

Instructions for Completing Rate Adjustment Reports For SC 108, 113, 115, 116, 117, 605, 805, 862, 864, 875, 880, 883

Presented on Thursday, January 6, 2022

QUESTIONS: PLEASE EMAIL DDSRATES@SCLARC.ORG



Background

- The fiscal year 2021-22 budget included funding to begin a phased implementation of the rate models created as part of the vendor rate study conducted by the California Department of Developmental Services (DDS) and its contractor Burns & Associates, a division of Health Management Associates (HMA-Burns).
- In the first phase of implementation, effective April 1, 2022, vendors will receive a rate increase equal to 25 percent (25%) of the difference between their current rates (as of March 31, 2022) and the applicable rate model for the service they are delivering.
- To ensure that DDS and HMA-Burns have a complete and accurate listing of currently approved payment rates and the information needed to identify the appropriate benchmark rate model for calculating the rate increase for each vendorization, HMA-Burns has developed four reports for Regional Centers to review, revise, and return with the help of the providers.

Service Code Descriptions

Thursday, January 6, 2022 @ 10am

- > 108 Parenting Support Services
- > 113 DSS Licensed Residential Facility
- 115 Specialized Therapeutic Services (Consumers 3 to 20)
- > 116 Early Start Specialized Therapeutic Services
- 117 Specialized Therapeutic Services (Consumers 21 and Older)
- > 605 Adaptive Skills Trainer
- 805 Infant Development Program
- > 860 Homemaker Services
- > 862 In-Home Respite Services
- > 864 In-Home Respite Worker
- > 875 Transportation Company
- > 880 Transportation-Additional Component
- 882 Transportation-Assistant
- > 883 Transportation-Broker



All Service Codes

<u>Column A</u>: Service Code – This field lists the service code and cannot be revised.

	А	В	С	D	E	F	G	Н	I.	J
1	SveCd	Regional Center	Vendor ID	Vendor Name	Subcode	Rate	Description	Comments	Valid Rate	Unit Type
2	805	SCLARC	HX12345	ABC	blank	\$40.01	INFANT DEVELOPMENT PROG-CENTER BASED	STAFFING RATIO 1:3		Hour
3										
4										
5										
6										
7										

<u>Column B</u>: Regional Center – This field lists the Regional Center and cannot be revised.

	Α	В	С	D	E	F	G	Н	l. I	J
1	SveCd	Regional Center	Vendor ID	Vendor Name	Subcode	Rate	Description	Comments	Valid Rate	Unit Type
2	805	SCLARC	HX12345	ABC	blank	\$40.01	INFANT DEVELOPMENT PROG-CENTER BASED	STAFFING RATIO 1:3		Hour
3										
4										
5										
6										
7										



All Service Codes...continues

Column C and D:

Vendor ID and Vendor Name – These fields list the vendor and cannot be revised.

	Α	В	С	D	E	F	G	Н	1	J
1	SveCd	Regional Center	Vendor ID	Vendor Name	Subcode	Rate	Description	Comments	Valid Rate	Unit Type
2	805	SCLARC	HX12345	ABC	blank	\$40.01	INFANT DEVELOPMENT PROG-CENTER BASED	STAFFING RATIO 1:3		Hour
3										
4										
5										
6										
7										

<u>Column E</u>:

Subcode - This pre-populated information is obtained from the DDS Rates File and cannot be revised when populated.

	А	В	С	D	E	F	G	Н	1	J
		Regional		Vendor						
1	SveCd	Center	Vendor ID		Subcode	Rate	Description	Comments	Valid Rate	Unit Type
2	805	SCLARC	HX12345	ABC	blank	\$40.01	INFANT DEVELOPMENT PROG-CENTER BASED	STAFFING RATIO 1:3		Hour
3										
4										
5										
6										
7										

All Service Codes...continues

<u>Column F</u>:

Rate – This pre-populated information is obtained from DDS Rates file and cannot be revised.

	A	В	С	D	E	F	G	Н	I I	J
1	SveCd	Regional Center	Vendor ID	Vendor Name	Subcode	Rate	Description	Comments	Valid Rate	Unit Type
2	805	SCLARC	HX12345	ABC	blank	\$40.01	INFANT DEVELOPMENT PROG-CENTER BASED	STAFFING RATIO 1:3		Hour
3	4									
4	4				1					
5	4 ····································				1					
6	4									
7	'	('								



Service Code 108

<u>Column I</u>:

Valid Rate – Using the drop-down list, report whether the vendor will continue to bill for services using the subcode in column E after April 1, 2022. If "No" is selected, no further data entry is required for this record as no rate will be calculated for this vendor-subcode combination. If "Yes" is selected, complete the remaining columns.

	Α	В	С	D	E	F	G	Н	1	J	K	L	M
											Average		
		Regional									Hours per		% of Hours by Staff
1	SvcCd	Center	Vendor ID	Vendor Name	Subcode	Rate	Description	Comments	Valid Rate	Unit Type	Unit	Staffing Ratio	with Bachelor's
2	108	SCLARC	H12345	ABC	123	\$9.06	PARENTING SUPPT.SRVCS:**PERSONAL AS	STAFFING RATIO 1:3		Hour			
3													
4													
5													
6													
7													

<u>Column J</u>: Unit Type – Use the drop-down list to select the appropriate billing unit of service.

	Α	В	С	D	E	F	G	Н	1	J	K	L	М
											Average		A/ ATT 1 C/ C
		Regional									Hours per		% of Hours by Staff
1	SvcCd	Center	Vendor ID	Vendor Name	Subcode	Rate	Description	Comments	Valid Rate	Unit Type	Unit	Staffing Ratio	with Bachelor's
2	108	SCLARC	H12345	ABC	123	\$9.06	PARENTING SUPPT.SRVCS:**PERSONAL AS	STAFFING RATIO 1:3		Hour			
3													
4													
5													
6													
7													



Service Code 108..continues

<u>Column K</u>:

Average Hours per Unit – For services that are not billed on a 15-minute or hourly basis, report the typical number of hours provided per member per unit. For example, if the billing unit is daily, report the average number of hours of service that a participant receives per day.

	Α	В	С	D	E	F	G	Н	1	J	K	L	M
											Average		
		Regional									Hours per		% of Hours by Staff
1	SvcCd	Center	Vendor ID	Vendor Name	Subcode	Rate	Description	Comments	Valid Rate	Unit Type	Unit	Staffing Ratio	with Bachelor's
2	108	SCLARC	H12345	ABC	123	\$9.06	PARENTING SUPPT.SRVCS:**PERSONAL AS	STAFFING RATIO 1:3		Hour			
3													
4													
5													
6													
7													

<u>Column L</u>:

Staffing Ratio – Use the drop-down list to report the typical staff-to-participant ratio.

	Α	В	С	D	E	F	G	Н	1	J	K	L	М
		Regional									Average Hours per		% of Hours by Staff
1	SvcCd	Center	Vendor ID	Vendor Name	Subcode	Rate	Description	Comments	Valid Rate	Unit Type	Unit	Staffing Ratio	with Bachelor's
2	108	SCLARC	H12345	ABC	123	\$9.06	PARENTING SUPPT.SRVCS:**PERSONAL AS	STAFFING RATIO 1:3		Hour			-
3												1:1 or more intensive	
4												1:2	
5												1:4 or more	
6												•	
7													

Service Code 108..continues

<u>Column M</u>:

% of Hours by Staff with Bachelor's – Report percent of service hours delivered by staff with at least a bachelor's degree in a public health or education field. For the purposes of this criterion, years of relevant experience can be substituted for years of education on a two-to-one basis. For example, the requirement will be deemed to be met if an individual has eight years of relevant experience without any higher education, or four years of relevant experience with two years of higher education.

