

DSP WORKFORCE SURVEY DASHBOARD

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2021 AND 2022 TECHNICAL MANUAL

BACKGROUND & TERMS

BACKGROUND

Starting in 2022, California began collecting data from agencies that employ Direct Service Professionals (DSPs) who provide services and support, funded through a regional center, to individuals with intellectual and developmental disabilities. The data collection effort establishes baseline information from which DDS, agencies and stakeholders may assess challenges, evaluate the impact of existing initiatives and shape future policies to improve workforce stability. More information can be found [here](#).

TERMS

Community Care Facility: Community Care Facilities (CCFs) provide 24-hour non-medical residential care to individuals with intellectual/developmental disabilities who need professional services, supervision, and/or assistance essential for self-protection or sustaining the activities of daily living. CCFs are licensed by the Community Care Licensing Division of the State Department of Social Services and funded through the regional center.

Direct Support Professional (DSP): DSPs are also commonly known as Direct Support Workers (DSWs), Home Health Aides (HHAs), or Personal Care Attendants (PCAs); Job Coaches; Community Integration Specialists, etc. For the purposes of this survey, DSPs are paid workers whose primary responsibility is to provide direct support to individuals with intellectual and developmental disabilities (IDD) and for whom your provider defines wages and benefits directly. Workers hired through a temporary personnel provider contract, or 1099 arrangement are not included.

In-Home Supports: In-Home Supports are supports provided to an individual in a home or apartment that is not owned or operated by the provider. This includes supports provided to an individual in their own private home or apartment, or a private home or apartment they live in with their family and that is not owned or operated by the provider. It can include homemaker or personal care services.

Non-Residential Supports: Non-residential supports are supports provided in a day program, community program, or work setting. This includes adult day services, community supports such as supports provided to assist an individual to participate in community activities, and employment or vocational services, including helping individuals who are looking for work or work supports such as job coaching or employment support.

Residential Supports: Residential supports are provided to an individual in a home or apartment that is owned or operated by a provider. This includes residential services delivered to individuals who do not live in their family's home or their own private home or apartment which they rent or own. Residential supports include residential services, 24-hour supports such as a group home or provider-operated apartment, and host homes or foster home services.

DATA CONSIDERATIONS

ROUNDING

Due to rounding, numbers may not add up precisely to the totals provided and percentages may not add to 100. All numbers and percents are rounded to the nearest whole number.

MASKING

Values of 1 to 10 and calculations based on values of 1 to 10 are masked. Masking is performed to protect the privacy of individual agencies and comply with state de-[identification guidelines](#). In filtered views of the data, additional values are masked to prevent calculation of values 1 to 10.

WEIGHTING

Calculations (e.g. averages) are weighted using the average number of DSPs at each provider.

Participating agencies varied considerably in size. For example, in 2021 the number of DSPs ranged from 1 to 5,060. Presenting unweighted averages would misrepresent data at the state level as agencies with 2 DSPs would be given the same weight as agencies with 5,000.

To account for differences in size, data are weighted using the average number of DSPs. Agencies with more DSPs are given more weight than agencies with fewer DSPs. Weights are used when calculating averages. Weights are not used when reporting counts.

QUALITY INCENTIVE PROGRAM (QIP) MEASURES

AVERAGE NUMBER OF DSPS

Survey Questions:

How many DSPs did your agency have on the payroll as of Jan. 1, [of survey year]?

Include DSPs as defined under "Types of Workers to Consider" at the beginning of this survey. Do not include DSPs hired through a temp agency, contract DSPs, 1099 DSPs, On-Call or PRN DSPs or a primary host-home/foster-care provider.

DO NOT include DSPs who were on full furlough as of Jan. 1, [of survey year].

DO include DSPs who were on partial furlough as of Jan 1, [of survey year].

Furloughed DSPs: A furlough is a mandatory temporary leave of absence after which the employee is expected to return to work or to be restored from a reduced work schedule. Furloughed DSPs are still technically employees: they retain their employment rights and generally their benefits. Furlough can be **full** furlough (employee is completely furloughed and does not work any hours) or **partial** furlough (employee is furloughed for part of their regular employment (for example, 8 hours a week, 8 hours a month, etc.).

How many DSPs did your agency have on the payroll as of Dec. 31, [of survey year]?

DO NOT include DSPs who were on full furlough as of Dec. 31, [of survey year].

DO include DSPs who were on partial furlough as of Dec 31, [of survey year].

(See above for the definition of furlough.)

Average Number of DSPs: The average of the number of DSPs on payroll on Jan. 1 [of survey year] and Dec. 31, [of survey year].

Denominator: The denominator is 2.

Numerator: The numerator is the sum of the number of DSPs on Jan. 1, [of the survey year] and the number of DSPs on Dec. 31, [of the survey year].

LANGUAGE

Survey Question: If your agency had DSPs on the payroll as of Dec. 31 [of survey year], who were fluent in a language other than English, please indicate in which of the following languages those DSPs were fluent. Check all that apply.

