California Code of Regulations
Title 17, Division 2
Chapter 1: General Provisions

SubChapter 6: Service Provider Accountability

Article 1: General Provisions

Section 50604 - Service Provider Record Maintenance Requirements

(a) Service providers shall maintain financial records which consistently use a single method of accounting. These financial records shall clearly reflect the nature and amounts of all costs and all income. All transactions for each month shall be entered into the financial records within 30 days after the end of that month.

(b) Subsection (a) shall apply to residential facilities for the purposes described in subsection (c), day programs, transportation companies, and other non-medical service providers which provide ongoing services to regional center consumers on a regular basis each month, except that the following service providers shall be exempt:

(1) Residential facilities in which regional center consumers represent less than ten percent of the total consumers served by the facility during the last 12 month period.

(2) Residential facilities in which regional center consumers represent more than ten percent of the total consumers served by the facility; however, no Departmental funds are received for the care and services provided to those consumers.

(c) Subsection (a) shall apply to residential facilities not exempted pursuant to subsections (b)(1) and (2) only for the following purposes:

(1) To facilitate residential cost studies performed by the Department or authorized agency representative;

(2) To ensure that staffing schedules in conformance with staffing level requirements, if any, are supported by payroll records and source documents;

(3) To ensure that revenue and cost information are available to support administrative overhead allocations of parent organizations, if applicable; and

(4) To ensure that revenue and cost information are available to support intercompany transactions with affiliate or commonly-owned organizations, if applicable.

(d) All service providers shall maintain complete service records to support all billing/invoicing for each regional center consumer in the program. Service records

used to support service providers' billing/invoicing shall include, but not be limited to:

(1) Information identifying each regional center consumer including the Unique Consumer Identifier and consumer name;

(2) Documentation for each consumer reflecting the dates for program entrance and exit, if applicable, as authorized by a regional center.

(3) A record of services provided to each consumer. The record shall include:

(A) For the purchase of medical equipment and/or supplies, and/or other merchandise, the date of the purchase, name of the entity/individual from whom the equipment, supplies, and/or merchandise is purchased, the item(s) purchased, and the cost of each item; or

(B) For transportation services, the dates of service, location, and the number of miles driven or trips provided; or

(C) For all other services, the date, time, location, and daily or hourly units of service provided.

(D) For goods and/or services purchased utilizing a voucher, in addition to the information specified above, the name of the actual provider of the goods and/or services. <u>For services provided by an individual selected by the consumer or family member, the date of birth, social security number, address, and telephone number of the individual who actually provided the service must also be maintained.</u>

(E) For contracts reimbursed based on units of service other than as specified above, units of service shall also be maintained pursuant to (A), (B), or (C) above, as applicable.

(e) All service providers' records shall be supported by source documentation.

(f) Nothing specified in this section shall be construed as superseding other record maintenance requirements set forth in statute or regulation.

Authority: Chapter 157, Statutes of 2003; Sections 4631(a)(2) and 4648.2, Welfare and Institutions Code.
Reference: Sections 4631 and 4648.1, Welfare and Institutions Code.

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Article 1: General Provisions

Section 50605 - Service Provider Record Retention Requirements

(a) All service providers' financial and service records, including source documentation, shall be retained for a minimum of ~~three~~ five years from the date of final payment for the State fiscal year in which services were rendered.

(b) If an audit is in progress or an appeal pursuant to Subchapter 7 (commencing with Section 50700) is pending at the end of the time specified in Section 50605(a), the service providers' records shall be retained until all audit exceptions have been resolved.

(c) Copies made by microfilming or electronic data processing methods may be substituted for any original record with the exception of source documentation.

Authority: Section 4648.2, Welfare and Institutions Code.
Reference: Section 4648.1, Welfare and Institutions Code.