	Α	В	С	D	E	F	G	Н	1 I I	J	K	L	M
		Regional									Average Hours per		% of Hours by Staff
1	SvcCd	Center	Vendor ID	Vendor Name	Subcode	Rate	Description	Comments	Valid Rate	Unit Type	Unit	Staffing Ratio	with Bachelor's
2	108	SCLARC	H12345	ABC	123	\$9.06	PARENTING SUPPT.SRVCS:**PERSONAL AS	STAFFING RATIO 1:3		Hour			
3													
4													
5													
6													
7													

DUE DATE: FRIDAY, JANUARY 14, 2022 QUESTIONS: PLEASE EMAIL DDSRATES@SCLARC.ORG



QUESTIONS?

SC 108 DUE DATE: FRIDAY, JANUARY 14, 2022 QUESTIONS: PLEASE EMAIL <u>DDSRATES@SCLARC.ORG</u>



Service Codes 113

<u>Column I</u>:

Valid Rate – Using the drop-down list, report whether the vendor will continue to bill for services using the subcode in column E after April 1, 2022. If "No" is selected, no further data entry is required for this record as no rate will be calculated for this vendor-subcode combination. If "Yes" is selected, complete the remaining columns.

	A	в	С	D	E	F	G	Н		J	K	L	M	N	0	P	Q
1	SvcCd	Regional Center	¥endor ID		Subcode	Rate	Description	Comments	¥alid Rate	Unit Type	ARFPSHN	Yendored Home Capacity	Number of Direct Care Staff Hours per Week	Home Administrator Qualifications	Number of Annual Consultant	Annual Rent/ Mortgage Cost	Annual Property Taxes
2	113	SCLARC	HX12345	ABC	blank	\$8,402.82	SPECIALIZED RESIDENTIAL FACILITY (HABILITATION)			- Aonth							
3									Yor								
4									Ma								
5																	
6																	
- 7																	

<u>Column J</u>:

Unit Type – Use the drop-down list to select the appropriate billing unit of service.

	- A	В	С	D	E	F	G	H		J	K	L	M	N	0	P	Q
1	SvcCd	Regional Center	¥endor ID		Subcode	Rate	Description	Comments	¥alid Rate	Unit <u>Type</u>	ARFPSHN	¥endored Home Capacity	Number of Direct Care Staff Hours per Week	Home Administrator Qualifications	Number of Annual Consultant	Annual Rent/ Mortgage Cost	Annual Property Taxes
2	113	SCLARC	HX12345	ABC	blank		SPECIALIZED RESIDENTIAL FACILITY (HABILITATION)			Month	*						
} 									~	Wook Month Quartor Serrion	^						
; 7 8										Por Itom Milo Ono Way Trip Round Trip							



<u>Column K</u>:

ARFPSHN – Use the drop-down list to indicate whether the home is licensed as an Adult Residential Facility for Persons with Special Health Care Needs [ARFPSHN]) (indicate "Yes" if the home is an ARFPSHN).

	A	В	С	D	E	F	G	Н	1	J	K	L	M	N	0	P	Q
1	SvcCd	Regional Center	¥endor ID		Subcode	Rate	Description	Comments	¥alid Rate	Unit Type	ARFPSHN	Vendored Home Capacity	Number of Direct Care Staff Hours per Veek	Home Administrator Qualifications	Number of Annual Consultant	Annual Rent/ Mortgage Cost	Annual Property Taxes
2	113	SCLARC	HX12345	ABC	blank	\$8,402.82	SPECIALIZED RESIDENTIAL FACILITY (HABILITATION)			Month		•					
3											Yes						
4											No						
5																	
6																	
7																	

<u>Column L</u>: Vendored Home Capacity – Report the number of residents for which the home is vendored.

	A	В	C	D	E	F	G	Н	1	J	K	L	M	N	0	P	Q
1	SvcCd	Regional Center			Subcode	Rate	Description	Comments	¥alid Rate	Unit Type	ARFPSHN	¥endored Home Capacity	Number of Direct Care Staff Hours per Veek	Home Administrator Qualifications	Number of Annual Consultant	Annual Rent/ Mortgage Cost	Annual Property Taxes
2	113	SCLARC	HX12345	ABC	blank	\$8,402.82	SPECIALIZED RESIDENTIAL FACILITY (HABILITATION)			Month							
3																	
1																	
2																	
																	S C L A

Column M:

Number of Direct Care Staff Hours per Week – Report the typical number of direct care staff hours provided within the home on a weekly basis as determined by agreement between the vendor and the Regional Center. Do not include any hours provided and reimbursed under a separate service code (e.g., 109 for supplemental staffing).

	A	В	С	D	E	F	G	Н		J	K	L	M	N	0	P	Q
1	SvcCd	Regional Center	¥endor ID		Subcode	Rate	Description	Comments	¥alid Rate	Unit Type	ARFPSHN	Vendored Home Capacity	Number of Direct Care Staff Hours per Veek	Home Administrator Qualifications	Number of Annual Consultant	Annual Rent/ Mortgage Cost	Annual Property Taxes
2	113	SCLARC	HX12345	ABC	blank		SPECIALIZED RESIDENTIAL FACILITY (HABILITATION)			Month							
3																	
4																	
5																	
6																	
7																	

<u>Column N:</u>

Home Administrator Qualifications – For ARFPSHNs only, use the drop-down list to indicate whether the home administrator is a registered nurse.

	A	В	С	D	E	F	G	Н	1	J	K	L	M	N	0	P	Q
1	SvcCd	Regional Center	¥endor ID		Subcode	Rate	Description	Comments	¥alid Rate	Unit Type	ARFPSHN	¥endored Home Capacity	Number of Direct Care Staff Hours per Week	Home Administrator Qualifications	Number of Annual Consultant	Annual Rent/ Mortgage Cost	Annual Property Taxes
2	113	SCLARC	HX12345	ABC	blank	\$8,402.82	SPECIALIZED RESIDENTIAL FACILITY (HABILITATION)			Month					•		
3														Registered Nurse All Other			
5																	
7																	



<u>Column O</u>:

Number of Annual Consultant Hours Provided to Home Residents – Report the total number of consultant hours provided to home residents on an annual basis. For the purposes of this question, "consultants" must meet the requirements of 17 CCR § 56040 (e.g., behavior analysts; occupational, physical, or speech therapists; dieticians; etc.). Do not include any hours provided and reimbursed under a separate service code.

	A	В	С	D	E	F	G	Н	- I	J	K	L	M	N	0	P	Q
1	SvcCd	Regional Center	¥endor ID		Subcode	Rate	Description	Comments	¥alid Rate	Unit Type	ARFPSHN	¥endored Home Capacity	Number of Direct Care Staff Hours per Week	Home Administrator Qualifications	Number of Annual Consultant	Annual Rent/ Mortgage Cost	Annual Property Taxes
2	113	SCLARC	HX12345	ABC	blank	\$8,402.82	SPECIALIZED RESIDENTIAL FACILITY (HABILITATION)			Month							
3																	
4																	
5																	
6																	
7																	

<u>Column P</u>:

Annual Rent/Mortgage Cost – Report the total annual mortgage (principal and interest) or rental expense for the home. Do not include any other costs such as insurance, property taxes, or maintenance.

	A	в	С	D	E	F	G	Н	1	J	K	L	M	N	0	P	Q
1	SvcCd	Regional Center	¥endor ID		Subcode	Rate	Description	Comments	¥alid Rate	Unit Type	ARFPSHN	¥endored Home Capacity	Number of Direct Care Staff Hours per ¥eek	Home Administrator Qualifications	Number of Annual Consultant	Annual Rent/ Mortgage Cost	Annual Property Taxes
2	113	SCLARC	HX12345	ABC	blank	\$8,402.82	SPECIALIZED RESIDENTIAL FACILITY (HABILITATION)			Month							
3																▲	
4																	
5																	
6																	
7																	

<u>Column Q</u>:

Annual Property Taxes– Report the total annual property tax expense for the home.

