such decision in writing prior to filing a due process hearing complaint. This written notice shall include all of the elements of prior written notice as required by section 300.503(b) of Title 34 of the Code of Federal Regulations.

If the LEA agrees to provide an IEE at public expense, the LEA will work collaboratively with the parent, at parent request, to identify potential IEE evaluator(s). As part of the collaborative process, parent may provide, in writing, his or her preferred evaluator(s). LEA and parent may utilize the Agreement for Independent Educational Evaluation form and/or parent will be required to sign a release and exchange of information authorizing the LEA to communicate directly with the parent's chosen independent evaluator. Please note: An LEA Assessment Plan is NOT completed because the LEA is not conducting the assessment and is not responsible for the timelines and/or results of the IEE assessments.

The LEA shall enter into a contract with the independent evaluator for the IEE. The LEA will issue payment to the independent evaluator for the costs of the IEE following its receipt of the items listed below.

If the LEA initiates a due process hearing and the hearing officer issues a final decision finding that the LEA's evaluation is appropriate, the parent will still have the right to obtain an IEE, but not at the LEA's expense. If a hearing officer orders an IEE as part of a due process hearing decision, the costs of the IEE must be at LEA's expense.

If the parent obtains an IEE at private expense or through an agency other than the LEA and shares the IEE with the LEA, the results of the IEE:

1. Must be considered by the LEA, if the evaluation meets the agency criteria set forth below, in any decision made with respect to the provision of a free appropriate public education ("FAPE") to the student; and
2. May be presented as evidence at a due process hearing or other proceeding regarding the student.

### **LEA Criteria**

The criteria under which an IEE is obtained at public expense, including the location limitations for the evaluator, minimum qualifications of the evaluator, and cost containment criteria, must be consistent with the criteria set forth in this policy, and consistent with the criteria that the LEA uses when it initiates an evaluation.

If the LEA observed the student in conducting the evaluation with which the parents disagree or if its assessment procedures allow in-class observations, the independent evaluator will be provided with an equivalent opportunity to observe the student in the current educational setting,



and to observe the LEA’s proposed setting, if any. This opportunity shall also be provided if the parents obtain an evaluation at private expense.

The LEA shall define the nature and scope of an independent evaluator’s in-class observations consistent with the right to an equivalent opportunity to observe, but also consistent with its obligations to prevent unnecessary disruption in the class and protect the privacy interests of other students. This may include, but is not limited to, identifying the time constraints of such observation, LEA personnel who will participate in the observation and restrictions on student/teacher interactions.

**Geographical Limitations for Evaluators**

Evaluators will be located within the greater Bay Area including: Napa, Solano, Lake, Sonoma, Marin, San Francisco, Contra Costa and Alameda. Evaluators outside of this area will be approved only on an exceptional basis, providing parents can demonstrate the necessity of using personnel outside the specified area in order to obtain an appropriate evaluation. Any expenses beyond that directly related to preparation of the evaluation (i.e., food, lodging, transportation, etc.) are not covered in the cost of the independent evaluation.

**Qualifications for Evaluators**

Evaluators with credentials other than those listed below will not be approved unless the parent can demonstrate the appropriateness, under the specific facts of a given case, of using an evaluator meeting other qualifications. (Ed. Code 56320 (b) (3))

<b>Academic Achievement</b>	Credentialed Special Education Teacher School Psychologist Licensed Educational Psychologist Licensed Clinical Psychologist
<b>Adaptive Behavior</b>	Credentialed Special Education Teacher School Psychologist Licensed Educational Psychologist Licensed Clinical Psychologist
<b>Assistive Technology</b>	Credentialed or Licensed Speech/Language Pathologist Credentialed Assistive Technology Specialist Credentialed Special Education Teacher with appropriate training
<b>Auditory Acuity</b>	Licensed Educational Audiologist Licensed or Credentialed Speech/Language Pathologist
<b>Behavioral</b>	Credentialed Special Education Teacher School Psychologist Licensed Educational Psychologist

	Licensed Clinical Psychologist Licensed Psychiatrist
<b>Cognitive</b>	School Psychologist Licensed Educational Psychologist
<b>Health (including neurological)</b>	Licensed Physician Nurse
<b>Gross Motor</b>	Licensed Physical Therapist Registered Occupational Therapist Credentialed Teacher of the Physically Impaired Adaptive Physical Education Teacher
<b>Fine Motor</b>	Licensed Occupational Therapist
<b>Speech and Language</b>	Credentialed or Licensed Speech/Language Pathologist
<b>Social/Emotional</b>	School Psychologist Licensed Educational Psychologist
<b>Visual Acuity/Developmental Vision</b>	Licensed Ophthalmologist Optometrist
<b>Functional Vision</b>	Credentialed Teacher of the Visually Impaired
<b>Vision Perception</b>	Credentialed Special Education Teacher School Psychologist
<b>Transition</b>	Credentialed Special Education Teacher

**Cost Containment Criteria for Evaluations**

The cost of an IEE shall be comparable to those costs that the LEA incurs when it uses its own employees or contractors to perform a similar assessment. Costs include: observations, administration and scoring of tests, report writing, and attendance in person or by phone at an IEP team meeting. Reimbursement will be in an amount no greater than the actual cost to the parent and will be subject to proof of payment.

Based on the cost limitations contained in the Napa County SELPA LEAs and region, the cost of a psycho-educational IEE should not exceed \$5,500.00 absent extraordinary circumstances. The cost of a speech and language, occupational therapy, and/or adaptive physical education should not exceed \$2,000.00 unless there are extenuating additions such as the need to include assistive technology assessments. The cost of other types of IEEs will be considered on a case-by-case basis. Guidelines for all IEE costs are calculated by considering time required for the assessment, the appropriate comparable LEA employee hourly rate, and typical costs charged by independent assessors in the region. Costs above these amounts will not be approved unless the parent can demonstrate that such costs reflect unique circumstances justifying the selection of an evaluator whose fees fall outside these criteria.

When insurance will cover all or partial costs of the IEE, the LEA will request that the parent voluntarily have their insurance pay the IEE costs covered by their insurance. However, parents

will not be asked to have insurance cover independent evaluation costs if such action would result in a financial cost to the parents including, but not limited to the following:

- A. A decrease in available lifetime coverage or any other benefit under an insurance policy,
- B. An increase in premiums or the discontinuance of the policy or
- C. An out-of-pocket expense such as payment of a deductible amount incurred in filing a claim unless the parent is willing to have the LEA reimburse them for the amount of the deductible.

Independent evaluators must agree to release their assessment information, provide prior to the IEP meeting a written IEE assessment report, submit copies of any and all assessment protocols utilized to conduct the IEE, and provide detailed invoices including dates of assessment, observations and hourly rates, if applicable, to the LEA prior to receipt of payment for services.

The results of the IEE will be considered in the determination of eligibility, program decisions, and placement of the student with disabilities as required by the Individuals with Disabilities Education Act. However, the results of an IEE will not control the LEA's determinations and may not be considered if not completed by a qualified professional, as determined by the LEA.

To ensure the independence and objectivity of the evaluation, LEAs discourage funding IEEs conducted by assessors who are providing services to the student. Independent education evaluators also are requested not to identify specific providers of special education programs and services to avoid a potential conflict of interest. Please refer to the Master Contract for language related to use of the same contractor for assessment and direct services.

Reference:

*Legal Authority:*

*20 U.S.C. 1414(a) – (c) -Evaluations and re-evaluations;*

*20 U.S.C. 1415(b) (1)-Right to independent educational evaluations;*

*34 CFR 300.301 – 300.306-Re-evaluations,*

*34 CFR 300.502-Independent Educational Evaluations;*

*Comments to 34 CFR 300.502 Independent education evaluations;*

*Education Code section 56327;*

*34 CFR 300.300 Parent Consent - Evaluation;*

*34 CFR 300.304-306 Procedures for evaluations and Determination of eligibility;*

*Education Code 56329-Independent educational assessments;*

*Education Code 56381 Reassessments.*

*Education Code 56329 Notice to parents or guardians; independent educational assessments; hearings; proposals for publicly financed nonpublic placements*

*Education Code 56506(c) Due process rights of pupil and parent*

**SELPA Executive Board Review Date 2/9/24**

583-2/6055461.1

**NAPA COUNTY AGREEMENT NO. 5069  
MEMORANDUM OF UNDERSTANDING  
AMENDMENT NO. 2**

**THIS AMENDMENT NO. 2 TO MEMORANDUM OF UNDERSTANDING (“MOU”) NO. 5069** is made and entered into as of this 26<sup>th</sup> of July, 2010, by and between the COUNTY OF NAPA, a political subdivision of the State of California, hereinafter referred to as “COUNTY”, and the SPECIAL EDUCATION LOCAL PLAN AREA/LOCAL EDUCATION AGENCY, whose mailing address is 2121 Imola Avenue, Napa, CA 94558, hereinafter referred to as “SELPA”;

**RECITALS**

**WHEREAS**, on or about February 1, 2005, COUNTY and SELPA entered into Napa County Agreement No. 5069 (hereinafter referred to as the “MOU”) for COUNTY to provide through the California Children Services (CCS) Program a liaison to coordinate services between each Special Education Local Plan Area/ Local Education Agency (SELPA) in the county; and

**WHEREAS**, as of August 1, 2007, the parties amended the MOU to revise their respective roles and responsibilities regarding the services and activities set forth in Exhibit “A”, and

**WHEREAS**, the parties wish to further amend the MOU to revise their respective roles and responsibilities regarding the services and activities as set forth in Addendum 2 to Exhibit “A”;

**TERMS**

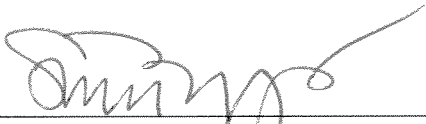
**NOW, THEREFORE**, COUNTY and SELPA hereby amend the MOU as follows:

1. “Addendum 2 to Exhibit A,” attached hereto and incorporated by reference herein, is hereby added to the MOU and all references in the MOU to “Exhibit A” shall also include “Addendum 2 to Exhibit A,” effective as of the date of this Amendment.
2. This amendment shall be effective August 1, 2010.
3. In all other respects the MOU shall remain in full force and effect as originally approved.

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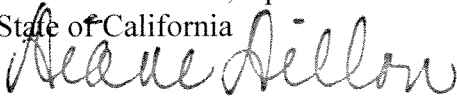
IN WITNESS WHEREOF, this MOU was executed by the parties hereto as of the date first above written.

SPECIAL EDUCATION LOCAL PLAN AREA/LOCAL EDUCATION AGENCY

By   
SHELTON B. YIP, Director

"SELPA"

COUNTY OF NAPA, a political subdivision of the State of California

By   
DIANE DILLON, Chair of the Board of Supervisors

"COUNTY"


ATTEST: GLADYS I. COIL  
Clerk of the Board of Supervisors

APPROVED AS TO FORM:  
ROBERT WESTMEYER, Napa County Counsel

By , Deputy By : P. Tyrrell, Deputy (by e-signature)

APPROVED BY THE BOARD OF SUPERVISORS:

Date: 8-17-10

Processed by:   
Deputy Clerk of the Board

Interagency Agreement Between  
 Napa County Special Education Local Plan Area  
 And Napa County California Children Services  
**August 1, 2010 through August 31, 2011**  
 (and each automatic renewal)  
**Addendum 2 to Exhibit A**