- N/A. None were fluent in a language other than English → GO TO Q29
- Spanish
- American Sign Language (ASL)
- Arabic
- Armenian
- Cantonese (Simplified)
- Farsi
- Hindi
- Hmong
- Japanese
- Khmer
- Korean
- Laotian
- Mandarin Chinese
- Russian
- Tagalog
- Vietnamese
- Other _____

English Only Rate: The percent of agencies without any DSPs who are fluent in a language other than English.

Denominator: The denominator is the total number of agencies who completed the survey.

Numerator: The numerator is the number of agencies who do not have any DSPs who speak a language other than English.

Other Language Rate: The percent of agencies with at least one DSP who is fluent in a language other than English.

Denominator: The denominator is the total number of agencies who completed the survey.

Numerator: The numerator is the number of agencies who have one or more DSPs who speak a language other than English.

TENURE

Survey Question: Please indicate the number of DSPs on your agency's payroll as of Dec. 31, [of survey year], who were continuously employed in a direct support capacity for:

Less than 6 months _____
Between 6 and 12 months _____
Between 12 and 24 months _____
Between 24 and 36 months _____
More than 36 months _____

Do not include DSPs on full furlough as of Dec. 31 [of survey year] DO include DSPs who were on partial furlough as of Dec. 31 [of survey year]. See above for definition of furlough. Include DSPs as defined under "Types of Workers to Consider" at the beginning of this survey. Do not include DSPs hired through a temp agency, contract DSPs, 1099 DSPs, On-Call or PRN DSPs or a primary host-home/foster-care provider

Provider Tenure by Category: The percent of DSPs at the provider who fall within each tenure category as of December 31, [of survey year].

Denominator: The denominator is the total number of DSPs on the provider payroll as of December 31, [of survey year].

Numerator: The numerator is the number of DSPs in each category (e.g., number of DSPs employed for less than 6 months) as of December 31, [of survey year].

Percent: The result is multiplied by 100 to produce a percent for each tenure category.

Example: Provider A has an average of 20 DSPs. They provided the following responses to the question about tenure:

Less than 6 months 1
Between 6 and 12 months 10
Between 12 and 24 months 5
Between 24 and 36 months 3
More than 36 months 1

Using the average number of DSPs, 20, as the denominator produces the following percents for each tenure category:

Tenure Category	Percent
Less than 6 months	5.0%
Between 6 and 12 months	50.0%
Between 12 and 24 months	25.0%
Between 24 and 36 months	15.0%
More than 36 months	5.0%
Total	100.0%

Weighted Provider Tenure by Category: The percent of DSPs at the provider who fall within each tenure category as of December 31, [of survey year] multiplied by the number of DSPs at the provider on December 31, [of survey year].

Example: Provider A has an average of 20 DSPs. The following represents their weighted tenure by category:

Tenure Category	Percent	Weighted Percent
Less than 6 months	5.0%	100.0%
Between 6 and 12 months	50.0%	1000.0%
Between 12 and 24 months	25.0%	500.0%
Between 24 and 36 months	15.0%	300.0%
More than 36 months	5.0%	100.0%
Total	100.0%	2000.0%

Weighted Average of Tenure by Category: State tenure is calculated by taking the average of all the agencies' *weighted tenure by category*.

Denominator: The denominator is the sum of the number of DSPs.

Numerator: The numerator is the sum of all the agencies' *weighted tenure by category* for each category.

Example: There are five large agencies. The table below shows each provider's *tenure by category* and *weighted tenure by category*, and the weighted average for the five agencies.

PROVIDER		LESS THAN 6 MONTHS	BETWEEN 6 AND 12 MONTHS	BETWEEN 12 AND 24 MONTHS	BETWEEN 24 AND 36 MONTHS	MORE THAN 36 MONTHS
PROVIDER 1 (100 DSPS)	Percent	5.0%	50.0%	25.0%	15.0%	5.0%
	Weighted percent	500.0%	5000.0%	2500.0%	1500.0%	500.0%
PROVIDER 2 (127 DSPS)	Percent	11.9%	28.6%	50.0%	9.5%	0.0%
	Weighted percent	1511.3%	3632.2%	6350.0%	1206.5%	0.0%
PROVIDER 3 (236 DSPS)	Percent	50.0%	25.0%	25.0%	0.0%	0.0%
	Weighted percent	11800.0%	5900.0%	5900.0%	0.0%	0.0%
PROVIDER 4 (103 DSPS)	Percent	0.0%	15.2%	42.4%	30.3%	12.1%
	Weighted percent	0.0%	1565.6%	4367.2%	3120.9%	1246.3%
PROVIDER 5 (434 DSPS)	Percent	12.5%	37.5%	25.0%	12.5%	12.5%
	Weighted percent	5425%	16275%	10850%	5425%	5425%
WEIGHTED AVERAGE		19.2%	32.4%	30.0%	11.3%	7.2%

VACANCIES (PART-TIME)

Survey Question (part-time DSPs): How many part-time DSP position vacancies did your agency have as of Dec. 31, [of survey year]?