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Title 17, Division 2
Chapter 3: Community Services

SubChapter 2: Vendorization

Article 2: Vendorization Process

Section 54310 - Vendor Application Requirements

(a) An applicant who desires to be vendored shall submit Form DS 1890 (~~12/03~~ 8/04), entitled Vendor Application, and the information specified in (1) through (10) below, as applicable, to the vendoring regional center. Items (1) through (7) specified below must be completed by all applicants.

(1) Applicant's name, including the name of any governing body or management organization;

(2) Applicant's Social Security Number or Federal Tax ID number;

(3) Applicant's mailing address;

(4) Address of service, if applicable;

(5) Name of ~~parent~~ family member, owner or executive director, as applicable;

(6) Types of service to be provided;

(7) Telephone number;

(8) Facility capacity, if applicable;

(9) Identification of the type of consultants, subcontractors and community resources to be used by the vendor as part of its service.

(10) Copies of:

(A) Any license, credential, registration, certificate or permit required for the performance or operation of the service, or proof of application for such document;

(B) Any academic degree required for performance or operation of the service;

(C) Any waiver from licensure, registration, certification, credential, or permit from the responsible controlling agency;

(D) The proposed or existing program design as required in Sections 56712 and 56762 of these regulations, if applicable, for applicants seeking vendorization as community-based day programs;

(E) The proposed or existing staff qualifications and duty statements as required in Sections 56722 and 56724 of these regulations for applicants seeking vendorization as community-based day programs;

(F) The proposed or existing service design as required in Section 56780 of these regulations for applicants seeking vendorization as in-home respite service agencies;

(G) The proposed or existing program design as required in Section 58811 of these regulations for applicants seeking vendorization as habilitation service providers;

(H) The proposed or existing staff qualifications and duty statements as required in Sections 56790 and 56792 of these regulations for applicants seeking vendorization as in-home respite services agencies;

(I) The proposed service design as required in Sections 58630 and 58631 of these regulations for applicants seeking vendorization to provide supported living service;

(J) The signed Home and Community-Based Services Provider A~~a~~greement (6/99) with the Department of Health Services, ~~Form DS 1896, dated 12/93, entitled Medi-Cal Program Provider Agreement Claim Certification,~~ obtainable from the regional centers as part of the vendorization packet, for those applicants whose proposed service is eligible for Medi-Cal reimbursement; and

(K) The proposed program design as required by Subchapter 4.1, Section 56084 for those applicants seeking vendorization as a family home agency (FHA).

(b) The applicant shall sign and date Form DS 1890 (~~12/03~~ 8/04), which includes a certification that the information is true, correct and complies with Title 17, Section 54310(a).

(c) In addition to subsection (a), a Family Home Agency (FHA) shall specify the following information:

(1) The name, title, business address and telephone number of each officer and member of the governing board;

(A) The application shall include copies of the corporation's articles of incorporation; by-laws, which shall include provisions for control by a responsible governing board; annual statement filed with the Secretary of State; corporate charter, if applicable; and evidence certifying the corporation's nonprofit status.

(B) The application shall contain a written resolution from the governing board stating that the board shall operate the FHA in full conformity with all applicable statutes and regulations.

(2) Name, address and telephone number of the owner of the facility premises if the applicant is leasing or renting;

(3) Disclosure of:

(A) Any board member's or officer's prior or present service as an administrator, general partner, corporate officer or director of any health facility certified by the Department of Health Services or community care facility licensed by the Department of Social Services' Community Care Licensing Division; and

(B) Any revocation or other action taken, or in the process of being taken, against any community care facility license or health facility certification held or previously held by the applicant or any officer or member of the governing board.

(4) A financial statement and budget which demonstrate the applicant's ability to cover the costs of operating the FHA to provide the level of services and supports necessary to maintain consumers for whom the regional center is responsible in family homes;

(5) A written statement that no FHA employee, Board of Directors member or officer shall be a family home provider of the FHA;

(6) A written statement that no family home shall be approved by the FHA as a residence for a consumer who is a relative of the family home provider except when: (1) the residence is consistent with the services and supports referenced in the consumer's IPP; and (2) the relative has no legal obligation to support the consumer;

(7) Any other information required by the regional center which is pertinent to vendorization of the FHA.

