

ALTERNATIVE NONRESIDENTIAL SERVICES REQUEST FOR A MONTHLY RATE FOR A NEW VENDOR

This template should be used by regional centers to initiate a request for the Department of Developmental Services' (DDS) approval of a monthly rate for Alternative Nonresidential Services (Alternative Services) for a new vendor. For purposes of this process, a "new vendor" is defined as either 1) a vendorization that began in March 2020 or later; or 2) a vendorization that did not provide services within a regional center's catchment area during the 12-month period ending February 2020.

INSTRUCTIONS

Regional centers should complete and submit the first page of this template for each new vendor and vendor number requesting a monthly rate. If there are multiple service/subcode combinations under a vendor number, proposed rates for each service/subcode combination may be included using the second page.

1. Provide the contact information for the regional center submitting the proposed monthly unit rate(s).
2. **SECTION I.**
 - Provide the new vendor's name and vendor number.
 - Specify the number of rates proposed for this new vendor.
 - Specify the date of vendorization.
3. **SECTION II.**
 - Complete this section for each proposed rate for the new vendor by service/subcode combination.
 - Use SECTION II. CONTINUED on Page 3 for additional proposed rates, numbering each page on the bottom.
 - A vendor of similar services, rates and service utilization patterns should be referenced for comparison for each proposed rate.
 - For each proposal, specify the service/subcode combination and complete the following items:
 - A. Specify the rates for traditional services for the new vendor, and the vendor for comparison.
 - B. Specify the average units of services (e.g. number of hours/days) per consumer per month for the new vendor's traditional services
 - For the new vendor, determine the expected average.
 - For the vendor for comparison, determine the actual average. This can be calculated by dividing the vendor's Alternative Services monthly unit rate (Row C) by the rate for traditional services (Row A).
 - C. Specify the monthly unit rate(s) for Alternative Services.
 - For the new vendor, this is the proposed rate. It can be calculated by multiplying the rate for traditional services (Row A) by the average units of services per consumer per month for traditional services (Row B)
 - For the vendor for comparison, this is the approved rate.
 - D. Provide any additional information, such as:
 - Difficulty identifying comparable vendors within the regional center catchment area;
 - Rates for additional comparable vendors to consider; or
 - Information that may support the proposal.
 - E. Provide the name and vendor number for the vendor referenced for comparison.
 - F. Leave this section blank for DDS to complete.
4. **SECTION III.**
 - Leave this section blank for DDS to complete.
5. Specify the number of pages included in the submission.
6. Submit the completed template to DDSC19Directives@dds.ca.gov and include any supporting documentation.
7. The Department will review and return the template to the regional center upon completion.

**ALTERNATIVE NONRESIDENTIAL SERVICES
REQUEST FOR A MONTHLY RATE FOR A NEW VENDOR**

REGIONAL CENTER:	
CONTACT PERSON:	
EMAIL:	PHONE:

SECTION I.

NAME OF NEW VENDOR:	VENDOR #:
NUMBER OF RATES PROPOSED:	DATE OF REQUEST:
DATE OF VENDORIZATION:	

SECTION II.

PROPOSAL #1 SERVICE / SUBCODE:	NEW VENDOR	VENDOR FOR COMPARISON
A. RATE FOR TRADITIONAL SERVICES	<input type="checkbox"/> HOURLY <input type="checkbox"/> DAILY <input type="checkbox"/> OTHER	<input type="checkbox"/> HOURLY <input type="checkbox"/> DAILY <input type="checkbox"/> OTHER
B. AVERAGE UNITS OF SERVICES PER CONSUMER PER MONTH FOR TRADITIONAL SERVICES	(EXPECTED)	(ACTUAL)
C. MONTHLY UNIT RATE FOR ALTERNATIVE SERVICES	(PROPOSED)	
D. ADDITIONAL INFORMATION		E. VENDOR FOR COMPARISON NAME AND VENDOR #:
F. DDS APPROVED RATE:	MONTHLY	

SECTION III.

DDS REVIEW	
REVIEWED BY:	DATE:
ADDITIONAL INFORMATION	

**ALTERNATIVE NONRESIDENTIAL SERVICES
REQUEST FOR A MONTHLY RATE FOR A NEW VENDOR**

NAME OF NEW VENDOR:	VENDOR #:
----------------------------	------------------

SECTION II. CONTINUED

PROPOSAL # SERVICE / SUBCODE:	NEW VENDOR	VENDOR FOR COMPARISON
A. RATE FOR TRADITIONAL SERVICES	<input type="checkbox"/> HOURLY <input type="checkbox"/> DAILY <input type="checkbox"/> OTHER	<input type="checkbox"/> HOURLY <input type="checkbox"/> DAILY <input type="checkbox"/> OTHER
B. AVERAGE UNITS OF SERVICES PER CONSUMER PER MONTH FOR TRADITIONAL SERVICES	(EXPECTED)	(ACTUAL)
C. MONTHLY UNIT RATE FOR ALTERNATIVE SERVICES	(PROPOSED)	
D. ADDITIONAL INFORMATION	E. VENDOR FOR COMPARISON NAME AND VENDOR #:	
F. DDS APPROVED RATE:	MONTHLY	

PROPOSAL # SERVICE / SUBCODE:	NEW VENDOR	VENDOR FOR COMPARISON
A. RATE FOR TRADITIONAL SERVICES	<input type="checkbox"/> HOURLY <input type="checkbox"/> DAILY <input type="checkbox"/> OTHER	<input type="checkbox"/> HOURLY <input type="checkbox"/> DAILY <input type="checkbox"/> OTHER
B. AVERAGE UNITS OF SERVICES PER CONSUMER PER MONTH FOR TRADITIONAL SERVICES	(EXPECTED)	(ACTUAL)
C. MONTHLY UNIT RATE FOR ALTERNATIVE SERVICES	(PROPOSED)	
D. ADDITIONAL INFORMATION	E. VENDOR FOR COMPARISON NAME AND VENDOR #:	
F. DDS APPROVED RATE:	MONTHLY	

PAGE OF