	A	В	С	D	E	F	G	Н		J	K	L	M	N	0	P	Q
1	SvcCd	Regional Center	¥endor ID		Subcode	Rate	Description	Comments	¥alid Rate	Unit Type	ARFPSHN	¥endored Home Capacity	Number of Direct Care Staff Hours per Veek	Home Administrator Qualifications	Number of Annual Consultant	Annual Rent/ Mortgage Cost	Annual Property Tazes
2	113	SCLARC	HX12345	ABC	blank		SPECIALIZED RESIDENTIAL FACILITY (HABILITATION)			Month							
3																	
4																	
5																	
6																	
7																	

DUE DATE: FRIDAY, JANUARY 14, 2022 QUESTIONS: PLEASE EMAIL <u>DDSRATES@SCLARC.ORG</u>



QUESTIONS?

SC 113 DUE DATE: FRIDAY, JANUARY 14, 2022 QUESTIONS: PLEASE EMAIL <u>DDSRATES@SCLARC.ORG</u>



Service Codes 115, 116 & 117

A	В	С	D	E	F	G	Н		J
SvcCd	Regional Center	Yendor ID	Yendor Name	Subcode	Bate	Description	Comments	Valid Rate	Unit Type
115	SCLARC	12345	ABC		\$85.00	SPECIALIZED THERAPEUTIC SERVICES	NOT EXCEED 4HRS PER ASSES		Hour
115	SCLARC	12345	ABC		\$88.93	SPECIALIZED THERAPEUTIC SERVICES	EACH SRV DAY EQUAL TO 1HR		Day
116	SCLARC	12345	ABC		\$202.44	EARLY START THERAPEUTIC SERVICES	DEVELOP EVAL INCLU MILEAG		Non-Supportive
116	SCLARC	12345	ABC		\$250.43	EARLY START THERAPEUTIC SERVICES	DEVELOP EVAL INCLU MILEAG		Non-Supportive
117	SCLARC	12345	ABC		\$110.43	SPECIALIZED THEREUTIC SERV. "OCCUPATIONAL THERAPY	3HRS MAX OT ASSESSMENT		Hour
117	SCLARC	12345	ABC		\$138.45	SPECIALIZED THEREUTIC SERV. "OCCUPATIONAL THERAPY	RATE IS PER DAY (OT)		Day
	SvcCd 115 115 116 116 116 117	Regional SvcCd Center 115 SCLARC 116 SCLARC 116 SCLARC 116 SCLARC 116 SCLARC 117 SCLARC	Regional Center Yendor ID 115 SCLARC 12345 115 SCLARC 12345 116 SCLARC 12345 117 SCLARC 12345	SvcCdRegional CenterVendor IDVendor Name115SCLARC12345ABC115SCLARC12345ABC116SCLARC12345ABC116SCLARC12345ABC117SCLARC12345ABC	SvcCdRegional CenterVendor IDVendor NameSubcode115SCLARC12345ABC115SCLARC12345ABC116SCLARC12345ABC116SCLARC12345ABC117SCLARC12345ABC	SvcCd Regional Center Vendor ID Vendor Name Subcode Rate 115 SCLARC 12345 ABC \$85.00 115 SCLARC 12345 ABC \$88.93 116 SCLARC 12345 ABC \$202.44 116 SCLARC 12345 ABC \$202.44 116 SCLARC 12345 ABC \$250.43 117 SCLARC 12345 ABC \$110.43	SvcCd Regional Center Vendor ID Vendor Name Subcode Rate Description 115 SCLARC 12345 ABC \$85.00 SPECIALIZED THERAPEUTIC SERVICES 115 SCLARC 12345 ABC \$88.93 SPECIALIZED THERAPEUTIC SERVICES 116 SCLARC 12345 ABC \$202.44 EARLY START THERAPEUTIC SERVICES 116 SCLARC 12345 ABC \$200.44 EARLY START THERAPEUTIC SERVICES 116 SCLARC 12345 ABC \$250.43 EARLY START THERAPEUTIC SERVICES 117 SCLARC 12345 ABC \$110.43 SPECIALIZED THEREUTIC SERVICES	SvcCd Regional Center Vendor ID Vendor Name Subcode Rate Description Comments 115 SCLARC 12345 ABC \$85.00 SPECIALIZED THERAPEUTIC SERVICES NOT EXCEED 4HRS PER ASSES 115 SCLARC 12345 ABC \$88.93 SPECIALIZED THERAPEUTIC SERVICES NOT EXCEED 4HRS PER ASSES 116 SCLARC 12345 ABC \$88.93 SPECIALIZED THERAPEUTIC SERVICES EACH SRV DAY EQUAL TO 1HR 116 SCLARC 12345 ABC \$820.44 EARLY START THERAPEUTIC SERVICES EACH SRV DAY EQUAL TO 1HR 116 SCLARC 12345 ABC \$250.43 EARLY START THERAPEUTIC SERVICES DEVELOP EVAL INCLU MILEAG 117 SCLARC 12345 ABC \$210.43 SPECIALIZED THEREUTIC SERVICES DEVELOP EVAL INCLU MILEAG	SvcCdRegional CenterVendor IDVendor NameSubcodeRateDescriptionCommentsYalid Rate115SCLARC12345ABC\$85.00SPECIALIZED THERAPEUTIC SERVICESNOT EXCEED 4HRS PER ASSES115SCLARC12345ABC\$88.93SPECIALIZED THERAPEUTIC SERVICESEACH SRV DAY EQUAL TO 1HR116SCLARC12345ABC\$88.93SPECIALIZED THERAPEUTIC SERVICESEACH SRV DAY EQUAL TO 1HR116SCLARC12345ABC\$202.44EARLY START THERAPEUTIC SERVICESDEVELOP EVAL INCLU MILEAG116SCLARC12345ABC\$20.43EARLY START THERAPEUTIC SERVICESDEVELOP EVAL INCLU MILEAG117SCLARC12345ABC\$110.43SPECIALIZED THEREUTIC SERV. "OCCUPATIONAL THERAPY3HRS MAX OT ASSESSMENT

<u>Column I</u>:

Valid Rate – Using the drop-down list, report whether the vendor will continue to bill for services using the subcode in column E after April 1, 2022. If "No" is selected, no further data entry is required for this record as no rate will be calculated for this vendor-subcode combination. If "Yes" is selected, complete the remaining columns.

	1	J	К	L	M	N	0	P	Q	R	S	Т	U
1									% of Services	Delivered by			
	Valid		Average Hours per		% of Hours Provided in	Therapists/ Audiologists/	Therapy Assistants/	Social Vorkers/	Behavior	Assoc. Behavior	Behavior Management	All Others with Master's	
2	Rate	Unit Type	Unit	Staffing Ratio	Home/	RNsł	Dieticians	Family	Analysts	Analysts/	Consultants	Degree	All Others
- 3		 Hour 	1//////////////////////////////////////										
	Yer	Day											
5	No	on-Supportive											
6		Non-Supportive											
7		Hour	1111111111										
8		Day											



<u>Column J</u>:

Unit Type – Use the drop-down list to select the appropriate billing unit of service.