(d) Habilitation services providers who, on July 1, 2004, are providing services to consumers shall be deemed to be an approved vendor. Each approved vendor shall submit to the vendoring regional center, and a copy to the Department, a completed Vendor Application, DS 1890 (12/03) and a completed Annual Habilitation Services Provider Profile, DS 1970 (4/04) by July 31, 2004.

(e) Habilitation Services providers not deemed approved vendors pursuant to (d), and approved vendors seeking vendorization as Habilitation Services providers in a new location, shall, in addition to meeting the general requirements of this section and of Title 17, Sections 58800 through 58882, meet the following requirements as a condition of vendorization:

(f) The applicant shall:

(1) If currently accredited, supply a copy of its last accreditation report and indicate the date its next accreditation review is due.

2) If not currently accredited, supply a copy of certification by the Department of Rehabilitation and shall become accredited within 3 years of the date of their certification.

(g) The following applicants shall be required to submit only Form DS 1890 (~~12/03~~ 8/04) and, if applicable, a copy of any license, credential, registration, certificate, permit, or academic degree required for the performance or operation of the service, or any waiver from licensure, registration, certification, credential, or permit from the responsible controlling agency. If the proposed service is eligible for Medi-Cal reimbursement, the applicant shall also sign ~~Form DS 1896 (12/93), Medi-Cal Program~~ the Home and Community Based Services Provider Agreement (6/99) ~~Claim~~, and submit ~~a copy~~ the original of the signed agreement to the vendoring regional center.

(1) Public transit authorities, dial-a-ride, rental car agencies, or taxis;

(2) Out-of-state manufacturers or distributors who are eligible for vendorization pursuant to Section 54318 of these regulations;

(3) Retail/wholesale stores; and,

(4) Generic agencies specified in Section 54316(a)(2) of these regulations.

(h) Family members or consumers who desire to be vendored in the following categories shall be required to submit to the vendoring regional center~~only~~ Form DS 1890 (~~12/03~~ 8/04) ~~and~~, the signed Home and Community Based Services Provider Agreement (6/99), and if the vouchered family member or consumer is also the provider of the vouchered service, a copy of any license, credential, registration, certificate, permit, or academic degree required for the performance or operation of the service, or any waiver from licensure, registration, certification, credential, or permit from the responsible controlling agency, if applicable. ~~If the proposed service is eligible for Medi-Cal reimbursement, the applicant shall also sign Form DS (12/93), Medi-Cal Program Provider Agreement Claim Certification, and submit a copy of the signed agreement to the vendoring regional center.~~

(1) Respite service--family member;

(2) Nursing service--family member;

(3) Transportation--family member;

(4) Day care--family member; and,

(5) Diaper and nutritional supplements--family member.

Authority: Chapter 157, Statutes of 2003; ~~Chapter 722, Statutes of 1992, Section 147;~~ Sections 4405, 4648(a), ~~4791(i)~~ and 4689.1, Welfare and Institutions Code;

and Section 11152, Government Code; Chapter 1095, Statutes of 1994, Section 14.
Reference: Sections 4502, 4631, 4648(a), 4690, and 4691 ~~and 4791~~, Welfare and Institutions Code.

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Article 2: Vendorization Process

Section 54320 - Regional Center Review of Vendor Application

(a) The vendoring regional center shall review the vendor application identified in Section 54310(a) and, as applicable, (d) or (e) within 45 days after receipt from the applicant, to ensure all of the following:

(1) The application is complete;

(2) The applicant has complied with provisions of Sections 54342 through 54355 of these regulations, as applicable;

(3) Any required license, credential, registration, certificate or permit:

(A) Is current;

(B) Has been issued for the service to be vendored; and,

(C) Has a current address that matches the address on the application.

