FY 19-20 CPP Guidelines - Enclosure I

**Regional Center Claims Reimbursement Summary**

**COMMUNITY PLACEMENT PLAN (CPP)**

**Fiscal Year 2019-20** **[ ]  Supplemental #:****[ ]  Addendum**

|  |  |
| --- | --- |
| **DESCRIPTION** | **AMOUNT** |
| **OPERATIONS** : |  CPP/CRDP (program code 01) |  |
|  DC Closure/Ongoing Workload (program code 03) |  |
| **SUBTOTAL**  | **$** |
| **PURCHASE OF SERVICES** :  |  Regular Placement (program code 01)  |       |
|  Regular Assessment (program code 01) |        |
|  Regular Start-Up (program code 01 & SC 999) |        |
|  Safety Net Start-Up (program code 17 & SC 999) |        |
|  CRDP Start-Up (program code 18 & SC 999) |        |
| **SUBTOTAL** | **$** |

|  |  |
| --- | --- |
| **TOTAL NET CLAIM for the month of** | **$** |

I hereby certify that the amounts claimed herein are in accordance with the Contract Number HD

from July 1, 20      through June 30, 20     , between the Regional Center and the Department of Developmental Services, and that the client services have been purchased in accordance with the fee schedule established by the Department.

|  |
| --- |
|  Signature:                                                                     Title:                                            Date:       |
|  Regional Center:       |
|  Contracting Agency:       |
|  **Mail Check To :**                      |