	1	J	К	L	M	N	0	P	Q	R	S	Т	U
1									% of Services	Delivered by			
			Average		% of Hours	Therapists	Therapy	Social		Assoc.	Behavior	All Others with	
	¥alid		Hours per		Provided in	Audiologists/	Assistants	Workersł	Behavior	Behavior	Management	Master's	
2	Rate	Unit Type	Unit	Staffing Ratio	Home/	RNs/	Dieticians	Family	Analysts	Analysts/	Consultants	Degree	All Others
- 3		Hour] - /////////	1									
4		Hour											
5		Half-Day Day											
6		Day Wook Manth											
- 7		Month	- Illino I	1									
8		Quartor Sossion	_										
9		Porltom	\checkmark										
10													

<u>Column K</u>:

Average Hours per Unit – For services that are not billed on a 15-minute or hourly basis, report the typical number of hours provided per member per unit. For example, if the billing unit is daily, report the average number of hours of service that a participant receives per day.

4		J	K	L	M	N	0	P	Q	R	S	T	U
1									% of Services	Delivered by			
2	¥alid Rate	Unit Type	Average Hours per Unit	Staffing Ratio	% of Hours Provided in Homeł	Therapists/ Audiologists/ RNs/	Therapy Assistants/ Dieticians	Social Vorkers/ Family	Behavior Analysts	Assoc. Behavior Analysts/	Behavior Management Consultants	All Others with Master's Degree	All Others
3		Hour	1//////////////////////////////////////										
4		Day											
5		Non-Supportive											
6		Non-Supportive											
7		Hour	1//////////////////////////////////////										
8		Day											

<u>Column L</u>:

Primary Staffing Ratio – Use the drop-down list to report the typical staff-toparticipant ratio.

4	1	J	К	L	M	N	0	P	Q	R	S	Т	U	
1									% of Service	s Delivered by				
2	Valid Rate	Unit Type	Average Hours per Unit	Primary Staffing Ratio	Provided in Homeł Community	Audiologists/ RNs/ Psychologists	Therapy Assistants/ Dieticians	Social Workersł Family Therapists	Behavior Analysts	Analysts/ Behavior Mgmt. Assistants	Behavior Management Consultants	All Others with Master's Degree	All Others	
3		Hour			-									
4		Day		1:1 or more intensive										
5		Non-Supportive	e	1:2										
6		Hour		1:4 or more										
7		Day			_									

Column M:

% of Hours Provided in the Home/Community – Using the drop-down list, report the percentage (to the closest 10 percentage points) of service hours provided in individuals' homes or in the community (rather than in a clinic- or office-based environment).



% of Services Delivered by: (note the totals reported in Columns N through U should sum to 100 percent)

<u>Column N</u>:

Therapists/Audiologists/RNs/Psychologist – Report the percentage of service hours provided by any combination of the following:

- Individuals licensed as a Physical Therapist, Occupational Therapist or Speech Language Pathologist
- Individuals licensed as an Audiologist
- Individuals licensed as Registered Nurses
- Individuals licensed as a Psychologist

	J	K	L	M	N	0	Р	Q	R	S	Т	U	-
1								% of Services	Delivered by				
		Average		% of Hours	Therapists/				Assoc. Behavior	Behavior			
		Hours per	Primary Staffing	Provided in Home/	Audiologists/ RNs/	Therapy Assistants/	Social Workers/		Analysts/ Behavior	Management	All Others with		
2	Unit Type	Unit	Ratio	Community	Psychologists	Dieticians	Family Therapists	Behavior Analysts	Mgmt. Assistants	Consultants	Master's Degree	All Others	
3	Hour												
4	Day												
5	Non-Supportive												
6	Non-Supportive												
7	Hour	///////////////////////////////////////											
8	Day												
9													



% of Services Delivered by: (note the totals reported in Columns N through U should sum to 100 percent)

<u>Column O:</u>

Therapy Assistants/Dieticians – Report the percentage of service hours provided by any combination of the following:

- Individuals licensed as a Physical Therapy Assistant (PTA), Certified Occupational Therapy Assistant (COTA) or Speech Language Pathology Assistant (SLPA)
- Individuals registered as a Dietician

<u>Column P</u>:

Social Workers/Family Therapists– Report the percentage of service hours provided by any combination of the following:

- Individuals licensed as a Social Worker
- Individuals registered as a Marriage and Family Therapist

J	K	L	M	N	0	P	Q	R	S	T	U
							% of Service:	Delivered by			
	Average		% of Hours	Therapists/				Assoc. Behavior	Behavior		
	Hours per	Primary Staffing	Provided in Home/	Audiologists/ RNs/	Therapy Assistants/	Social Workers/		Analysts/ Behavior	Management	All Others with	
Unit Type	Unit	Ratio	Community	Psychologists	Dieticians	Family Therapists	Behavior Analysts	Mgmt. Assistants	Consultants	Master's Degree	All Others
Hour											
Day					▲ · · · ·						
Non-Supportive											
Non-Supportive											
Hour	///////////////////////////////////////										
Day											

% of Services Delivered by: (note the totals reported in Columns N through U should sum to 100 percent)

<u>Column Q:</u>

Behavior Analysts – Report the percentage of service hours provided by behavior analysts.

<u>Column R</u>:

Associate Behavior Analysts/ Behavior Management Assistants – Report the percentage of service hours provided by any combination of the following:

- Associate Behavior Analysts
- Behavior Management Assistants

Column S:

Behavior Management Consultants – Report the percentage of service hours provided by behavior management consultants.

	J	К	L	М	N	0	Р	Q	R	S	Т	U	
L								% of Services	Delivered by				
		Average		% of Hours	Therapists/				Assoc. Behavior	Behavior			
		Hours per	Primary Staffing	Provided in Home/	Audiologists/ RNs/	Therapy Assistants/	Social Workers/		Analysts/ Behavior	Management	All Others with		
2	Unit Type	Unit	Ratio	Community	Psychologists	Dieticians	Family Therapists	Behavior Analysts	Mgmt. Assistants	Consultants	Master's Degree	All Others	
3	Hour												Sou
	Day							▲ · · · ·					for p
5	Non-Supportive												
	Non-Supportive								44	-			
7	Hour	///////////////////////////////////////											
3	Day												
j -													

% of Services Delivered by: (note the totals reported in Columns N through U should sum to 100 percent)

<u>Column T</u>:

All Others with Master's Degree – Report the percentage of service hours provided by staff who have a master's degree, but who do not have any of the professional licenses/ certifications covered by the preceding categories.

Column U:

All Others – Report the percentage of service hours provided by staff not covered by any of the preceding categories.

	J	K	L	M	N	0	Р	Q	R	S	Т	U	
1								% of Services	Delivered by				
		Average		% of Hours	Therapists/				Assoc. Behavior	Behavior			
		Hours per	Primary Staffing	Provided in Home/	Audiologists/ RNs/	Therapy Assistants/	Social Workers/		Analysts/ Behavior	Management	All Others with		
2	Unit Type	Unit	Ratio	Community	Psychologists	Dieticians	Family Therapists	Behavior Analysts	Mgmt. Assistants	Consultants	Master's Degree	All Others	
3	Hour												
4	Day											▲	
5	Non-Supportive												
6	Non-Supportive											-	
7	Hour												
8	Day												
9													

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QUESTIONS?

SC 115, 116 & 117 DUE DATE: FRIDAY, JANUARY 14, 2022 QUESTIONS: PLEASE EMAIL <u>DDSRATES@SCLARC.ORG</u>



Service Code 605...

<u>Column I</u>:

Valid Rate – Using the drop-down list, report whether the vendor will continue to bill for services using the subcode in column E after April 1, 2022. If "No" is selected, no further data entry is required for this record as no rate will be calculated for this vendor-subcode combination. If "Yes" is selected, complete the remaining columns.

