

California Department of Developmental Services

Health & Safety Waiver Request Worksheet

Instructions Manual (rev. 02/27/2019)

Attached is a 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. The information provided will create an agency monthly budget detailing current and proposed costs. The vendor and regional center should complete the 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*
 - c. Section C: "Additional Program Costs"
2. Regional Center Completes:
 - a. Section B: "Program Costs"
 - i. Complete only *Units Billed*
 - b. Section E: "Health & Safety Waiver Regional Center Checklist"
 - c. Section F: "Health & Safety Waiver Exemption Request"
3. The worksheet generates Agency Budget in Section D: "Monthly Program Budget"
4. Regional Center submits the worksheet, checklist, and signed request 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	Type of Health & Safety Request	Regular Health & Safety
2	Service Provider Name	Sample SRF
3	Vendor Number	[Vendor Number]
4	Vendor Address	[Vendor Address]
5	Service Code	113
6	Staffing Ratio	Varied
7	Number of Consumers in Program	5
8	Number of Consumers in Request	5
9	Other Vendor Numbers and Services Codes	N/A
10	Number of Months in Reporting Period: (3-12)*	12
11	Review Period: (Enter Beginning & End)	Jan 2018 - Dec 2018
12	Effective Date of Increase	1/1/2019
13	Temporary Request	No
14	Rate Type	Monthly
15	Vendoring Regional Center	
16	Existing or New Service	Existing Service
17	Number of Employees Receiving Wage Adjustment	0

* If using reporting period range below 3 months, please give rationale why request is unable to provide 3 months of data.
* For each employee, include either the hourly wage or salary. If both are included, default is salary.

	Job Position	Current Hourly Wage	Proposed Hourly Wage
18			
19			
20			
21			
22			
23			

	Subcode Name	Type	Rate
24	113	Monthly	\$ 18,651.25
25			
26			
27			
28			

	Variable Position Type	User-Defined Position Title
29	Other #1	CSSP LVN
30	Other #2	CSSP LPT
31	Other #3	CSSP PTA
32	Other #4	CSSP RN

Figure 1-1: Specialized Residential Facility

Please enter requested information into all shaded areas.

1. Line 7: Enter number of consumers served within Vendor number.
2. Line 8: Enter number of consumers in Health & Safety Request.
3. Line 10: Vendor has option to choose the reporting period length between 3 to 12 months. If using below 3 months, detailed justification should be submitted.
4. Line 15: Select Vendoring Regional Center from drop-down.
5. Line 18-23: Include all Job Position Types if proposing an hourly wage increase.
 - a. If there is variation of current hourly wage of a job position, use an average hourly wage.
6. Line 24-28: If Agency only has one POS Subcode, you must still enter Subcode name (Ex: DAILY, 1:3, HRLY, etc.) and corresponding rate.
7. Line 24-28: 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".
8. Line 29-32: User can assign job position titles here, which may be selected in the Position Type in the next section.
9. If a field turns RED, please complete field before proceeding.

9	Other Vendor Numbers and Services Codes	N/A
10	Number of Months in Reporting Period: (3-12)*	12
11	Review Period: (Enter Beginning & End)	Jan 2018 - Dec 2018
12	Effective Date of Increase	1/1/2019
13	Temporary Request	No
14	Rate Type	Monthly
15	Vendoring Regional Center	
16	Existing or New Service	Existing Service
17	Number of Employees Receiving Wage Adjustment	0

* If using reporting period range below 3 months, please give rationale why request is unable to provide 3 months of data.
* For each employee, include either the hourly wage or salary. If both are included, default is salary.

#16: Click Here to Toggle Between Existing or New Service

To Add Rows: Click on the last row number in Column A, then click this button to add additional rows

	Subcode Name	Type	Rate
24	113	Monthly	\$ 18,651.25
25			
26			
27			
28			

	Variable Position Type	User-Defined Position Title
29	Other #1	CSSP LVN
30	Other #2	CSSP LPT
31	Other #3	CSSP PTA
32	Other #4	CSSP RN

Figure 1-2: Worksheet Buttons

10. If providing a new service, press the button "Click Here to Toggle Between Existing or New Service."
 - a. For a new service, enter the median rate(s) into Lines 24-28.
 - b. A new service worksheet will only ask for proposed hours and costs.

