

California Department of Developmental Services: Health & Safety Waiver Request Worksheet

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

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) Req. Total	K Current FTE (1 Month Average)	L Proposed FTE (1 Month Average)
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
29											-	-
30											-	-
31											-	-
32											-	-
33											-	-
34											-	-
35											-	-
36											-	-
37											-	-
38											-	-
39											-	-
40											-	-
41											-	-
42											-	-
43											-	-
44											-	-
45											-	-
46											-	-
47											-	-
48											-	-
49											-	-
50											-	-

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

California Department of Developmental Services: Health & Safety Waiver Request Worksheet

SECTION B: PROGRAM COSTS

Service Provider Name
Vendor Number
Service Code
Vendoring Regional Center

Sample SRF
[Vendor Number]
113

Payroll & Liability Costs (20.75% 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%	ETT (CA Employment Training Tax)	0.10%
State & Federal Unemployment Tax	0.60%		
Misc. Mandated Costs			
Workers Compensation	9.00%		
Benefits per FTE (12 Month)			
Direct Support - Benefits	\$ 6,000.00	CSSP LVN Support - Benefits	\$ 30,000.00
Management - Benefits	\$ 9,000.00	CSSP LPT Support - Benefits	\$ 33,000.00
Administrative - Benefits	\$ 9,000.00	CSSP PTA Support - Benefits	\$ 18,000.00
		CSSP RN Support - Benefits	\$ 39,000.00

Operations Costs (12 Months - Jan 2018 - Dec 2018)			
Lease/Mortgage	\$ 21,000.00	Community Care Licence Renewal Costs	\$ 600.00
Utilities	\$ 8,000.00	Transportation	\$ 5,000.00
Program Costs (Describe) - 100.0% Allocation*		Current Cost	Proposed Cost
1. Residential Community Activities		\$ 2,700.00	\$ 2,700.00
2. Program Supplies		\$ 2,400.00	\$ 2,400.00
3. Household Supplies		\$ 4,800.00	\$ 4,800.00
4. Food		\$ 18,000.00	\$ 18,000.00
5. Medical Supplies		\$ 5,000.00	\$ 5,000.00
Consumer Specific Program Costs (Describe) - 100% Allocation		Current Cost	Proposed Cost
1.			
2.			
3.			
4.			
5.			
Program Consultants - 100.0% Allocation*		Hourly Rate	Current Hours (12 Months)
1. Physical Therapist		\$ 95.00	100
2. Dietician		\$ 80.00	75
3. Occupational Therapist		\$ 95.00	75
4. Respiratory Therapist		\$ 100.00	50
5.			
Consumer Specific Consultants - 100% Allocation		Hourly Rate	Current Hours (12 Months)
1.			
2.			
3.			
4.			
5.			

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.			

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

California Department of Developmental Services: Health & Safety Waiver Request Worksheet

SECTION C: ADDITIONAL PROGRAM COSTS

Service Provider Name
 Vendor Number
 Service Code
 Vendoring Regional Center

Sample SRF
 [Vendor Number]
 113

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.

California Department of Developmental Services: Health & Safety Waiver Request Worksheet

SECTION D: MONTHLY PROGRAM BUDGET

Vendor: Sample SRF	Rate Type: Monthly	Vendor Number: [Vendor Number]	Consumers in Program: 5
12 Month Review Period: Jan 2018 - Dec 2018	Service Code: 113	Vendoring Regional Center:	Consumers in Request: 5

Direct Program Costs		<i>Current</i>		<i>Proposed</i>		<i>Difference</i>	Notes
Hours	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

Operations	<i>Current</i>		<i>Proposed</i>		<i>Difference</i>	Notes
	Total	Total	Total	Total		
Lease/Mortgage	\$ 1,750.00		\$ 1,750.00		\$ -	
Utilities	\$ 666.67		\$ 666.67		\$ -	
Community Care License Renewal Costs	\$ 50.00		\$ 50.00		\$ -	
Transportation	\$ 416.67		\$ 416.67		\$ -	
Program Costs ¹	\$ 2,741.67		\$ 2,741.67		\$ -	
Consumer Specific Program Costs ¹	\$ -		\$ -		\$ -	
Program Consultants ¹	\$ 2,302.08		\$ 2,302.08		\$ -	
Consumer Specific Consultants ¹	\$ -		\$ -		\$ -	
Operations Subtotal	\$ 7,927.08		\$ 7,927.08		\$ -	0.00% Increase

