

DEPARTMENT OF DEVELOPMENTAL SERVICES

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September 13, 2018

TO: REGIONAL CENTER EXECUTIVE DIRECTORS

SUBJECT: INSTRUCTIONS FOR REQUESTING HEALTH AND SAFETY WAIVER EXEMPTIONS

This letter supersedes the January 6, 2017, correspondence sent to regional center Executive Directors, which provided instructions for submitting Health and Safety (H&S) Waiver Exemption requests to the Department of Developmental Services (Department). Welfare & Institutions (W&I) Code sections 4681.6, 4648.4(b), 4681.5, 4684.55, 4689.8, 4691.6 and 4691.9 authorize the Department to approve exemptions to rate freezes for the purpose of mitigating risks to consumer health and safety.

Budget Trailer Bill, Assembly Bill 107 (Chapter 18, Statutes of 2017), required the Department to convene a stakeholder workgroup to consider simplified processes for providers seeking H&S rate adjustments. The Department conducted stakeholder meetings in Northern and Southern California that consisted of representatives, as specified in the Budget Trailer Bill. These stakeholder meetings provided the Department with valuable input and recommendations for improving and streamlining the H&S waiver exemption process, including the development of a standardized waiver request template for use by regional centers and service providers.

In response to the recommendation for a standardized waiver request template, the Department will be utilizing a new template format. Instructions for the template are included as Enclosure 1. The template is Enclosure 2. Understanding that this is a new tool and adjustments may be needed, the Department encourages regional centers and vendors to provide input and recommendations for improvement, within 90 days from the date on this letter.

The purpose of this correspondence is to provide a detailed description of the information the Department must receive to consider an exemption request in the timeliest manner possible. The following documentation must be submitted to the Department:

“Building Partnerships, Supporting Choices”

- Completed H&S Waiver Request Template;
- A copy of the vendor's original request to the regional center;
- A detailed description of existing services and why those services are inadequate to mitigate specific risks to the health and safety; and,
- A complete and accurate written request signed by the regional center Executive Director that justifies the need for a rate increase to protect the consumer(s) health or safety. The regional center must thoroughly review financial information provided by a vendor, to support the request, prior to submitting to the Department.

The following should be noted when preparing H&S Waiver Exemption requests:

- Regional centers must thoroughly examine each consumer's needs, prior to submitting a request, to ensure that risks to the consumer's health and safety exist and cannot be mitigated in any other way.
- Regional centers must thoroughly review vendors' requests for enhanced rates before submitting them to the Department. Prior to submitting a request, the regional center must consider alternative services, including staffing augmentation specific to risk mitigation for a consumer, or group of consumers, that might be provided through another vendor or under another service option. If alternative vendors or services are available and are consistent with the particular needs of the consumer and family, as identified in the Individual Program Plan, and consistent with W&I Code section 4648(a)(6), regional centers should choose this plan of action in lieu of pursuing a H&S.
- While the Department recognizes the challenges the provider may be facing, the H&S waiver exemption process is not a mechanism for making a provider's business viable. Requests must be directly linked to the health and safety of the consumers receiving services and the Department cannot approve requests that fail to establish this basis.

- The Department does not require a separate request letter for each consumer when the same vendor serves and the request applies to multiple consumers; instead, a regional center seeking a waiver for more than one consumer with a uniform enhanced rate should submit one request and include information about each consumer.
- The Department is not obligated to issue approvals for retroactive effective dates; therefore, regional centers are encouraged to submit requests as soon as possible after the need becomes known. Submission by email is required.
- Requests must be submitted to the Department no later than 30 days after the regional center receives the request from the provider. If the regional center does not have all necessary information for the H&S request within 30 days, the regional center must notify the Department of the missing information and the expected date the information will be received by the regional center from the provider.

Approval of a Health and Safety Waiver prior to service delivery

The Department will accept and approve H&S Waiver requests prior to an individual receiving the service to enable the service provider to establish the identified service and/or staffing to support the needs of the individual. The regional center shall submit the request as soon as the need is identified, but no less than 15 days prior to the date when the individual will begin receiving the service, unless it is an emergency. Once submitted, the Department will review the request and respond to the regional center within five working days.

