Attachment H

# REGIONAL CENTER SUPPORTING DOCUMENT FOR INSTITUTION FOR MENTAL DISEASE (IMD) PLACEMENT CLAIMS: COMMUNITY RESOURCE DEVELOPMENT PLAN (CRDP) PURCHASE OF SERVICES (POS) FORM

This form is to be attached and submitted with the Regional Center Claims Reimbursement Form (Attachment G).

**Fiscal Year 2026-27**

| **IMD INDIVIDUAL** | |
|---|---|
| **1.** Regional Center | |
| **2.** **Individual** UCI | |
| **3.** **Transition** Date | |
| **4.** Name of IMD Location before transition into Community | |
| **5.** **Regional Center Funded** Monthly Cost at IMD | |
| **6.** Name and type of Community Location after transition | |
| **7.** Cost of Community Location and Services | |
| **8.** If line 7 cost is more than line 5 cost, subtract Line 5 from Line 7 (Difference of Costs may be supplemented with CRDP)<br><br>• Per Fiscal Year 2026-27 Guidelines for Regional Center Community Resource Development Plan:<br><br>For individuals transitioning from an IMD environment, only transition costs that exceed the prior regional center-funded services will be funded through CRDP. | |

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 individual services have been purchased in accordance with the fee schedule established by the Department.

| Signature: | Title: | Date: |
|---|---|---|
| Regional Center: | | |
| Contracting Agency: | | |