



Rate Reform FAQs about Residential Services

Q1. The Directive does not include Community Crisis Homes (CCH), Enhanced Behavioral Supports Homes (EBSH), and Intermediate Care Facilities for the Developmentally Disabled-Nursing. Are these homes part of Rate Reform?

A1. These homes were not included in the final version of Rate Reform and continue to use the same rate setting methodologies. Residential service codes 113, 163, 905, 910, 915, and 920 are part of Rate Reform.

Q2. Are residential providers included in rate reform part of the Quality Incentive Program (QIP)?

A2. Yes, residential providers with a service code in rate reform must participate in the QIP to earn the full rate. More information about the QIP can be found here: [Provider Directory: CA Department of Developmental Services](#).

Q3. Were Family Home Agency (FHA) services included in rate reform?

A3. Rate models were originally developed for FHAs but have since been removed from rate reform to collect additional information from regional centers and providers. As part of continued rate reform efforts pursuant to [W&I Code section 4519.10](#), FHA rates must align with the updated CCF rate structure (Service Levels 2-6) beginning on January 1, 2025.

Q4. For residential facilities serving adults and children (service codes 905, 910, 915, 920), where are the new service levels referenced?

A4. Providers can crosswalk their current level with the new levels in the [Rate Reform-Residential Services](#) directive and accompanying attachment [here](#), but should reach out to their vendoring regional center to confirm their services and level.

Q5. For residential homes currently vendored under service code 113, what are the changes in service description?

Q5: Only residential homes classified as Adult Residential Facilities for Persons with Special Health Care Needs (ARFPSHN), will continue to be vendored under 113. All others must transition to the appropriate service and code.

Q6. Level 3 homes now have requirements to provide consultant hours. What are the consultant options that are available?

A6. Consultants should meet the needs and preferences of individuals served, which may include providers outside of behavioral and medical services. Please reference Title 17 regulations [here](#) and [here](#) for some options for consultant types. Other consultant types, not listed in the linked resources may also be appropriate.

Q7. What types of costs can be customized on the Adult Residential Facilities for Persons with Special Health Care Needs and Group Homes for Children (ARFPSHN) with Special Health Care Needs (GHCSHN) worksheets to develop a monthly base rate?

A7. The ARFPSHN and GHCSHN worksheets allow for the customization of vendor capacity, Administrator type (RN or not), Direct Staff Professional (DSP) hours, Certified Nursing Assistant (CNA) hours, Licensed Vocational Nurse (LVN) hours, Registered Nurse (RN) hours, consultant hours, Housing Developer Organization (HDO), lease costs and property tax costs.

Q8. What is an HDO?

A8. An HDO is a Housing Developer Organization, a private, non-profit community-based organization designed to promote affordable housing and initiatives for sustainable housing options.

Q9. For the worksheets for Adult Residential Facilities for Persons with Special Health Care Needs and Group Homes for Children (ARFPSHN) with Special Health Care Needs (GHCSHN), if “yes” is selected for “HDO” will it change the rate?

A9. Providers will be able to input costs for the monthly lease and property taxes.

Q10. The hours in the new weekly staffing hour table looks different. How is the new table used?

A10. The new table matches the new service levels of two through six and correspond to the vendor capacity. The hours displayed are the maximum total weekly staff hours required.

Q11. How is the new weekly staffing hour table used for homes with a vendor capacity above six individuals used?

A11. The new tables are used the same way as the previous table. For each resident beyond the 6th person, add the number of staff hours listed in the column labeled 7+.

Q12. Is awake night staffing required?

A12. Awake night staffing is required in all levels. An exception may be granted by the vendoring regional center for only Level 2 and Level 3 homes if all residents' Individualized Program Plans (IPPs) indicate awake night staff is not required.

Q13. For homes that are exempted by the regional center for awake night staff, is the nighttime sleeping staff included within the total weekly staffing hours?

A13. Yes, these hours are included.

Q14. What types of costs can be customized on the Level 7 rate models to develop monthly base rate?

A14. The Level 7 customizable rate model allows for the customization of vendor capacity, Direct Staff Professional (DSP) hours, Certified Nursing Assistant (CNA) hours, Licensed Vocational Nurse (LVN) hours, Registered Behavior Technician (RBT) hours, Licensed Psychiatric Technician (LPT) hours, consultant hours, Housing Developer Organization (HDO) lease costs and property tax costs.