

North Los Angeles Regional Center

-and-

Self-Determination Program
Local Volunteer Advisory Committee

Independent Facilitator Guidebook

November 2024

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Office Hours

North Los Angeles County Regional Center ("NLACRC") is open Monday-Friday, 8:30 AM- 5:00PM. NLACRC is closed on Saturday, and Sunday, and observed holidays. You can call NLACRC when the office is closed if you have an urgent need or emergency. You should call the main phone number where you are served:

San Fernando Valley Office: (818) 778-1900

• Antelope Valley Office: (661) 945-6761

• Santa Clarita valley Office: (661) 775-8450

Contacting the Program Planning Team



You should contact the Service Coordinator anytime you need help and/or if something has changed in the participant's life. This way, NLACRC can support them with program planning. Service Coordinators are to respond to voicemails or emails within 24 hours and no later than the following business day.

- If you do not get a response within 24 hours or by the end of the following business day if the matter needs immediate attention, please contact the On Duty (OD) Specialist. You may call the main line and ask to be transferred to the OD Specialist. The OD Specialist team will take your information and help you with your matter.
- If you need to get your Service Coordinator's name or contact information, or if you are in the process of being assigned to a new Service Coordinator, you may call the OD staff. They will give you information about your Service Coordinator or will help get you assigned to one if you do not have one. Please call the main line for the office you are served and ask to be transferred to the On Duty (OD) staff:

San Fernando Valley Office: (818) 778-1900 Antelope Valley Office: (661) 945-6761 Santa Clarita Valley Office: (661) 775-8450

On Duty Staff

If you are waiting for a follow-up, you may contact the On Duty Staff

- NLACRC has an On Duty (OD) Specialist Unit. This is a team of staff dedicated to helping you with urgent matters and to help you connect with your program planning team. You may ask to speak to the OD Specialist Unit. The OD Specialist will alert your team and help make sure you receive a response. The OD Specialist will respond to you on the same day.
- The Supervisor of the On Duty Specialist Unit for San Fernando Valley is Engrid Smith. You may also contact Engrid Smith if you do not get a same day response by the OD Specialist Unit. You can reach Engrid Smith at 818/650-5375 or at ESmith@nlacrc.org.

SDP Team

If you have general questions about the Self-Determination Program that do not involve IPP planning, you may contact the SDP Team:

First Name	Last Name	Title	Unit/Department(s)	Email	Phone #
Abner	Ripoll	SDP Specialist	San Fernando Valley Consumer last names A-H	ARipoll@nlacrc.org	818-736-8363
Megan	Briley	SDP Specialist	San Fernando Valley Consumer last names I	MBriley@nlacrc.org	661-775-1214
Violeta	Soria	Participant Choice Specialist (Bilingual Spanish)	San Fernando Valley Consumer last names R-Z	VSoria@nlacrc.org	661-775-3018
Angela	Gustave-M organ	SDP Specialist	Santa Clarita Valley Consumer Last Names A-M	AGustaveMorgan@nlacrc.org	661-579-1541
Tami	Dolan	SDP Specialist	Santa Clarita Valley Consumer Last Names N-Z	tdolan@nlacrc.org	661-579-1541
Karina	Nilsson	Participant Choice Specialist	Antelope Valley Consumer last names A-M	KNilsson@nlacrc.org	661-951-1219
Maricruz	Martinez	Participant Choice Specialist (Bilingual Spanish)	Antelope Valley Consumer last names N-Z	MMartinez@nlacrc.org	661-775-3011
Robin	Monroe	SDP Supervisor	Self-Determination & Participant Choice	RMonroe@nlacrc.org	661-775-3053
Silvia	Haro	Consumer Services Manager	Santa Clarita Valley Office & Self Determination Program	SHaro@nlacrc.org	661-775-3004

Case Management

If you have not been able to contact your CSC or Supervisor, you may reach out to the Manager and/or Director that oversees your case. Below you will find the contact information by office and department.

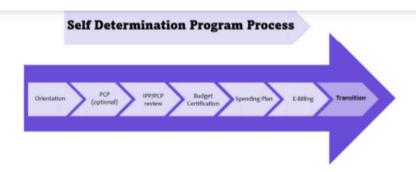
	San Fernando Valley Leadership Team				
First Name	Last Name	Title	Unit/Department(s)	E-mail	Phone #
Elisa	Hill	Early Start Manager	Birth to 3 years old (Early Start) For all 3 offices	EHill@nlacrc.org	818-756-6328
Sarah	Yap	School Age Manager	3 to 14 years old (School Age)	SYap@nlacrc.org	818-756-6108
Emmanuel	Gutierrez	Consumer Services Manager	14 to 21 years old (Transition Age) Forensics/Placement/Special Incident Reports	EGutierrez@nlacrc.org	818-756-6264
Geri Sue	Cox	Consumer Services Manager	Adult Department	Gcox@nlacrc.org	818-756-6391
Cristina	Preuss	Director of Consumer Services	Early Start and School-Age	CPreuss@nlacrc.org	818-756-6106
Donna	Rentsch	Director of Consumer Services	Transition Age/Adult Services /Forensic Placement	<u>DRentsch@nlacrc.orq</u>	818-756-6336

	Antelope Valley Leadership Team				
First Name	Last Name	Title	Unit/Department(s)	E-mail	Phone #
Mayra	Alvarado	Consumer Services Manager	Antelope Valley Office	MAIvarado@nlacrc.org	661-951-1277

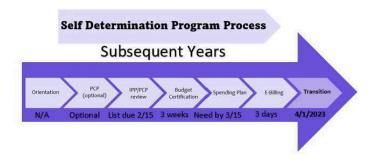
Santa Clarita Valley Leadership Team					
First Name	Last Name	Title	Unit/Department(s)	Email	Phone #
Silvia	Haro	Consumer Services	Santa Clarita Office / SDP	SHaro@nlacrc.org	661-775-3004
		Manager			



SDP Transition Process



Kicks off process	Orientation	Family/Consumer attends the mandatory SDP Orientation (NLACRC via zoom, Video on
	(Mandatory)	NLACRC website or via State Council).
		,
		*SDP Coaching (optional) available funded by NLACRC, request via your CSC
		*Pre-Enrollment Transition Supports (up to 40 hours allowed), request via your CSC
Optional	PCP	PCP completed prior to IPP/Budget Meeting if desired by consumer or family
	(Optional)	
4 months prior to	IPP/Budget	IPP/Budget meeting to discuss needs and develop budget based on traditional services.
transition	Meeting	PCP presented if completed
		*If there is agreement to services, budget is sent to Accounting for approval If there is
		no agreement, IPP team reconvenes withing 15 days.
0 1 1	D 1 . 1 6	**If an assessment is necessary, team reconvenes upon completion of assessment.
8 weeks prior	Budget draft	Case Management provides approved list of services to SDP team on IPP signature page with all necessary details. Needs to be received 8 weeks prior to transition for a smooth
		transition.
		*If no updated information needed, SDP specialist creates budget draft in 5 working
		days. Once consumer/ family agrees, budget submitted to accounting for review to
		approve.
One week for	Budget	Once approved:
accounting to approve	certification	 Accounting sends email to SDP Team informing of approval
(up takes 2 weeks to get		SDP Specialist signs Budget Tool
signatures)		SDP Supervisor signs Budget Tool
		SDP Program Manager Signs
		 Accounting Supervisor signs Budget Tool, now Budget Certified
		 Budget is sent to family for signature (Must have signed to transition)
Must be received by	Spending	New Spending plan received by family, needs to be reviewed by FMS, CSC and SDP team
1st of the month prior	Plan	to ensure HCBS final Rule compliance, follows SDP Definitions, has proper service budget
to transition		codes and has matching IPP goals.
(6 weeks before)		*FMS Financial Transition Supports for up to 3 months (FTS) available to assist,
		Addendum and SANDIS POS required by CSC
Participant/family must	FMS	The FMS is the "Bank" that will fund for the services. FMS must review spending plan prior
secure an FMS one		to transition to SDP. FMS must also onboard on all staff and providers by 1st of the month prior to transition. If transition 12/1 then completed by 11/1.
month prior to		prior to dansidon. If dansidon 12/1 then completed by 11/1.
transition		
3 days	Ebilling	 SDP specialist sends SDP Supervisor, SDP manual authorization, FMS manual
(If no issues on		authorizations, signed spending plan, signed budget tools. SDPS reviews and
Spending plan)		requests updates when necessary. IE. services, generics not looked into.
		SDPS enters in ebilling
		Accounting approves ebilling
		SDP notifies FMS notified of approval
		Letter to Family of successful transition to subsequent year of SDP