(4) Staffing ratios and qualifications as specified in Section 56724, and 56770, if applicable, and Section 56756 or 56772 of these regulations are consistent with the program design as required in Section 56712 and Section 56762 of these regulations, if applicable, for applicants seeking vendorization as community-based day programs.

(5) The applicant has signed ~~Form DS 1896 (12/93), Medi-Cal Program~~ the Home and Community Based Services Provider Agreement (6/99) ~~Claim Certification~~, if applicable pursuant to Section 54310(a)(10)(I), (d) and (e).

(b) If an applicant submits an incomplete vendor application, the regional center shall provide written notification to the applicant of the missing items within 45 days of receipt of the application. The regional center shall take no further action until all required information is received. At that time, the vendoring regional center shall consider the vendor application completed.

(c) No provision of this section shall preclude the regional center from completing the vendorization process, up to the point of approval for those applicants which have applied for the appropriate license, credential, registration, certificate, or permit. However, the regional center shall not approve vendorization, nor refer

consumers, until the appropriate license, credential, registration, certificate or permit is received.

Authority: Chapter 157, Statutes of 2003; ~~Chapter 722, Statutes of 1992, Section 147;~~ Sections 4405, and 4648(a) ~~and 4791(i)~~, Welfare and Institutions Code; and Section 11152, Government Code.
Reference: Sections 4502, 4631, 4648(a), and 4691 ~~and 4791~~, Welfare and Institutions Code.

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Section 54326 - General Requirements for Vendors and Regional Centers

(a) All vendors shall:

(1) Be prohibited from transferring vendorization of their service to another person or entity;

(2) Provide access to regional center and/or Department staff, on an announced or unannounced basis, for the purposes specified in the Welfare and Institutions Code, Section 4648.1;

(3) Maintain records of services provided to consumers in sufficient detail to verify delivery of the units of service billed:

(A) Such records shall be maintained for a minimum of ~~three~~ five years from the date ~~of origination~~ of final payment for the State fiscal year in which services were rendered or until audit findings have been resolved, whichever is longer;

(B) Records must specify for each consumer the date, actual service time, location, and nature of services provided, and units of service provided pursuant to Section 50604(d)(3)(A), (B), (C) and (E), as applicable. For goods and/or services purchased utilizing a voucher, the name of the actual provider of the goods and/or services shall also be maintained pursuant to Section 50604(d)(3)(D).

(C) Attendance data, as specified in (B) above, for the billing period shall be submitted to the regional center with the billings/invoices.

(4) Make available any books and records pertaining to the vendored service, including those of the management organization, if applicable, for audit, inspection or authorized agency representatives. This shall also include only those portions of any personnel records that are necessary to ensure staff qualifications comply with the requirements contained in Section 56724, and Section 56770 or 56792 of these regulations, if applicable, in order to comply with the monitoring of program standards pursuant to the Welfare and Institutions Code, Section 4691(f);

(5) Utilize and be bound by Title 17, Sections 50700 through 50767, and the Welfare and Institutions Code, Section 4648.2, should the vendor elect to appeal any audit findings;

(6) Comply with the provisions contained in the Fair Labor Standards Act (29 U.S.C., Sections 201 through 219);

(7) Not discriminate in the provision of services to consumers on the basis of race, religion, age, disability, sex, or national origin of the consumer, or his/her parents, guardian, or conservator;

(8) Be vendored separately for each type of service provided, as specified in Sections 54342 through 54356 of these regulations unless the regional center waives separate vendorization pursuant to Section 54342(a)(37) or 54342(a)(78)(A);

(9) Provide certification consistent with the Public Contract Code, Sections 10410 and 10411, that the vendor and the agents or employees of the vendor, in the performance of the contracts, are independent contractors and are not officers or employees of the State of California;

(10) Bill only for services which are actually provided to consumers and which have been authorized by the referring regional center. When the vendor is receiving payment for a consumer from the Department of Rehabilitation and/or the Department of Health Services for a portion of the program day, and the vendor's rate of reimbursement is based on costs reported pursuant to Section 57422(c)(2), the vendor shall only bill the prorate share of the daily rate.

