

**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



June 21, 2019

TO: REGIONAL CENTER EXECUTIVE DIRECTORS

SUBJECT: FISCAL YEAR 2019-2020 WORK ACTIVITY PROGRAM SERVICES MAXIMUM BILLING DAYS NOTICE

This notice is to inform you of the schedule of maximum billing days for Work Activity Program (WAP) services in Fiscal Year 2019-2020, pursuant to California Code of Regulations (CCR), Title 17 section 58880.

July 2019	22	November 2019	19	March 2020	22
August 2019	22	December 2019	21	April 2020	22
September 2019	20	January 2020	21	May 2020	20
October 2019	22	February 2020	19	June 2020	22
				<b>Total</b>	<b>252</b>

Please share this information with appropriate staff and the WAP service providers vendedored by your regional center using the enclosed Change Form.

CCR, Title 17 section 58880 permits vendors to vary from this schedule provided that the maximum of 252 billing days is not exceeded, and the vendor sends a revised schedule to the vendor and authorizing regional center. Payment for these services will be based upon this schedule, unless vendor changes are submitted to the appropriate regional center(s) by July 31, 2019. Vendors may use the attached change form to report any revisions to the schedule.

If you have any questions regarding this correspondence, please contact me via phone at (916) 654-2208, or via email at [michael.luna@dds.ca.gov](mailto:michael.luna@dds.ca.gov).

Sincerely,

*Original signed by*

MICHAEL LUNA  
 Chief  
 Work Services Section

Enclosure

cc: Regional Center Administrators  
 Regional Center Chief Counselors  
 Regional Center Community Services Directors  
 Association of Regional Center Agencies  
 LeeAnn Christian, Department of Developmental Services

**“Building Partnerships, Supporting Choices”**

FISCAL YEAR 2019-2020 WORK ACTIVITY PROGRAM SERVICES MAXIMUM BILLING  
DAYS NOTICE AND CHANGE FORM

For submitting changes to regional center:  Vendor ID #: _____  Contact: _____
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You may use this document to report any revision to the schedule. To do so, please cross out the number of days to change, then enter the new total number of days next to that month, enter your vendor information in the box above, and return the letter to the vendoring and any user regional center(s).

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