If the answer is none, please write "0"

Provider Part-time Vacancy Rate: The percent of unfilled part-time positions at a provider on a specific date.

Denominator: The denominator is the total number of part-time DSP positions as of December 31, [of survey year].

Numerator: The numerator is the number of unfilled part-time DSP positions as of December 31, [of survey year].

Percent: The result is multiplied by 100 to produce a percent.

Weighted Provider Part-time Vacancy Rate: The percent of unfilled part-time positions at a provider on a specific date multiplied by the number of part-time DSPs at the provider as of Dec. 31, [of survey year].

Weighted Average Part-time Vacancy Rate: State part-time vacancy rates are calculated by taking the average of all the agencies' weighted part-time vacancy rates.

Denominator: The denominator is the sum of the number of part-time DSPs.

Numerator: The numerator is the sum of all the agencies' *weighted part-time vacancy rates*.

VACANCIES (FULL-TIME)

Survey Question (full-time DSPs): How many full-time DSP position vacancies did your agency have as of Dec. 31, [of survey year]?

If the answer is none, please write "0"

Provider Full-time Vacancy Rate: The percent of unfilled full-time positions at a provider on a specific date.

Denominator: The denominator is the total number of full-time DSP positions as of December 31, [of survey year].

Numerator: The numerator is the number of unfilled full-time DSP positions as of December 31, [of survey year].

Percent: The result is multiplied by 100 to produce a percent.

Weighted Provider Full-time Vacancy Rate: The percent of unfilled full-time positions at a provider on a specific date multiplied by the average number of full time DSPs at the provider as of Dec. 31, [of survey year].

Weighted Average Full-time Vacancy Rate: State full-time vacancy rates are calculated by taking the average of all the agencies' weighted full-time vacancy rates.

Denominator: The denominator is the sum of the number of full-time DSPs.

Numerator: The numerator is the sum of all the agencies' *weighted full-time vacancy rates*.

VACANCIES (OVERALL)

Survey Questions

How many full-time DSP position vacancies did your agency have as of Dec. 31, [of survey year]?

If the answer is none, please write "0"

How many part-time DSP position vacancies did your agency have as of Dec. 31, [of survey year]?

If the answer is none, please write "0"

Provider Overall Vacancy Rate: The percent of unfilled positions at a provider on a specific date.

Denominator: The denominator is the total number of part-time and full-time DSP positions as of December 31, [of survey year].

Numerator: The numerator is the number of unfilled part-time and full-time DSP positions as of December 31, [of survey year].

Percent: The result is multiplied by 100 to produce a percent.

Weighted Provider Overall Vacancy Rate: The percent of unfilled positions at a provider on a specific date, multiplied by the total number of part-time and full-time DSP positions at the provider as of December 31, [of survey year].

Weighted Average Overall Vacancy Rate: State overall vacancy rates are calculated by taking the average of all the agencies' weighted overall vacancy rates.

Denominator: The denominator is the sum of the number of part-time and full-time DSPs.

Numerator: The numerator is the sum of all the agencies' *weighted overall vacancy rates*.

TURNOVER

Survey Question: How many DSPs left/separated from your agency permanently between Jan. 1, [of survey year], and Dec. 31, [of survey year]?

Permanently Separated DSPs are DSPs who were removed from your agency's payroll for any reason during the year. Do not include workers who were promoted or transferred within the agency.

***Please note: DSPs that separated from payroll in [survey year] and then rejoined payroll in [survey year] should NOT be included in this total.

Do not include DSPs on full furlough as of Dec. 31, [of survey year]; DO include DSPs who were on partial furlough as of Dec. 31, [of survey year]. See above for definition of furlough. Include DSPs as defined under "Types of Workers to Consider" at the beginning of this survey. Do not include DSPs hired through a temp agency, contract DSPs, 1099 DSPs, On-Call or PRN DSPs or a primary host-home/foster-care provider.

Average Number of DSPs: Agencies listed the number of DSPs on staff on January 1, [of survey year] and December 31, [of survey year]. These numbers were averaged to determine the average number of DSPs at the provider in [survey year].

Provider turnover Rate: The percent of DSPs who have left a provider within a year.

Denominator: The denominator is the average number of DSPs in [survey year].

Numerator: The numerator is the number of DSPs who left/separated from the provider between January 1, [of survey year], and December 31, [of survey year].

Percent: The result is multiplied by 100 to produce a percent.

Weighted Provider Turnover Rate: The percent of DSPs who have left a provider within a year multiplied by the average number of DSPs at the provider.

Weighted Average Turnover: State turnover rates are calculated by taking the average of all the agencies' *weighted turnover rates*.

Denominator: The denominator is the sum of the number of DSPs.

Numerator: The numerator is the sum of all the agencies' *weighted turnover rates*.

