

[Date]

Chief Deputy Director  
Program Services  
Department of Developmental Services  
1215 O Street, MS 9-90  
Sacramento, CA 95814

RE: AB 637 Proposal Request – [BRIEF PROPOSAL TITLE]

Dear [NAME OF CHIEF DEPUTY DIRECTOR]:

[REGIONAL CENTER NAME] respectfully submits this AB 637 proposal pursuant to Welfare and Institutions Code (WIC) Section 4669.2(a)(\_\_), requesting approval for [BRIEF DESCRIPTION OF THE PROPOSED ALTERNATIVE SERVICE DELIVERY OPTION]. This proposal falls under WIC section 4669.2(a)(\_\_) [select applicable category]

Proposal Narrative

[PROVIDE A DETAILED DESCRIPTION OF THE PROPOSED ALTERNATIVE SERVICE DELIVERY OPTION, INCLUDING HOW IT ADDRESSES CURRENT GAPS OR LIMITATIONS IN THE SERVICE AND THE EXPECTED BENEFITS FOR INDIVIDUALS AND THE SYSTEM.]

Statutes and Regulations Requiring Waiver

[LIST SPECIFIC STATUTES (WELFARE AND INSTITUTIONS CODE) AND REGULATIONS (TITLE 17, CALIFORNIA CODE OF REGULATIONS) THAT REQUIRE A WAIVER TO IMPLEMENT THIS PROPOSAL. EXPLAIN SPECIFICALLY HOW THE CURRENT LAW OR REGULATION PREVENTS THE IMPLEMENTATION OF THIS PROPOSAL. DEMONSTRATE THAT THIS CANNOT BE ACCOMPLISHED UNDER EXISTING LAW OR THROUGH OTHER MECHANISMS SUCH AS RATE REFORM OR HEALTH AND SAFETY WAIVERS.]

Innovation and System-Level Change

[DESCRIBE HOW THIS PROPOSAL REPRESENTS AN INNOVATIVE APPROACH THAT CREATES A NEW WAY OF DELIVERING SERVICES, NOT MERELY ADJUSTING COSTS WITHIN AN EXISTING SERVICE MODEL. EXPLAIN THE SYSTEM-LEVEL CHANGES IN HOW SERVICES ARE ORGANIZED, COORDINATED, OR PROVIDED.]

Individuals to be Supported

[IDENTIFY NUMBER OF INDIVIDUALS AFFECTED, CHARACTERISTICS OF POPULATION: DESCRIBE AGE RANGE, SERVICE NEEDS, AND HOW INDIVIDUALS WILL BE IDENTIFIED/SELECTED]

Services to be Provided

[PROVIDE A DETAILED DESCRIPTION OF SERVICE(S), INCLUDING HOW OFTEN THEY ARE PROVIDED, THEIR DURATION, AND THE METHOD OF DELIVERY. SPECIFY THE RELEVANT SERVICE CODES AND DESCRIBE THE NECESSARY QUALIFICATIONS AND TRAINING.]

Term of Contract (if applicable)

[CONTRACT START DATE, END DATE, CONTRACT DURATION]

Freedom of Choice Assurance

[CERTIFY THAT THE PROPOSAL ENSURES FREEDOM OF CHOICE IN LINE WITH HOME AND COMMUNITY-BASED SERVICES WAIVER REQUIREMENTS. EXPLAIN HOW CONSUMERS WILL RETAIN THE ABILITY TO CHOOSE QUALIFIED PROVIDERS AND SERVICES.]

Rate Methodology

[PROVIDE A CLEAR EXPLANATION OF HOW RATES WERE ASSESSED, OR THE FISCAL IMPACT WAS DETERMINED. INCLUDE METHODOLOGY FOR ESTABLISHING COST-EFFECTIVENESS. PROVIDE A DETAILED EXPLANATION OF THE CALCULATION PROCESS. REFERENCE ATTACHED BUDGET WORKSHEET OR COST SHEET.]

Cost-Effectiveness Analysis

[DEMONSTRATE COST-EFFECTIVENESS AT THE STATE LEVEL, INCLUDING CONSIDERATION OF FEDERAL REIMBURSEMENT. SHOW HOW THE PROPOSAL ACHIEVES BUDGET NEUTRALITY WITHIN CURRENT ALLOCATIONS. DEMONSTRATE THAT THERE WILL BE NO REDUCTION IN DIRECT SERVICES TO PERSONS ELIGIBLE FOR SERVICES. EXPLAIN HOW SERVICE LEVELS WILL BE MAINTAINED OR ENHANCED.]

Public Process

A. Stakeholder Consultation Timeline

Date	Stakeholder Group	Consultation Activity
[MM/DD/YY]	[Group name]	[Description]

B. Public Hearing Documentation

Public Hearing Date: [MM/DD/YYYY]

Notice Posted Date: [MM/DD/YYYY] (minimum 10 business days prior)

Number of Attendees: [Number]

C. Summary of Comments Received

Number of Written Comments: [Number]

Number of Verbal Testimonies: [Number]

[Provide summary of all written and verbal comments received. Group by theme or topic. An attachment may be provided.]

Required Attestations:

I hereby attest and confirm that this proposal meets all requirements specified in WIC section 4669.75(d), including:

- Implementation within the existing regional center funding allocation
- Cost-effectiveness to the state
- No additional allocation required
- No reduction in direct services to consumers
- The required public hearing process was conducted in accordance with WIC section 4669.75
- Stakeholder consultation occurred during proposal development, prior to the public hearing, and after the public hearing
- All written and verbal comments received have been considered and responses are included
- Consultation with the State Council on Developmental Disabilities, consumer and vendor advisory committees, and local advocacy organizations has occurred
- Freedom of choice requirements are met in accordance with Home and Community-Based Services Waiver assurances

We respectfully request that the Department review and approve this proposal. Should you require additional information or clarification, please contact [DESIGNATED CONTACT PERSON] at [PHONE] or [EMAIL].

Sincerely,

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[EXECUTIVE DIRECTOR NAME]  
Executive Director