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 :** |