<b>Task</b>	<b>Napa County CCS Program</b>	<b>Napa County SELPA</b>
<b>ADMINISTRATION</b>	<p>The county shall identify a Medical Therapy Program (MTP) Liaison to coordinate services between the member local education agencies (LEA) of the Napa County Special Education Local Plan Area (SELPA) and the CCS program.</p> <p>There shall be an annual review of the local IA(s) between CCS and the SELPA, with modifications as necessary.</p> <p>There shall be an annual review of the referral process for assessment for special education and related services, including medically necessary occupational therapy and physical therapy, the provision of special education and related services by the SELPA/LEA and the IEP process.</p>	<p>The SELPA shall identify a liaison to the local CCS program to coordinate services between agencies.</p> <p>There shall be an annual review of the local IA(s) between CCS and the SELPA, with modifications as necessary.</p> <p>There shall be an annual review of the referral process for assessment for special education and related services including medically necessary occupational therapy and physical therapy, the provision of special education and related services by the SELPA/LEA and the IEP process.</p>
<b>REFERRAL &amp; EXCHANGE OF INFORMATION</b>	<p>The CCS program shall accept referrals from the SELPA/LEA of pupils who may have or are suspected of having a neuromuscular, musculoskeletal or other physical impairment who may require medically necessary occupational therapy or physical therapy. (See attached State CCS Criteria)</p> <p>The CCS program shall evaluate the child's eligibility for the MTP according to CCS program policies and guidelines and the requirements of the interagency regulations.</p> <p>If child is determined to be eligible for the MTP, the MTP will, using interoffice mail or electronic methods forward a copy of the assessment report for therapy and approved therapy plan to the SELPA/LEA and parent.</p> <p>When a copy of the Release of Information is on file for the client, the CCS program will give 10 days notice, electronically or via interoffice mail to the LEA of the Medical Therapy Conference (MTC) of those children referred by the SELPA/LEA for medically necessary therapy services of the initiation or change in approved therapy plan. This will serve as the notice to the SELPA/LEA of the possible initiation or change in a child's approved therapy plan.</p> <p>IDEA (20 USC, Section 1412(a)(12)(B)(ii) states that when a public agency is unable to provide or pay for a related service, the</p>	<p>The SELPA/LEA will refer pupils, birth to 21 years of age who may have or are suspected of having a neuromuscular, musculoskeletal or other physical impairment requiring medically necessary occupational therapy or physical therapy.</p> <p>The SELPA/LEA will provide supporting medical information, signed parent/legal guardian consent to exchange information between agencies and a CCS application.</p> <p>The SELPA/LEA shall provide 10 days notice to the county CCS program of all IEP team meetings for those pupils eligible for the MTP.</p> <p>The SELPA/LEA will, using interoffice mail or electronic methods, send a copy of the IEP to the MTU when CCS medically necessary therapy services, as stated in the proposed/approved therapy plan, and/or transportation to the therapy site are included in the IEP.</p> <p>The SELPA/LEA may send an education representative, with consent of parent/legal guardian to the MTC for the purpose of sharing information. The SELPA/LEA shall notify the MTP in advance of the education staff member who will attend the MTC.</p>

Interagency Agreement Between  
 Napa County Special Education Local Plan Area  
 And Napa County California Children Services  
**August 1, 2010 through August 31, 2011**  
**(and each automatic renewal)**

**Addendum 2 to Exhibit A**

	<p>LEA shall pay for those services and can expect to be reimbursed. When an MTU client with an IEP has a current Medical Therapy Conference-approved therapy prescription from a CCS paneled physician and the Medical Therapy Program cannot provide the therapy services due to staffing shortages, the SELPA/LEA may provide the service at the level specified in the prescription. When the Medical Therapy Program identifies a client for whom they cannot provide therapy services, they will provide written notice to SELPA within ten business days. The SELPA/LEA will be reimbursed for the therapy provided in this way at the rate of \$21.00 per unit of service. (1-15 minutes = 1 unit of service; 16-37 minutes = 2 units of service; 38-52 minutes = 3 units of service; 53-67 minutes = 4 units of service). The Medical Therapy Program will inform the SELPA within ten business days when staffing issues are resolved and arrange to commence providing the prescribed therapy.</p>	<p>When notified by the MTC liaison that the MTU cannot provide therapy for a client who has a CCS Medical Therapy Conference-approved therapy prescription from a CCS paneled physician SELPA/LEA may provide the service at the level specified in the prescription. The SELPA/LEA will be reimbursed by the Napa County Health and Human Services agency via the CCS/MTP programs for the therapy provided in this way at the rate of \$21.00 per unit of service. (1-15 minutes = 1 unit of service; 16-37 minutes = 2 units of service; 38-52 minutes = 3 units of service; 53-67 minutes = 4 units of service). The Medical Therapy Program will inform the SELPA/LEA within ten business days when staffing issues are resolved and arrange to commence providing the prescribed therapy.</p>
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<b>Task</b>	<b>Napa County CCS Program</b>	<b>Napa County SELPA</b>
<b>PARTICIPATION IN THE IEP MEETINGS</b>	<p>The CCS MTP will designate an MTU therapist or designee to attend IEP meeting, when requested by the SELPA/LEA per AB3632 timelines.</p> <p>When a MTU therapist is unable to attend a IEP meeting for which timely notification was made, a CCS designee will be available by teleconference at a designated time, mutually agreed upon by CCS and the SELPA/LEA.</p> <p>There will be a process for review and discussion of proposed changes in the type and frequency of therapy services. When there is a change to the Medical Treatment Plan, every effort will be made to initiate and have signed an addendum to the IEP reflecting the changes in the plan. This will be sent via interoffice mail or electronically from the MTP to the LEA Special education office for filing in the special education confidential file.</p> <p>The participation of the MTP therapist or designee in the IEP meeting will be limited to the discussion of the MTP services that will assist the child in reaching his maximum physical potential for</p>	<p>The SELPA/LEA will convene an IEP team meeting to determine if the medically necessary therapy services documented in the proposed/approved therapy plan is necessary for the child to benefit from special education and therefore be included in the IEP.</p> <p>There will be a process for review and discussion of proposed changes in the type and frequency of therapy services.</p>



Interagency Agreement Between  
 Napa County Special Education Local Plan Area  
 And Napa County California Children Services  
**August 1, 2010 through August 31, 2011**  
 (and each automatic renewal)  
**Addendum 2 to Exhibit A**

	functional skills necessary to participate in school activities.  The MTU therapist or designee will participate in the IEP team meeting to facilitate case coordination of the MTP eligible condition.	
<b>PROBLEM RESOLUTION</b>	The CCS MTP staff shall participate with the SELPA/LEA staff in local dispute resolution meetings, at which time there will be discussion to resolve differences in the provision of medically necessary therapy services. When therapy services provided by the CCS MTU are in dispute, the local CCS shall follow the dispute resolution and due process procedures outlined in NL 06-0397, NL18-0594 and Title 2, Division 9, Chapter 1 Article 8, Section 60550; 60560; 60600 and 60610.	The SELPA/LEA staff shall participate with the CCS MTP staff in local dispute resolution meetings, at which time there will be discussion to resolve differences in the provision of medically necessary therapy services.  When therapy services provided by the CCS MTU are in dispute, the local SELPA /LEA shall follow the dispute resolution and due process procedures outlined in Title 2, Division 9, Chapter 1 Article 8, Section 60550; 60560; 60600 and 60610

<b>Task</b>	<b>Napa County CCS Program</b>	<b>Napa County SELPA</b>
<b>TRANSPORTATION OF PATIENTS</b>	The CCS program shall not be responsible for transporting pupils eligible for the MTP to the MTU or to the therapy satellite.	The SELPA/LEA will provide transportation to the MTU or a therapy satellite when requested by the parent and included in the IEP as a related service.
<b>SPACE REQUIREMENTS</b>	The MTP shall identify to the SELPA the need for an MTU or therapy satellite based on the number of hours of prescribed treatment and the space required to provide medically necessary therapy services. When necessary to best meet the needs of the children in locations more remote from the MTU, alternative off-site treatment space will be discussed by both agencies to a mutually agreeable solution.  The MTP shall work with the SELPA/LEA staff to plan for the utilization of the MTU or therapy satellite space by the LEA when not in use by the MTP staff.  The Facility Space Attachment to the State Interagency Agreement is attached. It delineates the facility space, equipment and supply obligations of both CCS and the SELPA/LEA.	The SELPA shall identify the LEA responsible for the provision, maintenance and operation of the school housing the MTU and therapy satellite(s) (s) and a process for change of LEA responsible for the provision, maintenance and operation of these therapy spaces. When necessary to best meet the needs of the children in locations more remote from the MTU, alternative off-site treatment space will be discussed by both agencies to a mutually agreeable solution.  The SELPA, shall work with the CCS program, to mutually plan for the MTU and the modification or relocation of an existing MTU or therapy satellite.  The LEA must maintain the MTU and therapy satellite(s) for provision of medical therapy program services during the CCS workday, on a twelve-month basis, maintaining a healthy, comfortable, consistent environment and temperature.
<b>MTU OPERATING EQUIPMENT AND SUPPLIES</b>	The CCS program shall provide to the LEA(s), on an annual basis, a list of, and the estimated cost of therapy equipment and supplies necessary to support and maintain the function of the MTU and	The SELPA shall identify the LEA(s) fiscally responsible for provision of supplies and equipment necessary to support and maintain the function of the MTU and therapy satellite(s).

Interagency Agreement Between  
 Napa County Special Education Local Plan Area  
 And Napa County California Children Services  
**August 1, 2010 through August 31, 2011**  
 (and each automatic renewal)  
**Addendum 2 to Exhibit A**

	<p>therapy satellite(s), as well as those items which need replacement or repair due to age. The list should be sent to the SELPA office by March 31 annually.</p> <p>The CCS program shall provide the MTU and therapy satellite(s) with the necessary supplies for MTP case management activities.</p> <p>The CCS program shall provide the MTU and therapy satellite(s) with the necessary medical supplies to deliver individual treatment of the MTP eligible condition</p>	<p>The SELPA and LEA shall identify what supplies and equipment are available through SELPA and LEA resources.</p> <p>The SELPA shall identify a process for change of the LEA responsible for the provision of necessary supplies and equipment to maintain the function of the MTU and therapy satellite(s).</p>
<b>STAFF DEVELOPMENT ACTIVITIES</b>	The SELPA and MTU Liaison shall meet annually to discuss staff inservice needs.	The SELPA and MTU Liaison shall meet annually to discuss staff inservice needs.
<b>ANNUAL REVIEW</b>	This agreement shall be jointly reviewed annually and may be amended by mutual agreement at any time.	This agreement shall be jointly reviewed annually and may be amended by mutual agreement at any time.
<b>Attachments:</b>	State Interagency Agreement: MTP medical eligibility requirements; Facility Space Attachment to the State Interagency Agreement	



State of California-Health and Human Services Agency  
Department of Health Services



ARNOLD SCHWARZENEGGER  
Governor

January 24, 2007

CCS Information Notice No.: 07-01

TO: ALL CALIFORNIA CHILDREN SERVICES (CCS) COUNTY PROGRAM ADMINISTRATORS, MEDICAL CONSULTANTS, INDEPENDENT COUNTY CHIEF/SUPERVISING THERAPISTS, DEPENDENT COUNTY LEAD THERAPISTS, MEDICAL THERAPY UNIT STAFF, CHILDREN'S MEDICAL SERVICES (CMS) BRANCH REGIONAL OFFICE ADMINISTRATORS, MEDICAL CONSULTANTS AND THERAPY CONSULTANTS

SUBJECT: REVISED INTERAGENCY AGREEMENT (IA) BETWEEN CALIFORNIA DEPARTMENT OF HEALTH SERVICES, CMS BRANCH AND CALIFORNIA DEPARTMENT OF EDUCATION (CDE), SPECIAL EDUCATION DIVISION

The CMS Branch and CDE, Special Education Division have reviewed and made several modifications to the state IA. These revisions reflect changes required by the Federal Office of Special Education Planning (OSEP). The revisions to the IA pose no significant change in fiscal or workload responsibilities on the CMS Branch or County CCS programs.

The areas of change include Section IV (Review of Interagency Agreement), Section VI (Financial Responsibility), Section VII (Conditions and Terms of Reimbursement), and corresponding sections of Section VIII (Responsibilities). The change to section IV decreases the frequency of reviews and modifications of the IA by the CDE and CMS. The change in language in Sections VI and VII were required by OSEP to clarify financial responsibilities. There was also a change to Section VIII Responsibilities (N - Interagency Disputes) that requires the state agencies to provide technical assistance to county programs/LEAs prior to those local agencies filing a written notification of the failure to provide a service.

CCS Information Notice No.: 07-01  
Page 2  
January 24, 2007

If you have any questions, please contact your Regional Office Therapy Consultant.  
Thank you for your assistance in this process.