Following are examples of situations that may require the type of review and approval described above:

- Transition from a developmental center to the community;
- Transition from an Institution for Mental Diseases (or other facility ineligible for Federal Financial Participation) to the community; and,
- Transition from an out-of-state placement back to California.

Expedited Exemption Requests

The Department will expedite its review of an exemption request when there is an immediate need to increase the rate of a service to mitigate risk to a consumer's health or safety. Regional centers should contact the Department to discuss these situations as soon as they become aware that a health and safety exemption may be needed to accommodate a consumer's transition to the community, or to prevent admission to a more restrictive setting, or to prevent the loss of services and supports when no other alternative service option is available. Once submitted, the Department will review the request and respond to the regional center within five working days.

Following are examples of situations that may require an expedited exemption request for an individual:

- Risk of admission to a state-operated acute setting;
- Risk of admission to an Institution for Mental Diseases (or other facility ineligible for Federal Financial Participation);
- Risk of an out-of-state placement;
- Risk of admission to a more restrictive setting due to a crisis situation, such as admission to a Mental Health Psychiatric Hospital; or,
- A situation in which, absent a rate increase, a vendor cannot serve an individual and either the consumer's or others' health or safety will most likely be at risk.

Provisional Rates

- When the individual's community service needs or the costs associated with providing services in an existing or new service setting are not completely known, a provisional rate may be established.
- The regional center may not have access to all of the information required by the H&S Waiver Request Template, thus the Department will work with the regional center to establish a provisional rate to expedite the approval of a health and safety exemption and to facilitate transition to the new living arrangement.

Regional Center Executive Directors
September 13, 2018
Page five

- If the Department grants an exemption approval with a provisional rate and a permanent rate is established later, if the provisional rate was higher than the permanent rate, the service provider will not be required to repay the difference between the provisional and permanent rates.

All H&S waiver exemption requests should be sent to: RCBhealthandsafety@dds.ca.gov and brian.winfield@dds.ca.gov. The Department will acknowledge receipt of each H&S exemption request via email. It is the regional center's responsibility to monitor the necessity for increases in rates on an ongoing basis, based upon the services and supports required by the consumers in question, and to notify the Department if the need for the exemption changes.

If you have any questions regarding these guidelines, please contact Rapone Anderson, Regional Center Branch Manager, at (916) 654-3722, or by email, at rapone.anderson@dds.ca.gov.

Sincerely,

Original signed by

BRIAN WINFIELD
Deputy Director
Community Services Division

Enclosures

cc: Regional Center Administrators
Regional Center Chief Counselors
Regional Center Community Services Directors
Association of Regional Center Agencies
Rapone Anderson, Department of Developmental Services

Health & Safety Worksheet

Instructions Manual (rev. 8/09/2018)

Please see attached draft sample worksheet for Health & Safety Exemption requests. The worksheet will require a representative sample of at least three months' payroll information, operating costs, and administrative costs. From the provided information, the worksheet will create an agency monthly budget detailing current and proposed costs. The vendor and regional center should complete worksheet as soon as a Health & Safety Exemption need is anticipated.

Steps:

1. Vendor Completes:
 - a. Section A: "Program Information"
 - b. Section B: "Program Costs"
 - i. Do not complete *Units Billed*
2. Regional Center Completes:
 - a. Section B: "Program Costs"
 - i. Complete only *Units Billed*
 - b. Section D: "Consumer Information"
 - c. Section E: "Health & Safety Waiver Exemption Request"
 - i. *Regional Center Information*
 - ii. *Proposed End Date*
3. Worksheet generates Agency Budget in Section C: "Monthly Program Budget"
4. Regional Center submits worksheet, generated budget, and supplemental information to the Department of Developmental Services.
5. The Department of Developmental Services will:
 - a. Review submitted information
 - b. Verify *Units Billed* data
 - c. Determine if Health & Safety Waiver Exemption is justified.