Administrative²		<i>Current</i>		<i>Proposed</i>		<i>Difference</i>	Notes
Hours	Rate	Total	Rate	Total	Total		
Administrative - Wages	41.17	\$ 42.85	\$ 1,764.17	\$ 42.85	\$ 1,764.17	\$ -	
Administrative - Payroll & Liability		20.75%	\$ 366.06	20.75%	\$ 366.06	\$ -	
Administrative - Benefits	FTE = 0.24	\$ 750.00	\$ 178.13	\$ 750.00	\$ 178.13	\$ -	
Taxes		\$ -	\$ -	\$ -	\$ -	\$ -	
Repair & Maintenance		\$ 416.67	\$ 416.67	\$ 416.67	\$ 416.67	\$ -	
Depreciation		\$ 187.50	\$ 187.50	\$ 187.50	\$ 187.50	\$ -	
Management Services		\$ -	\$ -	\$ -	\$ -	\$ -	
Other Administrative Costs ¹		\$ 7,566.67	\$ 7,566.67	\$ 7,566.67	\$ 7,566.67	\$ -	
Administrative Subtotal		\$ 10,479.19	\$ 10,479.19	\$ 10,479.19	\$ 10,479.19	\$ -	0.00% Increase

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>Proposed</i>		<i>Difference</i>	Notes
Units Billed	Rate	Total	Rate	Total	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	\$ 117,695.85	\$ 117,695.85	\$ 24,439.60	26.21% Revenue Increase

Remaining Balance	<i>Current</i>		<i>Proposed</i>		<i>Difference</i>
	Rate	Total	Rate	Total	Total
Remaining Balance (w/o Rate Adjustment)		\$ 1,105.04		\$ (23,334.55)	\$ (24,439.60)
Remaining Balance (w/ Rate Adjustment)		N/A		\$ 1,105.04	

¹ See Itemized List in Costs Datasheet

² Operations and Administrative Costs are allocated at 100.00% unless otherwise specified

California Department of Developmental Services: Health & Safety Waiver Request Worksheet

SECTION E: HEALTH AND SAFETY WAIVER REGIONAL CENTER CHECKLIST

* Please include the following documentation with the submission.

* 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. CSSP Staff benefits are supported by submitted benefits breakdown.

California Department of Developmental Services: Health & Safety Waiver Request Worksheet

SECTION F: HEALTH AND SAFETY WAIVER EXEMPTION REQUEST

A. Regional Center Information		
1. Contact Name		
2. Contact Phone Number	3. Contact Email	

B. Consumer Information	
1. Number of Consumers in Program:	5
2. Number of Consumers in Request:	5
3. Current Service Units per Month (Monthly):	5 (Average over 12 Months)
4. Average Service Units per Consumer in Request:	1.00

C. Vendor Information	
1. Vendor Name	Sample SRF
2. Physical Address	[Vendor Address]
3. Vendor Number	[Vendor Number]

D. Rate Detail	
1. Service Code Type	113
2. Unit of Service	Monthly
3. Proposed Effective Date	1/1/2019
4. Proposed End Date (If any)	N/A

E. Budget Detail	Current	Proposed	Monthly	Monthly	Current FY	Full FY
	Monthly Rate	Monthly Rate	Rate Adj.	Budget Adj.	Impact (6 Mo)	Impact
Subcode #1: 113 (Monthly)	\$ 18,651.25	\$ 23,539.17	\$ 4,887.92	\$ 24,439.60	\$ 146,637.57	\$ 293,275.14
Subcode #2:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subcode #3:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subcode #4:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subcode #5:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total				\$ 24,439.60	\$ 146,637.57	\$ 293,275.14

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

Date DDS Received Request (DDS ONLY)		
Date Assigned to DDS Liaison (DDS ONLY)		