Month 8	IPP notification Letter	By month 8 in SDP, consumer/family will be notified by mail that IPP Meeting needs to be scheduled to start SDP transition process to the next year.	
Optional	New PCP (Optional)	PCP completed prior to IPP/Budget Meeting (if desired by consumer/family)	
Month 9	IPP Meeting/PCP Meeting	IPP/PCP meeting is scheduled 3 months in advance of transition, to discuss needs and develop budget. *Independent Facilitator to be included, if applicable. *If there is agreement to services, budget is sent to Accounting for approval If there is no agreement, IPP team reconvenes withing 15 days. A NOPA would be issued if NLACRC denied a service. *If an assessment is necessary, team reconvenes upon completion of assessment.	
Month 9 or Month 10 (the latest)	Budget draft	Case Management provides approved list of services to SDP team on IPP signature page with all necessary details. *If no updated information needed, SDP specialist creates budget draft in 5 working days. Once consumer/ family agrees, budget is submitted to accounting for review to approve.	
Month 11	Budget certification	Once approved:	
Month 12 Must be received by 15 th of the month prior to transition	Spending Plan	New Spending plan received from family, needs to be reviewed by regional center to ensure HCBS final Rule compliance, follows SDP Definitions, generic resources have been accessed, items/services are federally reimbursable & the items/services meet the consumer's IPP goals. The SDP team also checks to ensure that the spending plan has accurate information such as FMS model, UCI, and proper service codes. *If there is disagreement with an item/service on the sending plan or the team needs additional time to assess, the consumer/family will ne notified and the funds would be placed on hold. A NOPA would be issued if NLACRC was denying item/service in the spending plan.	
3 days (If no issues on Spending plan)	Ebilling	 SDP specialist sends SDP Supervisor, SDP manual authorization, FMS manual authorizations, signed spending plan, signed budget tools. SDP reviews and requests updates when necessary, i.e. wrong total amount. SDP signs and submits to SDP Program Manager for approval. SDP Program Manager signs. SDPS enters in ebilling. Accounting approves ebilling. FMS notified of approval. Letter to Family of successful transition to subsequent year of SDP. 	

^{*} Changes in the timeline may occur based on individual needs

Quarterly Progress Reports



Progress reports are required to show that an IPP goal is being addressed through specific services. If you're using a traditional vendor, they should provide this report. However, if you're in the Self-Determination Program and using different providers to meet those goals, a short update document should be emailed to your service coordinator. It should include progress toward goal, areas continuing to work on, list barriers if they happened, if continued service is necessary. This update can come from the participant or their supports.

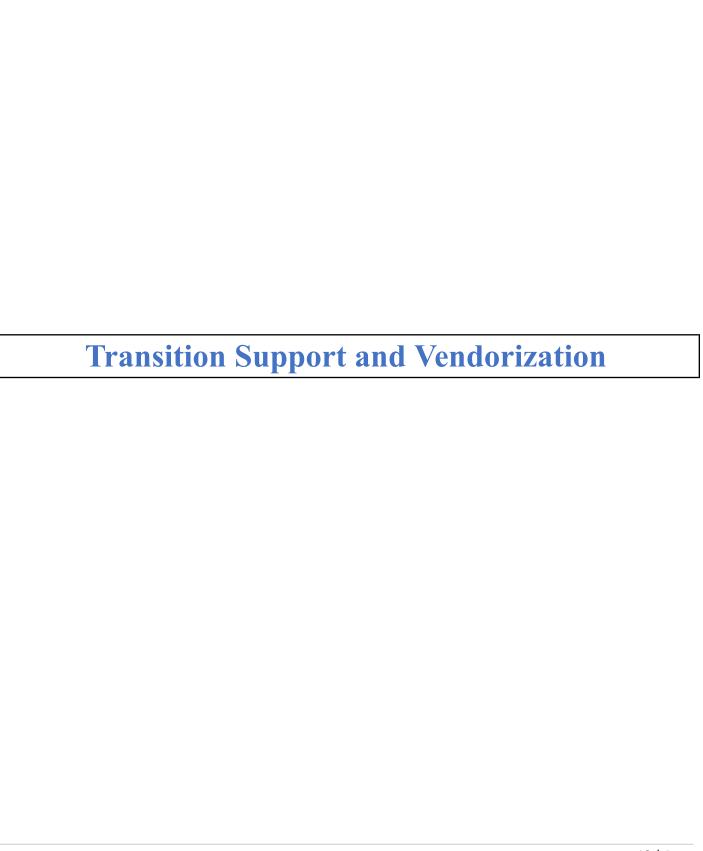
Sample Participant Progress Report:

To: [Service Coordinator]

Re: Progress Report for [participant name] Teddy Bear for [service dates] January - March 2024

Service: Social Skills

Teddy Bear is working on IPP goal #1 to participate in social activities. His personal assistant has accompanied him to multiple classes. Teddy enjoyed the music class but decided he did not want to continue with the dance class. Teddy and his personal assistant go to the park on Thursday afternoons and meet classmates. His personal assistant has been able to assist in getting Teddy and friends from the park to share contact information on their phones and they have texted to let them know if they will be at the park. Teddy continues to benefit from this service.



There are three ways an independent facilitator can be paid for pre-transition supports:

- 1. Person Centered planning non-vendored
- 2. Self-Directed Support (099) Vendored

or

3. Self-Directed Support (099-PDS) - non-vendored

Pre-Enrollment Self-Directed Support - Independent Facilitator Vendored

Pre-Enrollment transition Supports (099) :

Self-Directed Supports (SD Supports) occur after a consumer completes a Self Determination Program (SDP) orientation and before potential enrollment in the SDP.

- 1. IPP Planning to determine need
- 2. Provider must be vendored with a RC
- 3. Up to 40 hours total
- 4. Documented in IPP or Addendum
- 5. Traditional POS in SANDIS

*Hourly rate set \$50.48

*If Out of Area IF- Courtesy Vendorization OOA needed if IF not in SANDIS



SDP Pre-Enrollment Transition Supports

Participant Directed Services (PDS):

General SD Supports through Participant-Directed Services (PDS) available for coaching or training needed by the individual or family to successful transition into SDP. PDS shall be paid through a Financial Management Service (FMS).

- 1. IPP Planning to determine need
- 2. Up to 40 hours total, rate of \$50.48
- 3. Provider does not need to be vendored
- 4. Submit to SCSC:
 - Manual POS for General Supports auth (099), Subcode PDS
 - Manual POS FMS auth (490)
 - o Addendum
 - o Face Sheet

The FMS shall confirm that providers of General SD Supports are eligible to provide Medicaid services per Welfare and Institutions Code, Division 9, Part 3.

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Purchase Reimbursement for the Person-Centered Plan — 024 Request

Regional centers can purchase initial person-centered plans through the purchase reimbursement service code "024." The following are required to process the funding request:

- Complete a manual purchase of service (POS) request form for service code 024 purchase reimbursement. The designated Consumer Services Supervisor/Director will sign the manual Purchase of Service(s) request form, and a copy must be given to the Community Services Resource Developer Supervisor for processing.
- 2. Non-vendored providers must demonstrate they have received training in the person-centered planning/facilitation process. Documents required may include:
 - a. Person Centered Planning Training/Qualification
 - b. Resume
 - c. Supported Documentation
- 3. The invoice that shows the person-centered planning service has been delivered as agreed to by the Self Determination Program participant. The invoice must include the number of hours provided and purpose of those hours.

4. Copy of the Person-Centered Plan and any other documents requested by the participant.

The submitted supporting documentation listed above will be forwarded to a supervisor for review.