SECTION A: PROGRAM INFORMATION [Completed by Vendor]

SECTION A: PROGRAM INFORMATION (You will ONLY be able to fill-in and select from the shaded fields on this worksheet)

1	Service Provider Name	Sample SRF		
2	Vendor Number	-		
3	Vendor Address	-		
4	Service Code	113		
5	Subcode #1	Monthly	Rate:	\$ 18,651.25
6	Subcode #2		Rate:	
7	Subcode #3		Rate:	
8	Subcode #4		Rate:	
9	Subcode #5		Rate:	
10	Staffing Ratio	N/A		
11	Number of Consumers in Program	4		
12	Number of Consumers in Request	4		
13	Other Vendor Numbers and Services Codes	N/A		
14	Number of Months in Reporting Period: (3-12)	3		
14	Review Period: (Enter Beginning & End)	Jan-Mar 2018		
15	Effective Date of Increase	4/1/2018		
16	Rate Type	Monthly		
17	Number of Employees Receiving Adjustment	0		
18	Vendors RC:	XXRC		
19	Increase of Existing Service:	Yes		

	Job Position	Current Hourly Wage	Proposed Hourly Wage
1	DSP	\$ 16.00	\$ 16.00
2	LVN	\$ 35.00	\$ 35.00
3	CSSP	\$ 32.94	\$ 32.94
4			
5			
6			

Figure 1-1: Specialized Residential Facility

Please enter requested information into all shaded areas.

1. Include all Job Position Types.
 - a. If there is variation of currently hourly wage of a job position, use an average hourly wage.
2. If Agency only has one POS Subcode, you must still enter Subcode name (Ex: DAILY, 1:3, HRLY, etc.) and corresponding rate.
3. If Request is for an existing service increase, select “Yes” on Line #19. Enter the current rate under rate details.
4. If Request is for a new service, select “No” on Line #19. Enter the median rate under the rate details.
5. If consumers within request utilize more than one Subcode, enter name and corresponding rate
 - a. EX: Consumer receives Supported Living Services on an hourly rate. Consumer may have multiple POS, such as “Hourly-Day”, “Hourly-Night”, “Day-1:2”, “Night-1:2”.
6. Enter number of consumers served within Vendor number on line #11.
7. Enter number of consumers in Health & Safety Request on line #12.
8. Fields will turn RED if not completed. At least one Subcode name must be entered.
9. Vendor has option to choose the reporting period length. It can be a maximum of 12 months or minimum of 3 months.

Row #	A Name or Initials of Staff Employee(s) (Please See Instructions for Listing Employees Receiving more than One Wage)	B Position Type	C Current Hourly Wage	D Monthly Salary	E Percentage of Admin Duties	F Current Hours Paid During Review Period	G Proposed Hours Paid During Review Period	H Job Position (if Receiving Increase)	I Subcode Worked (Direct & Other Support Only)	J Number of Consumers Oversees (Management only)	K Current FTE (1 Month Average)	L Proposed FTE (1 Month Average)
1	DSP	Direct Support	\$ 16.00		0%	4624.44	4234.74				8.89	8.14
2	DSP - Relief (3%)	Direct Support	\$ 16.00		0%	138.73	127.04				0.27	0.24
3	LVN	Direct Support	\$ 35.00		0%	727.44	727.44				1.40	1.40
4	LVN - Relief (3%)	Direct Support	\$ 16.00		0%	21.82	21.82				0.04	0.04
5	Administrator	Administrative	\$ 40.00		100%	260.00	260.00				0.50	0.50
6											-	-
7											-	-
8											-	-
9	Enhanced Rate Staff (CSSP)	Other Support	\$ 32.94		0%	0.00	520.00				-	1.00
10											-	-
11											-	-
12											-	-
13											-	-
14											-	-
15											-	-
16											-	-
17											-	-
18											-	-
19											-	-
20											-	-

Provide justification below for proposed wage increases, staff positions, or hour changes. Explain why these changes are necessary for Health & Safety needs.
 [Insert justification here]

Figure 1-2: Specialized Residential Facility. Request has a decrease in regular DSP Hours, and an increase in CSSP hours.

Please enter requested information into shaded areas.