Note:

1. The methodology for calculating Turnover closely resembles the methodology used by HSRI for the National Survey with the exception of weighting and aggregation type. UC Davis aggregates the data based on Staff Size while HSRI aggregates by state. UC Davis weights the data by the average number of DSPs. HSRI weights the data by the state’s margin of error. Percents of zero (0%), meaning agencies with no turnover, are included in the overall California calculation as of 4/1/24.
2. Percents over 500% are excluded before the average is calculated for California Overall.

VACANCIES VS TURNOVER

The following table identifies key features which distinguish “Vacancy” from “Turnover”.

Measure	Who/what are we counting?	What time frame are we using?
Vacancy	Unfilled positions	Point in time on a specific date
Turnover	Staff who left the provider	Over one year

RESPONSE SUMMARY

VENDORIZATION

Vendorization is the process for identification, selection, and utilization of service providers based on the qualifications and other requirements necessary to provide services to consumers. The vendorization process allows regional centers to verify, prior to the provision of services to consumers, that an applicant meets all the requirements and standards specified in regulations.

VENDORING REGIONAL CENTER

DDS does not vendor service providers. Service providers are vended by the regional center in whose catchment area the service is located, known as the vendoring regional center. Although vendors are prohibited from being vended by more than one regional center, a vended service provider may be utilized by non-vendoring regional centers, known as “user” or “utilizing” regional centers, as well as the vendoring regional center.

SERVICE TYPES FILTER

EXPLANATION OF FILTER CATEGORIES ON QIP WORKFORCE STATISTICS PAGE

For each provider that submitted a survey response in the survey year, a primary service code was identified. The service codes were collapsed into the nine categories outlined below. A filter on the QIP Workforce Statistics page allows you to view the data by these nine categories.

Service Type	Service Code	Definition
Community Training	55	Code 055: A regional center shall classify a vendor as a Community Integration Training Program provider if the vendor provides community integration training that includes, but is not limited to, assistance with acquisition, retention, or improvement in self-help, socialization and adaptive skills which take place in a non-residential setting, separate from the home or facility in which the consumer resides. Services shall normally be furnished 4 or more hours per day on a regularly scheduled basis, for 1 or more days per week unless provided as an adjunct to other day activities included in a consumer's IPP. Community integration training shall focus on enabling the consumer to attain or maintain his or her maximum functional level and shall be coordinated with any physical, occupational, or speech therapies listed in the IPP. In addition, community integration training may serve to reinforce skills or lessons taught in school, therapy, or other settings.
Community Training	475	Code 475: As established in Welfare and Institutions Code Section 4688.21(c)(1) through (12) is an adult day program service that assists the adult consumer in the development of skills required for community integrated employment and/or participation in volunteer activities and to secure employment and/or volunteer positions or pursue secondary education. (A) A regional center shall classify a vendor as a Participant-Directed Community-Based Training Service for Adults if the vendor: 1. Is an adult consumer, family member, or conservator; 2. Is not the direct provider of the community-based training service for adults. A parent or conservator shall not be the direct support worker employed by the community-based training vendor; and 3. Selects the community-based training service for adults from an individual who is at least 18 years of age and possesses the skill, training, or experience necessary to provide the community-based training service for adults in accordance with the IPP. If the selected individual is required to transport the consumer, meets the requirements in (e)(4)(B) above. (B) The Participant-Directed Community-Based Training Service for Adults shall be provided in natural environments in the community, separate from the consumer's residence.
Day Services	510	Code 510: Adult Development Centers shall meet the requirements in Sections 56710 through 56756 of these regulations for the specific service being vendored.
Day Services	702	Code 702: A regional center shall classify a vendor as an adult day health center if the vendor has a signed adult day health care provider agreement with the Department of Health Services to provide the services described in Title 22, Chapter 5 to Medi-Cal beneficiaries who are