(11) Not bill for consumer absences for nonresidential services. The Department shall authorize payment for absences which are the direct result of situations and/or occurrences for which a State of Emergency has been declared by the Governor. If payment for absences due to a State of Emergency is authorized by the Department, the vendor shall bill only for absences in excess of the average number of absences experienced by the vendor during the 12-month period prior to the month in which the disaster occurred;

(12) Agree to accept the rate established, revised or adjusted by the Department as payment in full for all authorized services provided to consumers and not bill the consumer nor the consumer's family, conservator, guardian or authorized consumer representative for a supplemental amount regardless of the cost of providing the authorized service. This shall not preclude the vendor from billing the consumer or consumer's family for services provided which were authorized by the consumer or family and which were not authorized by the regional center;

(13) Comply with all applicable staffing ratio requirements;

(14) Be prohibited from being vendored by more than one regional center for the same service at the same location; and

(15) Comply with conflict of interest requirements as determined by the criteria established by Title 17, Sections 54500 through 54525 and the Welfare and Institutions Code, Sections 4626 through 4628.

(16) Sign ~~Form DS 1896 (12/93), Medi-Cal Program~~ the Home and Community-Based Services Provider Agreement (6/99) ~~Claim Certification~~, if applicable pursuant to Section 54310(a)(10)(I), (d) and (e). If ~~Form DS 1896 (12/93), Medi-Cal Program~~ the Home and Community-Based Services Provider Agreement (6/99) Claim Certification is required and has not been signed, the regional center shall:

(A) For new applicants requesting vendorization, deny vendorization pursuant to Section 54322(c); or

(B) For existing vendors, notify in writing, the vendor and utilizing regional center(s), if any, that the signed ~~Form DS 1896 (12/93), Medi-Cal Program~~ Home and Community-Based Services Provider Agreement (6/99) ~~Claim Certification~~ is required and that payment of the vendor's rate will be suspended, the effective date of the suspension, and that payment shall remain suspended until the signed ~~Form DS (12/93), Medi-Cal Program~~ Home and Community-Based Services Provider Agreement (6/99) ~~Claim Certification~~, is received.

(1) The effective date for suspension of payment of the vendor's rate shall be 15 days from the date of the letter notifying the vendor that payment will be suspended.

(2) If the signed ~~Form DS 1896 (12/93), Medi-Cal Program~~ Home and Community-Based Services Provider Agreement (6/99) ~~Claim Certification~~, is submitted within the time specified, no further action will be taken.

(3) If the ~~Form DS 1896 (12/93), Medi-Cal Program~~ Home and Community-Based Services Provider Agreement (6/99) ~~Claim Certification~~, is submitted after the date when payment of the vendor's rate has been suspended, the vendoring regional center shall notify the vendor and
utilizing regional center(s) that payment of the vendor's rate is reinstated as of the date payment was suspended.

(b) The vendor shall maintain a written description of its organizational structure and operations at the vendor's business office in accordance with the following:

(1) All descriptions shall include:

(A) An identification of the legal entity serving as the governing body or board of directors;

(B) The policies of operation that are established by the governing body or board of directors; and

(C) A diagram depicting the relationships among organizational units and titles of persons responsible for those units.

(2) In addition to the information specified in (b)(1) above, if the vendor:

(A) Operates more than one service, the description shall also include:

1. The names, addresses and vendor numbers of the other services; and

2. Whether any of the services share staff or facility space.

(B) Has a management organization, the description shall also include a diagram depicting the relationships among the management organization, the vendor, and any other services under the management organization.

(c) Regional centers shall submit the information specified in subsection (a)(3)(C) above to the Department on a monthly basis, and no later than 30 days after the end of the previous month.

(d) Regional centers shall not:

(1) Use purchase of service funds to purchase services for a minor child without first taking into account, when identifying the minor child's service needs, the family's responsibility for providing similar services to a minor child without disabilities. In such instances, the regional center must provide for exceptions, based on family need or hardship.