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 Current Full Time Salary (12 Months)	E Percentage of Admin Duties	F Current Hours or FTE During Review Period	G Proposed Hours or FTE During Review Period	H Job Position (if Receiving Hourly Wage Increase)	I Subcode Worked (Required for Direct & Other)	J Direct Service Ratio (Management Only)		K Current FTE (1 Month Average)	L Proposed FTE (1 Month Average)
										Req.	Total		
1	DSP	Direct Support	\$ 16.00			19760.00	6240.00					9.50	3.00
2	DSP - Relief (3%)	Direct Support	\$ 16.00			592.80	187.20					0.29	0.09
3	LVN	Direct Support	\$ 32.00			3120.00	1040.00					1.50	0.50
4	LVN - Relief (3%)	Direct Support	\$ 32.00			93.60	31.20					0.05	0.02
5	RN	Direct Support	\$ 40.00			4160.00	0.00					2.00	-
6	RN - Relief (3%)	Direct Support	\$ 40.00			124.80	0.00					0.06	-
7	Home Manager	Management		\$ 75,000.00		0.50	0.50			5	5	0.50	0.50
8												-	-
9												-	-
10	CSSP LVN	CSSP LVN		\$ 63,000.00		0.00	1.00					-	1.00
11	CSSP LVN - Relief (3%)	CSSP LVN		\$ 63,000.00		0.00	0.03					-	0.03
12	CSSP LPT	CSSP LPT		\$ 70,000.00		0.00	2.00					-	2.00
13	CSSP LPT - Relief (3%)	CSSP LPT		\$ 70,000.00		0.00	0.06					-	0.06
14	CSSP PTA	CSSP PTA		\$ 41,000.00		0.00	5.50					-	5.50
15	CSSP PTA - Relief (3%)	CSSP PTA		\$ 41,000.00		0.00	0.17					-	0.17
16	CSSP RN	CSSP RN		\$ 110,000.00		0.00	1.00					-	1.00
17	CSSP RN - Relief (3%)	CSSP RN		\$ 110,000.00		0.00	0.03					-	0.03
18												-	-
19												-	-
20	Admin - CEO	Administrative		\$ 125,000.00		0.05	0.05					0.05	0.05
21	Admin - Director of Development	Administrative		\$ 100,000.00		0.05	0.05					0.05	0.05
22	Admin - CFO	Administrative		\$ 100,000.00		0.05	0.05					0.05	0.05
23	Admin - HR Manager	Administrative		\$ 75,000.00		0.05	0.05					0.05	0.05
24	Admin - Clerical Assistant	Administrative	\$ 15.00			78.00	78.00					0.04	0.04
25												-	-
26	Management - Director of Program Support	Management		\$ 85,000.00		0.10	0.10			5	5	0.10	0.10
27	Management - Quality Assurance	Management		\$ 75,000.00		0.10	0.10			5	5	0.10	0.10
28	Management - Director of Training	Management		\$ 70,000.00		0.10	0.10			5	5	0.10	0.10

Figure 1-3: Specialized Residential Facility. Request has a decrease in regular DSP and LVN Hours, and an increase in CSSP hours. Given as a 12-month reporting period.

Please enter requested information into shaded areas.

- Column B - Position Type – Select from dropdown list of Management, Administrative, Direct Support, or Other Support. There will be four Other Support options, which may be renamed based upon entry of lines 29-32.
- Column C/D – Only enter one value between hourly wage and full time salary. If both are entered, the worksheet will default to salary.
- Column E - Percentage of Admin Duties – Enter percentage of time dedicated to administrative Agency duties.
 - If Position Type is Administrative, worksheet will automatically assume 100% Admin Duties. All other positions will default to 0% if left blank.
- Column F/G – Enter the number of hours worked or total FTEs from the review period.
 - If Salary is entered in Column D, put the number of full time equivalents.
- Column 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.
- Column 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.
 - 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 for Direct Support & Other Support staff.
- Column J – Direct Service Ratio – Must be supported by Organizational Chart. Required for Management.
 - Enter the total number of consumers within the request that the manager oversees under column “Req.”
 - Enter the total number of consumers the manager oversees under column “Total”
- Column K/L – Automatically calculates the current and proposed FTE based upon information entered.
- All Agency administrative staff need to be entered.
 - Agencies may submit an administrative cost and/or wage allocation breakdown. If so, these costs should be entered under “Other Administrative Costs” on Section B or Section C in lieu of individual administrative staff entries.
- Only Direct Support + Other Support staff that worked with identified consumer(s) need to be entered.
- Only Management that worked with identified consumer(s) need to be entered. This should be supported by Agency Organizational chart.
 - Example: Program Manager of Supported Living Agency may work with all 30 consumers, however, the 3 Program Coordinators 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 the 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. Select the appropriate rate type from the drop down list in lines 24-28. Worksheet can support multiple rate types.
 - b. Worksheet will allocate management, administrative, and program costs between the multiple subcodes. If a specific subcode should be excluded from the allocation, please reach out to the Department for technical assistance.
5. What reporting range should I use?
 - a. Use most recent range with available data. A longer reporting period (up to a year) is preferable.
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, received a promotion, 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.