	L. L.	J	К	L	М	N	0	Р	Q	R	S	Т	U	
			Average Hours per	Primary Staffing	Provided in Homeł	Audiologists/ RNs/	Therapy Assistants/	Social Workers/	Behavior	Analysts/ Behavior Mgmt.	Behavior Management	All Others with		
2	Valid Rate	Unit Type	Unit	Ratio	Community	Psychologists	Dieticians	Family Therapists	Analysts	Assistants	Consultants	Master's Degree	All Others	
з	ļ	- Hour												
4	Yes	Hour	///////////////////////////////////////											
5	No	Hour	7//////////////////////////////////////											
6	•	Hour	<i>'////////////////////////////////////</i>											
7		Hour												
														1

<u>Column J</u>:

Unit Type – Use the drop-down list to select the appropriate billing unit of service.

. A	1		K Average Hours per	L Primary Staffing	M Provided in Homeł	N Audiologists/ RNs/	0 Therapy Assistants/	P Social Workers/	Q Behavior	R Analysts/ Behavior Mgmt.	s Behavior Management	T All Others with	U	
2	Valid Rate	<u>Unit Type</u>	Unit	Batio	Community	Psychologists	Dieticians	Family Therapists	Analysts	Assistants	Consultants	Master's Degree	All Others	
3		Hour	-											
4		Hour Half-Day	^											
5 6		Day												
7		Week Month												
8		Quarter												
8 9 10		Session Per Item	-											
10		Peritem												

<u>Column K</u>:

Average Hours per Unit – For services that are not billed on a 15-minute or hourly basis, report the typical number of hours provided per member per unit. For example, if the billing unit is daily, report the average number of hours of service that a participant receives per day.

- 4	1	J	К	L	M	N	0	P	Q	R	S	Т	U
1									% of Service	s Delivered by			
2	Valid Rate	Unit Type	Average Hours per Unit	Primary Staffing Ratio	Provided in Homeł Community	Audiologists/ RNs/ Psychologists	Therapy Assistants/ Dieticians	Social Workers/ Family Therapists	Behavior Analysts	Analysts/ Behavior Mgmt. Assistants	Behavior Management Consultants	All Others with Master's Degree	All Other
13		Hour	'//////////////////////////////////////										
14		Hour		2									
15		Non-Supportive]									
16		Hour											
17		Hour		8									

<u>Column L</u>:

Unit Type – Use the drop-down list to select the appropriate billing unit of service.

	I. I.	J	K	L	M	N	0	P	Q	R	S	Т	U	
			Average		Provided in	Audiologists/	Therapy			Analysts/	Behavior			-
			Hours per	Primary Staffing	Homel	RNs/	Assistants	Social Workers/	Behavior	Behavior Mgmt.	Management	All Others with		
2	Valid Rate	Unit Type	Unit	Ratio	Community	Psychologists	Dieticians	Family Therapists	Analysts	Assistants	Consultants	Master's Degree	All Others	
З		Hour		l l	-									
4		Hour		1:1 or more intensive										
5		Hour		1:2										
6		Hour		1:4 or more										
7		Hour												



<u>Column M</u>:

% of Hours Provided in Home/Community – Using the drop-down list, report the percentage (to the closest 10 percentage points) of service hours provided in individuals' homes or in the community (rather than in a clinic- or office-based environment).

. In	I.	J	K	L	М	N	0	Р	Q	R	S	Т	U	
2	Valid Rate	Unit Type	Average Hours per Unit	Primary Staffing Ratio	Provided in Homeł Community	Audiologists/ RNs/ Psychologists	Therapy Assistants/ Dieticians	Social Workers/ Family Therapists	Behavior Analysts	Analysts/ Behavior Mgmt. Assistants	Behavior Management Consultants	All Others with Master's Degree	All Others	
з		Hour				*								
4		Hour	///////////////////////////////////////		0%	^								
5		Hour	<i>'////////////////////////////////////</i>		10%									
6		Hour	7//////////////////////////////////////		20% 30%									
7		Hour	<i>'////////////////////////////////////</i>		40%									
8		Hour	///////////////////////////////////////		50%									
9		Hour			60% 70%	U								
10		Hour	Unit		104	·								
														I /

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% of Services Delivered by: (note the totals reported in Columns N through U should sum to 100 percent)

<u>Column N</u>:

Therapists/Audiologists/RNs/Psychologist – Report the percentage of service hours provided by any combination of the following:

- Individuals licensed as a Physical Therapist, Occupational Therapist or Speech Language Pathologist
- Individuals licensed as an Audiologist
- Individuals licensed as Registered Nurses
- Individuals licensed as a Psychologist

	4	J	К	L	М	N	0	Р	Q	R	S	Т	U	
1									% of Service	s Delivered by				
2	Valid Rate	Unit Type	Average Hours per Unit	Ratio	% of Hours Provided in Homeł	Therapists/ Audiologists/ RNs/	Therapy Assistants/ Dieticians	Social Workers/ Family Therapists	Behavior Analysts	Assoc. Behavior Analysts/ Behavior Mgmt.	Behavior Management Consultants	All Others with Master's Degree	All Others	
13	3	Hour												
14	1	Hour	'//////////////////////////////////////	8										
15	5	Non-Supportive												
16	5	Hour	`//////////////////////////////////////											
17	7	Hour												
15	2	Hour	1//////////////////////////////////////	2										



% of Services Delivered by: (note the totals reported in Columns N through U should sum to 100 percent)

<u>Column O</u>:

Therapy Assistants/Dieticians – Report the percentage of service hours provided by any combination of the following:

- Individuals licensed as a Physical Therapy Assistant (PTA), Certified Occupational Therapy Assistant (COTA) or Speech Language Pathology Assistant (SLPA)
- Individuals registered as a Dietician

<u>Column P:</u>

Social Workers/Family Therapists– Report the percentage of service hours provided by any combination of the following:

Individuals licensed as a Social Worker

Individuals registered as a Marriage and Family Therapist

		J	K	L	M	N	0	P	Q	R	S	Т	U	A
1									% of Service	es Delivered by				
			Average Hours per			Therapists/ Audiologists/	Therapy Assistants/	Social Workers/ Family	Behavior	Assoc. Behavior Analysts/	Behavior Management	All Others with		
2	Valid Rate	Unit Type	Unit	Ratio	Homel	RNs/	Dieticians	Therapists	Analysts	Behavior Mgmt.	Consultants	Master's Degree	All Others	
13		Hour		8			_	-						
14		Hour												
15		Non-Supportive												
16		Hour	<i>`////////////////////////////////////</i>											
17		Hour	<i>'////////////////////////////////////</i>											S
18		Hour		8										South

% of Services Delivered by: (note the totals reported in Columns N through U should sum to 100 percent)

<u>Column Q</u>:

Behavior Analysts – Report the percentage of service hours provided by behavior analysts.

Column R:

Associate Behavior Analysts/ Behavior Management Assistants – Report the percentage of service hours provided by any combination of the following:

- Associate Behavior Analysts
- Behavior Management Assistants

<u>Column S:</u>

Behavior Management Consultants – Report the percentage of service hours provided by behavior management consultants.

-1	1	J	K	L	M	N	0	P	Q	R	S	T	U	
1									% of Service	es Delivered by				
			Average Hours per	Primary Staffing	% of Hours Provided in	Therapists/ Audiologists/	Therapy Assistants/	Social Workers/ Family	Behavior	Assoc. Behavior Analysts/	Behavior Management	All Others with		
2	Valid Rate	Unit Type	Unit	Ratio	Homel	RNs/	Dieticians	Therapists	Analysts	Behavior Mgmt.	Consultants	Master's Degree	All Others	
3		Hour							_	_				
4		Hour												
5 6		Non-Supportive												
6		Hour												
7		Hour	`//////////////////////////////////////											
3		Hour									_			
7 8 9		Hour												

% of Services Delivered by: (note the totals reported in Columns N through U should sum to 100 percent)

<u>Column T</u>:

All Others with Master's Degree – Report the percentage of service hours provided by staff who have a master's degree, but who do not have any of the professional licenses/ certifications covered by the preceding categories.