		eligible for and voluntarily elect to participate in an adult day health care program.
Day Services	855	Code 855: A regional center shall classify a vendor as an adult day care facility if the vendor: 1. Possesses a valid day care license for adults issued by DSS or an agency authorized by DSS to assume specific licensing responsibilities; and 2. Provides nonmedical care and supervision to adults 18 years of age or older on less than a 24-hour per day basis. (B) Adult day care does not include adult day programs as identified in (a)(1), (6), (12), (33), and (72).
Infant/Children's Day Services	805	Code 805: Infant development programs shall meet the appropriate requirements in Sections 56710 through 56734 and 56760 through 56774 of these regulations.
Day Services	515	Code 515: Behavior Management Programs shall meet the requirements in Sections 56710 through 56756 of these regulations for the specific service being vendored.
Day Services	892	Code 892: A regional center shall classify a vendor as a provider of Training and Habilitation Service for any services the vendor provides prior to July 1, 2000, pursuant to Title 17, Section 58614(b) to meet the training and habilitation needs of the consumer. Training and Habilitation Service must be tailored to the specific training and habilitation needs and capacities of an individual consumer, and is intended to result in an increased ability on the part of the consumer to establish and maintain constructive human relationships, assume and exercise membership in the community, and meet his/her needs without assistance. Training and Habilitation Service is accessed only in accordance with the determination made through the consumer's IPP process of its appropriateness in consideration of the consumer's cognitive or physical challenges, and only when any corresponding Personal Support Service alternative, as defined in (a), is determined to be less appropriate in consideration of the consumer's cognitive or physical challenges. Training and Habilitation differs from any corresponding Personal Support Service in that the immediate result of the service (e.g., successful preparation of a meal) is always consequential to, but never the primary objective of, the training. Beginning July 1, 2000, all services previously provided under Service Code 892 shall be provided only in accordance with (d).
Employment	950	Code 950: A regional center shall classify a vendor as a provider of Supported Employment - Group Services if the vendor meets all the requirements of the vendorization process, including proof of certification of nonprofit status and provides supported employment services with a single job coach to a group of individuals engaged in paid work that is integrated in the community.
Employment	952	Code 952: A regional center shall classify a vendor as a provider of Supported Employment - Individual Services if the vendor meets all the requirements of the vendorization process, including proof of certification of nonprofit status and provides supported employment services including job coaching services to a single individual with developmental disabilities engaged in paid work in a community setting.
Employment	954	Code 954: A regional center shall classify a vendor as a provider of Work Activity Program services if the vendor provides support to consumers engaged in paid work in a work activity center or similar setting.

Day Services	28	Code 28: A regional center shall classify a vendor as a Socialization Training Program service provider if the vendor provides socialization opportunities for school age developmentally disabled persons. At a minimum the following should be provided: Adaptive recreation/socialization programs; Integration opportunities through the program's independent living skills activities; Access to public recreation and leisure facilities; Activities that will enhance and develop meaningful interpersonal relationships. Exclude programs Department of Education are required to fund.
Day Services	63	Code 063: A regional center shall classify a vendor as a Community Activities Support services if the vendor provides support on a time-limited basis to accomplish various activities for consumers.
Day Services	94	Code 094: A regional center shall classify a vendor as a Creative Arts Program provider if the vendor provides a program that facilitates self-expression through art, which includes art classes, the development of vocational skills.
Day Services	505	Code 505: Activity Centers shall meet the requirements in Sections 56710 through 56756 of these regulations for the specific service being vendored.
Day Services	525	Code 525: Social Recreation Programs shall meet the requirements in Sections 56710 through 56756 of these regulations for the specific service being vendored.
Day Services	91	Code 91: A regional center shall classify a vendor as an In-Home Day Program Provider if the vendor provides day program services to consumers who are unable to attend day programs outside their homes, because of medical conditions that prevent travel to outside programs. In home day programs are designed to allow the consumer to remain in a stable day program environment. In-Home Day Program services include, a variety of activities designed to meet consumer needs from activity center programs to vocational activities that can be completed from home. An In-Home Day Program must be vendored with the regional center and have a regional center approved program design that includes the provision for an annual assessment process to ensure consumer participation in this type of program remains appropriate. This can be done in conjunction with the regional center annual review.
Infant/Children's Day Services	851	Code 851: A regional center shall classify a vendor as child day care if the vendor: Provides nonmedical care and supervision to children under 18 years of age on a less than 24-hour per day basis in the vendor's own home; or provides personal care, protection, supervision, and assistance to children under 18 years of age with special developmental needs in a nonresidential facility.
Specialized Care Facility	925	Code 925: A regional center shall classify a vendor as an intermediate care facility/developmentally disabled if the vendor possesses a valid ICF/DD health facility license issued by the Department of Health Services.
Specialized Care Facility	930	Code 930: A regional center shall classify a vendor as an intermediate care facility/developmentally disabled-habilitative if the vendor possesses a valid ICF/DD-H health facility license issued by the Department of Health Services.
Specialized Care Facility	935	Code 935: A regional center shall classify a vendor as an intermediate care facility/developmentally disabled-nursing if the vendor possesses a valid