1. (B) Position Type – Select from dropdown list of Management, Administrative, Direct Support, or Other Support.
2. (E) Percentage of Admin Duties – Enter percentage of time dedicated to administrative Agency duties.
3. (H) Job Position – Select from dropdown list of Job Positions. Job Position List is populated from section displayed in Figure 1-1. If the position does not receive a pay increase in request, the column may be left blank.
4. (I) Subcode Worked – Select from dropdown list of Subcodes. Only complete for Direct Support & Other Support staff. Enter number of hours that staff worked under identified Subcode.
 - a. Note: If Agency only has one Subcode & Rate entered, Column I may be left blank. If there are more than one Subcodes & Rates, then Column I must be completed.
5. (J) Number of Consumers Oversees – Must be supported by Organizational Chart. Enter the number of Consumers the Manager is tasked to manage.
6. All Agency administrative staff need to be entered.
7. Only Direct Support + Other Support staff that worked with identified consumer(s) need to be entered.
8. Only Management that worked with identified consumer(s) need to be entered. This should be supported by Agency Organizational chart.
 - a. Example: Program Manager of Supported Living Agency may work with all 30 consumers, however, the 3 Program Coordinator may only work with 10 consumers each. Include only Program Manager and single Program Coordinator that worked with identified consumer(s).

Frequently Asked Questions for Section A:

1. Do I need to enter all individual employees, or just position type?
 - a. You can do both. Example above demonstrates by position type.
2. What if I have additional POS Subcodes on my rate table, but have not billed during 3 month reporting period?
 - a. You do not need to include rate information for POS Subcodes that were not during reporting period.
3. What if I had consumers enter/leave during reporting period?
 - a. Use your average attendance during reporting period.

4. What if I have multiple subcodes rate types, such as a Day Program with Daily Rate and Hourly Supplemental Staffing?
 - a. Worksheet can only utilize one rate type. Submit a separate worksheet for Hourly Supplemental Staffing. If operations and managerial staff are included in the Daily rate, then leave those sections blank in the supplemental staffing request.
5. What reporting range should I use?
 - a. Use most recent range with available data.
6. What if Agency is vendored with multiple regional centers?
 - a. Only include information for current Vendor Number. If Vendor Number has courtesy vendorization(s) from another regional center, include courtesy vendorization(s) in consumer census and employee information.
7. What if an employee received a pay raise, became promoted, worked multiple subcodes, or has multiple pay rates?
 - a. Enter separate entries for each variable.
 - i. *Example:* Supported Living Staff has separate pay rates for Day and Overnight, which also fall under different subcodes. Create an entry for the Day Rate & Subcode, and a separate entry for the Overnight Rate & Subcode.
8. What if the request is for one consumer, but there is shared staff?
 - a. Employee hours for shared hours will need to be divided by number of consumers sharing services. If request is for two consumers who utilize shared staff, then no hour division is necessary.
9. Do I include sick and vacation hours?
 - a. Yes, include sick and vacation hours paid out to employee during reporting period.
 - i. Example in figure 1-2 demonstrates a 3% relief factor for DSP & LVN.

SECTION B: PROGRAM COSTS [COMPLETED BY VENDOR]

SECTION B: PROGRAM COSTS

Service Provider Name Sample SRF
 Vendor Number -
 Service Code 113
 Vendoring Regional Center XXRC

Payroll & Liability Costs (26.08% Total)			
Employer Payroll Taxes - Federal		Employer Payroll Taxes - State	
Social Security / FICA	6.20%	SUI (CA State Unemployment Ins.)	3.40%
Medicare Tax	1.45%	SDI (CA State Disability Ins.)	0.90%
Federal Unemployment Tax	0.60%	ETT (CA Employment Training Tax)	0.10%
Misc. Mandated Costs			
Workers Compensation	13.43%		
Benefits per FTE (3 Month)			
Direct Support - Benefits	\$ 1,140.00	Administrative - Benefits	\$ 4,200.00
Management - Benefits		Other Support - Benefits	\$ 6,264.00

Figure 2-1

Please enter requested information into shaded areas.

1. Payroll Taxes are fixed and cannot be adjusted, with the exception of Unemployment Insurance and Workers Compensation.
2. Benefit costs are employer contribution to benefits on a monthly basis.