The cost of Person-Centered Planning cannot exceed \$1000 (after February 29, 2024):

- If additional funds are required contact CSC
- Notify the Self Determination Program supervisor,

Further Information DDS Directive: Self-Determination Program: Updated Initial Person-Centered Plan and Pre-Enrollment Transition Supports Guidance – December 2023, Enclosure A-Service Definition-General SD Supports, Enclosure B-Initial PCP and General SD Supports Sample Invoice Template

PCP Reimbursement Process 024:

After PCP has been presented, CSC to submit to SDP:

PCP Report-IF
PCP Invoice-IF
IF/PCP Certificate-IF
Manual 204 completed by
CSC
Addendum (Template
available) or included in SDP

*This process takes 6-8 weeks. (It goes to Community Services and then to Accounting)

IPP-completed by CSC

**Up to \$1,000 as of 1/1/2024

What needs to be on the invoice:

- o PCP Invoice
 - Invoice should have the name and UCI of the consumer
 - Hourly billing rate
 - Date that each service/task is provided
 - Description of the service/task performed
 - Amount of time spent on each service/task provided for the time period of the invoice and the prorated cost of that service

Initial Person-Centered Plan (Service Code 024) and General Self-Directed Supports (Service Code 099) – Sample Invoice Template

Name: Address:
Phone Number: Hourly Billing Rate:
Name of Participant: UCI Number: Regional Center:

Month/Year:

Date	Specific Service/Task	Time by Task	Cost of Task
X/X/XXXX		Amount of time spent on service/task	Amount of time x hourly billing rate
X/X/XXXX		Amount of time spent on service/task	Amount of time x hourly billing rate

Acceptable examples (based on an hourly rate of \$50)

Date	Specific Service/Task	Time by Task	Cost of Task
7/14/2023	Met with individual to draft spending plan.	1.75 hours	\$87.50
7/25/2023	Contacted a potential provider to determine availability to provide services.	0.50 hours	\$25.00

Non-acceptable examples

Date	Specific Service/Task	Time by Task	Cost of Task
7/2023	Provided pre-enrollment transition supports.	12.75 hours	\$637.50
7/2023	Monthly pre-enrollment services.	As needed	\$500 monthly fee

RFV Link

REQUEST FOR VENDORIZATION

(RFV)

Self-Directed Support Services for the Self Determination Program

(Service Code 099)

Published Date: November 16, 2022

Closing Date: To be Determined (TBD) and/or until need is

filled

PROJECT OVERVIEW

North Los Angeles County Regional Center (NLACRC) is releasing this Request for Vendorization (RFV) to seek qualified Self-Directed Support Services providers to assist Self Determination Program (SDP) participants and their families who are enrolling into SDP. The Self-Directed Support Services vendors will create an Initial Person-Centered Plan and/or provide Pre-Enrollment Transition Supports to participants and their families who have completed an SDP orientation and who are transitioning to enrollment in the SDP. For more information regarding the service please see the Department of Development Services Directive released July 28, 2022 Person Centered Planning and Self Directed Supports Guidance (ca.gov)

Per the updated Department of Developmental Services (DDS) Directive released March 20, 2023 a standardized vendorization packet is available for this service SDP Standardized Vendorization Packet for Pre-Enrollment Services (ca.gov). Please see "Standardized

Vendorization Packet Content Requirements" and "Standardized Vendorization Process" below.

INDIVIDUALS TO BE SERVED

This service will be provided to individuals diagnosed with a developmental disability, found eligible for regional center services who also are in need of supports while transitioning into SDP. Services will be for all ages.

LOCATION & LANGUAGE SPECIFIC

Self-Directed Support Services are being requested to be provided in any and or all three valleys located within the NLACRC catchment: San Fernando Valley, Antelope Valley and Santa Clarita Valley. In addition, services are being requested in at least 1-3 other languages, besides English, listed below. See Proposal Title page for details.

American Sign Language (ASL)	Japanese
Arabic	Khmer
Armenian	Korean
Chinese – Cantonese	Persian (Farsi)
Chinese – Hakka	Russian
Chinese – Mandarin	Spanish or Spanish Creole
Chinese – Other	Tagalog
Hebrew	Vietnamese
Hindi	Other

PROPOSED MODELS OF SERVICE/RATIO

A vendored Self Directed Supports Services provider may assist a consumer transitioning into SDP, who has completed an SDP orientation,

and requested the development of a Person-Centered Plan. A Person-Centered Plan written by the vendored Self Directed Supports Provider should describe what the potential SDP participant wants their life to be like in the future so they can work towards their goals. It is based on their strengths, capabilities, preferences, lifestyle and culture. It can also be used to inform the writing of the Individual Program Plan (IPP).

Vendored "Pre-Enrollment Transition Supports" are split between General Self-Directed (General SD) Supports and Financial Management Services Self-Directed (FMS SD) Supports. General and FMS SD Supports are authorized to be provided after SDP orientation and before a potential SDP participant is enrolled in SDP. This service is for any assistance, coaching and/or training supports needed by a potential SDP participant and their family or their representative to successfully enroll in SDP. This does not include supports related to developing an Initial Person-Centered Plan.

All Self-Directed Support Services will be delivered at a 1:1 provider to participant ratio.

RATE OF REIMBURSEMENT

NLACRC may purchase and make payment up to \$1,000 for the Initial Person-Centered Plan created by a Self-Directed Supports provider.

Separately, the 099 service is funded at an hourly rate, as established by the Department of Developmental Services. The current rate of reimbursement is \$50.48/hr. Regional centers may authorize payment for up to 40 hours.

MINIMUM QUALIFICATIONS FOR APPLICANTS

General Self-Directed (General SD)

Vendors seeking to provide General SD Supports must submit a written qualification statement indicating their knowledge and/or experience in each of the following: knowledge of people with developmental disabilities, through lived experience, and/or one year of formal paid experience; completion of a training course about the self-determination program; and, knowledge of the Lanterman Developmental Disabilities Services Act, including SDP requirements.

Financial Management Services Self-Directed (FMS SD)

Vendors seeking to provide FMS SD Supports must, must be a current FMS vendor for SDP participants and show a demonstrated ability to provide the duties indicated within the "Model of Service" above.

DEADLINE FOR SUBMISSION

To be Determined (TBD) and/or until need is filled.

STANDARDIZED VENDORIZATION PACKET CONTENT REQUIREMENTS

- 1. Directive:
 - https://www.dds.ca.gov/wp-content/uploads/2023/03/SDP-Standardized-Vendorization-Packet-for-Pre-Enrollment-Services.pdf
- 2. Attachment A: Vendor Packet Checklist
- 3. Attachment B: <u>General Self-Directed Supports Qualifications and</u>
 Agreement Form
- 4. Attachment C: <u>Financial Management Services Self-Directed Supports Qualifications and Agreement Form</u>
- 5. Attachment D: DS 1890 Vendor Application
- 6. Attachment E: DS 1891 Applicant/Vendor Disclosure Statement
- 7. Attachment F: Conflict of Interest Form
- 8. Attachment G: Business Associate Agreement/HIPAA Form
- 9. Attachment H: <u>Home and Community Based Services Provider</u>
 Agreement Form
- 10. Attachment I: <u>W-9 Request for Taxpayer Identification Number and</u>
 Certification

STANDARDIZED VENDORIZATION PROCESS

Applicants seeking to be vendored to provide General Self-Directed Supports must submit Attachments: B, D, E, F, G, H and I. A review of the information will be conducted by NLACRC and the applicant will be notified of approval or denial of the application. Upon approval of the submitted packet NLACRC will provide "E-Billing" forms necessary to set up payment. If further information and or documentation is necessary NLACRC will inform the applicant and submit a request to DDS.

Applicants seeking to be vendored to provide Financial Management Self-Directed Supports must currently be vendored to provide Financial Management Services (FMS) and submit Attachments: C, D, E, F, G, H and I. A review of the information will be conducted and the applicant will be notified of approval or denial of the application. Upon approval of the submitted packet NLACRC will provide "E-Billing" forms necessary to set up payment. If further information and or documentation is necessary NLACRC will inform the applicant and submit a request to DDS.

SUBMISSION OF VENDORIZATION PACKETS

Applicants responding to the RFV shall bear all costs associated with the development and submission of the standardized vendorization packet.

Applicants must submit the completed vendorization packets in PDF format to resourcedevelopment@nlacrc.org. No fax copies or physical copies dropped off at NLACRC will be accepted. The packets must be complete and submitted electronically via email.

For any further inquiries and or questions regarding this service or RFV please contact resourcedevelopment@nlacrc.org.