		ICF/DD-N health facility license issued by the Department of Health Services.
Other	109	Code 109: A regional center shall classify a vendor as a Supplemental Residential Program Support provider if, the vendor provides, or obtains, time limited, supplemental staffing in excess of the amount required by regulation. Supplemental Residential Program Support is designed to implement an objective in the consumer's IPP and allow the consumer to remain in their current residential environment. Supplemental Residential Program Support services include, but are not limited to: assistance and training in skills for activities of daily living and in socially appropriate skills to replace (and serve the same function/purpose as) challenging behavior.
Other	110	Code 110: A regional center shall classify a vendor as a Supplemental Day Services Program Support provider if the vendor provides, or obtains, time limited, supplemental staffing in excess of the amount required by regulation. Supplemental Day Services Program Support is designed to implement an objective in the consumer's IPP and allow the consumer to remain in a known and stable day program/employment environment. Supplemental Day Services Program Support services include, but are not limited to: assistance and training in skills for activities of daily living and in socially appropriate skills to replace (and serve the same function/purpose as) challenging behavior.
Other	856	Code 856: A regional center shall classify a vendor as a home health aide if the vendor possesses a valid home health aide license issued by DHS or meets the requirements established by DHS for providing home health services. Provides services to the individual in order to maintain a safe and healthful home environment. Performs personal services directed toward adequate nutrition and personal cleanliness. Supports a continuing medical and social treatment plan for homebound individuals.
ILS, Supported Living, and Personal Assistance	520	Code 520: Independent Living Programs shall meet the requirements in Sections 56710 through 56756 of these regulations for the specific service being vendored.
ILS, Supported Living, and Personal Assistance	635	Code 635: A regional center shall classify a vendor as an independent living specialist if the vendor possesses the skill, training, or education necessary to teach consumers to live independently and/or provide the supports necessary for the consumer to maintain a self-sustaining, independent-living situation in the community.
ILS, Supported Living, and Personal Assistance	896	Code 896: Beginning July 1, 2000, a regional center shall classify a vendor as a provider of Supported Living Service if the vendor provides services enumerated in Title 17, Section 58614.
ILS, Supported Living, and Personal Assistance	62	Code 62: A regional center shall classify a vendor as Personal Assistance if the vendor provides personal assistance and support.
ILS, Supported Living, and Personal Assistance	858	Code 858: A regional center shall classify a vendor as a homemaker if the vendor maintains, strengthens, or safeguards the care of individuals in their homes.

ILS, Supported Living, and Personal Assistance	860	Code 860: A regional center shall classify a vendor as a homemaker service if the vendor employs, trains, and assigns personnel who maintain, strengthen, or safeguard the care of individuals in their homes.
ILS, Supported Living, and Personal Assistance	891	Code 891: A regional center shall classify a vendor as a provider of Personal Support Service for any services the vendor provides prior to July 1, 2000, pursuant to Title 17, Section 58614(b) to meet the consumer's need for assistance with common daily living and routine household activities, accessing medical services, and animal companions. Personal Support Service must be tailored to meet those specific needs of an individual consumer which can not be met by the unassisted consumer because of the nature or severity of the consumer's physical or developmental challenges. Personal Support Service differs from Training and Habilitation Service as defined in (b), in that the immediate result of the service (e.g., successful preparation of a meal) is the primary objective of the service, while any training or habilitation that may result is an incidental and unanticipated consequence. Beginning July 1, 2000, all services previously provided under Service Code 891 shall be provided only in accordance with (d).
Specialized Care Facility	90	Code 90: A regional center shall classify a vendor as an a Crisis Intervention Facility/Bed provider if the vendor provides temporary 24-hour residential treatment setting for persons who pose an immediate health and safety danger to self or others. Payment of crisis intervention facility services does not include room and board.
Community Care Facility	910	Code 910: A regional center shall classify a vendor as an owner-operated residential facility serving children if: (A) The facility serves children; (B) The vendor possesses a valid community care facility license as required by Health and Safety Code, Sections 1500 through 1569.87; and (C) The facility is the residence of the licensee or a member of the corporate board (board of directors). The licensee may perform all of the activities necessary to operate the facility, or he/she may employ staff which may include members of his/her family, to assist.
Community Care Facility	915	Code 915: A regional center shall classify a vendor as a staff-operated residential facility serving adults if: (A) The facility serves adults; (B) The vendor possesses a valid community care facility license as required by Health and Safety Code, Sections 1500 through 1569.87; and (C) The facility is not the residence of the licensee or a member of the corporate board (board of directors) and the licensee employs personnel to provide direct care and training to individuals.
Community Care Facility	95	Code 095: NOT FOUND
Community Care Facility	920	Code 920: A regional center shall classify a vendor as a staff-operated residential facility serving children if: (A) The facility serves children (B) The vendor possesses a valid community care facility license as required in the Health and Safety Code, Section 1500 through 1569.87; and (C) The facility is not the residence of the licensee or a member of the corporate board (board of directors) and the licensee employs personnel to provide direct care and training to individuals.

