

**DATA FIELD FILE LAYOUT**  
**EACH FIELD SHOULD RECEIVE ITS OWN COLUMN**  
**PLEASE VIEW VENDOR INSTRUCTIONS FOR MORE DETAILED INFORMATION**

| #  | Field Name                              | Description/use  |
|----|---|--|
| 1  | Detail Record (Type "D" in Each record) | Place a 'D' in this field for each record.             |
| 2  | Provider Program Name                   | The name of your Company                               |
| 3  | Provider Program ID                     | The vendor ID assigned by the regional center          |
| 4  | Provider Contact                        | The main contact at your company                       |
| 5  | Provider Contact Email                  | The email address for the main contact.                |
| 6  | Provider Contact Phone                  | The phone number of the main contact.                  |
| 7  | Provider Address                        | Business location Street information                   |
| 8  | Provider City                           | Business location City                                 |
| 9  | Provider Zip                            | Business location Zip                                  |
| 10 | Structure ID (RC # for User RC)         | The RC number who you are creating the file for        |
| 11 | Invoice #                               | If available, otherwise blank                          |
| 12 | Invoice Date                            | If available, otherwise blank                          |
| 13 | Authorization ID #                      | For ALL consumers, blank for Job Coaches.              |
| 14 | Consumer ID # (UCI)                     | For ALL consumers, blank for Job Coaches.              |
| 15 | Last Name                               | Every record must have                                 |
| 16 | First Name                              | Each record may have.                                  |
| 17 | Service Code                            | 4 digits, may be different for different records.      |
| 18 | Sub Code                                | Only where applicable.                                 |
| 19 | Service MM/dd/YYYY (use 1st of month)   | 8 digit date, use 1st for service month                |
| 20 | Attendance Only Flag                    | 'Y' in each record for 950 services, otherwise, blank. |
| 21 | Units of Attendance - Day 1             | As required by RC                                      |
| 22 | Units of Attendance - Day 2             | As required by RC                                      |
| 23 | Units of Attendance - Day 3             | As required by RC                                      |
| 24 | Units of Attendance - Day 4             | As required by RC                                      |
| 25 | Units of Attendance - Day 5             | As required by RC                                      |
| 26 | Units of Attendance - Day 6             | As required by RC                                      |
| 27 | Units of Attendance - Day 7             | As required by RC                                      |
| 28 | Units of Attendance - Day 8             | As required by RC                                      |
| 29 | Units of Attendance - Day 9             | As required by RC                                      |
| 30 | Units of Attendance - Day 10            | As required by RC                                      |
| 31 | Units of Attendance - Day 11            | As required by RC                                      |
| 32 | Units of Attendance - Day 12            | As required by RC                                      |
| 33 | Units of Attendance - Day 13            | As required by RC                                      |
| 34 | Units of Attendance - Day 14            | As required by RC                                      |
| 35 | Units of Attendance - Day 15            | As required by RC                                      |
| 36 | Units of Attendance - Day 16            | As required by RC                                      |
| 37 | Units of Attendance - Day 17            | As required by RC                                      |
| 38 | Units of Attendance - Day 18            | As required by RC                                      |
| 39 | Units of Attendance - Day 19            | As required by RC                                      |
| 40 | Units of Attendance - Day 20            | As required by RC                                      |
| 41 | Units of Attendance - Day 21            | As required by RC                                      |
| 42 | Units of Attendance - Day 22            | As required by RC                                      |
| 43 | Units of Attendance - Day 23            | As required by RC                                      |
| 44 | Units of Attendance - Day 24            | As required by RC                                      |
| 45 | Units of Attendance - Day 25            | As required by RC                                      |
| 46 | Units of Attendance - Day 26            | As required by RC                                      |

|   |  |
|---|--|
| 47 Units of Attendance - Day 27         | As required by RC                                      |
| 48 Units of Attendance - Day 28         | As required by RC                                      |
| 49 Units of Attendance - Day 29         | As required by RC                                      |
| 50 Units of Attendance - Day 30         | As required by RC                                      |
| 51 Units of Attendance - Day 31         | As required by RC                                      |
| 52 Total Units of Attendance            | Sum fields 21 to 51                                    |
| 53 Total Billable Units                 | Leave blank unless instructed otherwise                |
| 54 Rate                                 | Leave blank unless instructed otherwise                |
| 55 Total Dollars Billed                 | Leave blank unless instructed otherwise                |
| 56 Inpatient Approved                   | Leave blank unless instructed otherwise                |
| 57 Vendorizing Regional Center (RC #)   | Original RC for the Vendor ID used in this file.       |
| 58 Job Coach Flag                       | 'Y' for job coaches for 950 services, otherwise blank. |
| 59 Staggered Approved                   | Blank except where applicable                          |
| 60 Approved Lunch                       | Blank except where applicable                          |
| 61 Last 4 digits of the SSN number      | Use for Habilitation services, otherwise, blank.       |
| 62 Hours of Job Coach Services Provided | SEP IP only  |
| 63 Hourly Wage                          | For WAP and SEP IP Services, otherwise blank.          |
| 64 Attended Hours                       | For WAP Services, otherwise blank.                     |
| 65 Total Hours of Paid work             | For WAP Services, otherwise blank.                     |
| 66 Percent of Intervention              | For SEP IP Services, otherwise blank.                  |
| 67 Productivity                         | For WAP Services, otherwise blank.                     |
| 68 DOR Facility Number                  | For Habilitation Services, otherwise blank.            |
| 69 SEP Group ID #                       | For SEP Group Habilitation, otherwise blank.           |
| 70 Completed By                         | For Habilitation Services, otherwise blank.            |
| 71 Completed By Phone                   | For Habilitation Services, otherwise blank.            |
| 72 Completed By Email                   | For Habilitation Services, otherwise blank.            |