



The regional center's primary role is to coordinate services for clients and their families that will enable clients to lead more independent, fulfilling lives. To carry out this role, San Diego Regional Center sometimes funds services, but we also help families to identify and access other payment sources for which they are eligible. These include public programs such as public education, Medi-Cal, and In-Home Supportive Services as well as private resources such as health insurance and client trusts. Regional Centers must seek out other sources of funding before we pay for services.

Effective 7/1/2012, changes in California law (Senate Bill 946) required certain private health insurance carriers to provide coverage for behavioral health treatment services associated with autism and pervasive developmental disorder (PDD). Behavioral health treatment includes such treatment interventions as applied behavior analysis (ABA) and other evidence-based interventions.

Effective 7/1/2013, changes in California law (Assembly Bill 89) permit regional centers to fund private insurance co-payments/coinsurance for some services if certain requirements are met, including income eligibility determination. These services must be related to the developmental disability or developmental delay. Effective July 1, 2014, changes in California Law (Senate Bill 856), permit regional centers to fund private insurance deductibles.

If you are interested in obtaining regional center funding of your private insurance co-payment, coinsurance or deductible for your child:

- ◆ You must first determine whether the treatment services can be obtained through your health insurance plan.
- ◆ Ask your child's doctor or primary care physician (PCP) for a referral for developmental health treatment services. Give your physician any reports completed through the Regional Center such as the psychological evaluation, medical evaluation, or intake summary. Your physician will determine whether treatment is medically necessary and give you a referral or prescription.
- ◆ Take the prescription to a qualified service provider which is approved by your insurance plan. If you are in a managed care (HMO) plan, you may be limited to a certain network of qualified service providers.
- ◆ The qualified service provider will develop a health treatment plan which includes:
 - Current needs
 - Measurable goals
 - Type of treatment and number of hours needed to achieve those goals
 - Frequency at which progress is evaluated and reported
- ◆ This plan will be submitted by the service provider to your insurance company for authorization.
- ◆ Some insurance plans are excluded from the California autism behavioral health mandate. These include coverage through certain self funded plans and certain out of state plans. Medi-Cal funding for ABA services will be in available in the near future.
- ◆ You may appeal a denial by contacting your plan's Member Services department or through your health insurance plan's web site. In some cases you may appeal to California's Independent Medical Review program.
- ◆ Forward information about coverage under your health insurance plan, either approval or denial, to your service coordinator.