Column U:

All Others – Report the percentage of service hours provided by staff not covered by any of the preceding categories.

d.	1	J	K	L	M	N	0	P	Q	R	S	Т	U	- A
1									% of Service	es Delivered by				
			Average		% of Hours	Therapists	Therapy	Social Workers?		Assoc. Behavior	Behavior			
			Hours per	Primary Staffing	Provided in	Audiologists	Assistants	Family	Behavior	Analystsł	Management	All Others with		
2	Valid Rate	Unit Type	Unit	Ratio	Homeł	RNs/	Dieticians	Therapists	Analysts	Behavior Mgmt.	Consultants	Master's Degree	All Others	
13		Hour												
14		Hour												
15		Non-Supportive												
16		Hour												
17		Hour												
18		Hour												
19		Hour	1//////////////////////////////////////											

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QUESTIONS?

SC 605 DUE DATE: FRIDAY, JANUARY 14, 2022 QUESTIONS: PLEASE EMAIL <u>DDSRATES@SCLARC.ORG</u>



Service Code 805...

<u>Column I</u>:

Valid Rate – Using the drop-down list, report whether the vendor will continue to bill for services using the subcode in column E after April 1, 2022. If "No" is selected, no further data entry is required for this record as no rate will be calculated for this vendor-subcode combination. If "Yes" is selected, complete the remaining columns.

	1	J	K	L	M	N	0	P	Q	R	S	Т	U	V			
1							% of Services Delivered by										
2	Valid Rate	Unit Type	Unit	Primary Staffing Ratio	Provided in Homeł Community	Early Intervention Specialists	Early Intervention Assistants	Audiologists/ RNs/ Psychologists	Therapy Assistants/ Dieticians	Social Workers/ Family Therapists	Behavior Analysts	Behavior Analysts? Behavior Mgmt.	Behavior Management Consultants	All Others			
3		- Hour															
4	Yes	Hour															
5		Hour															
5		Hour															
- ()		Hour	1111111111111	1													

<u>Column J</u>:

Unit Type – Use the drop-down list to select the appropriate billing unit of service.

- 4		J	К	L	M	N	0	P	Q	R	S	T	U	V			
1							🔪 of Services Delivered by										
2	Valid Rate	<u>Unit Type</u>		Primary Staffing Ratio	Provided in Homeł Community	Early Intervention Specialists	Early Intervention Assistants	Audiologists/ RNs/ Psychologists	Therapy Assistants/ Dieticians	Social Workers/ Family Therapists	Behavior Analysts	Behavior Analysts <i>i</i> Behavior Mgmt.	Behavior Management Consultants	All Others			
3 4		Hour Hour	-														
5		Half-Day Day Week															
7			- 1110. 111														
8 9 0			-														
1		Hour Hour															



<u>Column K</u>:

Average Hours per Unit – For services that are not billed on a 15-minute or hourly basis, report the typical number of hours provided per member per unit. For example, if the billing unit is daily, report the average number of hours of service that a participant receives per day.

	1	J	K	L	M	N	0	P	Q	R	S	T	U	V	
1									% 0	of Services Delivere	d by				-
2	¥alid Rate	Unit Trans		Primary Staffing	% of Hours Provided in	Early Intervention Specialists	Early Intervention	Therapists/ Audiologists/	Therapy Assistants/ Dieticians	Social Vorkerst Family	Behavior	Assoc. Behavior Analysts/	Behavior Management	All Others	
- 2	Fallo nate	Month	Unit	Ratio	Homeł	opecialists	Assistants	RNs/	Dieticians	Therapists	Analysts	Behavior Mgmt.	Consultants	All Others	- /
4		Hour													
5		Hour													
6		Hour	1111 - VII												
7		Hour	llin alli												
8		Hour	'////.												

% of Services Delivered by: (note the totals reported in Columns L through Q should sum to 100 percent)

<u>Column L</u>:

Primary Staffing Ratio – Use the drop-down list to report the typical staff-toparticipant ratio.

		J	K	L	M	N	0	P	Q	B	S	T	U	V		
1									2.0	of Services Delivere	d by				-	
			Average		% of Hours	Early	Early	Therapists	Therapy	Social Vorkers/		Assoc. Behavior	Behavior			
			Hours per	Primary Staffing	Provided in	Intervention	Intervention	Audiologists/	Assistantsi	Family	Behavior	Analystsi	Management			TANA -
2 1	¥alid Rate	Unit Type	Unit	Ratio	Homeł	Specialists	Assistants	RNsł	Dieticians	Therapists	Analysts	Behavior Mgmt.	Consultants	All Others		
3		Hour	'//////////////////////////////////////		Ŧ											SCLARC
4		Hour	4//////////////////////////////////////	1:1 or more intensive												outh Central Los Angel
5		Hour	'//////////////////////////////////////	1:2												Regional Center
6		Hour	4//////////////////////////////////////	1:4 or more												e persons with developmental disabilities.
7		Hour														
8		Hour	///////////////////////////////////////													

% of Services Delivered by: (note the totals reported in Columns L through Q should sum to 100 percent)

<u>Column M</u>:

% of Hours Provided in Home/Community – Using the drop-down list, report the percentage (to the closest 10 percentage points) of service hours provided in individuals' homes or in the community (rather than in a clinic- or office-based environment).

														1	
		J	K	L	M	N	0	P	Q	R	S	Т	U	V	
1									% o	of Services Delivere	d by				A
			Average		% of Hours	Early	Early	Therapists	Therapy	Social Vorkers/		Assoc. Behavior	Behavior		
			Hours per	Primary Staffing	Provided in	Intervention	Intervention	Audiologistsł	Assistants	Family	Behavior	Analystsi	Management		
2	Valid Rate	Unit Type	Unit	Ratio	Homeł	Specialists	Assistants	RNs/	Dieticians	Therapists	Analysts	Behavior Mgmt.	Consultants	All Others	
3		Hour	1//////////////////////////////////////			*									
4		Hour	4//////////////////////////////////////		0%	^ A									
- 5		Hour	///////////////////////////////////////		10%										
6		Hour	///////////////////////////////////////		30%										
- 7		Hour	4//////////////////////////////////////		40%										
8		Hour	///////////////////////////////////////		50% 60%	•									
9		Hour	///////////////////////////////////////		70%	~									
10		Hour	OM												

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% of Services Delivered by: (note the totals reported in Columns L through Q should sum to 100 percent)

<u>Column N</u>:

Early Intervention Specialist – Report the percentage of service hours provided by an Early Intervention Specialist. For the purposes of this question, Early Intervention Specialists must meet one of the following:

- Possess a current California Educational Specialist Credential or Added Authorization in Early Childhood Special Education (ECSE) granted by the California Commission on Teacher Credentialing or a California University Certificate in Early Intervention.
- Have at least eight years of experience providing early intervention services.

• Possess a bachelor's degree in child development or a related field. For the purposes of this requirement, two years of early intervention experience can substitute for one year of education (for example, the requirement will be deemed to be met if an individual has two years of higher education and four years of relevant experience).

