

**DEPARTMENT OF DEVELOPMENTAL SERVICES**

1600 NINTH STREET, Room 340, MS 3-13  
 SACRAMENTO, CA 95814  
 TTY (916) 654-2054 (For the Hearing Impaired)  
 (916) 654-2140



For submitting changes to regional center.

Vendor ID #: \_\_\_\_\_

Contact: \_\_\_\_\_

June 22, 2018

TO: REGIONAL CENTER EXECUTIVE DIRECTORS

SUBJECT: FISCAL YEAR 2018-2019 WORK ACTIVITY PROGRAM SERVICES  
 MAXIMUM BILLING DAYS NOTICE

This correspondence supersedes and replaces the Department of Developmental Services' letter dated June 20, 2018, regarding Work Activity Program services maximum billing days.

This notice is the schedule of maximum billing days for Work Activity Program (WAP) services in Fiscal Year 2018-2019 pursuant to California Code of Regulations (CCR), Title 17, section 58880.

July 2018	21	November 2018	20	March 2019	21
August 2018	23	December 2018	20	April 2019	22
September 2018	19	January 2019	21	May 2019	22
October 2018	22	February 2019	19	June 2019	20
				<b>Total</b>	<b>250</b>

Please share this information with appropriate staff and the WAP service providers vendored by your regional center.

CCR, Title 17, Section 58880 permits vendors to vary from this schedule provided that the maximum of 250 billing days is not exceeded, and the vendor sends a revised schedule to the vendorizing and authorizing regional center. Payment for these services will be based upon this schedule unless vendor changes are submitted by July 31, 2018, to the appropriate regional center(s).

**“Building Partnerships, Supporting Choices”**

Regional Center Executive Directors

June 21, 2018

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Vendors may use a copy of this letter to report any revision to the schedule. To do so, they should cross out the number of days to change, then enter the new total number of days next to that month, enter the vendor number in the space provided above, and return the letter to the vendoring and any user regional center(s).

If you have any questions regarding this correspondence, please contact me via phone at (916) 654-3283, or email at [michael.clay@dds.ca.gov](mailto:michael.clay@dds.ca.gov).

Sincerely,

A handwritten signature in black ink, appearing to read 'Michael Clay', with a long horizontal flourish extending to the right.

MICHAEL CLAY, Assistant Chief  
Work Services Section

cc: Regional Center Administrators  
Regional Center Chief Counselors  
Regional Center Community Services Directors  
Association of Regional Center Agencies