Specialized Care Facility	113	<p>Code 113: A regional center shall classify a vendor as a DSS Licensed-Specialized Residential Facility provider if the vendor operates a residential care facility licensed by the Department of Social Services (DSS) for individuals with developmental disabilities who require 24 hour care and supervision and whose needs cannot be appropriately met within the array of other community living options available. Primary services provided by a DSS Licensed-Specialized Residential Facility may include personal care and supervision services, homemaker, chore, attendant care, companion services, medication oversight (to the extent permitted under State law) and therapeutic social and recreational programming, provided in a home-like environment. Incidental services provided by a DSS Licensed-Specialized Residential Facility may include home health care, physical therapy, occupational therapy, speech therapy, medication administration, intermittent skilled nursing services, and/or transportation, as specified in the IPP. This vendor type provides 24 hour on-site response staff to meet scheduled or unpredictable needs in a way that promotes maximum dignity and independence, and the provision of supervision and direct care support to ensure the consumers' health, safety and well-being. Other individuals or agencies may also furnish care directly, or under arrangement with the DSS Licensed-Specialized Residential Facility, but the care provided by these other entities must supplement the care provided by the DSS Licensed-Specialized Residential Facility and does not supplant it. Regional Center monitoring of the DSS Licensed-Specialized Residential Facility shall be in accordance with the applicable state laws and licensing regulations, including Title 17, and the regional center admission agreement. Payment for services in a DSS Licensed-Specialized Residential Facility must be made pursuant to Title 17, Section 56919 (a), after the regional center obtains approval from the Department for payment of the prevailing rate or, pursuant to Welfare & Institutions Code, Section 4648 (a)(4), the regional center may contract for the provision of services and supports for a period of up to three years, subject to the availability of funds.</p>
Specialized Care Facility	114	<p>Code 114: A regional center shall classify a vendor as a Specialized Residential Facility (Health) provider if the vendor operates a licensed residential care facility for consumers who require 24-hour care and supervision and for whom an appropriate ICF DD residential placement is not available. Specialized Residential Facility (Health) needs include, but are not limited to: Geriatric, Mental Health or Traumatic Brain Injury conditions. Services provided by a Specialized Residential Facility (Health) include, but are not limited to: personal care and supervision, homemaker, chore, attendant care, companion services, medication oversight (to the extent permitted under State law) and therapeutic social and recreational programming, provided in a licensed residential care facility. This service includes 24-hour on-site response staff to meet scheduled or unpredictable needs in a way that promotes maximum dignity and independence, and to provide supervision, safety and security as needed. Specialized Residential Facility (Health) services may also include, home health care, physical therapy, occupational therapy, speech therapy, medication administration, intermittent skilled nursing services, and/or transportation, as specified in the IPP.</p>

Specialized Care Facility	900,901	<p>Note: Codes 900 and 901 have the same definitions. Code 900: Per Title 17, Section 59050, "Enhanced Behavioral Supports Home" means an adult residential facility or a group home certified by the Department and licensed by the Department of Social Services that provides 24-hour nonmedical care to individuals with developmental disabilities who require enhanced behavioral supports, staffing, and supervision in a homelike setting, as defined in Section 4684.80 of the Welfare and Institutions Code. An Enhanced Behavioral Supports Home shall have a maximum capacity of four consumers. See T17, CCR, Sect 59072 for description of how the rate is set for each component. Code 901: Per Title 17, Section 59050, "Enhanced Behavioral Supports Home" means an adult residential facility or a group home certified by the Department and licensed by the Department of Social Services that provides 24-hour nonmedical care to individuals with developmental disabilities who require enhanced behavioral supports, staffing, and supervision in a homelike setting, as defined in Section 4684.80 of the Welfare and Institutions Code. An Enhanced Behavioral Supports Home shall have a maximum capacity of four consumers. See T17, CCR, Sect 59072 for description of how the rate is set for each component.</p>
Specialized Care Facility	902	<p>Code 902: Per Title 17, Section 59000, "Community Crisis Home" means an adult residential facility certified by the Department and licensed by the Department of Social Services that provides 24-hour nonmedical care to individuals with developmental disabilities receiving regional center services and in need of crisis intervention services, who would otherwise be at risk of admission to a more restrictive setting. A Community Crisis Home may have a maximum capacity of up to eight consumers. A Community Crisis Home is eligible for, and must meet all the requirements for, vendorization as a residential facility by a regional center pursuant to the requirements of Division 2, Chapter 3, Subchapter 2. See T17, CCR, Sect 59022 for description of how the rate is set for each component.</p>
Specialized Care Facility	903	<p>Code 903: Per Title 17, Section 59000, "Community Crisis Home" means an adult residential facility certified by the Department and licensed by the Department of Social Services that provides 24-hour nonmedical care to individuals with developmental disabilities receiving regional center services and in need of crisis intervention services, who would otherwise be at risk of admission to a more restrictive setting. A Community Crisis Home may have a maximum capacity of up to eight consumers. A Community Crisis Home is eligible for, and must meet all the requirements for, vendorization as a residential facility by a regional center pursuant to the requirements of Division 2, Chapter 3, Subchapter 2. See T17, CCR, Sect 59022 for description of how the rate is set for each component.</p>
Specialized Care Facility	904	<p>Code 904: A regional center shall classify a vendor as a family home agency (FHA) if the agency: (A) Recruits, approves, trains, and monitors family home and family teaching home providers; (B) Provides services and supports to family home and family teaching home providers; and (C) Assists consumers in moving into, or relocating from, family homes and family teaching homes.</p>