**Original Signed by Harvey Fry for Marian Dalsey, M.D., M.P.H.**

Marian Dalsey, M.D., M.P.H., Chief  
Children's Medical Services Branch

STATE INTERAGENCY COOPERATIVE AGREEMENT  
BETWEEN  
THE CALIFORNIA DEPARTMENT OF EDUCATION  
AND  
THE CALIFORNIA DEPARTMENT OF  
HEALTH SERVICES  
CHILDREN'S MEDICAL SERVICES BRANCH  
CALIFORNIA CHILDREN SERVICES  
MEDICAL THERAPY PROGRAM

2005

STATE INTERAGENCY COOPERATIVE AGREEMENT

BETWEEN

THE CALIFORNIA DEPARTMENT OF EDUCATION

AND

THE CALIFORNIA DEPARTMENT OF  
HEALTH SERVICES

CHILDREN'S MEDICAL SERVICES BRANCH

CALIFORNIA CHILDREN SERVICES  
MEDICAL THERAPY PROGRAM

**APPROVALS**

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**MARIAN DALSEY**

Acting Chief of Children's Medical  
Services  
California Department of Health  
Services

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DATE

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**JACK O'CONNELL**

State Superintendent of Public  
Instruction  
California Department of Education

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DATE

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**SANDRA SHEWRY**

Director  
California Department of Health  
Services

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DATE

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**CATHERINE CAMACHO**

Deputy Director  
Primary Care and Family Health

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DATE

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## I. **Statement of Issue**

### A. **Historical Perspective**

The California Department of Health Services (DHS), Children's Medical Services Branch (CMS), California Children Services (CCS), and the California Department of Education (CDE), Special Education Division, have a long history of laws and regulations that link them together in service provision to special needs populations and collaboration in this endeavor.

#### 1. **California Children Services History**

May 1927 – California Crippled Children's Act – Established the CCS program to provide services for conditions, such as infantile paralysis, that have since been eliminated through preventive measures.

1935 – Social Security Act – Federal mandate that each state would establish and fiscally support a program that provides services for children with special health care needs.

1945 – Medical Therapy Program (MTP) established by the California State Legislature primarily to treat children with Cerebral Palsy.

1961 – Budget Act – Expanded eligibility for the MTP to include neuromuscular, musculoskeletal, and other chronic conditions that require long-term medical care and rehabilitation services.

1968 – Crown Act – Established local county responsibility for the MTP.

1981 – In order to implement Public Law (P.L.) 94-142, the California Department of Education, Special Education Division, and the Department of Health Services, CCS, signed a state interagency agreement to set the groundwork for cooperation and communication between the agencies for the provision of medically necessary physical therapy (PT) and occupational therapy (OT) services identified in the individualized education program (IEP) and provide guidance for state and local agencies until the California State Legislature could establish statutes.

1984 – Assembly Bill (AB) 3632 – Chaptered into law as Chapter 26.5 of the Government Code. This statute established interagency responsibility for provision of medically necessary PT and OT services identified in the IEP.

1987 – Emergency regulations for AB 3632 were promulgated and renewed each year with the budget act for ten years.



1997 – AB 2726 – Was passed and effectively terminated the emergency regulations as of July 1, 1997, and required that all agencies involved would promulgate final regulations.

1998 – A second set of emergency regulations for Chapter 26.5 of the Government Code were filed with the Secretary of State and became effective July 1, 1998.

1999 – Final regulations for Chapter 26.5 (commencing with Section 7250) of the Government Code were adopted on August 13, 1999. These interagency regulations are located in Title 2 of the California Code of Regulations, Division 9, Chapter 1, Article 1, sections 60000–60610.

## **2. Special Education History**

1945 – State legislation passed that requires PT and OT services provided by CCS no longer be provided in orthopedic hospitals, but instead, be provided in public schools.

1975 – P.L. 94-142 – Passed in the United States Congress called the Education of the Handicapped Act (EHA). This statute initiated the concept of a free and appropriate public education (FAPE) for children with special needs, due process, and related services to support the child's education. The IEP process regulations were promulgated in 1977.

1981 – In order to implement P.L. 94-142, the California Department of Education, Special Education Division, and the California Department of Health Services, CCS, signed a state interagency agreement to set the groundwork for cooperation and communication between the agencies and to provide guidance for state and local agencies until the California State Legislature could establish statutes.

1983 –P.L. 98-199 – Made amendments to EHA that included requiring the local educational agencies (LEAs)/special education local plan areas (SELPA) to include transition services in the IEP planning. It also established the federal Office of Special Education Programs (OSEP) to oversee state implementation of EHA.

1984 – AB 3632 – Chaptered into law as Chapter 26.5 of the Government Code. This statute established state and local interagency responsibilities for provision of educational and related services to children with disabilities.

1986 –P.L. 99-457 – Made amendments to EHA that included lowering the age of eligibility for special education services to birth, the concept of full inclusion, requirements for assessments, and increasing children's/parental rights in the IEP and the individualized family service

plan (IFSP) process and parental consent, and it established the early intervention program.

1987 – Emergency regulations for AB 3632 were promulgated and renewed each year with the budget act for ten years.

1990 –P.L. 101-476 – Made amendments to EHA that included assistive technology as a benefit for children with special needs and changed the name from EHA to the Individuals with Disabilities Education Act (IDEA).

1997 – AB 2726 – Was passed and effectively terminated the emergency regulations as July 1, 1997, and required that all agencies involved would promulgate final regulations.

1997 –P.L. 105-17 – Made amendments to IDEA that included increased state responsibility for insuring interagency agreements between agencies serving children eligible for special education and fiscal responsibility of state programs already serving disabled populations in the public schools.

1998 – A second set of emergency regulations for Chapter 26.5 of the Government Code were filed with the Secretary of State and became effective July 1, 1998.

1999 – Final regulations for Chapter 26.5 (commencing with Section 7250) of the Government Code were adopted on August 13, 1999. These interagency regulations are located in Title 2 of the California Code of Regulations, Division 9, Chapter 1, Article 1, sections 60000-60610

2004 –P.L. 108-447 – Reauthorized IDEA and renamed it the Individuals with Disabilities Education Improvement Act.

## **B. Commonality of Goals**

The agreements on the following pages of this document are divided into activities that are identified in Chapter 26.5 of the Government Code for the Department of Health Services, Children’s Medical Services Branch (CMS), California Children Services, Medical Therapy Program, and the California Department of Education, Special Education Division. It is the responsibility of each agency to communicate, collaborate, and create a cooperative system that benefits children with disabilities. The state agencies will provide technical assistance to ensure that local agencies have interagency agreements that contain all required elements identified in the interagency regulations.

## **II. Authority**

Special education services to individuals with disabilities are mandated by federal and state laws and regulations, including the Individuals with Disabilities Education

Improvement Act (IDEA) of 2004; Section 504 of the Rehabilitation Act of 1998; the Americans with Disabilities Act (ADA) of 1990; the California Education Code; and Title 5 of the California Code of Regulations.

Medically necessary therapy services for children with conditions eligible for the CCS MTP are mandated by the California Health and Safety Code and Title 22 of the California Code of Regulations.

These programs are linked together in the provision of services to children with disabilities by the California Government Code, Chapter 26.5, and the interagency regulations (Title 2, Division 9, Chapter 1, Article 1, sections 60000–60610), effective August 13, 1999.

Since children with disabilities may require a variety of services from different agencies, it is essential that systems of interagency coordination, cooperation, and collaboration be maintained. IDEA holds education responsible to work cooperatively with other public and private agencies to assure that children with disabilities receive education and related services as identified in the IEP or IFSP. One method of meeting this responsibility is the use of interagency agreements, which specify each agency's program and fiscal responsibility for the provision of special education and related services. The California Department of Education may use all available sources of support whether federal, state, local, or private in order to assure a child with a disability receives a free and appropriate public education.

### **III. Purpose of this Document**

It is the intent of this agreement between the CDE, Special Education Division, and the Department of Health Services, CMS, CCS, to:

- Outline the responsibilities of each state agency to assure the uninterrupted delivery of special education services and medically necessary therapy services as identified in the individualized education program or the individualized family service plan when conducted through the LEA/SELPA and coordinated with county California Children Services.
- Describe the conditions under which each agency will assume the fiscal responsibility for providing services to eligible children with disabilities.
- Set forth conditions for interagency contracts or reimbursements, if needed, pursuant to the Code of Federal Regulations, Title 34, Section 300.142 (34 CFR 300.142).
- Establish monitoring of local programs by state agencies to assure resources will be utilized at the local level in the most effective and efficient manner and in compliance with the current federal and state laws and regulations.

- Implement joint staff development and continuous quality assurance activities.
- Establish and maintain coordination through channels of communication between the CDE, Special Education Division, and the DHS, California Children Services, at the state level.
- Provide a framework to assure that children with disabilities who are eligible for special education and CCS MTP services have the opportunity to achieve an appropriate level of educational programming and physical function.

#### **IV. Review of Interagency Agreement**

This document will be reviewed by CDE, Special Education Division, and DHS CCS at least every three years and modified as necessary. Representatives of both agencies prior to any revision will review all recommendations.

#### **V. Funding Source and Use of Funds**

The California Department of Education, Special Education Division, and the Department of Health Services, Children's Medical Service Branch, California Children Services MTP, operate from different funding streams from separate state and federal budgets. It is essential that each agency be accountable for those funds so that the needs of disabled children are met without duplication of services.

In order to better serve children with disabilities, it is necessary to assure that funds provided from the IDEA are used by the California Department of Education to meet the educational needs of children with disabilities. Pursuant to Section 56205 of the Education Code, LEAs/SELPA are required to comply with the requirements of IDEA, the Rehabilitation Act of 1998, and the ADA of 1990.

Funds used for providing PT and OT services through the CCS Medical Therapy Program to eligible children will only be expended for medically necessary diagnostic, treatment, and therapy services.

The CDE, Special Education Division, and the DHS, California Children Services, will work together to maximize the use of available resources, including funds outside of CDE or CCS, to provide quality services to children with disabilities eligible for both programs and assure fiscal responsibility for mandated services, facilities, equipment, and supplies.

#### **VI. Financial Responsibility**

The financial responsibilities of CCS must precede the financial responsibility of the LEA/SELPA for necessary services in any jointly approved IEP/IFSP (34 CFR 300.142) that includes the services identified in the approved CCS therapy plan.

Any public agency assigned responsibility to provide or pay for any services that are also considered special education or related services shall fulfill that responsibility, either directly or through contract or other arrangement.

## VII. Conditions and Terms of Reimbursement

If DHS fails to provide or pay for the special education and related services described in 34 CFR Section 300.142(b)(1), the LEA (or state agency responsible for developing the child’s IEP) shall provide or pay for these services to the child in a timely manner. The LEA or state agency may then claim reimbursement for the services from the noneducational public agency that failed to provide or pay for these services and that agency shall reimburse the LEA or state agency in accordance with the terms of this interagency agreement. The LEA and noneducational public agency shall develop a memorandum of understanding that includes procedures for invoicing and reimbursement for provision of services provided or paid for by the LEA.