Administrative Costs (12 Months - Jan 2018 - Dec 2018) - 100.0% Allocation*				
Taxes		Depreciation		\$ 2,250.00
Repair & Maintenance	\$ 5,000.00	Management Services		
Other Administrative Costs (List Below) - 100.00% Allocation			Current	Proposed
1. See Administrative Attachment			\$ 90,000.00	\$ 90,000.00
2. Property Insurance			\$ 800.00	\$ 800.00
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.
2. Administrative costs and wages may be grouped together into one entry. If so, vendor should submit a cost breakdown of the costs and wages within the entry. Vendor should not duplicate costs between the breakdown and submitted payroll information within Section A.
3. Administrative costs may include a separate administrative office with associated costs.

For Regional Center Only		12 Month Period = Jan 2018 - Dec 2018	
	Current Units Billed	(Monthly Rate)	Proposed Billable Units
Subcode #1 - 113	60.00		60.00
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)? If yes, please justify in attached letter.			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 letter required by Section D.

SECTION C: Additional Program Costs

SECTION C: ADDITIONAL PROGRAM COSTS

Service Provider Name	Sample SRF
Vendor Number	[Vendor Number]
Service Code	113
Vendoring Regional Center	

Program Costs (Describe) - 100.0% Allocation		Subcode	Current Cost	Proposed Cost
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
Consumer Specific Program Costs (Describe) - 100% Allocation		Subcode	Current Cost	Proposed Cost
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
Program Consultants - 100.0% Allocation	Hourly Rate	Subcode	Current Hours (12 Months)	Proposed Hours (12 Months)
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
Consumer Specific Consultants - 100% Allocation	Hourly Rate	Subcode	Current Hours (12 Months)	Proposed Hours (12 Months)
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
Subcode Directed Administrative Costs (12 Months - Jan 2018 - Dec 2018)				
Administrative Costs (List Below) - 100% Allocation *		Subcode	Current Cost	Proposed Cost
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

* Subcode Directed Administrative Costs are always set at 100% Allocation.

Figure 3-1: Additional Program Costs

1. Section C provides additional lines for Operations and Administrative Costs.
2. Section C allows for user to select the specific subcode the cost will be allocated. If subcode selection is left blank, worksheet will automatically allocate among entered subcodes.
3. Administrative Costs in Section C is set at 100% allocation.

SECTION D: MONTHLY PROGRAM BUDGET [Automated]

SECTION D: MONTHLY PROGRAM BUDGET

Vendor: Sample SRF	Rate Type: Monthly	Vendor Number: [Vendor Number]	Consumers in Program: 4
12 Month Review Period: Jan 2018 - Dec 2018	Service Code: 113	Vendoring Regional Center:	Consumers in Request: 4