Operations Costs (Jan-Mar 2018)				
Lease/Mortgage	\$ 22,500.00	License Renewal Costs		\$ 300.00
Utilities	\$ 3,600.00	Transportation		\$ 7,500.00
Program Costs (Describe)		Current Cost	Proposed Cost	
1. Staff Recruitment Costs, Training		\$ 4,866.48	\$ 4,866.48	
2. Household, Medical, Program Supplies		\$ 3,600.00	\$ 3,600.00	
3. Dietary Supplies		\$ 4,200.00	\$ 4,200.00	
4. Communication + Subscription & Dues		\$ 2,874.00	\$ 2,874.00	
5. OTC Medications not covered by insurance		\$ 6,600.00	\$ 6,600.00	
Consumer Specific Program Costs (Describe)				
1.				
2.				
3.				
4.				
5.				
Program Consultants		Hourly Rate	Current Hours	Proposed Hours
1. Behaviorist		\$ 100.00	24	24
2. MT, AT		\$ 112.50	12	12
3. OT/PT/RD		\$ 100.00	12	12
4. NP Services (1 Hour = 1 Month On-Call)		\$ 1,600.00	3	3
5.				
Consumer Specific Consultants		Hourly Rate	Current Hours	Proposed Hours
1.				
2.				
3.				
4.				
5.				

Figure 2-2: Operations Costs for 113 Specialized Residential

Please enter requested information into shaded areas.

1. Only enter appropriate operations costs as per service code.
 - a. Mortgage/Lease is only utilized for Site-Based Programs.
 - b. For Non-Site-Based Programs, (such as Community Based Day Programs, Respite, Supported Living, Personal Assistant, etc.), no costs should be entered for Lease, Utilities, or License Renewal Costs. Office rent shall be include in Administrative Costs.
2. Program Costs and Consultants – include costs that are incurred within the Vendor operating costs.
3. Consumer Specific Program Costs & Consultants – include costs that are incurred due to serving individual consumers identified within the Health & Safety request.
 - a. Example: Travel, Community Integration, Specific Behavioral Incentives

Administrative Costs (Jan-Mar 2018)			
Taxes		Depreciation	
Repair & Maintenance	\$ 1,500.00	Management Services	
Other Administrative Costs (List Below)		Current	Proposed
1. Bookkeeper		\$ 600.00	\$ 600.00
2.			
3.			
4.			
5.			

Figure 2-3: Administrative Costs for 113 Specialized Residential

Please enter requested information into shaded areas.

1. Be prepared to provide supporting documentation for Administrative Costs if requested.

For Regional Center Only	3 Month Period = Jan-Mar 2018	
	Current Monthly Units Billed	Proposed Monthly Units Billed
Subcode #1 - Monthly	12	12
Subcode #2 -		
Subcode #3 -		
Subcode #4 -		
Subcode #5 -		
Does Agency incur any changes to Administrative Staff Costs due to request?		No, 0 Staff
If there is a change for Administrative Staff or General Administrative Costs, is this necessary for health & safety needs for consumer(s)?		No

Figure 2-4: Regional Center Billing Information

1. Vending Regional Center to enter current and proposed Units Billed during Reporting Period.
2. Vending Regional Center to confirm all rate information completed in Section A.
3. Vending Regional Center to determine if Administrative Staff is necessary for health & safety needs. Further clarification will be required in Section D.

SECTION C: MONTHLY PROGRAM BUDGET [Automated]

SECTION C: MONTHLY PROGRAM BUDGET

Vendor: Sample SRF	Vendor Number: -	Number of Consumers in Program: 4
Service Code: 113	Staffing Ratio: N/A	Number of Consumers in Request: 4
3 Month Review Period: Jan-Mar 2018	Rate Type: Monthly	
Vendoring Regional Center: XXRC		

Figure 3-1: Budget Information

All information within Section C is automatically calculated based upon information from Section A & B.