## VIII. Responsibilities

<b>A. Coordination of Services</b>	
CMS Branch/CCS Program RESPONSIBILITY	CDE, Special Education Division RESPONSIBILITY
<p>Designate CCS liaison to CDE, Special Education Division, to facilitate and monitor statewide interagency collaboration and coordination between LEAs/SELPA’s and county CCS programs.</p> <p>Develop and provide joint interagency training.</p> <p>Review statewide trends related to coordination of county CCS MTP services with LEAs/SELPA’s services.</p> <p>Review the state interagency agreement (IA) between CDE, Special Education Division, and the CCS MTP and modify as needed.</p> <p>Review county CCS programs’ Scope of Work to assure local IAs are in place, reviewed regularly, and are content compliant with current state and federal laws.</p>	<p>Designate CDE liaison to CCS to facilitate and monitor statewide interagency collaboration and coordination between LEAs/SELPA’s and county CCS programs.</p> <p>Develop and provide joint interagency training.</p> <p>Review statewide trends related to coordination of LEAs/SELPA’s services with county CCS MTP services.</p> <p>Review the state IA between the CCS MTP and the CDE, Special Education Division, and modify as needed.</p> <p>Review local plans to assure local IAs are in place, reviewed regularly, and are content compliant with current state and federal laws.</p>

<b>B. Referrals and Assessments</b>	
<b>CMS Branch/CCS Program RESPONSIBILITY</b>	<b>CDE, Special Education Division RESPONSIBILITY</b>
<p>Provide technical assistance to assure appropriate referral of children with MTP eligible conditions to LEA for assessment in areas of suspected disability.</p> <p>Provide technical assistance and monitor processing of LEA referrals for MTP services for compliance with program policies.</p> <p>Monitor statewide consistency in determining MTP medical eligibility.</p>	<p>Provide technical assistance and monitor LEA's policies and procedures for referral to county CCS programs for MTP services through local plans.</p> <p>Provide technical assistance to LEAs/SELPA's to assure compliance with federal and state laws and regulations dealing with the assessment of the individual's educational needs.</p>

<b>C. Individualized Education Program or Individualized Family Service Plan</b>	
<b>CMS Branch/CCS Program RESPONSIBILITY</b>	<b>CDE, Special Education Division RESPONSIBILITY</b>
<p>Provide technical assistance to county CCS programs as to MTP staff participation in IEP meetings, when requested.</p> <p>Provide technical assistance to county CCS programs as to MTP staff participation in IFSP meetings, when requested.</p> <p>Provide technical assistance to county CCS programs to facilitate transition planning as described in IDEA 2004.</p>	<p>Monitor LEAs/SELPA's to assure compliance with federal and state laws and regulations relative to development, implementation, and review of the IEP and IFSP.</p> <p>Review and monitor LEAs/SELPA's to assure policies and procedures are in place to request MTP participation in IEP and IFSP meetings.</p> <p>Provide technical assistance to LEAs/SELPA's to facilitate transition planning as described in IDEA 2004.</p>

<b>D. Least Restrictive Environment</b>	
<b>CMS Branch/CCS Program RESPONSIBILITY</b>	<b>CDE, Special Education Division RESPONSIBILITY</b>
Assure that medically necessary PT/OT services are provided in the setting necessary for implementation of the approved therapy plan.	Monitor LEAs/SELPAs to assure compliance with federal and state laws and regulations relating to the least restrictive environment and natural environment.

<b>E. Medical Therapy Conference</b>	
<b>CMS Branch/CCS Program RESPONSIBILITY</b>	<b>CDE, Special Education Division RESPONSIBILITY</b>
Assure that county CCS programs have an adequate number of medical therapy conferences (MTCs) necessary to maintain the currency of the CCS approved therapy plan.	Monitor LEAs/SELPAs to assure there are provisions in the local plan that allow education staff to participate in MTCs, when requested.

<b>F. Facilities</b>	
<b>CMS Branch/CCS Program RESPONSIBILITY</b>	<b>CDE, Special Education Division RESPONSIBILITY</b>
<p>Issue and maintain, jointly with CDE, statewide facility standards for medical therapy units (MTUs) and medical therapy units satellites (MTU-S) and, utilizing monitoring procedures, to assure the standards are implemented by county CCS programs (Attachment 1)</p> <p>Provide technical assistance to county CCS programs and LEAs/SELPAs to determine the need for a new MTU.</p> <p>Provide technical assistance to county CCS programs for effective use of space in planning for an MTU.</p>	<p>Issue and maintain, jointly with CCS, statewide facility standards for MTUs and MTU-S and, utilizing monitoring procedures, to assure implementation by LEAs/SELPAs (Attachment 1)</p> <p>Assure local compliance with state laws and regulations regarding planning and provision of space for new MTUs.</p> <p>Provide technical assistance to LEAs/SELPAs for effective use of space in planning for an MTU.</p>

<b>F. Facilities</b>	
<b>CMS Branch/CCS Program RESPONSIBILITY</b>	<b>CDE, Special Education Division RESPONSIBILITY</b>
<p>Provide technical assistance to county CCS programs in collaborating with LEAs/SELPA's for compliance with MTU and MTU-S space standards.</p> <p>Collaborate with CDE and provide technical assistance to county CCS programs for effective use of space in MTUs.</p> <p>Provide technical assistance to county CCS programs and LEAS/SELPAS regarding responsibility of maintenance of physical plant.</p>	<p>Provide technical assistance to assure LEAs/SELPAs collaboration with county CCS program for compliance with MTU and MTU-S space standards.</p> <p>Collaborate with CCS and provide technical assistance to LEAs for effective use of space in MTU</p> <p>Provide technical assistance to LEAS/SELPAS regarding responsibilities for maintenance of physical plant.</p>

<b>G. Equipment and Supplies for MTP Services</b>	
<b>CMS Branch/CCS Program RESPONSIBILITY</b>	<b>CDE, Special Education Division RESPONSIBILITY</b>
<p>Issue and maintain, jointly with CDE, equipment and supply requirements for MTUs and MTU-S (Attachment 1).</p> <p>Provide technical assistance to county CCS programs so that each MTU has equipment necessary for MTP services at the MTU or MTU-S.</p> <p>Provide technical assistance to county CCS programs so that each MTU has expendable/consumable supplies necessary for MTP services at the MTU or MTU-S.</p>	<p>Issue and maintain, jointly with CCS, equipment standards for MTUs and MTU-S (Attachment 1).</p> <p>Provide technical assistance and monitor LEAs to assure LEAs/SELPAs provision of necessary equipment for the MTU and MTU-S.</p> <p>Assure statewide implementation of guidelines for the provision of expendable/consumable supplies necessary for MTP services to children with disabilities.</p>



<b>H. Transportation</b>	
<b>CMS Branch/CCS Program RESPONSIBILITY</b>	<b>CDE, Special Education Division RESPONSIBILITY</b>
Provide technical assistance to county CCS programs when transportation issues are preventing the child from receiving medically necessary CCS MTP services.	Provide technical assistance to LEAs/SELPA's as related to transportation issues for eligible students to and from MTU or therapy satellite as contained in the IEP/IFSP.

<b>I. Provision of Service</b>	
<b>CMS Branch/CCS Program RESPONSIBILITY</b>	<b>CDE, Special Education Division RESPONSIBILITY</b>
<p>Monitor county CCS MTP to assure medically necessary OT/PT services are provided as stated in the approved therapy plan.</p> <p>Develop policy to assure appropriate use of MTP resources and to avoid duplication of OT/PT services and provide technical assistance to county CCS programs.</p> <p>Review county CCS program procedures and monitor local notification process to assure the notification of parent and LEA when the county CCS MTP is unable to provide medically necessary OT/PT services as stated in the approved therapy plan and contained in the IEP/IFSP.</p> <p>Monitor county CCS programs for compliance with CCS MTP staffing requirements.</p> <p>Provide technical assistance and consultation on resource development and recruitment of qualified therapy service providers.</p>	<p>Through the verification and self-review processes:</p> <p>Assure through a review of local plans that LEAs/SELPA's utilize therapy services available through county CCS MTP, when appropriate.</p> <p>Assure the appropriate use of educational resources through local plan review and monitoring process to avoid duplication of MTP OT/PT services.</p> <p>Monitor local plans to assure LEAs/SELPA's have policies and procedures in place to provide medically necessary OT/PT services when, for any reason, the county CCS MTP cannot provide such services as stated in approved therapy plan and contained in the IEP/IFSP.</p>

<b>I. Provision of Service</b>	
<b>CMS Branch/CCS Program RESPONSIBILITY</b>	<b>CDE, Special Education Division RESPONSIBILITY</b>
<p>Monitor county CCS programs to assure OT/PT services that have been included on the IEP and are provided by the county CCS MTP are continued during the pendency of a special education due process hearing decision in which county CCS programs have been joined.</p> <p>Monitor delivery of services by county CCS MTP after the decision of the fair hearing officer to assure compliance with the decision.</p>	<p>Monitor LEAs/SELPA's to assure OT/PT services that are included on the IEP and are not provided by the county CCS MTP are continued during the pendency of a due process hearing decision.</p> <p>Monitor delivery of services by LEAs/SELPA's after the decision of the fair hearing officer to assure compliance with the decision.</p>

<b>J. Fiscal Responsibilities</b>	
<b>CMS Branch/CCS Program RESPONSIBILITY</b>	<b>CDE, Special Education Division RESPONSIBILITY</b>
<p>Provide technical assistance to county CCS programs when there is a need to reimburse the LEAs/SELPA's for provision of medically necessary therapy services identified in the approved therapy plan and contained in the IEP/IFSP.</p> <p>Provide technical assistance to county CCS programs during the development of the annual LEAs/SELPA's service plan and budget plan for MTU equipment and supplies.</p>	<p>Provide technical assistance to LEAs/SELPA's when seeking reimbursement from CCS for the provision of medically necessary OT/PT services as stated in approved therapy plan and contained in the IEP/IFSP</p> <p>Provide technical assistance to LEAs/SELPA's when developing and maintaining an annual service plan and budget plan for MTU equipment and supplies.</p>

<b>K. Exchange of Information</b>	
<b>CMS Branch/CCS Program RESPONSIBILITY</b>	<b>CDE, Special Education Division RESPONSIBILITY</b>
<p>Provide technical assistance to county CCS programs to assure that confidentiality of CCS medical therapy records is maintained as required by federal and state laws and regulations</p> <p>Exchange relevant CCS MTP policies and procedures with CDE, Special Education Division.</p>	<p>Assure the confidentiality of educational records as required by federal and state laws and regulations.</p> <p>Exchange relevant CDE, Special Education Division, policies and procedures with CCS MTP.</p>

<b>L. Quality Assurance</b>	
<b>CMS Branch/CCS Program RESPONSIBILITY</b>	<b>CDE, Special Education Division RESPONSIBILITY</b>
<p>Develop and maintain quality assurance (QA) tools to be utilized by county CCS programs in evaluating their compliance with regulatory requirements (referrals, assessments, timelines, notification, and provision of services).</p> <p>Develop methods for county CCS programs to report, in summary format, the results of QA activities on an annual basis.</p> <p>Provide technical assistance and consultation to CCS programs when they have difficulty meeting their QA indicators.</p>	<p>Monitor LEAs/SELPA's utilizing QA process and local plan self-review instrument to evaluate LEA compliance with regulatory requirements for referrals, assessment, timelines, notification, and provision of services.</p> <p>Provide feedback that results in improved service delivery, communication, and collaboration between the LEA and county CCS MTP, when appropriate.</p>

<b>M. Procedural Safeguards</b>	
<b>CMS Branch/CCS Program RESPONSIBILITY</b>	<b>CDE, Special Education Division RESPONSIBILITY</b>
Provide technical assistance to county CCS programs to assure that CCS offers dispute resolution through an expert physician when the parent is in disagreement with the medical therapy conference decision.	Provide technical assistance to parents/LEAs/SELPA's on the complaint and due process hearing procedures.

<b>N. Interagency Disputes</b>	
<b>CMS Branch/CCS Program RESPONSIBILITY</b>	<b>CDE, Special Education Division RESPONSIBILITY</b>
Provide technical assistance to county CCS prior to its filing a written notification of the failure to provide a service.  When the Secretary of Health and Human Services receives a written notification of the failure to provide a service as specified in the student's IEP, the Secretary, or his or her designee, shall follow the procedures under the provisions of the Government Code Section 7585 to resolve local disputes.	<u>Provide technical assistance to LEAs/SELPA's prior to their filing a written notification of the failure to provide a service.</u>  When the State Superintendent of Public Instruction receives a written notification of the failure to provide a service as specified in the student's IEP, the superintendent, or his or her designee, shall follow the procedures under the provisions of the Government Code Section 7585 to resolve local disputes.

<b>O. Professional Standards</b>	
<b>CMS Branch/CCS Program RESPONSIBILITY</b>	<b>CDE, Special Education Division RESPONSIBILITY</b>
Maintain standards of practice for physical therapy (PT) and occupational therapy (OT) as recognized by the pediatric rehabilitation and medical community.	Maintain and monitor standards for providing a free and appropriate education to individuals with disabilities as required by federal and state laws and regulations.