(2) Use purchase of service funds to purchase services for those executive/management services, legal services for the benefit of the regional center, service coordination, and administrative service and support functions that are funded through the regional center operations budget. Funding of specialized clinical and diagnostic assessment services and other services for the benefit of a consumer through purchase of service funds is permissible.

(3) Charge vendors or consumers for providing representative payee services.

(4) Except as specified in Section 54324 of these regulations:

(A) Refer any consumer to an applicant until the vendor application is approved; or

(B) Reimburse a vendor for services provided before vendorization.

(e) Compliance with the standards and requirements specified in these regulations does not exempt a vendor from compliance with existing statutes and regulations or with any other applicable standards or requirements promulgated by the controlling agencies for the service provided by the vendor.

Authority: Chapter 157, Statutes of 2003; Section 11152, Government Code.
Reference: Sections 4500, 4501, 4502, 4648, 4648.1 and 4742, Welfare and Institutions Code.

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Section 54332 - Regional Center Files

a) The vendoring regional center shall maintain a file for each vendor which includes copies of:

(1) The vendor application as described in Section 54310(a) of these regulations;

(2) Any required certificate, credential, license, degree, permit or registration;

(3) Statement of current vendor status;

(4) The regional center approval letter;

(5) The program design or service design as described in Sections 56712, 56762 and 56780 of these regulations, if applicable;

(6) The staff qualifications and duty statements as described in Sections 56722, 56724, 56752, 56754, 56770, 56790 and 56792 of these regulations, if applicable;

(7) Notification of established rate and all documentation submitted pursuant to Sections 57422, 57433 through 57439, 58020, and 58033 through 58039 of these regulations, for a rate determination, if applicable;

(8) The signed ~~Medi-Cal Program~~ Home and Community Based Services Provider Agreement, (6/99) ~~Claim Certification,~~ if applicable.

(9) Agreements negotiated pursuant to Section 57300(d), if applicable;

(10) Service contracts negotiated pursuant to Section 57540, if applicable;

(11) Agreements negotiated pursuant to Section 58140, if applicable.

(b) Regional centers may review, at least annually, all vendor files maintained by the regional center to determine that:

(1) The information required for vendorization is completed and accurate;

(2) At least one consumer has been provided services by the vendor within the last 24 months;

(3) The service currently provided by the vendor is the same service approved for vendorization; and

(4) Vendors meet the minimum program standards as specified in Sections 56710 through 56802 of these regulations, if applicable; and

(5) The vendor has signed the ~~Medi-Cal Program~~ Home and Community Based Services Provider Agreement (6/99), ~~Claim Certification,~~ if applicable.

(c) If, after a review of the vendor files, the vendoring regional center determines that the vendored service has not been provided to any consumer within the last 24 months, the vendoring regional center shall:

(1) Send the vendor a written notice stating that vendorization will be terminated in 30 days unless the vendoring regional center receives notification from the vendor expressing an interest to continue as a vendor; and,

(2) Make the changes to the statewide vendor panel required by Section 54334(d) of these regulations if the vendor does not respond in accordance with (c)(1) above.

Authority cited: Chapter 157, Statutes of 2003; ~~Chapter 722, Statutes of 1992, Section 147;~~ Sections 4405, and 4648(a) ~~and 4791(i)~~, Welfare and Institutions Code and Section 11152, Government Code.
Reference: Sections 4631, 4648(a), 4691 and 4791, Welfare and Institutions Code.

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Article 3: Vendor Numbers and Service Codes

Section 54355 - Vouchers

(a) A regional center may offer vouchers to family members or adult consumers to allow the families and consumers to procure their own diaper/nutritional supplements, day care, nursing, respite, and/or transportation services. When vouchers are issued they shall:

(1) Be used in lieu of, and shall not exceed the cost of services the regional center would otherwise provide; and

(2) Be issued only for services which are unavailable from generic agencies.