Contact Information for 099 vendorization questions: resourcedevelopment <re>resourcedevelopment@nlacrc.org></re>

099 Courtesy Vendorization Process

NLACRC provides courtesy vendorization on an **individual client basis**. The client needs to place a request with their CSC.

- NLACRC 099 Vendorization is Case Specific.
- Hourly rate: \$50.48
- CSC starts the Out-of-Area Courtesy Vendorization OOA process.

Self-Determination Program Check Run

2024 SDP Check Run Schedule

North Los Angeles County Regional Center Accounts Payable Department

Accounts Payable Department Distribution of Vendors Effective 01/05/2023

A/P Staff	Phone Number	Email	Back-up A/P Staff	Non- Residential Providers	Residential Providers
Jonathan Estrada	(818) 756-6128	jestrada@nlacrc.org	Andrea Davis	A - Behavior	A - Br
Andrea Davis	(818) 756-6282	adavis@nlacrc.org	Jonathan Estrada	Behaviora - Comm	Bs - Eli
Crystal Garcia	(818) 756-6105	cgarcia.tmp@nlacrc.org	Paulyn Lua	Comp - Fac	Elj - Go
Cynthia Sabino	(818) 756-6312	csabino@nlacrc.org	Vilma Nogoy	Fad - Ja	Gp - L
Natela Ovsepyan	(818) 534-5029	novsepyan.tmp@nlacrc.org	John Acain	Jb - Mo	M - Pa
Vilma Nogoy	(818) 756-6347	vnogoy@nlacrc.org	Cynthia Sabino	Mp - Prog	Pb - Ri
Paulyn Lua	(818) 756-6327	plua@nlacrc.org	Crystal Garcia	Proh - Ss	Rj -T
John Acain	(818) 756-6326	JAcain@nlacrc.org	Natela Ovsepyan	St - Z, 24 Hrs Homecare	U – Z, 16 th Street

Vendors can contact their assigned A/P staff directly via phone or email. We are currently working remote and email will be the best form of contact. If it is an urgent matter or no reply is received within 2 business days, please contact the back-up A/P staff listed.

Budget Information

SC	Unit			2023 Statewide Median Rates	2023 NLACRC Rates	
017	Crisis Tea	m - Eval and Intervention				
	,	Individual	3	\$ 48.15		
		Individual		\$ 3,274.71		
	Mileage			\$ 0.38		
020		/ Set-up expenses				
		Individual-Community Placement Plan		\$ 3,372.00	\$ 3,2	99
028	Socializati	on Training Program		!		
		Individual		\$ 29.83		
		Hourly - INDIVIDUAL ASSESSMENT		\$ 49.26		
		Assessment - Session (up to 12 Sessions) 60 minutes		N/A	403.0	30
		Assessment - Session (up to 10 sesions) 60 minutes		N/A		36
	Hourly			\$ 52.39	\$	31
		Individual		\$ 116.81		
		Assessment - Session		\$ 162.27	7 - CH - HE	15
		Assessment - Hourly (up to 10 sessions) 90 minutes		\$ 89.39	20.50	4.5
		Assessment/hour up to 2 hours		\$ 86.93	\$	3(
		Per incident-Evaluation	3	\$ 145.97		
		Assessment - V 3 hours		N/A	1 10	08
		Assessment - Session (up to 8 Sessions) 75 minutes		N/A	7 5365 11	3
	Other	Assessment/hour up to 6 hours		N/A	\$	30
034	Money Ma		11	The state of the s		
		Individual		\$ 33.01	\$	2
		Individual		\$ 49.04		
048		ent Support Intervention Training				
	200200000000000000000000000000000000000	Individual		\$ 71.60		
	,	Consultant		\$ 104.76		
		Hourly Assessment		\$ 126.97		
		Individual - BCBA		\$ 126.77	,	
	100000000000000000000000000000000000000	Supervision 1 hour		\$ 126.77		
	Hourly	Behavioral intervention		\$ 62.95		
	Hourly	Hourly Program Manager		\$ 150.98		
	Monthly	Individual		\$ 2,439.05		
	Mileage			\$ 0.40		
	Other	Session-Out of Office		\$ 11.21		
	Other	Assessment Up to 16 hrs		\$ 1,437.83		
051		Emergency Response System				
		Individual		\$ 34.77		
		M-L6700 CarePartner Communicator		N/A	7 - 200	4:
	007720000000000000000000000000000000000	M-L9500 CarePartner Telephone with Reminders		N/A	40.57	5
		Z-Non-returned or damaged CarePartner Unit		N/A	10.0	669
		Z-Access Switches - Sip & Puff plus Adapter		N/A		33
		Z-Access Switches - Pillow Switch		N/A		13
		Z-Access Switches - Wobble Switch		N/A		4
	2010/00/00/00	Z-Access Switches - Rocking Lever Switch		N/A	\$	92
055		y Integration Training Program		1.		
		Individual		\$ 32.20	\$	33
		Evaluation		\$ 67.91		
	Hourly			\$ 16.74		
		1:2 staffing		\$ 22.65		
	Hourly	1:3 staffing	13	\$ 22.16		
	Hourly	1:4 or 1:6 staffing		\$ 16.49		_

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		NLACRU				
SC	Unit	Modality	700000	2023 tatewide dian Rates	N	2023 LACRC Rates
	0.00000000	Individual	\$	120.18		
		consumer specific		N/A	\$	27.3
		Daily-Days per month 1 to 1		N/A	\$	152.2
		Group	\$	134.31		
		Daily-Days per month 1 to 6	\$	98.19	\$	65.2
	Daily		\$	169.07	\$	108.0
	Daily	1:03	\$	108.21	\$	108.2
	Daily	Daily-Days per month 1 to 4	\$	95.85	\$	105.0
	Monthly	Individual	\$	665.62	\$	4,114.:
	Monthly	1 to 1		N/A	\$	4,114.
	Mileage		\$	0.38		
056	Interdiscip	olinary Assessment Svc			T	
	Hourly	Individual	\$	71.73	\$	27.
	Hourly	Per case, per incident	\$	155.76	\$	163.0
		Behavioral intervention prevention program Assessment	\$	81.50		
	120100 701000 701	Autism Interdisciplinary Assessment	\$	105.96		
		Individual-Community Placement Plan	\$	119.55		
		Individual	\$	543.35		
	Monthly	Individual-Community Placement Plan		N/A	\$	2,781.9
	Monthly	Community Placement Plan Consumer Specific Rate		N/A	\$	11,349.3
	Monthly	Community Placement Plan \$50/hour for 70 hours		N/A	\$	3,803.
	Mileage	Per Mile	\$	0.37		
		Per incident feeding assessment	\$	659.63		
		Per incident nutritional assessments	\$	217.34		
	Other	Session Feeding Eval/ind	\$	361.13		
	Other	Assessment (Flat rate)	\$	290.79	\$	290.
	Other	Assessment	\$	774.28		
	Other	S - feeding assessment follow up	\$	130.40		
	Other	Session 3 hour		N/A	\$	93.
062	Personal A	ssistance		AURODIC HA D		
	Hourly	Individual	\$	26.42		
	Hourly	behavior respite	\$	39.70	\$	39.
	Hourly	Attendant - 1 Consumer		N/A	\$	27.
	Hourly	Behavior Attendant		N/A	\$	39.
	Hourly	Behavior Day Care - 1 Consumer with \$0.00 Share of Cost		N/A	\$	39.
	Hourly	Day Care - 1 Consumer		N/A	\$	27.
	Hourly	Parent Conversion Day Care - 1 Consumer		N/A	\$	20.
	Hourly		\$	19.70		
	Hourly	Group-sibling (two consumers)	\$	15.52		
		Group-sibling (three consumers)	\$	20.22		
	Daily	Individual	\$	94.61		
		Individual	\$	496.18		
	Monthly	Individual	\$	3,101.15		
	Mileage		\$		\$	0.
		Per incident evaluation	\$	511.09		
063		y Activities Support Services			ļ.	
		Individual	\$	33.56		
	Hourly	Evaluation	\$	40.24		
	Hourly	Group 1:2 service	\$	28.09		
		Individual	\$	123.47		
	Daily	Group-1:2 service	\$	117.93		