	1	J	K	L	M	N	0	P	Q	R	S	T	U	V	
1									2.0	of Services Delivere	d by				
			Average		% of Hours	Early	Early	Therapists/	Therapy	Social Vorkers/		Assoc. Behavior	Behavior		
					Provided in	Intervention	Intervention	Audiologists/	Assistants/	Family	Behavior	Analystsi	Management		
2	¥alid Rate	Unit Type	Unit	Ratio	Homeł	<u>Specialists</u>	Assistants	RNs/	Dieticians	Therapists	Analysts	Behavior Mgmt.	Consultants	All Others	
3		Hour													
4		Hour													SCLA
5		Hour	///////////////////////////////////////												South Central La
6		Hour				-									Regional C
7		Hour													for periods new annuoped.
8		Hour	111111111111												

Service Code 805...continues

% of Services Delivered by: (note the totals reported in Columns L through Q should sum to 100 percent)

<u>Column O</u>:

Early Intervention Assistants – Report the percentage of service hours provided by an Early Intervention Assistants. For the purposes of this question, Early Intervention Assistants must meet one of the following:

- Possess a California Community College Early Intervention Assistant Certificate
- Equivalent of associate teacher California Child Development permit (12 units)
- Have at least four years of experience providing early intervention services.
- Possess an associate's degree in child development or a related field. For the purposes of this requirement, two years of early intervention experience can substitute for one year of education (for example, the requirement will be deemed to be met if an individual has one years of higher education and two years of relevant experience).

Column P: Therapists/Audiologists/RNs/Psychologist – Report the percentage of service hours provided by any combination of the following:

- Individuals licensed as a Physical Therapist, Occupational Therapist or Speech Language Pathologist
- Individuals licensed as an Audiologist
- Individuals licensed as Registered Nurses
 - Individuals licensed as a Psychologist

- 14		J	K	L	M	I N	U	P	ų	R	S	T	U	V	SCLA
1							🗶 of Services Delivered by						South Central Los		
			Average		Provided in	Early	Early	Audiologists	Therapy	Social Workers!		Behavior	Behavior		Regional Ce for persons with developmenta
-				Primary Staffing		Intervention	Intervention	RNs/	Assistants	Family	Behavior	Analysts	Management	All Oil	
2 1	falid Rate	Unit Type	Unit	Ratio	Community	Specialists	Assistants	Psychologists	Dieticians	Therapists	Analysts	Behavior Mgmt.	Consultants	All Others	
3		Hour	*//////////////////////////////////////	8			-								
4		Hour	111111111111	8											
5		Hour	'//////////////////////////////////////												2-
6		Hour	4//////////////////////////////////////												
7		Hour	///////////////////////////////////////												

Service Code 805...continues

% of Services Delivered by: (note the totals reported in Columns L through Q should sum to 100 percent)

<u>Column Q</u>:

Therapy Assistants/Dieticians – Report the percentage of service hours provided by any combination of the following:

- Individuals licensed as a Physical Therapy Assistant (PTA), Certified Occupational Therapy Assistant (COTA) or Speech Language Pathology Assistant (SLPA)
- Individuals registered as a Dietician

<u>Column R</u>:

Social Workers/Family Therapists– Report the percentage of service hours provided by any combination of the following:

- Individuals licensed as a Social Worker
- Individuals registered as a Marriage and Family Therapist

<u>Column S</u>:

Behavior Analysts – Report the percentage of service hours provided by behavior analysts.

1	1	J	К	L	M	N	0	P	Q % (R of Services Delivere	S d by	T	U	V	TAA
2	Valid Rate	Unit Type		Primary Staffing Ratio	Provided in Homeł Community	Early Intervention Specialists	Early Intervention Assistants	Audiologists/ RNs/ Psychologists	Therapy Assistants/ Dieticians	Social Workers/ Family Therapists	Behavior Analysts	Behavior Analysts/ Behavior Mgmt.	Behavior Management Consultants	All Others	SCLARC South Central Los Angeles Regional Center
3		Hour Hour Hour													for persons with developmental deabilities; in
6		Hour									T				

Service Code 805...continues

% of Services Delivered by: (note the totals reported in Columns L through Q should sum to 100 percent)

<u>Column T</u>:

Associate Behavior Analysts/ Behavior Management Assistants – Report the percentage of service hours provided by any combination of the following:

- Associate Behavior Analysts
- Behavior Management Assistants

<u>Column U</u>:

Behavior Management Consultants – Report the percentage of service hours provided by behavior management consultants.

<u>Column V</u>:

All Others – Report the percentage of service hours provided by staff not covered by any of the preceding categories.

		J	К	L	M	N	0	P	Q	R	. S	Т	U	V	i,
1			Average		Provided in	Early	Early	Audiologists/	% o Therapy	of Services Delivere Social Workers/	d by	Behavior	Behavior		Ê.
2	Valid Date	Unit Type		Primary Staffing Ratio		Intervention Specialists	Intervention Assistants	RNs/ Psychologists	Assistants Dieticians	Family Therapists	Behavior Analysts	Analysts/ Behavior Mgmt.	Management Consultants	All Others	
3	valiu nate	Hour		nauo	community	opecialists	ASSISTANCE	rsychologists	Dieticialis	merapists	maysts	Denavior Figlint.			
5		Hour Hour													_ 5
6		Hour Hour													Sou

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Service Code 860...

<u>Column I</u>:

Valid Rate – Using the drop-down list, report whether the vendor will continue to bill for services using the subcode in column E after April 1, 2022. If "No" is selected, no further data entry is required for this record as no rate will be calculated for this vendor-subcode combination. If "Yes" is selected, complete the remaining columns.

1	l.	J	К	L
1	Valid Rate	Unit Type	Average Hours per Unit	Staffing Ratio
2		- Hour		
3	Yes	Hour		
4	No	Hour		
5		Hour		
6		Hour		
7		Hour		

<u>Column J</u>:

Unit Type – Use the drop-down list to select the appropriate billing unit of service.

	1	J	K	L
1	Valid Rate	Unit Type	Average Hours per Unit	Staffing Ratio
2		15-min	- ////////////////////////////////////	
3		15-min	^ ////////////////////////////////////	
4		Hour		
5		Half-Day Day		
6		Week	_ Who. with	
7		Month		
8		Quarter Session	~ <i>())))))))))</i>	
9		Hour	77777777777777777777777777777	
10		Hour		



Service Code 860...continues

<u>Column K</u>:

Average Hours per Unit – For services that are not billed on a 15-minute or hourly basis, report the typical number of hours provided per member per unit. For example, if the billing unit is daily, report the average number of hours of service that a participant receives per day.

	I.	J	К	L	
1	Valid Rate	Unit Type	Average Hours per Unit	Staffing Ratio	Note
2		15-min		, i i i i i i i i i i i i i i i i i i i	
3		Half-Day			-
4		Hour		1:1 or more intensive	
5		Hour	////	1:2 1:3	
6		Hour		1:4 or more	
7		Hour	<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>		

<u>Column L</u>:

Staffing Ratio – Use the drop-down list to report the typical staff-to-participant ratio.

	I.	J	К	L	
1	Valid Rate	Unit Type	Average Hours per Unit	Staffing Ratio	Note
2		15-min			
3		Half-Day			-
4		Hour		1:1 or more intensive	
5		Hour		1:2 1:3	
6		Hour		1:4 or more	
7		Hour			



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Service Code 862...

<u>Column I</u>:

Valid Rate – Using the drop-down list, report whether the vendor will continue to bill for services using the subcode in column E after April 1, 2022. If "No" is selected, no further data entry is required for this record as no rate will be calculated for this vendor-subcode combination. If "Yes" is selected, complete the remaining columns.

		I.	J	К	L	М	N
						% of Hours Provided	% of Hours Provided
				Average Hours		Using EOR Service	Using Agency Service
1		Valid Rate	Unit Type	per Unit	Staffing Ratio	Delivery Model	Delivery Model
2			 Hour 				
3	Ye		Hour				
4	No	•	Hour				
5			Hour				
6			Hour				
7			Hour	<i>\////////////////////////////////////</i>			

<u>Column J</u>:

Unit Type – Use the drop-down list to select the appropriate billing unit of service.