(b) The regional center shall provide prospective voucher recipients with information to assist them in determining liabilities they may incur by participating in a voucher program. Information provided shall include, but need not be limited to:

(1) Identification of the following areas of potential impact:

(A) Impact of vouchers on Supplemental Security Income (SSI) and/or other benefits;

(B) Voucher recipient's status as an employer and employer responsibilities;

(C) Impact of vouchers on personal taxes;

(D) Potential increase in insurance needs; ~~and~~

(E) Voucher recipient's responsibility for worker's compensation;

(F) Voucher recipient's responsibility to withhold and pay the appropriate Federal, State and local taxes; and

(2) Identification of the appropriate agency(ies), including the Internal Revenue Service and the Employment Development Department, which the voucher recipient may contact to obtain information and/or technical assistance regarding the areas of potential impact specified in (1)(A) through (~~E~~F) above.

(3) The requirement to maintain records for at least 5 years, pursuant to Section 50604(d)(3)(A) through (E), as applicable.

(4) The requirement to submit to the regional center on form DS 1811, Respite Services Billing Form (8/04) ~~with the billings/invoices attendance~~ data as specified in ~~(3) above~~ (A) through (O) below with the billings/invoices for the billing period~~.~~:

(A) Name and Unique Client Identifier (UCI) number of consumer receiving respite service;

(B) Vendored family member name;

(C) Vendor number;

(D) Vendor address;

(E) Vendor phone number;

(F) Date of service;

(G) Address where respite services were provided;

(H) Start and end times of service provided;

(I) Number of hours respite worker worked;

(J) Amount billed to the regional center;

(K) Name of respite worker, agency or facility used;

(L) Respite worker's social security number, if individual worker is used;

(M) Respite worker's address, if individual worker is used;

(N) Respite worker's phone number, if individual worker is used; and

(O) Respite worker's signature, if individual worker is used.

(5) The requirement of the vendored family member to sign, with original signature, and date Form DS 1811 (8/04), which includes a certification that the information provided on the form is true and correct, and that the person signing the form is the only person who employed, supervised, and assigned duties to the respite worker(s) listed on the form, in addition to having read and followed all respite service program requirements and the terms and conditions pursuant to Title 17, Sections 50604(a), 50604(d), 54326(a)(10), 54355(b)(1) through (3), 54355(g)(4)(B), 54355(g)(4)(C)1. and 54355(g)(4)(C)2.

(c) If a family member or adult consumer accepts a voucher to procure their own service, the regional center shall assist the consumer or family member, as appropriate, in identifying providers of services and supports.

(d) Voucher recipients shall be legally responsible for the selection and supervision of the services provided under any voucher issued pursuant to this section. It is the responsibility of the voucher recipient to ensure that the requirements specified in (g)(1) through (5) below for the actual provider of the vouchered service are met by the individual/entity selected to provide the service.

(e) If a family member or adult consumer accepts a voucher to procure their own service, as listed in (a) above, the regional center shall vendor either:

(1) The vouchered family member or adult consumer pursuant to (g) below; or

(2) The provider of the vouchered service pursuant to Section 54342.

The regional center shall not vendor the voucher recipient and the voucher service provider for the same service.

(f) Family members or adult consumers to whom the voucher is issued shall only be vendored as the provider of the service for which the voucher is issued if specifically authorized pursuant to (g)(1) through (5) below.

(g) If the vouchered family member or adult consumer is to be vendored to procure their own service, the family member or adult consumer shall meet the specified criteria and be vendored pursuant to the following:

(1) Day Care - Family Member - Service Code 405.

(A) A regional center shall classify a vendor as day care - family member if the vendor:

(1) Is a family member;

(2) Is not the direct provider of the day care service; and

(3) Selects the day care service for the consumer from:

a. An individual who possesses the skill, training, or education necessary to provide the day care service; or

b. An agency that meets the criteria specified in Section 54342(a)(4)(A)1. and 2., or (a)(15)(A), (B), or (C).