Direct Program Costs	Hours	Current		Proposed		Difference Total	Notes
		Rate	Total	Rate	Total		
Direct Support Wages ¹	1837.48	\$ 18.51	\$ 34,006.78	\$ 18.70	\$ 31,866.03	\$ (2,140.75)	Proposed Hours = 1703.68
DSP - Payroll & Liability		26.08%	\$ 8,868.97	26.08%	\$ 8,310.66	\$ (558.31)	
DSP - Benefits	FTE = 10.6	\$ 380.00	\$ 4,028.32	\$ 380.00	\$ 3,734.99	\$ (293.32)	Proposed FTE = 9.83
Other Support Wages ¹		\$ -	\$ -	\$ 32.94	\$ 5,709.60	\$ 5,709.60	Proposed Hours = 173.33
Other Support - Payroll & Liability		\$ -	\$ -	26.08%	\$ 1,489.06	\$ 1,489.06	
Other Support - Benefits		\$ -	\$ -	\$ 2,088.00	\$ 2,088.00	\$ 2,088.00	Proposed FTE = 1
Management Wages ¹		\$ -	\$ -	\$ -	\$ -	\$ -	
Management - Payroll & Liability		\$ -	\$ -	\$ -	\$ -	\$ -	
Management - Benefits		\$ -	\$ -	\$ -	\$ -	\$ -	
Subtotal			\$ 46,904.07		\$ 53,198.35	\$ 6,294.28	13.42% Increase

Figure 3-2: Direct Program Costs for 113 Specialized Residential Facility

1. *Current* – details current costs incurred.
2. *Proposed* – details proposed costs incurred.
3. *Difference* – calculates costs incurred as a result of Health & Safety rate adjustment.
4. Direct Program Costs only includes Non-Administrative Management Hours.
5. Hourly Rate is Calculated based upon a (Total Pay over 3 Months) divided by (Total Hours Worked over 3 Months).
6. Administrative Benefits Rate may vary depending on Position Type.
 - a. EX: Management has benefits set at \$600. If a Manager is 1 FTE and 75% administrative, then there will be .25 FTE in Direct Program Costs, and .75 FTE in Administrative. However, the .5 FTE will be multiplied by the administrative ratio (Number of Consumers in Request / Number of Consumers in Program).
 - b. If there are multiple position types with administrative duties, the health benefits will automatically calculate to retain health benefits values associated with position type.

Totals		Current		Proposed		Difference	
Direct Program Percentage			62.87%		65.76%	2.89%	
Operations Percentage			29.40%		27.11%	-2.29%	
Administrative Percentage			7.74%		7.13%	-0.60%	
Direct Program Subtotal			\$ 46,904.07		\$ 53,198.35	\$ 6,294.28	13.42% Increase
Operations Subtotal			\$ 21,930.16		\$ 21,930.16	\$ -	
Administrative Subtotal			\$ 5,770.77		\$ 5,770.77	\$ -	
Budget Total			\$ 74,605.00		\$ 80,899.28	\$ 6,294.28	8.44% Increase

Proposed Adjustments	Current Units Billed	Current		Proposed		Difference	
		Rate	Total	Rate	Total		
Subcode #1: Monthly	4.00	\$ 18,651.25	\$ 74,605.00	\$ 20,224.82	\$ 80,899.28	\$ 6,294.28	\$1573.57 Rate Increase (8.4%)
Subcode #2:	0.00	\$ -	\$ -	\$ -	\$ -	\$ -	
Subcode #3:	0.00	\$ -	\$ -	\$ -	\$ -	\$ -	
Subcode #4:	0.00	\$ -	\$ -	\$ -	\$ -	\$ -	
Subcode #5:	0.00	\$ -	\$ -	\$ -	\$ -	\$ -	
Total Revenue from Regional Center			\$ 74,605.00		\$ 80,899.28	\$ 6,294.28	8.44% Revenue Increase

Figure 3-3: Budget Totals and Proposed Adjustments for 113 Specialized Residential Facility

1. *Totals* – Provides Summary data from sections above.
2. *Proposed Adjustments*
 - a. Units Billed is average over reporting period
 - b. Ratio of Administrative and Management costs are divided equally among number of units.

SECTION D: CONSUMER INFORMATION

[Completed by Vending Regional Center]

SECTION D: CONSUMER INFORMATION

1. Names (or Initials) of Consumers and UCI #:
2. Provide a detailed description of the health and safety risk(s) and challenges. Provide a detailed description of what service changes are necessary to protect the consumer's health and safety.
3. Provide information regarding the availability of alternative, comparable, and local resources to meet the needs of the consumer(s) at risk.
4. Within the rate change, does it include a wage increase for staff with administrative duties? No
 If Yes, please explain why this is necessary to protect the health & safety needs of the consumer(s).

