



NORTH LOS ANGELES COUNTY

REGIONAL CENTER

15400 Sherman Way, Suite 170 • Van Nuys, CA 91406-4211
 Main Number (818) 778-1900 • Fax (818) 756-6140

August 24, 2015

To: **Residential Service Providers**

Subject: **Rate Adjustment for Employee Sick Leave ("Healthy Families Act") effective July 1, 2015**

The purpose of this letter is to notify all Residential Service Providers with an established Alternative Residential Model ("ARM") rate that you are eligible for a rate increase as a result of the enactment of Assembly Bill 1522 ("AB 1522"), the Healthy Families Act of 2014 (the "Healthy Families Act").

The Healthy Families Act entitles employees who work on or after July 1, 2015 and who work thirty (30) or more days within a year, to accrue sick leave at a rate of one (1) hour for every thirty (30) hours worked, up to a maximum of twenty-four (24) hours of paid sick days annually. The FY2015-2016 Budget and accompanying trailer bill language combined with current Title 17 regulations, allows for the Department of Developmental Services ("DDS") to increase all licensed community care residential facilities with an established Alternative residential Model ("ARM") rate as a result of the requirements established under the Healthy Families Act.

The residential service providers, as defined under Title 17, Section 54302(a)(67) through (70), who are eligible for an increase in their ARM rate to comply with the Healthy Families Act are as follows:

Residential Services	Service Code
Residential Facility Serving Adults- Owner Operated	905
Residential Facility Serving Children-Owner Operated	910
Residential Facility Serving Adults-Staff Operated	915
Residential Facility Serving Children-Staff Operated	920

North Los Angeles County Regional Center ("NLACRC") has enclosed a copy of the Proposed ARM rates effective July 1, 2015. The new ARM rates will be reflected on the July 2015 ebilling invoices that you will receive from NLACRC during the month of



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August 2015. If you have any questions regarding this information, please contact your account payable representative, as follows:

A/P Contact Person	Telephone Number	Email Address
Renee Kang	(818) 756-6413	rkang@nlacrc.org
David Gomez	(818) 756-6282	dgomez@nlacrc.org
Cynthia Sabino	(818) 756-6312	csabino@nlacrc.org
Sheila McKinney	(818) 756-6244	smckinney@nlacrc.org
Vilma Nogoy	(818) 756-6347	vnogoy@nlacrc.org

DEPARTMENT OF DEVELOPMENTAL SERVICES
COMMUNITY CARE FACILITY RATES
EFFECTIVE JULY 1, 2015

Service Level	Monthly Payment Rate Per Consumer Effective 1/01/2015 ¹	Monthly Payment Rate Per Consumer Effective 7/01/2015 ²
1	\$1,014	\$1,014
2-Owner	\$2,035	\$2,057
2-Staff	\$2,271	\$2,298
3-Owner	\$2,355	\$2,381
3-Staff	\$2,663	\$2,694
4A	\$3,108	\$3,140
4B	\$3,316	\$3,350
4C	\$3,523	\$3,558
4D	\$3,779	\$3,816
4E	\$4,047	\$4,086
4F	\$4,323	\$4,364
4G	\$4,647	\$4,690
4H	\$4,991	\$5,037
4I	\$5,477	\$5,527

The Personal and Incidental (P&I) expenses effective with the January 1, 2015, SSI/SSP payment standard increased from \$130.00 to \$131.00.

¹ Includes the SSI/SSP pass through effective January 1, 2015.

² Includes the SSI/SSP pass through effective January 1, 2015.