	I.	J	К	L	М	Ν
			Average Hours		% of Hours Provided Using EOR Service	% of Hours Provided Using Agency Service
1	Valid Rate	Unit Type	per Unit	Staffing Ratio	Delivery Model	Delivery Model
2		Hour	- /////////////////////////////////////			
3	Ho		^ <i>\////////////////////////////////////</i>			
4		lf-Day				
5	Da	eek	Mo. mille			
6		onth				
7	-	Jarter				
8		ssion r Item	v (////////////////////////////////////			
9		Hour				



Service Code 862...continues

<u>Column K</u>:

Average Hours per Unit – For services that are not billed on a 15-minute or hourly basis, report the typical number of hours provided per member per unit. For example, if the billing unit is daily, report the average number of hours of service that a participant receives per day.

	I.	J	К	L	М	N
					% of Hours Provided	% of Hours Provided
			Average Hours		Using EOR Service	Using Agency Service
1	Valid Rate	Unit Type	per Unit	Staffing Ratio	Delivery Model	Delivery Model
2		Week				
3		Hour				
4		Hour	<i>'/////</i> ///////////////////////////////			
5		Hour	<i>'//////</i>			
6		Hour	11/1//			
7		Hour				

<u>Column L</u>:

Use the drop-down list to report the typical staff-to-participant ratio.

	I.	J	К	L	М	Ν
					% of Hours Provided	% of Hours Provided
			Average Hours		Using EOR Service	Using Agency Service
1	Valid Rate	Unit Type	per Unit	Staffing Ratio	Delivery Model	Delivery Model
2		Week			•	
3		Hour		1:1 or more intensive		
4		Hour		1:2		
5		Hour		1:4 or more		
6		Hour				
7		Hour				



Service Code 862...continues

<u>Column M</u>:

% of Hours Provided Using EOR Service Delivery Model – Report the percentage of service hours delivered through an employer of record (EOR) model. If not otherwise defined in the applicable program design, for the purposes of this question, an EOR model is one in which the service participant or their family member is responsible for most employment-related functions, including selecting, scheduling, and supervising the worker while the agency is responsible for administrative tasks such as performing background checks, ensuring the worker has required training such as CPR and first aid, and managing payroll and withholdings. The totals reported in Columns M and N should sum to 100 percent.

<u>Column N:</u>

% of Hours Provided Using Agency Service Delivery Model – Report the percentage of service hours delivered through an agency model. For the purposes of this question, an agency model is one in which the agency is responsible for both employment-related functions and administrative tasks. The totals reported in Columns M and N should sum to 100 percent.

4	1	J	K	L	М	N
1	Valid Rate	Unit Type	Average Hours per Unit	Staffing Ratio	% of Hours Provided Using EOR Service Delivery Model	% of Hours Provided Using Agency Service Delivery Model
1	vanu Kate		<u>, , , , , , , , , , , , , , , , , , , </u>	Staring Katto	Delivery Model	Delivery Model
2		Hour				
3		Hour				
4		Hour				
5		Hour				
6		Hour				
7		Hour				



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Service Codes 875 & 880...

<u>Column I</u>:

Valid Rate – Using the drop-down list, report whether the vendor will continue to bill for services using the subcode in column E after April 1, 2022. If "No" is selected, no further data entry is required for this record as no rate will be calculated for this vendor-subcode combination. If "Yes" is selected, complete the remaining columns.

	l.	J	К	L	М	Ν
1	Valid Rate	Unit Terro	Average Units	Average Trips	% of Trips for Non- Ambulatory Service	% of Trips for Ambulatory Service
1	vanu Kate	Unit Type	per Trip	per Unit	Amoutatory Service	Amoutatory Service
2		▼ Mile		<u> </u>		
3	Yes	Month				
4	No	Mile				
5		Month				
6		Day				
7		Day	///////////////////////////////////////			

<u>Column J</u>:

Unit Type – Use the drop-down list to select the appropriate billing unit of service.

	I.	J	К	L	Μ	N
			Average Units	Average Trips	% of Trips for Non-	% of Trips for
1	Valid Rate	Unit Type	per Trip	per Unit	Ambulatory Service	Ambulatory Service
2		Mile	-			
3		15-min	^ ////////////////////////////////////			
4		Hour Half-Day				
5		Day				
6		Week				
7		Month				
8		Quarter Session	v			
9		Mile				
10		Day				
11		Day				



Service Codes 875 & 880...continues

<u>Column K</u>:

Average Units per Trip – For services that are billed based on 15-minute, hourly, or mileage rates, report the average number of units per trip. For example, if the vendorization has an hourly rate and the typical trip takes 15 minutes, you would report 0.25 (as the typical trip is a quarter-unit). A "trip" is defined as one-way transit for a single individual so if six individuals are transported on a route, six trips would be counted.

<u>Column L</u>:

Average Trips per Unit – For services that are not billed based on trip, 15-minute, hourly, or mileage rates, report the average number of trips per unit. For example, if the vendorization has a weekly rate and the vendor provides 10 trips per week, you would report 10. A "trip" is defined as one-way transit for a single individual so if three individuals are transported on a route, three trips would be counted.

	I.	J	K	L	Μ	Ν
1	Valid Rate	Unit Type	Average Units per Trip	Average Trips per Unit	% of Trips for Non- Ambulatory Service	% of Trips for Ambulatory Service
2	, and react	Mile			initial and in service	initial inter portice
3		Month				
4		Mile		'//////.		
5		Month				
6		Day				
7		Day				
8		Mile		<i></i>		



Service Codes 875 & 880...continues

<u>Column M</u>:

Report the percentage of trips provided to individuals who are non-ambulatory. For the purposes of this question, "non-ambulatory" means a person who requires physical assistance to enter or exit the vehicle. It includes, but is not limited to, those persons who depend upon mechanical aids such as crutches, walkers, and wheelchairs. The totals reported in Columns M and N should sum to 100 percent.

<u>Column N:</u>

Report the percentage of trips provided to individuals who do not meet the definition of non-ambulatory above. The totals reported in Columns M and N should sum to 100 percent.

	I.	J	K	L	Μ	N
-	V. P.D. (T. 14 T.	Average Units	Average Trips	% of Trips for Non-	% of Trips for
1	Valid Rate	Unit Type	per Trip	per Unit	Ambulatory Service	Ambulatory Service
2		Mile				
3		Month				
4		Mile			4	4
5		Month				
6		Day				
7		Day				
8		Mile				



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Service Codes 882...

<u>Column I</u>:

Valid Rate – Using the drop-down list, report whether the vendor will continue to bill for services using the subcode in column E after April 1, 2022. If "No" is selected, no further data entry is required for this record as no rate will be calculated for this vendor-subcode combination. If "Yes" is selected, complete the remaining columns.

<u>Column J</u>:

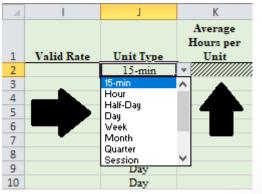
Unit Type – Use the drop-down list to select the appropriate billing unit of service.

<u>Column K</u>:

Average Hours per Unit – For services that are not billed on a 15-minute or hourly basis, report the typical number of hours provided per member per unit. For example, if the billing unit is daily, report the average number of hours of service that a participant receives per day.

- 21	l I		J	K
				Average Hours per
1	Valid Rate		Unit Type	Unit
2		Ψ.	Day	
3	Yes		Day	
4	No		Day	
5			Day	
6			Day	
7			Day	

Column I



Column J & K



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