SC	Unit	Modality	870	2023 Statewide Median Rates		2023 LACRC Rates
	Monthly	Individual	\$	887.45		
	Mileage		\$	0.39		
	Other	Session Community Activities Support Services	\$	74.93		
073		ordinated Supported Living Program				
	Hourly	Individual	\$	20.45	\$	20.6
		Individual		N/A	\$	90.8
	Monthly	Individual	\$	4,724.17	\$	5,405.5
077	Parent - C	oordinated Home Based Intervention Program for Autistic Children				
		Individual	\$	14.10	\$	27.1
		Individual	\$	1,410.37	ľ	
090		rvention Facility/Bed	111			
		Individual	\$	862.00		
		Individual-Community Placement Plan	\$	544.31		
		Individual	\$	5,216.72		
091		Aobile/Day Program				
	Hourly	Individual	\$	35.68		
		Individual	\$	77.72		
093		ord Personal Assist Svc				
	Hourly	Individual	\$	18.32		
	Daily	Individual	\$	125.55		
	Monthly	Individual	\$	2,013.93		
094	Creative A	arts Program		The state of the s		
	Hourly	Individual	\$	61.18		
	Hourly	Group	\$	34.62		
	Daily	Individual	\$	84.42		
	Monthly	Individual	\$	737.00		
	Other	Session evaluation unspecified	\$	238.78		
096	Geriatric I	Facility				
	Monthly	Individual	\$	3,232.50	\$	3,263.4
101	Housing Se	ervices				
		Individual	\$	74.01		
	Monthly	Individual	\$	719.20		
102	Individual	or Family Training				
		Individual	\$	46.31	\$	27.2
	Hourly	Autism Services	\$	84.45		
\neg	Hourly	AT Assessment	\$	89.24		
	Hourly		\$	27.29		
	Hourly		\$	81.72		
	3,370,707,700,000	Parent Education Group		N/A	\$	27.2
		Individual	\$	83.40	40.50	
			\$	709.21		
	Daily					
	Daily Weekly	Individual	\$	119.88	\$	1,634.5
	Daily Weekly Monthly	Individual Individual	\$ \$	119.88 877.22	\$	1,634.5
	Daily Weekly Monthly Mileage	Individual Individual	\$	119.88 877.22 0.42	\$	1,634.5
	Daily Weekly Monthly Mileage Mileage	Individual Individual Out-of-Office Per visit	\$ \$ \$	119.88 877.22 0.42 N/A		
	Daily Weekly Monthly Mileage Mileage Other	Individual Individual Out-of-Office Per visit Session	\$ \$ \$	119.88 877.22 0.42 N/A 435.88	\$	10.9
	Daily Weekly Monthly Mileage Mileage Other	Individual Individual Out-of-Office Per visit Session Assessment	\$ \$ \$ \$	119.88 877.22 0.42 N/A 435.88 272.44	\$	10.9
103	Daily Weekly Monthly Mileage Mileage Other Other	Individual Individual Out-of-Office Per visit Session Assessment Session	\$ \$ \$	119.88 877.22 0.42 N/A 435.88	\$	10.9
103	Daily Weekly Monthly Mileage Mileage Other Other Other Specialized	Individual Individual Out-of-Office Per visit Session Assessment	\$ \$ \$ \$	119.88 877.22 0.42 N/A 435.88 272.44	\$	10.9

SC	Unit	Modality		2023 Statewide Median Rates		2023 NLACRC Rates	
	200000000000000000000000000000000000000	Individual	\$	1,980.52			
	Monthly	100 5 190 N 100 100 A 100 100 N 100	\$	5,784.50			
	Mileage	0.00	\$	0.52			
		Dental Treatment-Hygiene	\$	489.03	\$	578.82	
		Variable per visit		N/A	\$	99.47	
106		l Recreational Therapy		1011	Ψ		
CC CONTRACT		Individual	\$	43.47	\$	27.98	
		Evaluation	\$	67.16			
	Hourly		\$	72.75			
		Individual	\$	28.37			
	2000000	Individual	\$	163.02	\$	18.12	
	cocomocon, es	Individual	\$	113.87	\$	119.1	
	,	Session	\$	32.60	\$	27.1	
107	Education		Ψ	52.00	Ψ	27.1	
107		Individual	\$	57.26			
	100000000000000000000000000000000000000	Individual	\$	67.15			
100		Support Services	φ	07.13			
100		Individual	\$	51.61	\$	53.0	
	Hourly		\$	56.49	φ	33.0	
100		ctal Residential	Φ	30.49			
109		Individual	8	21.89	\$	21.8	
	_	and the second of the state of the second of		000000000000000000000000000000000000000	Ф	21.8	
		2:1 ratio	\$	30.74			
		GROUP (1:3)	\$	16.12		< 1.0	
	20000000	Individual	\$	143.50	\$	64.8	
440		Individual	\$	2,586.06			
110		tal Day Services Program Support				22.2	
		Individual	\$	22.13	\$	22.1	
		Individual - Regular 2:1	\$	50.80			
	200000000000000000000000000000000000000	Individual	\$	104.70	\$	23.6	
		Group 1:3	\$	57.59		***************************************	
		Individual	\$	2,818.25	\$	811.8	
111		tal Program Support (Other)				0015000 00	
		Individual	\$	21.86	\$	20.2	
	Hourly		\$	9.45			
		Individual	\$	108.35	\$	170.0	
		Camp 1 to 1 - \$16/hour for 16 hours		N/A	\$	390.0	
	Monthly	Individual	\$	2,391.48	\$	3,419.2	
112	The second second second	ation Aides					
	Hourly	Individual	\$	76.29			
	Monthly	Individual	\$	7,819.27			
	Mileage		\$	0.54			
113	DSS Licen	sed Residential Facility-Hab					
	Hourly	Individual		N/A	\$	29.1	
	Hourly	Individual-Community Placement Plan		N/A	\$	29.1	
	Daily	Individual	\$	454.01	\$	365.6	
		Group-Regular 3-Bed	\$	629.26			
		Individual 4-Bed Facility	\$	497.61			
		Individual 5-Bed Facility	\$	965.49			
	000000000000000000000000000000000000000	Individual 6-Bed Facility	\$	489.42			
		Group-Community Placement Plan	\$	511.19	\$	407.7	
		Individual 4-Bed Facility	\$	596.42	ψ	407.7	

SC	Unit	Modality	N	2023 Statewide Iedian Rates	N	2023 LACRC Rates
	Monthly	Individual	\$	11,311.35	\$	11,118.7
	Monthly	3 beds	\$	13,691.72		
	Monthly	4-Bed	\$	14,031.69		
	Monthly	5-bed	\$	12,330.12		
	Monthly	6 Beds	\$	8,728.34		
	Monthly	66 bed capacity-Assisted Lvg-Shared Rm	\$	2,958.50		
	Monthly	Individual-Community Placement Plan	\$	10,568.71	\$	11,118.7
	Monthly	3-Bed Facility	\$	14,768.14		
	Monthly	4-Bed Facility	\$	14,513.97		
	Monthly	SB 962 & 853 (DC Closure)	\$	27,565.83		
	Monthly	CPP- 3-BED	\$	22,060.08		
	Monthly	CPP-4-BED	\$	21,478.79		
114	Special Re	sidential Facility (Health)				
	Daily	Individual	\$	360.26		
	Daily	Individual-Community Placement Plan	\$	440.78		
	Monthly	Individual	\$	4,206.06		
115	Special Th	erapeutic Svcs (age3-20)				
		Individual	\$	112.73		
	Hourly	Individual-Community Placement Plan	\$	139.69		
	Daily	Individual	\$	121.94		
	Other	Variable	\$	82.15		
116	Early Star	t Special Therapeutic Svcs				
		Individual	\$	124.24		
		Individual Regular - Speech, PT & OT	\$	116.10		
		Assessment	\$	127.15		
		Occupational therapy	\$	127.33		
		Physical Therapy	\$	123.83		
		Speech Therapy	\$	124.36		
	<u> </u>	HRLY-IND. BILINGUAL SPEECH	\$	143.12		
	-	PT in home including mileage	\$	134.55		
		1:2 ratio	\$	72.68		
		HRLY-GRP-SPEECH(1:3)	8	68.46		
		OT group	\$	60.94		
		Individual	\$	256.74		
	Mileage	Training Training	\$	0.57		
		ASSESSMENT (FLAT RATE)-SPEECH	\$	371.43		
		ASSESSMENT (FLAT RATE)-PT	\$	392.04		
		Per incident	\$	271.16	-	
		All: OT evaluation - per item	\$	483.31		
	529 (30% (000/00))	Per incident Speech evaluation individual	\$	337.34		
		Per incident OT individual	\$	300.94		
		Per incident OT/PT eval + mileage	\$	376.61		
117		1 Therapeutic Services	Ψ	2,3.01		
11/		Individual	\$	130.28		
		Individual	\$	319.00		
	0.0000000000000000000000000000000000000	Individual	\$	234.59		
		Per Session-dental anesthesia	φ.	254.59 N/A	\$	978.
605	1	Skills Trainer		IN/A	Φ	210.
000	Control of the control of the	Individual	\$	92.50	\$	100.
	-	Anger Management/Individual/Couple-60 minutes	Ď	92.30 N/A	_	45.
		Additional Family Member/Hour	\$	1.95	-	38.