Specialized Care Facility	96	<p>Code 96: A regional center shall classify a vendor as a Geriatric Facility provider if the vendor operates a residential facility for the elderly. Geriatric Facility services include, but are not limited to, personal care and services, homemaker, chore, attendant care, companion services, medication oversight (to the extent permitted under State law), therapeutic social and recreational programming, provided in a home-like environment in a licensed (where applicable) community care facility or family home certified by a family home agency, in conjunction with residing in the facility. This service includes 24-hour onsite response staff to meet scheduled or unpredictable needs in a way that promotes maximum dignity and independence, and to provide supervision, safety and security. Other individuals or agencies may also furnish care directly, under arrangement with the community care facility, but the care provided by these other entities supplements that care provided by the community care facility and does not supplant it. A Geriatric facility service may also include, home health care, physical therapy, occupational therapy, speech therapy, medication administration, intermittent skilled nursing services, or transportation specified in the plan of care. The regional center shall vendor the geriatric facility in accordance with Title 17, CCR, §54310 and 5432, Health and Safety Code §1500-1569.87; and Title 22, CCR, §§87100-87730.</p>
Respite	465	<p>Code 465: A regional center shall classify a vendor as Participant-Directed Respite Service - Family Member if the vendor: 1. Is a family member; 2. Is not the direct provider of the respite service; and 3. Selects the respite service for the consumer from an individual who is at least 18 years of age and possesses the skill, training, or education necessary to provide the respite service. The vendored family member shall be responsible for ensuring that the individual selected to provide the respite service will possess the skill, training, or education necessary to provide the respite service. In addition, the vendored family member is responsible for ensuring that the person providing respite care is familiar with the consumer's daily routines and needs, and is trained in any specialized supports necessary for the consumer. To the extent that these specialized support needs require additional training or certification in such things as First Aid, Cardiopulmonary Resuscitation (CPR), etc., these needs and requirements will be included as part of the description of respite care needs in the consumer's IPP or IFSP; or 4. An agency that meets the criteria specified in California Code of Regulations, Title 17, Section 54342(a)(39); or 5. For out-of-home respite services, a facility which meets the standards specified in California Code of Regulations, Title 17, Section 54342(a)(58) or (72). A relative who provides out-of-home respite in the relative's own house is exempt from licensure pursuant to Title 22, California Code of Regulations, Section 80007.</p>
Respite	862	<p>Code 862: A regional center shall classify a vendor as an in-home respite services agency if the vendor meets the appropriate requirements in Sections 56780 through 56802 of these regulations. Separate vendorization may be waived at the vendor's request for existing in-home respite services agency vendors requesting to provide new in-home respite services at an additional business address.</p>

Respite	864	Code 864: A regional center shall classify a vendor as a provider of in-home respite worker services if the vendor is an individual who: (A) Has received Cardiopulmonary Resuscitation (CPR) and First Aid training from agencies offering such training, including, but not limited to, the American Red Cross; (B) Has the skill, training, or education necessary to perform the required services; and (C) Provides in-home respite services.
Respite	868	Code 868: A regional center shall classify a vendor as a provider of out-of-home respite services if the vendor: (A) Is licensed by DSS or by an agency authorized by DSS or is licensed by DHS to provide out-of-home care to persons with developmental disabilities; and (B) Is vendored by the regional center and provides services under the following service codes: 1. Service Code 855 - Adult Day Care; or 2. Service Code 851 - Child Day Care; or 3. Service Code 905 or 915 - Residential Facility Serving Adults; or 4. Service Code 910 or 920 - Residential Facility Serving Children; or 5. Service Code 930 - Intermediate Care Facility/Developmentally Disabled - Habilitative (ICF/DD-H); or 6. Service Code 935 - Intermediate Care Facility/Developmentally Disabled - Nursing (ICF/DD-N). (C) Has staff who have received Cardiopulmonary Resuscitation (CPR) and First Aid training from agencies offering such training, including, but not limited to, the American Red Cross; (D) Has the training, education, and skill to perform the required services; and (E) Provides out-of-home respite services which consist of intermittent or regularly scheduled temporary care to individuals in a licensed facility and which: 1. Are designed to relieve families of the constant responsibility of caring for a member of that family who is a consumer; 2. Meet planned or emergency needs; 3. Are used to allow parents or the individual the opportunity for vacations and other necessities or activities of family life; and 4. Are provided to individuals away from their residence.
Respite	869	Code 869: A regional center shall classify a vendor as a respite facility if the vendor: (A) Is licensed as a residential facility by DSS or by an agency authorized by DSS; (B) Provides only out-of-home respite services in accordance with (a)(58)(E)1. through 4. above. (C) Meets the criteria specified in (a)(58)(C) and (D); and (D) Is not vendored by the regional center to provide services under the following service codes: 1. Service Code 905 or 915 - Residential Facility Serving Adults; or 2. Service Code 910 or 920 - Residential Facility Serving Children.
Other	28	Code 28: A regional center shall classify a vendor as a Socialization Training Program service provider if the vendor provides socialization opportunities for school age developmentally disable persons. At a minimum the following should be provided: Adaptive recreation/socialization programs; Integration opportunities through the program's independent living skills activities; Access to public recreation and leisure facilities; Activities that will enhance and develop meaningful interpersonal relationships. Exclude programs Department of Education are required to fund.