Figure 4-1: Budget Information

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

Direct Program Costs	Hours	Current		Proposed		Difference	Notes
		Rate	Total	Rate	Total	Total	
Direct Support - Wages	2320.93	\$ 21.54	\$ 49,989.33	\$ 18.29	\$ 11,426.13	\$ (38,563.20)	Proposed Hours = 624.87
Direct Support - Payroll & Liability		20.75%	\$ 10,372.79	20.75%	\$ 2,370.92	\$ (8,001.86)	
Direct Support - Benefits	FTE = 13.39	\$ 500.00	\$ 6,695.00	\$ 500.00	\$ 1,802.50	\$ (4,892.50)	Proposed FTE = 3.61
CSSP LVN Support - Wages		\$ -	\$ -	\$ 30.29	\$ 5,407.50	\$ 5,407.50	Proposed Hours = 178.53
CSSP LVN Support - Payroll & Liability			\$ -	20.75%	\$ 1,122.06	\$ 1,122.06	
CSSP LVN Support - Benefits		\$ -	\$ -	\$ 2,500.00	\$ 2,575.00	\$ 2,575.00	Proposed FTE = 1.03
CSSP LPT Support - Wages		\$ -	\$ -	\$ 33.65	\$ 12,016.67	\$ 12,016.67	Proposed Hours = 357.07
CSSP LPT Support - Payroll & Liability			\$ -	20.75%	\$ 2,493.46	\$ 2,493.46	
CSSP LPT Support - Benefits		\$ -	\$ -	\$ 2,750.00	\$ 5,665.00	\$ 5,665.00	Proposed FTE = 2.06
CSSP PTA Support - Wages		\$ -	\$ -	\$ 19.71	\$ 19,355.42	\$ 19,355.42	Proposed Hours = 981.93
CSSP PTA Support - Payroll & Liability			\$ -	20.75%	\$ 4,016.25	\$ 4,016.25	
CSSP PTA Support - Benefits		\$ -	\$ -	\$ 1,500.00	\$ 8,497.50	\$ 8,497.50	Proposed FTE = 5.67
CSSP RN Support - Wages		\$ -	\$ -	\$ 52.88	\$ 9,441.67	\$ 9,441.67	Proposed Hours = 178.53
CSSP RN Support - Payroll & Liability			\$ -	20.75%	\$ 1,959.15	\$ 1,959.15	
CSSP RN Support - Benefits		\$ -	\$ -	\$ 3,250.00	\$ 3,347.50	\$ 3,347.50	Proposed FTE = 1.03
Management - Wages	138.67	\$ 36.36	\$ 5,041.67	\$ 36.36	\$ 5,041.67	\$ -	
Management - Payroll & Liability		20.75%	\$ 1,046.15	20.75%	\$ 1,046.15	\$ -	
Management - Benefits	FTE = 0.8	\$ 750.00	\$ 600.00	\$ 750.00	\$ 600.00	\$ -	
Subtotal			\$ 73,744.93		\$ 98,184.53	\$ 24,439.60	33.14% Increase

Figure 4-2: 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 Reporting Period) divided by (Total Hours Worked over Reporting Period).
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	<i>Current</i>		<i>Proposed</i>		<i>Difference</i>	
Direct Program Percentage		80.03%		84.21%	4.19%	
Operations Percentage		8.60%		6.80%	-1.80%	
Administrative Percentage		11.37%		8.99%	-2.38%	
Direct Program Subtotal		\$ 73,744.93		\$ 98,184.53	\$ 24,439.60	33.14% Increase
Operations Subtotal		\$ 7,927.08		\$ 7,927.08	\$ -	
Administrative Subtotal		\$ 10,479.19		\$ 10,479.19	\$ -	
Budget Total		\$ 92,151.21		\$116,590.80	\$ 24,439.60	26.52% Increase

Proposed Adjustments	<i>Current</i>	<i>Current</i>		<i>Proposed</i>		<i>Difference</i>	
	Units Billed	Rate	Total	Rate	Total		
Subcode #1: 113 (Monthly)	5.00	\$ 18,651.25	\$ 93,256.25	\$ 23,539.17	\$ 117,695.85	\$ 24,439.60	\$4887.92 Rate Increase (26.2%)
Subcode #2:	0.00	\$ -	\$ -	\$ -	\$ -	\$ -	
Subcode #3:	0.00	\$ -	\$ -	\$ -	\$ -	\$ -	
Subcode #4:	0.00	\$ -	\$ -	\$ -	\$ -	\$ -	
Subcode #5:	0.00	\$ -	\$ -	\$ -	\$ -	\$ -	
Total Revenue from Regional Center			\$ 93,256.25		\$117,695.85	\$ 24,439.60	26.21% Revenue Increase

Figure 4-3: 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 monthly average over reporting period
 - b. Ratio of Administrative and Management costs are divided equally among number of units.