SC	Unit	Modality	2000	2023 Statewide Edian Rates	10000	2023 LACRC Rates
		Individual regular		N/A	\$	48.2
		Assessment	\$	102.04		
		1:1 less than full day		N/A		16.0
		Moderate Service Level	\$	48.86	\$	17.8
		Moderate Service Level, Share of cost \$1.00		N/A	\$	16.7
		Moderate Service Level, Share of cost \$2.00		N/A	\$	15.5
	Hourly	Moderate Service Level, Share of cost \$3.00		N/A	\$	14.4
		Mild Service Level	\$	47.42	\$	15.9
		Mild Service Level, Share of cost \$1.00		N/A	\$	13.6
	100000000000000000000000000000000000000	Mild Service Level, Share of cost \$2.00		N/A	\$	12.5
		Mild Service Level, Share of cost \$3.00		N/A	\$	11.3
		1:1 - consumer specific		N/A	\$	18.7
		Floortime	\$	74.37	\$	48.2
		Independent Living Skills Training		N/A	\$	24.1
	Hourly	Assistive Technology Training		N/A	\$	127.3
	Hourly	supervision	\$	105.68		
	Hourly	Group	\$	47.06	\$	39.1
	Hourly	Adaptive Skills Trainer 1:2	\$	47.88	6	
	Hourly	Adaptive Skills Trainer 1:3	\$	91.03		
	Daily	Individual	\$	148.33	\$	138.1
	Daily	Half Day		N/A	\$	55.2
	Daily	Individual regular		N/A	\$	140.9
	Daily	Full day		N/A	\$	95.9
	Daily	1:2 ratio- daily rate		N/A	\$	103.8
	Daily	1:3 ratio- daily rate		N/A	\$	110.3
	Daily	1:2 less than full day		N/A	\$	13.7
	Monthly	Individual	\$	3,067.45	\$	3,067.4
	Mileage		\$	0.39	5	
	Other	Session 1 1/2 hours	\$	108.21	\$	58.4
	Other	Assessment/Evaluation	\$	346.02	\$	625.6
	Other	Out of office travel - per item	\$	11.01	\$	11.4
	Other	Session	\$	189.56		
612	Behavior A	nalyst		1		
	Hourly	Individual	\$	109.87	\$	115.9
	Hourly	Supervision	\$	110.05		
		Assessment	\$	115.83		
	Hourly	Consultant	\$	103.86		
	Hourly	Group sibling 1:2	\$	64.30		
		Individual-Community Placement Plan		N/A	\$	115.9
	Mileage		\$	0.38		
	Other	Out of Office visit	\$	11.14		
613		Behavior Analyst				
		Individual	\$	61.03		
615	Behavior N	Management Assistant		2000		
	Hourly	Individual	\$	64.48	\$	65.7
		Out of Office Visit	\$	11.47	\$	11.4
	Mileage		\$	0.62	\$	0.6
620		Management Consultant				
		Individual	\$	71.03		
	2003694-0004220-000-000	Assessment / Evaluation	\$	90.78	\$	70.8
_		Behavior Respite	\$	60.80	\$	60.

SC	Unit Hourly	Modality	2006	2023 Statewide Median Rates		2023 NLACRC Rates	
	Hourly	Supervision	\$	85.60			
	Hourly	Per additional Family Member	\$	48.24	\$	23.6	
	Monthly	Individual	\$	1,043.74			
	Mileage		\$	0.38	-		
	Mileage	V,Per incident Out of office	\$	10.30	\$	10.3	
	764202634490531	Per incident evaluation	\$	427.48			
625	Counseling	g Services		J.			
	Hourly	Individual	\$	61.06	\$	50.9	
	Hourly	Per each additional family member		N/A	\$	1.8	
	Hourly	Assessment/Evaluation	\$	73.23	Ĭ		
	Hourly	Group	\$	42.04	\$	55.	
	Hourly	Youth 14.5 hrs		N/A	\$	52.0	
	Hourly	Adults 27 hrs		N/A	\$	52.0	
	Monthly	Individual	\$	73.42			
	Mileage		\$	0.41			
	Other	Per session individual	\$	59.77			
	Other	Per incident evaluation	\$	339.92			
	Other	Per incident report writing	\$	230.55			
	Other	Session - Group Counseling	\$	54.38			
	Other	Session	\$	116.86			
627	Diaper Ser	rvice		1			
	Other	Per item	\$	37.20			
630	Driver Tra	niner		1			
	Hourly	Individual	\$	75.44			
	Other	2 hour of drving instruction	\$	161.70			
635	Independe	nt Living Specialist					
	Hourly	Individual	\$	27.62			
	Hourly	Evaluation	\$	31.56			
	Hourly	Individual-Community Placement Plan	\$	30.18			
	Monthly	Individual	\$	2,057.54			
	Mileage		\$	0.24			
642	Interpreter	r					
	Hourly	Individual	\$	40.87			
643	Translator			1			
	Hourly	Individual	\$	30.42			
	Mileage		\$	0.35			
	Other	Per incident Translation - 2 hours max	\$	72.80			
645		raining Services Agency					
		Individual	\$	36.34			
650		raining Svcs Specialist		Alexander (1			
		Individual	\$	28.18			
670		ental Specialist		1			
		Individual	\$	55.19			
672		al Psychologist					
22-00-00		Individual	\$	56.08	\$	43.	
	Mileage		\$	0.49	1000	1100000	
		Session Evaluation	\$	433.96			
676	Teacher's			155,70			
5,0		Individual	\$	13.73			
	Music The		Ψ	15.75			
693	VIUSIC I NO						

SC	Unit	Modality		2023 Statewide ledian Rates	NL	2023 ACRC Rates
	Hourly	Individual - Assessment		N/A	\$	151.64
	Hourly	Group		N/A	\$	56.90
	Other	Per incident Evaluation	\$	156.94		
	Other	Session Individual ongoing 1:1	\$	50.48		
694	Recreation	al Therapist				
	Hourly	Individual	\$	28.34		
720	Dietary Se			Today Postor		
		Individual	\$	49.04	\$	71.0
		Evaluation	\$	121.38	100	199.1
	-	Individual	\$	817.29	7	
	Mileage		\$	0.51		
		Per incident Nutritional evaluation	\$	217.94		
		Session Feeding ongoing individual	\$	130.76		
7/13		de or Assistant	Ψ	130.70		
/43	R. William State of the All	Individual	\$	20.30	\$	20.5
700	200000000000000000000000000000000000000	individual c Technician	2	20.30	Φ	20.3
790		Individual	0	25.00		
070		The state of the s	\$	25.69		
850	Camp Ser					
	-	Individual	\$	14.97		
	Hourly		\$	21.84		
	-	Individual	\$	121.48		
		Group	\$	132.12		
		Individual	\$	447.02		
	Other	Session individual camp	\$	611.46		
855	Adult Day	Care				
	Hourly	Individual	\$	9.24	\$	9.0
	Hourly	Hourly Rate with \$1.00 SOC		N/A	\$	7.9
	Hourly	Hourly Rate with \$2.00 SOC		N/A	\$	6.8
	Hourly	Hourly Rate with \$3.00 SOC		N/A	\$	5.7
		Individual	\$	51.87	\$	37.3
	Monthly	Individual	\$	2,119.87	5000	1000 10000
860	Homemak	The Committee of the Co		,		
		Individual	\$	25.73	\$	25.5
		Group-2-client Rate	\$	14.75	Ψ	20.0
		Group-3-client Rate	\$	11.98		
		Individual	\$	182.46		
		Individual	\$	3,673.80		
OZ A	Respite Fa		2	3,073.80		
809	CANADA MANAGA AND AND AND AND AND AND AND AND AND AN	Individual	n n	12.22		
	100000000000000000000000000000000000000	Professional Control of the Control	\$	000000000000000000000000000000000000000		
055	000000000000000000000000000000000000000	Individual	\$	277.34		
8/5		ation Companies		12.20.0000	- 2	
		Individual	\$	33.95	\$	69.9
		Aide service	\$	23.61		
	Hourly		\$	42.84		
		Individual	\$	29.08		
		Bus Aide	\$	96.03		
		Non-ambulatory	\$	28.02		
		One Way Trip	\$	17.64		
	Monthly	Individual	\$	435.93		
	Mileage		\$	2.45		
		Group - Per Mile	\$	2.76		