1. Include all consumer information and details. Entries will automatically resize to accommodate length.

SECTION E: Health & Safety Waiver Exemption Request

[Completed by Vending Regional Center]

SECTION E: HEALTH AND SAFETY WAIVER EXEMPTION REQUEST

Date DDS Received Request (<i>DDS ONLY</i>)	
Date Assigned to DDS Liaison (<i>DDS ONLY</i>)	
A. Regional Center Information	
1. Regional Center	
2. Contact Name	
3. Contact Phone Number	4. Contact Email
5. Executive Director Approval (Signature)	6. Date

1. Regional center completes highlighted information.
2. Please ensure supplemental information, such as IPPs, Organizational Chart(s), and schedules are submitted.

Term	Definition
Administrative Costs	See Welfare and Institutions Code 4629.7 for a list of Administrative Costs.
Agency	Name of Regional Center contracted Service Provider. Also referred to as "Vendor."
Benefits	Benefits in which the employer contributes towards costs. May include, but not limited to Medical insurance, Life Insurance, or Retirement.
FTE	Full Time Equivalent. Calculated at 2080 hours annually for 8 hours per day. Only used to calculate benefits costs.
Hourly Wage	Current hourly wage for identified staff. Do not include hourly wage if a monthly wage is entered.
IHSS	In Home Supportive Services. County Funded Service.
Job Position	Agency defined Job Title. Example: LVN, DSP-1, Job Coach, etc.
Lease/Mortgage	Lease or Mortgage costs associated with running a site-based program or facility. Office lease should be included within administrative costs.
License Renewal Costs	Community Care Licensing Renewal costs associated with running a site-based program or facility
Monthly Salary	Current monthly salary for identified staff. Do not include monthly wage if an hourly wage is entered.
Number of Consumers in Program	Total number of consumers served by Vendor under identified Vendor Number.
Number of Consumers Oversees (Management Only)	Identified within Organizational Chart. Refers to number of consumers supported by the staff that the individual manager currently supervises.
Payroll & Liability	Payroll Percentage calculated by fixed costs from FICA, Medicare Tax, Federal Unemployment Tax, Disability Insurance, Employment Training Tax, and unfixed costs of Unemployment Insurance and Workers Compensation.
Position Type	Job Position Categories. Defines budget categories individual staff. Can be Direct Support, Other Support, Management, Administrative.
Position Type - Administrative	Job Position Category for Staff that perform 100% administrative tasks.
Position Type - Direct Support	Job Position Category for Staff that primarily work in Direct Support with Consumers.
Position Type - Management	Job Position Category for Staff that supervise other Staff. Only include Management that oversee consumers identified within the request.
Position Type - Other Support	Job Position Category for Staff that do not fall under Direct Support, Management, or Administrative.

Program Consultants	Consultants hired by Agency to review, assist, design, and/or provide services. Must be consumer services consultants, not administrative.
Program Consultants - Consumer Specific	Consultants hired by Agency to review, assist, design and/or provide services for consumer(s) identified in request. Must be consumer services consultants, not administrative.
Program Costs	Agency incurred costs associated with providing services to consumer(s). Does not include any administrative duties.
Program Costs - Consumer Specific	Agency incurred costs associated with providing services to individual consumer(s) identified within request; does not include any administrative duties.
Program Design	Regional Center approved document identifying scope of services provided by Vendor. Also called Plan of Operations with some services.
Rate Type	Method of billing associated with rate. Can be Monthly, Daily, or Hourly.
Repair & Maintenance	Considered an administrative cost for Agency. For consumer services costs, put Repair & Maintenance within program costs.
Transportation	Transportation costs associated directly with transportation of consumer(s). Do not include if separately funded under a transportation purchase of service.
Units Billed	Number of units billed to Regional Center in reporting period. Can be Hourly, Daily, or Monthly units.
Utilities	Services provided to a site-based program or facility. May include, but not limited to, gas, electricity, water, or telephone service.
Vendor Address	Current address of Vendor identified in Vendor Number. For licensed site, include the licensed site address.