<b>O. Professional Standards</b>	
<p>Assure that PT services are provided by a PT or physical therapy assistant (PTA) licensed by the state of California and in accordance with Section 2620 et. seq. of the Business and Professions Code as established by the Physical Therapy Board of California.</p> <p>Assure that OT services are provided by an OT or certified occupational therapy assistant (COTA) licensed by the state of California and in accordance with Section 2570 et. seq. of the Business and Professions Code as established by the California Board of Occupational Therapy.</p> <p>Maintain and monitor standards for medically necessary physical therapy and occupational therapy for MTP eligible children according to CCS policies and procedures.</p>	

<b>P. Staff Development</b>	
<b>CMS Branch/CCS Program RESPONSIBILITY</b>	<b>CDE, Special Education Division RESPONSIBILITY</b>
<p>Mutually plan and implement with CDE interagency training that facilitates interagency collaboration and service delivery.</p> <p>Provide technical assistance to county CCS programs to assure that county sponsored education/in-service opportunities are available to LEA staff, when appropriate.</p>	<p>Mutually plan and implement with CCS interagency training that facilitates interagency collaboration and service delivery.</p> <p>Provide technical assistance to LEAs/SELPA's sponsored educational/in-service opportunities are available to CCS staff, when appropriate.</p>

## **IX. Attachment 1: Facility Space (Physical Plant), Equipment, and Supplies Necessary for California Children’s Services Medical Therapy Program SERVICE PROVISION**

The Children’s Medical Services (CMS), California Children Services (CCS), Medical Therapy Program (MTP), began providing physical therapy and occupational therapy services to disabled children in the public schools in 1945. These out-patient therapy clinics established on public school sites were called Medical Therapy Units (MTUs). Establishing MTUs on public school sites allowed children to receive therapy services where they would normally spend their day instead of being removed from the child’s school environment to be transported to a hospital setting. This was a concept that CCS and the California Department of Education (CDE) agreed would be in the best interests of disabled children. The state Legislature passed legislation that same year to endorse the concept. It was agreed that CDE would provide the facility space, equipment, and supplies for the MTU and the Department of Health Services would provide the therapy services (staff). The daily oversight of the MTU and provision of therapy services is the responsibility of the local county CCS program. In 1984, Chapter 26.5 Section 7570-7588 of the Government Code was codified into state law as a result of Assembly Bill 3632. This chapter governs interagency activities and responsibilities of agencies providing services to disabled children in public schools.

### Funding to Support the Medical Therapy Unit (MTU) Facility, Equipment, and Supplies

The SELPA is responsible for assuring that the MTU is provided with the facility space, equipment, and supplies necessary to provide therapy services as described in the SELPA’s local plan. The LEA will include in its annual service delivery plan the process by which it will fund the physical plant, equipment, supplies, and maintenance for the MTU and how it participates with the local CCS program to jointly plan for funding of equipment and supplies for the MTP. These processes and funding amounts will be identified and included in the annual budget plan. The CCS MTU therapy staff will be responsible for the efficient use of the funds to support present and future MTU operations. The MTU therapy staff may request any item on the approved equipment

and supply list without additional approval from CMS and CDE. Items not on the list will require prior approval of the CMS and CDE liaisons. The CCS MTU therapy staff and LEA staff should collaborate on an annual basis to maintain a current inventory of equipment that has been purchased by the LEA.

The CCS MTU staff will submit a request list of needed equipment for the upcoming fiscal year in a timely manner agreed to by the LEA and CCS that will allow the LEA to plan for MTP needs. If the list is in excess of the amount identified in the annual services plan and annual budget plan, the MTU staff should prioritize the requested items or defer the purchase of the items to another fiscal year. The LEA representative and CCS therapy staff will develop a method to purchase the needed items.

The SELPA director or County Superintendent of Schools is responsible for insuring that a local interagency agreement between the LEA and the local county CCS program included language that designates which LEA(s) is responsible for providing facility space, equipment, and supplies for the MTU.

Establishing a Medical Therapy Unit (MTU) or Medical Therapy Unit Satellite (MTU-S)

MTUs/MTU-S should be established in a location central to the maximum number of identified MTP children needing therapy services.

CCS has two levels of facilities in the public school. The first level is the MTU. The second is an extension of the MTU called an MTU-Satellite (MTU-S). Title 2 Section 60330(c) of the California Code of Regulations states, "All new construction, relocation, remodeling or modification of medical therapy units and medical therapy unit satellites shall be mutually planned and approved by the California Department of Education and the State Department of Health Services." Local county CCS programs must contact their state regional office therapy consultant prior to any planning or implementation of plans for new or existing MTUs. LEAs must receive approval from CDE prior to implementation of plans for new or existing MTUs.

The space necessary for an MTU must provide for the following functions: administration, medical therapy conference, comprehensive evaluation/assessment of a child's therapy needs, treatment in open and private treatment areas, activities of daily living training, storage area(s) for equipment and supplies, and workshop area to fabricate and maintain various adaptive aids (See Table 1).

The MTU-S is an approved extension of an established MTU where limited medical therapy program services are provided and in a location closer to the child's school placement or home. Not all MTP services available at the MTU are available at the MTU-S. Those services not provided at the satellite include comprehensive evaluations, medical therapy conferences, and treatments that require specialized equipment or facilities not available at the MTU-S.

An MTU-S may be established when there is a minimum of 4 hours of continuous therapy treatment by an individual therapist scheduled per day for MTP children on a public school site. Consistent with the facility space provided at the MTU, the LEA must provide and maintain the facility space, equipment, and supplies necessary for the prescribed therapy of the children to be served at the MTU-S site.

The need for a new MTU/MTU-S is determined according to "demonstrated need." CCS will recommend to the SELPA/LEA the need for an MTU/MTU-S based on the following 4 items:

1. The number of prescribed hours of occupational therapy and/or physical therapy services
2. Age and number of children
3. The residences of the CCS MTP population and the LEA(s) responsible for providing services for children in the area
4. Projected growth of area

When the need for an MTU/MTU-S is mutually determined by the LEA and the local CCS program, the state agencies will be contacted for approval. State agencies will



work in collaboration with the local agencies in the planning of facility. Projected demographics need to be included in the planning process. An MTU (including all of its satellites) should not have a caseload of over 350 children. When an MTU caseload begins to reach this point, the local agencies should meet and discuss whether a new MTU is appropriate to meet the needs of the children being served.

#### Relocating a Medical Therapy Unit (MTU) or Medical Therapy Unit-Satellite (MTU-S)

The relocation of an MTU or MTU-S shall not occur unless mutually agreed upon by the local county CCS program and LEA with approval from the CMS Branch and CDE. Prior to relocation, the MTU therapy staff must be given at least 60 days from the date of the agreement to be moved. This gives time for parent notification and staff preparation. The CCS staff is responsible for preparing the MTU or MTU-S equipment for moving. The LEA is responsible for moving the equipment to the new location. The relocated equipment must be in place and operational prior to therapy services being resumed.

#### Medical Therapy Unit (MTU) Facility Use and Maintenance

Tile 2 Section 60330 (b) of the California Code of Regulations states:

“The space and equipment of the medical therapy unit and medical therapy unit satellites shall be for the exclusive use of the CCS staff when they are on site. The special education administration of the LEA in which the units are located shall coordinate with the CCS staff for other use of the space and equipment when the CCS staff is not present.”

The local county CCS program and the LEA should include in the local interagency agreement guidelines for sharing space when CCS staff is not using the MTU or MTU-S facilities. Local interagency agreements shall also indicate which LEA is responsible for the day-to-day maintenance of the MTU physical plant. Maintenance includes, but is not limited to, structural repairs, custodial/housekeeping services, replacement of broken (non-functional), and consumed items.

### Space Guidelines for Medical Therapy Units (MTUs)

Education Code Section 17047 (a) requires 3,000 square feet for an MTU in a newly constructed school site, with additions, if identified student populations are higher at the school site. The California Code of Regulations, Title 2, Section 60330 (a) provides guidance for functions that require space in an MTU. Square footage for the MTU is based on three defined space needs:

1. Standard space – Space that is basic for an MTU and is not affected by the size of the therapy staff or number of children served.
2. Staff dependent space – Space that is “dependent” on the approved full-time equivalent (FTE) therapy staff needed to meet prescribed treatment hours.
3. Shared space – Space that can be shared regardless of whether the CCS staff is present or not (waiting room, etc.)

Areas for the Medical Therapy Conference (MTC), Activities of Daily Living (ADLs- training kitchen, training bathroom. etc.), and the workshop are standard and not affected by the size of the therapy staff. Areas for Administration (therapist and clerical office space), evaluations, treatment, and storage will vary in size needs according to the size of the therapy staff. Shared space, such as the waiting room, will vary according to the needs of the MTU and of the school. The training kitchen and bathroom may be considered shared space dependent on accessibility.

The minimum space to establish an MTU is 1,900 square feet. This will house one to two FTE staff therapists and a clerk. This includes a waiting room that can be shared with the school if logistically possible. As therapy staff FTEs increase, the following are minimum increments above 1,900 square feet necessary to accommodate the therapy staff functions of the MTU. Office/clerical space increases 25 square feet for each FTE therapy staff increase above two FTEs. Evaluation/treatment area will increase 240 square feet per added FTE over two. Storage space will increase 7.5 square feet per added FTE above two FTEs.

The breakdown for the minimum MTU space requirement is as follows:

1. 1,900 square feet total (including waiting room)
2. FTE therapists and one clerk
3. MTC - 250 square feet
4. Administration - 250 square feet
5. Evaluations/treatment area - 800 square feet
6. ADLs - 250 square feet
7. Storage - 75 square feet
8. Workshop - 75 square feet
9. Waiting room - 200 square feet

**Table 1: MTU Space Allocations per FTE Staff Therapist**

MTU Functions	1-2 FTE	4 FTE	6 FTE	8 FTE	10 FTE	12 FTE
Administration	250 Sq Ft.	300 Sq Ft	350 Sq Ft	400 Sq Ft	450 Sq Ft	500 Sq Ft
Medical Therapy Conference (MTC)	250 Sq Ft.	250 Sq Ft	250 Sq Ft	250 Sq Ft	250 Sq Ft	250 Sq Ft
Evaluation & Treatment	800 Sq Ft.	1,280 Sq Ft	1,760 Sq Ft	2,240 Sq Ft	2,720 Sq Ft	3,200 Sq Ft
Activities of Daily Living (ADLs)	250 Sq Ft.	250 Sq Ft	250 Sq Ft	250 Sq Ft	250 Sq Ft	250 Sq Ft
Storage Area	75 Sq Ft.	90 Sq Ft	105 Sq Ft	120 Sq Ft	135 Sq Ft	150 Sq Ft
Workshop	75 Sq Ft.	75 Sq Ft	75 Sq Ft	75 Sq Ft	75 Sq Ft	75 Sq Ft
Waiting Area	200 Sq Ft.	200 Sq Ft	200 Sq Ft	200+ Sq Ft	200+ Sq Ft	200+ Sq Ft
<b>Total Square Feet</b>	<b>1,900 Sq Ft</b>	<b>2,445 Sq Ft</b>	<b>2,990 Sq Ft</b>	<b>3,525 Sq Ft</b>	<b>4,080 Sq Ft</b>	<b>4,625 Sq Ft</b>

FTE are rounded up to the next whole number (i.e., 2.5 staff therapists = 3). These requirements are set as a minimum. The LEA and the county CCS program should

negotiate for additional facility space based on the needs of the children to be served (do not rely on just the established minimum). It is a starting point (a floor), not a limitation (ceiling). Storage area can be decreased incrementally if there is either a storage area or cargo space outside of the MTU but within the school grounds that can be utilized, or the LEA provides funding and two-way delivery for an off-site storage area. Supervisors and clerks are not a part of the staff dependent formula but are included in the standard space formula.

### Standards for Upgrading Existing MTUs

Existing MTUs must meet all of the functional requirements as stated in the interagency regulations. The minimum space to operate an MTU will be 1,900 square feet subject to review and approval by CMS and CDE.

### Office for Therapists (Administration)

1. Purpose is to provide:
  - a. Area for therapist's desks, office equipment, and filing cabinets for medical records and x-rays
  - b. Location for reviewing, charting, and filing of confidential medical records
  - c. Storage for forms and clerical and clinic supplies
  - d. Central library for professional journals, medical reference books, etc.
  - e. Telephone areas for confidential calls
  - f. Area for writing records, letters, and reports
  - g. Space for bulletin board
  - h. Private area for supervisors office
  
2. Special features:
  - a. Adjacent to therapy rooms with doors leading into therapy room. The office should be accessible to other personnel without passing through the therapy area. The office should be able to lock for security.