SC	Unit	Modality	1000	2023 Statewide Edian Rates	N	2023 VLACRC Rates
	Other	Trip One-Way	\$	15.37		
		Trip -TP	\$	14.71		
	Other	Fuel Provision \$3.00/gal. based on mileage and 7.5 miles/gal.		N/A	\$	3.75
880	Transporta	ntion-Additional Component	4.0			
	Hourly	Individual	\$	27.95		
	Hourly	AIDE	\$	20.95		
	Hourly		\$	59.50		
		Individual	\$	23.60	\$	22.6
	-	Wheelchair	\$	30.60		
		Added wheelchair supplement per day	\$	17.14		
		SRS-1-5 miles Round Trip	\$	20.19		
	-	SRS-1-5 miles 1-way	\$	11.34		
	Monthly	Individual	\$	456.38	\$	400.13
	Monthly	Non-ambulatory supplement	\$	74.05		
	Mileage		\$	1.68	\$	1.23
		Gas stipend per mile	\$	0.13		
	- 10.	Trip- One Way	\$	11.83		
		Trip-Round Trip	\$	17.44		
		Route Miles - Regular	\$	2.43	\$	1.2
	Mileage	Variable Rate per token		N/A	\$	1.20
882		ation-Assistant		The state of the s		
		Individual	\$	22.31	\$	25.7
	Hourly		\$	23.90		
	COLOR COLOR	Individual	\$	76.92	\$	76.92
883		ation Broker				
		Individual	\$	50.91		
		Individual	\$	25.26	1000	35.00
		Consumer specific		N/A	\$	20.2
		Individual	\$	467.98	\$	380.9
		0-5 miles	\$	324.10		
		6-10 miles	\$	390.83	_	
		11-15 miles	\$	459.34		
		16-20 miles	\$	594.58		
		21+ miles	\$	694.69		
		Broker Contract	1	N/A	_	113,077.3
		Road Supervisor	-	N/A	\$	3,041.7
		Out of area Tri-Counties		N/A	\$	369.8
894		Living Service Vendor Administration				
77 100 700 700	19/2/10/4/2/10/10/00/00 19/14	Individual	\$	1,025.91		
896		Living Service		V. 100-100-100	T	
		Individual	\$	34.70		
		Evaluation/Assessment	\$	40.43		
		Direct Support	\$	30.08		
		Training & Habilitation	\$	35.45	-	
		On call, on site, night staff	\$	27.26		25.9
		Awake evening/overnight	\$	28.58		28.2
		1:1 Additional Support due to surgery		N/A		28.9
		Consumer Specific		N/A	\$	35.0
		Consumer Specific - IHSS Lag Period		N/A	\$	8.1
	Hourly	Lag Period During IHSS Appeal		N/A	\$	13.6
	Hourly	2:1 Rate		N/A	\$	27.

SC	Unit	Modality	2023 Statewide Median Rates	2023 NLACRC Rates
	Hourly	HD - 1:2 staffing	\$ 15.19	
	Hourly	HD - 1:3 staffing	\$ 9.80	
	Hourly	rly Individual-Community Placement Plan \$ 39.80		
	Hourly	Group	\$ 26.89	\$ 31.66
	Daily	Individual	\$ 526.61	
	Monthly	Individual	\$ 7,323.20	
	Monthly	Emergency assistance	\$ 32.57	
	Monthly	Assessment	\$ 632.62	\$ 534.66
	Monthly	Moving and Planning	\$ 739.81	\$ 668.32
	Monthly	Consumer Specific Court Ordered Rent	N/A	\$ 474.37
	Monthly	IHSS Differential	N/A	\$ 235.66
	Monthly	Consumer Specific	N/A	\$ 6,846.05
	Monthly	Consumer is Supported Living Service provider	N/A	\$ 7,328.76
	Monthly	Parent Coordinated Supported Living Service Wage Increase	N/A	\$ 554.46
	Monthly	Parent Coordinated Supported Living Service Program	N/A	\$ 6,809.07
	Monthly	Consumer Specific - IHSS Lag Period	N/A	\$ 194.67
	Monthly	Community Placement Plan - Moving and Planning Consumer Specific	N/A	\$ 601.49
	Mileage		\$ 0.41	

Purchase of Service Policies

https://www.nlacrc.org/about-us/transparency-accountability/policies-dei/pos-policies/

Common General Traditional Services for Budget Development

Below are the most common services for a child age 3 to 13:*

Instructional Services

Adaptive Skills Training
Behavioral Intervention Services (ABA)
Behavioral Health Treatment
Social Skills Training

Family Support Services

Respite
Day Care
Personal Assistance
Counseling Services
Continence Supplies (diapers)
Insurance Deductible/Copayment
Interpreter/Translation Services

This list does not have every service that you can receive or that can be funded for by NLACRC; it is to inform you about the most common services used by NLACRC consumers and families.

*NLACRC does not pay for services that have not been proven to be effective.

Below are the most common services for a child age 14 to 21:*

Instructional Services

Adaptive Skills Training
Behavioral Intervention Services
Community Integration Training
Educational Services
Independent Living Skills Training
Social Skills Training
Vocational Services

Family Support Services

Respite
Day Care
Personal Assistance Services
Counseling Services
Continence Supplies
Interpreter/Translation Services
In-Home Supportive Services

*NLACRC does not pay for services that have not been proven to be effective.

Below are the most common services for a child age 22 & over:*

Instructional Services

Adaptive Skills Training **Adult Day Services** Behavioral Intervention Services Community Integration Training Independent Living Skills Training

Money Management

Residential Services

Social Skills Training

Supported Living Services

Vocational Training & Supported Employment

Family Support Services

Day Care Respite

Personal Assistance

Continence Supplies

Counseling Services

This list does not have every service that you can receive or that can be funded for by NLACRC; it is to inform you about the most common services used by NLACRC consumers and families.

*NLACRC does not pay for services that have not been proven to be effective.

Generic Resource Examples

Generic Resource examples

- <u>California Children's Services</u>
 <u>In-Home Supportive Services (IHSS)</u>
- Child Care Resource Center
- Independent Living Center of Southern California
- Department of Mental Health
- L.A. County Services
- Department of Rehabilitation
- Medi-Cal

Head Start

Supplemental Security Income (SSI)

https://www.nlacrc.org/publications-resources/generic-resources

NLACRC SDP Resources

SDP Workbook

The SDP Workbook gives you an overview of the SDP program and process, tools that you can use through your SDP journey, and other resources that you might find useful. View the SDP Workbook here: **(English) (Spanish)**

Self-Determination Orientation

Orientation meetings are required for consumers who want to participate in the Self-Determination Program.

RSVPs are required as the schedule is subject to change. <u>Click here to</u> RSVP for the next self-determination orientation.

For more information visit: Self-Determination Orientation

Support Group

Join other participants in the Self Determination Program (SDP) at NLACRC, along with people interested in moving into the SDP, to talk about challenges and successes we are experiencing in SDP at NLACRC.

View NLACRC's Self-Determination Support Group 2024 Meeting

When: First Wednesday of the month 4:30-6:00

Spanish Interpretation provided.