(B) Vouchers for day care for children shall only be issued by regional centers for day care costs and/or hours exceeding the cost of providing day care services provided to a child without disabilities. The regional center may pay in excess of

this amount when a family can demonstrate a financial need and when doing so will enable the children to remain in the family home.

(2) Diaper and Nutritional Supplements - Family Member - Service Code 410.

(A) A regional center shall classify a vendor as diaper and nutritional supplements - family member if the vendor is a family member who is authorized by the regional center to directly purchase diapers and/or nutritional supplements for a consumer in the family member's home.

(B) Vouchers for diapers shall only be issued for the procurement of diapers for children three years of age or older. A regional center may purchase diapers for children under three years of age when a family can demonstrate a financial need and when doing so will enable the child to remain in the family home.

(3) Nursing Service - Family Member - Service Code 415.

(A) A regional center shall classify a vendor as nursing service - family member if the vendor:

1. Is a family member; and

2. Selects, assigns, and monitors an individual who provides nursing services for a consumer.

(B) The family member may be the direct provider of the nursing service if the service is not intended to provide respite to the family member.

(C) The individual or family member who provides the nursing service shall possess the qualifications specified in Section 54342(a)(45), (50), or (65).

(4) Respite Service - Family Member - Service Code 420.

A regional center shall classify a vendor as respite service - family member if the vendor:

(A) Is a family member;

(B) Is not the direct provider of the respite service; and

(C) Selects the respite service for the consumer from:

1. An individual who:

a. Is at least 18 years of age. Individuals currently providing in-home respite service shall have 90 days from the effective date of these regulations to comply; and

b. ~~p~~Possesses the skill, training, or education necessary to provide the respite service~~. The individual providing the respite service shall be exempt from in-home respite worker standards specified in Section 54342(a)(39)(A) of these regulations~~ The vendored family member shall be responsible for ensuring that the individual selected to provide the respite service will possess the skill, training, or education necessary to provide the respite service. In addition, the vendored family member is responsible for ensuring that the person providing respite care is familiar with the consumer's daily routines and needs, and is trained in any specialized supports necessary for the consumer. To the extent that these specialized support needs require additional training or certification in such things as First Aid, Cardiopulmonary Resuscitation (CPR), etc., these needs and requirements will be included as part of the description of respite care needs in the consumer's Individual Program Plan (IPP) or Individualized Family Service Plan (IFSP); or

2. An agency that meets the criteria specified in Section 54342(a)(38); or

3. For out-of-home respite services, a facility which meets the standards specified in Section 54342(a)(57) or (71). A relative who provides out-of-home respite in the relative's own house is exempt from licensure pursuant to Title 22, California Code of Regulations, Section 80007.

(5) Transportation - Family Member - Service Code 425.

(A) A regional center shall classify a vendor as transportation - family member if the vendor secures the transportation to and/or from authorized services identified in the consumer's IPP and the vendor:

1. Is a family member or adult consumer. The family member or adult consumer may either provide the transportation service or secure an individual to provide the transportation services identified in the consumer's IPP;

(B) The individual who is actually providing the transportation service shall:

1. Possess a driver's license which is valid in California; and

2. Have evidence of maintenance of adequate insurance coverage pursuant to Welfare and Institutions Code, Section 4648.3.

(C) Vouchers for transportation shall only be issued by regional centers to cover transportation costs which exceed the transportation costs that the family member would incur for a minor child without disabilities. The regional center may pay in excess of this amount when a family can demonstrate a financial need and when doing so will enable the consumer to remain in the family home.

(h) The voucher recipient shall maintain records of services provided to the consumer pursuant to Section 54326(a)(4).

Authority: Chapter 157, Statutes of 2003; ~~Chapter 722, Statutes of 1992, Section 147;~~ Sections 4405, and 4648(a), ~~and 4791(i)~~, Welfare and Institutions Code; and Section 11152, Government Code.
Reference: Sections 4631, and 4648(a) ~~and 4791~~, Welfare and Institutions Code.