- b. Window from the office into therapy area to provide a visual check of the general treatment areas and a window into the reception area if the waiting room is attached
- c. Desk area for each therapist, aide, and/or secretary
- d. Bookshelf area
- e. Tackboard area
- f. Space for cabinet with lock for use in storing clerical materials and record forms and an area for hanging coats
- g. Space for four-drawer steel filing cabinets The space requirement is determined by the case load
- h. Telephone fixture(s) with lines (an appropriate number based on the size of the staff) for public calls, FAX, and modem
- i. Intercom system connected to school office or other rooms (for safety purposes)
- j. Electric outlets on at least two walls
- k. Floor area large enough to accommodate table for computer and printer with access to electrical outlets and phone line
- l. Locked storage space for x-rays and videos
- m. Computer access

#### Waiting Area

1. Purpose is to:
  - a. Provide an area for parents, patients, and siblings to use while waiting for interviews, treatments, and clinic appointments
  - b. Make parent educational material easily available
  - c. Provide a place for toys and activities to keep waiting children and siblings occupied
2. Special features:
  - a. Near outside entrance and convenient to therapy rooms but not necessarily adjacent to them
  - b. Electrical outlet
  - c. Accessible to adult toilet facilities with access to a changing table

### Training Bathroom (ADLs)

1. Purpose is to:
  - a. Provide privacy for evaluating and training in activities of daily living, usually performed in the bathroom. This includes use of bathroom fixtures; wheelchair and crutch management; and personal grooming skills, such as bathing, toileting, brushing teeth, and combing hair.
2. Special features:
  - a. Adjacent and readily accessible to both physical and occupational therapy areas
  - b. Size and configuration similar to home bathroom, including separate tub (a separate shower is optional), commode, and basic Pullman with enough room for a head-on adult wheelchair approach to all fixtures
  - c. Grab bars at tub, shower, and commode
  - d. Hot and cold running water, wall medicine cabinet with mirror, toothbrush rack, glass holder, towel bars, home-type toilet paper dispenser

### Enclosed Storage

1. Purpose is to provide:
  - a. Secured storage for braces, crutches, walkers, wheelchairs, standers, and other special equipment that may be needed periodically
2. Special features:
  - a. Wall area provided with wall mounted racks for storage of braces and crutches with clearance allowing for wheelchair and other large equipment storage
  - b. Shelving for small equipment and supplies
  - c. Locked

### Workshop (Modification of Equipment)

1. Purpose is to provide secure:
  - a. Space for fabrication, adjustment, and maintenance of equipment and self-help aids, and for making splints and casts

- b. Storage of special equipment, hand tools and supplies
2. Special features:
- a. Electrical outlet above workbench and sink counter
  - b. Minimum of six feet of counter workbench with a counter top overhang so work may be clamped to it
  - c. Light over workbench
  - d. Cabinets provided above and below counter with some drawer space, some locking
  - e. Adjustable shelves to ceiling, 12 to 15 inches deep
  - f. Built-in or space for movable metal cabinet, with lock, for storage of flammable solvent and/or paints
  - g. Exhaust fan activated by light switch
  - h. Large-sized sink with hot and cold running water and a plaster trap, counter area with Formica drain board with front and back lip
  - i. Roll-out bins for storage of wood scraps, sandbags
  - j. Space for sewing machine

### Physical Therapy (Evaluation/Treatment)

1. Purpose is to provide adequate area for:
- a. Evaluation of respiratory function and basic gross motor skills limited by muscle tone, range of motion, muscle strength, sensory dysfunction, retained primitive reflexes, or delayed postural response
  - b. Treatment services requiring therapeutic equipment for respiratory function and the development of mobility (bed mobility-gait training), therapeutic exercises, and use of adaptive aids
  - c. Monitoring of neuromuscular or musculoskeletal condition, gross motor skills, mobility, and evaluation of durable medical equipment, function of orthotics and prosthetics, and fabrication of splints/casts
  - d. Instruction to care provider/parent or classroom teacher in gross motor activities, use of durable medical equipment and orthotics/prosthetics,

facilitation of movement, positioning in the home/classroom, therapeutic exercises, and range of motion activities

- e. Consultation with parent/care provider, classroom teacher, physician, or other health-related professional for coordination of care; suggestions to facilitate mobility/positioning in the home, classroom, or community; and identification of problem areas that may require medical referral
  - f. Private area that can be used for treatment sessions and can also be used for medical therapy conference examination and confidentiality for family conference and dictation of report, in lieu of separate conference room
2. Special features:
- a. Sink with hot and cold running water
  - b. Non-skid hard surface flooring with a designated carpet
  - c. Electrical outlets
  - d. Lower part of windows treated to eliminate distraction from outside and protect window from wheeled vehicle collisions
  - e. Wall cabinet storage
  - f. Treatment cubicles for privacy
    - A. Curtains/screens (no posts) and some full walls
    - B. Adequate light, heat, and ventilation
    - C. Electrical outlets
  - g. General activity area for a large, safe, open area
    - A. Reinforced wall and ceiling for hanging wall and ceiling equipment
    - B. High ceiling and lights to accommodate ball activities
    - C. Counter height windows

### Occupational Therapy (Evaluation/Treatment)

1. Purpose is to provide adequate areas for:
  - a. Evaluation of oral motor function, ADLs, and basic fine motor skills limited by muscle tone, range of motion, muscle strength, sensory dysfunction, incoordination, retained primitive reflexes, or delayed postural responses



- b. Treatment services requiring therapeutic equipment for oral motor and perceptual motor development relating to the development of activities of daily living (eating, dressing, bathing, grooming, toileting, and use of hand manipulatives), training in household activities, therapeutic exercises, and use of adaptive aids
- c. Monitoring of neuromuscular or musculoskeletal condition, fine motor/perceptual skills, oral motor development, self-care activities, household activities, use of adaptive aids, and fabrication of splints and adaptive equipment
- d. Instructions to care providers/parents and classroom teachers in fine motor, oral motor, and perceptual activities; positioning; use of adaptive aids/splints; facilitation of self-care activities; household activities; and therapeutic exercises
- e. Consultation with parent caregiver, classroom teacher, physician, and other health-related professionals for coordination of care; suggestions to facilitate self-care activities in the home and classroom; age-appropriate home and community activities; and identification of problem areas that may require medical referral
- f. Private area that can be used for treatment sessions and can also be used for medical therapy conference examination and confidentiality for family conference and dictation of report, in lieu of a separate conference room or space available in physical therapy

2. Special features:

- a. Built-in wall bulletin boards in at least two places in the room, one to be near the hall door
- b. Ample electrical outlets (floor level plugs)
- c. Sink with hot and cold running water
- d. Cabinet area around sink and additional wall cabinet storage in room
- e. Treatment cubicles to provide an enclosed area separated from the general OT area to minimize distractibility and afford privacy

- i. Cubicles separated by two-way cabinets 24" deep with sliding doors and drawers accessible to either cabinet
  - ii. Cubicles curtained off with ceiling hanger
  - iii. Chalkboard and tackboard to baseboard in several areas
  - iv. Long mirror
  - v. Electrical outlets
  - vi. Storage areas with doors for toys, large balls, swings, feeding seats, books, and special equipment
  - vii. Locked storage for electronic equipment, communicators, and computers
- f. General activity area to provide an open safe area for therapeutic games and activities that require gross motion, small group participation, and use of large equipment
  - g. Carpeted/matted area for floor activities

#### Training Kitchen (ADLs)

- 1. Purpose is to provide:
  - a. Training in activities of daily living necessary to function as safely and independently as possible, including preparation and storage of food and use of appliances
  
- 2. Special features:
  - a. An area larger than a normal kitchen to accommodate wheelchairs, several children, and therapists simultaneously
  - b. Adequate access between homemaking area and OT treatment area
  - c. Hallway access to accommodate groups without interruption of treatments occurring nearby in other areas of OT
  - d. Kitchen equipment similar to that found at home
  - e. Sink with standard height drainboard
  - f. Broom closet

- g. Cabinet space for linens and dishes, including drawers, adjustable shelves, and pull-out boards
- h. Stove (with oven)
- i. Dishwasher
- j. Access to clothes washer and dryer
- k. Adequate electric plug outlets for use of small appliances
- l. Refrigerator

### Parking

- 1. Purpose is to provide:
  - a. Adequate parking space for disabled children and family to have access to the MTU
- 2. Special features:
  - a. Front row of parking lot closest to the MTU main entrance
  - b. Ramp from parking lot onto sidewalk/entrance to the MTU
  - c. Clearly marked spaces painted using universal symbol for the disabled or sign posted that displays this symbol

### Medical Therapy Conference Area

If no area is specifically dedicated for the MTC, the MTU must meet the requirements of the sections of this attachment on PT (page 24) and OT (page 25).

- 1. Purpose is to:
  - a. Provide private area for the physician to examine children and for the multidisciplinary team to meet and discuss the needs of the child
- 2. Special Features:
  - a. Examination table
  - b. X-ray illuminator
  - c. Space for family participation
  - d. Space for patient assessment and observation

### Supplemental Space (marked with an asterisk)

The following areas are desirable but not always necessary. Should the areas be determined necessary, square footage will vary depending on unit caseload.

#### \*Outdoor Therapeutic

1. Purpose is to:
  - a. Provide an area for functional training in the outdoor environment.
  
2. Recommended special features:
  - a. Adjacent and accessible to occupational and physical therapy area;
  - b. Paved area for wheelchair and walkers
  - c. Covered walking area with standard curb and simulated street crossing with stop/go signal
  - d. Various surfaces and elevations for gait training (i.e., sand, gravel, grass, bricks, rocks and hills)
  - e. Large grass mound area with a four-foot rise
  - f. Screened from playground area to reduce distractibility of pupil from assigned task
  - g. Wind breaks if area warrants

#### \*Training Bedroom

Minimal requirements are for a private space, storage closet, and bed.

1. Purpose is to provide:
  - a. Privacy for evaluation and training activities of daily living skills usually performed in the bedroom area, such as transfer from bed to crutches or wheelchair; practice in bed making; general household and cleaning activities; self-dressing and undressing; personal grooming; and care of own clothing

2. Special features:
  - a. Adjacent to occupational therapy and accessible to physical therapy
  - b. Screened from the general treatment area
  - c. Space for items listed in the equipment list

#### \*Conference Room

1. Purpose is to provide area for:
  - a. Conferences
  - b. Interviews
  - c. Lectures
  - d. Progress studies
  
2. Special features:
  - a. Near therapy office and waiting room
  - b. Two doors, one to outside hall and one into therapy unit
  - c. Tackboard and dry-erase board area
  - d. Electrical outlets, minimum of two
  - e. Intercom unit, depending on size unit

#### \*Therapy Staff Parking (Dedicated)

1. Purpose is to provide:
  - a. Accessible parking for therapy staff who travel between the MTU and MTU satellite sites
  
2. Special features:
  - a. Close to the front entrance of the MTU

#### **MTP Equipment List**

The MTP equipment list established by CCS and CDE identifies appropriate equipment and supplies necessary to provide MTP services in the MTU. The items listed are basic to the provision of therapy care management, assessments, treatment, or consultation

to disabled children and their families with the goal of providing equal access and uniformity of equipment for children receiving MTP services.

A new MTU will require most items on this list as they are essential to the provision of services in any MTU and receive high usage regardless of the number of children served or the conditions treated. However, some items are for use with conditions that are eligible for the MTP but are not commonly used. These items may not be immediately necessary to establish an MTU. A newly established MTU may be opened, with mutual agreement between CMS and CDE, without all of the equipment on the list if there is a commitment by the LEA to provide the specific and necessary equipment within a specified and reasonable period of time. Existing MTUs may submit requests for equipment on the list that need to be replaced or is necessary to treat children currently receiving services in the MTU.

The list does not include every item of equipment and supply which may be required to assess, treat, or provide consultation for every child in the MTP. Items not on the list will require specific justification and CMS approval prior to presentation to the LEA responsible for providing equipment and supplies for the MTU.

### Definitions

1) Equipment - Means those reusable items that are necessary to provide MTP services. These items are accessed by multiple children while receiving MTP services at the MTU or MTU-S. The equipment should have a life expectancy of a year or more.

2) Supplies – Means those items of an expendable or consumable nature that are necessary to provide MTP services. These items augment the provision of MTP services at the MTU or MTU-S. Supplies should have a life expectancy of less than one year.