SECTION E: HEALTH AND SAFETY CHECKLIST

[Completed by Vending Regional Center]

SECTION E: HEALTH AND SAFETY WAIVER REGIONAL CENTER CHECKLIST

* If Not Included or N/A, please explain in the notes why this information was not included.

	Included	Not Included	N/A	Notes
1. Current IPP and/or Addendums	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Behavior Plan (if request is due to behavioral challenges)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Vendor Program Design	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Vendor Organizational Chart (includes staffing ratio and service assignments)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Consumer and Staff Monthly Schedule, IHSS Hours, Day Program Hours, etc. (Required for SLS/PA Services)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not needed; Request is for Residential Home.
6. Staffing Schedule (Required for Residential Services)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Supplemental letter which includes:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a) Names (or Initials) of Consumers and UCI #	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) 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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Provide information regarding the availability of alternative, comparable, and local resources to meet the needs of the consumer(s) at risk.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d) All other information pertinent to health and safety needs and requested costs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Additional Administrative costs are supported by breakdown in attachment. CSPP Staff benefits are supported by submitted benefits breakdown.

Figure 5-1: Regional Center Checklist for Specialized Residential Facility

1. Check all appropriate boxes for needed supplemental information. Ensure all documents are included in final submission. If not included or not applicable, please detail in shaded region.

SECTION F: Health & Safety Waiver Exemption Request [Completed by Vendors Regional Center]

Health & Safety Request

SECTION F: HEALTH AND SAFETY WAIVER EXEMPTION REQUEST

A. Regional Center Information

1. Contact Name

2. Contact Phone Number

3. Contact Email

F. For all Health and Safety Requests, include the following additional information when submitting to DDS:

1. All supporting documentation included in section E.
2. Completed Checklist from Section E.

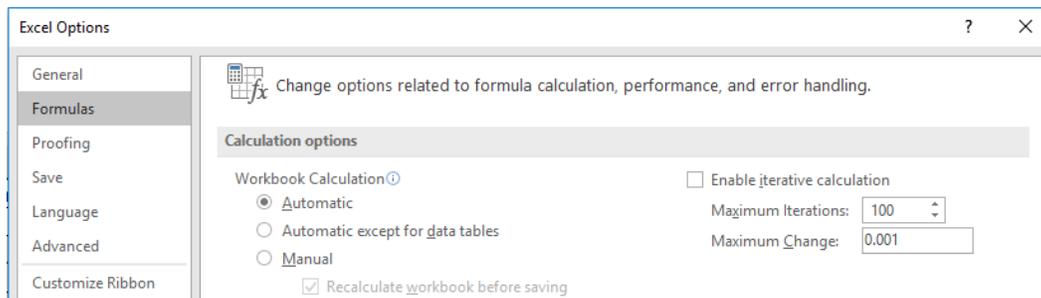
G. Signature

1. Regional Center Executive Director Approval (Signature)

2. Date

1. Regional center completes highlighted information.
2. Please ensure all supporting documentation required by section E is submitted.
3. If request results in an increase due to administrative payroll costs, a detailed justification must be included in the supplemental letter outlined in section E.

FINAL NOTES ON EXCEL



1. Ensure your Excel formula calculations are set at automatic. Some versions of Excel may be set to manual, which will recalculate formulas upon saving. Excel formula calculation setting may be adjusted within under Excel Options > Formulas.

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.
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.
Community Care License Renewal Costs	Community Care Licensing Renewal costs associated with running a site-based program or facility
Full Time Salary	Current salary of the full reporting period for identified staff. Assumes salary is for one FTE.
Number of Consumers in Program	Total number of consumers served by Vendor under identified Vendor Number.
Direct Service Ratio	Supported by Organizational Chart. Refers to number of consumers supported by the individual manager currently supervises and the total number of consumers supported by the individual manager.
Payroll & Liability	Payroll Percentage calculated by fixed costs from FICA, Medicare Tax, Federal Unemployment Tax, 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, 4x Variable 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	4 Job Position Categories for Staff that do not fall under Direct Support, Management, or Administrative. Can be renamed.
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, Hourly, or Per-Ride.
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.