Where: Zoom

Register here:

https://us02web.zoom.us/meeting/register/tZctf-igqD0uGNXxR7STmImn RuCCmJjRQ9dC?fbclid=IwAR2-qnhuKwgCGKopUmoPpt9qxTz6h3tAv9qN k8s9X2H6lbC1ONnKqWf2W6M#/registration

Independent Facilitator Round Table Monthly Meeting

Are you an Independent Facilitator (IF) working with Self-Determination participants at NLACRC?

View NLACRC's Independent Facilitator flyer (<u>English</u>) We invite you to join our monthly IF round table!

When: 2nd Thursday of the month at 2pm.

Where: Zoom, register in advance for this meeting: Click here to register for the IF round table

NLACRC Coaching Services



NLACRC has teamed up with Independent Fascinators for Coaching! These IF's can help support consumer /family into the transition to the Self-Determination Program.

CSC to Submit to SDP Specialist:

Coaching Program Release Coaching Referral Form



FMS Vendors

FMS Agencies	Model	Language Spoken:	Accepting participants?	Employee Burden Cost	Budget Limits	Contact Info
Ace	Bill Payer, Co-Employer, Sole Employer	English & Farsi	Yes, Free consultation available to prospective clients.	24.86% Co-employer 15.68% Sole Employer	Max budget: \$120,000	Phone: 833-4-ACE FMS (833-422-3367), Option 1 Info@acefms.com Web: Http://AceFMS.com
Action	Bill Payer, Co-Employer, Sole Employer	English & Spanish	Yes, new clients call and leave message or fill out a contact us request on the website.	25%-Co-employ er 17% Sole Employer	No budget limits	Main office: (310) 867-8882 Website: actionfms.com Email: contact@actionfms.co m
Acumen	Bill Payer, Sole Employer	English & Spanish But have translators for other languages.	Yes. Consult required and it may take up to 2 months to transition.	21.25%	\$200,000	Yvette Torres (424) 210-8810 yvettet@acumen2.net
Aveanna	Bill Payer and Co- Employer (with nursing through home health agency only)	English, Spanish, Vietnamese, Cantonese, Mandarin and Trieu Chau	Consult required. Date to be given my FMS agency.	17.37%	Anything above \$150,000 requires additional review. They have a "hard limit" of \$200,00.000 annually.	(866) 979-1182 fmsinfo@aveanna.co m

Balance	Bill Payer, Co-Employer, Sole Employer		and intake form		\$120,000	Main Line: (888) 368-3710 Teri Ercoli Phone: (424)228-9854 E-mail: info@balancefms.co m
Cambrian	Bill Payer, Co- Employer	English, Spanish, Vietnamese, Tagalog, Farsi	Yes		Budgets over \$120,000 require review.	David Ellis (562) 498-1800 Ext. 2231 davide@cfms1.com
Casa Fiscal/Essentia l Pay	Bill Payer, Co- employer	English, Spanish, Mandarin	No	19.15%	None	(510) 336-2900 (833) 268-8530 contact@essentialpay. com
FACT	Bill Payer, Co-Employer, Sole Employer	English	Waiting list	20%	Unknown	(310) 475-9629 FMS@factfamily.org
FMS Pay LLC	Bill Payer	English Spanish Translation available for other languages	Yes	N/A	No budget limit	Phone: (858) 281-5910 Website: www.myfmspay.com connect@fmspay.com
GT Independence	Bill Payer, Sole Employer, Co- Employer	All Languages are supported to assist Individuals in the language of their choice	certified budget & spending plan draft to start onboarding process.	1 2	None	Elva Chavez (877) 659-4500 tjones@gtindependence.com
Mains'l	Bill Payer, Sole Employer, and Co- employer	English & Spanish	Require certified budget & spending plan draft to start onboarding process.	17.23% for Sole Employer 17.13% for Co-employer	None	Jason Bergquist (866) 767-4296 imbergquist@mainsl.com

Public Partnerships LLC (PPL)	Sole Employer-		Yes	18.47% for Sole Employer		Customer Service Hours: 8 am – 5 pm PST 844-902-6665 Email: pplcalifornia@pplfirs t.com Web: CA SDP PPL First
Ritz	Bill Payer, Co-Employer	English, Spanish & Mandarín	New clients- visit website to fill out an inquiry form. Waitlist-June 2024	18.90%	\$120,000	Website: Ritzfms.com Kitleng Pui kpui@ritzvocational.c om (626)-600-4703
Sentinel Four	Bill Payer, Co-Employer, Sole Employer		Consultation	18.07% Co-employer 13.37% Sole Employer-	None	https://sentinelfour.co m/contact-us/
SequoiaSD, Inc.	Bill Payer, Co-Employer, Sole Employer	English, Spanish, Translation available for other languages	certified	20.64%	\$250,000	Info@sequoiasd.com Website: sequoiasd.com sequoiaenrollment@se quoiasd.com 949-301-9950

Self-Determination Program Financial Management Service (FMS) Monthly Rates Effective May 1, 2023

Rates for Participants Whose Preferred Language is English

	Total Number of Employees/Providers in Spending Plan*				
FMS Model	0-4	5-10	11+		
Bill Payer	\$230	\$450	\$690		
Co-Employer	\$380	\$600	\$840		
Sole Employer	\$380	\$600	\$840		

Rates for Participants Whose Preferred Language is Not English

	Total Number of Employee/Providers in Spending Plan		
FMS Model	0-4	5-10	11+
Bill Payer	\$255	\$495	\$760
Co-Employer	\$420	\$660	\$925
Sole Employer	\$420	\$660	\$925

^{*} Total number of employees/providers/recurring payments and does not include number of single purchases of goods listed on spending plan. See Frequently Asked Questions on the Department of Developmental Services' SDP website (www.dds.ca.gov/sdp) for additional information.

**FMS as Bill Payer (315): (also known as the Fiscal Agent model) A participant may choose this model of FMS provider when goods or services are purchased from a business. The FMS providing services in this capacity writes checks and pays for goods and services listed in the IPP. No employer/employee relationship exists between the FMS, the service services provided. The business maintains the employer/employee relationship with any workers and therefore is responsible for all applicable employment laws and taxes and to obtain appropriate insurances (i.e., worker's compensation).

Participant and FMS as Co-Employer (316): A participant may choose this model if they want to share some of the employer roles and responsibilities with an FMS. While the FMS provider in this model is the employer of record, the participant maintains the ability to hire and terminate employees with input from the FMS provider. The FMS provider maintains the primary employer liability and required insurances. The FMS also assists by verifying provider qualifications and processing payroll.

Participant as Sole Employer (317): (also known as the Fiscal/Employer Agent) A participant may choose this model if they want to be the direct employer of those providing services. The FMS providing services in this model assists the participant to abide by all applicable employment laws, verifies provider qualifications and processes payroll. The participant is required to obtain any necessary insurances related to employment (e.g., worker's compensation).



TIPS FOR SELECTING AN FMS

- When selecting any provider, you are encouraged to interview several.
- You can get help from an independent facilitator to select an FMS provider.
- Get referrals from other participants
- Be part of the monthly Self-Determination Program Local Advisory Committee (SDPLAC) meetings on the second Wednesday of every month from 6:00pm to 7:30pm. Email and text invitations are sent out, and the meetings are currently accessible via Zoom.
- You can also ask other participants on the State Council Facebook page at https://www.facebook.com/groups/CA.SDP.Forum https://www.dds.ca.gov/initiatives/sdp/financial-managementservice-contact-list/

QUESTIONS TO ASK AN FMS

- What is your experience?
- Which models of Financial Management Service do you provide?
- How will you help me with my spending plan?
- What are your procedures to onboard staff and providers?
- Will you send me monthly reports on my budget and spending? If I am spending more than I should in my spending plan, how will you tell me?
- How much do you know about California's Self-Determination Program?
- How will you communicate with me?
- If you are a co-employer, what role will you play in the hiring of my workers? What if I want to hire someone that you don't like? Would you ever ask me to fire one of my workers, and for what reason?
- How will you get timesheets from my workers?
- If I have questions, how will I get them answered?

Consumer Guide

https://www.nlacrc.org/resource_library/consumer-guides/

NLACRC Requests of IF to Improve Process

• An executive summary of the PCP would help the service coordinators determine unmet needs and goals.