## Equipment and Supply List

Purpose	Item	CCS Responsibility	LEA Responsibility	
<u>Administration:</u> This list includes equipment and supplies to support medical therapy services.	<u>Equipment</u> 1) Answering machine 2) Bookcase/bookshelves 3) Chair and desk/work surface (If separate, 1 per therapist) 4) Computer, IBM compatible (includes CPU, monitor, keyboard, mouse, and printer) 5) Computer table/hutch 6) Copier (or access to one) 7) File cabinets (four-drawer with lock and x-ray storage) 8) Telephone 9) FAX machine 10) Storage cabinet 11) Bulletin boards 12) Paper cutter (or access)	1    4  5    9	  2 3     6 7  8  10 11 12	
	<u>Supplies</u> 1) Computer software 2) Office supplies, general 3) Office supplies, medical 4) Reference books, medical 5) Phone line, public 6) Phone line, FAX, and modem	1  3 4  6	  2   5	
	<u>MTU Conference:</u> This list includes equipment and supplies to support physician assessments during conference.	<u>Equipment</u> 1) Chairs, folding (access) 2) X-ray illuminator 3) Tape recorder (mini) or dictaphone 4) Neurologic hammer 5) Otoscope 6) Examining table (stand alone) or built-in (optional) 7) Sphygmomanometer 8) Stethoscope 9) Scale (standing/sitting) 10) Flashlight (mini) 11) Tape measure (cloth)	  2 3  4 5  7 8 9 10	1     6     11
		<u>Supplies</u> 1) Tongue blades 2) Ear swabs (long) 3) Handi-wipes 4) Rubbing alcohol 5) Examining table cover 6) Gowns	1 2 3 4 5 6	

Purpose	Item	CCS Responsibility	LEA Responsibility
<u>PT and OT Services:</u> This list includes equipment and supplies for assessment, treatment, and consultation services to be provided by MTP staff.	<u>Equipment</u> 1) Mobile arm supports 2) Chairs, adjustable (small and medium) with trays 3) Dynamometer 4) Equilibrium board 5) Tape measures (metric) 6) Goniometers (large, small, and finger sizes) 7) Elevated treatment table and mats 8) Floor mats 9) Pinch gauge 10) Polaroid camera 11) Privacy screens/curtains 12) Ramp and curb set 13) Spirometer, hand-held 14) Training stairs 15) Computer for student use includes software and adaptive accessories 16) Ambulation belts 17) Crutches, canes, etc. 18) Balance beam 19) Therapy balls, assorted sizes and ball rack 20) Stationary bike, adjustable 21) Crutch rack 22) Wall pulley system with weights and weight rack 23) Swivel hook, ceiling mounted with: a) Net swing b) Bolster c) Platform 24) Hydraulic lift and sling 25) Foot placement ladder 26) Mirror, mobile (full length) 27) Mirror, three-panelled 28) Parallel bars (adjustable) 29) Weights (ankle, wrist adjustable) and weight rack 30) Caster cart 31) Storage cabinets standard 32) Prone stander 33) Tilt table	10	1 2 3 4 5 6 7 8 9 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33



Purpose	Item	CCS Responsibility	LEA Responsibility
<u>PT and OT Services:</u> This list includes equipment and supplies for assessment, treatment, and consultation services to be provided by MTP staff (cont.).	34) Pull-up bar, portable		34
	35) Push-up blocks		35
	36) Stall bars		36
	37) Stools, rolling		38
	38) Tables: child size, cut-out and adjustable, standard table		
	39) Walkers		39
	40) Tricycles, with therapeutic attachments		40
	41) Standardized testing kits (assorted)		41
	42) Head pointer, adjustable		42
	43) Air splints		43
	44) Bolsters/wedges, assorted		44
	45) Push cart		45
	46) Hand placement mitt		46
	47) Helmets, assorted sizes		47
	48) Sand bags		48
	49) Scooter boards		49
	50) Toys: balls, blocks, dolls, Legos, push/pull toys, puzzles, scissors, bean bags, etc.		50
	51) High chair		51
	52) Feeder seat (assorted sizes)		52
	53) Microwave		53
	54) Stove/oven, standard		54
	55) Washer/dryer		55
	56) Refrigerator		56
	57) Toilet seat, raised (portable)		57
	58) Toilet bars, portable		58
	59) Tub bars, portable		59
	60) Transfer bench		60
61) Hydrocollator, hot pack and tongs		61	
62) Paraffin bath		62	
63) Shower hose, hand-held		63	
64) Pegboards		64	
65) Reachers		65	
66) Dressing/grooming aids, assorted		66	
67) Adaptive switches and mountings (for toys)		67	
68) Video monitor	68		
69) Video equipment (camera and player)	69		
70) Bed (or access to)		70	
71) Air pump and attachments (or access to)		71	
72) Bending/towels		72	
73) Feeding equipment		73	

Purpose	Item	CCS Responsibility	LEA Responsibility	
<u>PT and OT Services:</u> This list includes equipment and supplies for assessment, treatment, and consultation services to be provided by MTP staff (cont.).	74) Safety mats for bathroom/tub 75) Kitchen cookware 76) Dishes and utensils 77) Kitchen appliances, small 78) Corner chair 79) Bath chair 80) Cast cutter 81) Bandage scissors 82) Whiteboard 83) Easel		74 75 76 77 78 79 80 81 82 83	
	<u>Supplies</u>			
	1) Theraband/exercise tubing	1		
	2) Gloves, disposable	2	3	
	3) Cleaning: spray bottles, disinfectant, sponges, laundry/dish soap			
	4) Mouth pieces for hand-held spirometer, disposable	4		
	5) Paraffin	5		
	6) Toilet paper		6	
	7) Paper towels		7	
	8) Kleenex		8	
	9) Arts and crafts, assorted		9	
	10) Film/videotape	10		
	11) Food (for training)		11	
	<u>Therapy Workshop:</u> This list includes equipment and supplies to fabricate and maintain adaptive equipment utilized by children during MTP activities.	<u>Equipment</u>		
		1) Storage cabinet, fireproof		1
2) Heat gun			2	
3) Storage cabinet, standard			3	
4) Electric skillet			4	
5) Iron/ironing board			5	
6) Sewing machine, heavy-duty (or access to)			6	
7) Router (hand-held)			7	
8) Jigsaw (hand-held)			8	
9) Work table with clamps			9	
10) Hand tools, assorted			10	
11) Scissors, assorted			11	
12) Electric hand drill and accessories			12	
13) Extension cord			13	
14) Staple gun			14	
15) Electric screwdriver (cordless)		15		

Purpose	Item	CCS Responsibility	LEA Responsibility
	<u>Supplies</u> 1) Plaster 2) Plastics (thermo) 3) Orthotic glue 4) Splinting materials and accessories 5) Wood 6) Sewing accessories 7) Hardware (assorted) 8) Foam	1 2 3 4 5 6 8	7



NAPA COUNTY  
**SELPA**

SELPA Administrators Committee (SAC) Meeting  
November 16, 2023  
In Person- NCOE  
2:00- 3:00  
[November Meeting Attachments](#)

- Welcome & Introductions
- SELPA Activities
  - [November CAC: Parent Resources for IEP Meetings](#)
- [IEE List Expansion Updated List](#)
- IEE Conflict of Interest: [Jan Tomsy Legal Feedback](#) & Next Steps
- Larry P Updates: [Opinion](#) & [CASP Presentation](#)
- Compliance & Implementation Monitoring (CIM)- NVUSD, CJUSD, SHUSD & NCOE
  - Student Level Corrective Actions & [CIM Plan](#): Almost there! **Due 11/30 to SELPA**
  - PVES: Small Cycle Monitoring: Completed
- [Legislative Bill- AB 1466: Student Restraint & Seclusion Data Reporting](#)
  - ALL Student Reporting:
    - [AALRR Memo](#)- caused confusion; restraint and seclusion data (counts) submitted via EOY 3 should be posted to LEA website within 3 months *AFTER* due to the department (CDE). AALRR plans to issue a revised memo to clarify requirements.
    - If using certified data, then posted by *end of October 2024*
    - Where to post? This data is not restricted to special education students. Link to CDE reporting where you have other all student indicators/dashboard data on your website.
  - [NPS Reporting Requirements](#)
  - [CDE Seclusion & Restraint Reporting Information](#)
- [Professional Development Opportunities](#)
- SAC Meeting Schedule
  - February 15, 2024: 1:00- 2:00 (ZOOM)
- Resources
  - [Root Cause Analysis Inquiry: Common Problems of Practice](#)
- LEA Updates
  - Group Chat:
    - What is your practice for making up missed services when a teacher or provider is out?
    - What is your practice for reviewing your CALPADS Data for Certification?
    - [ESY on the Horizon](#): Documenting meaningful conversations
    - CRPA Requests
- Hot Topics & Requests
  - Scheduling NPS Monitoring Visits: Spectrum, Sierra, Cyprus, Anova & Green Acres



NAPA COUNTY  
**SELPA**

*Napa County SELPA Finance Committee*

**MEETING TOPICS**

November 9, 2023

10:00 am -Noon

NCOE Conference Room B and C

1. Welcome
2. Review of Meeting Topics for November 09, 2023
3. Review of Meeting Notes from September 21, 2023 (Attachment 3.1)
4. Information/Discussion Items
  - a. SELPA Director Update (Attachment 4.B)
  - b. 2023-24 SELPA Allocation Budget (Attachment 4.C)
  - c. 2023-24 SELPA Payments
  - d. 2022-23 Extraordinary Cost Pool claims
  - e. Maintenance of Effort (MOE) update
  - f. Low Incidence Budget & Allocation (Attachment 4.F)
  - g. Preschool Special Education Updates
5. Recommendation to SEB
6. Adjournment
7. Next Meeting: March 7th, 2024



**NAPA COUNTY  
COMMUNITY  
ADVISORY  
COMMITTEE**

*Inclusion | Access | Excellence*

November 13, 2023



NAPA COUNTY  
**SELPA**

# Introductions & Agenda

CAC Co-Chairs:  
Amy Barberi &  
Darcy Storms

Napa County  
SELPA Director:  
Kelsey  
Petithomme

Napa County LEA  
(Local Education  
Agency)  
Representatives

Partner Agencies



# Preparing for a Successful IEP: Parent Resources

- ▶ Put your thoughts in writing before the IEP
  - ▶ [High Quality IEPs: Before, During & After the IEP Parent Checklist](#)
  - ▶ [One Pager: SPIN \(Strengths, Preferences, Interests, & Needs\)](#)
  - ▶ [High Quality IEPs: Building on My Strengths](#)
  - ▶ [Progress Center: Preparing for the IEP Parent Version](#)
  - ▶ [From Input to Outcomes: Parent Checklist](#)
- ▶ Familiarize yourself with the IEP components
  - ▶ [IEP Overview: Understanding the IEP](#)
  - ▶ [English to Spanish Glossary of Special Education Terms](#)





# Tips & Tricks

- ▶ Spend time at each meeting celebrating accomplishments. There have been many!
- ▶ Ask the team to focus on your child's strength, rather than your child's deficits.
- ▶ Ask for clarification as often as you need it.
- ▶ Foster the relationship and understand it will change as your child ages & transitions between programs
- ▶ Determine a system in which your concerns will be heard when needed.
  - ▶ Who do you talk to?
  - ▶ What is the preferred method of communication?
  - ▶ Who do you go when your concerns are not addressed?

# Share your Expertise: Parents as Leaders

How do you prepare for your child's IEP?

What are the ways in which you have experienced success at your child's IEP?

What are some challenges you have experienced and how did you effectively address them?

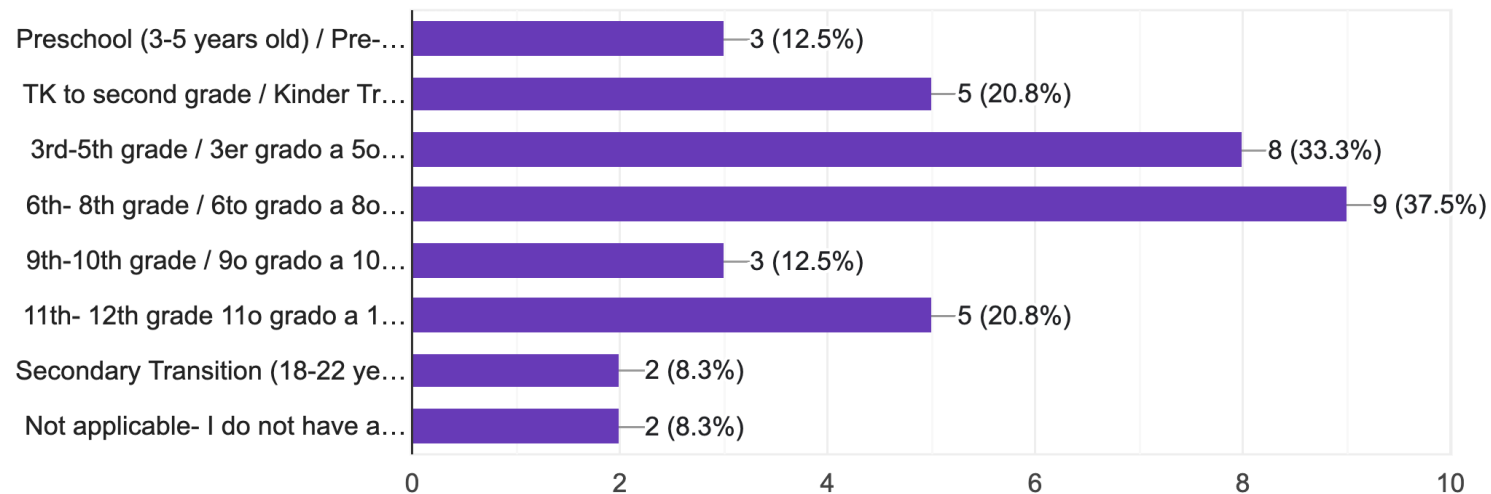
What do you wish someone would have told you in the beginning?

# CAC Parent Survey: Initial Results

## ► 22 Respondents

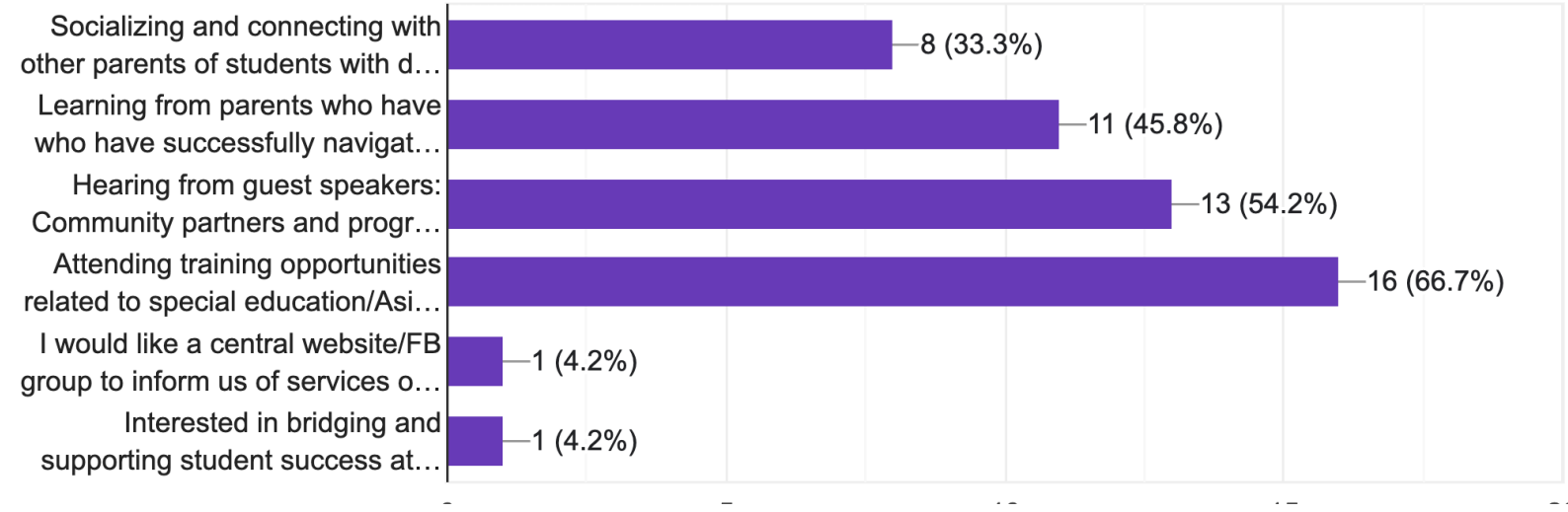
My child (children) fall within the following age/grade ranges (check all that apply)/ Mi hijo(s) se encuentran dentro de las siguientes edades/grado escolares (marque todo lo que corresponda)

24 responses



I would be interested in the following opportunities (check all that apply)/ Me interesarían las siguientes oportunidades (marque todas las que correspondan)

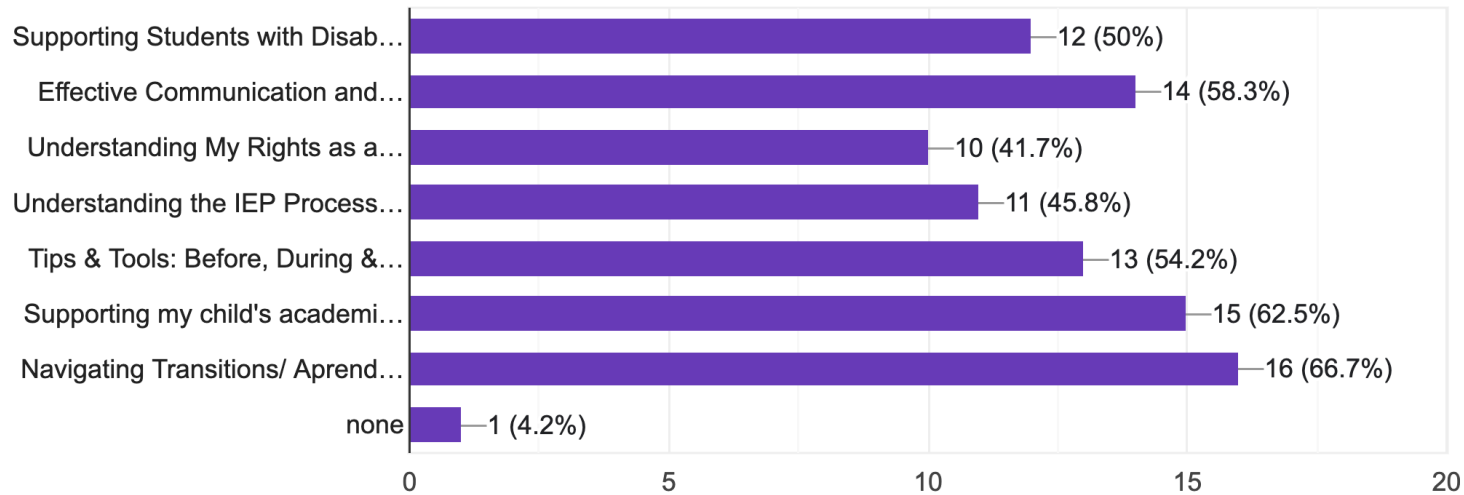
24 responses



# What do parents want from the CAC?

I am interested in the following training opportunities (check all that apply)/ Estoy interesado en las siguientes oportunidades de capacitación (marque todas las que correspondan)

24 responses



# CAC Training Opportunities



North Bay Regional Center: IDEA Specialist



LEA Special Education Program Updates



[2023- 2024 CAC Meeting Dates](#)



Comments & Concerns



**NAPA COUNTY  
COMMUNITY  
ADVISORY  
COMMITTEE**

Inclusion | Access | Excellence

*Napa SELPA CAC In-Person  
Meeting*

- ✓ February 5, 2024
- ✓ 5:30- 6:30 pm
- ✓ Napa County Office of Education  
2121 Imola Ave, Napa CA 94559

Please join us for an evening of dinner, connections, and a special guest speaker, Beth Foraker, Co-Director of the UC Davis Redwood SEEDS Scholar Program, a fully inclusive college program for students with intellectual disabilities

RSVP [Here](#) or email Lily Prudhomme  
[lprudhomme@napacoe.org](mailto:lprudhomme@napacoe.org)

 Napa SELPA



NAPA COUNTY  
**SELPA**



**NAPA COUNTY  
COMMUNITY  
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COMMITTEE**

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*Reunión en persona del  
SELPA CAC de Napa*

- ✓ 5 de febrero de 2024
- ✓ 5:30-6:30 p.m.
- ✓ Oficina de Educación del  
Condado de Napa  
2121 Imola Ave, Napa CA 94559

Únase a nosotros para una noche de cena, conexiones y una oradora invitada especial, Beth Foraker, codirectora del programa académico UC Davis Redwood SEEDS, un programa universitario totalmente inclusivo para estudiantes con discapacidad intelectual.

Confirme su asistencia aquí o envíe un correo electrónico a Lily Prudhomme [lprudhomme@napacoe.org](mailto:lprudhomme@napacoe.org)

 Napa SELPA



NAPA COUNTY  
**SELPA**



**SELPA Director Activities: November 2023- February 2024**

**Relationship Building**

- Site Visits & Program Observations: CJUSD Elementary & Junior/Senior Sped Programs
- Site Visits & Program Observations: SHUSD Primary, Elementary & SHOP Sped Programs
- Meeting with Child Start & North Bay Regional Center
- Meetings with CAC Representatives
- CCS & Medical Therapy Unit Staff/ NVUSD Staff
- Alternative Dispute Resolution: NVUSD

**SELPA Director Responsibilities**

- Attended November & December State SELPA
- Attended monthly NorCal Region SELPA Meetings
- Bi- Monthly Meetings with SELPA Director Mentor (Santa Cruz County)
- Attended CASFE New Member Training
- Attended monthly Coalition for Adequate Special Education Funding meetings
- Attended montly Bay Area Collaborative workgroups
- Consulted SELPA Legal Counsel
- Faciliated SELPA Finance Meeting
- Faciliated SELPA CAC Meeting- Virtual & In Person: Guest Speaker
- Facilitated SELPA Adminstrators Committee Meeting
- Provided support for data certification/error management
- Non-Public School (NPS) Monitoring Visit: Cypress School, Petaluma
- Non-Public School (NPS) Monitoring Visit: Lattice Educational Services, Santa Rosa
- Non-Public School (NPS) Monitoring Visit: Anova, Santa Rosa
- Non-Public School (NPS) Monitoring Visit: Green Acres, Sebastopol
- Non-Public School (NPS) Monitoring Visit: Spectrum Center, Solano
- Attended special education staff meetings: NVUSD, SHUSD, & CJUSD
- Consultation with NCOE CTE Program: IEP services & accomodations
- Facilitated Up Valley SLP Job Alike Group
- Certification of all member LEA student data
- Expanded Napa County IEE Provider List
- Completed CIM Progress Monitoring: NVUSD, NCOE, CJUSD & SHUSD
- Convened Local Plan Revision Work Group- Developed draft local plan



Kelsey Petithomme  
Napa County SELPA Director  
Professional Goals: 2023-2024  
Updated February 2024

1. Develop a relationship with each member district based on responsive communication, transparent practices and collaborative problem solving.
2. Build strong connections with community partners and neighboring districts and SELPAs to increase opportunities for growth for Napa County providers.
3. Develop a Local Plan Committee and update our SELPA Local Plan Section B to be reflective of our Napa County needs by June 2024.
4. Update our local procedures and policies to be the most resource efficient to improve services to students and providers:
  - a. Revise our Low Incidence Funding Policies to ensure that districts are receiving maximum benefit.
  - b. Ensure our Independent Education Evaluation policy and provider list is comprehensive.
  - c. ~~Support the development of a Napa SELPA AAC/AT Assessment Policy~~
  - d. Support the development of a clear Alternative Dispute Resolution pathway for families and districts
5. Provide ongoing support and technical assistance to all Napa County LEAs for their CDE Compliance and Improvement Monitoring Plans
  - a. Develop district specific roadmaps for navigating compliance issues and deadlines with regularly scheduled progress meetings.
  - b. Develop a relationship with CDE monitoring units to ensure effective communication between CDE, the SELPA, and districts.
6. Create a more robust and engaging Community Advisory Committee (CAC)
  - a. Increase parent representation on the committee
  - b. Provide a series of educational opportunities and guest speakers that are of value to our parent population
  - c. To work collaboratively with existing district and parent community groups to as partners to widen our impact
7. Participate in a variety of professional development opportunities related to Alternative Dispute Resolution (ADR) to help support districts and families in reaching consensus